

Advancing Medical Education: The Obesity Medicine Education Collaborative Core Competencies in Obesity Medicine



Colony S. Fugate, D.O., FACOP
Diplomate, American Board of Obesity Medicine
George Kaiser Family Foundation Endowed Chair of Pediatrics
Clinical Professor of Pediatrics
Director, Family Health and Nutrition Clinic
Oklahoma State University Center for Health Sciences
colony.fugate@okstate.edu

Relevant Disclosures and Resolutions

George Kaiser Family Foundation Endowed Chair of Pediatrics

Objectives

After attending this presentation, participants will be able to:

1. Discuss the rates of obesity and related costs
2. Review the history of medical education as related to nutrition and obesity
3. State the mission of the Obesity Medicine Education Collaborative
4. Locate resources to support medical education in obesity medicine
5. Implement obesity medicine core competencies within their training program

Obesity Rates

- 36.5% of Oklahoma adults have obesity.
- 18.7% of Oklahoma children ages 10 to 17 have obesity.
- 13.8% of children ages 2 to 4 who receive WIC benefits are obese (2014).
- 12.7% of Oklahomans have diabetes.
- 37.7% of Oklahomans have hypertension.
- 32.4% of Oklahoma's adults report zero physical activity within the 30-day reporting period. Oklahoma is the 4th most physically inactive state.
- 34.5% of Oklahoma adults drink sugar-sweetened beverages more than once daily.
- Only 8% and 6% of Oklahomans meet recommended daily intake of fruits and vegetables respectively

Obesity Related Complications

Cardiometabolic Diseases	Biomechanical Diseases	Other
Dyslipidemia Pre-DM DM HTN CVD Stroke NAFLD/NASH Metabolic Syndrome	Stress incontinence Sleep apnea Hypoventilation syndrome Hernias Osteoarthritis Chronic pain DVT/blood clots Venous stasis	GERD Nephrolithiasis Cholelithiasis Skin disorders Infertility Depression Cancer Gout Dysomnia Disordered eating Surgical treatments and complications

The Cost of Obesity

- U.S. estimated annual direct medical costs of obesity is estimated to be between \$147 billion (in 2008) to \$480.7 billion (2016) depending on measures used.
- Annual spending attributable directly to treating obesity and obesity related diseases in Oklahoma is estimated to be \$854 million (1998-2000).
- Indirect costs attributable to obesity are estimated at \$1.24 trillion per year (2016).
- Obesity is associated with 1.1 to 1.7 extra days missed work annually at a cost of \$8.65 billion per year nationally.
- Estimated costs attributed to obesity related absenteeism are \$243 per employee annually in Oklahoma for a total estimated cost of obesity related absenteeism of \$119.5 million per year in Oklahoma

Barriers to Care

- Health care access
- Poverty
- Individual motivation
- Time
- Reimbursement
- **Physician knowledge**

Medical Education

- Surgeon General's Report on Nutrition and Health
- Nutrition Academic Award
- American Association of Medical Colleges
- Bipartisan Policy Center
- **Obesity Medicine Education Collaborative**

Obesity Medicine Education Collaborative



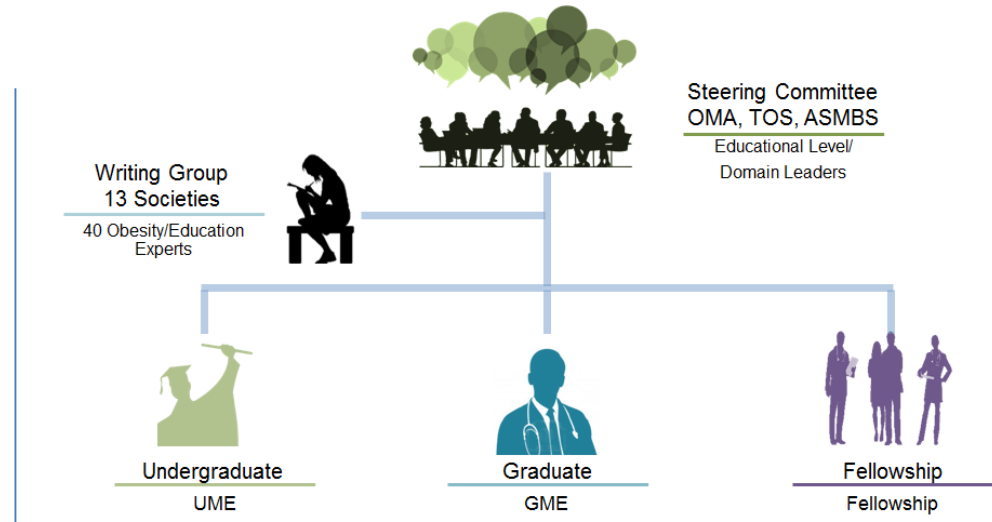
Mission:

