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Staff Education to Improve Tirzepatide Education and Lifestyle Counseling

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Daisy Asemota

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Walden University
2026

Executive Summary: Staff Education Project
Staff Education to Improve Tirzepatide Education and Lifestyle Counseling

by
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Executive Summary Submitted in Partial Fulfillment
of the Requirements for the Degree of
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Summary

This Doctor of Nursing Practice (DNP) project was a practice-focused staff education initiative designed to improve clinical staff knowledge, confidence, and readiness to educate adult patients enrolled in a Tirzepatide weight-management program. Tirzepatide has demonstrated superior weight-loss outcomes compared to other glucagon-like peptide-1 (GLP-1) receptor agonists; however, inconsistent staff education practices related to medication administration, adverse-event management, and lifestyle counseling present a gap in practice (Jastreboff et al., 2022; Khawaji et al., 2025). Variability in staff knowledge and teaching approaches may reduce confidence, contribute to inconsistent patient education, and limit the effectiveness of evidence-based care delivery.

The purpose of this DNP project was to address this practice gap by implementing a structured evidence-based staff education program supported by a standardized Tirzepatide Staff Education Checklist. The practice-focused question guiding this project examined whether educating staff about Tirzepatide weight management would improve staff knowledge, confidence, and readiness to educate patients. Descriptive statistical analysis was used to evaluate pre- and posttest scores and the program evaluation/ confidence, knowledge, and readiness outcomes. Findings demonstrated improved staff knowledge, confidence, and readiness. Results support the use of sustainable, standardized education practices to promote quality improvement and positive social change through equitable, inclusive, and consistent patient education (AACN 2021).

Background

Obesity remains a significant public health concern and continues to place a substantial burden on individuals, healthcare systems, and communities. The increasing use of pharmacologic therapies, particularly newer agents such as Tirzepatide, has expanded the role of clinical staff in delivering comprehensive, evidence-based patient education. High-quality randomized controlled trials demonstrate that Tirzepatide produces greater and more sustained weight loss compared to placebo in adults with obesity (Jastreboff et al., 2022). These findings are further supported by meta-analyses showing superior weight-loss efficacy of Tirzepatide compared with placebo and other glucagon-like peptide-1 (GLP-1) receptor agonists (Khawaji et al., 2025), establishing its effectiveness in obesity management. While these findings highlight the medication's clinical benefits, the literature also makes clear that medication efficacy alone does not ensure optimal outcomes. Successful weight management with Tirzepatide requires patients to receive accurate, consistent education regarding dosing, titration schedules, injection technique, expected side effects, and the integration of lifestyle modifications such as nutrition and physical activity.

Growing evidence indicates that variability in clinician knowledge, confidence, and counseling approaches can significantly influence how well patients understand and adhere to obesity treatment plans. Studies have shown that inconsistent education delivery contributes to confusion, unrealistic expectations, and decreased treatment persistence, particularly in real-world clinical settings where time constraints and competing priorities are common and where lack of role clarity among healthcare team members further contributes to inconsistent patient counseling (Hankosky et al., 2025;

Piwowarczyk et al., 2024). Piwowarczyk et al. (2024) further supports the importance of role clarity and standardized, nurse-led education in obesity management, particularly in reducing variability in patient counseling across care teams. Real-world observational data also demonstrate that patient outcomes with Tirzepatide are closely tied to the quality and consistency of communication provided by healthcare staff, rather than medication access alone (Hankosky et al., 2025). When staff lack clear, standardized guidance and defined educational responsibilities, patient education may become fragmented or dependent on individual roles or experience levels, increasing the risk of mixed messaging and reduced staff confidence.

Literature strongly supports the use of structured, nurse-led education interventions and standardized educational tools to address these challenges. Systematic reviews and meta-analyses indicate that concise, evidence-based tools such as checklists and printed educational materials improve clinician knowledge, reduce cognitive load, and enhance consistency in patient teaching across disciplines (Berardinelli et al., 2024; Giguère et al., 2020; Sapri et al., 2022). Specifically, nurse-led checklist-driven education interventions have been shown to improve clinician knowledge retention, increase confidence in patient education delivery and reduce variability in counseling practices across care teams (Berardinelli et al., 2024). Standardized checklists and concise teaching aids are particularly effective in fast-paced outpatient settings, where readily accessible, point-of-care resources support accurate and efficient education delivery (Sapri et al., 2022). By standardizing key teaching points, such tools help staff feel more confident, prepared, and aligned in their approach to patient education.

