



**5AsT-MD: Improving Obesity Management
Training in Family Medicine
Course Manual**

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I. The 5AsT-MD Team

A. Course Founders



Dr. Denise Campbell-Scherer completed her Bachelor’s degree in Engineering from the Royal Military College of Canada, and her PhD in Pathology focusing on novel approaches to photodynamic therapy, prior to completing Medical School at the University of Toronto in 2000. Following her Family Medicine residency at McMaster University, she has worked in rural Northern Canada, the University of Michigan, and the University of Alberta as a family physician, with extensive experience in residency education. With a background in Evidence-based clinical practice, she has been active internationally in education of multidisciplinary learners through the McMaster and Duke EBCP workshops for 15 years. She has been an Associate Editor of one of the BMJ journals, Evidence-based Medicine, for 6 years. Her research focus is on how to improve the primary care of people with obesity and multi-morbidity. She heads an interdisciplinary research team, and is a co-lead and co-investigator on several large national and provincial research grants.



Dr. Arya M. Sharma was recruited from the Humboldt University, Berlin, Germany in 2002, to a Canada Research Chair (Tier1) in Cardiovascular Obesity and Management at McMaster University. In 2007 he accepted a position as Professor and Chair in Obesity Research and Management at the University of Alberta, where he is also the Medical Co-Director of the Alberta

Health Services Provincial Obesity Program. In 2005, he spearheaded the launch of the Obesity Canada, which, with well over 12,000 members, has remarkably transformed the landscape of obesity research and management in Canada. He is also Past-President of the Canadian Association of Bariatric Physicians and Surgeons. His research focuses on an evidence-based approach to managing obese patients and includes the development of the Edmonton Obesity Staging System. Dr. Sharma has authored or coauthored more than 350 publications and has lectured widely on the aetiology and management of hypertension, obesity, and related cardiometabolic disorders. Dr. Sharma is regularly featured as a medical expert in national and international TV and print media including the CBC, CTV, New York Times, and MSNBC. Dr. Sharma maintains a widely-read blog where he regularly posts his ideas and thoughts on obesity prevention and management: <http://www.drsharma.ca>.

B. Course Collaborators



Dr. Erin Cameron is an Assistant Professor in the School of Human Kinetics and Recreation at Memorial University whose research centers on critical health education, promotion, and pedagogy. Her research recognizes that interdisciplinary partnerships between health, education, and recreation, and across the continuum of care are essential to promoting health and wellness. As an educational scholar, Dr. Cameron's most recent work explores the use of transformative pedagogies in educational settings to promote size diversity and inclusion so that *everybody* can feel supported to pursue healthy active lives. She is the lead liaison for medical education/health research and pedagogy for the 5AsT-MD Program.



Ms. Alison Connors is the Clinical Nurse Specialist-Pediatrics on the Provincial Bariatric Resources Team, Primary Health Care, Alberta Health Services. Alison received her Bachelors of Nursing from the University of New Brunswick and her Masters of Nursing from the University of Alberta. Although Alison has provided care to clients across the age and care continuum, the majority of her clinical experience has focused on maternal-newborn and pediatric health and has been strongly rooted in health promotion and disease and injury prevention. In her role on the PBRT, Alison works to increase accessibility for children and families to Pediatric Weight Management Services and support health care providers who work with children and families in the areas of pediatric weight management and obesity prevention.



Mr. Marty Enokson is a patient advocate with the Obesity Canada and has been active in educating health care practitioners and trainees about the impact of weight bias and stigma on the health and well-being of persons living with obesity. Marty is a passionate speaker who aims to effect a positive change as to how people in general view and regard persons living with obesity. Marty's goal is to affect change, even if it is done one person at a time. Marty is a nationally recognized speaker who has been interviewed on CBC radio, CTV and was a keynote speaker at the Canadian Obesity Summit, 2015.



Dr. Doug Klein is an Associate Professor with the Department of Family Medicine at the University of Alberta. His research experience has included both qualitative and quantitative research methods. He has strong connections to primary care physicians through his work with Primary Care Networks in Alberta. Dr. Klein has expertise in behaviour change including the Theory of Planned Behaviour, often used in lifestyle interventions. He has been recruited for his experience in primary care research by provincial and national committees. Dr. Klein is a recognized expert on lifestyle intervention in primary care and has several ongoing research and health promotion projects based in primary care in Alberta. He gave a keynote address on lifestyle modification at the Alberta College of Family Physicians Annual Meeting in February 2013.

Ms. Melanie Heatherington is a study coordinator for Drs. Campbell-Scherer and Sharma's 5AsT Program. She graduated from the University of Alberta with a Master's degree in Educational Psychology, specializing in psychological assessment. She then turned her attention towards community based research with a focus on improving quality of life and health for vulnerable populations.



Dr. Rena LaFrance is lead physician of the Pediatric Centre for Weight and Health at the Misericordia Hospital in Edmonton, Alberta, Canada. She is also the Medical Director for Pediatric Chronic Disease (province wide services) in the Primary Health Care Portfolio for Alberta Health Services. Dr. LaFrance received her first 3 degrees including two bachelors degrees in microbiology and medicine as well as her M.D at the University of Manitoba. She completed her 5 year residency in psychiatry where she spent time studying eating disorders, at the University of Alberta. She then obtained her FRCPC (Fellow of the Royal College of Physicians of Canada). She has been in clinical practice within pediatric bariatric medicine for 10 years. She hopes to prevent future disease in children and their family members by focusing on the biological, psychological and social determinants of weight. Her other related work includes treatment and support for pediatric patients at the Stollery Children's Hospital in Edmonton

Canada since 2006 where she sees children with a variety of conditions including, diabetes, cardiac transplant, cancer, migraine/pain and epilepsy. She is also an assistant clinical professor in the Department of Psychiatry, University of Alberta and an adjunct assistant clinical professor in the Department of Pediatrics, University of Alberta.



Dr. Thea Luig is a Medical Anthropologist and post-doctoral fellow at the Department of Medicine at the University of Alberta. She works with Dr. Denise Campbell-Scherer and Dr. Arya Sharma for the 5As Team (5AsT) project, which aims to improve the quality of obesity management and prevention in primary care. Dr. Luig's research focuses on the intersection of human social and cultural differences with the experience of health and of managing health in healthcare interactions. She is a qualitative researcher with emphasis on engaged scholarship and collaborative approaches. Thea conducted research for both her M.A. and her Ph.D. with First Nations communities in remote northern regions of Canada. She completed her undergrad and Masters degree in Socio-cultural Anthropology, Health Psychology, and Eastern European Studies in 2008 at the Free University, Berlin, in Germany. Her doctoral work explored experiences of suffering and healing and was completed at the University of Alberta in 2015.

Ms. Karen Moniz completed her Bachelor's degree in Nutrition and is in the Masters of Health Science Education Program at the University of Alberta. Karen has worked for Alberta Health Services in Cardiology, Cardiology intensive care, and with the heart transplant team, as well as in the Primary Care Division, promoting wellness and community health programs. She has 12 years of teaching experience from MacEwan University, and is now with the Department of Family Medicine at the University of Alberta, focusing on Behavioural Medicine and Faculty Development, and is a strong advocate for health and wellness education and practice.



Dr. Sonja Wicklum is a Clinical Assistant Professor at the Cumming School of Medicine, University of Calgary in the Department of Family Medicine. She has a teaching family practice in downtown Calgary. Her research focuses on medical education, chronic disease prevention and management programming, and Indigenous populations. Prior to her arrival in Calgary she has practiced rural family medicine in Montana and Ontario, along with part-time consultant work at The Weight Management Clinic in Ottawa.

