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Formal training and the use of meal replacement products among health professionals working in the management of obesity

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Introduction: Meal replacement products (MRPs) have been in use for more than 50 years and there is a multitude of research proving their effectiveness. However, negative perceptions surrounding the use of meal replacement programs remain. Formal training may provide an opportunity to correct program misconceptions and improve uptake amongst health professionals. The aims were to identify if health professionals are using MRPs, if they have had formal training in their use and if training affects the likelihood of their use.

Methods: The survey contained a mixed method design to capture the use of MRPs and the occurrence of formal training. An 18 question survey was directed to healthcare professionals who worked in weight management across Australia. It was disseminated through professional associations, direct email and online social media platforms.

Results: Of the 241 responders, 175 (72%) reported the use of MRPs, of this 122 (70%) had formal training. Of the 66 (27%) who did not use MRPs, 18 (27%) had undergone formal training. Using a hierarchical multiple regression analysis a significant positive correlation between the use of MRPs and formal training ($r = 0.39$, $p < 0.00$) was found. Health professionals are six times more likely to use MRPs if they had formal training; odds ratio 6.1 (95% CI 3.3, 11.5).

135 responders stated where they obtained formal training, 42 responders provided more than one response; 76 (56.3%) during university lectures, 57 (42.2%) at a conference, workshop or webinar, 23 (17%) completed an Nestlé Optifast[®] accreditation course, 11 (8.1%) read Optifast[®] commercial promotional material, 9 (6.7%) had on the job experience and 1 (0.7%) used clinical practice guidelines.

Conclusion: Formal training is significantly correlated with the use of MRPs. Providing education during tertiary education or via professional continuing education may be an avenue to improve uptake and correct products misconceptions.

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Patient and parent satisfaction with hospital-based paediatric weight management services and reasons for attrition: a mixed methods systematic review

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Consideration of consumer feedback has the ability to improve the quality, accessibility and outcomes of healthcare service provision. This is particularly pertinent for paediatric weight management services, where rates of attrition have been reported to be as high as 75%. This review aimed to summarise the current literature regarding parent and patient satisfaction with secondary or tertiary paediatric weight management services. Systematic searches of Medline, PsychINFO, CINAHL, AMED and Embase were conducted for English-language studies reporting on parent and/or patient satisfaction with paediatric weight management services. Articles were included if they reported on the experiences of patients aged 18 years or younger and/or their family who attended a hospital-based secondary or tertiary level paediatric weight management service. 19 papers (five quantitative and 14 qualitative) met the inclusion criteria, with 12 papers reporting on parent satisfaction and 7 on both patient and parent satisfaction. All papers used measures of service satisfaction developed by the authors, with three also utilising existing quantitative measures of service satisfaction. The main themes reported in qualitative papers included: (1) Value of the whole family being involved in treatment; (2) Importance of a collaborative, therapeutic relationship between health care providers and both the patient and parent; and (3) The benefits of improved health outcomes as a result of treatment. The most commonly reported barriers to treatment or reasons for attrition included: (1) Logistical issues (transport, parking, scheduling); (2) Patients no longer wanting to attend treatment; and (3) Treatment being perceived as irrelevant. The current literature on patient and parent satisfaction of paediatric weight management services predominantly focuses on barriers to treatment, rather than facilitators of treatment and the incorporation of consumer feedback into service development. Furthermore, no standardised measures of treatment acceptability and reasons for attrition exist for use in the area of paediatric weight management.

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