

## Simulation for Professionals Who Care for Bariatric Patients: Some Unanswered Questions

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Gable BD, Gardner AK, Celik DH, et al. Improving Bariatric Patient Transport and Care with Simulation. *West J Emerg Med.* 2014;15(2):199-204.

### *To the Editor:*

Gable et al have presented an interesting study into the effectiveness of an educational intervention involving simulation and didactic teaching.<sup>1</sup> Certainly the problems with caring for obese patients are not going to go away quickly – so it is vital that we have adequate numbers of fully-trained staff that can care for them. However, there are some parts of the intervention and study that could have been improved upon.

Firstly, the authors attribute the improvement in knowledge scores and confidence to the educational intervention – but this attribution might not be correct. Assessment in itself may prime learners or may actually be a means of delivering learning. So it is possible that the pre-test may have resulted in improvement.

Secondly, an educational intervention of almost any type will naturally result in improvement in knowledge scores and confidence. It is unthinkable that an educational intervention would not. This does not make the authors' findings wrong – but rather less reportable. This argument is further strengthened by the fact that we already know that simulation works in a

variety of topics, in a variety of contexts and for a variety of professionals. To be fair the authors do point out that this is the first time that simulation has been used in the training of pre-hospital personnel caring for bariatric patients. This question is perhaps one for the medical education world more generally: when can we accept principles that can be extrapolated to new contexts? And when do we have to prove the point of principle again in a new context? I would argue that we can go too far in trying to re-prove a point of principle again and again.

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*Conflicts of Interest:* By the *WestJEM* article submission agreement, all authors are required to disclose all affiliations, funding sources and financial or management relationships that could be perceived as potential sources of bias. The authors disclosed none.

### REFERENCES

1. Gable BD, Gardner AK, Celik DH, et al. *West J Emerg Med.* 2014;15(2):199-204.