

## POST TEST AND EVALUATION

**Please complete post meeting to receive your CME Certificate.  
Please complete via the QR code below or hand in to a staff member as you exit  
the room.**



**1. Which of the following is a limitation of body mass index (BMI) to diagnose/assess obesity?**

- A. It is a measure of excess body fat rather than excess weight.
- B. It may underestimate weight status for athletes or muscular individuals.
- C. It takes into account age and gender but not comorbidities or fat distribution.
- D. It may overestimate weight status for people of different ethnic groups.

**2. Eithne is a 42-year-old woman with a history of hypertension, dyslipidemia, obesity, and major depressive disorder; she reports frequent knee pain following an approximate 20-lb weight gain over the past year. Her current BMI=42 kg/m<sup>2</sup>. How would you classify her level of obesity/weight-related health risk using the Edmonton Obesity Staging System (EOSS)?**

- A. Stage 1
- B. Stage 2
- C. Stage 3
- D. Stage 4

**3. Data from the SELECT trial, which studied the effects of once-weekly 2.4 mg semaglutide, showed:**

- A. Statistically significant (but not superior) 10% reduction of major adverse cardiovascular events (MACE) in participants treated with semaglutide.
- B. Statistically significant and superior 20% reduction of MACE for participants treated with semaglutide.
- C. Slight increase in MACE for participants being treated with semaglutide.
- D. No improvements in MACE were observed among participants receiving semaglutide.

**4. Kailani is a 60-year-old woman with a BMI of 36 kg/m<sup>2</sup>. In addition to obesity, she also has several other medical conditions, including hypertension, prediabetes, and osteoarthritis (right hip). Over the last year and a half, Kailani has been trying to lose weight. She changed her diet to include more leafy greens and has cut down processed food. She reports taking 60-min. spin classes 3 to 4 times a week. Despite these changes, Kailani has gained 10 lbs. in the past 6 months. Based on the latest practice guidelines and clinical evidence, which of the following pharmacologic options would you recommend for Kailani?**

- A. Tirzepatide
- B. Phentermine/topiramate ER
- C. Orlistat
- D. Naltrexone/bupropion SR

## Staying in the Solution: How Do We Implement Evidence in Obesity Care?

Hilton Head, SC

Saturday, June 7

### 5. Which of the following statements utilizes people-first language?

- A. Diabetic patients are more likely to have severe obesity than patients without diabetes.
- B. The patient who reported to the emergency room with chest pain is an obese 39-year-old man.
- C. A 62-year-old woman with obesity presents to care after a fall.
- D. The patient developed pain in his right knee as a result of his obesity.

### 6. Alfonso M. is a 47-year-old man with a past medical history of obesity, type 2 diabetes, and cardiovascular disease. His chart also notes that he is on a fixed income and regularly skips doses of his medications due to cost. During his annual visit, you decide that his weight should be addressed as it is a key contributor to his other health issues. What is the most appropriate first step?

- A. Provide him with a weight loss goal of  $\geq 15\%$ .
- B. Explain how the patient's obesity is contributing to his comorbidities.
- C. Prescribe an anti-obesity medication.
- D. Ask for permission to discuss weight.

### Please indicate your level of agreement with the following statements.

	(4) Strongly Agree	(3) Agree	(2) Disagree	(1) Strongly Disagree
This activity enhanced my professional effectiveness.				
The content of the activity is up-to-date.				
The topic is clinically relevant to my practice.				
I plan to apply the content in clinical practice.				

Did this activity address the stated learning objectives? \_\_\_\_ Yes \_\_\_\_ No

If you answered "No," please share your perspective on how we could have better met the learning objectives.

Was the activity fair and balanced? \_\_\_\_ Yes \_\_\_\_ No

If you answered "No," please describe the particular content within the activity that you believe was not fair and balanced:

Was the activity free of commercial bias? \_\_\_\_ Yes \_\_\_\_ No

If you answered "No," please describe the particular content within the activity that you believe exhibited bias:

Do you diagnose obesity? \_\_\_\_ Yes \_\_\_\_ No

Do you treat obesity? \_\_\_\_ Yes \_\_\_\_ No

What is your profession?

