

# Conduction, Evaluation, and Future Considerations for an Obesity Educator Training Program in Korea

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To reduce the prevalence of obesity and provide information on evidence-based obesity treatments, the Education Committee of the Korean Society for the Study of Obesity (KSSO) has developed and launched the first Obesity Educator Training Program (OETP). After the course, we analyzed the results of a survey from 110 participants, comprising medical doctors (n=58), nutrition specialists (n=19), exercise specialists (n=14), and students (n=6). Approximately half of the participants were recruited through the Internet (48%), followed by academic leaflets, such as conference posters (21%); the reasons for participation were to learn about evidence-based treatments for obesity (47%), to receive up-to-date knowledge on obesity treatments (39%), to obtain basic information on obesity (10%), and others (4%). More than half of the participants found the date, lecture time, process, and theme of the OETP favorable. The participants indicated that there should be an in-depth course, sharing of the presented files with attendees, a longer lecture time, and a broader OETP that includes other specialties such as nursing. To improve the OETP, the educational committee of the KSSO must develop an in-depth OETP that will reflect these participant's feedback.

**Key words:** Obesity, Obesity Educator Training Program, Evaluation, Education

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## INTRODUCTION

Obesity has steadily increased worldwide, and the prevalence of obesity is also increasing in Korea.<sup>1-3</sup> From 2006 to 2015, the prevalence of obesity in Korea increased from 28.7% to 32.4%. In addition, the prevalence of grade II obesity increased from 2.7% to 4.8% according to health check-up database of the National Health Insurance Service.<sup>4</sup> This increase in obesity prevalence adds to the socioeconomic burden related to obesity.<sup>5</sup> However, the level of knowledge about obesity varies according to socioeconomic status; Latino with lower socioeconomic status had low levels of obesity

knowledge in one study.<sup>6</sup> Since the early 2000s, it has been required that European countries develop an action plan for obesity education.<sup>7</sup> In one systematic review, obesity education programs in U.S. medical schools were not efficient in relaying knowledge about obesity or dealing with obese patients.<sup>8</sup> Moreover, the efficacy of self-management education for chronic diseases, such as type 2 diabetes, is well studied.<sup>9</sup>

In Korea, there are many adverse factors regarding the purchase of healthy foods, the use of exercise equipment or programs, and dietary programs for weight loss based on the low level of obesity knowledge. Given this, the education committee of the Korean So-

**Table 1.** Schedule and key messages of the first Obesity Educator Training Program

	Theme	Key message	Time (min)
1	Epidemiology and basic understanding of obesity	The epidemiology, definition, types, causes, and complications of obesity	25
2	Treatment of obesity: nutrition Coffee break	Nutritional assessment, diet, and nutritional education and counseling	25 10
3	Treatment of obesity: exercise	The effects of exercise, energy metabolism, and exercise program prescriptions	25
4	Treatment of obesity: cognitive and behavioral treatment Coffee break	Cognitive and behavioral treatment, eating disorders, control of stress, and counseling	25 10
5	Treatment of obesity: drugs	The effects, mechanisms, and considerations of obesity drugs	25
6	Treatment of obesity: bariatric surgery	The safety, effectiveness, and considerations of bariatric surgery	25
7	Pediatric obesity	Diagnosis and treatment of pediatric obesity and the role of parents	25

This program was conducted at 08:00 AM–12:00 PM on Sunday, September 4, 2016.

ciety for the Study of Obesity (KSSO) has planned an Obesity Educator Training Program (OETP) and certification of Obesity Educators to reduce the prevalence of obesity and provide information about evidence-based obesity treatment.<sup>10,11</sup> The Educational course for obesitologists was held for the first time on September 4, 2016 at the International Congress on Obesity and Metabolic Syndrome meeting. Although several issues remain regarding certification and the process of the OETP<sup>11</sup>, a total of 110 individuals registered for the OETP and received certification for their participation. Additionally, the education committee of the KSSO surveyed participants in order to develop and revise the program and the process of the OETP. In this article, we review the first OETP and present analysis of the questionnaire results. In addition, we discuss improvements and future considerations for the OETP based on the results of this survey.

### The first OETP

The schedule of the first OETP is shown in Table 1. It consisted of the following themes: epidemiology and basic understanding of obesity; treatment of obesity through nutrition, exercise, cognitive and behavioral treatments, drugs, and bariatric surgery; and pediatric obesity.