C. Partners



Obesity Canada is Canada's largest obesity association, made up of healthcare professionals, researchers, policy makers and people with an interest in obesity. With over 12,000 members, CON's mission is to improve the lives of Canadians affected by obesity through the advancement of anti-discrimination, prevention, and treatment efforts. For more information on CON visit: <http://www.obesitynetwork.ca/>

D. Funding and Support

The 5AsT Tools and project were created with support by Alberta Innovates Health Solutions, the Edmonton Southside Primary Care Network, and the University of Alberta, Faculty of Medicine and Dentistry, Academic Technologies, Office of Education. The 5AsT-MD Course was developed with support from an unrestricted educational grant from Novo Nordisk.



E. Acknowledgements

We would like to thank our students, Albert Vu, Shuai Li, Jaskaran Singh, Badi Jabbour, Emily King, and Carlos Lara, for their work on 5AsT-MD. These students were involved with different components of the course from the pre-development phase to the course design. We could not have put this course together without all of their hard work.

II. Background

Obesity has risen to epidemic proportions worldwide and is a risk factor for many chronic conditions including cardiovascular disease, diabetes and cancer.(1,2) While prevention and management of obesity requires a lifecycle approach that needs to be embedded in primary care there is a substantial lack of capacity in primary health care to deliver effective obesity prevention and management ("weight management").(3–5) Despite calls from international health and professional organizations to improve curriculum training, implementation has been scant and no widely recognized programs have been implemented to date.(5,6) As a result, medical residents and practicing physicians are left feeling ill-prepared and lack the knowledge and confidence to effectively address weight concerns with their patients.(7–9) Complicating this issue further, misinformation regarding the chronicity and complexity of obesity has led to negative attitudes and unrealistic expectations on the part of both the physician and patient.(5,7,10) In fact, many physicians are not routinely discussing weight and many patients feel uncomfortable bringing it up.(7–9) There is a pressing need to

address this gap and create high quality, evidence-based training programs that can be disseminated both nationally and internationally to improve medical education.

The following course is a comprehensive educational program designed for medical residents based on the 5As of Obesity Management™ (Ask, Assess, Advise, Agree, Assist- 5As), a framework and suite of resources to improve weight management. This framework has been shown to improve practitioners' willingness and efficacy in obesity management as well as to increase and improve weight management interactions.(11,12) The program provides obesity knowledge training, experiential learning, and clinical practice with the aim to produce a workforce with the necessary skills and knowledge to transform patient care.

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III. Educational Learning Objectives for the 5AsT-MD Course

A. Objectives of the course

By the end of this course, each resident will be able to:

1. Identify obesity is a chronic disease
2. Support patients to understand how their comorbidities and personal context are related to their obesity management
3. Apply the 5As of obesity management in interdisciplinary team care
4. Perform obesity assessments that identify root causes and care priorities through a collaborative clinical approach
5. Recognize the impact of weight bias and stigma on people's experience of care

IV. Core Content for 5AsT-MD Course

The 5AsT-MD course is designed to be practical and adaptable to different educational settings and needs. Course components include the following:

A. Course Components

1. Interactive, discussion-based lectures

The following core topics should be included in the content for the 5AsT-MD Course.

a) The 5As of Obesity Management

- Obesity is a chronic, lifelong disease
- Successful management of obesity means more than just numbers on a scale, but rather health promotion
- Obesity management looks different for everyone and involves a root cause assessment

b) 4Ms of Obesity Management (Root Cause Assessment)

- **Mechanical** (i.e., sleep apnea/respiratory concerns, pain, mobility, urinary incontinence, gastrointestinal problems, skin problems)
- **Metabolic** (i.e., heart disease, diabetes, cancer, liver disease, PCOS)
- **Social Milieu** (i.e., resources for food, resources for activity)
- **Mental** (i.e., stress, emotional eating, mood, medications, addiction, poor sleep)

c) 5AsT Tools & Webpage

- Tools to support primary care encounters
- Educational modules that can be used as a resource
http://www.obesitynetwork.ca/5As_Team

d) Edmonton Obesity Staging Scale (EOSS) vs Body Mass Index (BMI)

e) 5As for Healthy Pregnancy

- Gestational Weight Gain Charts

f) 5As for Pediatrics

- Preventing Childhood Obesity

g) Strategies for patient encounter

- Demonstration of a provider-patient encounter using the 5As collaborative approach

h) Management of Obesity

- Evidenced based – physical activity as distinct from exercise
- The role of physical activity in health as distinct from weight
- The role of emotional eating and more specialized psychiatric disorders (i.e., binge eating disorder)
- Evidenced based dietary options
- The role of medications and surgery
- When to refer a patient to a tertiary clinic

2. Experiential Learning

Experiential learning is an important component of the 5AsT-MD Course. Results from our pilot study suggest that these experiences are crucial in increasing residents' ability to empathically engage with patients and to critically reflect on the implications for their practice. Small group debriefing sessions following each experiential learning component, is instrumental in allowing residents to make meaningful connections between their experiences with the following activities and their everyday practice.

a) Bariatric Suit Experience

Residents are given the opportunity to wear a bariatric suit and spend approximately 15 minutes in a "Smart Condo" while executing the tasks of daily living (i.e. getting dressed, cleaning the apartment, getting out of bed, making the bed). The residents are asked to experience the encumbrance of the suit and reflect on the quality of the recommendations they give to their patients

b) Practice with Standardized Patients

Residents demonstrate their use of the 5A's by practicing with standardized patients. Patient cases were designed to focus on specific parts of the 5A's (i.e., ASK, ASSESS, ADVISE, AGREE, ASSIST) and to allow residents to practice the skills and tools they have learned. Component 5 - Following this exercise, the residents debrief

in small groups which include their trained preceptor, the standardized patient, and their peers.

c) *In-Clinic Practice*

Residents practice the newly acquired skills and knowledge with one of their own patients in clinic and reflect on their experience in a one-page narrative, which they will debrief with their trained preceptor.

3. Long-term Follow-up

For evaluation purposes, residents may be asked to participate in a focus group, one-on-one interview, or complete a survey about how the workshop may or may not have impacted their practice long-term.

V. Lesson Plan

A. Pre-Assigned Readings/Videos:

Residents are asked to complete and submit the following questionnaires prior to the workshop. These should be completed before any pre-assigned readings are provided.

- Pre-Workshop Assessment (**See Appendix A**)
- NEW Attitudes Scale ¹

The residents may also be provided with pre-assigned reading materials including:

- Freedhoff Y, Sharma AM. Best Weight: A practical guide to office-based obesity management. Available from: <http://www.obesitynetwork.ca/best-weight>
- **See Appendix B** for a list of possible materials
- Video of a **Mock Patient-Provider Encounter of a 4Ms Assessment:**
<https://www.youtube.com/watch?v=1RaeW83ahnc&t=28s>

B. Workshop – Day 1 (of 2)

1. The first day of the 2 day workshop will begin with a kickoff presentation on obesity management. The interactive lectures will cover topics including:
 - Information about the chronicity and complexity of obesity
 - An introduction to the 5As of Obesity Management and the 5As of Obesity Management Toolkit (a toolkit will be provided to each resident).
 - Pediatrics and obesity management
 - The 5As of Obesity Management Toolkit includes components that the residents ***will require for the standardized patient interviews on the second day of the workshop.***

2. Following the presentations, the residents will break up into small groups and rotate through three 45 minute stations:
 - Opportunity to wear a Bariatric Suit and practice tasks of daily living in a specialized teaching condo suite. **Each resident will be asked to write a narrative reflection on their experience with the bariatric suit. (See Appendix C)**
 - Familiarization and discussion with the 5A's and 5AsT Toolkit and
 - Interactive discussions around the obesity management in pediatrics

