Level of Education (UME, GME, Fellowship		Competenc Domain	У	
ОВ	ESITY MEDICINE C	OMPETENCY ASSESS	SMENT SAMPLE FO	DRM
Instructions:				
This evaluation should be	e based on observations o	f the Typical their training. Occasionally	are expected to achie	ve the benchmark level of
		bservations and suggestions		of below the
COMPETENCY XX				
COMPETENCY AX				
1	2 3	4 5 6	7 8	9
O 1	0 0	3	0 0	O 5
0	0	0	0	0
METHOD OF ASSESSMENT	E G MCO EYAM OSCE EX	(AM, PATIENT OBSERVATION	I CHART REVIEW ORAL EX	VAM DEELECTIONS
CHECKLIST, GLOBAL RATING			, CHART REVIEW, ORAL E	AAN, REFEECTIONS,
Positive Observations:				
SUGGESTIONS FOR IMPRO	VEMENT:			
Name and position of e	valuator:			

OBESITY MEDICINE COMPETENCY ASSESSMENT

Competency Domain: Practice-Based Learning and Improvement (5 competencies)

1. COMPETENCY: INDIVIDUAL'S ABILITY TOEVALUATE STRENGTHS AND DEFICIENCIES IN KNOWLEDGE OF OBESITY MEDICINE AND SET AND ACHIEVE GOALS FOR IMPROVEMENT.

1	2	3	4	5	6	7	8	9
0	0	0	0	0	0	0	0	0
1	2)		3		4	4	5
0	C		0		0		0	
Unable to evaluate	Able to ev	aluate	Able to evaluate			Able to ev	aluate	Able to
strengths and	few streng	•		strengt		most stre	•	comprehensively
deficiencies in	deficienci	es in	deficie	encies a	nd in	deficienci	es in	evaluate strengths,
knowledge of	knowledge	e of	knowl	edge of	:	knowledg	e of	and deficiencies in
obesity medicine	obesity m	edicine,	obesit	y medio	cine	obesity m	edicine	knowledge of
and unable to set	and able t	o set and	and ab	ole to se	et and	and able t	o set and	obesity medicine
goals for	achieve lir	nited	achieve some goals			achieve m	ost goals	and able to
improvement.	goals for		for improvement.			for improv	vement.	consistently set and
	improvem	ent.						achieve goals for
	-							improvement.

2. COMPETENCY: ANALYZES PRACTICE SYSTEMS USING QUALITY IMPROVEMENT METHODS TO MONITOR AND OPTIMIZE OBESITY CARE

1	2	3	4	5	6	7	8	9
0	0	0	0	0	0	0	0	0
1	2	2		3		4	4	5
0)		0)	0
Unable to analyze practice systems using quality improvement methods to monitor and optimize obesity care.	Able to an some prace systems un quality improvem methods to monitor a optimize care.	etice sing ent o nd	wide r praction using of improvemetho methor		basic ms	Able to armore advantage of the practice of th	anced ystems lity nent to nd	Consistently able to analyze complex practice systems using quality improvement methods to monitor and optimize obesity care.

3. COMPETENCY: UTILIZES RESOURCES TO LOCATE, INTERPRET AND APPLY EVIDENCE FROM SCIENTIFIC STUDIES REGARDING OBESITY TREATMENT AND ITS CO-MORBIDITIES

1	2	3	4	5	6	7	8	9
0	0	0	0	0	0	0	0	0
1	2	2		3		4	4	5
0	C		0		0		0	
Unable to utilize resources to locate, interpret or apply evidence from scientific studies regarding obesity treatment and its co-morbidities.	Able to ut resources evidence, unable to or apply e from scier studies re obesity troand its comorbidities	to locate but interpret vidence ntific garding eatment	resour evider beginn interp apply from s studie		not ee c	Able to ut resources and interpevidence, begins to evidence scientific stregarding treatment co-morbio	to locate oret and apply from studies obesity t and its	Consistently utilizes resources to locate, interpret and apply evidence from scientific studies regarding obesity treatment and its co-morbidities.

4. COMPETENCY: USES EVOLVING INFORMATION TECHNOLOGY RELATED TO OBESITY TREATMENT TO OPTIMIZE DELIVERY OF CARE INCLUDING EHR'S, SOFTWARE APPLICATIONS AND RELATED DEVICES (I.E. ACCELEROMETERS, AND RESTING METABOLIC RATE/BODY COMPOSITION ANALYSIS TECHONOLOGY).

1	2	3	4	5	6	7	8	9
0	0	0	0	0	0	0	0	0
1	2			3		4	4	5
0	C)		0		()	0
Unable to use any forms of information technology related to obesity treatment to optimize delivery of care including EHR's, software applications and related devices.	Able to use limited for informatic technology to obesity treatment an incomp comprehe therefore optimize of care include EHR's, soft application related de	ms of on y related , but with lete nsion and unable to lelivery of ding tware as and	forms inform techno to obe treatm optimi of care EHR's, applica	nation plogy re	elated very ing re	Able to us forms of informatic technolog to obesity treatment optimize of care inclu EHR's, sof application related definitions.	on ty related t to delivery of ding tware ns and	Very proficient in the use of information technology related to obesity treatment to optimize delivery of care including EHR's, software applications and related devices.

5. COMPETENCY: ABILITY TO EFFECTIVELY EDUCATE PATIENTS, STUDENTS, RESIDENTS, AND OTHER HEALTH PROFESSIONALS ON THE DISEASE OF OBESITY.

1	2	3	4	5	6	7	8	9
0	0	0	0	0	0	0	0	0
1	2	1		3		4	4	5
0	C)		0		()	0
Unable to educate patients, students, residents, and other health professionals on the disease of obesity.	Ineffective incomplet education patients, s residents, other heal profession the diseas obesity.	e, to tudents, and th aals on	basic e patien reside health profes the dis	education ts, students and esionals sease of y in bas I cases.	on to lents, other on f	Effectively educates students, and other profession the disease obesity in more adviculinical ca	patients, residents, health nals on se of common anced	Consistently and effectively educates patients, students, residents, and other health professionals on the disease of obesity in a full spectrum of scenarios including challenging clinical cases.

Competency Domain: Patient Care and Procedural Skills (5 competencies)

1. COMPETENCY: ELICIT COMPREHENSIVE OBESITY FOCUSED MEDICAL HISTORY

1	2	3	4	5	6	7	8	9
0	0	0	0	0	0	0	0	0
1	7	2		3			4	5
0	()		0		(0	0
Complete history taking is insensitive, disorganized and/or misses important details for patients with simple weight management challenges.	Complete taking is reasonab sensitive people fir language, organized complete few impo details for with simp managem challenge	ly and uses st is fairly and missing rtant r patients le weight	taking family uses p langua is com approgather related and ef patien weight	gement	nt and ed, rst inized, nd or sity- nation, for	Complete taking is pand famil centered, people fir language, organized complete appropria gathering related informati efficient fi patients with moderate managem challenge	oatient y- , uses rst , is d, and nte for g obesity- on, and for with e weight nent	Complete history taking is patient and family-centered, uses people first language, is organized, complete and appropriate for gathering obesity-related information, and efficient for patients with complex clinical and psychological weight management challenges

2. **COMPETENCY:** PERFORM AND DOCUMENT COMPREHENSIVE PHYSICAL EXAMINATION FOR THE ASSESSMENT OF OBESITY.

1	2	3	4	5	6	7	8	9
0	0	0	0	0	0	0	0	0
1	2	<u>)</u>		3			4	5
0	C)		0			0	0
	DI : 1		DI :			5		
Physical examination is incomplete, techniques are inaccurate, insensitive to patient's modesty and comfort during physical examination; incomplete documentation of findings.	Physical examina contains compone technique fairly appropring fairly service to patient modesty comfort physical examination fairly condocument of findin	key ents; les are late, histive ht's and during tion; hiplete htation	is usu and for technology accurrensur mode comformation comporgan patien	ally concused ique is ate, us es pati esty and ort durical ination mentat gs mosticed fonts with mana	mostly ually ent's d ing ; ion of stly d	cons com syste focu appr accu that patie and docu findi and for p mod man	nination is istently plete, ematic, and	Physical examination is consistently complete, systematic, and focused appropriately using accurate techniques that ensures patient's modesty and comfort; documentation of findings is complete and well organized for patients with complex weight management challenges.

3. **COMPETENCY:** EFFECTIVELY APPLY CLINICAL REASONING SKILLS WHEN ORDERING AND INTERPRETING APPROPRIATE LABORATORY AND DIAGNOSTIC TESTS DURING THE EVALUATION OF PATIENTS WITH OBESITY.

1	2	3	4	5	6	7	8	9	
0	0	0	0	0	0	0	0	0	
1		2		3	1		4	5	
0		0		0			0	0	
Use of laboratory	Use of		Use of			Use of	laboratory and	Use of laboratory	
and diagnostics	labora	tory and	laboratory and			diagnos	stic tests is	and diagnostic tests	
tests is	diagno	stic tests	diagnostic tests			organiz	ed and	is organized and	
incomplete or	is orga	nized,	is o	rganize	ed,	efficien	t without	efficient without	
disorganized,	clinica	l	clin	ical		extrane	eous	extraneous	
clinical reasoning	reason	ning and	reas	soning	and	diagnos	stics for	diagnostics in	
and	interp	retation	inte	rpreta	tion of	modera	ately	complex cases with	
Interpretation of	are mi	ssing a	data	a supp	ort	challen	ging cases	obesity, clinical	
data is limited	few ke	ey .	diff	erentia	ıl	with ob	esity, clinical	reasoning and	
and differential	compo	nents but	diag	gnosis	and	reasoni	ng and	interpretation of	
diagnosis is	differe	ential	incl	ude th	e	interpr	etation of data	data are accurate	
limited or not	diagno	sis is	diag	gnosis f	for	are acc	urate and	and support the	
supported	suppo	rted	simple cases of			suppor	t the correct	correct diagnosis	
			obe	sity.		diagnos	sis		

4. **COMPETENCY:** UTILIZE EVIDENCE BASED MODELS OF HEALTH BEHAVIOR CHANGE TO ASSESS PATIENT'S READINESS to change TO EFFECTIVELY COUNSEL PATIENTS FOR WEIGHT MANAGEMENT.

1	2	3	4	5	6	7	8	9
0	0	0	0	0	0	0	0	0
1	2	2		3		4		5
0	C)		0		С)	0
Counseling for weight management is performed but evidence based models of health behavior change are not used. The goals are incomplete, provider-centered	Counseling weight managem sometime performed evidence-models of behavior of Goals programmed thorough, centered the patients was simple we managem challenges	ent is s d using based health change. vided are s clear, patient- for vith eight ent	weigh mana usual using based healt chang provi thoro patie Coun usual for pasimpl mana	seling for nt ly perfor evidence d models h behavinge. Goals ded are bugh, and nt-cente seling is ly efficie atients we e weight agement enges.	is med e- s of or clear, d red, nt	Counseling weight manager consister performed evidence models of behavior change. Opprovided clear, the patient-centered Counseling consister efficient patients moderate weight manager challenge	ment is ntly ed using e-based of health Goals are prough,	Counseling for weight management is consistently performed using evidence based models of health behavior change. Goals provided are clear, thorough, patient-centered Counseling is consistently efficient for patients with complex weight management challenges

5. **COMPETENCY:** ENGAGE THE PATIENTS AND THEIR SUPPORT SYSTEMS IN SHARED-DECISION MAKING BY INCORPORATING THEIR VALUES AND PREFERENCES IN THE DEVELOPMENT OF A COMPREHENSIVE PERSONALIZED OBESITY MANAGEMENT CARE PLAN.

1	2	3	4	5	6	7	8	9
0	0	0	0	0 0 0		0	0	0
1	2	•		3			4	5
0	0			0			0	0
Patients and their support systems are rarely engaged in shared decision making, and the management plan is nonpersonalized for patients with simple weight management challenges.	Patients and the support system are sometimes engaged in shadecision making develop a fairly personalized obesity management of patients with simple weight management challenges.	ns sared ng to y	suppo usuall share makir comp perso mana patier weigh	ly enga d decis ng to de rehens nalized gemen nts witl	ems are ged in sion evelop a	support are cons engaged shared of making to develop compreh persona obesity manage	istently in lecision a nensive lized ment patients derate ment	Patients and their support systems are consistently engaged in shared decision making to develop a comprehensive personalized obesity management plan for patients with complex weight management challenges.

Competency Domain: System-Based Practice (4 competencies)

1. **COMPETENCY:** WORKS COLLABORATIVELY WITHIN AN INTERDISCIPLINARY TEAM DEDICATED TO OBESITY PREVENTION AND TREATMENT STRATEGIES

1	2	3	4	5	6	7	8	9
0	0	0	0	0	0	0	0	0
1)	3			4		5
0				0			D	0
O								O
Limited understanding of the role of the physician (both generalist and specialist), advanced practice providers, other allied health professionals and community members, agencies, and policy makers in the prevention and treatment of obesity.	Able to de detail, the practice for physicians advanced providers, allied heal professior inconsiste engages interprofe team men Has a superunderstant the role of communit members, and policy in the prevand treatrobesity.	scope of or	detail, practice physical profess as the comme members and popular in preventreatm obesity articular mechal which interdicteams to achie comme Activel in multiteams	ians, advice provided heal sionals a roles valunity ers, age olicy malition and ent of y. Clear ates nisms ir sciplinal work to	vanced ders, th as well rious ncies, cers d ly n ry gether ipates nary he	, Individual stage efferengage multidisciteam menthe clinicato provide comprehe obesity trand work collaboratinterdiscipteam menadvance of prevention intervention in communicatings. Superficial understant policy lever processes begin to processes begin to processes begin to processes advocacy	plinary nbers in al setting ensive eatment cively with plinary nbers to pbesity n and on efforts inity Has a I nding of el change , but may participate r	Individuals at this level exemplify leadership within both clinical and community settings. They effectively organize medical-community collaboratives to design and implement obesity prevention and intervention initiatives and guide multidisciplinary teams to impact policy level change.

2. **COMPETENCY:** ADVOCATE FOR POLICIES WHICH ARE RESPECTFUL AND FREE OF WEIGHT BIAS

1	2	3	4	5	6	7	8	9
0	0	0	0	0	0	0	0	0
1	2	2		3		4		5
0	()		0		()	0
Knowledge of the professional literature and currently available resources regarding weight bias is limited	Aware of profession literature currently resources regarding bias; how proactive reduce which within the setting ar	and available weight ever, efforts to eight bias e clinical	peers demoi respec care; p seeks weigh the cli howev reduce of wei the co	nstratin etful pat proactive to redu- t bias we nical se ver, effo e the ef- ght bias mmunit levels a	g ient ely ce ithin tting; orts to fects at	Efforts to weight bis the clinical are robus effectively the profession reduce we bias.	as within al setting t; y utilizes ssional and available weight lucate cively other nals to	Effectively utilizes the professional literature and currently available resources regarding weight bias to advocate on behalf of his/her patients beyond the clinical setting. This may include educating community members and policy makers or lobbying healthcare administrators/payers for resources that improve patient outcomes, delivery of care or decrease potential for bias.

6/8/2018

3. **COMPETENCY:** UTILIZE CHRONIC DISEASE TREATMENT AND PREVENTION MODELS TO ADVANCE OBESTIY INTERVENTION AND PREVENTION EFFORTS WITHIN THE CLINICAL, COMMUNITY, AND PUBLIC POLICY DOMAINS

1	2	3	4	5	6	7	8	9
0	0	0	0	0	0	0	0	0
1	2	2		3		4	4	5
0	()		0		()	0
Knowledge of chronic disease treatment and prevention models is superficial	Able to de detail, the chronic distreatment prevention however, application clinical, co and public settings is	various sease and models; within mmunity, policy	based of clinical decision the car with own obesity engage with own obesity familie barrier within environ health system care connection in efficition to heal deliver application communication.	nment and care deles; howe condination and the care y system with unity and policy delegation with care and the care and the care are the care and the care are t	drive g in viduals at or y luals at or eir uce th nd ivery ver, on is limited	Learners a effectively efficiently coordinate comprehe patient-ce care in both and commisettings; a within the policy don limited.	nsive, ntered th clinical nunity pplication public	Learners at this stage actively advocate for public policy changes that reduce environmental barriers to health, reduce health care systems inefficiencies, improve health care accessibility for individuals with overweight or obesity, and reduce barriers to care coordination between the health care team and community agencies.

RELEVANT METRICS:

Clearly articulates the impact of health care delivery systems and accessibility, care coordination, environmental conditions, psychological wellbeing, and various systems of influence (e.g. interpersonal, community, policy) on health and health behaviors

RELEVANT MODELS:

Social ecological model Social determinants of health Chronic care model Biopsychosocial model

6/8/2018

4. **COMPETENCY:** DESCRIBE THE COSTS OF OBESITY INTERVENTION AND PREVENTION WITH REGARDS TO THE INDIVIDUAL, THE HEALTHCARE SYSTEM, AND THE COMMUNITY

1	2	3	4	5	6	7	8	9
0	0	0	0	0	0	0	0	0
1	2	2	3			4		5
0	(0		()	0
Knowledge regarding the direct, indirect and human costs of obesity is superficial.	Describes, the direct, and huma obesity. Knowledg regarding of obesity intervention at the individual the individual the individual to the	indirect, n costs of e the costs on and n efforts vidual, e	contralindired costs of the cost interver preventhe incommon popular Uses the information of the common popular	ares and sts the cet, and he of obesites of obesits of obesites of obesites of obesites of obesites of obesites of	direct, uman y with pesity nd orts at health nd els.	Effectively efficiently peers and communit members concernin costs of ol relation to of obesity intervention Applies know the cost obesity are prevention intervention clinical demaking, quimprovem projects, and advocacy	g the besity in the costs on and nefforts. nowledge ts of and obesity in and on to cision-uality nent	Has an advanced and detailed understanding of the costs of obesity and obesity intervention and prevention efforts. Participates in cost benefit analysis and contributes to peer-reviewed literature. Effectively and efficiently educates policy makers with regards to the costs of obesity in relation to the costs of obesity intervention and prevention.

Competency Domain: Medical Knowledge (13 competencies)

1. **COMPETENCY**: DEMONSTRATE KNOWLEDGE OF OBESITY EPIDEMIOLOGY

			122002	0, 05.	23111 21	TIDLIVIIOLO	<u> </u>	
1	2	3			6	7	8	9
1	2	3	4	5	6	/	8	9
0	0	0	0	0	0	0	0	0
1	2	!		3		4	4	5
0	C)		0		()	0
Lacks basic knowledge of overweight and obesity incidence and prevalence, effects on morbidity and mortality, and demographic associations and distributions. Cannot identify common environmental, socioeconomic, and behavioral contributors to the obesity epidemic at the population level.	Has basic knowledge overweigh obesity income and prevaleffects on morbidity mortality, demograp association distribution identify contributed obesity epthe populative.	and cidence lence, and and hic ns and ommon ental, omic, and lors to the idemic at	overwobesit preval trends morbid morta demograssocia distrib Demogram enviro socioe behav contril obesit	edge of eight and incided ence are feet of effect dity, and effect dity, and effect effect on effect of effect on effect of effect of effect on effect of ef	nd ence, nd s on d d and s al, ic, and to the mic at	environm	e of nt and cidence, e and fects on and ohic ns and ons. rates e of and subtle ental, comic, and l ors to the oidemic at	Has exceptional knowledge of overweight and obesity incidence, prevalence and trends, effects on morbidity and mortality, and demographic associations and distributions. Demonstrates knowledge of common, subtle and theorized environmental, socioeconomic, and behavioral contributors to the obesity epidemic at the population level.

2. **COMPETENCY:** DEMONSTRATE KNOWLEDGE OF ENERGY HOMEOSTASIS AND WEIGHT REGULATION

			01 01 11			313 AND WEIG		
1	2	3	4	5	6	7	8	9
0	0	0	0	0	0	0	0	0
1	2	!		3		4	1	5
0	C			0)	0
Lacks basic	Has basic		Has average			Has above	average	Has exceptional
knowledge of	knowledge	e of	knowledge of			knowledge of		knowledge of
energy homeostasis	energy		energy			energy		energy
and weight	homeosta	sis and	home	ostasis	and	homeosta	sis and	homeostasis and
regulation,	weight reg	gulation,	weigh	t regula	ition,	weight re	gulation,	weight regulation,
including cellular	including of	cellular	and ca	an apply	/ that	including	entero-	including entero-
and biochemical	and bioch	emical	knowl	edge to	the	neuroend	ocrine	neuroendocrine
energy	energy		clinica	l care o	f	physiology	y, and can	physiology, and can
storage/transfer,	storage/tr	ansfer,	patien	its.		apply that	<u>.</u>	apply that
thermodynamics	thermody	namics				knowledg	e to the	knowledge to the
and energy	and energ	У				clinical ca	re of	clinical care of
expenditure.	expenditu	re.				patients.		complex patients.

3. **COMPETENCY:** DEMONSTRATE KNOWLEDGE OF ANTHROPOMETRIC (BODY COMPOSITION) MEASUREMENTS AND CLINICAL ASSESSMENTS OF ENERGY EXPENDITURE

ASSESSMENTS OF ENERGY EXPENDITURE											
1	2	3	4 5 6			7	8	9			
0	0	0	0	0	0	0	0	0			
1	2)	3		4		5				
0	0			0		0		0			
Lacks basic knowledge of body composition measurements (e.g. BMI/z-score, waist circumference (WC), waist-to-hip ratio (WHR) and clinical assessments of energy expenditure (e.g. Harris-Benedict (HB) and Mifflin-St. Jeor (MSJ) equations).	Has basic knowledge composition measurem BMI/z-scot WHR) and assessment energy exp (e.g. HB arequations)	on eents (e.g. re, WC, clinical ots of penditure and MSJ	compo measu BMI/z- WHR, bioimp skinfol measu clinical of ene expend and M and ca knowle	edge of osition arement escore, Notedance darement lassessingy diture (escored supply edge to lacare of	s (e.g. NC, s) and ments e.g. HB tions), that the	Has above knowledge composition measurem BMI/z-scot WHR, bioimpedations assessment energy expension (e.g. HB are equations, calorimetrican applyor knowledge clinical carpatients. Recognized indications utility of varienessurem	e of body on ents (e.g. re, WC, ents, clinical ots of penditure of MSJ indirect y), and that e to the e of s, s, and arious	Has exceptional knowledge of body composition measurements (e.g. BMI/z-score, WC, WHR, bioimpedance, skinfold measurements, DXA, cross-sectional imaging, underwater weighing) and clinical assessments of energy expenditure (e.g. HB and MSJ equations, indirect calorimetry, doubly-labeled water, metabolic chamber), and can apply that knowledge to the clinical care of complex patients. Can distinguish nuanced differences between various technologies and measurements, and is able to apply the appropriate study for clinical or investigational purposes.			

4. **COMPETENCY:** DEMONSTRATE KNOWLEDGE OF THE ETIOLOGIES, MECHANISMS AND BIOLOGY OF OBESITY

1	2	3	4	5	6	7	8	9
0	0	0	0	0	0	0	0	0
1	2	2		3		4	4	5
0)		0		()	0
Lacks basic knowledge of the etiologies, mechanisms, and biology of obesity.	Has basic knowledge etiologies, mechanise biology of	, ms, and	knowl etiolog mecha biolog and ca knowl	anisms, y of obe an apply edge to I care o	and esity, that the	Has above knowledg etiologies mechanis biology of and can a knowledg clinical ca patients.	e of the , ms, and obesity, pply that e to the	Has comprehensive knowledge of the etiologies, mechanisms, and biology of obesity, and can apply that knowledge to the clinical care of complex patients.

5. **COMPETENCY:** DEMONSTRATE KNOWLEDGE OF OBESITY-RELATED COMORBIDITIES AND THE CORRESPONDING BENEFITS OF BMI REDUCTION

1	2	3	4	5	6	7	8	9
0	0	0	0	0	0	0	0	0
1	2	2		3		4	4	5
0				0		()	0
Lacks basic knowledge of obesity-related comorbidities and the corresponding benefits of BMI reduction.	Has basic knowledge obesity-re comorbidi the corres benefits o reduction	lated ties and ponding f BMI	knowledge comore the compensation benefit apply knowledge compensation and compensation apply the compensation app	edge to I care o	ed and nding MI d can	Has above knowledg obesity-re comorbid the correst benefits or reduction apply that knowledg clinical capatients.	e of elated ities and sponding of BMI of and can elated	Has exceptional knowledge of obesity-related comorbidities and the corresponding benefits of BMI reduction, and can apply that knowledge to the clinical care of complex patients.

