



## **Canadian Obesity Network (CON-RCO) and Health Sciences Education and Research Commons (HSERC) Bariatric Education Faculty Workshop and Planning Meeting**

### **Background**

#### *Best Practices in Interprofessional Bariatric/Obesity Care*

There is a high demand for obesity content in health professional curriculum due to the prevalence of obesity among patient populations across the healthcare system. No guidelines exist to assist academic and clinical faculty to develop and disseminate best practices in the care of obesity into courses designed to train health care professionals. Current faculty members have limited exposure to obesity content in their formal training and, unless they sought information and mentorship from obesity experts, it is likely that they have little or no exposure. As a result, faculty has been reluctant to initiate and develop curriculum in the area of obesity citing issues around competency in knowledge and practice (facilitator's personal communication with participants).

The key to progressing and disseminating best practices is to learn from the experts. A collaborative CON-RCO/HSERC bariatric training program would provide an interactive program to provide faculty with resources to build on their current knowledge in the area of obesity, and to support their integration of obesity-related curricular interventions. The resulting program would allow pre-licensure students the opportunity to interact and learn about the interprofessional aspects of bariatric care.

### **Lead Organizations**

#### *Health Sciences Education and Research Commons (HSERC)*

HSERC is an initiative of the Health Sciences Council at the University of Alberta. HSERC is focused on the development, implementation and evaluation of interprofessional team-based education for prelicensure health science students, faculty development to support the integration of the interprofessional education into curricula and the integration of educational technology, including simulation, into curricula.

#### *Canadian Obesity Network-Réseau canadien en obésité (CON-RCO)*

The vision of the CON-RCO is to reduce the mental, physical and economic burden of obesity on Canadians. CON –RCO is Canada's leading organization dedicated to obesity

prevention and treatment. The Network Scientific Director, Dr. Arya M. Sharma, is Professor of Medicine and Chair for Obesity Research and Management at the University of Alberta and an internationally recognized expert and thought leader in bariatric management. He is also the medical director of the Alberta Health Services Edmonton Region Interdisciplinary Weight Wise Program and President of the Canadian Association of Bariatric Physicians and Surgeons.

The Canadian Obesity Network (CON) focuses the expertise and dedication of more than 5,000 member researchers, clinicians, allied health care providers and other professionals with an interest in obesity in a unified effort to reduce the mental, physical and economic burden of obesity on Canadians. The Network's goals are to:

1. Address the social stigma associated with obesity.
2. Change the way professionals think about obesity and interact with individuals who have obesity.
3. Improve access to obesity prevention, treatment and management.

As the voice of obesity in Canada, CON-RCO will work with its partners towards sustained proactive, coordinated and relevant communications on obesity. By bringing a variety of perspectives into its network, CON-RCO can provide broad, inclusive, unbiased, evidence-informed and practical information on obesity to all those who seek credible information on this disease.

In alignment with its goals, CON-RCO strives to promote research excellence, train researchers and practitioners, build national consensus on obesity policy and create added value through partnerships with a wide range of stakeholders. By fostering national and international partnerships, CON-RCO will contribute to positioning Canada's health and industry sectors as global leaders at the forefront of obesity research, prevention and management.

CON-RCO has access to academics and researchers with expertise in obesity and is therefore a natural fit as a partner in the development of curriculum focused on obesity education which promotes interprofessional practice and collaboration.

## **Project Description**

The purpose of this project is to build interdisciplinary, interprofessional curricula that can be used by health science faculty and programs for pre-licensure education in obesity. This project will include a development, implementation and evaluation phase throughout the next five years. The Bariatric Education Initiative partnership between the HSERC and CON-RCO would like to acknowledge funding from the Health Sciences Council, University of Alberta. This is a report of the content and outcomes of the initial meeting in the development phase of the project.

The first step in creating the curriculum was to collect information from health sciences faculty members and educators about the current status, perceived gaps and needs for bariatric education across health science programs. Invitations were sent out by HSERC to all health related faculties and programs. The meeting included representatives from

the University of Alberta, Grant MacEwan University and Alberta Health Services. Participants included representatives across faculties and disciplines including Public Health, Nursing, Occupational Therapy, Physical Therapy, Pharmacy, Nutrition and Medicine. The workshop was also attended by representatives from Alberta Health Services who are responsible for facilitating opportunities for continuing professional education in bariatric care. The focus of the meeting was to discuss how to integrate obesity-related curricula across these various disciplines and to identify strategies to foster interprofessional learning and practice in a manner consistent with the complex and heterogeneous nature of bariatric care.

