AESTHETIC FELLOWSHIP ELIGIBILITY & GUIDELINES

The American Society for Aesthetic Plastic Surgery is sponsoring one ASAPS Aesthetic Fellowship, made possible by an educational grant from Ethicon Endo-Surgery, Inc. The goal of the Aesthetic Society’s Fellowship Program is to encourage aesthetic plastic surgeons who have the desire to incorporate a Fellow into their practice, a means to fund the Fellowship. All applications for the Aesthetic Fellowship funding will be reviewed by the ASAPS Fellowship Committee and the grant will be awarded based on the ability of the program director to fulfill the fellowship guidelines and curriculum requirements as outlined on the attachment.

It is our vision that a standardized plastic surgery-based aesthetic or cosmetic fellowship will provide the training, consistency and quality which patients seek when they chose a surgeon for an aesthetic procedure. The Aesthetic Fellowship Program is intended to provide an advanced opportunity for a Fellow to gain structured exposure to all aspects of an aesthetic practice under the supervision of a Fellowship Director.

The Aesthetic Society’s Fellowship provides $65,000 to support one full-time fellow for the period of 12 months. Preference will be given to applications submitted by an Aesthetic Society Active Member for a new aesthetic fellowship or to add a Fellow to an already existing program.

Eligibility and Criteria:
1. The Fellowship Director must be an Active Member of the American Society for Aesthetic Plastic Surgery.
2. The Fellowship must be 12 months in length with 6 and 12 month progress reports provided to ASAPS.
3. The Fellowship Director must agree to abide by the Aesthetic Fellowship Curriculum attached to this document. ASAPS recognizes that not all programs exclusively perform aesthetic surgery; however aesthetic cases must comprise a minimum of 70% of the Fellow’s experience as documented by a case list.
4. The Fellowship should have an affiliation with a plastic surgery academic training program. If there is no local program, the Fellowship should have arrangements for the Fellow to participate in academic enrichment, lectures, grand rounds, and research.
5. The selected Fellow must be a plastic surgery training program graduate. International graduates will be considered if they have satisfied the prerequisite US medical examinations for fellowship training.
6. The Fellow is required to design and execute at least one clinical study or research project with the ultimate goal of submission to a national meeting and Aesthetic Surgery Journal. Publication in the form of case reports, book chapters or editorials is highly encouraged.
7. The Fellowship Award is not transferable to another institution or to operating funds. If the Fellow leaves the training program, the Fellow and the Director must notify ASAPS within 30 days.

Application Deadline: Monday, November 16, 2009 at 11:59pm Pacific

All applications must be submitted by completing Page Two (signature required) and attaching the documents requested on Page Three. A competitive application must contain all requested documentation – incomplete applications will automatically be disqualified.
Aesthetic Fellowship Grant Application - 2010

Application Deadline: Monday, November 16, 2009 at 11:59pm Pacific

Program Director Name: ____________________________________________________________

Position Title: ___________________________________________ Credentials: ______________

Institution: __________________________________________________________

Street Address: ______________________________________________________________

City: ___________________________ State: _____ Zip: _______________________________

Email: ___________________________ Fax: ________________________________

Phone: ___________________________ Admin. Email: ______________________________

Administrative Contact for Notification: ___________________________

Please answer the following questions and attach the documents requested on Page Two

1. I am an Active Member of the American Society for Aesthetic Plastic Surgery.  
   Yes  No

2. My fellowship start date will be July 1, 2010.  
   Yes  No
   If no, what date: ________________________________________________

3. My fellowship will be 12 months in length  
   Yes  No

4. I agree to abide by and conform to the ASAPS Aesthetic Fellowship Curriculum.  
   Yes  No

5. I agree to provide 6 and 12 month reports, including data, to support the achievement of educational, clinical, and research goals by the Fellow.  
   Yes  No

6. The Fellow will design and execute at least one clinical study or research project with the ultimate goal of submission to a national meeting and our peer-reviewed journal, Aesthetic Surgery Journal.  
   Yes  No

7. I will provide appropriate malpractice insurance for the Fellow.  
   Yes  No

8. I will allow my Fellow to freely provide information on the educational experience including an accurate list of the quantity and quality of aesthetic procedures that the Fellow experienced during the fellowship (i.e. case list).  
   Yes  No

9. I am willing to participate in a future review mechanism to maintain agreed upon standards.  
   Yes  No

10. This grant will fund a new aesthetic fellowship position.  
    Yes  No

Applicant Organization Certification & Acceptance: I hereby certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. If the fellow leaves the training program, the Fellow and the Director must notify ASAPS within 30 days.

