



Core Curriculum for American Society for Metabolic and Bariatric Surgery

Fellowship Training Requirements

COGNITIVE EXPERIENCE:

In addition to the clinical and technical experience, it is expected that the fellow will also participate in non-clinical educational endeavors related to metabolic/bariatric surgery. 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* 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 Patient with Morbid Obesity
6. Essentials of a Bariatric Program
7. Postoperative Management of the Bariatric Patient
8. Laparoscopic versus Open bariatric procedures
9. Laparoscopic Adjustable Banding
10. Sleeve Gastrectomy and Other Restrictive Operations
11. Gastric Bypass
12. Biliopancreatic Diversion/Duodenal Switch
13. Revisional Weight Loss Surgery
14. Managing Acute Postoperative Complications
15. Managing Chronic Postoperative Complications
16. Surgical and Medical Management of Weight Recurrence
17. Nutritional Deficiencies
18. Obesity in Childhood and Adolescence
19. Outcomes of Bariatric Surgery
20. Role of Endoscopy in Bariatric Surgery

B. Management Conference Requirements:

Fellows are expected to participate in *at least quarterly bariatric morbidity and mortality (M&M)* conferences, 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 submit an abstract to a national or regional society during their fellowship preferably **related to metabolic/bariatric surgery or minimally invasive surgery**. This research project need not be accepted for presentation by the conference or for

publication in the journal to which it was submitted. A copy of the submitted abstract/manuscript must be submitted with your documentation. Fellows are also strongly encouraged to complete at least one clinical research manuscript, research presentation at a regional/national meeting, research poster presentation, or abstract submission as listed above.

D. Multidisciplinary Conference Requirements:

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

CLINICAL AND TECHNICAL EXPERIENCE:

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:

- A. 50 intestinal bypass operations (including Roux -en-Y Gastric bypass, one anastomosis gastric bypass, Biliopancreatic Diversion +/- Duodenal Switch, or single-anastomosis duodenal switch variants [SIPS, SADI, SADS, etc.]);
- B. a combined total of 10 Restrictive operations (Sleeve Gastrectomy operations and/or Adjustable Gastric Banding procedures);
- C. 5 Revisional procedures (excluding removal of adjustable gastric band only);
- D. 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.
- E. 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.