

# Evaluation of a Weight Bias Curriculum for Pediatric Residents

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## Background

- Pediatric patients with obesity face weight bias and stigma from their community, families, media, and healthcare providers.<sup>1</sup>
- Many physicians hold implicit and explicit biases against patients with high BMIs.<sup>2,3</sup>
- Healthcare related weight stigma negatively affects patients' quality of life and can have several deleterious effects on their health.<sup>4,5</sup>
- AAP has recommended pediatricians mitigate weight stigma, calling for weight bias curricula to be taught in the undergraduate, graduate, and continuing medical education settings.<sup>6,7</sup>

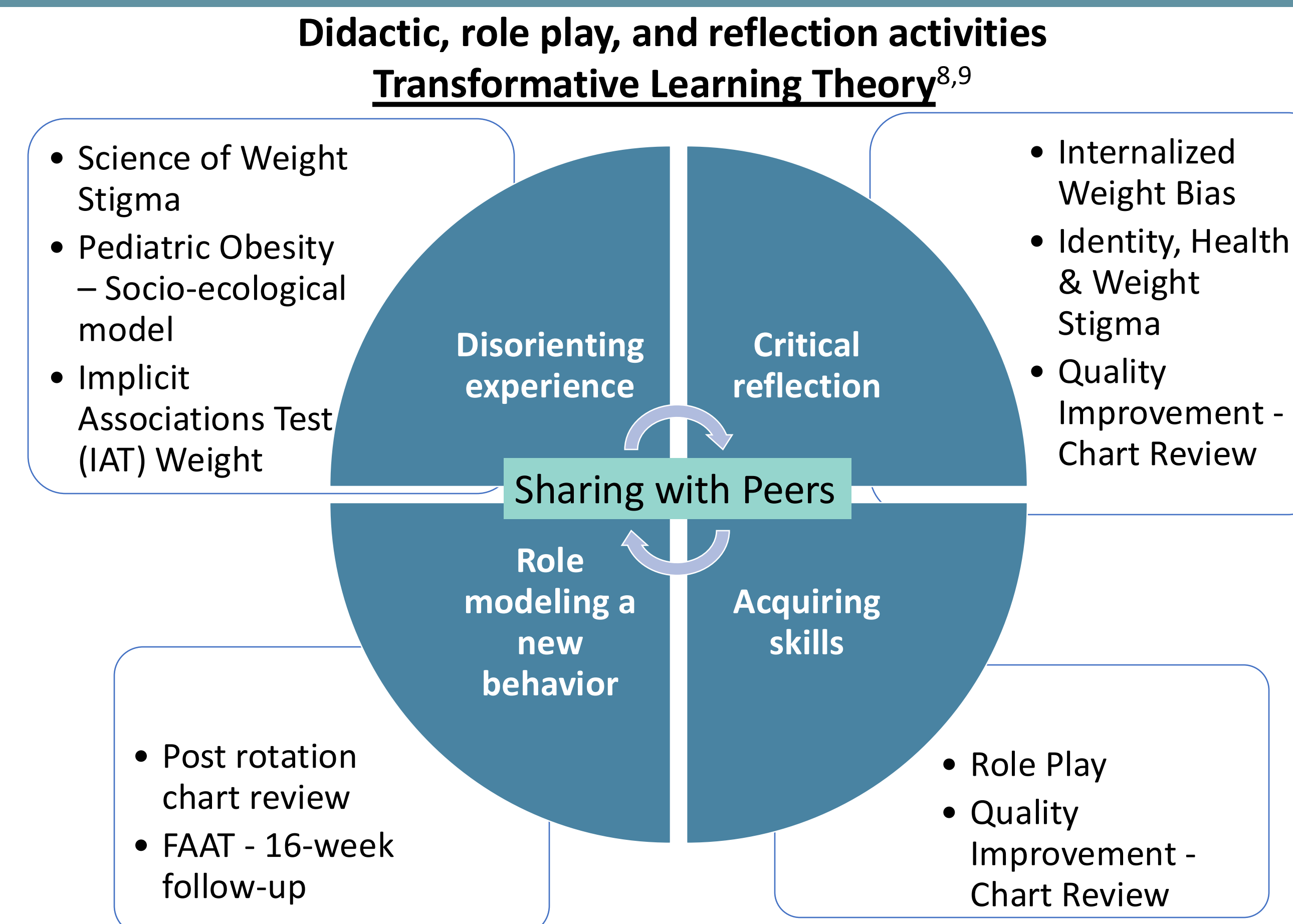
## Objective

- Develop and evaluate a weight bias curriculum for pediatric residents using Transformative Learning Theory, with sessions fulfilling the elements of the disorienting experience, critical reflection, acquiring skills, and role modeling new behavior.<sup>8,9</sup>

## Methods

- Goals, objectives, and activities were jointly developed with a UCLA Department of Psychology faculty and PhD candidate.
- The curriculum contained six didactic, role play, or reflection activities.
- Curriculum was delivered over 2 weeks with second year pediatric residents enrolled in the Public Health Ambulatory Basics and Beyond (PHABB) Track at UCLA.
- Learners' reaction to the curriculum was collected anonymously online immediately after the rotation as well as through a post-rotation discussion.
- Post-rotation discussions were recorded and transcribed and reviewed by all authors for themes.
- Fat Attitudes Assessment Toolkit (FAAT) measured explicit bias at baseline before the curriculum, immediately after the curriculum, and again 16 weeks post-curriculum.
- Non-PHABB second year residents served as a comparison group.