Signature: ___________________________ Date: __________________

Aesthetic Fellowship Grant Application  Page 2
All applicants must submit the following documentation as individual attachments to the Page Two application:

1. Clinical Fellowship Program Director Curriculum Vitae – maximum of **four** pages.

2. Curriculum Vitae of any other key faculty that will be significantly involved in the training.

3. Provide a description of the recruitment plan to attract and identify qualified aesthetic plastic surgery Fellows to participate in the program – maximum **one** page, 12 point type.

4. Provide a description of the criteria and process that will be used to select a Fellow to take part in this Aesthetic Fellowship – maximum **one** page, 12 point type.

5. Specify the facilities that the aesthetic Fellow will be using during the training period. Outline the performance sites and describe the capacities, pertinent capabilities, relative proximity, and extent of availability to the Fellow – maximum **two** pages, 12 point type.

6. Describe the clinical activities and experiences that the aesthetic Fellow will be involved in during the training period. This should include a description of the anticipated clinical case experiences the Fellow will be exposed to including the number of preoperative evaluations, the number and type of operations, the percentage of surgeries as the primary surgeon, and the number of postoperative evaluations – maximum **one** page, 12 point type.

7. Provide a general description of the aesthetic surgery research activities and projects in which the Fellow will be participating – maximum **one** page, 12 point type.

8. If this is a **new** aesthetic fellowship, how will the fellowship be sustained after 2010 should the funding be awarded for one year only? – maximum **one** page, 12 point type

9. Provide letter(s) of support/commitment from the institution and/or other organizations/key faculty that will be involved in the training (i.e. rotations) of the Fellow.

All applications must be submitted by completing Page Two and attaching the documents requested on Page Three. Applications must be submitted in PDF format and sent via email to sue@surgery.org by 11:59pm Pacific on Monday, November 16, 2009.

Any incomplete applications received will automatically be disqualified. All applicants will be notified of the outcome by **Tuesday, December 15, 2009**.

Questions should be directed to Sue Dykema or Marissa Simpson at the Central Office of the Aesthetic Society – 800/364-2147 or 562/799-2356.
American Society for Aesthetic Plastic Surgery

Aesthetic Fellowship Curriculum

Core Curriculum & Criteria:

I) Fellowship Design

a. The fellowship will be 12 months in length.

b. The fellowship will be sponsored and under the direction of a board-certified plastic surgeon who is also an Active Member of The American Society for Aesthetic Plastic Surgery.

c. The fellowship should have an affiliation with a plastic surgery academic training program. If there is no local program affiliated, the fellowship should have arrangements for the fellow to participate in academic enrichment, lectures, grand rounds, research.

d. The fellow is required to design and execute at least one clinical study or research project with the ultimate goal of submission to a national meeting and our peer-reviewed journal, Aesthetic Surgery Journal. Publication in the form of case reports, book chapters or editorials is highly encouraged.

e. Eligibility for the fellowship is only after completion of a plastic surgery training program. International graduates will be considered if they have satisfied the prerequisite US medical examinations for fellowship training.

