than male residents (36%), p<0.002. Female residents feel less comfortable asking questions in the OR, with 39% of female residents feeling comfortable asking questions with all faculty, versus 66% of male residents, p<0.05. Only 40% of female residents versus 94% of male residents believe that female and male residents are given the same operative autonomy, p<0.001.

**Conclusion:** The majority of female plastic surgery residents report gender bias and less operative autonomy in training. As women compose nearly half of trainees, teaching faculty should be aware of implicit bias and consciously work to eliminate gender disparities.

19. Overlapping Worlds of Art and Plastic Surgery and the Implications for Surgical Training: Preliminary Results

**Audrey B. Nguyen, MD; Dawn Duong; Patricia O’Sullivan, EdD**

*University of California San Francisco, CA, USA*

**Background:** Editorials speculate on the relationship between art and plastic surgery, and studies of limited art education in surgical training show intriguing benefits. Identifying the shared core concepts and skills in art and plastic surgery could advance incorporating artistic skills and concepts into plastic surgery training.

**Methods:** We performed a qualitative analysis of semi-structured interview transcripts of 15 plastic surgeons and 15 artists using a constructivist grounded theory approach. Plastic surgeons were board-certified or board-eligible, and artists self-identified art as their primary occupation or had formal training in art with a degree. During the interviews, we used a constant comparison approach. We reviewed the initial transcripts to create a codebook at the sentence and/or paragraph level. Two members of the research team coded each transcript, and the codes were summarized into themes based on discussion among the team members.

**Results:** 15 plastic surgeons aged 36-80 years and 15 artists aged 19-62 years with varying specialties and practices participated. We identified preliminary themes held in common. Both groups recognize that creativity played a major role. Both also recognized that strong technical foundational skills are key to developing competency. They described how technical skills, manual dexterity, and three-dimensional thinking can be taught and nurtured. While creativity was seen as innate, practitioners must push the boundaries of creativity through innovation to the limits of the profession. Both groups spoke about the “Elements of Art” and “Principles of Design” when describing their work: the surgeons understand this informally. Finally, artists and surgeons share the belief that hypersensitivity to one’s surroundings or to human features is important to identifying problems or ideas and that every action needs to have an intention and purpose.

**Conclusion:** From this study, we are developing a framework describing core concepts and skills in plastic surgery training through an artistic lens. When establishing a curriculum, it is important to develop strong technical foundational skills while also encouraging fundamental knowledge that is used in art education. We believe plastic surgery training can be enhanced by centering education around creativity, hypersensitivity, and purposeful action.

20. Teaching the Furlow Palatoplasty Technique: A Randomized, Control Trial Comparing Traditional Didactic Methods to a Low-fidelity Model

**Eva Roy, BS; Erin Anstadt, MD; Pooja Humar, BS; Lisa Block, MD; Jessica Lee, MD; Joseph E. Losee, MD; Jesse A. Goldstein, MD**

*University of Pittsburgh Medical Center, Pittsburgh, PA, USA*

**Background:** Simulation-based teaching is increasingly utilized in medical education and has proven efficacy in building clinical and surgical skills. This study evaluates the effectiveness of using a low-fidelity model to teach medical students the technique and principles behind the Furlow Double-Opposing Z-Palatoplasty.

**Methods:** Medical students participating in a Plastic Surgery elective course were randomly divided into two cohorts: a control group, which received a traditional, instructor-led lecture on the Furlow palatoplasty alone, and the experimental group, which received the same lecture and participated in a low-fidelity simulation that provided hands-on instruction on the step-by-step approach to the surgical technique. The model uses a blue towel folded into two layers to represent the oral and nasal mucosal layers of the velum. Students are taught to draw relevant anatomical and surgical landmarks, perform surgical markings, and to cut out and transpose the flaps.
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

_Ersilia L. Anghel, MD; Breanna Jedrzejewski, MD, MPH; Stephanie Radu, MCR; Elizabeth N. Dewey; Lori K. Howell, MD; Jens U. Berli, MD_

Oregon Health & Science University, Portland, OR, USA

**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

_Katie G. Egan, MD1; Allison Nauta, MD2; James A. Butterworth, MD1_

1University of Kansas Medical Center, Kansas City, KS, USA, 2Oregon Health and Science University, Portland, OR, USA

**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