C. Workshop – Day 2 (of 2)

1. The day will kick off with interactive lectures involving obesity management: lifestyle options and approved medications.
2. Residents will break out into small groups, facilitated by their preceptors and are asked to share their narrative reflective assignment regarding their experience with the bariatric suit with their group.
3. Residents may have formulated new perceptions of obesity and obesity management as a result of this experience, which may be addressed.
4. Interviews with Standardized Patients will follow
5. **Upon the completion of the of Day 2, the residents will be provided and asked to complete the following questionnaires (See Appendix A):**
 - Post Workshop Assessment
 - NEW Attitudes Scale ¹
 - Instructed to complete and **submit via email a Post-Workshop NRP (#2 of 2)** based on a patient/case from their clinic, using the 5As Toolkit **(See Appendix C)**

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VI. Patient Cases: Information for Learners

Residents' Patient Interview Information:

Using the tools/resources available to you, assess the patient's risk factors and obstacles to weight management. Seek to agree on a reasonable goal, a potential strategy, and provide resources to help the patient to manage weight

1. Case #1

Mr. Joseph Mendoza

Joseph Mendoza is a 43-year-old man from the Philippines who recently immigrated to Canada three years ago. He is now living in Edmonton as a single father. This visit will be his second time seeing a doctor since arriving in Canada, but only your first time meeting him. The patient's primary concern appears to be chronic knee pain and fatigue.

Using the 5As of obesity management to structure your interview, **key objectives required are bolded**, with the remaining objectives may be optional:

ASK **ASSESS** ADVISE AGREE ASSIST

See **Appendix D.1** for Learner Handout for this case

2. Case #2

Ms. Tracy Erikson

Ms. Danielle Erikson is a 35-year-old single mother with two young daughters, Tracy who is 11 years old and overweight, and Tina who is 8 years old and skinny. Ms. Danielle Erikson is petite, but her ex-husband had a very large build. Danielle is concerned about her daughters and is seeking advice to help her overweight daughter to lose weight.

Using the 5As of obesity management to structure your interview, **key objectives required are bolded**, with the remaining objectives may be optional:

ASK **ASSESS** **ADVISE** **AGREE** ASSIST

See **Appendix D.2** for Learner Handout for this case

3. Case #3

Mr. Alan Woods

Alan Woods is a shy 55-year-old man who works as a chartered accountant for an accounting firm in downtown Edmonton. His previous family doctor of twenty years recently retired. This his third visit with you. His chart history reveals diabetes, high blood pressure, coronary artery disease, and depression. During his last clinic visit, you diagnosed him with obstructive sleep apnea and asked him about his weight. You made arrangements for him to come back to the clinic to discuss weight management options with him.

Using the 5As of obesity management to structure your interview, **key objectives required are bolded**, with the remaining objectives may be optional:

ASK **ASSESS** **ADVISE** **AGREE** ASSIST

See **Appendix E.3** for Learner Handout for this case.

4. Case #4

Mrs. Eliza Aimes

Eliza Aimes is a 26 year-old woman who is 1-2 months pregnant with her second pregnancy. Her first son was born three years ago. Her first pregnancy was marked by excessive weight gain. She is afraid that this will happen again and is seeking counselling on weight gain during pregnancy.

Using the 5As of obesity management to structure your interview, **key objectives required are bolded**, with the remaining objectives may be optional:

ASK **ASSESS** **ADVISE** **AGREE** **ASSIST**

See **Appendix D.4** for Learner Handout for this case.

VII. Patient cases: Standardized Patients ONLY

1. Medical Interview for Case #1: Mr. Joseph Mendoza

a) Summary for Case #1

Joseph Mendoza is a 43-year-old man from the Philippines who immigrated to Canada three years ago. He is now living in Edmonton as a single father with three children, aged 10, 14, and 16. After going through a divorce, he currently works two demanding jobs to make ends meet: high school custodian during the day and kitchen assistant in a local Filipino restaurant in the evenings. His heavy work hours along with stress and emotional eating have taken a toll on his physical health, and now it is disrupting his quality of life. He is seeing a family doctor for just the second time since moving to Canada, hoping that he/she can help manage his chronic knee pain and fatigue.

b) Intent of Case #1 and Key Objectives for Learners

Practice applying the 5As of obesity management in a patient interview. The key intent of the interview is for the learner to **practice using the blue bolded items**. The remaining objectives may be optional:

- **ASK** – Build rapport and trust with the patient, understand his life situation, and respectfully ask for permission to discuss his weight.
- **ASSESS** – Use provided tools to assess the patient’s symptoms, medical complications, and social/lifestyle factors as they relate to obesity.
 - *Osteoarthritis* – rapid weight gain, weight bearing activities, chronic knee pain

- *Obstructive Sleep Apnea* – snoring, excessive daytime fatigue
- *High blood pressure, high cholesterol, and pre-diabetes (borderline high blood sugars)*
- *Depression and Stress*
- *Emotional Eating*
- *Financial Constraints*
 - ADVISE – Time permitting, but not the main focus of this case.
 - AGREE – Not the focus of this case.
 - ASSIST – Not the focus of this case.

c) Detailed Case Scenario and Acting Instructions for Case#1: Mr. Joseph Mendoza

Setting: Second clinic visit to family doctor

Age: 43 years old

Physical characteristics: Middle-aged Filipino male. Height: ~5 feet 3 inches tall. Weight: ~215 pounds. Living with obesity

Presenting complaint: You are experiencing chronic knee pain and fatigue.

Opening line: “My knees are killing me and I feel tired all the time. It’s so hard just getting through the day now. Is there anything you can do to help me?”

Acting instructions: Dressed in well-worn jeans and a plain, loose fitting t-shirt. You sit in a “closed” position with your arms crossed; you are not very comfortable in doctor’s offices, as you’ve had only a handful of medical appointments in your life. You relax and open up your body language if the learner is welcoming and makes you feel at ease.

You are not very talkative at the start of the visit, but you are more willing to carry the conversation and tell your story as the interview progresses. Although you came to the office complaining about knee pain and fatigue, the root problem is your weight gain. You do not bring up the topic of weight yourself. *Once you feel that the learner has taken the time to understand your life situation, earn your trust, and make you feel at ease, you become more enthusiastic in sharing this information. The learner should explicitly ASK you for permission to discuss your weight. If they don’t, you are to act uncomfortable and shy and less forthcoming with the information.* Once the conversation does shift to your weight, you are relieved and openly acknowledge that it is a problem you want to fix.

Medical concerns:

You did not have a regular family doctor when you lived in the Philippines, and did not have regular check-ups to monitor health. You haven’t been officially diagnosed with

any medical conditions, can't think of anything that could be considered a medical condition or disease.

Chronic Knee Pain (Osteoarthritis)

- Onset at age 40 (three years ago) pain was noticeable , but did not disrupt activities
- Pain management - 2 tablets of Extra Strength Tylenol – used rarely occasions up until 2 years ago when pain became more regular and has not gone away. Tylenol is not working like it used to
- Hurts to walk short distances - you walk every day and are on your feet all day due to work – You are worried that it will start compromising performance at work. Does not want co-workers or bosses to know about knee problems

Fatigue (Obstructive Sleep Apnea)

- Onset at age 43 (1 month ago)
- Becoming more tired during the day, even though you get 8 hours of sleep at night
- Drinks one cup of caffeinated black tea every morning and avoids naps
- Exhausted – once almost fell asleep standing up at work - you feel frustrated feeling like you could doze off at any moment

If the learner asks about snoring, mention that your kids told you that you recently started snoring very loudly at night and sometimes it sounds like you are struggling to breathe in your sleep

High Blood Pressure, High Cholesterol, Borderline High Blood Sugar Levels

- Onset approx. 1 year ago
- Previous doctor recommended follow-up to discuss management, but Joseph did not follow through due to hectic work schedule.