II) Responsibility of the Fellowship Director

a. The committee recognizes that many responsibilities of a fellow will include an obligation of service to the fellowship, the director associates, and patients; however this should not be the primary goal. The primary goal of the fellowship is to provide advanced clinical education in cosmetic surgery. Therefore, the emphasis should be placed on teaching and direction. In order to provide a standard, all fellowship directors must agree to this.

b. Malpractice insurance must be provided to the fellow.
c. Some form of financial support (be it housing stipend, salary or housing assistance) should be provided.

d. The fellowship director must agree to provide periodic and repeated opportunities (weekly or monthly) for lectures, discussion of clinical cases or formalized education. The structure of these meetings should be predesigned in a curriculum prepared by the fellowship director.

e. Each fellowship should have its own documented curriculum or handbook which lists the expected responsibilities of the fellow and the goals for fellow’s education and service commitment.

f. An important aspect of education in aesthetic surgery not only lies in learning how to perform the operation, but understanding the importance of preoperative and postoperative management of aesthetic patients. Therefore, the fellowship must document that the fellow has exposure to patient care in the office or clinic setting and that this time is dedicated for this goal.

g. The fellowship should provide a graduated clinical responsibility for the fellow(s). This should provide opportunities for autonomous operating and patient management with appropriate staff supervision, depending upon the technical skills and level of training of the fellow. An example of such an opportunity would be an “Aesthetic Clinic” managed and directed by the fellow.

h. The fellowship director must have an avenue for the fellow to document a standardized case list of cases participated in during training. At the conclusion of the fellowship, this case list should be coordinated by name and category and signed by the fellowship director as proof of competency in aesthetic surgery training.

i. The fellowship director should provide the fellow with a diploma or certificate at the conclusion of the fellowship indicating proof that the fellowship was completed in good standing and that all requirements were met.

III) Design of the Core Curriculum

a. The committee recognizes that although our fellowships are designed to provide advanced education in aesthetic surgery, not all fellowships, surgeons or programs exclusively perform only cosmetic surgery. In fact, integration of reconstructive surgery within the fellowship is an asset. Aesthetic cases should however compromise no less than 70% of the fellows experience documented by case list.

b. Categories: The training programs should be broad-based and comprehensive, providing exposure to all aspects of aesthetic surgery. Exposure should be through direct patient contact. If significant patient exposure is lacking in a given area, the fellow should be given the opportunity for directed self-study and
evaluation in the area of concern. An emphasis should be placed on patient safety and facility in the use of reliable, producible and aesthetic techniques within the following categories:

IV) Curriculum for Post Graduate Training in Aesthetic Surgery

a. Facial Aesthetic Surgery

i. Aesthetic principles of the face
   1. Facial Anatomy
   2. Facial Analysis
   3. Skin care
      a. Daily
      b. Pre-operative/pre-procedural
      c. Post-operative

ii. Upper Face
   1. Brow analysis
   2. Brow Lifting Techniques
      a. Non-invasive
      b. Endoscopic
      c. Open
         i. Direct
         ii. Hairline
         iii. Coronal

iii. Upper Eyelid
   1. Upper eyelid analysis
   2. Blepharoptosis evaluation and treatment
   3. Upper Blepharooplasty techniques
      a. Non-invasive
b. Surgical

iv. Lower Eyelid

1. Lower eyelid analysis and pre-operative evaluation
2. Lower blepharoplasty techniques
   a. Non-invasive
   b. Skin only
   c. Orbicularis repositioning
   d. Canthopexy techniques
   e. Canthoplasty techniques

v. Midface/ Cheek

1. Midface/Cheek analysis
2. Midface lift techniques
   a. Open
   b. Endoscopic
3. Non-invasive volumetric augmentation

vi. Face and Neck

1. Analysis
2. Pre-operative planning
3. Operative techniques
   a. Neck lift
   b. Chin implant
   c. Platysmaplasty
   d. Facelift
      i. Subcutaneous
      ii. SMAS plication
      iii. SMASEctomy
iv. Sub-SMAS

vii. Rhinoplasty
   1. Analysis
   2. Structural considerations
   3. Techniques
      a. Open vs. closed
      b. Incisions
      c. Grafts
   4. Primary rhinoplasty
   5. Secondary rhinoplasty
   6. Cleft lip nasal deformity
   7. Airway obstruction
      a. Surgical management
      b. Non-surgical management
      c.