The meeting took place on Monday June 27<sup>th</sup> at the Telus Centre on the campus of the University of Alberta.

A list of the 25 participants is found in Appendix A. The meeting was facilitated by Mary Forhan. Prior to the meeting, participants were asked to complete a survey over the phone with Mary or on-line via Survey Monkey. The purpose of the survey was to gather information about the participants in terms of their perception of knowledge about obesity, their comfort level in talking about obesity, current obesity content in the programs with which they are affiliated and to identify objectives for the meeting. Thirteen participants completed the survey. The following is a summary of the survey results.

One third of the 13 participants surveyed reported that educators and practitioners in their discipline do not have the knowledge and are therefore not prepared to teach about obesity. Almost half of the participants surveyed reported having a moderate level of knowledge about obesity while the remainder reported having a great deal or expert level of knowledge about obesity. All participants reported feeling comfortable talking about obesity with their learners. This is not surprising given that faculty members with an interest in obesity were targeted for this initial meeting. Ten out of the 13 participants reported that obesity was covered in the existing curriculum; however, all acknowledged that the content was limited to occasional case studies, some planned lectures and, most prevalently, in the form of informal discussions and unplanned content resulting from student presentations or assignments. Most exposure to obesity content was from case studies which include a patient with obesity or exposure to patients with obesity during clinical fieldwork. Obesity was primarily talked about in the context of chronic disease models, determinants of health, behaviour change and public health promotion.

Barriers to including obesity as a topic in existing curricula include: limited number of experiential learning opportunities available, coupled with broad coverage required; stigma and weight bias, coupled with lack of faculty education/knowledge regarding medical or surgical management of obesity; lack of faculty understanding and acceptance of obesity as a chronic disease; timing and location of obesity content within existing concepts and; the expense of equipment for practical training and limited access to facilities with bariatric patients. The following topics were rated as very important to extremely important for students to learn about:

- Weight bias and stigma

- Causes and consequences of obesity
- Obesity prevention
- Obesity treatment
- Adult obesity
- Childhood and adolescent obesity
- Care giving for patients with obesity
- Pregnancy and obesity
- Surgical interventions for obesity

All survey participants identified networking with colleagues, learning about how obesity is taught in other programs, identifying ways in which they can contribute to the development of interprofessional obesity curriculum and identifying resources for use in their own programs as their primary objectives for attending the meeting. Most participants expressed an interest in hearing about key topics in obesity including:

- current evidence in the treatment of obesity
- standard language to use when describing obesity
- causes and consequences
- interprofessional education in a bariatric context

In order to meet these learning objectives, a panel of speakers with knowledge in the area of obesity, obesity treatment, educational resources and interprofessional education was organized. The following is a summary of the educational content presented by each speaker.

## **Summary of Expert Presentations**

### *Current Resources and Partnerships: Ms. Dawn Hatanaka*

Dawn presented an overview of the partnership between CON-RCO and HSERC and reviewed the rationale for the project with participants. Dawn is the Education Director for CON-RCO and provided an overview of the educational resources and current initiatives for the translation of best evidence in the prevention and treatment of obesity. All resources are available on the CON-RCO website.

### *Patient Perspective: Mr. Jim Starko*

Jim is a patient ambassador with CON-RCO who has lived with obesity since childhood. Jim shared his perspective as a patient living with obesity for the purpose of highlighting the need for education about obesity for health professional trainees. Jim shared candid stories about his experiences with health care professionals. These highlighted the need for increased knowledge about the causes and consequences of obesity, sensitivity training to enable respectful communication and practice models which put the needs and values of the patient first. Jim talked about the health concerns he experienced including hypertension, joint pain and type II diabetes which he attributed to obesity. Jim stated that it was the result of a well-informed practitioner at the local Primary Care Network who recommended a referral to a weight management program which started him on the path to health and wellness. Jim stated that he learned that his obesity was the result of a complex set of interrelated factors that were biological, psychological and social in nature. He stated that he became aware of the need for the perspectives of multiple health

professionals in the treatment of obesity and that the behaviours required for obesity treatment and weight management were life long. Jim supported the groups' plans to develop curriculum about obesity for use by various health sciences students by stating: "As a patient, my experience in the health care system has not been entirely positive and I truly believe that the students of today and our future healthcare practitioners of tomorrow need to be prepared to work with patients who have obesity. And that's where you (educators) come in. Students need to be prepared to work effectively with patients who have obesity. This includes respecting where the patient is coming from (their values, beliefs and experiences); listening to their perspective about what works and what does not and effectively communicating in a way that is supportive and facilitates change".