To develop obesity-focused competencies and evaluation benchmarks that can be directly incorporated into training by education committees and program directors

Obesity Medicine Education Collaborative

Steering Committee: OMA, TOS, and ASMBS

Robert Kushner, Deborah Horn, Scott Butsch, John Morton, Nick Pennings, Ethan Lazarus, Caroline Apovian



Obesity Medicine Education Collaborative Project Outline

Phase I
A/B Completed

- A. Identify Domains and Competencies
- B. Identify Benchmarks
- C. Identify Entrustable Professional Activities
- D. Examples of Curriculum Content and Design

Phase II
Completed

External Review

Phase III
In Progress

Endorsement & Dissemination

External Review Stakeholders

- American Academy of Physician Assistants
- Academy of Nutrition and Dietetics
- American Association of Clinical Endocrinologists
- American College of Physicians
- American Academy of Family Physicians
- American Gastroenterological Association
- American College of Preventive Medicine
- American Society of Addiction Medicine
- American Academy of Sleep Medicine
- American Heart Association
- Endocrine Society
- American College of Obstetrics and Gynecology
- American Academy of Pediatrics Section on Obesity
- American Association of Medical Colleges
- American Medical Association
- Society of General Internal Medicine
- American Medical Women's Association

Thank You!

Endorsing Organizations



Obesity Action Coalition



Society of Teachers of Family Medicine

SOCIETY of BEHAVIORAL MEDICINE
Better Health Through Behavior Change

Society of Behavioural Medicine



American Medical Women's Assoc.



American Board of Obesity Medicine



Academy of Nutrition and Dietetics



American Society of Metabolic and Bariatric Surgery



The Obesity Society



Obesity Medicine Association

Obesity Canada



Endocrine Society



American College of Surgeons



American Society for Gastrointestinal Endoscopy



Association for Bariatric Endoscopy



American Association of Clinical Endocrinologists



American Association of Nurse Practitioners



Society of General Internal Medicine



American College of Osteopathic Pediatricians



American Academy of Physician Assistants

World Obesity Federation

6 Domains & 32 Competencies

PATIENT CARE AND PROCEDURAL SKILLS
5 COMPETENCIES



MEDICAL KNOWLEDGE
13 COMPETENCIES



PRACTICE-BASED LEARNING AND IMPROVEMENT
5 COMPETENCIES



SYSTEM-BASED PRACTICE
4 COMPETENCIES



PROFESSIONALISM
2 COMPETENCIES



INTERPERSONAL AND COMMUNICATION SKILLS
3 COMPETENCIES



Accreditation Council for Graduate Medical Education (ACGME)
consistent approach to allow for familiarity & adoption

Competency Applications

Traditional Educational Pathways

Novel Provider Training

- Curriculum Guidance
- Periodic Evaluation
- Standardized Testing
 - Primary and Specialty Board Question Banks

Primary Targets:

- Undergraduate: Medical School
- Graduate: Residency
- Fellowship
 - Obesity Med Fellowship Council (OMFC)
- Advanced Practitioners

Beyond Traditional Classrooms & Rotations

Practice Systems + Business Applications

- Practicing HCP Training/CME/MOC
- Employer/System driven education
- Quality Improvement

The OMEC Tool Box

Educator Instructional Guide

EASY STEPS TO USING THE OMEC COMPETENCIES

The Obesity Medicine Education Collaborative (OMEC) was created to support training programs in the implementation of the obesity competencies, as well as to provide 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 programs for physicians, nurse practitioners, and PAs.

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

The competencies can be applied to:

- 1 Formative or summative assessment of learners within a training program
- 2 Assessment of existing or planned curricula
- 3 Assessment of non-training educational environments

The OMEC Tool Box

Instructions for Assessment of Learners Within a Training Program

Choose the competencies to be evaluated.

- Full or Partial Evaluation – Select from 6 Domains and 32 Competencies**
Appropriate for formative or summative evaluation during training at the start, midpoint, and completion of a rotation, training year, or full training program.
- Selected Domain Evaluation**
Appropriate for shorter assignments, such as a journal club, M&M, or quality improvement project. These assignments may only cover a few competencies given limited time or limited focus.

Choose a Likert scale, either 1-5 or 1-9.

Check with your institution or department to determine which scale has been chosen for consistency across learners.

Determine an acceptable benchmark score for your learner population.

In the sample assessment form (Exhibit A), a blue bar has been placed below the Likert scales as an example. Consider your group of learners (medical students, nurse practitioner students, PA students, residents, or fellows). The “acceptable” benchmark goal will change for different levels of learners and is set by your program or rotation. **See Exhibit A on page 14.**

The OMEC Tool Box

Instructions for Assessment of Existing or Planned Curricula

Choose the educational content to be evaluated. This could be a curriculum or CME offerings by the institution or entity.

Evaluation:

- Evaluate using all 6 domains and 32 competencies.
- Use OMEC as a framework to map the current content.
- Identify the domains and competencies successfully addressed.
- Identify gaps for improvement based on competencies or entire domains that are minimal or absent in the current content.

Improvement:

- Identify topics or opportunities that can be added or adjusted to address competency gaps noted above.
- Use the OMEC map of your program to plan for improvement in future educational choices.

The OMEC Tool Box

Instructions for Assessment of Non-Training Educational Environments

The 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 six 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 and communication skills, system-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 that provides an obesity-related product or service – such as 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 healthcare providers with whom they interact.

In Medical Education...What is Competency?



Competency

An observable ability of a health professional related to a specific activity that integrates knowledge, skills, values, and attitudes.

Competencies and Benchmarks

Benchmarks allow for evaluation of the learner at any level, for a given competency

- Early Competency Excellence
 - Example:

Domain: Interpersonal and Communication Skills

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

Competency Example

Consider a early learner and identify a score

Competencies and Benchmarks



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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Verbal, nonverbal, and written communication is biased, judgmental, disrespectful, and/or not empathetic when communicating with patients with obesity.	Occasionally utilizes verbal, nonverbal, and written communication that is inappropriate when engaging with patients with obesity, but corrects when pointed out.	Utilizes verbal, nonverbal, and written communication that is appropriate when engaging with patients with obesity.	Consistently utilizes appropriate verbal, nonverbal, and written communication that is tailored to individual circumstances when engaging with patients 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 with patients with obesity in all situations.				



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

Competencies and Benchmarks

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		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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Verbal, nonverbal, and written communication is biased, judgmental, disrespectful, and/or not empathetic when communicating with patients with obesity.	Occasionally utilizes verbal, nonverbal, and written communication that is inappropriate when engaging with patients with obesity, but corrects when pointed out.	Utilizes verbal, nonverbal, and written communication that is appropriate when engaging with patients with obesity.	Consistently utilizes appropriate verbal, nonverbal, and written communication that is tailored to individual circumstances when engaging with patients 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 with patients with obesity in all situations.						

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

Competencies and Benchmarks

- Expectation of benchmark improvements as training advances.

- Example:

- Domain:* Medical Knowledge

- Competency:* Apply knowledge of the pharmacological treatments of obesity as a part of a comprehensive personalized obesity management plan

Competency Example

Consider an advanced learner and identify a score

Competencies and Benchmarks

COMPETENCY DOMAIN: MEDICAL KNOWLEDGE (13 COMPETENCIES)

11 Competency: Applies knowledge of using pharmacological treatments of obesity as part of a comprehensive, personalized obesity management care plan.

1	2	3	4	5	6	7	8	9	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does not recognize anti-obesity medication as an appropriate form of therapy. Lacks basic knowledge of the age-appropriate 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 age-appropriate pharmacotherapeutic options for the treatment of obesity, including their indications, contraindications, side effects, and mechanisms of action.	Has average knowledge of the age-appropriate 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 age-appropriate 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 age-appropriate 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.					