You are open to discussing management of these health concerns, but that is not the focus of this interview. The learner's main focus should be on assessing the complex factors contributing to your weight gain, and the conversation should be redirected back to your social history and background. If the learner insists on discussing management and/or treatment, state that you think it would be better suited for a discussion at a future appointment.

Weight Gain

- In Philippines had active lifestyle with a balanced diet and maintained a healthy weight for most of your life.

- When you came to Canada with your family, you were healthy with an above average weight, but no major health concerns.
- Steadily gaining weight following divorce two years ago – 40-50lbs.
- You blame your recent weight gain on your own slowing metabolism, and hope that the same does not happen to your children when they get to your age.

Family History:

- Came from a lower middle class Filipino family that never question the value of a good work ethic.
- Parents were strict and demanding, but also loving and supportive.
- Your parents were both strict and demanding of you, but also loving and supportive. You credit them for making you realize the value of hard work and caring for your family, and try to emulate their parenting style with your own children.
- You don't know of any medical conditions that run in your family, but your family rarely ever went to see the doctor in the first place.
- You have a 16-year-old son, 14-year-old daughter, and a 10-year-old son – all children are healthy, with high metabolism and average weight

Joseph's History:

- **Education:** Completed primary and secondary school in the Philippines as well as a degree in mechanical engineering.
- **Occupation:** In the Philippines, worked various construction jobs and as a project manager in a mechanical engineering firm. In Canada, has struggled to find employment in your field and have taken on two lesser-paying jobs to make ends meet
 - 1) Custodian at high school on weekdays - you on your feet all day, mopping floors, emptying trash cans. Students are kind and considerate, signed a card and bought you a cake for your birthday. You would miss the kids if you left the job.
 - 2) Kitchen Assistant in a Filipino restaurant – replenish supplies, prep ingredients, on your feet all evening. You have a passion for cooking and would like to take this up as a practical hobby. You are good friends with the owner, who has offered to give you 75% on all food because you are a single father
- **Marital Status:**
 - Married for 20 years to Jackie before immigrating to Canada

- Jackie was from wealthier family – spent days lounging at home watching soap operas with friends, needed to be surrounded by friends and family, had doubts about moving to Canada
 - You had trouble relating to your wife, were more adventurous, kept yourself busy with work, sports and going out with buddies, welcomed opportunity to start a new life in new country.
 - Jackie felt isolated and miserable during your first year in Canada, couldn't speak English or communicate with anyone, outside of a few people she met at church – she may have been depressed
 - You were busy at work and were not there to support her which you regret
 - Divorced two years ago – decision was mutual. She moved back to the Philippines. Your three kids stayed with you to grow up in Canada.
 - You send email updates about the kids, but haven't seen her in 2 years
- This information serves as background regarding your motivations and emotions, but should NOT be a major point of discussion during this interview.*
- **Depression/Financial Stress:**
 - You feel guilty about not spending enough time with your ex-wife and helping her to adjust to her new home.
 - To distract yourself from guilt, you put all your energy into work, eating and taking care of family.
 - Life has felt empty and meaningless lately, but no motivation to change daily routine.
 - After your divorce, it became much tougher to maintain a healthy lifestyle with the time and financial constraints of being a single father.
 - You are trying to save money to send you children to university so are trying to work extra hard to save enough money.
 - You are reluctant to reduce your hours or give up your current jobs.
 - You have almost given up searching for a job in the engineering field; you suspect it's because potential employers are turned off by your accent in job interviews. If you could afford it, you would love to work with a speech therapist to reduce your accent and improve your employability.
 - It will be tough to change your lifestyle given the limited amount of time and money you have to spare, but inside you want to work with your doctor to get back to a healthy weight and lifestyle.

If the learner asks if you are depressed, you reluctantly reply that you don't know. You may be but do not want to take medications for it – it is not your main concern. You believe that getting back to a healthy lifestyle and losing some weight will be the best way to improve your mood.

- **Tobacco:** No
- **Alcohol:** You used to have 1-2 beers/ week in the Philippines, but you have stopped drinking since coming to Canada.
- **Illicit Drugs:** No
- **Exercise:**
 - You walk approx. 20 blocks every day to and from work as you do not own a car or transit pass.
 - Because of your knee pain and chronic fatigue, you've neglected to fit any exercise into your schedule, but feel that your work forces you to be active
- **Diet:**
 - Due to guilt, stress and financial constraints, you have turned to your favorite comfort foods as a coping mechanism.
 - Mostly pre-packaged snacks and high-calorie takeout food from the Filipino restaurant you work at.
 - Eat fresh salad with Italian dressing 1-2 times/week when you feel guilty about eating habits.
 - Feel like you can't afford to eat healthier without sacrificing your savings.

Medications: 1-2 tablets of Extra Strength Tylenol (Acetaminophen) 2-3 times a week as needed.

Surgical history: None

Physical measurements/vitals:

- BMI = 38
- EOSS Stage 2
- Blood Pressure = 155/97
- Heart Rate = 82
- Respiratory Rate = 18
- O2 Saturation = 98%

Laboratory results

- Fasting Plasma Glucose = 6.4mmol/L
- LDL Cholesterol = 4.57mmol/L
- HDL Cholesterol = 1.01mmol/L

Allergies: None

Immunizations: Up to date

2. Medical Interview for Case #2: Ms. Tracy Erikson

a) Summary for Case #2

Ms. Danielle Erikson is a 35-year-old single mother with two young daughters, Tracy (aged 11) and Tina (aged 8). Danielle is petite but her ex-husband had a very large build and carried more weight. This disparity in body type has been passed on to her two daughters: Tracy is very overweight while Tina is skinny and petite. Despite feeding them similar diets, the gap in size and weight between the two girls persists. Now, Danielle worries that Tracy is struggling with low self-esteem and resentment toward her smaller sister. Not knowing what to do, she has booked an appointment at the family clinic to seek advice on how to help Tracy lose weight.

b) Intent of Case #2 and Key Objectives for Learners

Practice applying the 5As of obesity management in a patient interview. The key intent of the interview is for the learner to **practice using the blue bolded items**. The remaining objectives may be optional:

- **ASK** – Not necessary for the learner to ask permission to discuss weight in this case.
- **ASSESS** – Use provided tools to assess the patient’s complications, mental wellbeing, and social/lifestyle factors as they relate to obesity.
 - *Genetics* – Large body type, slower metabolism inherited from father.
 - *Asthma and Allergies* – Physical limitation contributing to weight gain.
 - *Body Image* – Fear of being laughed at, embarrassment as an obstacle to staying active.
 - *Poor Self-Esteem/Emotional Instability* – Resentment toward younger sister, lack of confidence, struggles to find well-fitting clothes, sensitive when attention is drawn to weight, moodiness following parents’ divorce, family history of depression and anxiety.
- **ADVISE** – Advise Ms. Erikson on possible approaches to Tracy’s weight management.
 - *Best Weight vs. Ideal Weight* – Emphasize the importance of setting goals based on the best attainable weight for the patient, rather than an unattainable ideal weight. Genetics a key factor to consider.
 - *Physical Activity* – Suggest alternative forms of activity that do not exacerbate the patient’s asthma or allergies.
 - *Depression and Anxiety* – Acknowledge the concerns about the patient’s mental health, inform about the relationship between weight and mental wellness, and ensure that proper supports and resources are in place.

- **AGREE** – Agree with the mother on a reasonable weight and lifestyle goal for the patient, given her physical attributes.
- **ASSIST** – Time permitting, but not the focus of this case.

c) Detailed Case Scenario and Acting Instructions for Case#2:Ms. Tracy Erikson

Setting: Clinic visit to family doctor

Tracy's age: 11 years old

Tracy's physical characteristics: Young girl, ~four feet, 7 inches tall, weighs ~121 pounds: Overweight

Presenting complaint: You (Tracy's mother) are concerned over Tracy's accelerating weight gain, the weight disparity between Tracy and her younger sister Tina (age 8) and the effect this has had on Tracy's mental health.