#### *Obesity Treatment: Dr. Arya Sharma*

Arya is the Scientific Director and CEO of CON-RCO. Arya built on Jim's description of his experience with weight management which was described as a chronic, complex and relapsing condition for which treatment is never done. The purpose of obesity management is about improving health and well-being, not simply about reducing numbers on a scale. Arya reinforced Jim's comments about focusing on individual patient needs and goals with a focus on the reduction of co-morbidities, on health targets and on addressing goals associated with daily living. The outcome of obesity care is health. Arya defined the word "bariatric" for the group as referring to the science and medicine of obesity and encouraged the group to consider the term "Bariatric Education" for education on the science and medicine of obesity. The complex, multidimensional nature of obesity was described with an emphasis on addressing the root causes of obesity and removing roadblocks. He also emphasised the need to have an interprofessional approach to insure that all relevant areas associated with obesity are covered for each patient. Arya presented statistics on the current state of obesity which are rising, particularly in cases of severe obesity. He also talked about the alarming trend at obesity clinics in which patients are comparatively much younger and presenting with weight related, chronic health conditions. The following are bariatric care issues identified by practitioners and patients at the Weight Wise Bariatric Program at Alberta Health Services for which Arya is also the medical director:

- Sensitivity
- Transport, mobility, and patient safety
- Wound and skin care
- Personal hygiene
- Instrumentation
- Exercise and physical therapy
- Provider safety

Each of the issues associated with bariatric care are addressed by a multidisciplinary team which includes nursing; medicine; psychiatry; physiotherapy; occupational therapy; exercise specialists; dieticians; emergency medical services; transportation services.

These issues occur across all health sciences professions. Yet very few of these issues are addressed by current curriculum. Obesity as a field is growing exponentially. New journals

and research are emerging daily; new research and knowledge is developing just as fast. Bariatric surgery rates are increasing faster than any other elective surgery in North America, yet few of these topics are covered in health science curricula.

Arya highlighted limitations with using body mass index as an indicator of risk associated with obesity. In fact, there is a very low correlation between BMI and health status. He reviewed the Edmonton Obesity Staging System in which the experience of disability is described in terms of functional impairment and disability rather than by BMI alone. In order to identify the multiple factors associated with the causes of obesity, Arya reviewed an assessment tool which guides the practitioner to consider the mental health, mechanical functioning, metabolic and monetary (4Ms) factors for each patient. The staging system and assessment guide fit with chronic disease prevention and management models. Applying similar chronic disease models to identify areas in which knowledge for bariatric care and prevention is needed is a useful guide in the identification of curriculum content.

*Weight Bias and Stigma: Dr. Mary Forhan*

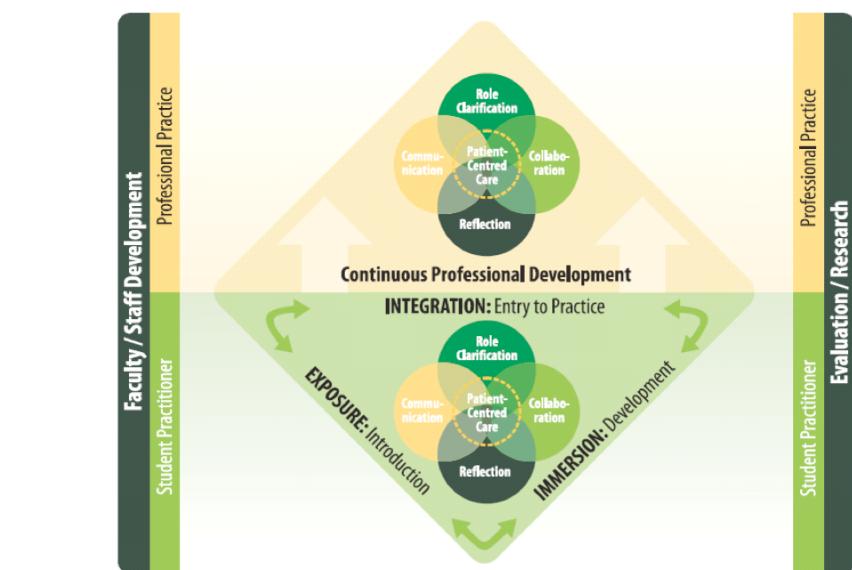
Mary is a consultant with CON-RCO and a researcher in the area of obesity. Mary reviewed information on the state of weight bias and stigma and their consequences on health care and education. Information from studies conducted by researchers at the Rudd Center for Food Policy and Obesity was summarized. Participants heard about reports of health practitioner weight bias that resulted in less than standard patient care including: less time spent with patients, reduced preventative screening measures such as pelvic exams and mammograms, and assumptions that patients with obesity were less compliant, less motivated and less intelligent than thin patients. Patients who experience bias from health practitioners avoid medical care and view practitioners as having limited knowledge about obesity. In the area of education, educators perceive post secondary students with obesity as less intelligent, less likely to succeed and having more family and personal issues than thin students. This leads to lower expectations for students with obesity and less attention from educators. Bullying from other students is also a common experience for students with obesity leading to more time away from the classroom and feeling isolated in educational settings. Awareness about weight bias is important for educators in the health sciences in terms of reflecting on their own values and beliefs about obesity and being sure to create safe environments for learning and discovering about obesity.

