



THE AMERICAN BOARD OF FACIAL COSMETIC SURGERY

MONTHLY NEWSLETTER | VOLUME 1 | ISSUE 1 | JANUARY 2016

In the Spring of 2015 we were asked to work with a group of Facial Cosmetic Surgeons to assess the need for creating a certifying board and establishing the criteria and qualifications for an examination in Facial Cosmetic Surgery.

The Facial Cosmetic Surgeons felt that there existed a need for such a new board based upon two (2) criteria:

1. The recent change of the American Board of Cosmetic Surgery (ABCS) to offer a single area of certification for fellowship trained candidates in GENERAL COSMETIC SURGERY; and,
2. The fact that only Otolaryngology and Plastic certified surgeons were eligible to sit for the American Board of Facial Plastic and Reconstructive Surgery (ABFPRS).

Accordingly, several Cosmetic Surgeons with the American Board of Ophthalmology with Oculoplastic Surgery (ASOPRS) fellowship, American Board of Oral Maxillofacial Surgery (ABOMS) and American Board of Dermatology (ABD) backgrounds were excluded from the ABCS and ABFPRS.

As a result of that call and further discussions with founding President Dr. Ronald Moy, the American Board of Facial Cosmetic Surgery was organized as a not-for-profit Illinois corporation on February 4, 2015.

Omega Management Group worked with the founding fathers to spread the word of the new entity. As a result of this solicitation 95 members agreed to become charter members of the ABFCS.

Committees were formed to create by-laws, credentialing requirements, application peer review procedures and the creation of a web-site to facilitate growth of the membership.

A contract was signed with the ABCS for the administration of a Facial Cosmetic Surgery Certification examination consisting of a 150 item written examination and an oral examination consisting of ten (10) protocols to be administered annually.

What is obvious is the selfless dedication of all the officers and trustees who have worked tirelessly to create a viable certifying entity in Facial Cosmetic Surgery. I'm pleased to act as Executive Director of this new and exciting venture. The officers and trustees of the ABFCS recognize that there are no secrets to success. Where we are today is the result of preparation, hard work and commitment to provide a platform for those surgeons who desire comprehensive evidence of knowledge in Facial Cosmetic Surgery.



DAVID G. CLARK, J.D.

EXECUTIVE DIRECTOR, ABFCS
OMEGA MANAGEMENT GROUP, LTD (OMG)



TOP EXPERT'S LIST OF 10 DO'S & DON'TS

Dr. Suzan Obagi provides her top 10 do's and don'ts on skin resurfacing to minimize complications and maximize results.

DO - evaluate the patient properly and choose the technology & procedure that will reach the desired depth needed to address the cosmetic concerns of the patients. For example, a patient may present with acne scars, which by the nature of scars is a dermal issue. Resurfacing this patient will require a procedure that reaches the dermis such as a medium-depth TCA peel or a fractionated laser. Another patient may want to address superficial sun damage. This patient will do well with topical therapy regimen & light peels or topical therapy regimen & light laser peels.

DO - properly prepare the skin. Skin conditioning before a procedure has been shown to be a measure of patient compliance with instructions while shortening recovery time, and boosting collagen production prior to resurfacing. Properly treated skin will also be less prone to post inflammatory hyperpigmentation (PIH).

DO - take standardized before and after photographs. Patients are notorious for forgetting how they looked prior to surgery. A nice set of before and afters can not

only boost their satisfaction but can also document baseline flaws in case questions arise post-surgery as to the etiology of a mark on their skin. Not to mention, nice photographic results are nice to show to other patients.

DO - hold your patient's hand through the recovery. Skin resurfacing is tougher to heal from than a facelift. With surgery, patients do not have to look in the mirror at raw, oozing skin. This can be rather alarming. Be there during the recovery period to see them mid-week and at 1 week.

DO - recognize and manage an impending scar formation. Areas of infection or delayed healing can result in a hypertrophic scar formation. This can be aborted by quickly recognizing the issue and instituting PDL laser treatments, topical steroid, and Intralesional steroids if needed.

DO - learn all the various resurfacing modalities so that you can properly mix and match treatments to optimize results during 1 recovery period. Peels & various lasers can be combined together to address wrinkles, scars, sun spots, and telangiectasias. The key is to know how to perform them in the proper order so that you minimize complications.

DON'T - miss an infection. Oftentimes, with proper home care, patients heal uneventfully. However, a bacterial or viral infection can set in and cause devastating issues with wound healing. Monitor patients closely in the recovery time, culture any suspicious areas (for bacterial or viral etiologies), and then cover with empiric therapy until the results are in.

DON'T - forget to restart their skincare routine after they have fully healed. Restarting their skincare regimen will keep collagen production boosted while also minimizing the risk of PIH.

DON'T - forget sunscreen and 1 month of sun avoidance during the 4-6 week recovery period. Premature sun exposure can set the stage for prolonged PIH and can undo an otherwise beautiful result.

DON'T - underestimate the power of skin resurfacing and how it can be used alone or in combination with surgical procedures to yield a comprehensive rejuvenation for your patients.



WRITTEN BY:

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MARKETING TIPS

Jennifer Deal provides two marketing tips to help practices understand the buying process.

1. THE DAYS OF USING MARKETING TO MANIPULATE ARE LONG OVER. YOUR PATIENTS CONTROL THE BUYING PROCESS.

When it comes to cosmetic surgery, the customer may not always be right. But, they are definitely in charge of the buying process. The elective nature of aesthetic medicine allows the patient to dictate the pace of the sales cycle. That's an empowering realization for consumers who are accustomed to pleading with insurance companies for access to medical expertise.

