

Improving Pharmacists' Competence in Obesity Care: Descriptive Outcomes from Patient-Informed CPD

Leen Alyaseen, PharmD, MBA¹; Chellam Sundaram, PharmD¹; Sarah A. Nisly, PharmD, MEd, BCPS¹, FCCP; Kathryn Burn²
¹Decera Clinical Education; ²Smart Patients®

Background

- Obesity is a chronic, global health challenge with rising prevalence and serious health consequences, contributing substantially to mortality and noncommunicable disease burden.¹
- Pharmacists are positioned to support weight management through counseling and education, highlighting the importance of structured training to enhance pharmacist engagement in obesity care.²

Purpose

- To assess pharmacist learning outcomes following a patient-informed CPD activity, emphasizing readiness to apply evidence-based obesity care and alignment with patient-identified priorities.

Methods

- Design: Retrospective descriptive evaluation
- Analytic sample: Pharmacists who completed ≥75% of required post-activity evaluation survey items (confidence, planned practice change, and barriers). Respondents completing <75% of required survey items were excluded from analysis.

Data Collection

- Patient perspectives informing educational design were obtained from a one-week asynchronous Smart Patients® online focus group.
- Learner data: Post-activity pharmacist evaluation capturing:
 - Confidence in applying learning
 - Planned practice change types
 - Reported barriers

Patient-priority-aligned education improved pharmacists' confidence and their intent to change practice.

Post-Activity Confidence in Applying Obesity Care

Confidence level	n (%)
Very confident	17 (50%)
Confident	12 (35%)
Somewhat Confident	5 (15%)
Confidence assessed post-activity using a four-point Likert scale; response counts reflect available data.	Median (IQR): 4 (3–4) (N= 34)

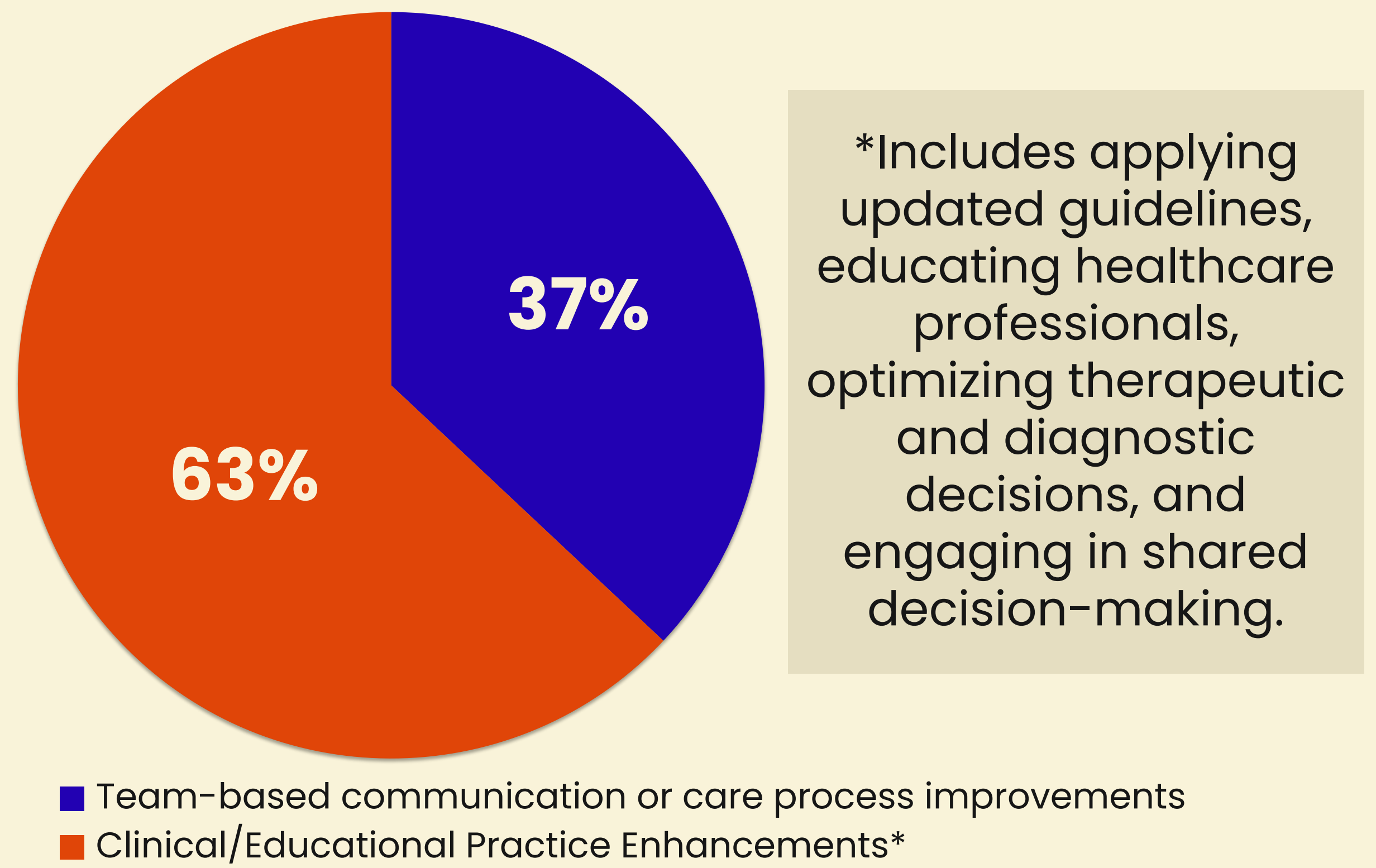
Clinical framing selections predominantly reflected the integration of chronic disease, with minimal endorsement of complication-only management.

