

Obesity Care Competencies

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Organizations Engaged in the Development of Obesity Competencies

ACADEMY FOR EATING DISORDERS

ACADEMY OF NUTRITION AND DIETETICS

ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION

AMERICAN ACADEMY OF FAMILY PHYSICIANS

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

NATIONAL ASSOCIATION OF NURSE PRACTITIONER FACULTIES

PHYSICIAN ASSISTANT EDUCATION ASSOCIATION

THE OBESITY SOCIETY

YMCA

Core Obesity Knowledge

1) Framework of Obesity as a Medical Condition

- 1.0 Demonstrate a working knowledge of obesity as a medical condition

e.g. 1.1 – Key measures and their limitations for the assessment of obesity and its co-morbidities

Example:

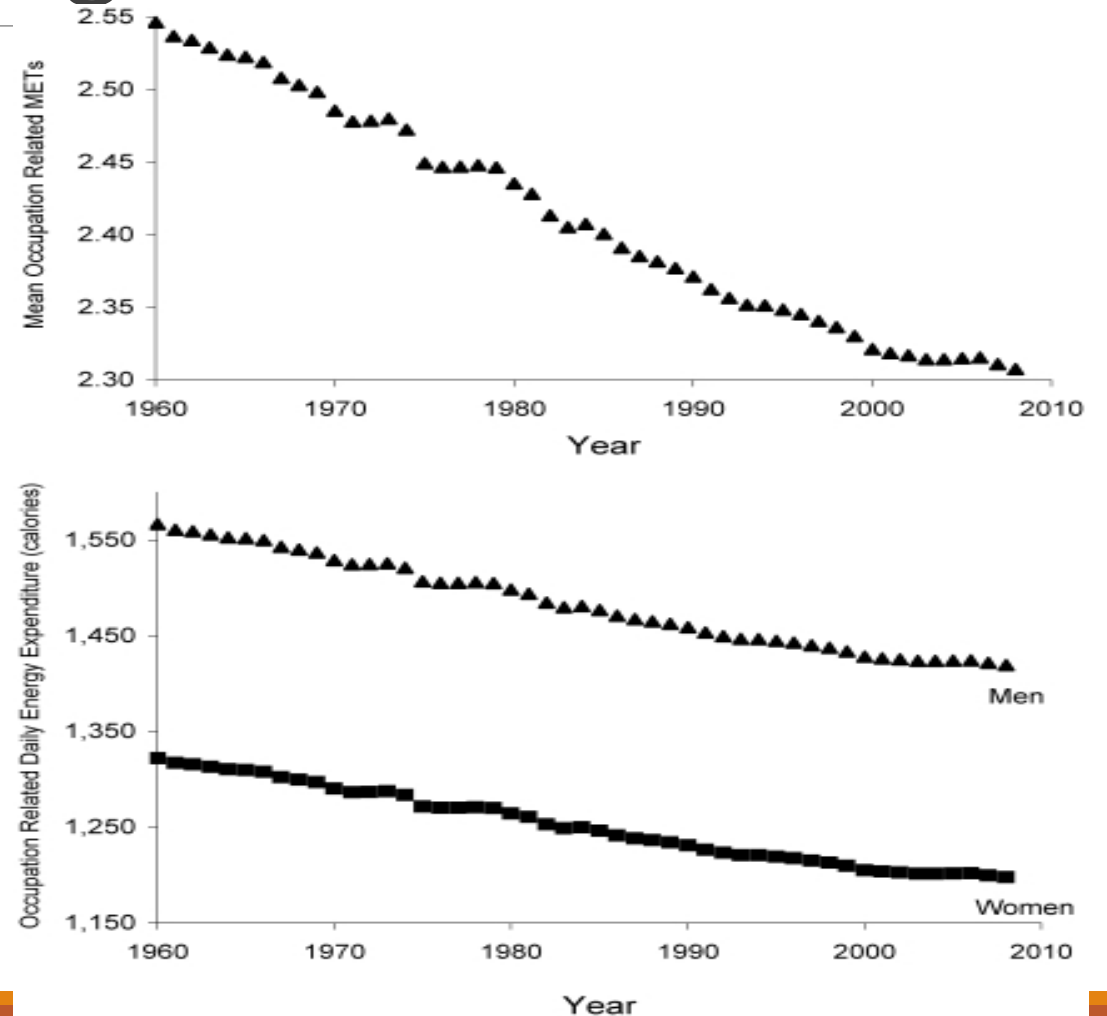
Body mass index (BMI) is the most common anthropometric measure used for the identification of obesity, with a threshold value of $30\text{kg}/\text{m}^2$ separating obesity and overweight. It is important, however, for providers to understand the limitations of BMI for identification of obesity. In Asian populations, for example, lower thresholds are generally accepted as appropriate to identify individuals with excess body fat or obesity-related illnesses. It's also important for providers to understand the usefulness of other measures such as waist circumference.

