

Case Studies

Illustrative Examples



TRADITIONAL 1:1 MENTORSHIP

Dr. Elena (Mentor) & Dr. Lucas (Mentee)

Context:

Dr. Lucas, a newly qualified plastic surgeon in Brazil, wanted to refine his rhinoplasty technique and learn how to run a private practice.

Approach:

Over eight months, they met bi-weekly - alternating between live case observations (in Dr. Elena's São Paulo clinic) and virtual debriefs. Lucas observed 12 rhinoplasties, took detailed notes on patient selection and intraoperative decision-making, and then practiced marking and mock planning on models.

Outcome:

By program end, Lucas had performed his first solo rhinoplasty under Elena's remote supervision, improved his patient consent discussions, and drafted a business plan for his own practice. He reported a 30% reduction in consultation times and greater patient satisfaction scores.

Illustrative Example Only



VIRTUAL TRADITIONAL 1:1 MENTORSHIP

Dr. Tanaka (Mentor, Japan) & Dr. Morales (Mentee, Mexico)

Context:

Dr. Morales, having recently established an aesthetic practice in Mexico City, sought expert guidance on combining facial rejuvenation techniques with minimally invasive approaches. She was unable to travel to Japan, so they agreed on an entirely virtual mentorship.

Approach:

- **Kick-off Session:** A 90-minute video call to introduce backgrounds, set three SMART goals, and agree on communication norms (bi-weekly video calls, shared online folder for case materials).
- **Case Reviews:** Dr. Morales uploaded de-identified pre- and post-op photos and operative plans for three facelift and thread-lift cases. Dr. Tanaka annotated each plan, noted cultural considerations around facial aesthetics, and recorded short screencast walkthroughs.
- **Live Demonstration Watch Parties:** They synchronized schedules to watch recorded live-stream surgery from Dr. Tanaka's OR, pausing to discuss techniques and decision points.
- **Resource Sharing:** Dr. Tanaka provided digital copies of his protocol checklists, journal articles, and patient-education templates - translated as needed.
- **Reflective Debriefs:** After each session, Dr. Morales submitted a one-page reflection on "what I learned," "what I will apply," and "questions for next time."

Outcome:

Dr. Morales successfully integrated two new threads-and-lift techniques into her practice, achieving a 25% reduction in operative time.

- She improved patient consent conversations by adapting Dr. Tanaka's culturally tailored educational materials.
- Their SMART goal of co-authoring a mini-case series was met: they submitted a letter to the editor summarizing outcomes of the three virtual-reviewed cases.

Illustrative Example

PEER-TO-PEER MENTORSHIP

Dr. Amina (Nigeria) & Dr. Rosa (Spain)

Context:

Both five years post-training, Dr. Amina and Dr. Rosa felt isolated in their academic pursuits and wished to co-author research.

Approach:

They held monthly video calls to critique each other's manuscript drafts, share journal club presentations, and coordinate patient case data for a joint abstract. They also exchanged insights on navigating resource constraints in their respective healthcare systems.

Outcome:

Within six months, they co-submitted an abstract on a novel liposuction technique to the ISAPS Congress and refined a manuscript for submission to a peer-reviewed journal. They now co-lead a small online forum for early-career ISAPS members in Africa and Europe.

GROUP MENTORING SUCCESS

Dr. Leung (Hong Kong) & Mentee Cohort

Context:

Dr. Leung, an expert in breast surgery, launched a quarterly 4-month program for six mentees from Hong Kong, Malaysia, and the Philippines to improve oncoplastic reconstruction skills.

Approach: Each month featured:

- Live Case Walk-Through (video link, anonymized patient)
- Peer Break-Out Discussions (small-group problem solving)
- Expert Q&A Panel (Leung plus guest faculty)

Mentees submitted reflective journals and action plans between sessions.

Outcome:

All six mentees reported a 40% increase in surgical confidence on complex lumpectomy reconstructions, implemented a standardized post-op care checklist in their home clinics, and began mentoring others locally.

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REVERSE MENTORING

Dr. Fadi (France, Mentor) & Dr. Mia (U.K., Mentee)

Context:

Dr. Fadi wanted to expand his online presence and patient education via social media, but felt unfamiliar with newer platforms.

Approach:

Dr. Mia led four one-hour “tech coaching” sessions: creating an Instagram professional profile, best practices for patient confidentiality online, and content planning for educational reels. Dr. Fadi reciprocated by inviting Dr. Mia to co-present at a departmental Grand Rounds on surgical ethics.

Outcome:

Dr. Fadi’s Instagram following tripled in three months, he launched a patient-education series that reduced “day-of” appointment no-shows by 15%, and Dr. Mia gained confidence in public speaking and ethics dialogue.

Illustrative Example



INTERNATIONAL AND CROSS-CULTURAL MENTORSHIP

Dr. Park (Korea, Mentor) & Dr. Nasser (Egypt, Mentee)

Context:

Dr. Nasser sought guidance on perioperative protocols and patient communication in a “high-volume” aesthetic practice - something common in South Korea but less so in his region.

Approach: Over five virtual sessions, they discussed:

- Korean standardized pre-op checklists (translated and adapted)
- Strategies for managing cultural expectations around beauty norms
- Techniques for efficient OR turnover

Dr. Park also arranged for Dr. Nasser to shadow a one-week intensive observership in Seoul.

Outcome:

Dr. Nasser implemented a simplified checklist that cut his prep time by 20%, adapted patient-education leaflets to local language/cultural preferences, and improved his complication-management protocols. He’s now planning to host similar cross-cultural exchanges for other ISAPS members.

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