6/8/2018

Level of Education (UME, GME, Fellowship		Competency Domain	

OBESITY MEDICINE COMPETENCY ASSESSMENT SAMPLE FORM

INSTRUCTIONS:
This evaluation should be based on observations of the _____. Typical _____ are expected to achieve the benchmark level of competency (highlighted in yellow) at this stage of their training. Occasionally, _____ may be above or below the benchmark. Please also provide specific positive observations and suggestions for improvement.

COMPETENCY XX

1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○	8 ○	9 ○
1 ○	2 ○		3 ○			4 ○		5 ○

METHOD OF ASSESSMENT (E.G., MCQ EXAM, OSCE EXAM, PATIENT OBSERVATION, CHART REVIEW, ORAL EXAM, REFLECTIONS, CHECKLIST, GLOBAL RATING, SIMULATION) _____

POSITIVE OBSERVATIONS:

SUGGESTIONS FOR IMPROVEMENT:

Name and position of evaluator: _____

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 ○
1 ○	2 ○		3 ○			4 ○		5 ○
Unable to evaluate strengths and deficiencies in knowledge of obesity medicine and unable to set goals for improvement.	Able to evaluate few strengths, and deficiencies in knowledge of obesity medicine, and able to set and achieve limited goals for improvement.		Able to evaluate some strengths and deficiencies and in knowledge of obesity medicine and able to set and achieve some goals for improvement.			Able to evaluate most strengths and deficiencies in knowledge of obesity medicine and able to set and achieve most goals for improvement.		Able to comprehensively evaluate strengths, and deficiencies in knowledge of obesity medicine and able to consistently set and 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 ○
1 ○	2 ○		3 ○			4 ○		5 ○
Unable to analyze practice systems using quality improvement methods to monitor and optimize obesity care.	Able to analyze some practice systems using quality improvement methods to monitor and optimize obesity care.		Able to analyze a wide range of basic practice systems using quality improvement methods to monitor and optimize obesity care.			Able to analyze more advanced practice systems using quality improvement methods to monitor and optimize obesity care.		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 ○
1 ○	2 ○		3 ○			4 ○		5 ○
Unable to utilize resources to locate, interpret or apply evidence from scientific studies regarding obesity treatment and its co-morbidities.	Able to utilize resources to locate evidence, but unable to interpret or apply evidence from scientific studies regarding obesity treatment and its co-morbidities.		Able to utilize resources to locate evidence and beginning to interpret, but not apply evidence from scientific studies regarding obesity treatment and its co-morbidities.			Able to utilize resources to locate and interpret evidence, and begins to apply evidence from scientific studies regarding obesity treatment and its co-morbidities.		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 ○
1 ○	2 ○		3 ○			4 ○		5 ○
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 a few limited forms of information technology related to obesity treatment, but with an incomplete comprehension and therefore unable to optimize delivery of care including EHR's, software applications and related devices.		Able to use basic forms of information technology related to obesity treatment to optimize delivery of care including EHR's, software applications and related devices.			Able to use most forms of information technology related to obesity treatment to optimize delivery of care including EHR's, software applications and related devices.		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 ○
1 ○	2 ○		3 ○			4 ○		5 ○
Unable to educate patients, students, residents, and other health professionals on the disease of obesity.	Ineffective or incomplete, education to patients, students, residents, and other health professionals on the disease of obesity.		Effectively provides basic education to patients, students, residents and other health professionals on the disease of obesity in basic clinical cases.			Effectively educates patients, students, residents, and other health professionals on the disease of obesity in common more advanced clinical cases.		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 o	2 o	3 o	4 o	5 o	6 o	7 o	8 o	9 o
1 o	2 o		3 o			4 o		5 o
Complete history taking is insensitive, disorganized and/or misses important details for patients with simple weight management challenges.	Complete history taking is reasonably sensitive and uses people first language, is fairly organized and complete, missing few important details for patients with simple weight management challenges.		Complete history taking is patient and family-centered, uses people first language organized, is complete and appropriate for gathering obesity-related information, and efficient for patients with simple weight management challenges.			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 moderate weight management challenges		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 ○
1 ○	2 ○		3 ○			4 ○		5 ○
Physical examination is incomplete, techniques are inaccurate, insensitive to patient's modesty and comfort during physical examination; incomplete documentation of findings.	Physical examination contains key components; techniques are fairly appropriate, fairly sensitive to patient's modesty and comfort during physical examination; fairly complete documentation of findings.		Physical examination is usually complete, and focused, technique is mostly accurate, usually ensures patient's modesty and comfort during physical examination; documentation of findings mostly complete and organized for patients with simple weight management challenges.			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 moderate weight management challenges.		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 o	2 o	3 o	4 o	5 o	6 o	7 o	8 o	9 o
1 o	2 o		3 o			4 o		5 o
Use of laboratory and diagnostics tests is incomplete or disorganized, clinical reasoning and Interpretation of data is limited and differential diagnosis is limited or not supported	Use of laboratory and diagnostic tests is organized, clinical reasoning and interpretation are missing a few key components but differential diagnosis is supported		Use of laboratory and diagnostic tests is organized, clinical reasoning and interpretation of data support differential diagnosis and include the diagnosis for simple cases of obesity.			Use of laboratory and diagnostic tests is organized and efficient without extraneous diagnostics for moderately challenging cases with obesity, clinical reasoning and interpretation of data are accurate and support the correct diagnosis		Use of laboratory and diagnostic tests is organized and efficient without extraneous diagnostics in complex cases with obesity, clinical reasoning and interpretation of data are accurate and support the correct diagnosis

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 o	2 o	3 o	4 o	5 o	6 o	7 o	8 o	9 o
1 o	2 o		3 o			4 o		5 o
Counseling for weight management is performed but evidence based models of health behavior change are not used. The goals are incomplete, provider-centered	Counseling for weight management is sometimes performed using evidence-based models of health behavior change. Goals provided are sometimes clear, thorough, patient-centered for patients with simple weight management challenges.		Counseling for weight management is usually performed using evidence-based models of health behavior change. Goals provided are clear, thorough, and patient-centered, Counseling is usually efficient for patients with simple weight management challenges.			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 moderate weight management challenges.		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 o	2 o	3 o	4 o	5 o	6 o	7 o	8 o	9 o
1 o	2 o		3 o			4 o		5 o
Patients and their support systems are rarely engaged in shared decision making, and the management plan is non-personalized for patients with simple weight management challenges.	Patients and their support systems are sometimes engaged in shared decision making to develop a fairly personalized obesity management plan for patients with simple weight management challenges.		Patients and their support systems are usually engaged in shared decision making to develop a comprehensive personalized obesity management plan for patients with simple weight management challenges.			Patients and their support systems are consistently engaged in shared decision making to develop a comprehensive personalized obesity management plan for patients with moderate weight management challenges.		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 ○
1 ○	2 ○		3 ○			4 ○		5 ○
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 describe, in detail, the scope of practice for physicians, advanced practice providers, and allied health professionals, but inconsistently engages interprofessional team members. Has a superficial understanding of the role of various community members, agencies, and policy makers in the prevention and treatment of obesity.		Able to describe, in detail, the scope of practice for physicians, advanced practice providers, and allied health professionals as well as the roles various community members, agencies, and policy makers play in the prevention and treatment of obesity. Clearly articulates mechanisms in which interdisciplinary teams work together to achieve a common goal. Actively participates in multidisciplinary teams within the clinical setting.			, Individuals at this stage effectively engage multidisciplinary team members in the clinical setting to provide comprehensive obesity treatment and work collaboratively with interdisciplinary team members to advance obesity prevention and intervention efforts in community settings. Has a superficial understanding of policy level change processes, but may begin to participate in broader advocacy efforts.		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 ○
1 ○	2 ○		3 ○			4 ○		5 ○
Knowledge of the professional literature and currently available resources regarding weight bias is limited	Aware of the professional literature and currently available resources regarding weight bias; however, proactive efforts to reduce weight bias within the clinical setting are limited		Is a role model for peers in demonstrating respectful patient care; proactively seeks to reduce weight bias within the clinical setting; however, efforts to reduce the effects of weight bias at the community and policy levels are limited			Efforts to reduce weight bias within the clinical setting are robust; effectively utilizes the professional literature and currently available resources regarding weight bias to educate peers; actively engages other professionals to reduce weight bias.		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.

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 ○
1 ○	2 ○		3 ○			4 ○		5 ○
Knowledge of chronic disease treatment and prevention models is superficial	Able to describe, in detail, the various chronic disease treatment and prevention models; however, application within clinical, community, and public policy settings is limited.		Utilizes population based data to drive clinical practice decision making in the care of individuals with overweight or obesity; actively engages individuals with overweight or obesity and their families to reduce barriers to health within the environment and health care delivery systems; however, care coordination is inefficient and limited to health care delivery systems; application within community and public policy domains is limited			Learners at this level effectively and efficiently coordinate comprehensive, patient-centered care in both clinical and community settings; application within the public policy domain is limited.		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

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 ○
1 ○	2 ○		3 ○			4 ○		5 ○
Knowledge regarding the direct, indirect and human costs of obesity is superficial.	Describes, in detail, the direct, indirect, and human costs of obesity. Knowledge regarding the costs of obesity intervention and prevention efforts at the individual, health care systems, community, and population levels is limited.		Compares and contrasts the direct, indirect, and human costs of obesity with the costs of obesity intervention and prevention efforts at the individual, health care systems, community, and population levels. Uses this information to inform clinical decision-making.			Effectively and efficiently educates peers and community members concerning the costs of obesity in relation to the costs of obesity intervention and prevention efforts. Applies knowledge of the costs of obesity and obesity prevention and intervention to clinical decision-making, quality improvement projects, and advocacy efforts		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

1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○	8 ○	9 ○
1 ○	2 ○		3 ○			4 ○		5 ○
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 of overweight and obesity incidence and prevalence, effects on morbidity and mortality, and demographic associations and distributions. Can identify common environmental, socioeconomic, and behavioral contributors to the obesity epidemic at the population level.		Has average knowledge of overweight and obesity incidence, prevalence and trends, effects on morbidity and mortality, and demographic associations and distributions. Demonstrates knowledge of common environmental, socioeconomic, and behavioral contributors to the obesity epidemic at the population level.			Has above average knowledge of overweight and obesity incidence, prevalence and trends, effects on morbidity and mortality, and demographic associations and distributions. Demonstrates knowledge of common and subtle environmental, socioeconomic, and behavioral contributors to the obesity epidemic at the population level.		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

1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○	8 ○	9 ○
1 ○	2 ○		3 ○			4 ○		5 ○
Lacks basic knowledge of energy homeostasis and weight regulation, including cellular and biochemical energy storage/transfer, thermodynamics and energy expenditure.	Has basic knowledge of energy homeostasis and weight regulation, including cellular and biochemical energy storage/transfer, thermodynamics and energy expenditure.		Has average knowledge of energy homeostasis and weight regulation, and can apply that knowledge to the clinical care of patients.			Has above average knowledge of energy homeostasis and weight regulation, including entero-neuroendocrine physiology, and can apply that knowledge to the clinical care of patients.		Has exceptional knowledge of energy homeostasis and weight regulation, including entero-neuroendocrine physiology, and can apply that knowledge to the clinical care of complex patients.