Smart Patients® Online Focus Group

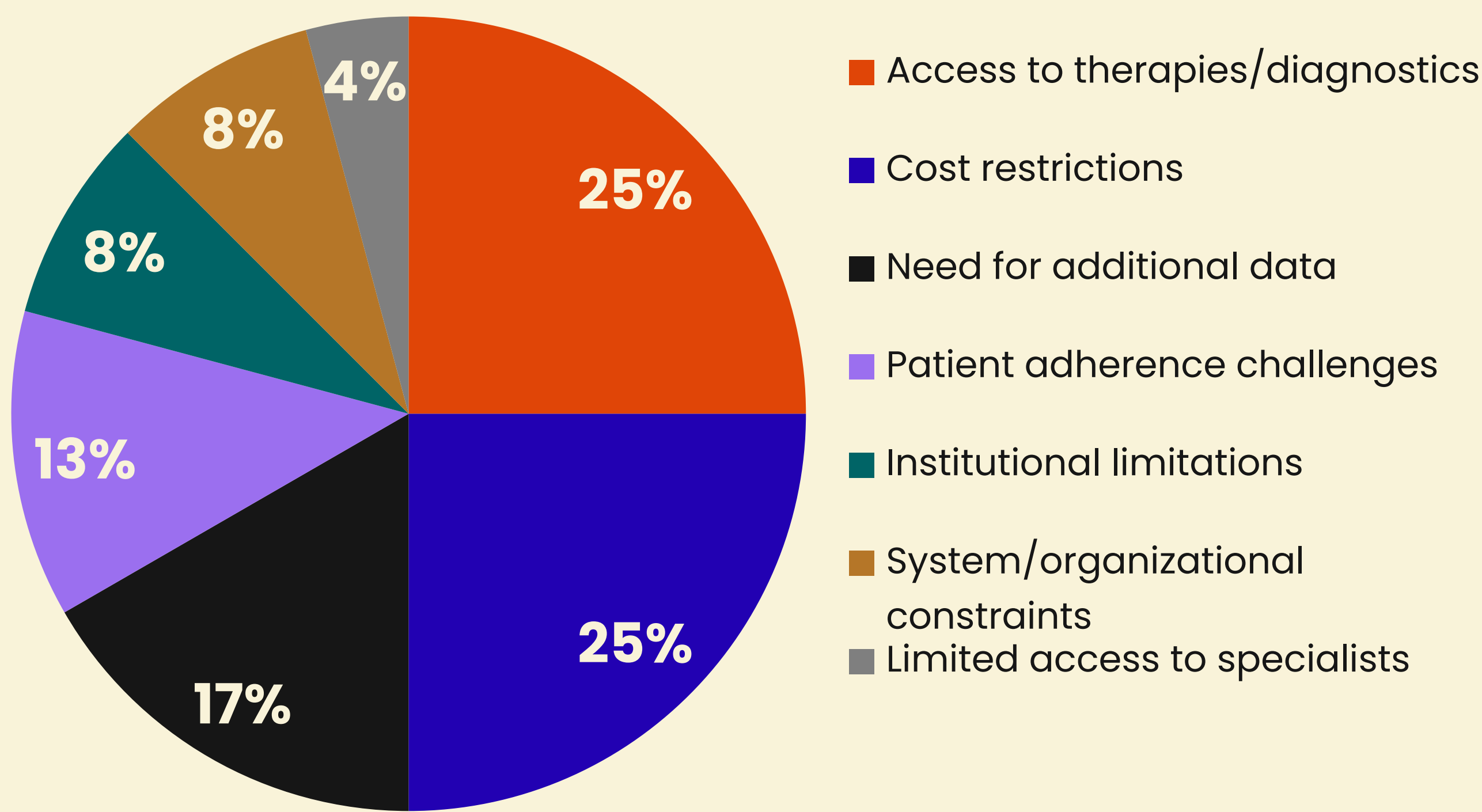
- Reducing Stigma & Improving Communication
- Individualized, Actionable Counseling
- Evidence-Based Pharmacotherapy Discussions
- Cost, Access & System-Level Barrier

Most pharmacists reported that **50–75%** of the content was new

Behavior: Intent to Practice Change (n=25)



Reported Barriers to Implementing Practice Change



Country	(%)	Country of Practice Among Pharmacist learners	Estimated Patient Impact	580 Patients/week
United States	34%			
Qatar	57%			
Philippines	6%			
Canada	3%			

Statistical Analysis

Outcome	Method Used
Confidence in applying learning	Descriptive summary (median, IQR)
Practice change outcomes (Panned change types and reported barriers)	Descriptive summary (n and %)
Patient-identified priority domains	Qualitative thematic analysis

Program Metrics



Limitation

- Retrospective self-reported outcomes may be subject to response and social desirability bias.
- A small sample limits the precision of estimates and reduces statistical power.
- Geographic concentration of respondents may limit generalizability across diverse practice settings.

Conclusion

- Pharmacists reported confidence and intent to implement evidence-based obesity care practices aligned with patient-identified priorities. While derived from a geographically concentrated cohort, these findings suggest that patient-informed CPD may support implementation readiness and warrant prospective evaluation in broader settings.

References

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