In addition to pharmacologic education, lifestyle counseling remains a critical component of effective obesity management. Evidence demonstrates that structured guidance related to dietary modification and physical activity, particularly resistance training and culturally appropriate nutrition strategies improves patient engagement and long-term weight-management outcomes (Lopez et al., 2022; Zaghoul et al., 2020). Integrating lifestyle education into medication counseling further reinforces patient understanding and supports sustained behavior change, underscoring the need for staff to be well-prepared to address both pharmacologic and non-pharmacologic components of care.

At the project site, informal assessment and stakeholder feedback revealed inconsistent staff knowledge and variability in patient teaching practices related to Tirzepatide administration and lifestyle counseling. These findings mirror gaps identified in the broader literature and highlight a clear need for practice improvement. Collectively, the evidence supports the implementation of a standardized staff education program and checklist to enhance clinical staff knowledge, confidence, and readiness to deliver consistent, evidence-based education for patients enrolled in a Tirzepatide weight-management program.

The project question focused on whether educating staff about Tirzepatide weight management would improve staff confidence, knowledge, and readiness to educate patients about the weight management program. Evidence supporting this practice change was identified through a systematic search of peer-reviewed literature using databases including CINAHL, PubMed, and the Cochrane Library. Search terms included *Tirzepatide, GLP-1 receptor agonists, staff education, obesity management, lifestyle*

counseling, medication adherence, and nurse-led interventions. Inclusion criteria focused on adult populations, weight-management interventions, staff or provider education, and studies published within the past five years. Ten articles met the inclusion criteria and were selected for the project.

The evidence was critically appraised using the Johns Hopkins Evidence-Based Practice (JHNEBP) Evidence Level and Quality Guide. Of the ten articles reviewed, seven met the criteria for Level I evidence, consisting of randomized controlled trials, systematic reviews, and meta-analyses examining Tirzepatide efficacy, structured education interventions, and lifestyle modification strategies (Berardinelli et al., 2024; Giguère et al., 2020; Jastreboff et al., 2022; Khawaji et al., 2025; Lopez et al., 2022; Sapri et al., 2022; Zghloul et al., 2020). One article met the criteria for a Level III nonexperimental observational evidence, highlighting real-world outcomes and provider communication gaps in obesity pharmacotherapy (Hankosky et al., 2025). Two additional articles met the criteria for Level V evidence, and include narrative reviews and expert consensus emphasizing the role of nurses, standardized tools, and role clarity in obesity management programs (Piwowarczyk et al., 2024; Sallam et al., 2025).

Across the body of evidence, overall quality was rated as good to strong. High-level trials and meta-analyses consistently demonstrated tirzepatide's superior weight-loss efficacy compared to placebo and other GLP-1 receptor agonists, while education-focused studies emphasized that nurse-led interventions, standardized checklists, and structured lifestyle counseling improve staff confidence, knowledge retention, and consistency of patient education (Berardinelli et al., 2024; Giguère et al., 2020; Sapri et al., 2022). Collectively, the evidence supports the implementation of a standardized staff

education program and checklist as an effective strategy to address identified gaps in staff preparedness and education delivery in a primary care weight-management setting.

Staff Education Project Development

This project was developed and implemented in an outpatient primary care clinic offering weight-management services. Participants included nurse practitioners, physician assistants, registered nurses, licensed vocational nurses, and medical assistants involved in patient education. Participation was voluntary, anonymous, and limited exclusively to staff education activities.

The intervention consisted of an in-person educational session that included an interactive PowerPoint presentation, guided discussion, and distribution of a standardized Tirzepatide Staff Education Checklist. Educational content addressed Tirzepatide pharmacology, dosing and titration, injection technique, contraindications, adverse-event management, and evidence-based lifestyle counseling strategies (Jastreboff et al., 2022; Lopez et al., 2022). A 10-item multiple-choice quiz reflected in Appendix A was administered before and after the session to measure learning gains. Participants completed a survey using a 5-point Likert scale to further assess their knowledge, confidence, and readiness and to evaluate the program that is reflected in Appendix B.. Data was collected anonymously and analyzed using descriptive statistics in Microsoft Excel.

