

## Core Curriculum for ASMBS Fellowship Certificate Training Requirements

### COGNITIVE EXPERIENCE:

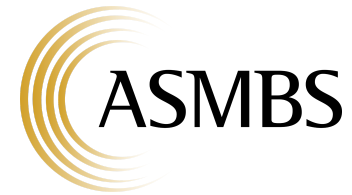
In addition to the clinical and technical experience, it is expected that the fellow will also participate in non-clinical educational endeavors related to metabolic/bariatric surgery. The Applicant and Program Director will be asked to attest in the application that the Cognitive Curriculum Learning Objectives have been completed.

### A. Cognitive Curriculum Learning Objectives

Opportunities for didactic interactions include specially designated bariatric textbook review sessions, journal club, peer-review conferences, and resident teaching rounds. Alternatively, viewing one or more of the live or recorded ASMBS FELLOWS Project lectures may be used to satisfy the requirement in that didactic topic area. Watching all current year FELLOWS Project and 6 videos from the previous year will fill the Cognitive & Didactic requirements.

Link to lectures: <https://asmbs.org/webinars/the-fellow-project>

- I. Science of Obesity and Metabolic Surgery
  - A. History of Bariatric and Metabolic Surgery
  - B. Epidemiology of Surgery
  - C. Pathophysiology and Genetics of Obesity
  - D. Mechanisms of Weight Loss and Disease Resolution
  - E. Psycho-social aspect and Health Disparities
  - F. Nutritional Considerations
- II. Current Technical Procedures
  - A. Adjustable Gastric Banding
  - B. Sleeve Gastrectomy
  - C. Roux-en-Y Gastric Bypass
  - D. Biliopancreatic Diversion with Duodenal Switch
  - E. Single Anastomosis Duodeno-ileostomy – Loop Duodenal Switch
  - F. Revisional Bariatric Surgery
  - G. Innovative and Emerging Procedures
    1. Endoscopic Techniques
    2. One Anastomosis Gastric Bypass
- III. Peri-operative Care
  - A. Indications for Metabolic/Bariatric Surgery
  - B. Patient Selection in Metabolic/Bariatric Surgery
  - C. Pre-operative Evaluation of the Bariatric Patient
  - D. Anesthesia Considerations
  - E. Acute Postoperative Complications
  - F. Post-operative care and Enhanced Recovery Protocols
  - G. Long term Follow up and Complications of Bariatric Patients
  - H. Anti-Obesity Medications



- IV. Outcomes of Metabolic Surgery
  - A. Safety of Metabolic/Bariatric Surgery
  - B. Weight loss after various Procedures
  - C. Resolution of Type 2 Diabetes
  - D. Resolution and Prevention of Cardiovascular Disease
  - E. GERD Improvement
- V. Special Considerations and Population Subsets
  - A. Management of Liver and Biliary Conditions
  - B. Childhood and Adolescent Obesity Surgery
  - C. Elderly and frail Bariatric Patients
  - D. Abdominal Wall Hernia / Evisceration
  - E. Immune Compromise and Transplant Patients
  - F. Pregnancy and Obesity Surgery
  - G. Aberrant anatomy
  - H. Autoimmune conditions and IBS

**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:**

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