## Curriculum



## Results

- 19 second year Pediatric Residents completed all aspects of the curriculum
- Post rotation evaluation (n=17) with an average score of 4.7/5
- Post-rotation discussion:
  - Residents agreed that the weight stigma module was an important part of their medical education:

*"I feel like big picture, it's actively fighting against a lot of the harm that medicine has done over generations. You're training the new generation of physicians to be different and fix a lot of what's been harmful for so many years."*

**Fat Attitudes Assessment Toolkit (FAAT) – Mean Scores**

	Intervention Group			Comparison Group	
	Baseline N = 14 M(SD)	Post Curriculum N = 16 M(SD)	16 Week Follow up N = 15 M(SD)	Baseline N = 19 M(SD)	Post Curriculum N = 12 M(SD)
<b>Global attitudes</b>	4.68 (0.54)*	4.99 (0.40)*	5.08 (0.50)	4.42 (0.55)*	4.78 (0.15)*
<b>Critical Health</b>	5.03 (1.07)	5.85 (0.84)*	5.73 (1.03)	4.91 (0.69)	5.50 (1.07)*
<b>Complexity</b>	6.37 (0.58)*	6.42 (0.70)*	5.36 (1.03)	5.98 (0.82)*	6.32 (0.78)*
<b>Responsibility</b>	3.80 (1.05)*	4.32 (0.82)*	3.92 (0.87)	3.26 (0.63)*	3.83 (1.38)*
<b>Body Appreciation</b>	4.14 (1.27)	4.27 (1.32)*	4.10 (0.94)	3.92 (1.09)	3.94 (1.19)*

Higher scores = less explicit bias

\* = significant difference between intervention and comparison group (p<0.05)

## Conclusions

- The weight bias curriculum using Transformative Learning Theory was well-received by pediatric residents and may decrease explicit weight bias scores.

## Future Directions

- Gather validity evidence for QI Chart Review Tool
- Evaluate change in use of stigmatizing language in the electronic health record (EHR) in the care of pediatric patients.
- Randomized, controlled trial to test the efficacy of the curriculum
- Disseminate the curriculum within the pediatric undergraduate, graduate, and continuing education spaces along with other specialties



Implicit Associations Test

## References

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