

'Fat suit' role play may help uncover medical student prejudices against obesity

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Getting patients to wear an obesity simulation suit, popularly known as a 'fat suit', may prove a useful teaching aid and help to uncover medical student prejudice against obesity, suggests a proof of concept study published in the online journal *BMJ Open*.

Destigmatising obesity is important for the future healthcare of obese or [overweight patients](#), who may have a range of health issues linked to their weight, and whose numbers have been rising steadily, say the researchers.

Stigma around obesity not only makes it harder for people who are obese to seek help for [health issues](#), but also means health professionals may blame them for putting on too much weight and treat them less respectfully than other patients.

The researchers wanted to find out if an 'obesity simulation suit' worn by a patient might provide a realistic way of teaching tomorrow's doctors about obesity and help to uncover their associated prejudices.

They set up a role play in groups of 10 of a routine encounter between a 'family doctor' and a 'patient with diabetes' wearing an obesity simulation suit designed to simulate the appearance of grade 2 obesity (30-39 kg/m²).

In all, 207 second year [medical students](#) from one medical school in Germany, 13 patients involved in the university's communication course,

and 22 teachers took part in the study.

Participants were asked to fill in one of three different questionnaires variously assessing how realistic the role play had been, whether the 'suit' was an effective teaching aid, and how difficult it was to wear. Attitudes to obesity were assessed, using the weight control/blame section of the validated Anti-Fat Attitudes Test (AFAT).

AFAT scores responses on a five point scale, where 1 equals strong disagreement and 5 equals strong agreement to statements such as: 'if fat people really wanted to lose weight, they could'; 'fat people have no will power'; and 'most fat people are lazy.'

The students were also asked about the degree to which they felt they could engage in empathic conversation with the patient.

The responses showed that all participants felt the suit was realistic, with nearly two thirds of students (65%) and more than four out of 10 teachers (43.5%) saying that it made the role play more convincing, with some students reporting that it prompted obesity stereotyping.

And both students and teachers correctly assessed the level of obesity.

Teachers rated the suit's value as a teaching aid quite highly, with around three out of four (74%) respondents saying they felt it facilitated empathy in the role play. The students also tended to agree that it helped them empathise with the patient.

But more than half the patients (54%) mentioned that the suit was very hot to wear and around one in four (23%) said it was cumbersome to put on and take off.

The AFAT responses showed that students harboured more negative

attitudes towards obesity than either the teachers or the patients.

Students were more likely to agree more strongly with the statements 'fat people could lose weight if they really wanted to,' 'most fat people are lazy', and 'there is no excuse for being fat'.

The researchers acknowledge that they only used female patients for the study so were unable to take account of any gender specific factors, nor were they able to assess the extent to which the exercise may have reduced any bias towards obese people.

But they conclude: "Despite these limitations, we strongly believe that integrating an obesity simulation suit into the routine undergraduate medical teaching context is a valuable tool. It can raise medical students' awareness for communication encounters with patients with [obesity](#)."

More information: Is an obesity simulation suit in an undergraduate medical communication class a valuable teaching tool? A cross sectional proof of concept study, *BMJ Open* (2019). [DOI: 10.1136/bmjopen-2019-029738](#)

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