Goals and Objectives

1. Provide a well-rounded experience for Fellow in facial plastic and reconstructive surgery, with emphasis on basic principles, techniques, patient selection and patient management.
   
   A. Strong didactic program with core curriculum
   
   B. Strong clinical exposure to multiple clinicians and multiple surgical techniques.
   
   C. Direct personal surgical and clinical experience (including pre-operative evaluation, post-operative patient management, and surgical experience as first assistant and primary surgeon).

2. Community education (both medical and general community)

   A. Objective is to educate the community as to the American Academy of Facial Plastic and Reconstructive Surgery Fellowship Program and to the fact that facial plastic surgeons possess expertise and skill in all areas of facial plastic and reconstructive surgery, including cosmetic surgery.

   B. Establish facial plastic surgery study group which would be multi-disciplinary in composition and which would provide Fellow with unique educational perspective on various issues.

Program Outline

1. Participate with Dr. Beeson in:

   A. Pre-operative evaluation

   B. Surgery serving as first assistant on private cases (primary surgeon on fellowship cases.)

   C. Participate in post-operative care.

   D. Participate in night call and weekend rounds.
Program Outline (cont’d)

2. Staff Fellowship training office (Facial Plastic Surgery Institute) and be fully responsible for surgical care of patients obtained through this practice.
   
   A. Surgeries would be staffed by Dr. Beeson.
   
   B. Surgeries would be performed at Beeson Facial Surgery or in the hospital.

3. Attend educational activities associated with fellowship program.
   
   A. Lectures
   
   B. Facial plastic surgery study group meetings
   
   C. Lectures at Indiana University as part of facial aesthetic surgery lecture series.

4. Complete at least one paper suitable for publication on any topic pertinent to facial plastic and reconstructive surgery.

5. Assist Dr. Beeson as co-author on at least one paper suitable for publication to be completed and submitted during Fellowship.

6. Assist with teaching of otolaryngology residents at Indiana University (as desired by departmental chairman).

7. Actively participate in the administration and implementation of Accreditation Association of Ambulatory Health Care certification activities pertaining to Beeson Aesthetic Surgery Institute.
   
   A. Demonstrate thorough understanding and knowledge of quality assurance programs and risk management programs.

8. Obtain certification in Advanced Cardiac Life Support early in fellowship program.

   
   A. Held in evening hours or on weekend.
   
   B. Utilize Academy video tapes and soft tissue manuals.
   
   C. Encourage area AAFPRS Fellows to participate.
10. Rotate with auxiliary faculty to obtain multi-disciplinary and head and neck surgery exposure.

A. Head and neck surgery - Dr. Weisberger

B. Oculoplastic surgery – Dr. Klapper, Hobson, Nunnery

C. Moh's chemo surgery/dermatologic surgery - Dr. Hanke.

D. Facial plastic surgery – Dr. Zeph, Chernoff, Biggerstaff

**Fellowship Supervision**

1. Surgical staff

   A. Fellow would review tape of surgery with Dr. Beeson before surgery and would present case and treatment plan.

   B. Surgery would be staffed by Dr. Beeson in hospital or in Beeson Aesthetic Surgery Institute. (In certain circumstances, an auxiliary faculty member might serve as staff.)

**Facial Plastic Surgery Study Group**

1. Forum group which would meet approximately once every month or bi-monthly.

   A. Informal review of pertinent literature.

   B. Discussion of specific topics of interest (example: chemical peels, post-operative nasal care, etc.)

   C. Would enable Fellow to meet area physicians.

   D. Would allow for inter-specialty and intra-specialty interaction.

   E. Could serve to widen referral base for Fellow's private practice.

**AAFPRS Fellowship Research Paper Approved by Dr. Beeson**
1. Must complete research project and product manuscript appropriate for publication.

   A. Project can be clinical on basic science research

   B. Project must be appropriate for and completed in time to be eligible for AAFRPS research paper competition.

   C. Recommended time line:

      September 1  – have project outline approved
      September 30 – protocol submitted to internal investigation review board for approval
      April 15  – Project completed and final draft submitted to Dr. Beeson for review

Soft Tissue Workshops
Provide an in-depth soft-tissue workshop for medical student externs and interns who would be beginning work in area hospital emergency rooms. It would be anticipated that this would be an elective workshop which could be provided at night or on the weekend. This could be coordinated with area hospitals and given prior to the date that new externs would be starting work in the area emergency rooms. This would provide an extremely beneficial service to the hospitals and to the students and interns prior to their clinical clerkships. Such a workshop would provide significant public relations benefit to the American Academy of Facial Plastic and Reconstructive Surgery and could help to expand the fellowship referral base.

