

Designing and Delivering a Weight Inclusive Care Training for Medical Residents at Seattle Children's Hospital

LEAH Fellow: Khang Ho, MPH-Nutrition Candidate & Dietetic Intern at the UW Food Systems, Nutrition and Health Program
LEAH Faculty: Casey McCoy MPH, RDN, CD

Background

- Experiencing weight bias, or the prejudice and/or discrimination from having 'excess' body weight, is associated with poorer health outcomes.
- Medical providers frequently perpetuate weight bias, most commonly by recommending weight loss based on the body mass index (BMI) which is supported by the 2023 American Academy of Pediatrics' (AAP) obesity guidelines.
- The complex relationship between weight and health, or lack thereof, is not well taught in medical training programs, leaving providers unequipped to provide weight-inclusive care.

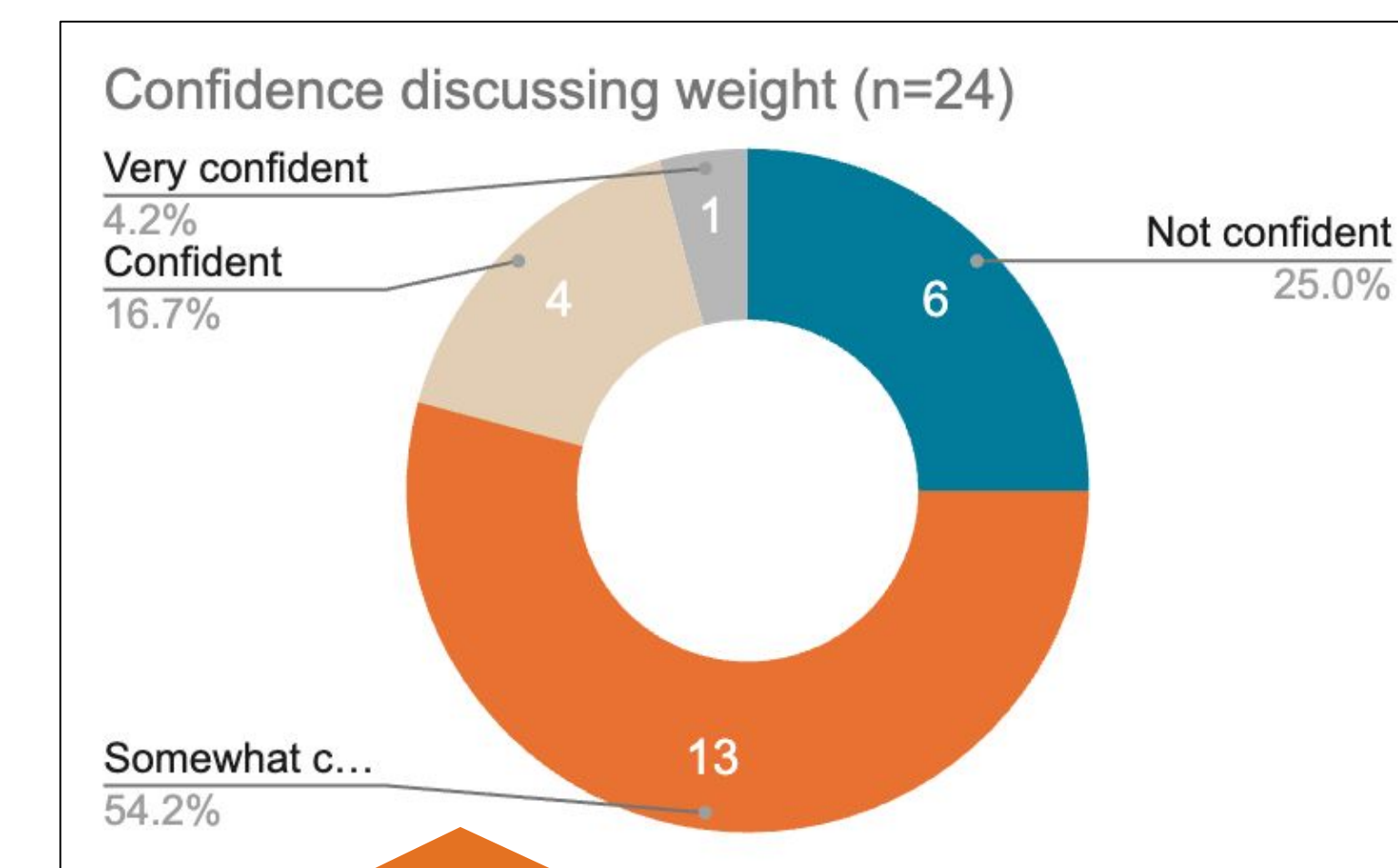
Methods

- Literature Review**
 - Synthesized best practices for weight inclusive care.
- Needs Assessment**
 - Assessed gaps in weight inclusive care among residents using mixed-methods.
 - Administered via RedCap and promoted participation with a monetary incentive.
 - Analyzed data using descriptive statistics on Excel.
- Training Development**
 - Clarified and contextualized the relationship between and treatment of obesity and chronic disease risk.
 - Offered strategies for weight inclusive care.
- Training Evaluation**
 - Administered a pre-existing teaching evaluation form developed by the UW pediatric residency program.