6. **COMPETENCY:** APPLY KNOWLEDGE OF THE PRINCIPLES OF PRIMARY, SECONDARY, AND TERTIARY PREVENTION OF OBESITY TO THE DEVELOPMENT OF A COMPREHENSIVE PERSONALIZED OBESITY MANAGEMENT CARE PLAN*

1	2	3	4	5	6	7	8	9
0	0	0	0	0	0	0	0	0
1	2	2		3			4	5
0	C			0		()	0
Lacks basic knowledge of the principles of primary, secondary, and tertiary prevention for the prevention and treatment of obesity.	Has basic knowledge principles primary, secondary tertiary prefor the present and treatrobesity.	of , and evention evention	princip primal second tertian for the and tr obesit apply knowl	edge of oles of ry, dary, are prevenent eatmenty, and other total edge to I care o	nd ention ention t of can	Has above knowledg principles primary, sand tertia preventio treatment obesity, a apply that knowledg clinical capatients.	e of the of secondary, ry n for the n and t of nd can t e to the	Has exceptional knowledge of the principles of primary, secondary, and tertiary prevention for the prevention and treatment of obesity, and can apply that knowledge to the clinical care of complex patients.

^{*}Definitions in the context of obesity. Primary prevention: prevent development of overweight/obesity. Secondary prevention: reduce BMI to prevent development of weight-related complications. Tertiary prevention: reduce BMI to prevent progression or worsening of established weight-related complications.

7. **COMPETENCY:** APPLY KNOWLEDGE OF OBESITY TREATMENT GUIDELINES TO THE DEVELOPMENT OF A COMPREHENSIVE PERSONALIZED OBESITY MANAGEMENT CARE PLAN

	LSITT WANAG							
1	2	3	4	5	6	7	8	9
0	0	0	0	0	0	0	0	0
1	2	2		3		4		5
0	C)		0		()	0
Lacks basic knowledge of guidelines for the treatment of obesity.	Has basic knowledge guidelines treatment obesity.	for the	guideli treatm obesit apply t knowle	edge of ines for nent of y, and chat edge to lare of tare of tare of the edge to	the can the	Has above knowledg guidelines treatment obesity, a apply that knowledg clinical carpatients. Recognize limitation guidelines respect to individual care.	e of s for the t of nd can t e to the re of	Has exceptional knowledge of guidelines for the treatment of obesity, and can apply that knowledge to the clinical care of complex patients. Recognizes the evidence base for obesity treatment guidelines, limitations of guidelines with respect to individual patient care, and areas of continued scientific uncertainty.

8. **COMPETENCY:** Apply knowledge of using nutrition interventions to develop a comprehensive personalized obesity management care plan

1	2	3	4	5	6	7	8	9
0	0	0	0	0	0	0	0	0
1	2)		3		4	4	5
0	C			0 0 0		0		0
Lacks basic knowledge of nutrition interventions for the treatment of obesity.	Has basic knowledge nutrition intervention the treatm obesity.	ons for	nutriti interve the tre obesit apply knowle	edge of on entions eatment y, and o that edge to I care o	for t of can the	Has above knowledg nutrition interventi the treatm obesity, a apply that knowledg clinical capatients.	e of ons for nent of nd can the to the	Has exceptional knowledge of nutrition interventions for the treatment of obesity, and can apply that knowledge to the clinical care of complex patients.

9. **COMPETENCY:** APPLY KNOWLEDGE OF USING PHYSICAL ACTIVITY INTERVENTIONS TO DEVELOP A COMPREHENSIVE PERSONALIZED OBESITY MANAGEMENT CARE PLAN

1	2	3	4	5	6	7	8	9
0	0	0	0	0	0	0	0	0
1	2	2		3		4	4	5
0	C)		0		0		0
Lacks basic knowledge of physical activity interventions for the treatment of obesity.	Has basic knowledge physical ac intervention the treatm obesity.	ctivity ons for	knowl physic intervented the tree obesit apply knowl	edge to I care o	ity for t of can the	Has above knowledg physical a interventi the treath obesity, a apply that knowledg clinical capatients.	e of ctivity ons for nent of nd can t e to the	Has exceptional knowledge of physical activity interventions for the treatment of obesity, and can apply that knowledge to the clinical care of complex patients.

10. **COMPETENCY:** Apply knowledge of using behavioral interventions* to develop a comprehensive personalized obesity management care plan

1	2	3	4	5	6	7	8	9
0	0	0	0	0	0	0	0	0
1	2	<u>)</u>		3		4	4	5
0	C)		0		0		0
Lacks basic knowledge of behavioral interventions for the treatment of obesity.	Has basic knowledge behaviora intervention the treatm obesity.	l ons for	behave intervention intervention intervention intervention intervention in the control of the co	edge of ioral entions eatment y, and other that edge to line	for t of an the	Has above knowledg behaviora interventi the treatn obesity, a apply that knowledg clinical capatients.	e of I ons for nent of nd can the to the	Has exceptional knowledge of behavioral interventions for the treatment of obesity, and can apply that knowledge to the clinical care of complex patients.

