

## Core Curriculum for ASMBS Fellowship Training

### **Cognitive:**

It is expected that although the fellowship is a continuous learning process, it will be characterized by periodic formal educational sessions that will cover the broad topics listed below.

It is mandatory that all fellows and at least one mentor attend these sessions.

Opportunities for didactic interactions include specially designated bariatric textbook review sessions, journal club, peer-review conferences, resident teaching rounds.

Topics to be covered:

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. Bilopancreatic 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

Additionally, fellows will be expected to participate in at least quarterly M&M, including quality improvement and peri-operative management conferences.

Fellows will be expected to conduct research. Fellows are expected to submit an abstract and complete at least one clinical and/or research manuscript or research project (poster).

Fellows are expected to participate in regular multidisciplinary conferences.

They also must attend at least one support group.

### **Clinical and Technical Experience:**

Fellows must 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.

In order to meet the requirements for a “comprehensive fellowship”, fellows must be exposed to **more than 1 weight loss operation**. There should be a minimum of 50 stapling/anastomotic operations, and at least 10 purely restrictive operations, and 5 open procedures.

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

There will be a fellow performance assessment interview conducted at least twice a year.