

Training in Cosmetic Dermatology

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Dermatologists have long been leaders and innovators in the development of cosmetic procedures. In the 1950s dermatologists performed pioneering work in the fields of dermabrasion and hair transplantation. Dermatologic surgery experienced a renaissance in the late 1960s and early 1970s that led to the founding of the American Society for Dermatologic Surgery. Early issues of the *Journal of Dermatologic Surgery and Oncology* (now *Dermatologic Surgery*) contained a wealth of information and groundbreaking studies to guide both practicing dermatologists and residents in training. Surgical dermatology became a vital part of dermatology residency training programs.

As new technologies have emerged, dermatologists have been at the forefront of their development. Over the last 3 decades, training programs have evolved from basic training in surgical dermatology to teaching more advanced reconstructive procedures, including the use of lasers for both medical and cosmetic purposes as well as a variety of other procedures. The field of cosmetic dermatology now embraces the use of neurotoxins, injectable fillers, and other modalities for facial augmentation; chemical peels; liposuction; hair transplantation; sclerotherapy; scar revision; blepharoplasty; and rhytidectomy. Dermatologists also are leaders in developing applications for lasers, radiofrequency technology, and other related procedures for facial resurfacing and rejuvenation, as well as tattoo and hair removal. The next—and necessary—step in the evolution of training for future generations of dermatologists is to incorporate cosmetic procedures into residency curricula.

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In the very competitive real world, general dermatologists without advanced training are providing aesthetic services to their patients. The average dermatologist injects neurotoxins and fillers, performs chemical peels, and provides other cosmetic services. Training for these procedures is done through his/her residency program, postresidency workshops, or boot camps, as well as individual preceptorship through the American Society for Dermatologic Surgery in office practices. Few postresidency cosmetic/aesthetic fellowships are offered and there is limited exposure to cosmetic training in many residency programs. As a consequence, the majority of practitioners learn these cosmetic techniques after completing their residency.

Should residents and dermatologists have to go outside their academic programs for this important aspect of their education? The reality is that residency programs should teach residents to do the same things experienced practitioners do in everyday practice.

As training programs have expanded to cover new advances in medical and pediatric dermatology, surgical training programs also have exploded. Cosmetic dermatology training also should be included. Our residency programs must provide this training so that our residents are well grounded in the science of these procedures, learn to perform them correctly, and have the opportunity to develop skill and competency.

How should we train residents in cosmetic dermatology? As with any dermatologic technique, residency programs should provide didactic training that includes lectures, workshops, and sufficient supervised clinical exposure. Residents should receive hands-on training in neurotoxin injection as well as selection and appropriate use of fillers, in addition to exposure to other aesthetic techniques (ie, liposuction, hair transplantation, sclerotherapy, chemical peels, lasers).

Tulane University's Department of Dermatology recognized the need to incorporate cosmetic surgical training into its residency program more than 40 years ago, beginning with instruction in hair transplantation, dermabrasion, chemical peels, and the use of lasers. In

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the 1970s dermatology residents at Tulane learned to perform blepharoplasties and face-lifts under the tutelage of a facial plastic surgeon. Over the last 30 years a Resident Aesthetic Clinic has been developed at Tulane that provides both didactic and supervised hands-on training for dermatology residents, giving them a strong background in the procedures they will perform as practicing dermatologists. As new procedures and techniques have continued to emerge and become further refined, our resident training program has evolved to keep pace. We provide residents with training to deliver quality care in all areas of medical, surgical, and cosmetic dermatology so that they may competently practice any aspect of dermatology that interests them most. In our respective roles at Tulane as chairman and residency program director (E.E.B.) and the clinical faculty member who started the cosmetic injection clinic in 1983 (M.P.L.), we feel it is imperative for all dermatology residency programs to train their residents in the important and ever-evolving field of cosmetic dermatology. ■



Quick Poll Question

Which muscle is responsible for lowering the eyebrows and forming the oblique glabellar skin lines?

- corrugator supercilli
- depressor supercilli
- orbicularis oculi
- procerus

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