

Integrating real-world perspectives into obesity-focused CME promotes patient-centered change.

Patient Perspectives in Obesity Care: Impact on Provider Communication, Competence, and Confidence

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BACKGROUND

Obesity is one of the most prevalent and complex chronic conditions managed in primary care. However, meaningful progress in care is often hindered by ineffective provider–patient communication, stigma, and misalignment between clinical goals and patient priorities. Traditional CME has focused on updating guidelines and treatment algorithms, but as CME increasingly emphasizes measurable outcomes and patient-centered impact, innovative approaches are needed to better align educational strategies with real-world clinical challenges.

Moderated, closed online communities create platforms where patients and families affected by various illnesses can share experiences, ask questions, and discuss scientific developments. These communities can connect CME design to patient insights by providing focus group data as a valuable source of authentic patient insights that reflect the critical barriers faced by those with chronic illnesses.

OUR OBJECTIVE:

Evaluate the **impact of patient perspective incorporated in CME** as a novel educational approach to enhance HCP knowledge, confidence, and intent to change practice.

METHODS

Study Design

- Retrospective mixed-methods study
- 1632 learners met the eligibility criteria and were collected between April 2025 and February 2026 and were included in the demographic's description.

Data Collection

- Pre- and post- activity HCP learner data was collected, with statistical analysis including descriptive summary and qualitative thematic analysis.
- Chi-square Goodness of Fit test was used to assess significance pre- and post- knowledge change.



HCPs: Healthcare providers
CME: Continuing Medical Education

Twelve Smart Patients® community members made up the participant cohort, primarily female, aged 62-79 years, with extensive weight-management histories and multiple chronic conditions.

Over the course of one-week, patient participants responded to structured online questions through an interactive discussion format with a Smart Patients® moderator.

Patient insights were used in shaping learning objectives, selecting faculty, and narratives were directly integrated into CME programs

Core Themes of Patient Insights

Reducing Stigma → Improved Communication

“When I have mentioned how much the weight gain affects me emotionally, they quickly change the subject. It makes me feel like they don't think it matters or is significant.”

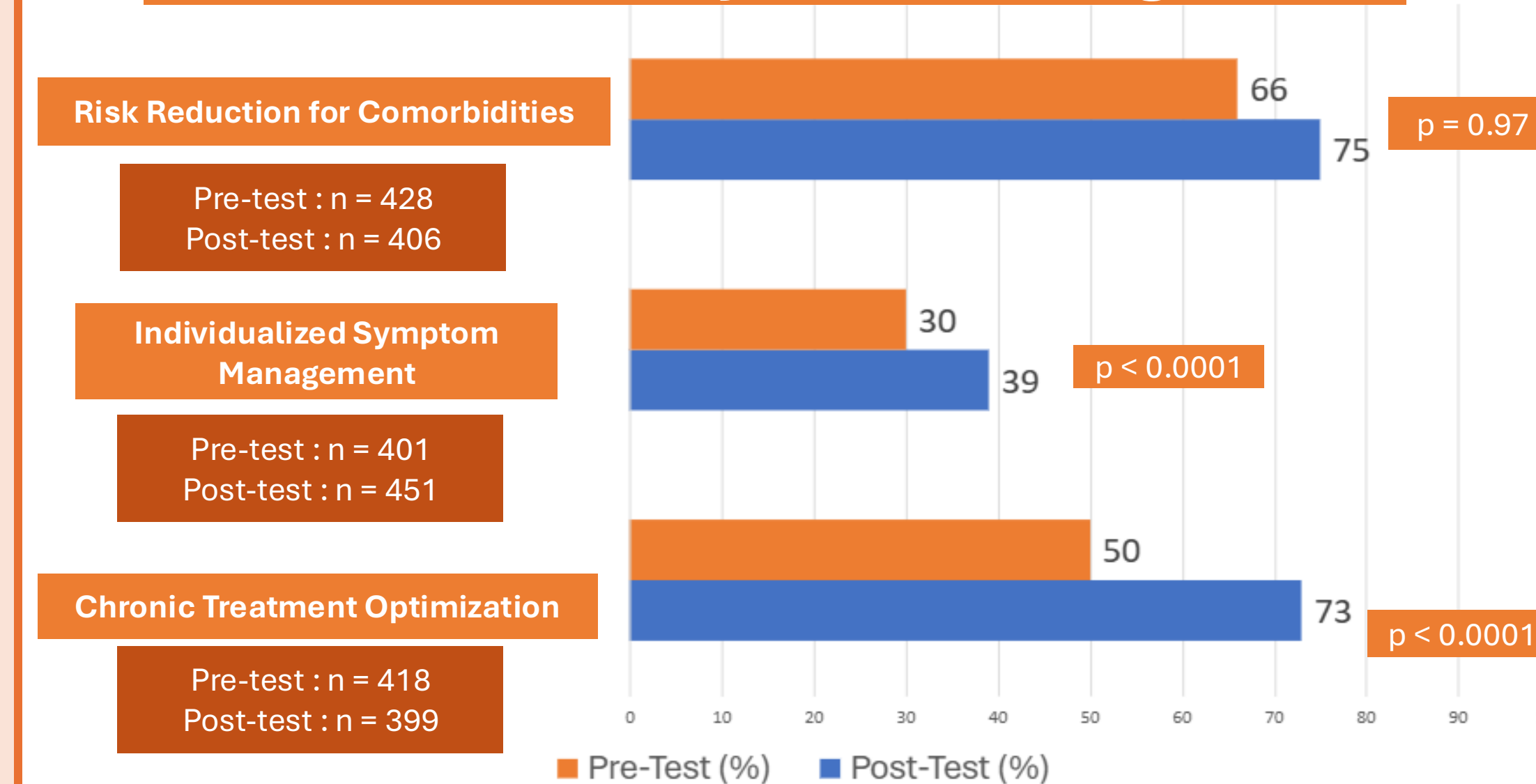
Individualized Counseling → Enhance Shared Decision-Making

“I'd like the medical people to share with me the latest data, and what are some approaches that maybe I have not tried.”

Obesity as a Complex, Chronic Disease → Evidence-Based Pharmacotherapy

“They tend to make assumptions that we are the problem, not our food.”

Quantitative Analysis: Knowledge Gain



83% of learners were primary care specialists

56% of learners reported that more than **half the content was new.** (n=1352)

Top Countries (%)

United States	57%
Qatar	10%

Qualitative Analysis: What Are Providers Saying?

Shift to Communication and Inclusion

“Good reinforcement of how we talk with patients to ensure they feel included in their care.”

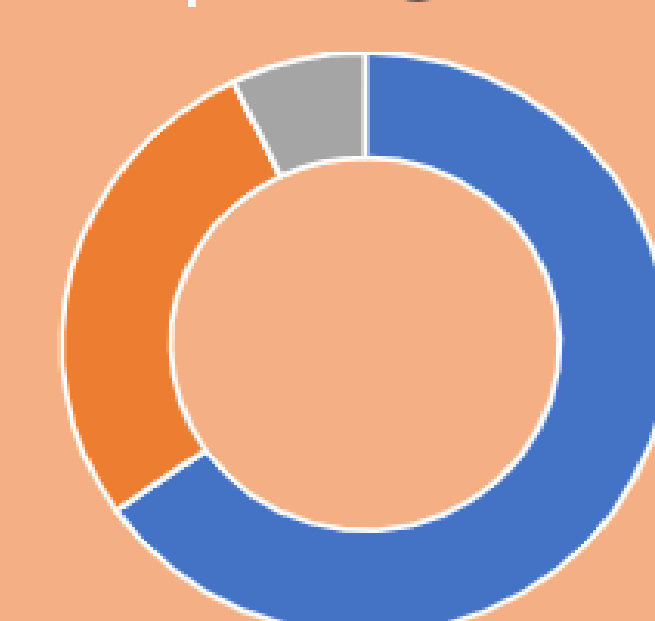
Patient Narrative Promotes Increased Engagement

“Very relevant topic! Loved patient Bill and his story.”

Desire for Future Obesity Therapeutics Content

“More information on advances in obesity therapeutics, please”

64% intended to change practice



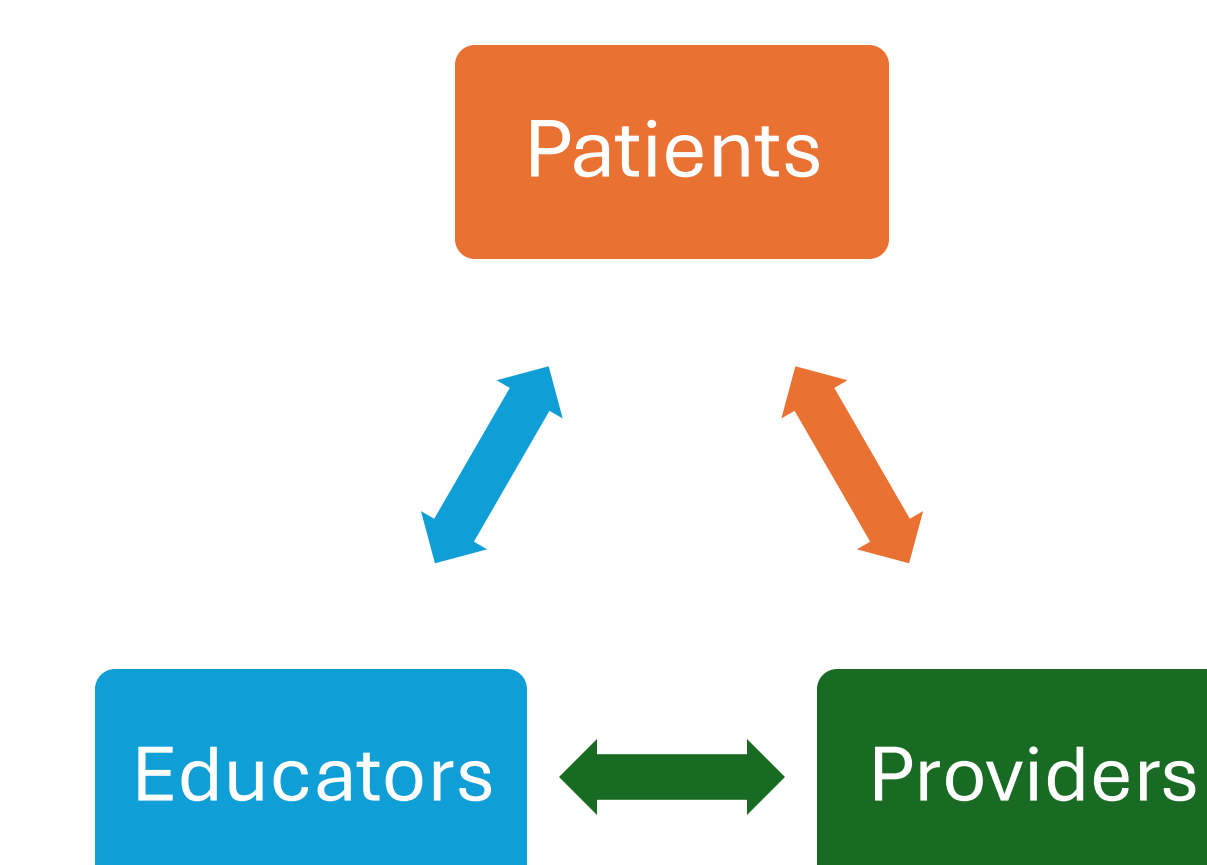
37% of HCPs reinforced their practice (n = 1332)

86% of learners were confident they could make their intended changes (n=1321)

DISCUSSION

- Integrating authentic patient perspectives into obesity-focused CME was associated with a significant ($p < 0.0001$) change in knowledge regarding individualized symptom management and chronic treatment optimization, along with measurable improvements in provider confidence and intent to change practice.
- Core themes from patient insights guided learning objectives, while patient narratives fostered a connection between HCPs and patients through CME. This helped to bridge the gap between patient and provider goals by highlighting specific needs and strategies.
- The high representation of primary care specialists underscores the relevance of these findings to providers who are frontline managers of obesity and its comorbidities, setting the stage for future targeted education.
- Limitations of this study include variation in pre- and post-assessment participation and the absence of a control group.

CONCLUSION



- By including patient voice in CME design, misalignment between goals and perspectives can be subverted, improving communication in stigmatized diseases.
- Future research evaluating longitudinal performance outcomes and expanded models of patient narrative integration can provide critical insights into delivering comprehensive and targeted care.

References

- Correia JC, Waqas A, Huat TS, et al. Effectiveness of Therapeutic Patient Education Interventions in Obesity and Diabetes: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. *Nutrients*. 2022;14(18):3807.
- Brady E, Dietze D. How to analyze your baseline/post-activity change data. *The Almanac* 2016;38(1):4-9



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