

OSSI CLINICAL FELLOWSHIP PROGRAM



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

Fellowship in Metabolic & Bariatric Surgery

OSSI in 2019, has launched its own fellowship program in Metabolic & Bariatric Surgery (FMBS). A Fellowship committee is formed to formulate the syllabus and curriculum. 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 running one year clinical fellowship program every year. One eligible candidate's application will be forwarded to the respective participating hospital before the end of March every year. 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. Successful fellows will be felicitated during the following annual OSSICON after the board's clearance.

Core Curriculum for Obesity & Metabolic Surgery Society of India Clinical Fellowship Training

I. COGNITIVE EXPERIENCE

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

A. Didactic Educational Sessions

The fellow must document that they participated in at least 80% of meetings. Online Sign-Off Sheet can be used for this required documentation. The didactic sessions may include ASMBS 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 Vs Robotic Vs Reduced Port / SILS Techniques
9. Laparoscopic Sleeve Gastrectomy
10. Other Restrictive Operations
11. Roux-En-Y Gastric Bypass
12. One Anastomosis Gastric Bypass
13. Other Malabsorptive Surgeries
14. Revisional Weight Loss Surgery
15. Managing Intraoperative and Postoperative Complications
16. Nutritional Considerations & Deficiencies
17. Obesity in Childhood and Adolescence
18. Outcomes of Bariatric Surgery
19. Role of Endoscopy in Bariatric Surgery
20. Documentation and Scientific writing
21. ERAS in Bariatric Surgery
22. Bariatric Emergencies
23. Special Considerations (GERD, NASH, Hernia, etc)

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 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 the journal to which it will be submitted.

D. Multidisciplinary Requirements

Fellows are expected to participate in regular bariatric multidisciplinary meets. They also must attend OSSICON during their fellowship tenure and 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 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 or 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. Evaluation Requirements

The fellow will participate in 25 patient preoperative evaluations, 25 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 at least 2 fellow performance assessment interviews (theory & clinical) and provide the FOSSI committee with outcome of the meeting.

III. ELIGIBILITY CRITERIA

- Post MS / DNB General Surgery candidate with at least 2 years experience having sufficient skills in basic and intermediate laparoscopic surgery including fundoplication, herniaoplasty and stapled bowel anastomosis.
- Post MCh / DNB GI surgery having sufficient experience and skills in basic and intermediate laparoscopic surgery including fundoplication, herniaoplasty 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, herniaoplasty and stapled bowel anastomosis.
- A fully completed application form with uploaded surgical log book for the last three years.

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.
- Successful candidates will be felicitated during the annual OSSICON

V. FELLOWSHIP PERIOD

- A typical fellowship will be for one year duration. The announcement of candidate will be latest by 30 March for that calendar year.
- The fellowship course will commence from 1 April - 31 March of the following year. A period of 15 days grace period will be allowed for candidate provided a valid reason has been intimated to the program director duly by email or post.
- A grace period of three 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 completed logbook and the final online evaluation sheets from the participating hospital no later than three months from the completion of the term.

VI. EXAMINATION

- Examination will be held once the course completion certificate is provided and the dates will be announced 6 months in advance.
- All clinical & research related materials (journal access, patients, course materials) and infrastructure (desk, library) will be provided by the candidate online for assessment.

VII. FEE STRUCTURE

- The fellowship will not attract any admission fee. However a non-refundable examination fees of Rs.25000 will be levied while applying for the examination.
- 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.
- 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 and conferences will be borne by the candidate themselves.

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

FMBS Logbook

Subjective assessment forms one of the six scoring system of the surgical fellows towards their graduation. Program director is required to review the clinical and personal skills of his / her candidate using the numeric rating based on the subjective parameters given below. The assessment will be a quarterly review and forms the major part of the candidates final score towards fellowship graduation.

