

A Big Lesson for Nurse Educators

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Abstract

We are in the midst of an obesity epidemic in the United States. This epidemic translates into higher numbers of severely obese individuals who access healthcare. These bariatric clients deserve and expect the same quality of basic nursing care as their lighter counterparts. Providing this care requires specialized equipment and techniques that should be taught early in a nurse's career. This article illustrates a first-year nursing faculty member's journey in learning "a big lesson for nurse educators."

Introduction

I HAVE SEEN A STEADY INCREASE in the numbers of severely obese clients in my 30 years of nursing and have often been overwhelmed by their physical needs, experienced injuries from using improper repositioning techniques, and have had to come to grips with my own issues concerning obesity.

I am an overweight woman in a society that values physical perfection¹ as well as large portions of unhealthy food. I have known the jubilation of finally achieving my "goal weight" as well as the embarrassment and shame of gaining it all back. While my personal struggles with weight made it easier for me to identify with morbidly obese clients, I still felt the frustration of not having the proper equipment and assessment skills that I needed to provide these clients with the same level of care as their leaner counterparts. I wonder how different my experiences would have been if I had received education concerning bariatric client care when I was in nursing school.

I first ventured into an exploration of bariatric care when I was called upon to write a bariatric protocol for the hospital where I was employed. I learned to advocate for my bar-

iatric clients, as well as my coworkers, and developed a new respect for these often misunderstood individuals. My passion for bariatric clients continued when I started my journey as a nurse educator. I made a promise to myself to continue my advocacy for bariatric clients by providing my students with the necessary tools to provide safe and sensitive care to their bariatric clients.

Brief History

Obesity has risen to epidemic levels in the United States during the last two decades. Currently, 33% of Americans, age 20 years and older, are overweight, 34% are obese, and 6% are morbidly obese.² The number of obese patients admitted into various healthcare settings has increased in proportion with the population in general. Bariatric clients represent a variety of medical, physical, and emotional challenges for healthcare workers. Physical injury may result when caring for and trying to move very heavy patients, helping to make healthcare one of the most dangerous jobs in the United States.³ Increased mortality and morbidity rates are associated with obesity in hospitalized patients due to comorbid conditions.

Also, severely obese individuals often resist seeking healthcare and frequently defer hospitalization until the last possible moment.⁴ This makes obese patients sicker than their leaner counterparts by the time they finally do access care. It is obvious that nurses need specialized training in order to meet the challenge of caring for this growing population, and it is just as obvious that this training needs to start in nursing school.

Background

I presented my bariatric protocol during my interview for a nurse educator position at a small public state college in the Northwest. I got the job, as well as the offer to teach bariatrics as part of the medical-surgical theory class. I was allotted 60 minutes to give junior nursing students the basics of bariatric client care. The excitement of landing my dream job and being given the opportunity to teach a subject that I am passionate about wore off quickly and was replaced with the reality that I was a first-year instructor and bariatrics was new to the curriculum. There were no other instructors with bariatric education experience to turn to for advice. There was also very little information regarding basic bariatric nursing care in nursing texts. What little information that was to be had generally concerned bariatric surgery.

I wanted my students to understand that bariatric clients present themselves throughout the healthcare continuum, not just after bariatric surgery. These clients would require the same cares and assessments as clients of normal weight, but different techniques and equipment would have to be utilized. I had to draw on the small amount of research that exists on the subject and my personal experience.

Methods

I consulted *Teaching in Nursing: A Guide for Faculty*, by Billings and Halstead,⁵ to help me organize my lecture. I constructed a learning activity plan that focused on the desired learning objectives and concepts using the allotted time and available resources. I also needed to demonstrate internal consistency by maintaining congruence between the class, the course, and the Bachelor of Science in Nursing (BSN) program mission.

It was easy to indentify learning objectives and concepts related to care of the bariatric client. This client population has many specialized requirements throughout their life spans; from larger labor and delivery beds and longer monitor straps to special mortuary equipment and extra-large coffins. Bariatric clients have specific skin care, mobility, pharmacologic, and nutritional needs that require a multidisciplinary approach, specific equipment, and training.⁶ These clients also have specialized needs for the most basic of nursing cares. Obesity makes it difficult to assess heart and lung sounds, start IVs, take accurate blood pressures, and maintain airways.⁷ Unfortunately, there isn't much information available to nursing students on how to accomplish these common nursing tasks.

I wanted my students to be aware of obesity prevention and treatment modalities. Although nutrition and exercise are important treatment strategies in the management of overweight and obese individuals, my students needed to know that bariatric surgery has had the greatest and longest lasting success in achieving weight loss in severely obese individuals.⁸ A basic understanding of common bariatric surgeries, complications, and aftercare would also be a necessary learning objective.

Nursing students would need to be aware of the negative bias that obese individuals endure and how it affects the quality of the health care they receive.⁹ The psychological aspects of obesity and nurses' personal attitudes about eating and weight alone could easily take up an hour. Paring everything down to 60 minutes was proving to be a difficult task.

I found that writing National Council Licensure Examination (NCLEX)-style questions covering every important concept that I wanted my students to take away from my class helped me to distill bariatric nursing care into more manageable bits. The questions were transferred into categories and then into an outline that would become my lecture notes.

The next step was to choose learning activities. I chose a lecture accompanied by PowerPoint slides and a case study. These were formats with which the students were familiar. The lecture notes were made available to students on the college web-based platform and could be accessed for later reference. I constructed a case study that would be discussed

in class to help students apply their newly acquired knowledge. The class would end with a few minutes for personal reflection on issues concerning weight. I would have liked to include a hands-on activity, such as using a bariatric lift or other repositioning devices, but these were not currently available at our nursing school.

My bariatric lecture was a module in an "Alterations in Health" (medical-surgical theory) class. The bariatric content dovetailed well with the balance of the course content, as many body systems and disease processes were integrated in my lecture. The junior class is also just beginning their clinical practicums, so the body mechanics and the assessment skills were much appreciated by the students.

The bariatric lecture's learning objectives were congruent with the core of our BSN program mission statement, which stresses the preparation of students as professional nurses who can design, deliver, and manage nursing care in today's healthcare environment. Having the necessary knowledge regarding the care of bariatric clients will enable my students to better meet the goals of the mission statement.

Evaluation

Student test scores were the first thing that came to mind when I thought of evaluation methods, but it is only one of many different quality indicators that would need to be assessed. On average, the students answered 88% of the bariatric test questions correctly, but more importantly, they appeared interested and engaged in class and the content.

High levels of bariatric client satisfaction with the care provided by students as well as staff impressions would be excellent indicators of the bariatric lecture's effectiveness. No injuries to students or clients associated with mobility or repositioning would also indicate a high level of effectiveness. I was able to evaluate my clinical students' performance of bariatric cares by asking for verbal feedback from clients, families, and staff. The students received excellent reviews, and there were no reported injuries.

Increased student satisfaction regarding bariatric client care may be the most important indicator of effective education. Positive com-

ments concerning their clients and confidence in their ability to provide care would be true indicators of effective learning. I did receive many positive comments from my students after the lecture. Some students related previous struggles with bariatric clients, and some related their own private issues regarding weight and eating.

Conclusions

My vision for bariatric education would include a one-semester course devoted to bariatric instruction. There would be an emphasis on the causes, prevention, and treatment of obesity as well as assessment, body mechanics, pharmacology, and psychology of bariatric clients throughout the life span. Bariatric equipment as well as bariatric manikins would be available for hands-on experience by the students. Unfortunately my reality is a 60-minute lecture to the junior class. I touch briefly on all of these subjects and hope to instill in my students the tools they need to provide safe and compassionate care to this challenging patient population. Early training will help to ensure that new nursing graduates will be competent and comfortable using bariatric equipment and will result in decreased rates of injury to staff and bariatric clients.¹⁰ This training should start in nursing school, and it is up to nurse educators to make sure this "big lesson" is taught.

Our school of nursing will move into a new building in August 2009. The skills lab will be outfitted with a bariatric room, complete with a ceiling-mounted lift. The architects told us that a bariatric room in a nursing skills lab was considered industry standard. Wouldn't it be wonderful if the inclusion of bariatrics in nursing school curricula be industry standard as well?

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