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INTRODUCTION: Plastic surgery and social media have become inextricably linked through patient procurement, practice growth, and even academic exposure. Other fields, including Urology, Radiation Oncology, and Thoracic Surgery, have demonstrated that twitter buzz or even tweeting in general is positively correlated with increased citations.1–3 The purpose of this study was to further elucidate the effect of Twitter on traditional bibliometrics in the field of plastic surgery as well as parse out the kinds of tweets that are most correlated with academic citations.

MATERIALS AND METHODS: All original papers from May to October of 2018 from Plastic and Reconstructive Surgery (PRS) and Aesthetic Surgery Journal (ASJ) were analyzed using their Altmetric data in order to determine the number of citations, number of twitter users tweeting about the article, and total tweets. The twitter users were further broken down into country of origin, total number of followers, as well as their scientific background: general public, scientist, medical, scientific communicator, and unknown. Multiple linear regression was performed to analyze the effects of number of tweets, country of origin of tweeter, scientific background, and number of followers on the citations of the article.

RESULTS: A total of 369 articles were included. The average number of tweets per article was significantly higher in PRS compared with ASJ (21.8 versus 10.2, P < 0.001). There was a significant positive correlation between citations and number of tweets (r = 0.45, P < 0.001). Among articles that received at least one tweet, reaching more total followers was positively correlated with citations (r = 0.48, P < 0.001). Multiple linear regression demonstrated that having more tweets from self-identified scientists were positively correlated with citations (b = 0.99, P = 0.001), whereas having more tweets from science communicators was negatively correlated with citations (b = −1.12, P = 0.002).

CONCLUSIONS: Twitter activity for an article is positively correlated with an article’s citations. Furthermore, a positive correlation exists between the number of citations and the total number of Twitter followers reached. Interestingly, the kind of person tweeting affected the citations as well. Scientists tweeting about the article was associated with more citations, whereas tweets from scientific communicators (science blogs, journalists) were associated with fewer citations. These findings imply that Twitter can be an effective form of academic dissemination, provided the right Twitter users are promoting the article. Further research would be needed to fully elucidate the effects of various kinds of tweets on bibliometrics.

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Gender-affirming Surgery in Plastic Surgery Training: Gaps in Institutional and National Training

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BACKGROUND: Gender-affirming surgery (GAS) has become more prevalent in recent years and studies report between 0.39% and 2.7% of the United States identifying as transgender or gender non-binary (TGNB).1 Studies have demonstrated that education for plastic surgery trainees on TGNB health is lacking, as evidenced by 1 hour per year of didactic education by most estimates. National studies have even suggested disparities between types of gender-affirming procedures with reports of more trainee exposure to “top” surgery than genital reconstruction or facial procedures. Caring for the TGNB population warrants a multidisciplinary approach.
approach that encompasses a variety of surgical and medical subspecialties, with plastic surgery being at the forefront of most procedures. Unfortunately, due to limited exposure to the myriad of gender-affirming procedures, there is a prevalent sense of discomfort among many plastic surgery providers. In order to enhance our understanding regarding plastic surgery provider’s comfort levels in caring for this population, we aimed to study overall trends in GAS training, provider comfort, and ability to perform specific GAS procedures at a high-volume academic institution.

METHODS: All current residents, clinical fellows, and faculty in the Division of Plastic and Reconstructive Surgery at our institution were asked to complete an anonymous survey.

RESULTS: An estimated 54 subjects were polled, of which 30 (56%) responded. Subjects included 12 faculty members and 18 trainees. All subjects responded that training in GAS is “somewhat” or “very important.” In total, 47% of subjects believe that they had adequate surgical exposure to top surgeries during training compared with 3% and 7% for genital and facial surgeries, respectively. Trainees reported significantly more exposure to top surgeries during training than faculty ($P = 0.001$). Providers felt most comfortable performing top surgeries, and felt least comfortable performing either genital or facial surgery. Trainee comfort with providing top surgery increased with years in training ($P = 0.0126$), while no difference in comfort was seen for genital or facial procedures (both $P > 0.05$). An estimated 68% of subjects selected a low volume of surgical instruction as the reason for their comfort levels. To improve their GAS education, 83% suggested increased surgical exposure, 50% suggested more clinic exposure, and 33% suggested more didactic education.

CONCLUSIONS: Significant disparities exist in resident familiarity, education, and operative comfort depending on the specific type of gender-affirming procedure. Although providers generally feel comfortable performing top surgeries, surgical instruction appears to be lacking with regard to genital and facial procedures. These data supplement previous national data to further suggest that plastic surgery training programs need to develop necessary infrastructure that will allow for the participation of trainees in genital and facial gender-affirming procedures. Addressing the lack of surgical exposure and improving didactic curriculums in gender-affirming surgery will not only aid in providing trainees with a more holistic GAS education, including interdisciplinary work with other specialties, but will also provide better healthcare for this underserved patient population.

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Telemedicine in Plastic Surgery

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BACKGROUND: Telemedicine is a promising innovation that allows for remote communication between the clinician and the patient. Prior studies have shown telemedicine to improve accessibility and efficiency and reduce costs. Despite these benefits, certain disadvantages also exist, such as difficulty navigating online platforms and discomfort with a physical examination. During the COVID-19 pandemic, many physicians have turned to telemedicine to continue care in the form of virtual patient visits. The aim of this study was to assess the use of telemedicine from the perspective of plastic surgery patients.

METHODS: All plastic surgery patients from our institution who attended a virtual telemedicine visit between April and October 2020 were emailed a link for an anonymous survey, including basic demographic information and questions regarding their satisfaction and comfort with telemedicine visits. The survey tool used in this study was derived from the Telehealth Usability Questionnaire, a validated instrument for assessing the utility of telemedicine. Basic descriptive statistics were used to analyze the data collected.

RESULTS: Overall, 511 participants were included in the study, of which 48 responded (9.4%). Our population consisted of more Caucasian (60.4%) females (84.3%), with the education level of a 4-year college or graduate degree (74.6%), an income level of greater than $90,000 (37.3%), and a distance from their house to their plastic surgeon’s office of 5-20 minutes (41.2%). The most common procedure of interest was breast surgery (including reconstructive and cosmetic; 62.8%) and the average visit duration was 17.6 minutes. Overall, patients believed the virtual platform