The case of obesity in children and adolescents has increased every year globally. In 2016, the BMI of women aged 20 years and over globally reached 24.8 (24.6-25), while that of men reached 24.5 (24.3-24.6). According to the RISKESDAS, the proportion of obesity measured as central obesity at the age of >15 years in Indonesia increased throughout 2007, 2013 and 2018 by 18.8%, 26.6% and 31%. RISKESDAS 2018 concluded that obesity in adulthood increased in 2013 compared to 2007, the trend of non-communicable diseases (PTM) namely diabetes mellitus and hypertension also increased. The Medical Check-Up which was held to the new students of University of Indonesia in 2017 found that there were 1817 new students that classified as obese from the total 7268 new students (38.6% were obese). In 2018, it was found that 24% out of 7487 new students were obese. In 2019, there were 29% out of 8583 new students that classified as obese. Adolescents with excess weight should be intervened so as not to become adults with obesity. The development of patient-centred services as an effort to empower oneself could be the approach of choice. It takes great motivation in undergoing the process of behaviour change. Coaching is carried out to assist the client (coachee) to optimize their potential so that they had a positive attitude, strong mentality, and a healthier lifestyle.

A weight loss program should be initiated by generating a sense of the need to be healthier with ideal body weight. Programs should be personal. Environmental support was needed such as the availability of healthy food and facilities for activities. The intervention program should be a program that creates support for participants, professional, and available in health services. Based on this, a coaching method was developed following patient-centred care based on self-empowerment for students with obesity in weight loss programs. The program consisted of 6 coaching sessions. Each session used SMART steps. Each coaching session was themed sequentially and was named “From Fat to Fit with SMART Program”. We began the application of the program to two groups of 30 obese students.
Participants were divided into an intervention group and a control group. The successive themes of the coaching session were healthy behaviour habits, vision strategy, body self-image, timeline perspective/state line exercise, happiness model, and healthy behaviour habit/vision board. Both groups received online education about obesity, balanced diet, physical activity and hydration from experts consisting of internal medicine specialists, clinical nutrition specialists, and sports medicine specialists. Anthropometric measurements, body composition (using Bioelectric Impedance Analysis), monitoring food intake (using a food record form), monitoring physical activity (using a bouchard activity record), self-empowerment (using a subjective wellbeing questionnaire and healthy behaviour habits satisfaction scale) were compared between the two groups using paired T-test (if the data distribution was normal) and the Mann-Whitney test (if the data distribution was not normal). The intervention group received coaching from a health coach who had received previous training from an internationally certified coach. A health coach accompanied 4 obese students. There were 8 health coaches consisting of family medicine and primary care specialists, internal medicine specialists, sports medicine specialists, faculty study program manager doctors, and coaches who were experienced with coaching approach in the workplace. The coaching session was divided into six meetings every two weeks online via a zoom meeting with the help of a host from the research team. The value of change in the intervention group was significantly greater than the control group in the component of total body fat [-0.9 (-12.9, 0.70) vs 0.0 (-6.9, 3.50), p=0.02 ] and healthy behaviour habit [13.5 ± 11.85 vs. 7.5 ± 8.08, p=0.04]. This method has been proven to be able to be applied and is effective in reducing total body fat and significantly increasing healthy behaviour habits. This coaching method, which is following self-empowerment-based patient-centred care, has been proven to be able to be applied in the university's primary health services. However, support is needed from supportive university policies so that students participating in the program could follow it completely until all the expected output indicators are achieved properly.

**Keywords:** coaching approach, weight loss, obesity, college, patient-centered care