Needs Assessment

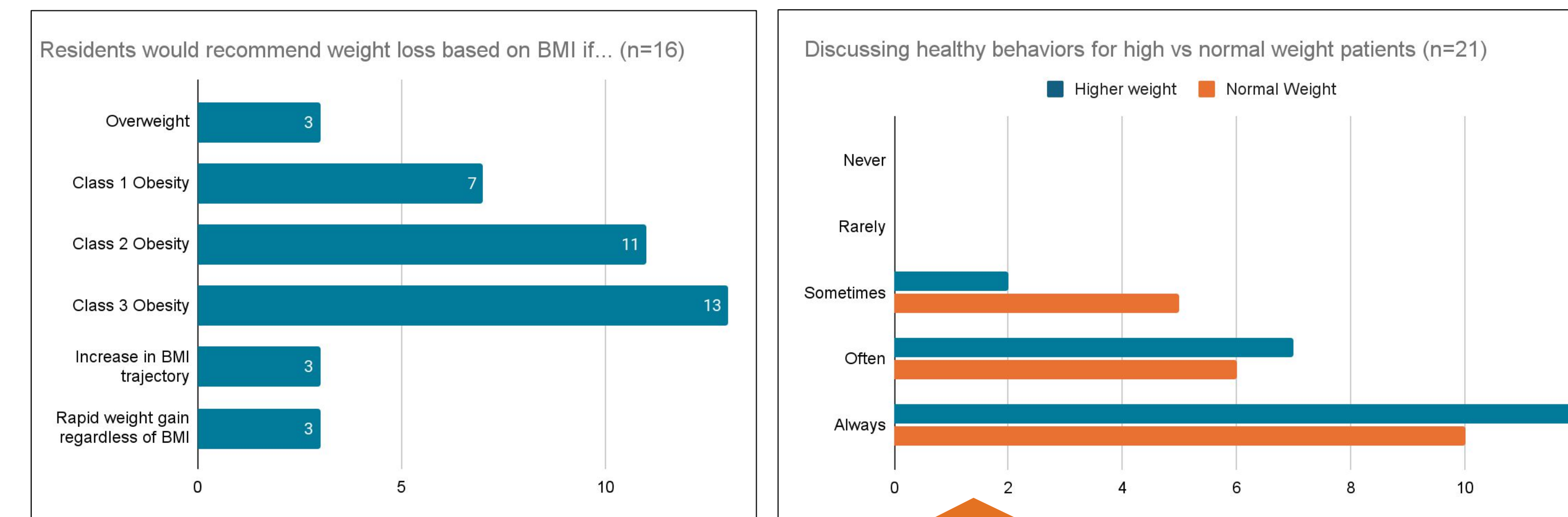
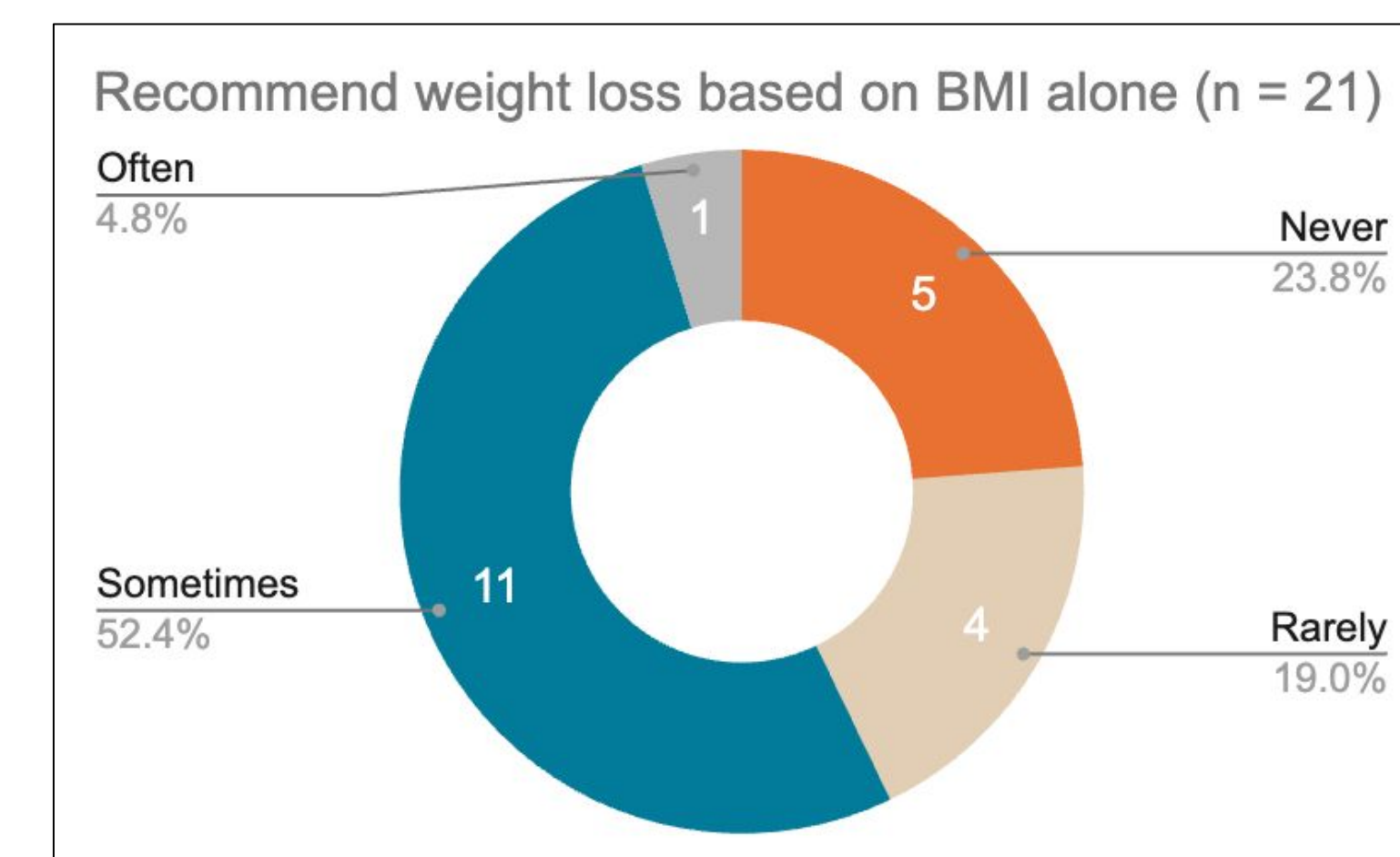
Response rate: 23% (24 of 104)
Completion rate: 87% (21 of 24)

Knowledge



"[I want] to have knowledge and tools to provide more respectful, supportive, and compassionate care to patients of all body sizes."

