



Core Curriculum for American Society for Metabolic and Bariatric Surgery Fellowship Training Requirements

I. COGNITIVE EXPERIENCE

In addition to the clinical and technical experience, it is expected that the fellow will also participate in non-clinical educational endeavors. These activities must be documented and validated by the Program Director.

A. Didactic Educational Sessions Required

It is mandatory that all fellows and at least one mentor attend these sessions. The fellow must document that they participated in at least 80% of meetings. Our ASMBS Fellowship Sign Off Sheet (page 3) can be used for this required documentation. The didactic sessions may include specially designated bariatric textbook review sessions, journal clubs, peer-review conferences, and resident teaching rounds. The following topics must be covered during the fellowship:

1. Epidemiology of Obesity
2. History of Bariatric Surgery
3. Physiology and Interactive Mechanisms in Morbid Obesity
4. Preoperative Evaluation of the Bariatric Patient
5. Psychology of the Morbidly Obese Patient
6. Essentials of a Bariatric Program
7. Postoperative Management of the Bariatric Patient
8. Laparoscopic versus Open
9. Laparoscopic Adjustable Banding
10. Other Restrictive Operations
11. Gastric Bypass
12. Biliopancreatic Diversion/Duodenal Switch
13. Revisional Weight Loss Surgery
14. Managing Postoperative Complications
15. Nutritional Deficiencies
16. Obesity in Childhood and Adolescence
17. Outcomes of Bariatric Surgery
18. Role of Endoscopy in Bariatric Surgery

B. Management Conference Requirements

Fellows are expected to participate in *at least quarterly* morbidity and mortality (M&M), including quality improvement and peri-operative management conferences. Participation must be documented.

C. Research Requirements

Fellows are expected to conduct research and are expected to complete at least one clinical and/or research project during the fellowship and submitted to a National or Regional Society. The research project need not be accepted for presentation by the conference or for publication in the journal to which it was submitted.

D. Multidisciplinary Conference Requirements

Fellows are expected to participate in regular bariatric multidisciplinary conferences. They also must attend at least one patient support group and one patient educational seminar.

II. CLINICAL AND TECHNICAL EXPERIENCE

A. Surgical Operation Requirements

In order to meet the designation of comprehensive training, fellows must be exposed to more than one type of weight loss operation and participate in at least 100 weight loss operations. The fellow should have assumed the role of primary surgeon in at least 51% of cases, defined as having performed the key components of the operation.

There should be a minimum of: 50 intestinal bypass operations (Roux – en Y gastric bypass or biliopancreatic diversion +/- duodenal switch); a combined total of 10 Restrictive operations (sleeve gastrectomy operations and/or adjustable gastric banding procedures); 5 revisional procedures; and exposure to and/or extensive teaching of bariatric-specific emergency procedures (leaks, bowel obstructions, internal hernias, intussusceptions, gastrointestinal hemorrhage and ulcers), as deemed adequate by the program director to establish competence in managing these complications.

Fellows should also have an exposure to endoscopy (as attested by the Program Director eventually to be evaluated by a competency tool, effective 2014).

B. Evaluation Requirements

The fellow will participate in 50 patient preoperative evaluations, 100 postoperative in-patient management encounters, and 100 postoperative outpatient evaluations. Documentation required.

C. Performance Assessment Synopsis

The Program Director will be responsible for conducting at least 2 fellow performance assessment interviews and providing the ASMBS with a brief synopsis of the meeting.