Program Details

Name of the Bariatric Fellow	
Name of Program Director	
Name of the Bariatric Practice	
Date of appointment to scheme	
Duration of clinical training	

Clinical Experience of Fellow

Parameters	Performed	Required	Parameters	Performed	Required
Pre-op Evaluations		50	Patient Education		4
In-patient management		50	Restrictive surgeries		20
Post-op follow-up		50	Bypass surgeries		20
*Quarterly M & M		4	As Primary Surgeon		10
Support Group Meet		4	Revision Procedures		5
*Quarterly M & M		4	Total Surgeries		50

Aims of the Logbook

This online logbook is for use by surgeons who have started work in the OSSI fellowship program. The log book has been designed to help surgeons address the core skills and values required of a bariatric / metabolic surgeon and relates to the OSSI guidance on Good Surgical Practice. The log book will support the programme and help the individual surgeon and program director identify areas of practice that could be improved upon.

A full course assessment will carry the following fields including 1} Subjective assessment, 2} Literature review, 3} Clinical Research, 4} Abstract presentation, and a final 5} Examination (MCQ / Viva) during the OSSICON. A confirmed publication will fetch the candidate bonus marks

How to use the logbook

Throughout the fellowship programme there will be a process of regular review. The review takes place:

- Every quarter during the program period by the program director
- A final review by the examiners after completion of program

At the review the program director will do a subjective assessment and make a judgment as to the performance of the surgeon. In order to make this judgment the program director may use as evidence:

- Direct observation of the refresher / induction doctor
- Case based discussion
- Indicators of practice such as referrals / prescribing

- Patient satisfaction questionnaires
- Feedback from others

The fellow surgeon is encouraged to develop a portfolio of their work to support the discussions. This may include:

- A reflective learning log
- A case review
- An account of an event (patient consultation / referral / interaction with a team member) they have learnt from
- An audit
- Reflections on learning events they have attended

The review will be completed by identifying learning objectives which will help make clear how the fellow surgeons may further improve their practice.

At completion of the training, a link of the logbook will be sent to the appropriate Examiner for final review. This should be accompanied by a statement in the final review section as to whether there are remaining concerns relating to a competency area or whether at this point there are no obvious causes for concern that have been identified.

eLOGBOOK

Patient Log
Lectures
Research
Meetings
Presentation
Publications

S.No	Date	Op. Status	Surgery Type	Technique	Procedure	Role	Remark

Operative status - Pre-operative / Operative surgery / Post-op follow-up
 Surgery type - Primary / Revision
 Technique - Laparoscopy / Robotics / SILS / Endoscopy
 Role - Observed / Assisted / Performed

S.No.	Topic	Date	Faculty
1	Epidemiology of Obesity		
2	History of Bariatric Surgery		
3	Physiology and Interactive Mechanisms		
4	Preoperative Evaluation		
5	Psychology of the Morbidly Obese		
6	Essentials of a Bariatric Program		
7	Postoperative Management		
8	Laparoscopic Vs Robotic Vs SILS		
9	Sleeve Gastrectomy		
10	Non-Sleeve Restrictive Operations		
11	Roux-En-Y Gastric Bypass		
12	One Anastomosis Gastric Bypass		
13	Other Malabsorptive Surgeries		
14	Revisional Weight Loss Surgery		
15	Managing Intraoperative and Postoperative Complications		
16	Nutritional Considerations & Deficiencies		
17	Obesity in Childhood and Adolescence		
18	Outcomes of Bariatric Surgery		
19	Role of Endoscopy in Bariatric Surgery		
20	Documentation and Scientific writing		
21	ERAS in Bariatric Surgery		
22	Bariatric Emergencies		
23	Special Considerations (GERD, NASH, Hernia, etc)		

Literature Review

Title	Start Date	Submit date	Document
			UPLOAD

Thesis / Clinical Study

Title	Start Date	Submit date	Document
			UPLOAD

S.No	Date	Type of Meeting	Leader	Attendance	Remark

Type of meeting - Support group meet / Mortality-Morbidity / Inter department / Clinical Meet