Core Obesity Knowledge

2) Epidemiology and key drivers of the obesity epidemic

2.0 Demonstrate a working knowledge of the epidemiology of the obesity epidemic

E.g. 2.2. The social, cultural, and other factors that have contributed to the obesity epidemic.



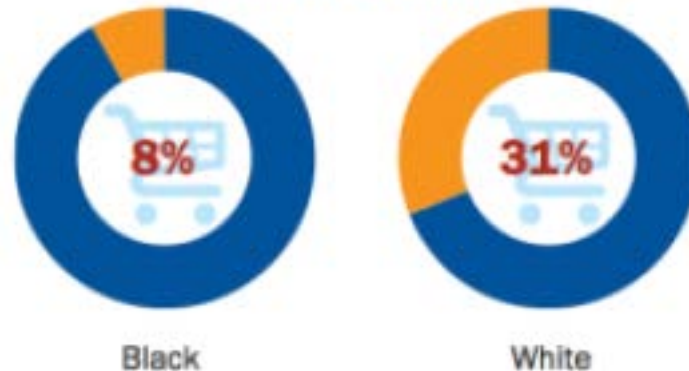
Core Obesity Knowledge

3. Disparities and inequities in obesity prevention and care

3.0 Describe the disparate burden of obesity and approaches to mitigate it

E.g. Explain the role of inequities associated with and/or determinants of obesity and its outcomes

Americans Living in Communities With
One or More Supermarkets



Competencies for Inter-professional Obesity Care

4. Inter-professional obesity care

4.0 Describe the benefits of working inter-professionally to treat obesity that cannot be achieved by a single health professional

E.g. 4.1. Summarize the value and rationale for including the skills of a diverse inter-professional team in treating obesity

5. Integration of clinical and community care for the prevention and treatment of obesity.

5.0 Apply the skills necessary for effective inter-professional collaboration and integration of clinical and community care for obesity

e.g. Perform effectively in an inter-professional team

“I’d like to let you know that I’ve raised Mr. Webb’s insulin dose as his diabetes was not well controlled. Please let me know if you plan to make any changes to his dietary plan.”

Competencies for Patient Interactions

6.0 Discussions and language related to obesity

Language to use avoid: “overweight” rather than “fat”

6.0 Use patient-centered communication when working with individuals with obesity and others

E.g. 6.1 Discuss obesity in a non-judgmental manner using person-first language in all communications

E.g. 6.3 Use person and family-centered communication

Asking permission: *“I am concerned about your weight and its impact upon your health. Would it be ok if we discussed this?”*

Opening the door approach: *“I want to let you know that I am concerned because your daughter’s BMI percentile is 98.”*

“What does that mean doctor?”

“It means she is at a higher weight than the majority of girls her age. This puts her at risk for problems such as diabetes and high blood pressure. Is this something that concerns you as well? Is this something you would like to work on together?”

Competencies for Patient Interactions

7.0 Recognition and mitigation of weight bias and stigma

Story of Gina Score (1999)

7.0 Employ strategies to minimize bias toward people with obesity

7.2.2. Recognize and mitigate the biases of others

E.g. Slender patient coping with several months with knee arthritis offered a steroid injection.

Patient with obesity with several months of knee arthritis given recommendation for acetaminophen and advised, *“You need to lose weight.”*

Competencies for Patient Interactions

8. Accommodating people with obesity

8.0 Implement a range of accommodations and safety measures specific to people with obesity

- E.g. Privacy; WiFi scales

Strategies for patient care related to obesity

9.0 Provide evidence-based care/services for persons with obesity or at risk for obesity

9.2 Evaluate BMI and other anthropometric measures routinely

- E.g. waist circumference

9.6. Employ evidence-based individual and family behavioral change strategies such as motivational interviewing and cognitive behavioral therapy E.g. Rolling with resistance

“It’s pretty simple – get to the grocery store once a week and give up fast food” --- Versus

“You find it hard to make the time to shop and cook meals and find fast food a lot more convenient.”



Strategies for patient care related to obesity

10. Special concerns

10.0 Provide evidence-based care/services for persons with obesity comorbidities

E.g. Respond appropriately to patient with obesity co-morbidities based on scope of practice

“Eight grader Jamie is sent to the school nurse’s office after she struck her head on the edge of her desk and suffered a small bruise. Upon questioning, Jamie reports that she hit her head when she inadvertently fell asleep in class, something that happens quite often. Jamie reports that she feels tired most of the day and never feels like she gets a good night’s sleep. She also tells the nurse that her younger brother, with whom she shares a room, always complains that she snores. The school nurse suspects obstructive sleep apnea, and speaks to Jamie’s parents, who in turn seek appropriate evaluation and care.”