



SOFT-TISSUE FILLERS CORE CURRICULUM AND INTENDED LEARNING OUTCOMES

- 1. Learners should properly convey the ideals of beauty, through the ability to: describe the mathematics of facial symmetry, or golden principle, as it applies to facial features and their proportion to one another; and; describe the key principles of facial shape and harmony as they apply to standard ideals of beauty and patient satisfaction.**
- 2. Learners should appropriately describe facial anatomy and mapping, through the ability to: recite the different instructional and functional facial anatomy as it relates to fillers; emphasize anatomic "danger zones" for injections; indicate the various areas of anatomic aesthetics and the changes associated with aging in each key section for both males and females; describe the appropriate structural and functional facial anatomy related to injections using mathematical principles and proportions to achieve excellent filler results; and; using sound understanding of facial anatomy and aging principles, recite how to anticipate complications in order to avoid, identify and manage complications and treat them appropriately for best possible outcome.**
- 3. Learners should provide an evidence-based approach to patient assessment through the ability to: evaluate suitability of the presenting patient based on available physical and mental health history; properly discern the surgical need and patient treatment interests; and; select the appropriate filler or combination of fillers to treat the presenting issues.**
- 4. Learners should deliver the necessary pre-procedural patient counseling through the ability to: demonstrate a solid command of pre-procedure influencing factors under patient control (e.g. medications, smoking, blood thinners, etc.) and their effects; demonstrate a solid command of other mitigating factors (e.g. auto-immune/connective tissue diseases, previous use of injectables and related adverse reactions, allergies to anesthetics, particularly Lidocaine, etc); recite the questions needed to illicit all necessary patient information; properly advise the patient as to what actions need to be taken to avoid or limit post-surgical issues; appropriately prepare patients for post-surgical expectations (e.g. bruising, pain, down-time, swelling); and; advise patients regarding all necessary pre-procedural precautions and preparations, post-surgical care, what to look for regarding possible complications, and when to seek physician intervention.**
- 5. Learners should obtain the proper informed consent from patients through the ability to: determine whether video consultations and consents are adequately comprehensive and employ them accordingly; discuss off-label use(s) to foster better patient understanding of FDA restrictions and expected results; relate the molecular structure and mechanisms of filler action to ensure patient comprehension of cause and effect; provide a comprehensive review of all fillers available (including but not limited to hyaluronic family, calcium hydroxylapatite, long-standing, poly-l-lactic acid, silicone, collagen-PLLAA and permanent) to ensure patient buy-in with treatment of choice; and; jointly with the patient confirm an understanding of post-surgical expectations and manage these expectations as necessary.**

6. Learners should be able to implement comprehensive treatment planning through the ability to: plan, in concert with team members (nurses, PA's, etc.), for appropriate advance surgical and pre-surgical preparation of the patient to ensure highest level of comfort; select and employ the optimal form of anesthesia; ensure the patient's mental and physical comfort pre-, peri- and post-operatively.

7. Learners should be able to properly inject fillers for all standard regional uses through the ability to: employ the technique for lips, forehead and glabellar regions, periorbital and tear trough, nasolabial and periorbital areas, marionette lines and pre-jowl sulcus, mandible border, temples, mid-face and temple volumizing, and dorsal nose. In addition, learners should be able to properly inject for ancillary regional uses for scars and acne scars, aging hands and earlobes.

8. Learners should practice the highest level of filler and injectable safety through the ability to: correlate the appropriate injection technique with the appropriate cosmetic anatomic unit in order to avoid danger zones and anatomic units that may be more prone to complications; employ best-practices in pre-, peri- and post-operative procedures to foster patient safety; and; have a comprehensive plan in place to manage safety issues when necessary.

9. Learners should optimize injectable outcomes through the ability to: replace volume loss in the patient due to aging, weight-loss, illness or post-traumatic issues; reduce the visibility of fine lines in all areas of the face; and; reduce the visibility of skin laxity, asymmetry or post-traumatic anomalies.

10. Learners should minimize tools and maximize results through the ability to: relate the approved injection instruments such as blunt-end cannulas and assisted filler injection devices that can enhance the use of fillers; and; properly employ available devices in order to obtain the best possible outcome with minimal invasiveness.

11. Learners should employ the most advanced techniques through the ability to: appreciate the cosmetic objectives of volumizing and use of fillers for overall facial rejuvenation; recite the available advance techniques for treatment of different presenting issues and facial defects in terms of their safety and effectiveness (e.g. pan-facial rejuvenation and mega-combinations); relate the mechanism of collaborative effectiveness; appropriately educate the patient on the benefits of polytherapy versus monotherapy; properly employ the necessary techniques for advance procedures; and; avoid and manage complications.

12. Learners should manage short- and long-term complications through the ability to: identify and recognize prospectively areas of high-risk and the causes of complications (e.g. bleeding, infections, interrelationship of tissue necrosis and dehiscence); direct the patient and staff to employ the appropriate pre-surgical interventions (e.g. change in diet, smoking, decrease or addition of certain medications); employ peri- and post-operatively the necessary protocols (e.g. massage, anti-bacterials, anti-coagulants, as well as antibiotics and other patient home-care instructions); employ corrective measures/treatment plan as necessary for unusual bleeding, bruising, swelling, pain, numbness, and other sequelae; confirm the patient's understanding of when to seek medical help following return to home; and; create an overall algorithm for optimizing safety, efficacy and reducing complications.