The model we use for our sales cycle is based on one simple reality: every prospect must go through defined, six-step behavioral change process to become a patient (this framework is rooted in psychology research, of course - *see graph*). Sometimes that journey can take a matter of weeks. Most of the time it lasts over a

year. No matter what your intuition (or marketing consultants) might tell you, you can't rush that journey – only your patients can.

The best marketing actually facilitates that journey. If you think of marketing as something that helps prospects through a behavioral change process, then this series of tips will make more sense to you (*I will be providing 10 total over the next few newsletters*). If you see marketing as a way to aggressively push your practice on prospects, then you're in for a lot of frustration and wasted money.

Because most patients won't decide to pursue cosmetic procedures overnight, you can't expect immediate results from your marketing. No matter how clever your tactics might be or how much dough you throw at your marketing budget, that reality will never change. Each patient's path to a cosmetic procedure is unique and episodic. Your marketing should reflect that.

2. SINCE BUYING DECISIONS ENTAIL A CERTAIN PROCESS, YOUR MARKETING SHOULD AS WELL.

I shared with you how consumer decisions entail a buying process. Marketing’s job is to facilitate that journey in a way that puts your practice (and your offerings) in the most favorable light for your potential patients. To do that, there has to be a defined process to your marketing – it’s more of a method than magic.

It’s not a big surprise where that process starts: more often than not it’s with your website. And, yes, sometimes it begins with the right magazine feature, publication ad or promotional item. But once a potential patient is ready to get serious about choosing a cosmetic procedure, they head straight to Google (we’ll talk about that a bit more in upcoming newsletters). It’s what happens from there that takes the most effort.

When a prospect finds their way to your site, will they have access to something of value that’s worth leaving their contact information? Perhaps that’s an eBook on how to finance their procedure or a “common questions about liposuction” guide. The important thing is that your site can’t just be a repository for before and after pics. It has to give a potential patient something worth leaving their name for – something worth letting you know that they’re in the market for a procedure. They’ve started the dialogue. A sound marketing process lets you keep it going with great content (and marketing automation software). That’s really how you create patient experiences.

The best marketing processes are rooted in an understanding of the steps patients take to choose a procedure (and a provider) so that the right information can be delivered (and gathered) at the right time.

STAGE	STAGE 1	STAGE 2	STAGE 3	STAGE 4	STAGE 5	STAGE 6
	UNAWARE	RESEARCHING	PLANNING	ACTION	PATIENT	ADVOCATE
THOUGHT PROCESS	In Denial Not Ready Content	Seeking Info Re-evaluating Self Accessing	Intent To Act with Timeline	Money Saved (Or Financing Secured)	Signed Paperwork Procedure Performed Expectation Outlined	Referred Patient Only Considers You
SOUNDS LIKE	<i>“No way.”</i>	<i>“Hmmm.”</i>	<i>“I’ll consider.”</i>	<i>“How much?”</i>	<i>“I’m ready to sign and schedule.”</i>	<i>“I won’t use anyone else.”</i>
METHODS	Consciousness-raising Influence	Re-evaluation Visioning	Commitment	Reward Positive Substitution Brand Control		

Sales Cycle



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AMERICAN BOARD OF FACIAL COSMETIC SURGERY EXAMINATION 2015

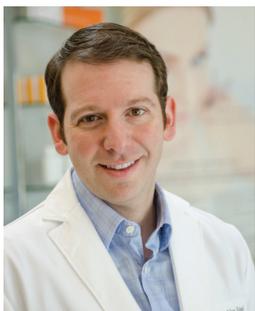
The ABFCS Examination was administered by the American Board of Cosmetic Surgery in Dallas at the American Board of Obstetrics and Gynecology examination facility this past October. This was the first year this unique examination was given and it differed from the Facial Examination given historically by the ABCS in the following important ways:

- The written exam contained content solely relevant to Facial Cosmetic Surgery.
- The Oral Examination has been expanded to include more protocols.
- The examiners who delivered protocols to ABFCS candidates have substantial experience in the area of Facial Cosmetic Surgery being examined through the particular protocol they were presenting.

The testing facility is an outstanding examination setting. Aside from the security features and on-site support staff, the exam rooms afford timed computer-aided protocol delivery, consistent environment, and video monitoring. I am very pleased to report that, beginning this month, the National Board of Osteopathic Medical Examiners (NBOME) will be providing psychometric and other examination support further elevating the quality of the examination.

Though five ABFCS candidates were scheduled, three actually challenged the exam this past year. It is my hope to examine in excess of 15 candidates in 2016. The ABCS Oral Examination committee looks forward to delivering an exceptionally professional experience for our colleagues.

Please consider applying to be an examiner for this year's exam and contribute your expertise and talent to continue to enhance the quality and esteem of the exam. Aside from the camaraderie we enjoy annually at this event, the value in welcoming our future diplomates through an examination of which we are particularly proud, cannot be overlooked.



DR. ALEX SOBEL

PRESIDENT, ABFCS

Please contact Staci Finch via the ABFCS at ambrdfcs@gmail.com to express your interest in participating in future exams.

UPCOMING EVENTS

April 1, 2016

ABFCS Application Deadline for 2016 Exam

October 15 & 16

ABFCS Exam – Dallas, Texas

NEWSWORTHY



Dr. Sobel, 2016 ABFCS president, awards Dr. Moy, 2015 ABFCS president the President's Award at the AACS annual conference in Florida.



Have tips you want to share with your peers?

Email us at:

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