

OMECE

Educator Instructional Guide

Easy steps to using the OMECE Competencies

The Obesity Medicine Education Collaborative (OMECE) competencies were created to support training programs in the implementation of the obesity competencies in addition to providing reliable assessment of performance of the competencies. The goal is to promote, disseminate and improve comprehensive obesity medicine education across the continuum of medical education for medical providers such as physicians, physician assistants, and nurse practitioners.

The OMECE competencies were designed using the existing 6 ACGME domains. Within the 6 domains, there are 32 obesity-related competencies with specific measurement and assessment benchmarks to facilitate performance assessment.

The competencies can be applied to (1) assessment of learners within a training program, (2) assessment of existing or planned curricula, and (3) assessment of non-training educational environments. The instructions for each of these applications are attached.

For questions regarding the implementation or use of the OMECE competencies at your program, institution, society, or company, please contact Meghan Brenner at the Obesity Medicine Association Staff at Meghan@obesitymedicine.org to be connected with one of the steering committee members or an OMECE ambassador in your region.

(1) Instructions for Assessment of Learners within Training Programs:

- Choose the competencies to be evaluated
 - Full or partial evaluation – select from 6 domains, 32 competencies
Periodic evaluation during training
At start, midpoint and completion of a rotation, training year or full training program.
 - Selected Domain Evaluation
Shorter assignments: Journal club, M&M, quality improvement projects
These may only cover a few competencies given limited time or limited focus.
- Choose a Likert Scale. 1-5 or 1-9.
 - Check with you institution/department to determine which scale has been chosen for consistency across learners.
- Determine an acceptable benchmark score for your learner population.
 - You will see in the example competency form, a yellow bar has been placed below the Likert scales as an example. Consider your group of learners (medical student, NP student, physician assistant, resident, or fellow. The “acceptable” benchmark goal will change for different levels of learners and is set by your program or rotation. **See Exhibit A.**
- Score the Learner by scanning the 5 benchmark descriptions for the competency being evaluated and selecting an appropriate score.
- Identify the method of assessment.
 - Ex. Direct observation, journal club presentations, chart review, etc.
- Provide Supporting Details
 - Positive Observations: Give learners specific examples in which she/he excelled.
 - Suggestions for Improvement: Provide learners with areas to refocus.
- Note: Some competencies have suggested metrics/examples in the “Notes” box to help the evaluator be more objective in the score.

Consider a *self-evaluation* by the learner at the start of evaluation period and repeat self-assessment at the end of evaluation period.

Most institutions/hospital teaching environments administer these evaluations electronically. OMEC can be administered electronically in the same manner for ease and expedited results for the program and the learner.

(2) Instructions for Assessment of Existing or Planned Curricula

- Choose the educational content to be evaluated

Curriculum or Continuing Medical Education offerings by the institution/entity.

- Evaluate – all 6 domains, 32 competencies
 - Use OMEC as a framework to MAP the current content
 - Identify the domains/competencies successfully addressed
 - Identify gaps for improvement based on competencies or entire domains that minimal or absent in the curriculum content.
- Improvement Strategies
 - Identify topics/opportunities that can be added/adjusted to address competency gaps noted above.
 - Use the OMEC MAP of your program to plan for improvement in future educational choices.

(3) Instructions for Assessment of Non-training Educational Environments

OMEC competencies can provide a road map for education of individuals, companies, institutions, and societies that work or operate closely with medical prescribers in the field of obesity medicine. Not all 6 domains apply in these scenarios, for example many patient care competencies would not apply to non-medical providers.

However, many of the competencies around professionalism, medical knowledge, interpersonal/communication skills, systems based practice and practice improvement can be applied in a variety of environments that relate to obesity.

Example #1: A hospital system can identify competencies to focus and drive staff training around the care of patients with obesity.

Example #2: An industry partner, which provides an obesity related product or service, for example a medication or surgical device for the treatment of obesity, can choose competencies to incorporate into employee training in an effort to better understand the field and the health care providers with whom they interact.

Exhibit A

- Determine an acceptable benchmark score (Yellow Bar) for your learner population.
 - You will see in the example competency form below, a **Yellow bar** has been placed above the middle benchmark as an example of a benchmark of goal that a medical, nurse practitioner, or physician’s assistant STUDENT might achieve as acceptable for their training level. The *Yellow bar guide* might be moved above the 4th benchmark for residents, and a above the 5th for a learner in fellowship.
 - Consider your group of learners (medical student, NP student, physician assistant student, resident, fellow or other learner). The “acceptable” benchmark goal will change for different levels of learners and is set by you and your program or rotation.

Competency Domain	Medical Knowledge									
INSTRUCTIONS: This evaluation should be based on observations of the learner. Typical learners are expected to achieve the benchmark level of competency (highlighted in yellow) at this stage of their medical training. Occasionally, learners may be above or below the benchmark. Please also provide specific positive observations and suggestions for improvement.										
11. COMPETENCY APPLY KNOWLEDGE OF THE PHARMACOLOGICAL TREATMENTS OF OBESITY AS PART OF A COMPREHENSIVE PERSONALIZED OBESITY MANAGEMENT CARE PLAN										
+										
1	2	3	4	5	6	7	8	9		
○	○	○	○	○	○	○	○	○	○	○
1	2		3			4		5		
○	○		○			○		○		
1	2		3			4		5		
Does not recognize anti-obesity medication as an appropriate form of therapy. Lacks basic knowledge of the pharmacotherapeutic options for the treatment of obesity, including their indications, contraindications, side effects and mechanisms of action.	Recognizes anti-obesity medication as an appropriate form of therapy, and has basic knowledge of the pharmacotherapeutic options for the treatment of obesity, including their indications, contraindications, side effects and mechanisms of action.		Has average knowledge of the pharmacotherapeutic options for the treatment of obesity, including their indications, contraindications, side effects and mechanisms of action and can apply that knowledge to the clinical care of patients.			Has above average knowledge of the pharmacotherapeutic options for the treatment of obesity, including their indications, contraindications, side effects and mechanisms of action and can apply that knowledge to the clinical care of patients.		Has exceptional knowledge of the pharmacotherapeutic options for the treatment of obesity, including their indications, contraindications, side effects and mechanisms of action and can apply that knowledge to the clinical care of complex patients.		