

Designing an Aesthetic Surgery Curriculum for Plastic Surgery Residents

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Background

- Exposure to aesthetic surgery is limited at residency programs in the U.S.^{1,2}
- A dedicated curriculum can enhance exposure to aesthetic procedures.³
- Skills labs offer an opportunity to bridge this gap.
- We developed a hands-on Plastic Surgery Aesthetic Surgery Curriculum (PSASC).

References (1.) Perdakis G, et. al. 2021; (2.) David JA, et. al. (2018); (3.) Momeni A, et. al. (2013).



Methods

- Our PSASC includes didactic lectures, live demonstrations, and hands on sessions.
- Institutional open recruitment for volunteer models.
- Confidence assessments were performed with residents after the curriculum.

Curriculum

Module	Description	Objectives
Module 1: Botulinum Toxin I - Introduction	Review mechanism of botulinum toxin and practice basic skills	Inject upper face
Module 2: Botulinum Toxin II – Advanced Techniques	Focus on advance injection techniques	Inject lower face
Module 3: Fillers I	Review characteristics of common fillers, safe. injection techniques	Inject mid face
Module 4: Fillers II	Review emergency plan for vascular obstruction	Inject lower face
Module 5: Fillers III		Inject special locations
Module 6: Fillers IV		Perform liquid rhinoplasty
Module 7: Chemical Peels and Skin Care	Review peel types & mechanism	Perform superficial peels
Module 8: Lasers	Review laser physics, types, mechanism	Perform superficial lasers

Results

- 18 (90%) surveys, 31% aiming for aesthetic fellowship
- *most comfortable* with Botox to the frontalis (94%), corrugators (100%), filler to the cheek (56%), and nasolabial fold (56%)
- *less comfortable* with Botox to the orbicularis oculi (44%), depressor anguli oris (DOA)/lower midface (31%), and filler to marionette lines (38%), forehead (31%), undereye (38%), lip (38%).
- All found the PSASC to be a valuable addition to training; 75% said they would not have had exposure to injectables without it.
- 94% said they felt comfortable offering aesthetic treatments in their future practices.



Conclusion

- Implementing a non-surgical aesthetic curriculum is feasible and provides significant value for residents.
- Fulfills gaps in residency training.
- Allows for earlier exposure to aesthetic procedures.
- Future directions will include in-office surgical procedures.