Opening line: "I'm really worried about my eldest daughter, Tracy. She's been big all her life and her little sister is stick-thin. It's not her fault of course, but you know how hard it can be for bigger girls at that age... what can I do to help her?"

Acting instructions: You are Tracy's mother, Danielle, a 35 year old, young woman dressed in business attire. You are pleasant and put on a smile for introductions, but your tone becomes more solemn when you speak about your concerns about your daughter Tracy. You become emotional at some point when telling the learner about Tracy's struggles – you don't know if you can do anything to help your daughter and you're beginning to lose hope. You love her dearly, and watching this unfold is making you feel like you have failed as a mother.

You are talkative and not afraid to ask questions, as you are desperate for advice on what to do with Tracy. You have already tried feeding her a healthy diet, reducing her serving sizes, and encouraging her to play sports to no avail. *If the learner does not specifically address the topic, you ask: "Can Tracy overcome her genes and lose weight, or is she going to be this big for the rest of her life?"*

You do not fully understand what it's like to experience what Tracy is going through. You have a pre-conceived belief that losing weight is the only way for Tracy to be healthy and therefore, most of your questions focus on her weight loss, but not necessarily her health or other medical risk factors. *The learner should attempt to challenge this notion and educate you about the importance of a healthy lifestyle, easing physical activity into her daily routine and finding the **best** weight for Tracy, given her physical attributes.*

Tracy's medical conditions:

Asthma

- Moderate-severe asthma treated with Ventolin inhaler
- Has frequent asthma attacks during vigorous activities like soccer and running, 1-2/ week
- Now limits how much she exerts herself in order to control frequency and intensity of asthma attacks. Attacks have been reduce to 2-3/month

Allergies

- Pollen, grass, severe hay fever during the spring and summer months
- Not currently using antihistamines (you don't want Tracy to become dependent on medications)

Tracy's history:

Weight Gain

- Healthy 9lb baby (chubby)
- Growing at a normal rate in terms of height, weight is at the 95th percentile
- Thicker physique, more muscle and at mass (like her father)
- Less active as a toddler, seemed winded when going up and down stairs
- Weight gain has accelerated rapidly over the last year
- You think that genetics are the main factor at play here. You're not sure if anything you do will help Tracy manage her weight, but you don't want to lose hope. The thought that she could be obese for the rest of her life makes you feel guilty and inadequate as a parent. It's this horrible feeling that drives you to do whatever is necessary to help Tracy live a healthy and happy life.

Self Esteem, Depression and Anxiety

- Tracy has become self-conscious about her weight, avoids interactions with her peers
- Has had embarrassing experiences in gym class (tripped during a soccer game, classmates laughed at her) which has driven her away from sports. She has been teased about her size. You worry she will continue to gain weight, get more upset by physical appearance and become less active and willing to go out.
- You've reassured Tracy that it is not her fault and that she should love herself no matter what size.
- Compares herself to her younger sister, social media and pop culture promoting "thin = beautiful". She believes something is wrong with her.

- Attempts at portion control (i.e. reducing serving size) has hurt her feelings and resulted in a fit of tears.
- “Cute” clothes don’t seem to fit and clothes that do fit, aren’t flattering
- You are worried she won’t want to go out, make friends and enjoy everyday activities and will result in full-blown bullying.
- Tracy is jealous of her younger sister’s slim physique and popularity

Exercise

- Now 11 years old - spends most of her time engrossed in novels, stays indoors at recess to read rather than play outside - you don’t want to discourage this, but wish she would balance her time by doing something more active
- Asthma/allergies are bad during the spring and summer, limiting what she can do outdoors when the days are warm.
- Negative body image seems to be a big factor in preventing her from exercising

Diet

- You make a conscious effort to treat your two daughters equally, and diet is no different.
- Both Tracy and Tina eat the same foods for breakfast lunch and dinner
- Tracy gets larger portions because she’s older and has a bigger appetite.
- Incorporate the four food groups into every meal according to Canada’s Food Guide – whole grains, lean meats, nuts, fresh fruits, veggies, milk and cheese.
- Junk food is off limits in your house, but you do buy some sugary treats for your daughters a once or twice a month.
- You worry that changing Tracy’s diet without doing the same with Tina’s diet will lead to fighting and tears.

Family History:

- Your parents (Tracy’s grandparents) are slim like you.
- Mother aged 62 – history of severe depression and anxiety
- Father 64 – arthritis, but no significant health problems
- You used to have asthma and had mild bouts of depression in your teens, but you are completely healthy now.
- Tracy’s father was tall and bulky with what you call a “typical football player’s body”

Tina’s History (8 years old)

- Healthy 5.5lb baby

- Normal growth rate, petite, high metabolism (takes after you)
- Mild case of asthma, carries Ventolin, but rarely uses it.
- Very active, plays little league soccer with other girls in the neighborhood
- Eats same balanced diet that Tracy does
- Outgoing and finds “cute” clothes easily
- Tina is an innocent and pure-hearted girl in your mind – you could never imagine her doing the things she does to spite her older sister. Tina simply goes about her day and her magnetic personality makes her the center of attention. You can see why this is so frustrating for Tracy, who has low self-confidence and does not receive the same amount of attention and care.

Danielle’s affect: You understand the importance of being kind and considerate to everyone. You may be too soft spoken due to your upbringing; you are non-confrontational and often can’t bring yourself to speak your mind bluntly when really you need to. As a result, you weren’t able to muster the confidence to tackle Tracy’s weight problem directly until now.

Danielle’s history:

- **Occupation:** Full-time elementary school teacher and financially stable.
- **Marital Status**
 - Married at age 22. Divorced three years ago.
 - Ex-husband, Barry, drank excessively, was unable to find steady employment and became depressed.
 - Barry was a good father when sober, loved to play games and tell stories before bedtime, but became few and far between
 - Drinking started to become a financial burden and he began to dip into family savings.
 - You have custody of children and cut Barry out of your life. Daughters Tracy and Tina took the news of the divorce hard. Tina now coping well, Tracy is noticeably moodier

Your marital history serves mainly as background and should not be a major point of conversation during this interview.

- **Tobacco:** No one in the family is a smoker
- **Alcohol:** You do not drink, but your ex-husband Barry was a heavy drinker with recurrent problems related to alcoholism.
- **Illicit Drugs:** No one in the family uses recreational drugs.

Medications: Ventolin inhaler as needed (2-3 times/month).

Surgical history: None.

Physical and laboratory results: None available.

Immunizations: Up to date.

3. Medical Interview for Case #3: Mr. Alan Woods

a) Summary for Case #3

Alan Woods is a 55-year-old man who works as a chartered accountant for an accounting firm in downtown Edmonton. His previous family doctor of twenty years recently retired and this his third visit with his new physician. He is a shy and non-confrontational man, and has had difficulty addressing his weight out of shame and embarrassment. He describes sleeping excessively and feeling more anxious about his health issues which include diabetes, high blood pressure, coronary artery disease and depression. During his last clinic visit, the physician asked him about his weight and suggested he come back to the clinic to discuss weight management options. Alan wishes to discuss bariatric surgery as a possibility with the physician, but is reluctant to ask outright because he worries he/she will think he is vain.

b) Intent of Case #3 and Key Objectives for Learners

Practice applying the 5As of obesity management in a patient interview. The key intent of the interview is for the learner to **practice using the blue bolded items**. The remaining objectives may be optional:

Practice applying the 5As of obesity management in a patient interview.