Competencies and Benchmarks

- Expectation of benchmark improvements based on knowledge & practice

- Example:

- Domain:* Patient Care and Procedural Skills

- Competency:* Utilizes evidence-based models of health behavior change to assess patients' readiness to change in order to effectively counsel patients for weight management.

Competency Example

Consider a recent learner and identify a score

Competencies and Benchmarks

COMPETENCY DOMAIN:
PATIENT CARE AND PROCEDURAL SKILLS
 (5 COMPETENCIES)

4 Competency: Utilizes evidence-based models of health behavior change to assess patients' readiness to change in order to effectively counsel patients for weight management.

1	2	3	4	5	6	7	8	9
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Counseling for weight management is performed, but evidence-based models of health behavior change are not used. The goals are incomplete and provider-centered.	Counseling for weight management is sometimes performed using evidence-based models of health behavior change. Goals provided are sometimes clear, thorough, and 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, and 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, and patient-centered. Counseling is consistently efficient for patients with complex weight management challenges.				

Obesity Medicine Core Competencies

The screenshot shows the Obesity Medicine Association website. The header includes the logo, the text "CLINICAL LEADERS IN OBESITY MEDICINE ©", social media icons, and buttons for "Join OMA", "Academy Login", and "Member Login". A navigation menu lists "Home", "About", "Membership", "Clinician Resources", "Conferences", "CME", "Corporate Relations", and "Foundation". The main content area is titled "Obesity Medicine Education Collaborative" and includes a description of the initiative, a "Download the Competencies" section with a note that the link is coming soon, and an "About the Obesity Medicine Education Collaborative" section. A "Quick Links" sidebar on the right lists various resources like "Obesity Education Events", "Live Obesity Webinars", "Online Education", "Obesity Algorithm® e-Book", "Clinician Resources", "Member Login", "Member Resources", "News", "About OMA", "Obesity Treatment Foundation", and "Contact Us".

Obesity Medicine Association CLINICAL LEADERS IN OBESITY MEDICINE © [f](#) [t](#) [in](#) [yt](#) [Q](#) [Join OMA](#) [Academy Login](#) [Member Login](#)

[Home](#) [About](#) [Membership](#) [Clinician Resources](#) [Conferences](#) [CME](#) [Corporate Relations](#) [Foundation](#)

[Obesity Medicine Association](#) > [Obesity Medicine Education Collaborative](#)

Obesity Medicine Education Collaborative

The Obesity Medicine Education Collaborative is an intersociety initiative that was formed in 2016 with the purpose of promoting and disseminating comprehensive obesity medicine education across the continuum spanning undergraduate medical education (UME), graduate medical education (GME), and fellowship training.

Download the Competencies

The Obesity Medicine Education Collaborative supports medical training programs in the implementation of obesity competencies, as well as provides reliable assessment of performance of the competencies. The competencies themselves provide a framework for medical, nursing, and PA educators to develop an obesity medicine curriculum at their respective institutions.

The link to download the OMEC competencies is coming soon!

About the Obesity Medicine Education Collaborative

A major challenge facing medical educators today is adequately training current and future physicians, nurse practitioners, and PAs in the prevention and treatment of obesity. However, the educational response to this escalating problem has been limited due to the shortage of qualified faculty members who are trained in the science and practice of obesity medicine; limited time in a crowded curriculum; and lack of recognition of obesity by a primary or specialty board.

Nonetheless, it is paramount to develop a competent and knowledgeable clinician workforce that can provide adequate care to the 38% of U.S. adults and 17% of U.S. children and adolescents who have obesity.

Quick Links

- [Obesity Education Events](#)
- [Live Obesity Webinars](#)
- [Online Education](#)
- [Obesity Algorithm® e-Book](#)
- [Clinician Resources](#)
- [Member Login](#)
- [Member Resources](#)
- [News](#)
- [About OMA](#)
- [Obesity Treatment Foundation](#)
- [Contact Us](#)

www.obesitymedicine.org/omec/

We are here to help!

- Pediatric Obesity Medicine ECHO
<https://health.okstate.edu/echo/obesity-echo.html>
- Obesity Medicine Focus Course
- Pediatric Obesity Medicine Clerkship
- Continuing medical education
- Professional consultation services
- Curricula, entrustable professional activities, assistance with core competency implementation

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