^{*}e.g. behavior therapy strategies, psychological counseling, sleep regulation, stress reduction

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	0
1 2 2 1 5 6 7 9	0
	9
	0
1 2 3 4	5
	0
anti-obesity medication as an appropriate appropriate form of therapy. Lacks basic knowledge of the pharmacotherapeutic options for the treatment of obesity, including their indications, contraindications, side effects and indications, side effects and mechanisms of action. Indication who dege of the pharmacotherapeutic options for the treatment of obesity, including their indications, side effects and mechanisms of action. Indication who dege of the pharmacotherapeutic options for the treatment of obesity, including their indications, side effects and mechanisms of action Indication who dege of the pharmacotherapeutic options for the treatment of obesity, including their indications, side effects and mechanisms of action Indication who dege of the pharmacotherapeutic options for the treatment of obesity, including their indications, side effects and mechanisms of action Indication who dege of the pharmacotherapeutic options for the treatment of obesity, including their indications, side effects and mechanisms of action Indication who dege of the pharmacotherapeutic options for the treatment of obesity, including their indications, side effects and mechanisms of action Indication who dege of the pharmacotherapeutic options for the treatment of obesity, including their indications, side effects and mechanisms of action Indication who dege of the pharmacotherapeutic options for the treatment of obesity, including their indications, side effects and mechanisms of action Indication who defect in the pharmacotherapeutic options for the treatment of obesity, including their indications, action Indication who defect in the pharmacotherapeutic options for the treatment of obesity, including their indications, action Indicatio	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.

12. **COMPETENCY**: APPLY KNOWLEDGE OF THE SURGICAL TREATMENTS OF OBESITY AS PART OF A COMPREHENSIVE PERSONALIZED OBESITY MANAGEMENT CARE PLAN

COMPREHENS	IVE I ENSON	TALIZED OB	2311110	IAIVAGE	IVILIVI	CARETEAN				
1	2	3	4	5	6	7	8	9		
0	0	0	0	0	0	0	0	0		
1	2)		3		3		4	4	5
0				0)	0		
Does not recognize bariatric surgery as an appropriate form of therapy or the options available. Lacks basic knowledge of the mechanisms of action and metabolic/clinical outcomes.	Recognize bariatric s an approp form of th and the opavailable. knowledge mechanism action and metabolic outcomes	urgery as oriate erapy otions Has basic e of the ms of J	surgica the tre obesit mecha action metab outcor apply t	edge of al option eatmenty, and eatmes, and that edge to licare o	ns for t of of nical d can	Has above knowledg surgical of the treath obesity, mechanism action and metabolic outcomes apply that knowledg pre- and pre- and pre- and pre- and pre- and pre- are of particles.	e of the ptions for nent of ms of d can can can cost-clinical	Has exceptional knowledge of the surgical options for the treatment of obesity, mechanisms of action and metabolic/clinical outcomes, and can apply that knowledge to the pre- and post-operative clinical care of complex patients.		

13. **COMPETENCY:** APPLY KNOWLEDGE OF EMERGING TREATMENT MODALITIES FOR OBESITY TO THE DEVELOPMENT OF A COMPREHENSIVE PERSONALIZED OBESITY MANAGEMENT CARE PLAN

1	2	3	4	5	6	7	8	9		
0	0	0	0	0	0	0	0	0		
1	2	2		3		4	4	5		
0				0)	0		
Lacks basic knowledge of emerging modalities* for the treatment of obesity.	Has basic knowledg emerging modalities treatment obesity.	s* for the	knowle emerg modal treatm obesit apply knowle	ities* for nent of y, and of that edge to I care of the state of the s	or the can	Has above knowledg emerging modalities treatment obesity, a apply that knowledg clinical capatients.	e of s* for the t of nd can the te to the	Has exceptional knowledge of emerging modalities* for the treatment of obesity, and can apply that knowledge to the clinical care of complex patients.		

^{*}e.g. devices, medications, procedures/surgeries, endoscopic bariatric therapies (EBTs), electronic applications/technologies

Competency Domain: Interpersonal and Communication Skills (3 competencies)

1. **COMPETENCY**: USES APPROPRIATE LANGUAGE IN VERBAL, NONVERBAL, AND WRITTEN COMMUNICATION THAT IS NON-BIASED, NON-JUDGMENTAL, RESPECTFUL AND EMPATHETIC WHEN COMMUNICATING WITH PATIENTS WITH OBESITY

1	2	3	4	5	6	7	8	9
0	0	0	0	0	0	0	0	0
1	2			3			4	5
0	0			0			0	0
Verbal ¹ , nonverbal and written communication is biased, judgmental, disrespectful and/or not empathetic when communicating with patient with obesity	Occasionall verbal, non and written communica is inappropulation when engage patient with but corrects pointed out	verbal ition that riate ging n obesity, s when	non writ com that appr whe	imunic is ropriat n enga ent wit	and ation e nging	appropri nonverba written commun is tailore individua circumst engaging with obe	ication that d to al ances when g patient sity, g challenging	Consistently and effortlessly utilizes appropriate verbal, nonverbal and written communication that is clear, concise and tailored to individual circumstances when engaging patient with obesity in all situations

¹ Verbal – includes people-first and weight-friendly language

2. COMPETENCY: USES APPROPRIATE LANGUAGE IN VERBAL, NONVERBAL, AND WRITTEN COMMUNICATION THAT IS NON-BIASED, NON-JUDGMENTAL, RESPECTFUL AND EMPATHETIC WHEN COMMUNICATING ABOUT PATIENTS WITH OBESITY WITH COLLEAGUES WITHIN ONE'S PROFESSION AND OTHER MEMBERS THE HEALTHCARE TEAM.