- **ASK** – The ASK has already been done during a previous visit and is not the focus of this case.
- **ASSESS** – Use provided tools to assess the patient’s symptoms, complications, and social/lifestyle factors as they relate to obesity.
 - *Type 2 diabetes, hypertension, coronary artery disease*
 - *Depression and Anxiety* – Long term bullying and ridicule by peers, social isolation, lack of self-confidence and motivation
 - *Weight Bias* – Lack of intimacy and romantic relationships, poor treatment by healthcare professionals, distrust in the healthcare system
- **ADVISE** – Patient is acutely aware of the medical complications of his obesity, and acknowledges that he is depressed. Does not need to be told that he needs to lose weight. Given the patient’s background, advise on ways he can manage his weight as well as improve his mental wellbeing and overall health.
 - *Prevention of Further Weight Gain*
 - *Sustaining Weight Loss*

- *Physical Activity*
- *Coping with Weight Bias*
- *Re-establishing Trust in the Healthcare System*
- **AGREE** – Understand the patient’s motivations, come to a compromise, and agree on an introductory management plan for his weight and related co-morbidities. Use SMART goals tool.
- **ASSIST** – Not the focus of this case.

c) Detailed Case Scenario and Acting Instructions for Case #3: Alan Woods

Setting: Third clinic visit to Doctor’s Office (Relatively new patient. Previous family doctor has retired)

Age: 55 years old

Physical characteristics: You are 5 feet 8 inches tall and weigh 300 pounds: Obese

Presenting complaint: You have come in to see your doctor specifically to talk about weight management.

Opening line: “Hi doctor, you had mentioned during our last visit, when I came in for sleep apnea, that we could spend some time talking about weight management.”

Acting instructions: Dressed in business casual clothing. You are nervous as you expect to be judged. Your body language is closed until the learner expresses genuine interest in an empathetic way.

Medical concerns:

You are acutely aware of the complications of your diseases mainly through self-education. *If the learner attempts to lecture you about the complications of your medical conditions, you re-direct by politely explaining that you know already and do not need a reminder.*

Diabetes 2

- Onset at age 44 (eleven years ago)
- Conscientious and knowledgeable about Diabetes
- Acutely aware of the complications of Diabetes
- Very good Glycemic control until recently. Has been higher than usual.
- Started on Hypoglycemic agents, but had little effect
- Now on Insulin (6 months ago) which has been more effective in controlling blood sugars

Coronary Artery disease

- Diagnosed at age 50 (five years ago)

- Had a heart attack at age 49 (six years ago)
- At time of heart attack, you received 2 stents and started on medication

Hypertension

- Diagnosed with High blood pressure in 40's
- Diagnosed with High Cholesterol at the same time
- Put on medication for both because of high risk of heart attack.

Obstructive Sleep Apnea

- Diagnosed a few months ago during last visit with family physician
- Scheduled to attend a sleep study
- Curious about relation to weight

Depression and Anxiety

- Most of your adult life
- Started atypical antipsychotic 1 year ago (work was being impacted from depression) Noticed improvement but gained weight. *You feel you were not adequately counseled regarding the side effects of the medication.*
- Tried cognitive therapy but too slow paced (one meeting every two weeks was ineffective.
- Teased and bullied as a child and throughout adolescence.
- Body image is and always has been a problem for you.
- Troubled with how much you sleep. In bed by 8:00pm and sleep until 30 minutes before you start work – need to rush. You present yourself well at work and pride yourself on work ethic.
- Your colleagues joke about your weight behind your back and do not include you in social activities. You wish to file a complaint to human resources but are scared that this would make your reputation even worse in the workplace.
- You are very self-conscious about your weight, and will go to great lengths not to address it out of shame and embarrassment.

Your depression is one thing on your mind, but it's not your main concern right now. If you feel that the learner is focusing too much on depression, try to bring the discussion back to your other health concerns.

Weight Gain

- Obesity has been a problem for you your whole life.
- Attempted to lose weight in your 20's – little improvement in physical appearance so gave up on exercise, have not exercised since.

- You envy those people who maintain a healthy weight so effortlessly, correlate being healthy with being skinny and having a well-muscled physique.
- You view your obesity as an all or none phenomena. *This is an assumption that the learner should challenge and should try to make you appreciate the complexity of obesity.*
- You view bariatric surgery as a possible cure-all for your medical conditions. You secretly wish to discuss bariatric surgery as a possibility with this physician but are too reluctant to ask outright because you are worried they will think you are vain. *The SP should to reveal this during the scenario, albeit reluctantly*

SP should to reveal his insecurities about weight during the scenario in a shy, somewhat awkward manner as he has great difficulty talking about it. Your learner must make an effort during the interview to make you feel comfortable about discussing your weight.

Family history:

- Parents were both obese and experienced numerous health complications stemming from their weight
- Parents were both diabetic, had high blood pressure and osteoarthritis
- Father passed away at age 60 from heart attack
- Mother passed away at 68 from chronic kidney failure secondary to diabetes, was on dialysis later in life

Patient affect:

- You are shy and non-confrontational. In addressing the idea of bariatric surgery it is evident by his body language that he is nervous about it. *The learner should be welcoming to explore bariatric surgery but assure you that a more comprehensive assessment is required. This will be more difficult for the learner unless he has established good rapport with you.*
- You distrust many healthcare professionals. Your cardiologist was antagonistic at times and you recall when he gave you the results from a cardiac stress test, which revealed significant coronary artery disease, his response was “stop eating so many pizza pops and get off the couch a little more”. You stopped seeing him.
- You have fallen through the cracks in previous health care encounters. You had one meeting with a psychiatrist and there was never any follow up.

- In your 20's, you were admitted to the ER for chest pain that was non-cardiac, the ER Doctor told you had to address your obesity and "stop making poor health choices"

Alan's history:

- **Occupation:** Chartered accountant for a small firm in Edmonton
- **Marital Status:**
 - You are single. The biggest stressor in your life is your inability to find a partner or to stay in a relationship.
 - Have not been on a date in nearly ten years and you feel this is because you are not physically attractive.
 - Brief relationships in the past but nothing that has extended into a sexual relationship.
 - Never had a long-term relationship and your self-confidence is as low as it's ever been.
 - Tried online dating once, to no avail, and have not gone back to it since.
 - You are very lonely and feel your anxiety and depression would be lessened with a companion who could support and encourage you to develop healthier habits.
- **Diet:**
 - Rarely eat healthy foods, rely mainly on pre-prepared foods – canned soups, frozen dinners and fast food
 - Never learned to cook when you were younger
 - You are aware of what foods are healthy and what are unhealthy;
 - You feel poor dietary choices are a result of long working hours and habits learned in childhood (your parents rarely cooked healthy food for you: they struggled with obesity as well)
- **Exercise:**
 - You have not exercised since your mid-twenties.
 - When you exert yourself now you experience considerable fatigue and joint pain.
 - Too embarrassed to go to the gym as you are afraid that people will taunt you.
- **Tobacco:**
 - Quit smoking fifteen years ago (age 40).
 - Smoked 1 pkg. per day for 20 years.
- **Alcohol:**
 - Used to be heavy drinker, (5-8 beers a night on a regular basis)

- Reward for being a hard worker
- You have been sober for a year (previous doctor suggested) and are very proud of this accomplishment.

The learner should be encouraging about both quitting smoking and your sobriety. If they are not this should hinder your relationship with them.

