approach that encompasses a variety of surgical and medical subspecialties, with plastic surgery being at the forefront of most procedures. Unfortunately, due to limited exposure to the myriad of gender-affirming procedures, there is a prevalent sense of discomfort among many plastic surgery providers. In order to enhance our understanding regarding plastic surgery provider’s comfort levels in caring for this population, we aimed to study overall trends in GAS training, provider comfort, and ability to perform specific GAS procedures at a high-volume academic institution.

METHODS: All current residents, clinical fellows, and faculty in the Division of Plastic and Reconstructive Surgery at our institution were asked to complete an anonymous survey.

RESULTS: An estimated 54 subjects were polled, of which 30 (56%) responded. Subjects included 12 faculty members and 18 trainees. All subjects responded that training in GAS is “somewhat” or “very important.” In total, 47% of subjects believe that they had adequate surgical exposure to top surgeries during training compared with 3% and 7% for genital and facial surgeries, respectively. Trainees reported significantly more exposure to top surgeries during training than faculty ($P = 0.001$). Providers felt most comfortable performing top surgeries, and felt least comfortable performing either genital or facial surgery. Trainee comfort with providing top surgery increased with years in training ($P = 0.0126$), while no difference in comfort was seen for genital or facial procedures (both $P > 0.05$). An estimated 68% of subjects selected a low volume of surgical instruction as the reason for their comfort levels. To improve their GAS education, 83% suggested increased surgical exposure, 50% suggested more clinic exposure, and 33% suggested more didactic education.

CONCLUSIONS: Significant disparities exist in resident familiarity, education, and operative comfort depending on the specific type of gender-affirming procedure. Although providers generally feel comfortable performing top surgeries, surgical instruction appears to be lacking with regard to genital and facial procedures. These data supplement previous national data to further suggest that plastic surgery training programs need to develop necessary infrastructure that will allow for the participation of trainees in genital and facial gender-affirming procedures. Addressing the lack of surgical exposure and improving didactic curriculums in gender-affirming surgery will not only aid in providing trainees with a more holistic GAS education, including interdisciplinary work with other specialties, but will also provide better healthcare for this underserved patient population.

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Telemedicine in Plastic Surgery

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**BACKGROUND:** Telemedicine is a promising innovation that allows for remote communication between the clinician and the patient. Prior studies have shown telemedicine to improve accessibility and efficiency and reduce costs. Despite these benefits, certain disadvantages also exist, such as difficulty navigating online platforms and discomfort with a physical examination. During the COVID-19 pandemic, many physicians have turned to telemedicine to continue care in the form of virtual patient visits. The aim of this study was to assess the use of telemedicine from the perspective of plastic surgery patients.

**METHODS:** All plastic surgery patients from our institution who attended a virtual telemedicine visit between April and October 2020 were emailed a link for an anonymous survey, including basic demographic information and questions regarding their satisfaction and comfort with telemedicine visits. The survey tool used in this study was derived from the Telehealth Usability Questionnaire, a validated instrument for assessing the utility of telemedicine. Basic descriptive statistics were used to analyze the data collected.

**RESULTS:** Overall, 511 participants were included in the study, of which 48 responded (9.4%). Our population consisted of more Caucasian (60.4%) females (84.3%), with the education level of a 4-year college or graduate degree (74.6%), an income level of greater than $90,000 (37.3%), and a distance from their house to their plastic surgeon’s office of 5-20 minutes (41.2%). The most common procedure of interest was breast surgery (including reconstructive and cosmetic; 62.8%) and the average visit duration was 17.6 minutes. Overall, patients believed the virtual platform
was easy to use (86.4%), improved their access to healthcare (78.8%), and saved time traveling (87%). However, 37.2% of patients did not find their virtual visit provided the same level of care as in-person visits. A majority of patients tended to be comfortable with new patient visits (59.6%), return visits (78.6%), and pre-operative visits (59.5%), but were less comfortable with postoperative visits (45.2%). Patients also favored scheduling a procedure without a prior in-person visit (40.5% not comfortable, 38.1% comfortable). A majority of patients felt comfortable undergoing a virtual examination of most body parts, including the face, abdomen, back, hands, arms, legs, feet; however, 51.3% and 30.7% were uncomfortable undergoing an examination of their genitals or breasts, respectively.

CONCLUSIONS: With telemedicine becoming more ubiquitous, it is important to gain a better understanding of its practicality and utility. These results demonstrate that while most patients find many aspects of telemedicine to be useful, they still believe that it is not as reliable as an in-person visit. Based on our findings, we would recommend the use of telemedicine be driven by patient choice and comfort level. This study is currently in the data collection phase; the authors believe an increased number of respondents will increase the power of the study and allow for more complex statistical analyses such as logistic regression. Follow-up studies include sending a similar survey to plastic surgeons to assess and compare the utility of telemedicine from the provider's perspective.

Board Certification in Cosmetic Surgery: An Examination of Online Advertising Practices

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BACKGROUND: Aesthetic surgery patients commonly use online resources to select a surgeon. The American Board of Plastic Surgery (ABPS) is the American Board of Medical Specialties (ABMS) member board that certifies plastic surgeons. The American Board of Cosmetic Surgery (ABCS) provides physicians with aesthetic surgery credentials through a non-ABMS recognized process. This study examines use of the phrases “plastic surgery” and “plastic surgeon” by ABCS-certified surgeons without plastic surgery training when advertising their practice online.

METHODS: ABCS Diplomates were identified from the ABCS website. Professional websites, Facebook business pages, and Instagram profiles for ABCS Diplomates were located by online search. Use of the descriptor “plastic” and ABCS board certification on practice websites, categorization of Facebook business pages, and use of plastic surgery-related hashtags in Instagram posts were recorded.

RESULTS: An estimated 298 non-ABPS-certified ABCS Diplomates were included. In total, 296 (96.7%) had professional websites, and 272 (88.9%) had Facebook business pages, and 215 (70.3%) had Instagram profiles. Those categorized their Facebook business page as “plastic surgeon” were 189 (69.5%). Within their Instagram posts, 123 (57.2%) included the hashtag #plasticsurgeon, and 172 (80.0%) included the hashtag #plasticsurgery. On their professional websites, 90 (30.4%) ABCS Diplomates identified themselves as a “plastic surgeon,” and 123 (41.6%) used “plastic” to describe their practice. An estimated 238 (83.2%) ABCS Diplomates mentioned their board certification by ABCS or their status as an ABCS Diplomate on their practice website. In total, 207 (72.4%) included their ABCS credential in a list of qualifications, and 107 (37.4%) included ABCS when advertising their multiple board certifications.

CONCLUSIONS: ABCS Diplomates frequently market themselves as “plastic surgeons” despite a lack of accredited plastic surgery training. This can mislead patients about the training background of their surgeon and is meant to be counteracted by “Trust ASPS” and other public awareness campaigns by plastic surgery societies.1 ABCS Diplomates also utilize their ABCS credentials to promote themselves as “board-certified” cosmetic surgeons. However, because ABCS is not an ABMS member board, this potentially violates truth-in-advertising legislation in some states and increases public confusion regarding different board certifications.2,3

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