variables, and adverse outcomes. Statistical tests performed included simple regression analyses and multiple regression analysis.

RESULTS: 50 patients had adequate photographic documentation for inclusion in the study. 44% of patients were classified as Veau I (mean cleft width [MW] 5.4 mm), 28% Veau II (MW 8.9 mm), 16% Veau III (MW 11.3 mm), and 12% Veau IV (MW 10.0 mm). No patients exhibited post-operative bleeding, dehiscence, airway problems, infection, fistula formation, or return to the operating room. We found that increasing cleft width significantly predicts higher Veau classification (p<0.01), increasing operating time (p<0.05), increased hypernasality (p<0.05), and speech delay (p<0.001). The presence of an intentional alveolar fistula (Veau III or Veau IV clefts) significantly predicts fluid emission (p<0.001). Cleft width did not predict fluid emission, or length of stay.

CONCLUSION: Our data demonstrate that wider pre-operative cleft palates correlate with higher Veau classification, increased operating time and slightly worsened post-operative sequelae, including hypernasality and speech delay.

P15.
ANALYSIS OF FEMALE PLASTIC SURGERY AUTHORSHIP
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PURPOSE: Authorship in a peer-reviewed journal is highly regarded in both the academic and private sectors of plastic surgery. Recently, several articles have cited an increased contribution from females in plastic surgery literature; however, none to date have analyzed the demographic trends of these female authors. The purpose of this study is to conduct an analysis of female authors in three well-known plastic surgery journals.

METHODS: Articles published in Plastic and Reconstructive Surgery, Annals of Plastic Surgery, and Aesthetic Surgery were reviewed between January and December 2015. Supplemental journals, review, and CME articles were excluded. First, second, and last authors were reviewed and stratified by a number of categories including gender, geographic location, and title. Due to differences in training and academic title appointments worldwide, titles were only reviewed for authors residing in the United States.

RESULTS: 2050 authors were reviewed. 20% of first authors, 24% of second authors, and 15% of last authors were female. Female representation was fairly equal amongst the journals. 39% of female authors were international. Overall, 16% of graduated plastic surgeons and 25% of residents published in these articles were female, compared to 14.2% graduated plastic surgeons and 32.4% residents.

CONCLUSION: Faculty on par with national percentages of female plastic surgeons; however, female residents have lower representation in literature than in the community as a whole. Residents and faculty must promote productivity of the younger generation of female plastic surgeons to continue increasing contributions of females to the specialty.

P16.
TRENDS IN OPERATIVE PERFORMANCE FOR INDEPENDENT AND INTEGRATED PLASTIC SURGERY RESIDENTS: HOW SOON DO INDEPENDENT RESIDENTS CATCH UP?
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PURPOSE: This study aimed to differentiate between integrated (PGY4-PGY6) and independent (PGY1-PGY3) plastic surgery residents regarding their operative competency and evaluate whether any discrepancy exists between these groups during plastic surgery training.

METHODS: We compared independent and integrated plastic surgery residents at our institution using
operative performance data from the Operative Entrustability Assessment (OEA), a validated assessment tool that provides residents with real-time feedback about their operative performance and documents that performance at point-of-care. Independent PGY1, PGY2, and PGY3 were categorized as PGY4, PGY5, and PGY6, respectively. We analyzed OEA evaluator scores for the two groups over time, using Wilcoxon rank-sum test to compare groups.

RESULTS: During 2013–2016, 2,570 OEAs were completed for residents at PGY4-6. Of these, 1,389 (54.1%) were logged by independent and 1,181 (46%) by integrated residents. OEA evaluator scores were slightly lower for independent track residents throughout the first three quarters of PGY4 (p<0.001, p<0.001, and p=0.029, respectively). However, this difference was no longer statistically significant during the fourth quarter of PGY4 (p=0.220). As residents progressed in their training, this difference also was not detectable at PGY 5 (p=0.781) or PGY 6 (p=0.524).

CONCLUSION: OEA data demonstrates independent plastic surgery residents perform slightly lower than their integrated colleagues during the first three quarters of their first year. However, they readily demonstrate a statistically comparable level of competency after this period, indicating minimal drawbacks to incorporating independent residents with integrated residents in plastic surgery training programs.

P17.
ABILITY TO COPE WITH CHRONIC PAIN PUTS MIGRAINE SURGERY PATIENTS IN PERSPECTIVE
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PURPOSE: Migraine surgery candidates are chronic pain patients. However, chronic pain analysis tools are not typically applied to migraine surgery patients. This is the first migraine study to include the Pain Self Efficacy Questionnaire (PSEQ), which is used to determine patients’ pain coping abilities. It is an important predictor of pain intensity/disability in patients with musculoskeletal pain.

METHODS: Forty patients prospectively completed Migraine Headache Index, Migraine Disability Assessment Score (MIDAS) and PSEQ preoperatively, and 12 months postoperatively. Scores were evaluated using paired t-tests and Pearson correlation. PSEQ scores were compared to other chronic pain conditions.

RESULTS: All scores improved significantly from baseline. Mean preoperative migraine PSEQ score was 19±11, the poorest pain coping score reported in the literature. Mean postoperative migraine PSEQ improvement was 105%(39±22), which was the highest of those compared.

CONCLUSION: MIDAS is suboptimal to describe disability in our patients due to a mean preoperative score of 102, as severe disability is defined as 21+. PSEQ successfully demonstrates extent of disability in this patient population and puts migraine surgery in perspective to other known pain treatments. It further evaluates functional outcome, rather than just improvement in symptoms. This significantly adds to our understanding of this patient population.

P18.
CORRELATION BETWEEN FACIAL NERVE AXONAL LOAD AND AGE AND ITS RELEVANCE TO FACIAL REANIMATION
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