

OSSI CLINICAL FELLOWSHIP PROGRAM



**FELLOWSHIP IN METABOLIC AND BARIATRIC SURGERY
(FMBS)**

PROSPECTUS

Fellowship in Metabolic & Bariatric Surgery

OSSI is one of the very few associations in the world to run a structured one year clinical fellowship program in Metabolic & Bariatric Surgery (FMBS). All those members and non-members including international surgeons who fulfil the guidelines and criteria laid down by the Fellowship committee will be eligible to apply for the fellowship program. However, the candidate has to complete the membership formalities before applying for FMBS.

All certified “Center of Excellence” hospitals will be eligible to run this one year clinical fellowship program every year. One eligible candidate’s application will be approved based on the first cum first serve system with a choice of two COE’s to chose from. Once cleared, the candidate will be completing the course as per the core curriculum. The candidate is expected to read and follow the guidelines below and submit all required documents online at the end of the term on or before the important date deadlines. Successful fellows will be felicitated during the following annual OSSICON after the board’s clearance.

Core Curriculum for OSSI Clinical Fellowship Training

I. COGNITIVE EXPERIENCE

It is expected that the fellow will participate in non-clinical educational endeavours like lectures, symposium and webinars. These activities must be documented and validated by the Program Director.

A. Didactic Educational Sessions

The didactic lectures are given online through recorded lectures. The fellow must document that they participated in all. Automated online Sign-Off Sheet will be used for this required documentation. The didactic sessions also include bariatric textbook review sessions, journal clubs, peer-review conferences, and resident teaching rounds. The following topics will be covered during the online lectures during fellowship:

S.No	Title
1	Pathophysiology of Obesity, Scoring system and Related Diseases
2	History of Development of Bariatric & Metabolic Surgery
3	Essentials of Bariatric surgery program and Surgical guidelines
4	Nutritional Considerations in Bariatric surgery and guidelines
5	Psychological assessment and follow-up of a patient with morbid obesity
6	Anaesthetic Considerations in Bariatric & Metabolic Surgery

7	Preoperative Evaluation & Optimisation of Bariatric Patient
8	Understanding Body Composition and its Perioperative Importance
9	ERAS in Bariatric Surgery
10	Cardiopulmonary & Intensive Care Management of Bariatric Patients
11	Surgical Anatomy & Its considerations in Bariatric Surgery
12	Mechanism of weight loss in Bariatric Surgery
13	Ergonomics of Port placement & OR setup for bariatric surgery
14	Immediate Postoperative Management of the Bariatric Patient
15	Quality of Life After Bariatric surgery
16	Sleeve Gastrectomy
17	Roux-En-Y Gastric Bypass
18	One Anastomosis Gastric Bypass
19	Biliopancreatic Diversion with Duodenal Switch
20	Sleeve Plus Procedures
21	Balloon Procedures
22	Endoscopic Sleeve Gastroplasty
23	Novel Bariatric / Metabolic Procedures
24	Short & Long term Outcomes of Bariatric Surgery
25	Anti-Obesity Medicine in Bariatric Practice
26	Complications in Bariatric and Metabolic surgery
27	Radiology in Bariatric Surgery
28	Management of Gastrointestinal Leaks and Fistulas
29	Management of Stricture & Obstruction in Bariatric surgery
30	Management of Bleeding in Bariatric Surgery
31	Bariatric Emergencies
32	Management of Nutritional complications after Bariatric surgery
33	Failure / Weight regain after bariatric surgery
34	Revisional Bariatric Surgery
35	Rationale & Choice of Metabolic Surgery
36	Role of Robotics in Bariatric Surgery

37	Role of Endoscopy in Bariatric Surgery
38	Bariatric Surgery & GERD / Hiatus Hernia
39	Bariatric Surgery & Hernia Repair
40	Special Considerations (NASH, Transplant, End stage diseases)
41	Bariatric Surgery in Childhood and Adolescence
42	Impact of Bariatric Surgery on Infertility & Pregnancy
43	Integrated Care of Bariatric surgery patients
44	Body Contouring after weight Loss
45	Physical therapy after bariatric surgery
46	Future of Bariatric surgery
47	Documentation and Scientific writing
48	Training and Setting up of Bariatric Unit

The candidate will be answering 10 random questions after each lecture and clearing the question session is mandatory for him / her to get attendance for the given lecture. The candidate should have covered the entire lecture series to be eligible to appear for the examination.

B. Audit Meeting Requirements

Fellows are expected to participate in at least quarterly morbidity and mortality, including quality improvement and peri-operative management meets. Participation must be documented.

C. Research Requirements

Fellows are expected to conduct research and are expected to complete at least one prospective clinical and/or research project during the fellowship and submitted to FMBS project director. The research project need to be presented in the OSSI national conference OSSICON or accepted for publication in Journal of Bariatric Surgery to which it will be submitted before attending the final examination. The JBS committee will be assessing the candidate's thesis for final scoring.