Results

Post-implementation evaluation focused on both process and outcome measures to determine the effectiveness of the staff education intervention and the associated use of a standardized Tirzepatide Staff Education Checklist. Knowledge outcomes were

assessed using a 10-item pretest/posttest administered before and after the educational intervention. As presented in Table 1, mean knowledge scores increased substantially from 62.9% on the pretest to 90.0% on the posttest, reflecting an average improvement of 27.1 percentage points. Notably, all participating staff members demonstrated improved posttest scores, indicating consistent knowledge gains across disciplines. Two participants achieved posttest scores of 100%, suggesting a high level of mastery of Tirzepatide administration principles and lifestyle counseling content following the intervention. Table 1 reflects the *Pre-and Posttest Scores Following the Staff Education program*. Note: Knowledge scores reflect the percentage on the 10-item pretest/posttest administered before and after the staff education intervention. Improvement reflects percentage-point change between pretest and posttest scores.

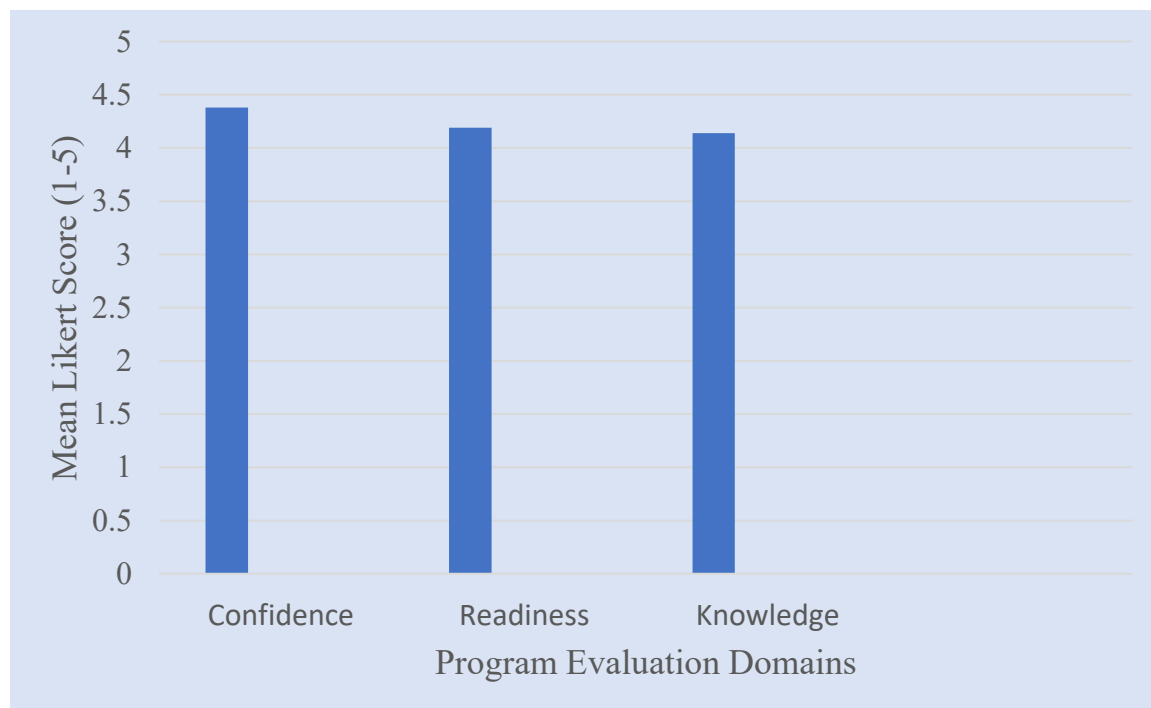
Table 2: *Pre-and Posttest Scores*

Staff Participant	Pre-Test (%)	Post-Test (%)	Individual Average (%)	Improvement (%)
Participant 1	60	90	75	+30
Participant 2	70	100	85	+30
Participant 3	80	100	90	+20
Participant 4	70	90	80	+20
Participant 5	50	80	65	+30
Participant 6	70	90	80	+20
Participant 7	40	80	60	+40

