Developing a Centre for Interprofessional Obesity Management Education

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Background

• U Alberta, Edmonton, AB, Canada
• Health Sciences Council, 8 faculties
• Health Sciences Education and Research Commons (HSERC): shared resource to support interprofessional (IP) curriculum development/delivery and educational research; simulation learning environments, technologies, simulation services (e.g. Standardized Patient Program)
Bariatric Program Development

• Collaboration with stakeholders from multiple disciplines and practice organizations
• Academic lead Dr. Arya Sharma
• Partner - Canadian Obesity Network (CON)
• Steering committee, working groups, project teams established to guide program development
Bariatric Simulation Space

• Opened Fall 2011 - Edmonton Clinic Health Academy
• 3 yrs planning, collaboration with academic lead, faculty, CON, Weight Wise clinic, bed manufacturer

- Bariatric bathroom configuration
- Bariatric hospital bed
- Ceiling & floor lifts, slings
- Bariatric wheel chair
- Recliner, sleeper chair
- Rescue training dummy
- Simulation suit
- Transfer board, glides
- Aids to daily living (e.g. long handled shoehorn, sponge, toenail clipper)

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Health Sciences Education and Research Commons
Obesity Mgt Courses

- Interprofessional courses on obesity mgt for practicing professionals & students
- Awareness, certification
- Training (including simulation) in multiple practice areas
- Strategies for health promotion/prevention, and primary/specialty patient-centred care
- Face-to-face and elearning components

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EMS Bariatric Course

- Collaboration with Alberta Health Services, Emergency Medical, Air Ambulance, Inter-Facility Patient Transfer
- Pilot Fall 2012; 6 cohorts; ½ day each; 70+ participants
- Understanding/communicating with bariatric population, causes/nature of obesity, prevalence and impact of obesity on healthcare system, co-morbidities
- Own beliefs, values, and biases regarding obesity
- Safe work practices - lifting, moving, transferring patients
- Operation of bariatric stretchers/ambulance
- Sensitivity training; simulation with standardized patient

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EMS – Transfer Practice
EMS – Home Simulation
Obesity Mgt Certification

• Pilot 2013; instructors MD, Nurses, Occupational Therap.
• 22 participants: Nursing, Physiotherapy, Occupational Therapy, Med-Endocrinology, Dietetics, Active Living
• Work environments: Rehab hospital, chronic disease management, outpatient unit, acute care, ER, general surgery, primary care network, home care, bariatric specialty clinic, weight wise program, prenatal care
• Pre-course online: readings, attitude scales, discussion
• 1 day face-to-face: lectures, hands on experiential learning in simulated env (bariatric care, clinical exam, home)
• Post-course online reflection journals
Bariatric Certification Objectives

• Prof roles in inter-disciplinary obesity mgt team
• IP competencies (communication, collaboration, role clarification, reflection, patient-centred care)
• Obesity factors: physiological, psych, soc-cultural
• Clinical assessment and medical mgt of obesity
• Safe lifting and transfers of large patients
• Practitioner/health system improvements
• Improved outcomes for patients
Lecture – Dr. Sharma
Std patient – Bed, lift, transfer
Home Env & Simulation Suit
Results

Pgm Evaluation Survey (participants), 5 pt scale:

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<thead>
<tr>
<th>Category</th>
<th>Rating</th>
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<tbody>
<tr>
<td>Speakers (effective delivery, info quality, applicable)</td>
<td>4.5</td>
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<tr>
<td>Content (relevant, met expectations, core principals)</td>
<td>4.5</td>
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<tr>
<td>Interaction with instructors, peers</td>
<td>4.3</td>
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3 month post-course journal on practice impact:
- Implementing 5 A’s framework for behavioural counselling (ask, advise, assess, assist, arrange)
- All staff need education re weight bias, obesity mgt
- Improve facility configuration, equipment, etc.
- Change culture, patient focus, more obesity prevention
Conclusions

• Developing continuing interprofessional courses to address obesity management is a challenging but worthwhile process

• Findings can be applied to improve future obesity educational programs

• High demand/need for local, provincial, national programs

• HSERC will continue collaboration to develop/deliver obesity education programs
Contact

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