☐ MD ☐ DO ☐ PA ☐ NP ☐ Other (Please specify) \_\_\_\_\_

What is your specialty?

☐ Family Medicine ☐ Internal Medicine ☐ General Practice ☐ Other (Please specify) \_\_\_\_\_

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### Clinical Confidence

Now that you have completed the activity, please indicate how confident you are *now* in your ability to:

	(4) Very confident	(3) Confident	(2) Somewhat confident	(1) Not at all confident
Diagnose and treat obesity as a chronic disease in line with the latest evidence				
Implement data from recent clinical trials of anti-obesity medications (AOMs) into routine practice				
Counsel patients with obesity utilizing a shared decision-making (SDM) approach and avoiding the perception of stigma				

### Patient Benefit

On average, how many patients with obesity do you see per week?

- ☐ 1-20
- ☐ 21-40
- ☐ 41-60
- ☐ 61+
- ☐ Not applicable

Which of the following best describes your primary practice setting?

- ☐ Academic
- ☐ Community Hospital/Clinic
- ☐ Community Office-based
- ☐ Other (Please specify): \_\_\_\_\_

### What is your geographic location?

Please specify which state: \_\_\_\_\_

### Strategies Used in Practice: Intent to change

Do you plan to make a change to your **clinical practice** as a result of this activity?

- ☐ Yes ☐ No

Please indicate below ***how often you plan to use*** each of the listed strategies in your practice.

	4 Always	3 Often	2 Rarely	1 Never
Apply the most recent evidence for the diagnosis and treatment of obesity in the primary care setting				
Utilize AOMs in conjunction with lifestyle modifications for patients with obesity				
Counsel patients with obesity utilizing principles of shared decision-making and strategies to minimize the perception of stigma				

Do you plan to change any current aspect of your **involvement in a collaborative team** as a result of this activity?

- ☐ Yes ☐ No

If you answered "Yes," what changes will you make to your team strategies? (Check all that apply)

- ☐ Increase engagement and communication with interprofessional team members across disciplines
- ☐ Improve referrals/coordination of care among providers
- ☐ Share information from this activity with other team members
- ☐ Other (please explain): \_\_\_\_\_

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### Barriers

Based on your experience, which of the following are the primary barriers to implementing changes in practice related to your treatment of patients with obesity? (Check all that apply):

- ☐ Lack of knowledge regarding evidence-based strategies
- ☐ Lack of time/resources to consider change
- ☐ Patient adherence/resistance to change
- ☐ Other patient-related factors (eg, socioeconomic status, lack of health insurance)
- ☐ Cost of medications
- ☐ Accessibility/availability of medications
- ☐ Lack of convincing evidence to warrant change
- ☐ Difficulty navigating systems-based factors such as insurance, reimbursement, or legal issues
- ☐ I do not anticipate any barriers to implementing changes
- ☐ Other (please explain):

### Future educational needs

Please provide any specific educational needs you may have based on difficulties you've encountered in your treatment of patients with obesity that you would like to see addressed in future CME activities:

Any other comments regarding the activity? Please specify below.

## Staying in the Solution: How Do We Implement Evidence in Obesity Care?

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### PARTICIPANT ATTESTATION AND CERTIFICATE REQUEST

Name:		Degree:
Address:		
City:	State:	ZIP code:
Email:	Phone:	

I certify that I have completed this educational activity and claim \_\_\_\_\_ credit hours for this activity.

Signature \_\_\_\_\_

#### PHYSICIANS:

Haymarket Medical Education designates this live activity for a maximum of 1.00 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

#### AAFP

##### AMA/AAFP Equivalency:

AAFP Prescribed credit is accepted by the American Medical Association as equivalent to *AMA PRA Category 1 credit(s)™* toward the AMA Physician's Recognition Award. When applying for the AMA PRA, Prescribed credit earned must be reported as Prescribed, not as Category 1.

To receive a certificate of credit/attendance, complete this form and submit it at the registration table or mail to:

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