In addition to objective knowledge outcomes, staff perceptions of confidence, knowledge, and readiness to provide patient education were evaluated using a post-implementation program evaluation survey administered immediately after the educational session. This survey used a 5-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree) to capture staff perceptions across key educational domains. Mean

Likert-scale scores were calculated for each domain to summarize overall staff responses. As illustrated in Figure 1, participants reported high levels of confidence (M = 4.38), knowledge (M = 4.14), and readiness (M = 4.19) to educate patients on Tirzepatide administration and lifestyle modification strategies. These findings exceeded the project benchmarks, with mean scores well above the level corresponding to “Agree,” indicating strong perceived preparedness, competence, and readiness to apply the educational content in clinical practice.

Figure 1: *Program Evaluation and Staff Confidence, Knowledge, and Readiness*



Impact on the Organization

The implementation of a standardized staff education checklist has the potential to have a positive impact on the organization by promoting greater consistency and clarity in patient education practices. Improvements in both knowledge assessment scores and staff-reported confidence and readiness support the integration of the checklist into routine clinical workflows. The structured nature of the checklist provides a practical tool to guide staff during patient education encounters, reduce variability in teaching, and reinforce evidence-based counseling. The project results support the incorporation of the checklist into onboarding processes for new staff and annual competency training, potentially contributing to sustained quality improvement and enhanced patient education delivery across the clinical setting.

Limitations

This project was limited by a relatively small sample size and conduction within a single clinical site, which may limit the generalizability of the findings. Additionally, program evaluation outcomes relied on self-reported measures of confidence, knowledge, and readiness, which may be influenced by response bias. Despite these limitations, the alignment between objective knowledge improvements and positive staff perceptions strengthens confidence in the effectiveness of the intervention and suggests meaningful educational impact.

Significance Beyond the Local Site

Although conducted within a single practice setting, this project demonstrates the broader value of structured staff education and standardized teaching tools in supporting evidence-based practice. The checklist-driven educational approach used in this project is adaptable to other clinical environments and pharmacological weight-management

programs. By enhancing staff preparedness, promoting standardized education, and reducing variability in patient counseling, this project has the potential to contribute to nursing practice advancement, equitable care delivery, and the sustainability of evidence-based interventions beyond the local site (Berardinelli et al., 2024).

Conclusions

Impact on the Organization

This DNP project demonstrates the practical and organizational value of adopting a structured staff education program supported by a standardized Tirzepatide Staff Education Checklist within a primary care weight-management clinic. The intervention enhanced staff knowledge, confidence, and readiness to provide consistent, evidence-based education related to Tirzepatide administration and lifestyle counseling. By standardizing key teaching elements across disciplines, the project reduced variation in staff-delivered patient education practices and helped ensure that all clinical staff provided accurate, consistent information based on current evidence and organizational standards. These improvements supported more efficient workflows, increased staff preparedness, and reinforced a culture of quality and safety, aligning with organizational goals related to quality improvement, patient education, and professional development.

Further Recommendations

Based on the positive outcomes of this project, continued use of and education on the Tirzepatide Staff Education Checklist is recommended to sustain improvements in staff knowledge and confidence over time. Incorporating the checklist into onboarding processes and annual competency training may further strengthen long-term adoption and

promote consistency among new and existing staff. Additional recommendations include offering periodic refresher education programs, integrating brief reinforcement during staff huddles, and expanding the standardized checklist model to other pharmacologic weight-management therapies. Future evaluation involving larger samples or multiple clinical sites may further support generalizability and guide broader implementation efforts.

Implications for Nursing Practice

This project supports the advancement of nursing practice by reinforcing the essential role of nurses in delivering clear, consistent, and evidence-based patient education in obesity management. The use of standardized education tools empowers nurses and interdisciplinary team members to educate patients with greater confidence and clarity, reducing practice variability and supporting equitable care delivery. By strengthening staff preparedness and promoting consistency in patient education, this project aligns with the American Association of Colleges of Nursing (AACN) Essentials by fostering professional development, leadership in practice improvement, and sustainable evidence-based care. Ultimately, the project contributes to positive social change through the potential for improved patient education, enhanced quality of care, and the long-term sustainability of evidence-based practice within the clinical setting (AACN, 2021), while also supporting diversity, equity, and inclusion.