S.No	Date	Topic	Conference / Meeting	Remark

Date	Title	Co-Authors	Publisher	Document
				UPLOAD
				UPLOAD

ASSESSMENT CRITERIA

1	History taking, examination and investigations									
1	2	3	4	5	6	7	8	9	10	
Incomplete, inaccurate, confusing history taking, cannot get patient co-operation for examination, random, unnecessary investigation, little thought			Clear history taking, appreciates the importance of clinical, psychological and nutritional factors, performs appropriate examination, investigations				Accomplished and concise history taking, Skilled examination technique, effective listener, arranges, and acts on Investigations intelligently, and diligently			

Date	Score	Comments

2	Record Keeping									
1	2	3	4	5	6	7	8	9	10	
Poor, confusing records. Inadequate, illegible			Clear records made in notes, medico-legally sound, but difficult to follow				Records his/her information accurately and efficiently. Easy for others to follow			

Date	Score	Comments

3 Problem solving/ crisis management									
1	2	3	4	5	6	7	8	9	10
Unable to make decisions, or even make a working diagnosis. Fails to involve patients in decision-making. Unaware of limits			Can make sound safe, appropriate management plans. Involves patients in decision-making. Good recognition of own limits				Shows intelligent Interpretation of data to form effective hypothesis, understand the importance of probability in diagnosis		

Date	Score	Comments

4 Emergency care									
1	2	3	4	5	6	7	8	9	10
Does not respond to emergency calls, chaos and panic in emergency situations			Responds quickly to emergency calls, works well within team, appropriate management of situation				Shows ability in evaluating emergencies intelligently, establishes priorities correctly, assists promptly.		

Date	Score	Comments

5 Attitude to and relationship with patients									
1	2	3	4	5	6	7	8	9	10
Discourteous, inconsiderate of patients views, dignity & privacy. Unable to reassure, subject of repeated complaints			Courteous & polite, with patients, shows appropriate level of emotional involvement in the patient and family. Respects privacy & dignity				Excellent bedside manner, able to anticipate patients emotional and physical needs and plans to meet them. Explains clearly		

Date	Score	Comments

6	Team working/ relationship with colleagues									
1	2	3	4	5	6	7	8	9	10	
Unable/ refuses to communicate with colleagues. Can't work to common goal, and inflexible			Listens to colleagues – accepts the views of others. Flexible – ability to change in the face of valid argument				Able to bring together views for a common goal. Team goal is put before personal agenda			

Date	Score	Comments

7	Life long learning/ Involvement in Teaching									
1	2	3	4	5	6	7	8	9	10	
Does not see the need for learning from mistakes. Fixed blinkered approach, poor attendance at teaching			Positive approach to learning, participated in teaching, learns from mistakes > 50% attendance at teaching				Enthusiastic approach to learning, reports own errors, ability to learn from experience, good attendance > 75%			

Date	Score	Comments

8	Professional attitude and approach to work									
1	2	3	4	5	6	7	8	9	10	
Poor attitude/ approach for possible concerns, Fails to care for patient concern, prejudice care			Reasonable attitude/ approach in above areas, a good doctor				Excellent attitude/ approach in above the areas, a credit to the profession. Patient care is the priority.			

Date	Score	Comments

9 Communication Skills									
1	2	3	4	5	6	7	8	9	10
Poor comprehension of even simple sentences, unable to follow a conversation, Cannot make it understandable			Has a good command of language, Can dictate or write clear letters, notes, legible. Uses appropriate medical terminology.				Clear speech, no misunderstandings, no accent, Good clear letters, able to deliver complex messages		

Date	Score	Comments

10 Integration with the Hospital system									
1	2	3	4	5	6	7	8	9	10
No awareness of the corporate hospital systems, unable to adapt to new ways of working			Coping well with the systems, can overcome teething problems and is learning new ways				Working well within the confines of the system, correct use of its systems, professional etiquette		

Date	Score	Comments

Comments/ learning objectives after first quarter

Signed	Date
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Comments/ learning objectives after second quarter

Signed	Date

Comments/ learning objectives after third quarter

Signed	Date

Comments/ learning objectives after fourth quarter

Signed	Date

Review of Literature

Literature review contains critical analysis and integration of information from a number of sources as well as consideration of gaps in the literature and infers the possibility of future research. The examiner scores them using the numeric rating based on the subjective parameters given below. This assessment forms a part of the candidates final score towards fellowship graduation.

