value as in-person, and two of 17 (11.8 percent) found the virtual visiting professors to be less educational. Residents thought face-to-face meetings with a visiting professor were more important for career aspirations, and only six of 17 (35.3 percent) and five of 17 (29.4 percent) found it to be somewhat important. The mean cost of each visiting professor event during the 2018 academic year was $1780 ± $238. The cost of an average virtual visiting professor was $15 per visit (gift card) (p < 0.0001).

This study revealed that both visiting professors and residents found our virtual visiting professor program maintained its educational value and elements of personal connection. Visiting professors found them convenient and worth continuing after travel restoration after COVID-19. The benefits of a virtual professorship are clear. A visiting professor may be able to give a visiting lecture, establish a national reputation in their area of expertise, and share their educational approach with learners at another program without having to travel or sacrifice their routine clinical or research opportunities. There is a financial burden to the institution with an in-person visiting professor. The hosting plastic surgery program typically pays airfare, hotel, meals, and an honorarium. The visiting professor sacrifices clinical and research opportunities including missed relative value unit earning potential.

A routine virtual visiting professor represents a potential paradigm shift. It may not replace all in-person visiting professors entirely given some of the advantages an in-person experience offers, but the virtual visiting professor offers a comparable experience at a lower institutional cost. These results suggest that institutions should consider implementing a virtual visiting professor program to augment traditional visiting professor lectures even after social and travel normalization after the COVID-19 pandemic. Facilitating virtual personal interactions between the professor and the residents during the program is necessary.

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The Impact of the SARS-CoV-2 (COVID-19) Pandemic on the 2020 to 2021 Integrated Plastic Surgery Residency Cycle

As the 2020 to 2021 residency application cycle commenced, plastic and reconstructive surgery programs and applicants are adapting to various changes associated with coronavirus disease of 2019 (COVID-19). We completed the first study assessing the impact of COVID-19 and related uncertainties on this year’s integrated plastic and reconstructive surgery residency cycle. Despite applicants’ expectations for a shift in the application process and applicant evaluation paradigm, program directors expected that changes were unlikely.

We developed and distributed two surveys: one for applicants and another for program directors. Surveys were distributed electronically by means of e-mail and online forums specific to plastic surgery. Seventy-six students applying this cycle responded to the survey, with 26 excluded from analysis because of incomplete submission. Twenty-seven program directors representing 32.1 percent of programs participated in the study, with seven excluded for incomplete submission.

Student responses confirmed the specific disruptions they have experienced in the application process. Sixty-four percent of applicants reported cancellations in Step 2 scheduling, and 80 percent of applicants experienced cancellations of their plastic and reconstructive surgery subinternships. Applicants also expected to have on average two fewer letters of recommendation from plastic surgeons.

Survey responses also highlighted several areas where applicants and program directors differed in their perceptions of the ways this year’s cycle would diverge from prior years. Applicants expected significant changes in the way certain aspects of their applications would be evaluated, specifically, letters of recommendation from plastic surgeons, personal knowledge of the applicant, and involvement in research. In contrast, program directors reported that such factors would be regarded with the same importance as they have in previous years (84 percent versus 50 percent, p = 0.006; 74 percent versus 25 percent, p < 0.001; 60 percent versus 20 percent, p = 0.003 for each criterion) (Table 1).

Furthermore, program directors did not anticipate taking more applicants from the home institution (4.5 versus 3.5 on a Likert scale, p < 0.001) or increasing interview numbers (3.5 versus 2.6 on a Likert scale, p = 0.002) as a response to reduced away rotations.

Survey responses from program directors in our study showed that factors for extending interview
Table 1. Applicant and Program Director Survey Response Comparison for Common Questions

| Survey question                                                                 | Applicant Results (%) | PD Results (%) | p     |
|---------------------------------------------------------------------------------|-----------------------|----------------|-------|
| **Applicant**                                                                   | 50                    | 20             |       |
| **Survey question**                                                             |                       |                |       |
| Given the COVID pandemic, which of the following NRMP factors do you expect programs to evaluate differently? |                       |                |       |
| USMLE Step 1/COMLEX scores                                                     | 20 (40.0)             | 5 (25.0)       | 0.280 |
| Letter of recommendation in specialty                                           | 42 (84.0)             | 10 (50.0)      | 0.006*|
| Personal statement                                                              | 11 (22.0)             | 5 (25.0)       | 0.763 |
| Grades in required clerkships                                                   | 13 (26.0)             | 4 (20.0)       | 0.761 |
| Personal prior knowledge of applicant                                          | 37 (74.0)             | 5 (25.0)       | <0.001*|
| Audition elective                                                               | 28 (56.0)             | 8 (40.0)       | 0.226 |
| Evidence of professionalism                                                     | 7 (14.0)              | 2 (10.0)       | 1     |
| Alpha Omega Alpha Honor Medical Society membership                              | 10 (20.0)             | 4 (20.0)       | 1     |
| Demonstrated involvement in specialty/research                                  | 30 (60.0)             | 4 (20.0)       | 0.003*|
| Perceived commitment to specialty                                              | 28 (56.0)             | 7 (35.0)       | 0.185 |
| Grades in clerkship for specialty                                               | 11 (22.0)             | 3 (15.0)       | 0.742 |
| How likely is it that programs perception toward international graduate will change because of COVID-19?† | 3.5                    | 1.8            | <0.001*|
| How likely do you think it is that programs will increase the number of interview spots to compensate for the lack of away rotations?‡ | 3.5                    | 2.6            | 0.002*|
| How likely do you think it is that programs are more likely to accept an applicant from the same institution as their program because of COVID-19?† | 4.5                    | 3.5            | <0.001*|
| How likely do you think it is that letters from non-PRS physicians will be viewed more leniently than previous cycles?‡ | 3.7                    | 3.3            | 0.124 |
| Students whose home institutions do not have a PRS program may have less of an opportunity to obtain LORs and clinical experience in the field. How likely do you think it is that this will be taken into consideration?‡ | 3.7                    | 4.1            | 0.164 |

PD, program director; NRMP, National Residency Matching Program; USMLE, United States Medical Licensing Examination; COMLEX, Comprehensive Osteopathic Medical Licensing Examination; PRS, plastic and reconstructive surgery; LOR, letters of recommendation.

*Statistically significant.
†Scaled questions: 1 = very unlikely, 2 = unlikely, 3 = unsure, 4 = likely, and 5 = very likely.
‡Percent cited and Average rating of importance.
invites and ranking applicants have not significantly changed with COVID-19. Four of the top five important factors for extending interview invites in our survey results were identical to that of the 2018 National Residency Matching program director survey results, except for a higher emphasis on grades in required clerkships compared to Alpha Omega Alpha Honor Medical Society membership (Fig. 1). Similarly, the top five factors for ranking interviewees as reported by program directors in our study were unchanged from the 2018 survey.

Overall, program directors and applicants were in concordance on several aspects of changes in the application process, including an understanding that students without home programs would have difficulty obtaining clinical experience and letters of recommendation from plastic and reconstructive surgery physicians. However, applicants expected a greater shift in the match process compared to program directors, who anticipated a relatively unchanged application cycle or weighting system compared to previous years. Although students expected increased interview invitations and home student selections as a response to reduced away rotations, program directors did not share the same sentiment. Direct messaging and transparency on the part of programs is imperative in dispelling other differences in perception between programs and applicants.

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From Some-tox to More-tox during the COVID-19 Pandemic

Since the coronavirus disease of 2019 (COVID-19) pandemic, in our clinic, there is an increasing number of patients (especially businesswomen) seeking help for rejuvenation of the periorbital area, despite recurrent lockdowns and closing of the (aesthetic) clinics. As has been demonstrated by several studies in the past, “beauty is around the eyes of the beheld”; the periorbital area is one of the foremost areas we look at when gazing at a person. An aesthetically pleasing face is characterized by a relatively low eyebrow position, a high lid-cheek junction, and smooth skin around the eyes. Aging results in drooping of the upper eyelids, crow feet’s, deepened frown lines, and a lower lid-cheek junction. Different studies have shown the (negative) effects of periorbital aging on the perception of emotions. In particular, a low eyebrow position in combination with a low lid-cheek junction is associated with negative emotions such as fatigue. All these aforementioned emotions have become even more prominent because of mouth mask wearing since the start of the COVID-19 pandemic.

Now, during the COVID-19 pandemic, the periorbital area has probably become an even more important area we look at: the observer and the beholder now mostly only see the periorbital area because often the perioral area is covered by a mouth mask. So now (during the COVID-19 pandemic), the perception of beauty of an individual is thus mainly focused and determined by this anatomical area and might explain the increased demand for periorbital rejuvenation treatments (botulinum toxin, fillers, eyelid surgery, eyebrow lifts) as experienced in our and in many other clinics. Except for many negative effects and an initial drop in the number of aesthetic procedures, the COVID-19 pandemic has had also a positive effect on our aesthetic practice: patients are now more aware of their periorbital appearance.

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