& rectal surgery (6.2%). Regarding ACGME accreditation, the percentage of ACGME accredited craniofacial fellowship programs was stable from 2005 to 2015 (p = 0.386). In hand surgery, the percentage of ACGME accredited plastic surgery (p = 0.755) and orthopaedic (p = 0.253) fellowships remained stable while general surgery decreased (p = 0.010). There was greater ACGME accreditation in subspecialty areas with Subspecialty Certification (100%) relative to areas without Subspecialty Certification (19.2%, p < 0.001).

CONCLUSIONS: There is an increasing trend toward subspecialty training in plastic surgery with no significant differences between integrated and independent residents. ACGME accreditation of fellowship programs varies across plastic surgery disciplines and remains highest in areas with the option for Subspecialty Certification. Future studies should assess educational outcomes of ACGME accredited fellowship programs.

DISCLOSURES: None

Resident Performance on the Plastic Surgery In-Service Exam Varies By Training Year and Pathway

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BACKGROUND: Few studies in surgery have addressed medical knowledge competency training as defined by the American Council of Graduate Medical Education (ACGME). As in-training exams are ubiquitous educational tools for surgical residents in the U.S, insights into exam performance may help fill this void. The purpose of this study was to determine the relationship between in-service exam performance and training profile in plastic surgery.

METHODS: This retrospective cohort study reviewed performance data for the Plastic Surgery In-Service Training Exam (PSITE) for years 2012–2015. Comparisons were made both within and between training pathways via non-parametric tests.

RESULTS: Data were available for 1367 independent (37.9%) and 2240 integrated (62.1%) residents. Among integrated residents, performance increased with additional years of training (p < 0.001), but no difference existed between PGY-5 and PGY-6 residents (p > 0.05). Similarly, independent resident exam performance increased by year of training (p < 0.001) with no difference between PGY-2 and PGY-3 years (p > 0.05). At each level of training (PGY 4–6), integrated residents outperformed their independent resident colleagues (PGY 1–3) (p < 0.001).

CONCLUSIONS: Performance on the PSITE increases during residency with integrated residents outperforming independent residents. These findings may have implications on medical knowledge competency training as defined by the ACGME.

DISCLOSURES: None

Trends in Racial, Ethnic and Gender Diversity in Integrated Versus Independent Plastic Surgery Residencies

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INTRODUCTION: No prior studies have examined the differences between integrated and independent programs with regard to race, ethnic and gender composition, or whether there are trends in their respective demographic compositions.

METHODS: JAMA Graduate Medical Education annual reports of integrated versus independent residencies were reviewed for the 2009–2015 academic years. Data recorded included academic year, race, ethnicity and gender. An analysis of 3 specific sub-groups was performed: Blacks, Hispanics and females. The Cochran-Armitage test was used to assess trends among the subgroups.

RESULTS: From the 2009 to 2015 academic years, active residents in integrated programs rose from 189 to 573 residents (+203.2%). During the same period, the number of independent residents declined from 508 to 372 (-26.7%). Blacks saw a statistically significant trend decline in representation in integrated programs from 2009 (4.8%) to 2015 (2.1%), p = 0.026, but no statistically significant difference in the independent pathway from 2009 (4.5%) to 2015 (5.6%), p = 0.19. Hispanic ethnicity saw an increase, but not statistically significant trend in representation in the integrated and independent programs from 2009 to 2015, 4.8% to 5.6%, p = 0.64 and 7.7% to 9.4%, p = 0.71, respectively. Females saw a statistically significant trend increase in representation in integrated programs from 2009 (21.7%) to 2015 (38.0%), p < 0.01. For the independent programs, no