

Provider Training to Screen and Initiate Evidence-Based Pediatric Obesity Treatment in Routine Practice Settings: A Randomized Pilot Trial

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ABSTRACT

Introduction: This randomized pilot trial evaluated two training modalities for first-line, evidence-based pediatric obesity services (screening and goal setting) among nursing students.

Method: Participants ($N = 63$) were randomized to live interactive training or Web-facilitated self-study training. Pretraining, post-training, and 1-month follow-up assessments evaluated training feasibility, acceptability, and impact (knowledge and skill via simulation). Moderator (previous experience) and predictor (content engagement) analyses were conducted.

Results: Nearly all participants (98%) completed assessments. Both types of training were acceptable, with higher ratings for live training and participants with previous experience ($ps < .05$). Knowledge and skill improved from pretraining to post-training and follow-up in both conditions ($ps < .001$). Live training demonstrated greater content engagement ($p < .01$).

Conclusions: The training package was feasible, acceptable, and efficacious among nursing students. Given that live training had higher acceptability and engagement and online training offers greater scalability, integrating interactive live training components within Web-based training may optimize outcomes, which may enhance practitioners' delivery of pediatric obesity services. *J Pediatr Health Care.* (2016) ■, ■-■.

KEY WORDS

Childhood obesity, nursing curriculum, evidence-based guidelines, training, simulation

Addressing obesity in children has the potential to reduce the burdensome medical and psychological complications of obesity and its associated health care costs (Halfon, Larson, & Slusser, 2013; Hammond & Levine, 2010). The United States Preventive Services Task Force (USPSTF) and American Academy of Pediatrics (AAP) recommend that providers screen for and treat pediatric obesity using evidence-based intervention guidelines. Further, the National Association of Pediatric Nurse Practitioners (NAPNAP) encourages providers to prioritize early identification, provide age-specific guidance on healthy behaviors for parents, families, and caregivers, and provide continuity of care for youth identified as overweight or obese (NAPNAP, 2009, 2015). Family-based behavioral treatment addresses these recommendations and is the gold-standard intervention for overweight and obesity in children (Epstein, Paluch, Roemmich, & Beecher, 2007; Kalarchian et al., 2009). Importantly, behavioral interventions embedded within routine care settings may substantially increase access to care (Kolko, Campo, Kelleher, & Cheng, 2010; Quattrin et al., 2012). However, although pediatric primary care represents an ideal point of intervention (Quattrin et al., 2012; Small, Bonds-McClain, Melnyk, Vaughan, & Gannon, 2014; Wilfley, Kass, & Kolko, 2011), access to evidence-based obesity treatment is limited and few providers follow guideline recommendations (Barlow, Trowbridge, Klish, & Dietz, 2002; Holt et al., 2011; Klein et al., 2010; Tanda & Salsberry, 2014).

The gap between recommended and typically delivered care may be due to inadequate training opportunities, lack of referral resources (Barlow et al., 2002; Holt et al., 2011; Klein et al., 2010), and poor fit between treatment intensity and resources available in primary care (Haemer et al., 2011; Kilbourne, Neumann, Pincus, Bauer, & Stall, 2007). Indeed, studies demonstrate limited efficacy of low-intensity obesity intervention in pediatric primary care (Haemer et al., 2011; McCallum et al., 2007; Schwartz et al., 2007; Taveras et al., 2011; Wake et al., 2009). Further, because obesity-related discrimination exists among providers (Phelan et al., 2015) and weight discrimination is associated with mortality (Puhl & Heuer, 2009; Sutin, Stephan, & Terracciano, 2015), training providers to address obesity without stigma is critical. Pediatric nurse practitioners have reported that parent-associated barriers, such as perceived lack of parent motivation to address obesity in their children, hinder their delivery of screening and intervention for pediatric obesity (Small, Anderson, Sidora-Arcoleo, & Gance-Cleveland, 2009). Thus equipping providers with strategies to facilitate engagement in healthy behavior change with children and families in a nonstigmatizing manner may enhance provider use of pediatric obesity screening and intervention approaches. Accordingly, we aimed to determine aspects

of guideline-based care and training methods that will increase providers' ability to identify patients with obesity in nonstigmatizing ways and help them access effective services. Two obesity guidelines that may be well suited for primary care delivery are (a) screening to identify patients warranting obesity intervention and (b) initiating goals for intervention. These guidelines align with USPSTF, AAP, and NAPNAP recommendations, can be readily implemented within primary care settings, and may facilitate weight loss. However, to date, no study has evaluated the impact of training providers in these first-line obesity strategies. Doing so may improve uptake and implementation of pediatric obesity screening and intervention, subsequently curbing the pediatric obesity trend.

In this randomized pilot trial we conducted the first evaluation of the feasibility and efficacy of two training methods that address screening and initial intervention goal setting as first-line obesity services. Live interactive training (henceforth referred to as live training) and Web-facilitated self-study training (henceforth referred to as Web training) were implemented in an existing nursing curriculum to increase knowledge and skill of obesity guideline delivery. Nursing students were selected, given that nurses are in a prime position to address obesity among pediatric patients and families (Robert Wood Johnson Foundation, 2012) and providers-in-training may have more adaptable attitudes toward obesity than established nurses (Poon & Tarrant, 2009). Although research on nurse practitioners has documented post-training improvements in obesity knowledge and intent to use skills for behavior modification and counseling (Gance-Cleveland, Sidora-Arcoleo, Keesing, Gottesman, & Brady, 2009) and has shown that Web-based training for nursing students yields greater learning than control conditions (Clifton & Mann, 2011; Gerdprasert, Pruksacheva, Panijpan, & Ruenwongsa, 2010), less is known about response to different training methods. Thus the use of two active training conditions in this study makes this an ideal investigation in this population. We hypothesized that live training (vs. Web training) would lead to greater increases in acceptability, knowledge, and skill at post-training and 1-month follow-up. Exploratory analyses were performed to evaluate moderators (i.e., previous experience with intervention) and variables that influence training outcomes (i.e., time spent thinking about or using learned strategies).

METHODS

Participants

Advanced nursing students were recruited and randomized to a training condition. Because students were already organized into groups of seven to eight students within their Nursing of Children and Families course, nine groups were available for randomization

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