viii. Alopecia/ hair transplantation/restoration
   1. Principles
   2. Surgical techniques
   3. Clinical applications
   4. Complications and management

ix. Deformities of the ear
   1. Analysis
   2. Operative techniques

b. Aesthetic breast
   i. Analysis and examination techniques
      1. Congenital Breast Disorders
      2. Gynecomastia
      3. Mammary ptosis
      4. Mammary hypoplasia
5. Revision aesthetic breast surgery
   ii. Mammary hypertrophy
      1. Indications and contraindications of surgical techniques for
         Reduction Mammaryplasty.
      2. Surgical therapy
         a. Liposuction
         b. Nipple pedicle
            i. Central
            ii. Superior
            iii. Superior medial
            iv. Inferior
            v. Bipedicle
            vi. Free nipple graft
         c. Vertical skin technique
         d. Wise-type skin excision
      3. Complications and their management
   iii. Mammary hypoplasia
      1. Indications and contraindications of surgical techniques
      2. Breast Augmentation Techniques
         a. Implant type
            i. Saline
            ii. Silicone
         b. Surgical incision
            i. IMF
            ii. Periareolar
            iii. Transaxillary
         c. Breast plane
            i. Subpectoral
            ii. Subglandular
      3. Complications and management
      4. Capsular contracture-prevention and management
      5. Revision breast augmentation
      6. Long term problems and their evaluation with non-invasive
         methods
   iv. Mammary ptosis
      1. Indications and contraindications
      2. Surgical procedures for correction:
         a. Mastopexy
         b. Mastopexy-augmentation
      3. Complications and their management
   v. Male gynecomastia
      1. Indications and contraindications
      2. Surgical procedures for correction:
         a. Liposuction
         b. Excisional techniques
3. Complications and their management
   vi. Congenital breast deformities
       1. Inverted nipple
       2. Tubular breast and constricted breast
       3. Breast asymmetry

c. Body Aesthetic Surgery Techniques
   i. Liposuction
      1. Including understanding the basic uses of standard, ultrasonic assisted and alternative liposuction modalities.
      2. Liposuction techniques including wetting solutions
      3. Appreciation of the physiologic effect of tumescent fluid, its pharmacological composition and the symptoms, effect of lidocaine toxicity.
      4. Techniques and instrumentation
         a. Suction assisted
         b. Power Assisted
         c. Ultrasonic Assisted
         d. Other
      5. Clinical application
      6. Complications and management
   ii. Abdominoplasty
      1. Analysis
      2. Surgical techniques
         a. Mini-abdominoplasty
         b. Endoscopic plication
         c. Lipoabdominoplasty
         d. Abdominoplasty
         e. Extended and circumferential technique
   iii. Body contouring and massive weight loss techniques
      1. Analysis
2. Bariatric surgical techniques
3. Pre-operative management
4. Operative techniques
   a. Brachioplasty
   b. Upper trunk contouring
   c. Lower body lift procedures
   d. Thighplasty (medial/lateral)

iv. Combination surgery
   1. Perioperative planning

d. Cosmetic Medicine
   i. A demonstration of regional facial nerve blocks associated with non-surgical facial rejuvenation.
   ii. Botox
   iii. Soft-tissue fillers including collagen-based, hyaluronic acid-based and permanent fillers.
   iv. Non-surgical rejuvenation such as chemical peels
   v. Laser treatment of skin for rejuvenation
      1. Biophysics
      2. Instrumentation – varieties of lasers for rejuvenation
      3. Clinical applications
      4. Techniques of use
      5. Aftercare
   vi. Complications and management
   vii. Skin care including preoperative prepping for laser rejuvenation and chemical peeling.

e. The practice of aesthetic surgery
i. Outpatient office/clinic management

ii. ICD-9 coding

iii. CPT coding

iv. Medical photography

v. Outpatient operating facility
   1. Equipment
   2. Laboratory evaluation
   3. Patient records
   4. Patient monitoring during surgery
   5. AAAAPSF standards

f. Medicolegal and psychological aspects of aesthetic surgery
   i. Principles of informed consent
   ii. Risk Management
   iii. The medical record
   iv. Psychological aspects of aesthetic surgery
   v. Evaluation of the patient for aesthetic surgery
   vi. The psychology of deformity
   vii. Management of the dissatisfied patient