1	Review question										
	1	2	3	4	5	6	7	8	9	10	
	Poor design with unclear objectives and discussion			Good overall design, however didn't satisfy the outcome				Clearly defined and appropriately answered			
Date	Score	Comments									

2	Overall design of study									
1	2	3	4	5	6	7	8	9	10	
Inadequate and irrelevant			Adequate and relevant				Very well structured			
Date	Score	Comments								

3	Participants studied									
1	2	3	4	5	6	7	8	9	10	
Inadequately studied and ill defined			Adequately described and their conditions defined				Very well described and precisely defined			
Date	Score	Comments								

4	Methods									
1	2	3	4	5	6	7	8	9	10	
Poor description and ethical issues ignored			Adequately described but ethics not well described				Very well described and ethical issues discussed			
Date	Score	Comments								

5	Baseline Data									
1	2	3	4	5	6	7	8	9	10	
Poor baseline demographics and clinical characteristics			Baseline demographics and clinical characteristics explained in general				Baseline demographics and clinical characteristics clearly explained for each group			
Date	Score	Comments								

6	Results									
1	2	3	4	5	6	7	8	9	10	
Research question not answered well			Answers the research question but poorly presented				Well answered, credible and well presented			
Date	Score	Comments								

7	Interpretation / Discussion									
1	2	3	4	5	6	7	8	9	10	
Hypothesis not verified & not in context of other studies			Hypothesis verified, results well compared				Unexpected outcomes and limitations well explained			
Date	Score	Comments								

8	Conclusions									
1	2	3	4	5	6	7	8	9	10	
Not warranted and insufficiently derived			Warranted by and sufficiently derived				Very well derived and focused on the data			
Date	Score	Comments								

9	References									
1	2	3	4	5	6	7	8	9	10	
Not very relevant and there are glaring omissions			Up to date and relevant, but use of less powerful studies				Use of highly indexed and relevant studies			
Date	Score	Comments								

10	Study Originality									
1	2	3	4	5	6	7	8	9	10	
Plagiarised and of little scientific interest			Original but nothing new to offer (been there done that)				Highly original and something publishable			
Date	Score	Comments								

Thesis / Clinical Study

A dissertation on one of important or controversial subject in bariatric and metabolic surgery in which an original research is done. The examiner scores them using the numeric rating based on the subjective parameters given below. This assessment forms a part of the candidates final score towards fellowship graduation.

1	Research question									
1	2	3	4	5	6	7	8	9	10	
Poor design with unclear objectives and discussion			Good overall design, however didn't satisfy the outcome				Clearly defined and appropriately answered			
Date	Score	Comments								

2	Overall design of study									
1	2	3	4	5	6	7	8	9	10	
Inadequate and irrelevant			Adequate and relevant				Very well structured			
Date	Score	Comments								

3	Participants studied									
1	2	3	4	5	6	7	8	9	10	
Inadequately studied and ill defined			Adequately described and their conditions defined				Very well described and precisely defined			
Date	Score	Comments								

4	Methods									
1	2	3	4	5	6	7	8	9	10	
Poor description and ethical issues ignored			Adequately described but ethics not well described				Very well described and ethical issues discussed			
Date	Score	Comments								

5	Baseline Data									
1	2	3	4	5	6	7	8	9	10	
Poor baseline demographics and clinical characteristics			Baseline demographics and clinical characteristics explained in general				Baseline demographics and clinical characteristics clearly explained for each group			
Date	Score	Comments								

