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
of all patients having surgery on the pediatric plastic surgery service during two separate 3-month blocks bridged by a transition period for intervention implementation. In the pre-intervention group, resident reporting of complications was consistent with current practices at our institution where the chief resident on service reports complications prior to bi-monthly M&M conferences. Division leadership, in conjunction with patient safety experts, then developed an online event reporting system (ERS) and implemented policy initiatives to facilitate resident utilization of ERS in all clinical settings. The post-intervention group included all residents on service utilizing the ERS for complication reporting at the time of the event and the ERS was synchronized to generate data for M&M conference. A trained surgical reviewer recorded all complications for patients throughout the six-month study period and this served as the reference standard. Fisher’s exact test was used for binary comparisons.

RESULTS: There were 32 complications detected in 219 patients from June-August, 2015 and 35 complications detected in 202 patients from October-December, 2015. Compared to this reference standard, the proportion of complications reported by residents for M&M conference in the pre-intervention group was 28.1% (9/32 events reported). After the intervention, the proportion of complications reported by residents increased to 91.4% (32/35 events reported) (P < 0.05).

CONCLUSIONS: An intervention utilizing an online event reporting system led to significant improvements in complication reporting by plastic surgery residents in an academic teaching hospital. Implementation of an event reporting system can enhance practice-based learning and quality improvement, addressing an ACGME core competency.

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The Gender Gap in Academic Plastic Surgery: A 45-Year Analysis

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BACKGROUND: An increasing number of women are entering the medical profession, but plastic surgery remains a male dominated profession especially within academia. As academic aspirations and advancement depend largely on research productivity, we assessed the number of articles authored by women in the journal of Plastic and Reconstructive Surgery (PRS). We place these findings in the context of trends in the representation of women among plastic surgery attendings and residents.

METHODS: Original articles in PRS published during the years 1970, 1980, 1990, 2000, 2004, and 2014 were analyzed. First and senior authors with an M.D. degree and U.S. institutional affiliation were categorized by gender. Authorship trends were compared with those from other specialties. Demographic data on plastic surgery residents and faculty were obtained from the Association of American Medical Colleges.

RESULTS: Overall, the percentage of women authors in PRS increased from 2.4% in 1970 to 13.3% in 2014. Over the same time period, the percentage of women plastic surgery residents increased from 2.6% to 32.5%, which was greater than the 14.2% of women plastic surgery faculty in 2014. By 2014, there were more women first authors (19.1%) than senior authors (7.7%) (p < 0.001). As a field, plastic surgery had fewer women authors than other specialties including pediatrics, obstetrics & gynecology, general surgery, internal medicine, and radiation oncology (p < 0.05).

CONCLUSIONS: The increase in representation of women among plastic surgery residents and authors is encouraging, but lags behind advances in other specialties. Understanding reasons for these trends may ultimately help improve gender equity in academic plastic surgery.

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The Evolution of Racial and Ethnic Diversity in Plastic Surgery Residency Programs

Jason Silvestre, BS; Joseph M. Serletti, MD; Benjamin Chang, MD

BACKGROUND: Increasing the diversity of U.S. physicians may help improve patient communication and mitigate healthcare disparities. However, plastic surgeons remain predominately Caucasian while the U.S. population increases in diversity. This study analyzes temporal racial trends in plastic surgery residency relative to other surgical specialties.

METHODS: Graduate Medical Education reports published by the Journal of the American Medical Association