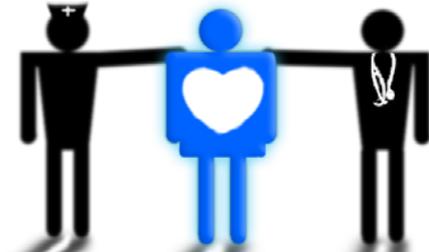


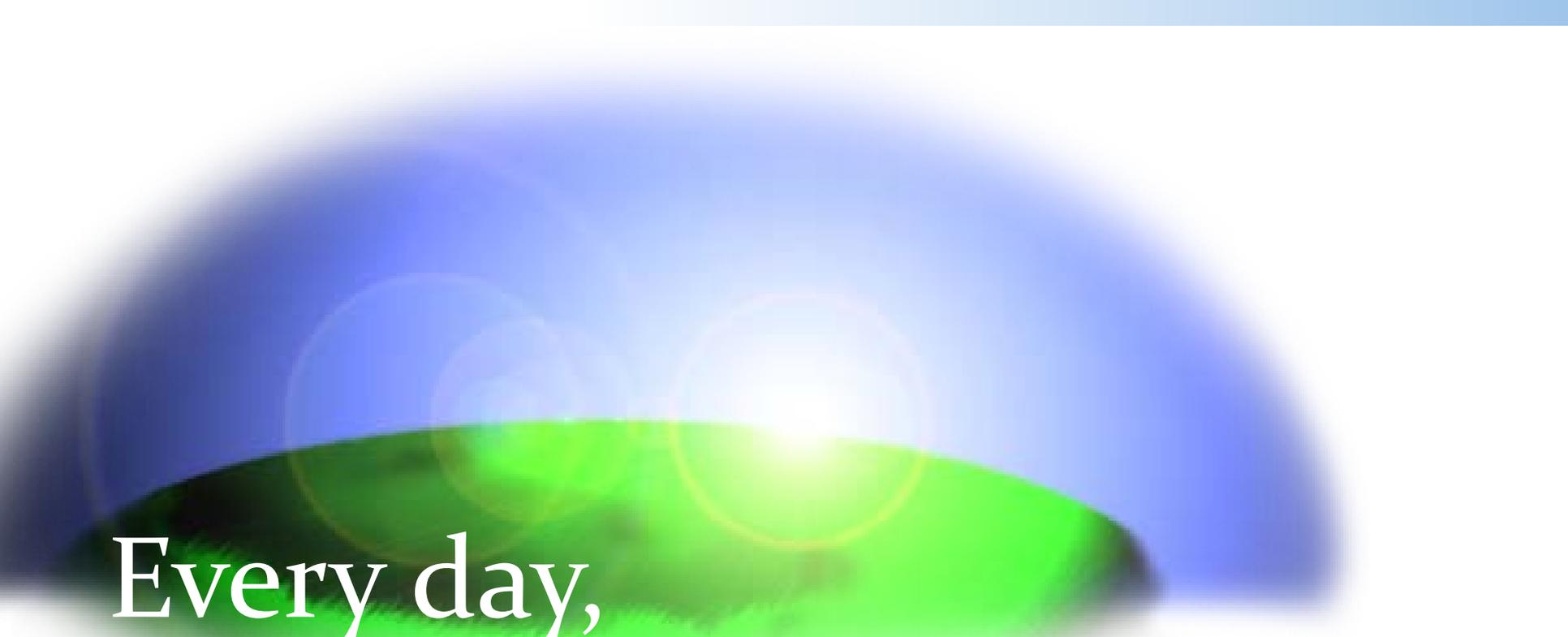
Support & Sensitivity Training

Flagler Education Services and
US Bariatric, St. Augustine

Welcome

To support and sensitivity training





Every day,

We strive to provide the best patient experience with the best staff.

...In order to that, we focus on

Patient-Centered Care Dimensions

Dimension 1: Treating Patients as Individuals

Dimension 2: Coordinating Care and Integrating Services

Dimension 3: Overcoming the Barrier of Words

Dimension 4: Innovations in Patient-Centered Education

Dimension 5: Enhancing Physical Comfort

Dimension 6: Providing Effective Emotional Support

Dimension 7: Involving and Supporting Family and Friends

Dimension 8: Facilitating the Transition Out of the Hospital

So, WHY are we here today?

1. Raise *your level of awareness*
2. Support their decision—*elected to make a bold decision concerning their life*
3. Support their fears—*did they do the right thing?*
4. SENSITIVITY NOT JUST TO SIZE, BUT TO THEIR UNIQUE NEEDS



What is morbid obesity?

MORBID

Resulting to illness or death

OBESITY

A disease characterized by excess storage of body fat

*PUTTING THESE 2 WORDS TOGETHER MEANS THAT
YOU HAVE A DISEASE - YES, I SAID DISEASE!*



Morbid Obesity is a disease!

1991 NIH consensus statement

So, it is a fact, the national institute of health convened in 1991 to face this epidemic and issued a consensus statement that Morbid obesity is a disease. Not only is it a **disease**, but it is a **chronic and progressive disease**. (Almost sounds like we are talking about emphysema or cancer) Well, interestingly enough, MO happens to be the #2 cause of preventable death after smoking, soon to be #1.



Obesity leads to development of other diseases

Diabetes **Hypertension** *Gallbladder Disease*
Enlarged Heart Osteoarthritis
High Cholesterol Fatty Liver -Liver Disease-Cirrhosis
Asthma
COPD **Infertility** GERD Sleep Apnea
Cancer (Prostate, Endometrial, Colon)



Demographics, what patients say

74% ... Childhood Onset Obesity

**Of these, obese since early childhood
or infancy**

86%



What are some attitudes toward the obese?

