27. Understanding Exposure to Plastic Surgery at the Undergraduate University Level

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Background: A diverse workforce in medicine has been shown to improve health equity and patient outcomes. Despite this, minority populations are underrepresented among physicians, particularly among surgical specialties such as plastic and reconstructive surgery. Current research investigates where along the medical school-to-residency pathway (aka, “the pipeline”) students of color are lost. This study aims to target students earlier in the pipeline, during undergraduate university, to determine if and how students are exposed to the field of plastic surgery and if exposures differ by demographic variables.

Methods: Data was collected via an IRB-approved survey distributed via Qualtrics to one institution’s undergraduate students self-identified as pursuing a career as a physician. Descriptive statistics and logistic regression were conducted to determine odds of exposure to plastic surgery when considering variables such as race and academic factors (e.g., year in school, involvement in research).

Results: Of 136 completed surveys, 54 met inclusion criteria and were analyzed: 75.9% (n=41) were women, 25.9% (n=14) were college juniors, and 9.3% (n=5) were college seniors. The majority of respondents were East Asian (33.3%, n=18), followed by multiracial (18.5%, n=10), and South Asian (14.8%, n=8). Women had a lower odds of exposure to plastic surgery than men (OR: 0.913, 95% CI: 0.3-3.2) and Black/African American and Hispanic/Latinx students had a higher odds of exposure than White students (OR: 1.3 and 3.3, respectively; CI: 0.4-30.7 and 0.1-15.7, respectively). Odds of exposure increased with each increasing year of age (OR: 1.63, CI: 1.0-2.7) and were higher for students involved in research than those who were not (OR: 4.7, CI: 0.9-24.4).

Conclusion: Our preliminary survey of undergraduate students at one academic institution demonstrates that men, African American, and Latinx students were more likely to have had previous exposure to plastic surgery than women or White students. Additionally, older students or those with research experience were increasingly likely to have had exposure to the field. We are currently expanding the study to include other undergraduate universities to confirm or disprove these data in order to better design potential interventions to support underrepresented students pursuing plastic and reconstructive surgery.

28. Transgender Surgical Training in US Academic Plastic Surgery Residency Programs

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Background: Over 1.4 million adults in the U.S. identify as transgender and there has been a significant increase in patients seeking surgical transition. However, the literature is void on the quantity and adequacy of surgical transition training during residency. This study aims to review the current state of gender transition education in US plastic surgery residency programs.

Methods: We performed a cross-sectional study on all accredited independent and integrated plastic surgery residency programs. Information on program curricula was
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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