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

1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○	8 ○	9 ○
1 ○	2 ○		3 ○			4 ○		5 ○
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 of body composition measurements (e.g. BMI/z-score, WC, WHR) and clinical assessments of energy expenditure (e.g. HB and MSJ equations).		Has average knowledge of body composition measurements (e.g. BMI/z-score, WC, WHR, bioimpedance, skinfold measurements) and clinical assessments of energy expenditure (e.g. HB and MSJ equations), and can apply that knowledge to the clinical care of patients.			Has above average knowledge of body composition measurements (e.g. BMI/z-score, WC, WHR, bioimpedance, skinfold measurements, DXA) and clinical assessments of energy expenditure (e.g. HB and MSJ equations, indirect calorimetry), and can apply that knowledge to the clinical care of patients. Recognizes indications, limitations, and utility of various measurements.		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 ○
1 ○	2 ○		3 ○			4 ○		5 ○
Lacks basic knowledge of the etiologies, mechanisms, and biology of obesity.	Has basic knowledge of the etiologies, mechanisms, and biology of obesity.		Has average knowledge of the etiologies, mechanisms, and biology of obesity, and can apply that knowledge to the clinical care of patients.			Has above average knowledge of the etiologies, mechanisms, and biology of obesity, and can apply that knowledge to the clinical care of patients.		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 ○
1 ○	2 ○		3 ○			4 ○		5 ○
Lacks basic knowledge of obesity-related comorbidities and the corresponding benefits of BMI reduction.	Has basic knowledge of obesity-related comorbidities and the corresponding benefits of BMI reduction.		Has average knowledge of obesity-related comorbidities and the corresponding benefits of BMI reduction, and can apply that knowledge to the clinical care of patients.			Has above average knowledge of obesity-related comorbidities and the corresponding benefits of BMI reduction, and can apply that knowledge to the clinical care of patients.		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 ○
1 ○	2 ○		3 ○			4 ○		5 ○
Lacks basic knowledge of the principles of primary, secondary, and tertiary prevention for the prevention and treatment of obesity.	Has basic knowledge of the principles of primary, secondary, and tertiary prevention for the prevention and treatment of obesity.		Has average 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 patients.			Has above average 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 patients.		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

1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○	8 ○	9 ○
1 ○	2 ○		3 ○			4 ○		5 ○
Lacks basic knowledge of guidelines for the treatment of obesity.	Has basic knowledge of guidelines for the treatment of obesity.		Has average knowledge of guidelines for the treatment of obesity, and can apply that knowledge to the clinical care of patients.			Has above average knowledge of guidelines for the treatment of obesity, and can apply that knowledge to the clinical care of patients. Recognizes limitations of guidelines with respect to individual patient care.		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 ○
1 ○	2 ○		3 ○			4 ○		5 ○
Lacks basic knowledge of nutrition interventions for the treatment of obesity.	Has basic knowledge of nutrition interventions for the treatment of obesity.		Has average knowledge of nutrition interventions for the treatment of obesity, and can apply that knowledge to the clinical care of patients.			Has above average knowledge of nutrition interventions for the treatment of obesity, and can apply that knowledge to the clinical care of patients.		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 ○
1 ○	2 ○		3 ○			4 ○		5 ○
Lacks basic knowledge of physical activity interventions for the treatment of obesity.	Has basic knowledge of physical activity interventions for the treatment of obesity.		Has average knowledge of physical activity interventions for the treatment of obesity, and can apply that knowledge to the clinical care of patients.			Has above average knowledge of physical activity interventions for the treatment of obesity, and can apply that knowledge to the clinical care of patients.		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 ○
1 ○	2 ○		3 ○			4 ○		5 ○
Lacks basic knowledge of behavioral interventions for the treatment of obesity.	Has basic knowledge of behavioral interventions for the treatment of obesity.		Has average knowledge of behavioral interventions for the treatment of obesity, and can apply that knowledge to the clinical care of patients.			Has above average knowledge of behavioral interventions for the treatment of obesity, and can apply that knowledge to the clinical care of patients.		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 ○	9 ○
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.