D. Multidisciplinary Requirements

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

II. CLINICAL AND TECHNICAL EXPERIENCE

Fellows in the department are required to provide outstanding evidence based clinical care to bariatric patients including surgical, nursing, intensive care while advancing the future of medicine through innovative research.

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 50 weight loss operations. The fellow should have assumed the role of primary surgeon in at least 10% of cases, defined as having performed the key components of the operation.

There should be a minimum of 10 intestinal bypass operations (Roux – En-Y gastric bypass / One Anastomosis Gastric Bypass / other bypasses); a combined total of at least 10 Restrictive operations (sleeve gastrectomy and/or restrictive procedures); 5 revisional procedures or complications; and exposure to and/or extensive teaching of bariatric-specific emergency procedures (leaks, bowel obstructions, internal hernias, intussusceptions, gastrointestinal haemorrhage and ulcers), as deemed adequate by the program director to establish competence in managing these complications. Fellows should also have an exposure to endoscopy (attested by the Gastroenterology Consultant).

B. Rotation Postings

The fellow will have to do one month rotational posting outside of the COE unit, either in any Indian COE or OSSI approved BOMSS and ASMBS COE. The candidate can chose to break up the rotation and do in multiple centres as well. However the choice and date needs to finalised in advance through the online dashboard.

B. Evaluation Requirements

The fellow will participate in 50 patient preoperative evaluations, 50 postoperative in-patient management encounters, and 50 postoperative outpatient evaluations. All the evaluation requirement must be documented.

C. Performance Assessment Synopsis

The Program Director will be responsible for conducting fellow performance assessment interviews (theory & clinical) and provide the OSSI committee with outcome of the meeting through his online assessment.

III. ELIGIBILITY CRITERIA

- Post MS / DNB General Surgery candidate with at least 3 years experience having sufficient skills in basic and intermediate laparoscopic surgery including fundoplication, hernioplasty and stapled bowel anastomosis.

- Post MCh / DNB GI surgery having sufficient experience and skills in basic and intermediate laparoscopic surgery including fundoplication, hernioplasty and stapled bowel anastomosis.
- International Fellow – Completion of the post graduation training in Upper GI Surgery having sufficient skills in basic and intermediate laparoscopic surgery including fundoplication, hernioplasty and stapled bowel anastomosis.
- A fully completed application form.

IV. FELLOWSHIP GUIDELINES

- All certified “Center of Excellence” hospitals will be running one year clinical fellowship program every year.
- A fully completed application form along with supporting documents of adequate qualification and experience to be submitted online.
- Candidates will be applying with 2 choices of available centres. Once cleared, the candidate will be completing the course as per the core curriculum.
- The candidate is expected to submit his logbook online at regular intervals with monthly assessment of the program director. After the completion of the course, the FMBS committee will be assessing the logbook for final approval.
- The candidate will also be submitting his literature review and research articles by the end of the deadline after assessment of the project director.

V. FELLOWSHIP PERIOD

- A typical fellowship will be for one year duration. The announcement of candidate will be latest by the day before OSSICON of that calendar year.
- The fellowship course will commence from the immediate Monday after OSSICON until the day before the subsequent OSSICON. However, the official classes will come to a close 30 days before the start of the OSSICON congress.
- A grace period of one months will be given for completion of any pending requirements if any additional correction is requested by the examiners after submission. The FMBS committee should be able to access the fellow’s fully completed logbook and the final online evaluation sheets from the participating hospital no later than 15 days from the completion of the term.

VI. EXAMINATION

- Examination will be held once the course completion certificate is provided and the dates will be on the pre-conference day of OSSICON.
- The examination during OSSICON include theory, which will be based on 100 MCQ’s followed by Viva examination during the pre-conference day. The candidate will be assessed on their abstract presentation of thesis during the main conference. Both Viva and Abstract assessment will be done by external independent examiners, preferably international faculty.

VIII. FINAL ASSESSMENT

The final assessment score break-up will be as follows:

- Clinical Assessment - 50
- Rotation Assessment - 50
- Review of Literature - 50
- Thesis / Research - 100
- Theory Examination - 100
- Viva Examination - 50
- Abstract Presentation - 50
- Surgical Evaluation - 50

The candidate should clear with a minimum of 50% score in each module and a final score of 70% or the sum total (350 / 500)

VIII. FEE STRUCTURE

- The fellowship will not attract any admission fee. However a non-refundable application cum examination fees of Rs.25000 will be levied during registration.
- Repeat candidates need to re-apply for examination once the fellowship board approves his / her reappearance.
- The candidate will be withdrawing a minimum stipend of Rs. 60,000 per month during the course period. However, the stipend arrangement can be negotiated as per the discretion of the COE centre and the candidate.
- All clinical & research related materials (textbooks, journal access) and infrastructure (desk, library) will be provided by the participating hospital.
- All other expenses related to stationaries, accommodation, food, travel, rotational posting expenses and conferences will be borne by the candidate themselves.

For further queries and information, write to: info@theossi.com