*Interprofessional Education: Ms. Renate Kahlke*

Renate is the Interprofessional Education Manager at HSERC. Renate provided an overview to the context and purpose of interprofessional care and curriculum. Interprofessional care has been linked to reduction in patient fatigue; increased health care efficiency and improved patient safety. Renate encouraged the participants to consider how to develop a curriculum that will encourage interprofessional care in the workplace. The definition of interprofessional and interdisciplinary care used for the development of interprofessional curriculum involves and integrated approach in which members of a clinical team actively coordinate care and services across disciplines. Interprofessional education occurs when " two or more professionals to learn from, with and

about each other to improve the collaboration and quality of care” (CAIPE, 2002). The Romanow Report from 2002 was a driving force moving IPE and IPC forward with a recommendation that practitioners need to be educated together if we expect them to work together. The Accreditation of Interprofessional Health Education (AIPHE) committee has developed a set of accreditation standards for interprofessional health education. Renate presented the IP Learning Pathway, the University of Alberta interprofessional competency framework, which can guide interprofessional learning in the area of obesity. Figure 1 illustrates the IP pathway promoted at the University of Alberta in which competencies are identified.

**Figure 1**  
University of Alberta: Interprofessional Pathway



### Small group discussions

Participants were divided into two, heterogeneous groups for the purpose of a smaller group discussion. The groups were charged with the task of describing the current state of bariatric education in their programs and designing the “ideal” IP curriculum for bariatric education with specific recommendations for format, content and resources. Each group reported on the results of their discussion. The following is a summary of the small group discussions.

### *Current State of Obesity Education within Health Sciences Programs*

There is currently no standard in obesity education within health sciences programs. No program identified obesity as a priority issue during recent curriculum changes. Most programs try to find places within existing curriculum to talk about obesity in the context of determinants of health, chronic disease prevention and in the context of physical assessment. Some programs invite experts to talk about obesity for a one-time exposure for their students. Programs with clinical fieldwork provide natural opportunities for learning with patients who have obesity; however there are no formal fieldwork placements that focus on obesity specifically. Limited resources, limited knowledge and limited value placed on obesity overall were barriers which currently exist with respect to the integration of obesity topics into existing curriculum.

### *The Ideal IPE Program for Bariatric Care and Prevention*

There was a consensus about the need for IPE in bariatric care and prevention and the use of coordinated models of care presented today in the area of chronic disease and prevention and IPE. Curriculum must be informed by patients with obesity, students from across health disciplines and faculty members. Content must be evidence based, case based and reflect the current state of knowledge, practice and policy in the areas of prevention, treatment and management across the lifespan. There was discussion about the need for curriculum to be offered online in a modular format and in real time, face to face sessions for real life opportunities for students to learn from and with each other. HSERC was identified as the most appropriate administrator and custodian of educational modules and resources, in addition to contributing to the IPE design. CON-RCO was identified as integral to providing the content experts and facilitating collaborations between experts in the area of obesity from a variety of disciplines. There was no consensus as to whether IPE in obesity should be mandatory or offered as an elective A combined, scaffold approach involving mandatory core and specialized, advanced elective curricula was also suggested.