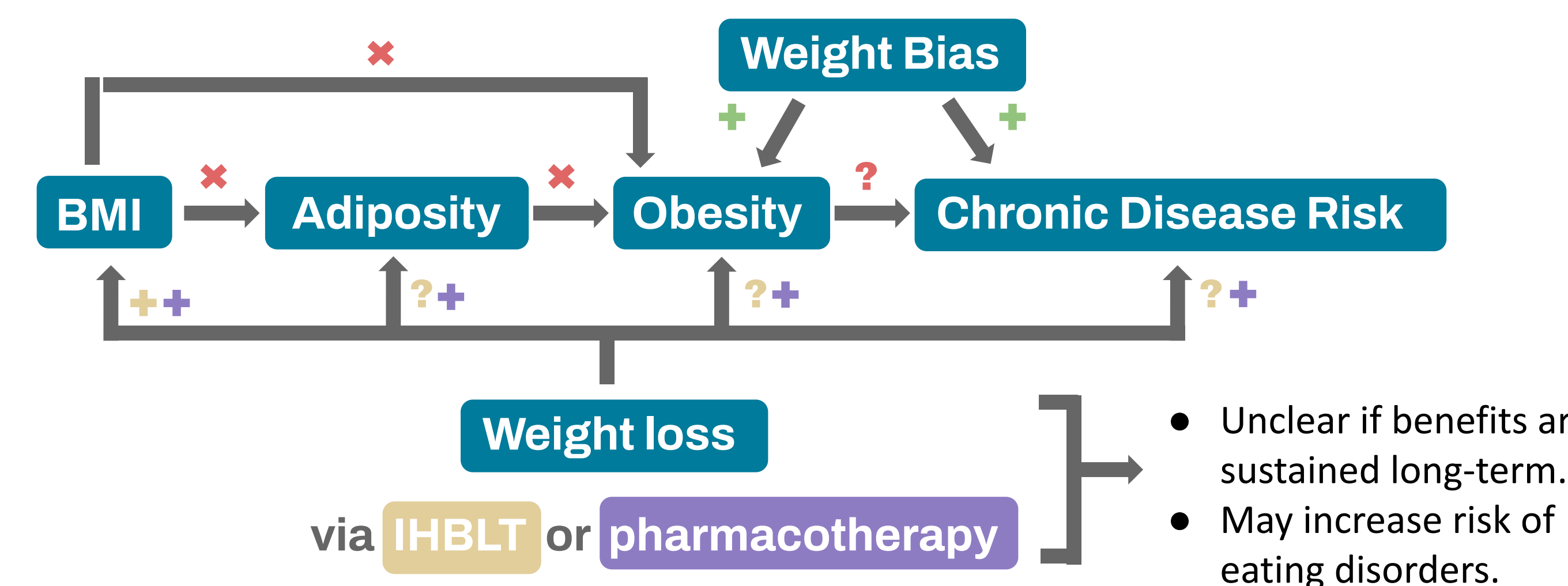
Assessment & Intervention



"I find the AAP guidelines regarding treatment for obesity confusing and difficult to reconcile with what I know about weight bias in medicine."

Training Development

- Does obesity, as defined by the BMI, contribute to excess chronic disease risk?
- Does weight loss via IHBLT or pharmacotherapies reduce excess chronic disease risk thought to be attributable to obesity?
- What are strategies to provide weight inclusive care?



Training Evaluation

- N = 11
- On a scale of 1-5:
 - 4.2 Presenter connected well with audience.
 - 4.5 Slides and other media were easy to follow.
 - 4.6 Content was evidence-based when appropriate.
 - 4.5 Learned something important and appropriate to my level of training.
 - 4.5 The topic should be included again next year.

"Very high quality and important talk. Including more clinically applicable tips about incorporating weight-inclusive or weight-neutral care into our practice would be much appreciated!"

Future Steps

Short-term

- Integrate training into UW pediatric residency program's curriculum.
- Offer weight inclusive care workshops emphasizing case studies and role-play to develop clinical skills.

Long-term

- Develop organizational weight inclusive policies and practices around recommending weight loss.
- Facilitate interdisciplinary medical decision-making between medical providers and RDs.

Acknowledgements

Thank you to Casey McCoy MPH, RDN, CD; Paige Killelea MD, Angela Zhang MD; Lee McKoin MD; and all LEAH faculty and fellows for their support throughout this project. References upon request: kgho@uw.edu