**Proposed Lecture Topics for Facial Plastic Surgery Conferences**

I. **Wound healing**
   - A. Bone grafts
   - B. Cartilage grafts
   - C. Skin grafts
   - D. Alloplastic grafts

II. **Flaps and Grafts**
    - A. Rotation
    - B. Advancement
    - C. Transposition
    - D. Island
    - E. Free-flaps
    - F. Implants
    - G. Various types of grafts

III. **Scar Revision**
    - A. Geometric broken line
    - B. Z-Plasty
    - C. Correction of trap-door deformity
    - D. Dermabrasion
    - E. Wound care and post trauma period

IV. **The use of local anesthetics in facial cosmetic and reconstructive surgery**
    - A. Use of local anesthetics, toxicities, complications, treatment of complications.
    - B. Discussion of additional problems possibly related to anesthetics including hyperthermia and hemorrhaging.
V. Management of skin cancer
   A. Moh's techniques

VI. Soft tissue reconstruction of facial defects
   A. Upper lid
   B. Lower lid
   C. Oral comissure
   D. Composite nasal reconstruction

VII. Hair transplant
   A. Plugs
   B. Flaps
   C. Juri flaps

VIII. Blepharoplasty
   A. Indications
   B. Techniques
   C. Complications
   D. Post-op care

IX. Complications of blepharoplasty
   A. Hemorrhaging
   B. Ptosis
   C. Decreased visual acuity
   D. Dry eye
   E. Etc.

X. Orbital trauma
   A. Care of acute global injuries
   B. Acute management of intra-orbital hemorrhaging

XI. Injury to lacrimal apparatus
   A. Diagnosis
   B. Treatment

XII. Dermabrasion – Chemexfoliation – Laser Resurfacing

XIII. Rhinoplasty series
A. Basic techniques  
B. Patient selection and patient analysis  
C. Anesthetic techniques  
D. Post-op care  
E. Surgical management of tip deformities  
F. Surgical management of bony pyramid deformities  
G. External rhinoplasty  
H. Revision rhinoplasty  
I. Historical review of multiple techniques  

XIV. Face Lift  
A. Patient selection and analysis  
B. Technique  
C. Complications  
D. Post-op management  

XV. Ancillary facial cosmetic procedures  
A. Brow lift  
B. Forehead lift  
C. Submental lipectomy  

XVI. Mentoplasty  
A. Patient selection  
B. Technique  
C. Discussion of various types of implants  

XVII. Mandibular Fractures  
A. Diagnosis  
B. Treatment  
C. Management of occlusion problem  

XVIII. Osteotomy and advancement procedures in reconstruction of mid-face and mandibular deformities – through exposure to Indiana University Department of Otolaryngology  

XIX. Repair of cleft-lip deformities – through exposure to Indiana University Department of Otolaryngology  

XX. Infection in facial surgery
A. Use or disuse of prophylactic antibiotics
B. Prophylaxis for S.B.E.
C. Management of soft tissue infections
D. Identification of at-risk patient and possible preventative measures
E. Selection of antibiotics/treatment of specific infections in facial surgery
F. AIDS

XXI. Medical photography in facial plastic surgery

A. Recommended equipment
B. Position (Frankfurt Plane)
C. Review of specific photo angles for various procedures
D. Problem with authorized consent
E. Techniques for making lecture slides
F. Internet Options

XXII. Review of medical societies and their relation and importance to the practice of facial plastic surgery. (AAFPRS, American Association of Cosmetic Surgeons, American College of Surgeons, Otolaryngology - Head and Neck Surgery, State Medical Association - County Medical Societies).

XXIII. How to establish a facial cosmetic and reconstructive surgery component into your practice.

XXIV. Implementation of AAAHC standards into your practice - what is quality assurance and risk management?

Auxiliary Faculty

1. Head and Neck Surgery - Ed Weisberger
2. Oculoplasty Surgery - Michael Welch, Bill Nunnery
3. Moh's Chemo Surgery - Dermatologic Surgery - C. William Hanke
**Funding**

Funding would be provided by William Beeson and would include:

1. $2,000 per month fellowship stipend
2. Fellow's health insurance (must qualify for Indiana State Medical Association sponsored plan)
3. Malpractice insurance coverage (claims made in accordance with Indiana liability standards – must qualify for mutual assurance program)
4. Up to $5,000 funding for approved fellowship research project

**Practice Profile Beeson Facial Plastic and Reconstructive Surgery**

City: Population of 800,000 with a metropolitan population of approximately 1.3 million

Office: Solo practice for William Beeson. Office accredited by Accreditation Association for Ambulatory Health Care. Extensive computer system available including video imaging capabilities, extensive video tape library (over 100 tapes).

Hospitals: Dr. Beeson is a member of the medical staff at Methodist Hospital, St. Vincent Hospital, Community North Hospital, Riverview Hospital, Indiana University Medical Center Hospital.

**Physician Requirements:**

1. Must have non-restricted Indiana Medical License
2. Must be member of Indiana State and Indianapolis Medical Society
3. Must be able to qualify for medical liability insurance coverage through Mutual Assurance of Indiana and have in force by July 1, 2009
4. Must be able to obtain staff privileges at St. Vincent Hospital (Indianapolis) and have in force by July 1, 2009