collected from official program websites, and email to or telephone interview with the program coordinator. Programs were also categorized on whether they were affiliated with a “Leaders in LGBT Healthcare” center. Exposure to surgical transition was deemed to be either incidental or structured.

**Results:** One hundred and thirty programs were included in this study. Most programs provided exposure to gender-affirming surgery (n = 96, 74%), significantly fewer provided structured training (n = 37, 28% vs 74%, p <0.001). Of those who provided formal training, all provided didactic training, 86% provided clinical training (n = 32) and less than half (n = 14, 43%) provided a dedicated rotation. Programs affiliated with “Leaders in LGBT Healthcare” centers were significantly more likely to provide dedicated rotations than their non-affiliated counterparts (p=0.028).

**Conclusion:** Despite the growing demand for gender transition surgery, only one in four plastic surgery residency programs have structured training in their curriculum. To better serve the transgender population, a universal structured curriculum on gender transition surgery should be created.

29. WITHDRAWN.

30. COVID-19 and the Yale Response: A Semistructured Interview Study on Plastic Surgery Resident Education and Departmental Adaptation to the Lockdown

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**Background:** COVID-19-lockdowns tasked residencies with developing creative alternatives to their standard curricula. We aimed to capture Yale Plastic Surgery’s response to understand what specific changes should be continued following the pandemic’s conclusion.

**Methods:** A qualitative, semi-structured interview-based approach was utilized. All departmental members during the 2019-2020 academic year were invited for interviews.

**Results:** Responses were collected from ten residents, one fellow, and nine attendings between October 2020 and February 2021. Median interview duration was twenty-two minutes. Residents/fellows noted the change as sudden, with 82% stating the increased unstructured time was challenging to process professionally. 78% of attendings noted a drastic increase in their research output. To increase collaboration between programs and fill student time, institutions opened access to their virtual lectures to each other. Students/attendings reflected highly positively on the experience, and 100% felt that analogous collaboration should continue when possible post-pandemic. Despite this, many emphasized the irreplaceability of in-person visiting lecturers and that the two formats should complement each other going forwards. A modified didactic curriculum involving journal clubs was developed to provide residents with educational time previously spent in the operating room. 90% of residents felt this provided more structure to their education than the original curriculum would have. 90% noted a significant benefit to their knowledge-base. 67% of attendings specifically highlighted the benefit of reduced unstructured free time and increased resident educational engagement. Students were invited to join craniofacial pre-surgical facial manipulation planning meetings between attendings and software representatives. 100% of residents felt observing the planning sessions was beneficial, with many explicitly noting it provided a unique perspective into the surgeon’s thought process behind planned manipulations to which they usually are not privy. 100% of students felt confident at the time of interview that the lockdown would have no lasting effects on their preparation to become a surgeon. 95% of attending physicians felt the long-term surgical ability of students would not be affected by the lockdown.

**Conclusion:** COVID-19 forced the experimentation of novel approaches to resident education. Rapid changes enacted at Yale enabled resident training to advance, and documentation of the success of these changes can inform future curriculum design.

31. Assessing Medical Students Exposure to Plastic Surgery - A Multiorganizational Review of Scholarly and Academic Opportunities

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Background: Previous research demonstrates specialty exposure is the most influential factor in a student’s decision to pursue plastic surgery training. We aim to understand what opportunities are available for medical students through national plastic surgery organizations.

Methods: The American-Board-of-Plastic-Surgery, American-Society-of-Plastic-Surgeons, and The-Aesthetic-Society provide lists of related organizations on their webpages. Cross-referencing lists yielded 47 unique organizations. Researchers then screened for presence of annual meeting and relevance to medical student and resident education, yielding 14 organizations. Bylaws/web-domains were reviewed for information related to the annual meeting, leadership opportunities, membership, grants, and travel scholarships. If available, pre-virtual/in-person and virtual meeting prices were collected. In addition, discrepancies between information available via webpages and phone/email correspondence was noted.

Results: Twelve (85.7%) organizations explicitly listed openness to student attendance at the annual meeting. Eight (57.1%) promoted student research presentation/submission, 6 of which required email correspondence. The average registration fee for students was $109.3 +/- $136.5 as compared to $181.20 +/- $157.20 for residents. Of organizations providing pre-virtual and virtual pricing (n=10,71.4%), there was a reduction of the student registration fee, on average, of $92 (range:$0-375) per organization. Of the 14 organizations, 6 (42.9%) offered student memberships, 13 (93%) had resident membership. Membership fees for students, on average, was $31.70/year +/- SD $45.50 compared to $38.80/year +/- SD $65.90 for residents. The percentages of organizations offering student research grants and travel scholarships were 21.4% (n=3) and 35.8% (n=5), national student leadership (n=4, 28.6%), and no organizations had student chapters/committees. Information gathered from webpage was compared with direct correspondence for all organizations. All (100%) organizations contained at least 1 discrepancy between webpage/bylaw review and email/phone response. The most discrepant variable was whether students could present at an annual meeting (n=10,71.4%), followed by student registration costs (n=7,50.0%).

Conclusion: We present a centralized resource for medical students on national opportunities. Our results suggest that although national opportunities appear to be lacking, a role exists for further engagement with interested students eager to take the initiative to become involved. Virtual conferences present a lower-cost alternative for students and residents.

32. WITHDRAWN.