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Appendix A: Pretest/Posttest

DNP Project: Daisy Asemota

Focus: Tirzepatide administration + Management (lifestyle counseling prompts)

Audience: Clinic staff (NPs, PAs, RNs, LVNs, MAs).

Instructions: Thank you for participating in this Clinical Practice Project focusing on proper administration and management of Tirzepatide. Completion of this pretest/posttest will serve as your consent to participate in this project. For confidentiality, please do not put your name on this quiz. You will be provided with a unique identifier to ensure that your pretest is associated with your posttest. Circle the correct answer.

Unique ID _____

Date _____

Quiz Items:

1. Which of the following is the recommended route of administration for tirzepatide?
 - a. Intravenous
 - b. Subcutaneous
 - c. Intramuscular
 - d. Oral
2. How often is Tirzepatide typically administered for weight management?
 - a. Daily
 - b. Every other day
 - c. Once weekly
 - d. Once monthly
3. What is the most appropriate injection site for Tirzepatide administration?
 - a. Upper arm, thigh, or abdomen
 - b. Buttock only
 - c. Forearm only
 - d. Deltoid muscle only
4. Why is site rotation important when administering tirzepatide?
 - a. To reduce injection cost
 - b. To prevent local irritation and tissue lipodystrophy
 - c. To improve drug absorption speed
 - d. To avoid weight regain

5. What should staff advise if a patient forgets a Tirzepatide dose?
 - a. Skip and wait until the next scheduled dose
 - b. Double the next dose
 - c. Inject immediately with two doses
 - d. Stop the medication permanently

6. Which common side effect should staff counsel patients about?
 - a. Constipation
 - b. Nausea and vomiting
 - c. Hair loss
 - d. Rash

7. Which patient group should be monitored most closely while starting tirzepatide?
 - a. Patients with family history of medullary thyroid carcinoma
 - b. Patients with asthma
 - c. Patients with hypertension only
 - d. Patients with seasonal allergies

8. What is a key lifestyle modification staff should emphasize alongside tirzepatide?
 - a. High-protein, balanced diet
 - b. High-sugar snacks for energy
 - c. Skipping meals
 - d. Reducing sleep hours

9. Which activity is most appropriate to recommend as part of weight loss counseling?
 - a. 30 minutes of moderate physical activity at least 5 days a week
 - b. Vigorous exercise only, daily
 - c. Avoiding physical activity until weight loss is significant
 - d. Only strength training, no cardio

10. Why is lifestyle counseling important even when patients are prescribed tirzepatide?
 - a. Tirzepatide works without lifestyle changes
 - b. Lifestyle changes enhance long-term weight management outcomes
 - c. Diet and exercise increase medication side effects
 - d. It is optional and not evidence-based

Appendix B – Program Evaluation: Confidence, Knowledge & Readiness Survey**DNP Project:** Daisy Asemota**Focus:** Tirzepatide Administration + Management (lifestyle counseling)**Likert Scale:** *1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree (Circle one option per question)*

1. The education program met the learning objectives

1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree

2. The speaker was clear

1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree

3. The speaker was knowledgeable about the program content

1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree

4. I feel confident teaching a patient how to self-administer Tirzepatide correctly.

1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree

5. I feel prepared to explain tirzepatide's dosing schedule to patients.

1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree

6. I feel confident in identifying and explaining common side effects of Tirzepatide with patients.

1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree

7. I feel comfortable discussing the importance of injection site rotation with patients.

1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree

8. I feel I have adequate knowledge to provide consistent, evidence-based education about Tirzepatide.

1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree

9. I feel prepared to counsel patients on healthy dietary strategies for weight management.

1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree

10. I feel comfortable counseling patients on incorporating physical activity into their lifestyle.

1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree

11. I feel ready to use the staff education checklist as part of my patient teaching.

1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree

12. I feel that I am adequately prepared to provide holistic counseling that combines medication and lifestyle education.

1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree