appropriately. This creates a physical demonstration of the layered palatal closure and lengthening accomplished using this technique. All students took a 10-question test evaluating their knowledge of cleft palate pathology and the Furlow Palatoplasty technique prior to the course (test 1). The control group repeated the test after the lecture, and the experimental group took the test after the lecture and simulation (test 2).

**Results:** 21 medical students were enrolled; 10 were randomized to the control group and 11 to the experimental group. Test 1 showed no significant difference in the mean percent of correct answers between the control and experimental groups. Following the lecture for both groups and intervention for the experimental group, there was a statistically significant difference between the two groups in the percent correct on test 2, with an average increase of 4.6% correct for the control group and 16.8% for the experimental group (p=0.046). Total materials cost per student for the simulation is $9.12.

**Conclusion:** This study describes a low-fidelity Furlow Palatoplasty model that significantly increased medical student understanding of the principles and procedural steps involved in this complex surgical technique. It is an inexpensive, effective educational tool that could be applied to the education of first-year Plastic Surgery residents as well.

21. Nationwide Resident Access to Elective Rotations - A Survey Study

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**Background:** This study seeks to assess the current status of elective rotations offered in PRS residency programs throughout the country while also qualifying resident and alumni experiences and identifying barriers to offering electives. Design: Two prospective surveys were created for: (1) program leadership; (2) residents, fellows and alumni’s that have graduated in the last 5 years.

**Methods:** Multi-institutional survey study Of 532 programs, 45 leaders (1) and 102 residents, fellows and/or recent graduates responded to the survey (2).

**Results:** Fifty --six percent of respondents stated that their institution offered electives, 62% of which permitted residents to participate in regional, national, and international rotations primarily in the fifth and sixth years of training. Types of elective rotations completed included: aesthetic, craniofacial, gender, hand, and microsurgery. 53% responding programs denied barriers to offering elective rotations. When programs noted barriers, the most common were: cost to resident/department (28%), institutional GME policy (22%), and lack of service coverage at the home institution (22%). There was no difference between departments versus divisions offering electives (56.3% vs. 57.1%, p=0.95). Programs that didn’t offer electives spent an average of 14.6 months on general surgery compared to 9.4 months for programs that did offer electives (p=0.06). For programs which didn’t currently offer elective rotations, 71% indicated a desire to do so.

**Conclusion:** The primary goal of plastic surgery training programs is to produce plastic surgeons of the highest caliber with regards to safety and competence. While several regulatory bodies ensure that programs adhere to a similar standard, not all programs have opportunities for residents to experience the breadth of our multi-faceted specialty. Elective rotations constitute an excellent supplement to a well-rounded training where gaps may exist.

22. WITHDRAWN.

23. Effect of COVID-19 Restrictions on 2021 Integrated Plastic Surgery Match Outcomes

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**Background:** Due to the Coronavirus Disease 2019 Pandemic (COVID-19), guidelines regarding both elimination of visiting subinternships and substitution of virtual interviews for the 2021 match were adapted. We hypothesize that these changes will result in an increase in home institution match rates compared to previous years.

**Methods:** Program match data was obtained using information posted to residency program Instagram pages and the hashtag #PRSMatch2021. Medical school regions were categorized as West, Midwest, South, and Northeast and compared to match program region. Applicants who successfully matched from a medical school with an associated
plastic surgery residency program or from a 2021 Top 40 US News and World Report Medical School Rankings for Research and National Institute of Health funding were recorded. Chi square was used to assess differences between groups.

**Results:** A total of 181/187 (96.8%) integrated plastic surgery matched candidates were identified. Compared to historical controls, there was a statistically significant increase in the home match rate (24.3% vs 15.1%, p=.004) and statistically significant decrease in match rate for students without a home plastic surgery program (23.3% vs 30.5%, p=.004). Similar to prior years, applicants were more likely to match in their own region for all regions (p<.001); however, there was a statistical increase in students staying in the South region for residency compared to previous years (p=.007). The majority of applicants from Top 40 medical schools matched at Top 40 programs (62%, 62/100), compared to 21% of applicants graduating from other medical schools or international programs matching at Top 40 programs (17/81).

**Conclusion:** The 2021 match cycle resulted in an increase in home program match rates, while decreasing match rates among students without a home plastic surgery program. COVID-19 polices may have resulted in disadvantages to students from diverse institutional backgrounds. Influences of virtual subinternships and virtual interviews should be further evaluated. Although short-term costs may be substantial to medical students, long-term benefits of resuming away subinternships and increasing diversity in plastic surgery trainees likely warrants safe resumption of in-person interactions when safely allowed.

24. The Virtual Interview Experience: Advantages, Disadvantages, & Trends in Applicant Behavior

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**Background:** Residency programs and applicants were forced to hold virtual interviews during the 2020-2021 application cycle. Inability to evaluate a program and/or applicant in person has intangible drawbacks. However, there are obvious advantages: cost, convenience, and comfort. Do the advantages outweigh the disadvantages? How have applicant behaviors changed to learn about programs in a virtual-only interview process?

**Methods:** A survey was distributed to 302 applicants to a single plastic surgery residency program during the 2020 application cycle. Demographics, social media presence and utilization, and experience with the virtual application and interview process were analyzed. A prior survey at our institution was compared to a subset of questions for longitudinal analysis.

**Results:** 76 respondents (25.2%) completed the survey. 88.2% of applicants spent less than $1000 during the interview and application cycle. 56.6% did not receive letters of recommendation from outside their home program. 27.6% of applicants attended more than one interview in a single day. Compared to 2018, applicants in 2021 were significantly more likely to access alternative digital resources (forums/discussion boards, social media, and podcasts) when learning about programs. Average number of interviews remain in the range of pre-COVID studies, but percentage of interviews attended increased.

**Conclusion:** Applicants spent substantially less money on interviews and relied on alternative digital sources to learn about residency programs. 27.6% participated in multiple interviews in a single day. This study objectively quantifies the advantages of virtual interviews. Disadvantages include inability to assess “fit” and lack of non-verbal communication.