6	Results									
	1	2	3	4	5	6	7	8	9	10
Research question not answered well			Answers the research question but poorly presented				Well answered, credible and well presented			
Date	Score	Comments								

7	Interpretation / Discussion									
	1	2	3	4	5	6	7	8	9	10
Hypothesis not verified & not in context of other studies			Hypothesis verified, results well compared				Unexpected outcomes and limitations well explained			
Date	Score	Comments								

8	Conclusions									
	1	2	3	4	5	6	7	8	9	10
Not warranted and insufficiently derived			Warranted by and sufficiently derived				Very well derived and focused on the data			
Date	Score	Comments								

9	References									
	1	2	3	4	5	6	7	8	9	10
Not very relevant and there are glaring omissions			Up to date and relevant, but use of less powerful studies				Use of highly indexed and relevant studies			
Date	Score	Comments								

10	Study Originality									
	1	2	3	4	5	6	7	8	9	10
Plagiarised and of little scientific interest			Original but nothing new to offer (been there done that)				Highly original and something publishable			
Date	Score	Comments								

Abstract Presentation

Presentation of thesis abstract is mandatory during OSSICON which will be a part of assessment of the candidate. The examiner scores them using the numeric rating based on the subjective parameters given below. This assessment forms a part of the candidates final score towards fellowship graduation.

1	Novelty / Originality									
1	2	3	4	5	6	7	8	9	10	
Not original. Nothing new			Little originality. Of local interest only				Highly unique. Of national interest			
Date	Score	Comments								

2	Clarity									
1	2	3	4	5	6	7	8	9	10	
Disorganised and jumbled. Difficult to comprehend			Adequate presentation. Fairly clear. Some incomplete info				Excellent presentation. Clear. Ordered. Concise			
Date	Score	Comments								

3	Significance / Impact									
1	2	3	4	5	6	7	8	9	10	
No significance. Highly irrelevant to clinical practice			Quiet significant and of some importance to clinical practice				Highly significant and very important to clinical practice			
Date	Score	Comments								

4	Methodology									
1	2	3	4	5	6	7	8	9	10	
No purpose. No attempt to improve or assure practice			Good audit, but mainly of local relevance				Clear objective with appropriate standards			
Date	Score	Comments								

5	Message									
1	2	3	4	5	6	7	8	9	10	
No clear message. Of no clinical importance.			Some tangible benefit to clinical practice				Very important lesson for clinical practise			
Date	Score	Comments								

Examination

Examination happens during OSSICON which will be a part of assessment of the candidate. The examination will be 100 multiple choice questions for a total score of 100.

Total Assessment:

Parameters with * will be scored by the FMBS admin at the end of the term

Particulars	Review Date:	Program Director / Examiner	Max Score	Marks Scored	View Details
Ist Quarter review			100		Click Here
IInd Quarter review			100		Click Here
IIIrd Quarter review			100		Click Here
IVth Quarter review			100		Click Here
Literature Review			100		Click Here
Thesis / Clinical study			100		Click Here
Abstract Presentation			100		Click Here
Theory Examination			100		Click Here
Logbook Maintanance *			50		Click Here
Journal Publications*			50		Click Here
Awareness Initaitives*			50		Click Here
Exceptional Performance*			50		Click Here
Grand Total			1000		NA

2019 Important Dates:

Last date for submission of application - 15 March 2019

Announcement of results - 30 March 2019

Course Commences - 1 April 2019

Last date to choose literature review topic - 30 June 2019

Last date to chose thesis topic - 30 June 2019

Last date for submission of literature review - 30 Sep 2019

Abstract presentation - 28 Feb 2020

Examination - 29 Feb 2020

Last date for submission of thesis - 15 March 2020

Course Ends - 31 March 2020

Theory results - 31 March 2020

Thesis results - 15 April 20120

Submission after thesis corrections if any - 15 May 2020

Arrear examination - 15 June 2020

Final Results - 30 June 2020

Graduation ceremony - OSSICON 2021