- **Illicit Drugs:** No

Medications:

- Insulin
 - 10 units of lantus in the morning
 - 5 units of NPH after meals
- Metoprolol 24mg
- Hydrochlorothiazide 25mg
- Crestor (Rosuvastatin) 10mg
- Abilify (Aripiprazole) 10mg

Surgical history: Nil

Physical measurement/vitals:

- BMI = 50
- EOSS (Edmonton Obesity Staging System) Stage 3
- Heart Rate = 89 beats per minute
- Blood Pressure = 174/98
- Respiration Rate – 16 breaths per minute
- O2 Saturation = 95%

Laboratory results:

- CBC and electrolytes normal
- Hgb A1c = 8.5%
- Fasting Glucose = 9.7 mmol/L
- Lipids - normal

Allergies: None

Immunizations: Up to date

4. Medical Interview for Case #4: Mrs. Eliza Aimes

a) Summary for Case #4

Eliza Aimes is a 26 year-old woman who is 1-2 months pregnant with her second pregnancy. Her first son was born three years ago after a pregnancy that was

marked by excessive weight gain, postpartum blues, and complicated by gestational diabetes. Three years out from her first pregnancy, Eliza is mentally well but has struggled to lose the extra weight she gained. Her fears have returned now that she is pregnant a second time; she worries about gaining even more weight and experiencing the same emotional instability that she did the first time. She is seeing her family physician now in hopes of being counseled on her weight gain during pregnancy.

b) Intent of Case #2 and Key Objectives for Learners

Practice applying the 5As of obesity management in a patient interview. The key intent of the interview is for the learner to **practice using the blue bolded items**. The remaining objectives may be optional:

- **ASK** – Not necessary for the learner to ask for permission to discuss weight in this case.
- **ASSESS** – Use provided tools to assess the patient’s medical history and social/lifestyle factors as they relate to weight gain.
 - *Post Partum Weight Gain* – excessive weight gain during and after first pregnancy
 - *Post Partum Blues*
 - *Emotional Eating* – contributing to weight gain
- **ADVISE** – Educate the patient on healthy weight gain during pregnancy and other important aspects of prenatal care. Suggest ways to manage emotional eating and social supports if needed.
- **AGREE** – Come to an agreement with the patient on a strategy to manage and monitor weight gain during pregnancy.
- **ASSIST** – Provide resources for patient or refer to another member of the healthcare team for follow-up care.

c) Detailed Case Scenario and Acting Instructions for Case #4: Eliza Aimes

Setting: Clinic visit to Family Physician

Age: 26 years old

Physical characteristics: Young woman, approximately 5’ 4” tall and 158 pounds

Presenting complaint: Concern over second pregnancy weight gain

Opening line: *“Hello Doctor. I’m pregnant and I want to talk about my weight. I don’t want to gain weight. I know its good for the baby but I can’t gain more weight.”*

Acting instructions: You are a young, conservatively dressed woman who is well groomed. You are 1-2 months pregnant. You are very cooperative with your learner and have complete faith in the healthcare system. You are open to suggestions and are motivated to lose weight. You just have no idea where to start.

*Note** Three years out from her first pregnancy, Eliza is mentally well but has struggled to lose the extra weight she gained. Her fears have returned now that she is pregnant a second time; she worries about gaining even more weight and experiencing the same emotional instability that she did the first time. She is seeing her family physician now in hopes of being counseled on her weight gain during pregnancy.

Medical history:

No known illness. Generally, you are a healthy person

Pregnancy and Intrapartum Weight Gain

- Slim/Petite- prior to pregnancy
- Throughout first pregnancy you gained an additional 25lbs which has stayed with you after the delivery
- Pregnancy was complicated by Gestational Diabetes and fetal macrosomia (big baby).
- Baby was delivered by caesarean section (10lbs) and was hyperglycemic, requiring a 3 day stay in the Neonatal Intensive Care Unit
- You were well counselled by your physician and had frequent check-ups

Post-Partum Blues and Emotional Eating

- Prior to pregnancy, you considered yourself to be attractive , tied a significant amount of self-worth on your beauty
- While you are in a loving relationship with your husband, you feel that he is less attracted to you now even though he has never said anything.
- You are self-conscious about your weight gain and wish to have your former physique again, although you have begun to come to terms with it.
- You worry constantly now that you will gain even more weight with this second pregnancy, making your wish seem impossible.
- Weight gain compounded by emotional eating habits developed after pregnancy
- Experienced caregiver fatigue, ate whenever you had a break from maternal duties.
- Habit of comforting yourself with food when you were upset

- First few months were particularly difficult due to infant son's colic – ate to relax
- 3 years later, you are still unable to shake off your emotional eating habits.

Family history:

- Your parents are in their 50's, healthy and lean
- No medical issues run in the family
- Younger sister is slim, similar to your physique pre-pregnancy

Eliza's history:

- **Education and Occupation:** High school diploma, no post-secondary education or training. Stay at home mom – caring for your son and doing necessary chores around home.
- **Marital Status:**
 - Met in high school and married shortly after graduation
 - Husband is an electrician – able to support you financially and emotionally
 - The two of you have not been physically intimate since the conception of your second pregnancy, which you feel is quite unusual in your relationship.
- **Tobacco:** Lifelong non-smoker
- **Alcohol:** You do not drink alcohol nor have you ever consumed it and you have no desire to start.
- **Illicit Drugs:** You have never tried illicit drugs, nor do you have plans to start.
- **Exercise:**
 - Prior to first pregnancy, very active, participated in half marathons
 - Now a stay-at-home mother and haven't been able to get back to former fitness.
 - Time constraints make it difficult to incorporate exercise into your daily routine.
 - When you have a chance to run, you are upset that you don't have as much as endurance as before.
 - You have plenty of support from your husband; however, you feel when you do have time off it is much easier to sit and relax.
- **Diet:**
 - Strict diet before to first pregnancy, predominantly vegetarian
 - During first pregnancy, craved foods with high-fat and high-sugar .
 - Since your first pregnancy, your appetite has grown – food portions are larger than they used to be even when you eat homemade food.

- You feel like you can't control your hunger when you eat. You have begun eating when you are upset as a form of self-medication.

Medications: Pre-natal vitamins

Surgical history: Emergency C-section for your first son, 3 years ago, because of failed trial of labor due to fetal macrosomia.

Physical measurements/vitals:

- BMI = 27
- BP = 123/74
- HR = 74, regular rhythm and contour
- Symphysial Fundal Height not measured

Laboratory results: Doppler ultrasound not performed

Allergies: None

Immunizations: Up to date

VIII. Appendix A: Pre/Post Workshop Assessment

How old are you?

- 20-25 years old
- 26-30 years old
- 31-35 years old
- 36-40 years old
- 40+ years old

What gender do you identify as?

- Female
- Male
- Other

How many years of medical training have you completed (including medical school, residency, and fellowships)?

- 3 years
- 4 years
- 5 years
- 6+ years

A. Please indicate your agreement with the following statements by placing an “X” in the appropriate box.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. I believe that obesity management is an important part of my job as a primary care physician.	<input type="checkbox"/>				
2. My medical training to this point, including this session, has adequately prepared me to understand and manage obesity with patients.	<input type="checkbox"/>				
3. I am motivated to learn more about the effective prevention and management of obesity.	<input type="checkbox"/>				

B. Please rate how comfortable you are doing the following. Place an “X” in the box that most applies.

	Very Comfortable	Somewhat Comfortable	Neither Comfortable nor Uncomfortable	Somewhat Uncomfortable	Very Uncomfortable
4. Asking for a patient’s permission to talk about his/her weight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Assessing a patient’s obesity-related risks and complications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Assessing a patient’s potential root causes of weight gain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Advising patients on obesity-related risks and complications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very Comfortable	Somewhat Comfortable	Neither Comfortable nor Uncomfortable	Somewhat Uncomfortable	Very Uncomfortable
8. Advising patients on available treatment options for obesity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Advising patients on long-term strategies to manage weight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Working with patients to establish realistic weight-loss expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Working with patients to formulate sustainable behavioural/lifestyle goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Working with patients on goals for health outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Assisting patients in addressing their barriers to proper weight management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Counseling patients on physical activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Counseling patients on appropriate weight gain during pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Counseling patients on healthy eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Counseling patients on emotional eating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Counseling patients on weight-related depression and anxiety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very Comfortable	Somewhat Comfortable	Neither Comfortable nor Uncomfortable	Somewhat Uncomfortable	Very Uncomfortable
19. Counseling patients on iatrogenic causes of weight gain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Counseling patients who have children with obesity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Addressing differences that may come up in your consultation due to culture or beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Addressing weight gain with patients who have multiple co-morbidities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Discussing weight and lifestyle management with patients who are at risk of obesity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Referring patients with obesity to the appropriate healthcare provider for care (i.e. mental health worker, dietician, exercise specialist, bariatric specialist).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Are there any other aspects of obesity management that you are still uncomfortable doing?