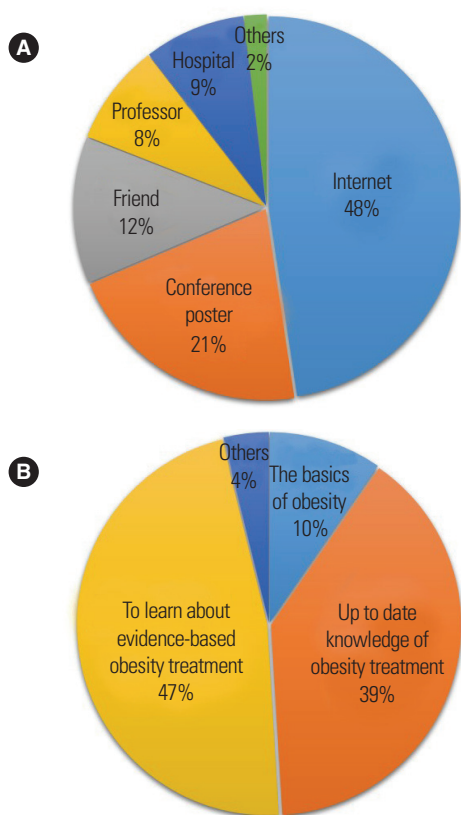
We analyzed the surveys completed by all participants of the OETP (n = 110). The detailed survey questionnaire is shown in Supplementary Fig. 1. We asked participants about their specialties, how they learned of the program, the reason for their participation, and their opinions on the overall management, including the date, process, themes, and lecture times, all measured using a 5-point Likert scale, as well as free opinions for comment.

**Table 2.** Categories of participants by employment type and specialty

Category	Number
Medical doctor	58
Clinic or non-training hospital (n = 26)	
Family medicine	9
Internal medicine	9
Surgery	2
General physician	2
Other or no reply	4
Training hospital (n = 19)	
Family medicine	10
Internal medicine	8
Surgery	0
General physician	1
Other or no reply	0
Resident (n = 13)	
Family medicine	11
Internal medicine	1
Surgery	0
General physician	0
Other or no reply	1
Nutrition specialist	19
Exercise specialist	14
Postgraduate student	6
College student	0
Other	13
Total	110

### Participant categorization by employment type and specialty

The participant's specialties are shown in Table 2. More than half of the participants were medical doctors (n = 58); nutrition specialists (n = 19), exercise specialists (n = 14), and students (n = 6) composed the rest of the sample. Of the medical doctors, family medicine (n = 30) was the most frequent specialty of the partici-



**Figure 1.** The information source (A) and reasons for participating (B) in the Obesity Educator Training Program.

pants in the OETP, followed by internal medicine (n = 18). Twenty-six doctors were from clinics or non-training hospitals; 19 were from training hospitals; and 13 were residents.

### Information source regarding the OETP

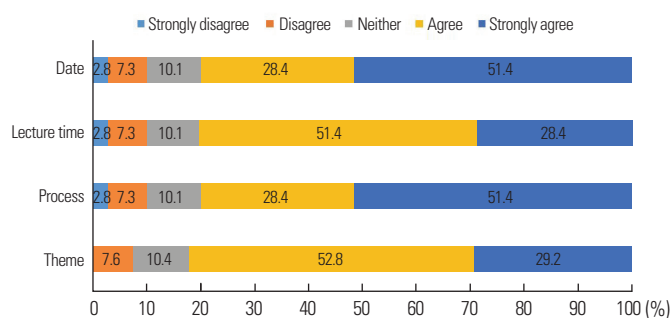
Approximately half of the participants learned about the program through the Internet (48%), followed by academic leaflets, such as conference posters (21%), and friends (12%) (Fig. 1A).

### Reasons for participating in the OETP

The reasons for participating in the OETP were to learn about evidence-based treatment for obesity (47%), to receive up-to-date knowledge on obesity treatments (39%), to obtain basic information on obesity (10%), and others (4%) (Fig. 1B).

### Suitability of the OETP

The results regarding the suitability of the OETP course by date, process, theme, and lecture time are shown in Fig. 2. More than



**Figure 2.** The suitability of the Obesity Educator Training Program.

**Table 3.** Frequent comments by participants about the Obesity Educator Training Program

Rank	Comment
1	It would be beneficial if there was an in-depth education course.
2	Please share lecture slides with the attendees.
3	It would be helpful for attendees to participate more and in a longer course.
4	Specific lectures for nurses (coordinators in the clinics) are needed.
5	It would be better to add a periodic training lecture including the latest research, such as endo balls.
6	Please provide more information regarding the role of exercise and nutrition.
7	It would be better if practical clinical content was included.
8	Specific conditions, such as obesity in the elderly and postpartum weight retention, should be considered.
9	For members from local provinces, the Obesity Educator Training Program could be held in the afternoon on weekdays.
10	Please include a case study session.

half of the participants found the date, lecture time, process, and theme favorable.

### Additional participant comments about the OETP course

Table 3 shows the 10 most frequent comments by participants about the OETP course in order of frequency. The most frequent comments about the OETP course were the need for an additional in-depth course and the sharing of presented files to attendees. In addition, the participants asked for a longer lecture with question and answer time, and an OETP course for nurses (in particular, for coordinators in obesity clinics).

