



Innovatively Bridging Gaps in Aesthetic Surgery Training: Insights and Initiatives

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Worldwide, studies have consistently pointed out deficiencies in aesthetic surgery training due to a lack of structured training programs. In India, residents lack confidence in cosmetic surgery procedures posttraining, primarily due to limited exposure to aesthetic surgery procedures in teaching hospitals.¹ A comparative survey of aesthetic training systems revealed that the combined theoretical and hands-on approach in System A (Brazil) resulted in higher self-confidence among junior plastic surgeons compared with the solely theoretical approach in System B (Italy).² Notably, Vissers et al³ highlighted the contrast in plastic surgery training between the United Kingdom and Belgium, where Belgium's integrated aesthetic surgery training resulted in higher confidence levels; the UK's National Health Service lacked exposure to cosmetic surgery. A study in United States showed over half of residents felt least trained in aesthetic surgery, with 56.4% intending to seek additional training postresidency, especially those with more experience in specific subspecialties. However, there was increased confidence among residents, particularly Postgraduate Year-5 and Postgraduate Year-6, after participating in clinic rotations.⁴ Residents in Europe are mandated to have aesthetic surgery exposure for board certification.⁵ Residents in Canada showed an increasing number of aesthetic procedures performed as training progressed, with confidence levels rising throughout the residency period.⁶

Aligned with Indian Association Of Aesthetic Plastic Surgeons Syllabus, the Department of Plastic Surgery at All India Institute of Medical Sciences, Delhi, adopts a multidimensional approach to provide comprehensive training in aesthetic surgery. The curriculum, detailed in ►Table 1, covers all aspects of aesthetic surgery. Monthly online classes, totaling 60 hours yearly, are conducted by external senior

experts and department faculties. Practical learning is emphasized through quarterly cadaveric workshops (40 hours) and hands-on surgical workshops (80 hours) encompassing various techniques (►Fig. 1). Ethical considerations, accurate diagnosis, aesthetic assessment, effective management planning, client counselling, postoperative care, and follow-up are integral parts of the curriculum (►Fig. 2).

Additionally, residents and faculty participate in a discussion group where they share challenging and intriguing cases that provide valuable learning opportunities. During these sessions, the residents conduct a systematic assessment of the cases and receive further guidance from expert faculty members. Additionally, the department offers a collaborative dermatosurgery clinic that focuses on formal learning in aesthetic medicine and procedures such as lasers, micro-needling, radio frequency, peels, and injectables.

Furthermore, the program offers advanced training opportunities through formal rotations in high-volume aesthetic units. We analyzed the effectiveness of this unique training model, observing statistically significant improvements in residents' knowledge and technical skills during regular cadaveric workshops using fresh-frozen cadavers. Our study revealed that nearly 100% of residents found the training relevant and comprehensive, with 95% recognizing its impact on their future goals in aesthetic surgery. Literature highlights the need for further initiatives and discussion like integration, aiming to enhance standards of aesthetic care in the entire region. It emphasizes the need for a more organized systematic, protocol-driven approach to aesthetic surgery in India.

Conflict of Interest

None declared.

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Table 1 Hour-wise distribution of topics covered under aesthetic curriculum

| | Topics | Teaching (hours) | Hands-on (hours) | Cadaveric (hours) |
|----|---|------------------|------------------|-------------------|
| A) | Facial plastic surgery | 17 | 23 | 12 |
| a. | Blepharoplasty | 1 | 2 | 1 |
| b. | Brow lift | 1 | 2 | 1 |
| c. | Face and neck lift | 5 | 6 | 3 |
| d. | Perioral surgery | 1 | 2 | 1 |
| e. | Otoplasty | 1 | 2 | 1 |
| f. | Rhinoplasty | 5 | 5 | 3 |
| g. | Profiloplasty | 1 | 2 | 1 |
| h. | Facial Implants | 1 | 2 | 1 |
| B) | Noninvasive and minimal invasive (injectables, fat grafting, thread lift, laser resurfacing and nonablative treatments, etc.) | 14 | 14 | 7 |
| C) | Hair transplantation | 4 | 5 | 2 |
| D) | Breast surgery | 8 | 8 | 4 |
| a. | Augmentation mammoplasty and mastopexy | 4 | 4 | 2 |
| c. | Reduction mammoplasty | 2 | 3 | 1 |
| d. | Nonflap-based breast reconstruction | 2 | 1 | 1 |
| E) | Abdominoplasty | 2 | 5 | 2 |
| F) | Body lift | 5 | 10 | 5 |
| G) | Liposuction/body contouring | 6 | 12 | 6 |
| a. | Liposuction torso (male and female) | 2 | 4 | 2 |
| c. | Liposuction limbs | 2 | 4 | 2 |
| d. | Gluteal reshaping and implantation | 2 | 4 | 2 |
| H) | Genital aesthetic surgery | 4 | 3 | 2 |
| | Total | 60 | 80 | 40 |

**Fig. 1** Cadaver model being used to train residents in liposuction.



Fig. 2 Hands-on training in liposuction.

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