or rhinoplasty. Demographics, perioperative characteristics, and postoperative complications were compared between cohorts.

RESULTS: Two-hundred-and-sixty-two and 255 subjects underwent breast, abdominal-based, and face/eye aesthetic procedures in the resident and attending clinics, respectively. Subjects presenting to the resident clinic tended to be younger (43.4 vs. 51.4, p<0.001), less obese (26.2 vs. 27.4, p=0.02), lower median income ($65,000 vs. $75,000, p<0.001), and healthier with lower rates of diabetes (4.2% vs. 12.6%, p<0.001), COPD (0.4% vs. 3.1%, p=0.02), PVD (2.3% vs. 6.7%, p=0.02), hypertension (13.4% vs. 31.2%, p<0.001), and history of cancer (3.8% vs. 19.2%, p<0.001). Mean length of procedure significantly differed between resident and attending cohorts at 210 and 152 minutes, respectively (p<0.001). Postoperative complications were similar between cohorts (p=0.48). Reoperation (p<0.03) and readmission (p<0.02) rates were greater in the attending cohorts.

CONCLUSION: The resident aesthetic clinic provides increases independence and decision-making, while maintaining patient safety in commonly performed breast, abdominal, face/eye procedures. Patients operated on in the resident clinic tended to be younger and healthier, highlighting the importance of careful patient selection to maximize both autonomy and safety.

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A Systematic Review of E-learning in Plastic Surgery

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BACKGROUND: E-learning has a growing role in medical and surgical education as it can overcome physical, geographic, and time-related barriers to formal instruction. This paper aims to analyze the existing research on e-learning related to plastic surgery.

METHODS: A systematic review of “e-learning” or “web-based learning” or “computer-based learning” and plastic surgery using PubMed was performed. Studies were limited to those written in English published after 1995, and excluded papers on simulation or in formats of brief communications or letters to the editor.

RESULTS: 22 papers were identified. 6 survey studies showed high interest in e-learning and a growing utilization and supply of e-learning resources. Several e-learning platforms have been created for education on burns (2), pediatric plastic and cleft surgery (5), and hand/microsurgery (5). Most papers target surgeon learners, although a small number were studied in patients, parents, and referring physicians. E-learning modules also varied in sponsorship from academic institutions, single surgeons, and professional specialty/non-profit organizations. When studied, papers found high levels of user satisfaction with e-learning and significant gains in knowledge after completion.

CONCLUSION: Existing research on e-learning in plastic surgery varies considerably with surveys, descriptions of creating content, and/or testing knowledge improvement. E-learning is desired in plastic surgery, and some studies on e-learning platforms show that it can successfully increase knowledge in a satisfying environment for learners. Its ideal role in surgeon and trainee education should be further evaluated.

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Gender Bias in Plastic Surgery Resident Assessment: A Survey of 8,149 Cases

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BACKGROUND: Previous studies have shown that male and female attendings rate or provide operating room (OR) autonomy differently to male and female residents, with male attendings providing higher ratings and more OR autonomy to male residents. We conducted the current study to determine if plastic surgery resident trainees are evaluated differently according to attending physician sex.

METHODS: Operative Entrustability Assessment (OEA) data were abstracted from MileMarkerTM, a web-based program capable of storing trainee operative skill assessments of any CPT-coded procedure. Ratings are based on