### Issues regarding the OETP course

Following completion of the first OETP course, several issues need to be addressed to improve subsequent OETP courses. The Korean Diabetes Association has a Diabetes Educator Training Module similar to that of the American Association of Diabetes

Educators, which is divided into a Basic and an Advanced module.<sup>12</sup> The KSSO also has a plan to develop two tracks, a general OETP and an in-depth OETP course, as previously addressed.<sup>11</sup> At the second internal workshop, held on September 14, 2015, there was a discussion about the organization and operation of the OETP, and final decisions were made on the main themes and structure of the OETP, which would be divided into a general OETP and an in-depth OETP.<sup>11</sup> Based on participant comments regarding the need for an in-depth course, the educational committee of the KSSO has developed an in-depth course that will be held after development and completion of the final program. In the first OETP, most participants were either medical doctors who specialized in family medicine or internal medicine or were nutritionists or exercise specialists. One report found that physicians feel ill-prepared to educate their patients about weight management.<sup>13</sup> Other studies found that there is a specific knowledge deficit regarding obesity among primary care physicians and internal medicine residents.<sup>14-17</sup> The first OETP qualified only medical doctors, nutrition specialists, and exercise specialists. However, some attendees were students or others in the non-medical field, although details of their major or specialties were not informed. Therefore, it might be necessary to expand the range of qualifications to include nurses, students, and other specialists, especially in the general OETP.<sup>18-20</sup> Moreover, as many participants were informed about the OETP through the Internet, online promotion through the KSSO homepage, emails, and academic advertisements are needed; further detailed questionnaires are also required to assess this need.

As course participants want to gain knowledge about evidence-based obesity treatments, the educational committee should develop a program backed by research<sup>21,22</sup> and share this information and the lecture files with the participants. Moreover, the suggestions of participants from local non-urban provinces, who would prefer to change the date and venue, should be considered. An e-learning course will also be needed in the future.

There are some additional changes to consider after the first OETP. First, a long-term plan for and the confirmed operation of the OETP must be established. For this purpose, it is necessary to clarify the targets of the OETP. Both a broad-scope course and tailored, detailed programs for targeted persons, such as students, teachers, nurses, or other specialties, are needed. Second, it is nec-

essary to consider revising the overall format of the OETP. Specifically, it is necessary to decide whether to carry out the OETP in conjunction with a biannual regular academic conference or as a one-day or one-night course. Third, the manner of certification for each specialist must be determined. Certification tests or verification of attendance (if the OETP is held during regular conferences) would be needed to certify an obesity educator specialist. Moreover, continuous monitoring and feedback from the participants are also necessary for successful continuing education.

### **Other obesity educational programs in Europe and North America**

Similar to our OETP, there are several obesity education programs designed to improve the management of obese patients and reduce obesity-related comorbidities abroad. In Europe, the International Association for the Study of Obesity (IASO) has developed and operated an obesity educator program, the Specialist Certification of Obesity Professional Education (SCOPE). In SCOPE, the IASO developed an Internet-based lecture program with e-learning courses; modules cover a wide range of topics such as lifestyle interventions, motivational interview, and primary care. The IASO certifies participants who pass an examination, and certification is only granted to individuals with sufficient continuing educations, including participating in academic conferences. Moreover, the SCOPE health professionals are required to have over 6 months of practical experience managing obesity within a medical or health-related specialty to receive certification. The SCOPE training program is primarily aimed at physicians but is extended to allied health professionals including practice nurses, nutritionists, dietitians, educators, physiotherapists, and fitness professionals.

In North America, the American Board of Obesity Medicine (ABOM) serves the public and the field of obesity medicine by maintaining standards for the assessment and credentialing of physicians. Certification as an ABOM diplomat signifies specialized knowledge in the practice of obesity medicine and distinguishes a physician as having achieved competency in obesity care. The Certification Examination for Obesity Medicine Physicians is administered by the ABOM through the National Board of Medical Examiners. The composition of questions for the examination and the sample test questions are the exclusive responsibility of the ABOM

board members. The examination is composed of four 60-minute test blocks, each with 50 items, designed to assess the knowledge base and the cognitive and deductive skills of candidates. To maintain absolute confidentiality and separation between the examination writers and all preparatory or review courses for this examination, as a pre-conference to Obesity Week, the Obesity Society offers a review course for the ABOM exam where participants can earn 16 hours of continuing education. A minimum of 60 credits of Continuing Medical Education on the topic of obesity is required for certification. All 60 Continuing Medical Education credits must be earned and documented within the 36 months prior to the application deadline.

## CONCLUSION

An OETP has recently been developed in Korea, and some alterations need to be adopted within the program and its operation system. To reduce the prevalence of obesity and to improve the treatment of obesity, the OETP must be improved to reflect participant feedback.

## CONFLICTS OF INTEREST

The authors declare no conflict of interest.

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## SUPPLEMENTARY MATERIAL

Supplementary Figure 1. The questionnaire of survey of the first educational course of obesitologists.

It can be found via <https://doi.org/10.7570/jomes.2017.26.4.251>.

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