Insights That Drive Improvement: Patient Education Tools in Obesity Care

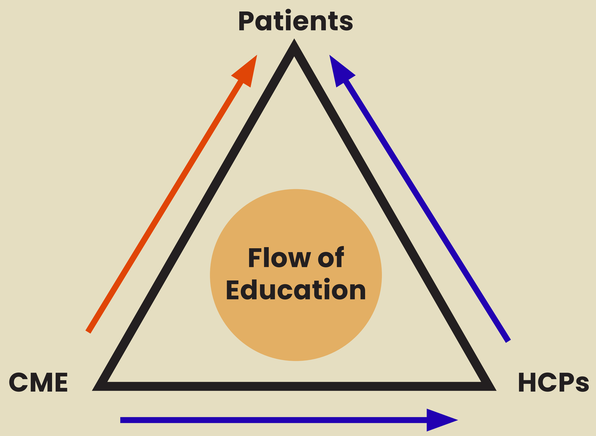
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Introduction

Obesity is a multifactorial disease requiring sustained patient engagement and robust self-management support strategies.[1] While CME programs traditionally focus on HCP, extension of education directly to patients may offer a novel mechanism to reinforce learning, improve understanding, and empower those with chronic diseases.

OBJECTIVE

Evaluate the **impact of patient-facing educational tools** delivered alongside HCP-focused CME on patie confidence and understanding in obesity self-management.



Methods

Study Design

- Retrospective mixed-methods study analyzing patient responses after engagement with an educational handout and video guide. Analyses included descriptive statistics and thematic coding.

Data Collection

- Open-ended responses were collected from 2 outpatient practice sites that participated in CME for primary care HCP. Responses were anonymized, coded, and analyzed inductively using a grounded thematic approach.

HCPs: Healthcare professionals
CME: Continuing Medical Education

Patient-facing education integrated with CME **improves confidence, understanding,** and **reinforcement** of key self-management principles.

Patient-Informed Themes

Understanding of scientific reasoning reinforces key self-management principles
Educational material allowed patients to understand how muscle maintenance is key in obesity care, setting themselves up for sustained behavior change.

Break down lifestyle change strategies into smaller, actionable steps
Patients reported that micro-behaviors, such as walking and starting slow, were helpful and important parts of the educational material.

Diversity of content format can enhance learning
More than half of the open-ended responses mentioned that the video format was the most helpful part of the education, while some patients reported that the handout aided in notetaking.

Patient-facing tools shed light on critical needs
Patients expressed a desire for specific education on concrete exercise protocol and more information on obesity management.

Likert Scale Median Across 4 Domains

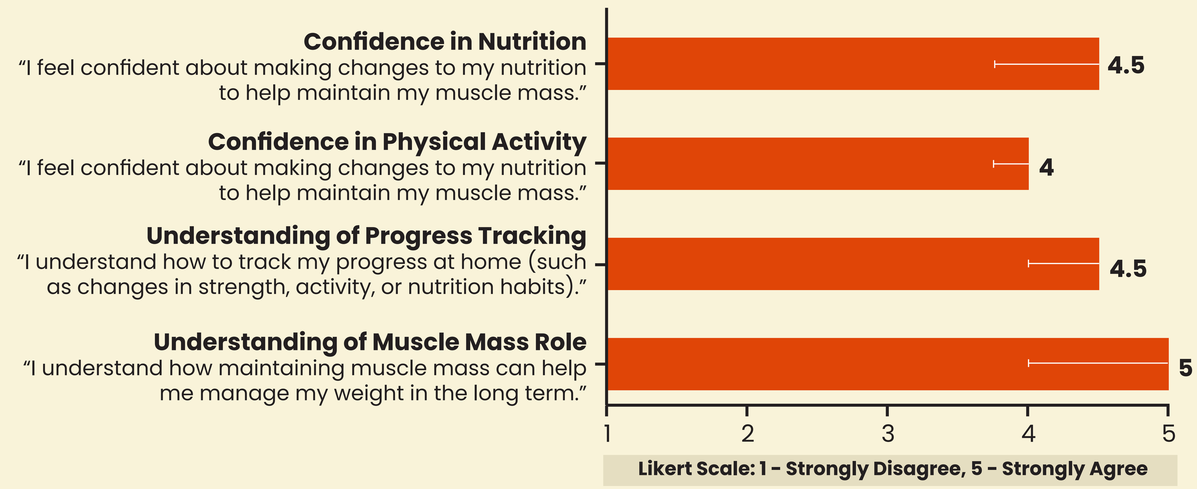


Figure 1: Median values N=16 analyzable patient responses across both sites. Error bars represent interquartile ranges, reflecting low variability and strong agreement with each domain's confidence or understanding statement.

What Patients Learned...

Scientific Reasoning
"Overall weight loss and maintenance, can be achieved through muscle mass"

Actionable Steps
"Take exercise slowly and spread protein out over several small meals"

What Patients Valued...

Diversity of Format
"Video - I prefer to hear the information - but I also liked the paper - I wrote notes"
""Anything like this is helpful. Actually hearing and seeing people talk about it is helpful"

What Patients Want Next...

Advancements and Further Education
"More details on what an exercise regime should look like"
"Updates on new advancements in medical treatment of obesity"

Open-Ended Patient Respondents

Discussion

- Patient reported outcomes highlight a gap between a patient's understanding and confidence. Repeated educational intervention could build patient confidence in self-management principles.
- Qualitative insights spotlighted the effectiveness of using multiple content formats in aiding knowledge of retention and accessibility.
- Limitations from this study included a limited (N=16) sample size. Three participants reported low Likert scale ratings for confidence and understanding but submitted positive open-ended responses, which may indicate possible confounders in the self-reporting system.

Conclusion

Study Insights
- Patient-facing educational materials can bridge a critical gap in chronic disease management by facilitating outcomes to reinforce self-management principles.

Future Research
- May include larger population sizes across multiple disease and evaluation of serialized education in building patient confidence past initial understanding.

Lasting CME Impact
- Findings can guide future CME development, creating an educational framework that improves outcomes through patient empowerment.

References

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2. Brady E, Dietze D. How to analyze your baseline/post-activity change data. *The Almanac* 2016;38(1):4-9

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