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

Jason Silvestre, BS; Liza C. Wu, MD; Ines C. Lin, MD; Joseph Serletti, MD; Benjamin Chang, MD

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
were analyzed for percentages of African-Americans, Hispanics, and Asians in U.S. surgical residency programs (1995 – 2014). Percentages were compared between integrated and independent plastic surgery residents (2008 – 2014) and the composite was compared with other surgical disciplines. Percentages of minority groups were compared between plastic surgery residents, U.S. medical school graduates, U.S. college students, and the U.S. population. Temporal trends were analyzed with chi square goodness of fit tests.

RESULTS: Since 1995, African Americans increased 1.2 fold (p = 0.129), Hispanics 1.7 fold (p < 0.001), and Asians 2.9 fold (p < 0.001) in plastic surgery residency. In 2014, independent programs had more African Americans (5.7% vs 2.1%, p = 0.004) than integrated programs with similar Hispanics (9.4% vs 7.0%, p = 0.218) and Asians (24.7% vs 19.7%, p = 0.076). Regarding African-Americans, plastic surgery had less representation than obstetrics & gynecology and surgery (p < 0.05) and similar representation with other surgical specialties. Among Hispanics, plastic surgery had greater representation than orthopaedics, otolaryngology, and ophthalmology (p < 0.05) with similar representation to other surgical specialties. Among Asians, plastic surgery had greater representation than orthopaedics and obstetrics & gynecology (p < 0.05), but less representation than ophthalmology (p < 0.05). Relative to the U.S. population, plastic surgery had 4–5 times the percentage of Asians, 0.9–1 times Caucasians, 0.2–0.5 times Hispanics, and 0.2–0.4 African Americans. A bottle-neck effect was seen for Hispanics and African-Americans from U.S. colleges, medical schools, and residency programs.

CONCLUSIONS: Hispanics and African-Americans are under-represented in plastic surgery relative to the U.S. population and the pipeline of medical graduates. Interventions are needed to attract minorities to plastic surgery residency.

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Readability of Online Patient Resources for Head & Neck Procedures

Julia A. Cook, BS; Arash Momeni, MD; Sunil S. Tholpady, MD, PhD; Cecelia Schmalbach, MD, MSc; Rajiv Sood, MD; Michael W. Chu, MD

INTRODUCTION: Patient education is essential in enhancing the therapeutic alliance, patient satisfaction, and clinical outcomes. The NIH and AMA recommend that information be written at a sixth-grade reading level; however, online resources often exceed patient literacy. The purpose of this study is to assess readability of online material for facial procedures found on academic plastic surgery and otolaryngology websites.

MATERIALS AND METHODS: An internet search was performed of all academic hospitals that had both plastic surgery and otolaryngology training programs. An average word and syllable count was performed for each procedure. Readability analyses were performed using the Flesh-Kincaid Grade Level, SMOG Index, Gunning-Fog Score, Automated Readability Index, and Coleman-Liau Index. National society websites for both plastic surgery and otolaryngology were used as controls. A two-tailed z-test was used to compare scores, and statistical significance was set at p < 0.05.

RESULTS: Sixty-three programs were identified, and 42 had educational material. The national plastic surgery website had a significantly higher word count and number of syllables per word compared to the national otolaryngology website (p < 0.001, p = 0.04). The overall average readability for all information was at a 10th grade reading level, and the average Flesh-Kincaid readability score was 10.4 and 10.5 for plastic surgery and otolaryngology, respectively (p=0.45).

CONCLUSION: Online resources for facial procedures are more complex than the recommended reading levels. This represents an obstacle to online patient education, and attention to this aspect of patient education could benefit patients seeking medical information online.

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