D. At this point in your training, would you be confident enough to incorporate obesity management into your medical practice?

E. Do you have any additional comments?

IX. Appendix B: Suggested pre-assigned readings

A. Weight Bias in Medical Settings

Excerpt from: Dietz WH, Baur LA, Hall K, Puhl RM, Taveras EM, Uauy R, Kopelman P. Management of obesity: improvement of health-care training and systems for prevention and care. Lancet. 2015 Jun 20;385(9986):2521-33. doi: 10.1016/S0140-6736(14)61748-7. Epub 2015 Feb 19. Review. PubMed PMID: 25703112.

“Widespread explicit and implicit negative weight biases have been shown in large samples of physicians, even in health professionals who specialise in the treatment of obesity.²⁵ Negative stereotypes expressed by health professionals parallel those by medical students and residents.²⁶

Weight biases by health-care professionals can impair the quality of health-care delivery. Providers spend less time in appointments,²⁷ provide less education about health,²⁸ and are more reluctant to do some screening tests in patients with obesity.²⁹ Furthermore, physicians report less respect for their patients with obesity,¹¹ perceive them as less adherent to medications,³⁰ express less desire to help their patients, and report that treating obesity is more annoying and a greater waste of their time than is the treatment of their thinner patients.²⁷

Weight bias in the medical setting might restrict health-care utilisation and contribute to avoidance of health care by individuals with obesity. Among the heaviest women, 68% reported delaying use of health-care services because of their weight, due to previous experiences of disrespectful treatment from health-care providers, embarrassment about being weighed, and medical equipment that was too small for their body size.³¹ Results of an American study³² and ³³ showed that 19% of adults and 24% of parents would avoid future medical appointments if they perceived a doctor had stigmatised them or their child because of their weight. The delay in diagnosis and treatment for obesity-related comorbidities can impair the quality of care for individuals with obesity and might ultimately contribute to the costs of the disease.”

B. 5As of Obesity Management[™]

(Courtesy of Dr. Arya Sharma and the Obesity Canada)

- Visit the [Obesity Canada Website](#)
- Click “Join” in the top right-hand corner and create a Obesity Canada (CON) account.
- **Watch:** [Introduction to the 5As](#)
- **Read:** [5As Practitioner Guide](#)
- Access the downloadable copy of [Best Weight: A Practical Guide to Office-Based Obesity Management](#). You must be signed in as a CON member to access this resource.
- Read *Chapter 1 (Office Set-Up)* and *Chapter 2 (Let’s Talk About Weight)*.
- Visit http://partnersforcare.ca/healthier_weight/program-videos and watch video #6: *PFHW Obesity Focussed Medical Assessment Part I – Medical Examination*.

C. Additional reading

- *Dietz WH, Baur LA, Hall K, Puhl RM, Taveras EM, Uauy R, Kopelman P. Management of obesity: improvement of health-care training and systems for prevention and care. Lancet. 2015 Jun 20;385(9986):2521-33. doi: 10.1016/S0140-6736(14)61748-7. Epub 2015 Feb 19. Review. PubMed PMID: 25703112.*
- [5AsT Implementation Guide Modules](#)
- [5As of Healthy Pregnancy Weight Gain](#)
- [Best Weight: A Practical Guide to Office-Based Obesity Management](#)

X. Appendix C: Narrative Reflections Practice Instructions

A. Post Bariatric Suit Experience

Please reflect on your experience of wearing the bariatric suit.

Include any thoughts, feelings, bodily sensations triggered, and insights gained, by wearing the suit, performing activities, or interacting with others in the smart condo.

B. Post In-Clinic Patient Visit

Please reflect on your experience of a weight-management conversation using the 5As framework with one of your patients.

Include any thoughts, feelings, challenges, successes, insights, or questions you may have experienced during or after the conversation with regards to yourself as a family physician, your approach to weight management, to your patient, or to the utility of the 5As.

XI. Appendix D: Handouts for Learners

1. Case 1: Mr Joseph Mendoza

Mr. Joseph Mendoza is a 43-year-old man from the Philippines who recently immigrated to Canada three years ago. He is now living in Edmonton as a single father. This visit will be his second time seeing a doctor since arriving in Canada, but only your first time meeting him. The patient's primary concern appears to be chronic knee pain and fatigue.

Using the 5As of obesity management to structure your interview, **key objectives required are bolded**, with the remaining objectives may be optional:

ASK **ASSESS** ADVISE AGREE ASSIST

Physical and Laboratory Results: Joseph Mendoza

- BMI = 38 o EOSS Stage 2
 - Blood Pressure = 155/97
 - Heart Rate = 82
 - Respiratory Rate = 18
 - O₂ Saturation = 98%
 - Fasting Plasma Glucose = 6.4mmol/L
 - LDL Cholesterol = 4.57mmol/L
 - HDL Cholesterol = 1.01mmol/L
-

2. Case 2: Ms. Tracy Erikson

Ms. Danielle Erikson is a 35-year-old single mother with two young daughters, Tracy who is 11 years old and overweight, and Tina who is 8 years old and skinny. Ms. Danielle Erikson is petite, but her ex-husband had a very large build. Danielle is concerned about her daughters and is seeking advice to help her overweight daughter to lose weight.

Using the 5As of obesity management to structure your interview, **key objectives required are bolded**, with the remaining objectives may be optional:

ASK **ASSESS** **ADVISE** **AGREE** ASSIST

3. Case 3: Mr. Alan Woods

Alan Woods is a shy 55-year-old man who works as a chartered accountant for an accounting firm in downtown Edmonton. His previous family doctor of twenty years recently retired. This his third visit with you. His chart history reveals diabetes, high blood pressure, coronary artery disease, and depression. During his last clinic visit, you diagnosed him with obstructive sleep apnea and asked him about his weight. You made arrangements for him to come back to the clinic to discuss weight management options with him.

Using the 5As of obesity management to structure your interview, **key objectives required are bolded**, with the remaining objectives may be optional:

ASK **ASSESS** **ADVISE** **AGREE** ASSIST

Physical and Laboratory Results: Alan Woods

- BMI = 50
 - EOSS (Edmonton Obesity Staging System) Stage 3
 - Heart Rate = 89 beats per minute
 - Blood Pressure = 174/98
 - Respiration Rate – 16 breaths per minute
 - O2 Saturation = 95%
 - CBC and electrolytes normal
 - Hgb A1c = 8.5%
 - Fasting Glucose = 9.7 mmol/L
 - Lipids – normal
-

4. Case 4: Ms. Eliza Aimes

Eliza Aimes is a 23 year-old woman who is 1-2 months pregnant with her second pregnancy. Her first son was born three years ago. Her first pregnancy was marked by excessive weight gain. She is afraid that this will happen again and is seeking counselling on weight gain during pregnancy. Using the 5As of obesity management to structure your interview, **key objectives required are bolded**, with the remaining objectives may be optional:

ASK **ASSESS** **ADVISE** **AGREE** **ASSIST**

Physical and Laboratory Results: Mrs. Eliza Aimes

- Physical Exam
- BMI = 27
- BP = 123/74
- HR = 74, regular rhythm and contour

- Symphysial Fundal Height not measured
 - Doppler ultrasound not performed
-