### *Existing Resources Identified*

- INTD 410 – HSERC required course for most faculties – focus to introduce undergraduate students to interprofessional team practice.
- Weight Wise Clinic at Alberta Health Services
- Bariatric Education for health professionals is starting at Alberta Health Services with a Bariatric Education Team
- Bariatric Care Plan approved by the Province of Edmonton

### *Opportunities for training and education*

- Clinical and research programs at the new Edmonton Clinic South and Edmonton Clinic Health Academy
- Health Sciences Education and Research Commons (HSERC) simulation space – specialized care suite, suitable as a bariatric care suite

### *General Considerations Raised for IPE in Bariatric Care and Prevention*

- Creating an awareness of the value of interdisciplinary learning and work. Measure perspectives pre and post to show the value. This type of research should be used to inform the faculty and preceptors.
- Create a series of small opportunities (workshops) to engage in interdisciplinary work. This would encourage self-directed learning.
- Develop curriculum for faculty and for students. They may not be the same.
- Core Curriculum for all faculties to pull from so that learning modules are not built from what is comfortable for the instructor.
- Build a database of potential partners in developing an interdisciplinary curriculum on obesity.
- Obesity training should begin at the beginning of pre-licensure programs, as opposed to a short learning component at the end of their degrees. Obesity training needs to develop over time.
- Content needs to be consistent within and across faculties.
- Content needs to debunk myths and practices that are normalized by media.
- Content should address each student's future professional role in treating patients with obesity, and how that role will align with the roles of other professionals.
- Content should include discussion about weight bias and stigmatization.
- Content should include discussion about mental health and obesity.
- Stakeholder buy -in is needed across institutions and disciplines.
- Use obesity as a conduit to encourage interprofessional education and practice.

### **Identification of Priorities**

At the end of the meeting, participants were asked to identify up to 10 priority actions as next steps in the development of interprofessional educational opportunities for undergraduate and graduate students in health sciences. The following is a list of priorities agreed upon by all participants. The items were all listed as immediate priorities and no attempt was made to rank them in order of importance. Participants were also asked to identify items to which they would like to be active in to move forward.

1. Develop core curriculum which includes the following key content areas:
  - Sensitivity
  - Patient and provider safety
  - Patient perspectives
  - Evidence-based treatment
2. Develop a pool of flexible resources which can be used by specific faculties and programs. Suggested resources include: patient care related videos, slide kits, student assessment tools
3. Collect an inventory of what faculties and programs are already doing related to bariatric education.
4. Develop a checklist/grid of key areas to cover in a case study on obesity, for use by all faculties and programs.

5. Build a data base of individuals on campus and industry of individuals interested in obesity practice and research. Some of this information can be pulled from the CON-RCO membership list. The database would need to be accessible to faculty and educators to develop student supervisory committees, guest lecturers etc.
6. Model interprofessional practice in our lectures by inviting speakers from other disciplines. This could be done by developing a speakers list
7. Develop a bariatric lecture series at the UofA with an IP focus
8. Bring all post-secondary educational institutions in Alberta together to share resources and opportunities for education in bariatric care.
9. Engage students in curriculum development by connecting with student associations on campus
10. Engage patients in curriculum development

### **Next Steps**

Individuals who identified interests in specific priority areas will be contacted to start smaller group meetings and identify key stakeholders for each area. The first priority is to develop core curriculum for use in the fall of 2011 by students in health science programs at the University of Alberta. It is anticipated that additional priorities identified previously will be initiated in the next year. These initiatives will be coordinated by CON-RCO and HSERC.

## List of Participants

Name	Faculty/Program	Institution
Geoff Ball	RD	U of A
Heidi Bates	RD	U of A
Mary Forhan		Canadian Obesity Network
Dawn Hatanaka		Canadian Obesity Network
Tara Hatch	SW/HSERC	U of A
Pam Hung	OT	Alberta Health Services
Sarah Kerslake	PT	U of A
Holly Knight	Provider Education	Alberta Health Services
Lili Liu	OT	U of A
Jean Jacque Lovely	Nursing	Alberta Health Services
Diana Mager	RD	U of A
Hollister McFadden		Canadian Obesity Network
Diane Martin	Nursing	Grant MacEwan University
Darren Pasay	Pharmacy	U of A
Kim Raine	Public Health	U of A
Ximena Ramos-Salas		Canadian Obesity Network
Suzette Roy	Nursing	Grant MacEwan University
Meredith Scroggins		Canadian Obesity Network
Niewczas		
Arya Sharma		Canadian Obesity Network
Lyndie Shih	Nursing	U of A
Susan Sommerfeldt	Nursing	U of A
Jim Starko	Client	Canadian Obesity Network
Margaret Swedish	Nursing	Grant MacEwan University
Liz Taylor	OT	U of A
Justine Turner	MD	U of A