& rectal surgery (6.2%). Regarding ACGME accreditation, the percentage of ACGME accredited craniofacial fellowship programs was stable from 2005 to 2015 (p = 0.386). In hand surgery, the percentage of ACGME accredited plastic surgery (p = 0.755) and orthopaedic (p = 0.253) fellowships remained stable while general surgery decreased (p = 0.010). There was greater ACGME accreditation in subspecialty areas with Subspecialty Certification (100%) relative to areas without Subspecialty Certification (19.2%, p < 0.001).

CONCLUSIONS: There is an increasing trend toward subspecialty training in plastic surgery with no significant differences between integrated and independent residents. ACGME accreditation of fellowship programs varies across plastic surgery disciplines and remains highest in areas with the option for Subspecialty Certification. Future studies should assess educational outcomes of ACGME accredited fellowship programs.

DISCLOSURES: None

Resident Performance on the Plastic Surgery In-Service Exam Varies By Training Year and Pathway

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BACKGROUND: Few studies in surgery have addressed medical knowledge competency training as defined by the American Council of Graduate Medical Education (ACGME). As in-training exams are ubiquitous educational tools for surgical residents in the U.S, insights into exam performance may help fill this void. The purpose of this study was to determine the relationship between in-service exam performance and training profile in plastic surgery.

METHODS: This retrospective cohort study reviewed performance data for the Plastic Surgery In-Service Training Exam (PSITE) for years 2012–2015. Comparisons were made both within and between training pathways via non-parametric tests.

RESULTS: Data were available for 1367 independent (37.9%) and 2240 integrated (62.1%) residents. Among integrated residents, performance increased with additional years of training (p < 0.001), but no difference existed between PGY-5 and PGY-6 residents (p > 0.05). Similarly, independent resident exam performance increased by year of training (p < 0.001) with no difference between PGY-2 and PGY-3 years (p > 0.05). At each level of training (PGY 4–6), integrated residents outperformed their independent resident colleagues (PGY 1–3) (p < 0.001).

CONCLUSIONS: Performance on the PSITE increases during residency with integrated residents outperforming independent residents. These findings may have implications on medical knowledge competency training as defined by the ACGME.

DISCLOSURES: None

Trends in Racial, Ethnic and Gender Diversity in Integrated Versus Independent Plastic Surgery Residencies

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INTRODUCTION: No prior studies have examined the differences between integrated and independent programs with regard to race, ethnic and gender composition, or whether there are trends in their respective demographic compositions.

METHODS: JAMA Graduate Medical Education annual reports of integrated versus independent residencies were reviewed for the 2009–2015 academic years. Data recorded included academic year, race, ethnicity and gender. An analysis of 3 specific sub-groups was performed: Blacks, Hispanics and females. The Cochran-Armitage test was used to assess trends among the subgroups.

RESULTS: From the 2009 to 2015 academic years, active residents in integrated programs rose from 189 to 573 residents (+203.2%). During the same period, the number of independent residents declined from 508 to 372 (-26.7%). Blacks saw a statistically significant trend decline in representation in integrated programs from 2009 (4.8%) to 2015 (2.1%), p = 0.026, but no statistically significant difference in the independent pathway from 2009 (4.5%) to 2015 (5.6%), p= 0.19. Hispanic ethnicity saw an increase, but not statistically significant trend in representation in the integrated and independent programs from 2009 to 2015 (4.8%) to 2015 (5.6%), p=0.19. Hispanic ethnicity saw an increase, but not statistically significant trend in representation in the integrated and independent programs from 2009 to 2015, 4.8% to 7.0%, p= 0.64 and 7.7% to 9.4%, p=0.71, respectively. Females saw a statistically significant trend increase in representation in integrated programs from 2009 (21.7%) to 2015 (38.0%), p < 0.01. For the independent programs, no
statistically significant difference was observed from 2009 (24.8%) to 2015 (26.3%), p= 0.43.

**DISCUSSION:** The integrated pathway has seen significant growth and surpassed the independent pathway in number of residency positions. During the study period, females saw a significant representation trend increase in the integrated pathway, but not the independent pathway. However, the integrated pathway also saw a statistically significant decline in Black representation. Overall, the percentage of Blacks in graduating medical schools classes has increased and the decline in representation in plastic surgery integrated programs is concerning. Moreover, despite increased representation in surgery, it is unclear why more females are not pursuing the independent pathway. Further research is needed to explore the reasons for these specific abnormalities in racial and gender representation among plastic surgery trainees.

**Pregnancy and the Plastic Surgery Resident**

**Rebecca M. Garza, MD; Jane S. Weston, MD; Heather J. Furnas, MD**

**INTRODUCTION:** Combining pregnancy with plastic surgery residency has historically been difficult. Two decades ago, 36% of plastic surgery program directors surveyed actively discouraged pregnancy among residents, and 33% of women plastic surgeons suffered from infertility. Most alarmingly, 26% of plastic surgery trainees had an elective abortion during residency. With increasing numbers of women training in plastic surgery, this historical lack of support for pregnancy deserves further attention.

**MATERIALS AND METHODS:** To explore the current accommodations made for the pregnant plastic surgery resident, an electronic survey was sent to 88 plastic surgery program directors in the United States.

**RESULTS:** Fifty-four responded, for a response rate of 61.36%. On average, a director trained a total of 7.91 women among 17.28 residents trained over 8.19 years. Of the women residents, 1.43 were pregnant during a director’s tenure, with 1.35 of those residents taking maternity leave. An average 1.75 male residents took paternity leave. Approximately one-third of programs had a formal maternity/paternity leave policy (34.62%), which, in most cases, was limited to defining allowed weeks of leave, time required to fulfill program requirements, and remuneration during leave.

**CONCLUSION:** This survey of plastic surgery directors is a first step in defining the challenges training programs face in supporting the pregnant resident. Directors provided comments describing their challenges accommodating an absent resident in a small program and complying with the American Board of Plastic Surgery’s required weeks of training per year. A discussion of these challenges is followed by suggested solutions.

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**Impact of an Online Event Reporting System on Resident Complication Reporting in Plastic Surgery Training: Addressing the Practice-Based Learning and Improvement Core Competency**

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**INTRODUCTION:** The Accreditation Council for Graduate Medical Education (ACGME) has identified practice-based learning and improvement (PBLI) as a core competency in resident education. PBLI involves systematically analyzing current practices and implementing changes with the goal of quality improvement. In surgical care, complication reporting is an essential component of PBLI as adverse events are analyzed in morbidity and mortality (M&M) conference for quality improvement. The purpose of this study is to develop and evaluate an intervention for complication reporting, and compare this to current practice, in a plastic surgery training program.

**METHODS AND MATERIALS:** This is a pre- and post-intervention comparative effectiveness study evaluating resident reporting of complications and adverse patient events on a plastic surgery service in a teaching hospital. The pre-intervention and post-intervention cohorts consisted