12. **COMPETENCY**: APPLY KNOWLEDGE OF THE SURGICAL 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 ○
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.	Recognizes bariatric surgery as an appropriate form of therapy and the options available. Has basic knowledge of the mechanisms of action and metabolic/clinical outcomes.		Has average knowledge of the surgical options for the treatment of obesity, mechanisms of action and metabolic/clinical outcomes, and can apply that knowledge to the clinical care of patients.			Has above average 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 patients.		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 ○
1 ○	2 ○		3 ○			4 ○		5 ○
Lacks basic knowledge of emerging modalities* for the treatment of obesity.	Has basic knowledge of emerging modalities* for the treatment of obesity.		Has average knowledge of emerging modalities* for the treatment of obesity, and can apply that knowledge to the clinical care of patients.			Has above average knowledge of emerging modalities* for the treatment of obesity, and can apply that knowledge to the clinical care of patients.		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 ○
1 ○	2 ○		3 ○			4 ○		5 ○
Verbal[1], nonverbal and written communication is biased, judgmental, disrespectful and/or not empathetic when communicating with patient with obesity	Occasionally utilizes verbal, nonverbal and written communication that is inappropriate when engaging patient with obesity, but corrects when pointed out		Utilizes verbal, nonverbal and written communication that is appropriate when engaging patient with obesity			Consistently utilizes appropriate verbal, nonverbal and written communication that is tailored to individual circumstances when engaging patient with obesity, including challenging situations		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 ○
1 ○	2 ○		3 ○			4 ○		5 ○
Verbal[1], nonverbal and written communication is biased, judgmental, and/or disrespectful when communicating with healthcare professionals in clinical and non-clinical settings[2]	Occasionally utilizes verbal, nonverbal and written communication that is inappropriate when engaging healthcare professionals in clinical and non-clinical settings[2], but corrects when pointed out		Utilizes verbal, nonverbal and written communication that is appropriate when engaging healthcare professionals in clinical and non-clinical settings[2]			Consistently utilizes appropriate verbal, nonverbal and written communication that is tailored to individual circumstances when engaging healthcare professionals in clinical and non-clinical settings[2], including challenging situations		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 non-clinical settings[2] and in all situations

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

[2]Non-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 ○
1 ○	2 ○		3 ○			4 ○		5 ○
Exhibits specific episodes of cultural insensitivity when communicating with others[1]	Exhibits lack of appreciation for cultural diversity and preferences[2], when communicating with others, but corrects when pointed out		Demonstrates an appreciation of cultural diversity and preferences when communicating with others and makes use of interpreter services when indicated			Consistently demonstrates an appreciation of cultural diversity and preferences when communicating with others, consistently uses interpreter services when indicated and in challenging situations addresses adversity[3] or denial to change. Recognizes implicit and explicit bias in patients, family, staff and self		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 ○
1 ○	2 ○		3 ○			4 ○		5 ○
Exhibits lack of competence, 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	Exhibits lack of competence, honesty, responsibility, trustworthiness and/or exhibits bias when counseling patients and families who are living with overweight or obesity, but corrects when pointed out		Exhibits competence, honesty, responsibility, trustworthiness and lack of bias when counseling most if not all patients and families who are living with overweight or obesity			Consistently exhibits competence, honesty, responsibility, trustworthiness, and lack of bias when counseling patients and families who are living with overweight or obesity, including in challenging situations		Consistently exhibits 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 ○
1 ○	2 ○		3 ○			4 ○		5 ○
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 lack of compassionate, respectful behavior and exhibits bias when working with patients and families who are living with overweight or obesity, but corrects when pointed out		Exhibits compassionate and respectful behavior and lack of bias when working with most if not all patients and families who are living with overweight or obesity			Consistently exhibits compassionate and respectful behavior and lack of bias when working with patients and families who are living with overweight or obesity, including in challenging situations		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