1	2	3	4	5	6	7	8	9
0	0	0	0	0	0	0	0	0
1	2			3			4	5
0	0			0			0	0
Verbal ¹ , nonverbal and written communication is biased, judgmental, and/or disrespectful when communicating with healthcare professionals in clinical and non- clinical settings ²	Occasionall utilizes very nonverbal a written communicathat is inappropria when engage healthcare professionaclinical and clinical sett but corrects when point	oal, and ation ate ging als in non- ings ² ,	Utilizes nonver writter commu that is approp engagi healthd profess clinical clinical	rbal and	on when in on-	appropri nonverb written commun is tailore individua circumst engaging professio clinical a clinical s	dication that d to al ances when the distribution in the distribution of the distribut	Consistently and effortlessly utilizes appropriate verbal, nonverbal and written communication that is clear, concise and tailored to individual circumstances when engaging healthcare professionals in clinical and nonclinical settings ² and in all situations

¹ Verbal – includes people-first and weight-friendly language

²Non-clinical – includes discussions outside of patient care setting such as back office, hallways, cafeteria or social settings

3. COMPETENCY: DEMONSTRATE AWARENESS OF DIFFERENT CULTURAL VIEWS REGARDING PERCEPTIONS OF DESIRED WEIGHT AND PREFERRED BODY SHAPE WHEN COMMUNICATING WITH THE PATIENT, FAMILY AND OTHER MEMBERS OF THE HEALTHCARE TEAM.

1	2	3	4	5	6	7	8	9
0	0	0	0	0	0	0	0	0
1	2	2		3	•		4	5
0)		0			0	0
Exhibits specific episodes of cultural insensitivity when communicating with others ¹	Exhibits apprecifor cultiversity prefere when commu with oth but correct when prout	ation ural y and nces², nicating ners, rects	an ap of cu diver prefe wher comr with make interp	sity and rences of the rences	tion d s ting and of	appreci cultural prefere commu others, uses int services indicate challeng address or denia Recogni and exp	atrates an ation of diversity and nees when nicating with consistently erpreter when and in ging situations es adversity ³ al to change. Izes implicit dicit bias in s, family, staff	Consistently demonstrates an appreciation of cultural diversity and preferences when communicating with others in all situations and role models and teaches these qualities to other members of the healthcare team. Recognizes and addresses implicit and explicit bias in patients, family, staff and self

¹ others = including patient, family and other members of the healthcare team

² diversity and preferences = including language, ideal body weight and shape, family rituals, lifestyle practices, food choices and/or use of alternative medicines

³ adversity = including thorough exploration of cultural barriers or any additional comments

Competency Domain: Professionalism (2 competencies)

1. **COMPETENCY:** DEMONSTRATE ETHICAL BEHAVIOR AND INTEGRITY WHEN COUNSELING PATIENTS AND THEIR FAMILIES WHO ARE LIVING WITH OVERWEIGHT OR OBESITY

1	2	3	4	5	6	7	8	9
0	0	0	0 0 0		0	0	0	
1	2)		3		4	l .	5
0)	0			0		0
Exhibits lack of competence,	compet	Exhibits lack of competence,		oits Detenc	e,	Consistently ex		Consistently exhibits
honesty, responsibility, and/or trustworthiness and exhibits bias when counseling patients and families who are living with overweight or obesity, and fails to acknowledge or correct when pointed out	honesty respons trustwo and/or e bias whe counseli patients families are livin overwei obesity, corrects pointed	ibility, rthiness exhibits en ing and who g with ght or but when	trust and I wher coun most patie famil are li	onsibil worth ack of a seling if not ents an ies wh ving w weight	iness bias all d	responsibility, trustworthines lack of bias who counseling pati and families who living with over or obesity, including in challenging situations	en ents no are weight	competence, honesty, responsibility, trustworthiness, and lack of bias when counseling patients and families who are living with overweight or obesity in all situations, and acts as a role model to teach these qualities to others

2. **COMPETENCY:** DISPLAY COMPASSION AND RESPECT TOWARD ALL PATIENTS AND FAMILIES WHO ARE LIVING WITH OVERWEIGHT OR OBESITY

1	2	3	4	5	6	7	8	9
0	0	0	0	0	0	0	0	0
1	2	2		3		4	4	5
0	C		0			0		0
Exhibits lack of compassionate, respectful behavior and/or exhibits bias when working with patients and families who are living with overweight or obesity, and fails to acknowledge or correct when pointed out	Exhibits la compassion respectful and exhib when worn patients and families which living with overweight obesity, be corrects where	bonate, behavior its bias king with nd ho are it or ut	respectand la when most in patient familier living was a second control of the co	assionatetful belock of biloworking foot all ts and es who with eight or	navior as g with l are	· ·	onate and behavior of bias king with and who are nt or acluding ging	Consistently exhibits compassionate and respectful behavior and lack of bias when working with patients and families who are living with overweight or obesity in all situations, and act as a role model to teach these qualities to others