Why can't they just eat less and exercise more?

How did they let themselves get like this?

They are lazy and unmotivated

Others?



Causes of obesity

- Genetics – **300** genes
 - Weight is determined up to 70% by genetics. (The same statistic is true for height)
- Poor diet
- Lower mobility
- Diseases and Medications
- Depression
- Lack of feelings of satiety
- Lower metabolisms from yo-yo dieting
- Biology- survival genes





The reality is.....

30% of Americans are obese

60% are overweight

**Children are the most rapidly growing age group.*

Are all people created equal?

Does discrimination towards
the morbidly obese occur?

YES!

Where?

Home

School

Workplace

Restaurants

Clothing stores

Grocery stores

Doctors office

Hospital

Research shows that in the workplace ...

- Workers who are heavier than average are paid **\$1.25** less an hour
- Very heavy women make **24%** less than their non obese counterparts
- Of people who were **50 %** above ideal weight, **25%** reported being denied benefits such as health insurance.
 - **17%** reported being fired or being pressured to resign due to their weight.

Research in School Settings

A STUDY LOOKING AT ATTITUDES OF GRADE SCHOOL CHILDREN

RANKED OBESE CHILDREN **LAST** BEHIND A CHILD ON CRUTCHES,
WITH AN AMPUTATED ARM, WITH FACIAL DISFIGUREMENT, AND IN A
WHEELCHAIR IN TERMS OF WHO THEY WOULD LIKE TO BE THEIR
FRIEND.

-Richardson et al 1966

Healthcare Settings

- **Nurses** report **beliefs** that the obese are most likely to have issues with **anger**, are **lazy**, and **overindulgent**
- Recent study of **doctors** showed 1/3rd of them **ranked obesity** in a category **OF** patients that they **least liked** to provide care to. The others in the group were drug addicts, alcoholics, and mentally ill.
- **48%** felt uncomfortable caring for the obese or morbidly obese
- **31%** preferred not to care for obese at all.

Survey of **obese** individuals

Would you rather...

- Lose a limb, deaf, diabetic, heart disease, severe acne or morbidly obese?
 - **100% lose a limb, deaf, diabetic, heart disease, sever acne.**
- Be *morbidly obese* + **\$1 Million**
 - **100% NO**
- Be blind or morbidly obese
 - **100% blind**

As a result, obese people who are seeking surgical intervention for their obesity, have often lost all hope.



Think of a suitcase full of a lifetime of bias, emotional pain, rejection and struggle the next time you are caring for someone who is obese. There should be no doubt now that this baggage is real.



Patient's feelings peri-operatively

- Scared and anxious about the drastic changes brought on with surgery.
 - CHANGE IS STRESSFUL
- Distrustful because they are in a hospital environment with “strangers,” who are perceived as not treating them with respect.
 - Results in: less tolerance, less compliance and poor outcomes!



The Jekyll and Hyde patient

“ I will **not** be mistreated”

Angry

Vs.

**Passive
Aggressive**

All interactions are strained and they are prepared for battle

The quiet patient who has such low self esteem they aren't able to express feelings



How do they feel about themselves?

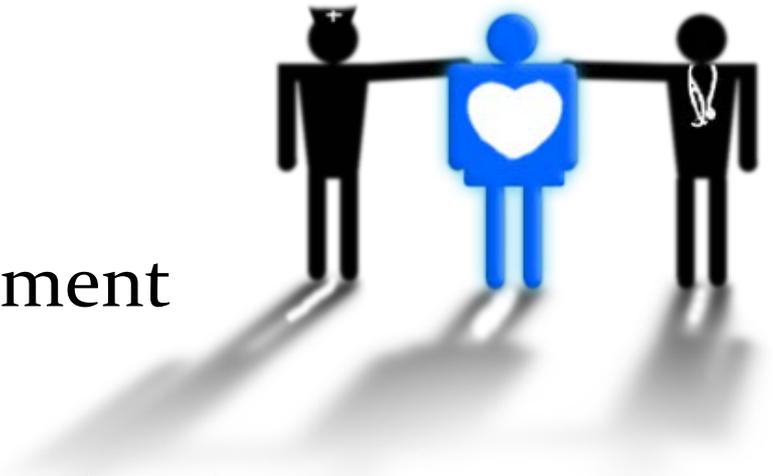
- *Depression, anxiety, low self esteem, poor overall quality of life > **90 %***
- *Trapped inside their body*
- *Unable to be the “real me”*
- *Failure*
 - *“I’m fat, but I’m thin inside. Has it ever struck you that for every fat man, there is a thin man inside, just as they say there is a statue inside every block of stone?” —George Orwell*



What can healthcare workers do?

- Identify our own feelings towards obesity.
 - *“You cannot heal what you cannot feel”*
- Seeing the obese patient as a soul that needs care the same as anyone else who is struggling with a disease.
 - *“Oh, it is the error of our day that separates the soul from the body”*
 - Plato

- Make eye contact
- Touch
- Provide appropriate equipment
- Promote dignity
- Communication to enhance trust
 - Explain procedures
 - Ask the patient “would you like help?”
- Commit to not participating in negative talk about bariatric patients **EVEN IF** they can’t hear you.



Avoid derogatory comments!

“Today is going to be terrible! As if 1 bariatric patient isn’t enough, they gave me 2!”

“I need help down here, more than one person!”

“I’ve got a big one”

“You can wipe yourself!”

“You won’t fit in this chair”

“you’ll have to learn to do it for yourself”

“this patient is so lazy, he won’t get out of bed!”



*Think and act
positively!*

