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Background: The summer of 2020 cast a new light on racial inequality and injustices that continue to undermine the health and well-being of specific populations. Like many institutions, our health system pledged a renewed commitment to initiatives that foster diversity and inclusion. Resident physicians make up a significant portion of the workforce in teaching hospitals. We set out to gauge residents' perspectives on diversity and inclusion, with the understanding that any effort to move forward cannot succeed without considering where we are now

Methods: An anonymous, electronic survey was sent to all resident physicians within our hospital. Residents were asked: (1) What do diversity and inclusion mean to you? (2) What questions do you have about diversity and inclusion? (3) Do you feel your program values diversity? If so, how? If not, how? (4) What programs/topics would you be interested in participating in? and (5) What other suggestions do you have to further progress in diversity and inclusion within your residency/fellowship program

Results: Majority of residents had positive responses to the value placed on diversity and inclusion. Respondents most often defined this by racial, ethnic, cultural, and gender differences. Important comments were the difference between diversity and inclusion, and how the former without the latter can be damaging to a community. Additionally, a variety of questions and suggested programs were shared

Conclusion: We hope to encourage programs to check the pulse of their residents. The pulse is a critical vital sign and should be checked on a routine basis so necessary interventions can be implemented to get the patient back to a healthy state. In checking the pulse of residents regularly, these critical conversations and feedback can inform needed actions. Furthermore, if the solutions to these problems are to be achievable and sustainable, they cannot rest solely on those with a personal account to share, nor can they measure success without actionable change and follow up. In this way, diversity and inclusion can become a shared

responsibility, as opposed to the familiar feeling that organizations involved in diversity tourism only visit this topic when it is in vogue.

P29. Shifting Applicant Attitudes Towards Virtual Plastic Surgery Residency Interviews

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Background: The COVID-19 pandemic has forced plastic surgery residency programs to transition to virtual interviews for recruitment. In addition to reducing risks of COVID-19 exposure by minimizing travel, virtual interviews are more cost effective and less time consuming for applicants. However, virtual interviews make personal interactions with faculty and residents more challenging for applicants. Assessment of the location and hospital setting is also hindered. This impedes an applicant's ability to potentially evaluate a program effectively. The purpose of this study is to evaluate the 2021 integrated plastic surgery applicant attitudes towards the current virtual interview process

Methods: We surveyed 2021 applicants to our integrated plastic surgery program who interviewed virtually (n=32). Virtual Interview Survey. Applicants were surveyed on how well they became acquainted with our program, faculty, and residents on a scale from 1-5

Results: The survey response was 43.8% (14/32). Most respondents did not have a preference between virtual and in-person interviews (57.1%, n=8). On average, respondents were satisfied with the virtual interview process, rating their overall experience 8.4 (\pm 1.3) of 10. Applicants responded that they became acquainted with our program, faculty, and residents with respective scores of 3.9 (\pm 0.62), 3.7 (\pm 0.73), and 3.6 (\pm 1.01) on a scale of 1-5. Most applicants did not believe that either a virtual or in-person interview resulted in an advantage to matching (57.1%, n=8). Most applicants responded that virtual interviews allow the opportunity to attend more interviews (78.6%, n=11).

Conclusion: We previously published survey data comparing virtual and in-person interviews in the 2020 plastic

surgery match during the abrupt transition to virtual interviews during the onset of the pandemic. That study demonstrated lower scores for virtual interviews compared to in-person. However, this survey indicates that applicant attitudes have shifted. Overall, applicants scored the virtual interview process positively in 2021. With the efficiency and financial advantage that virtual interviews offer, it is possible they can become part of the residency selection process even after pandemic restrictions are lifted. Given these findings, residency programs should work on optimizing the virtual interview process.

P30. Grit, Resilience, and Burnout Among Plastic Surgery Residents, Fellows, and Attendings

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Background: “Grit” and “resilience” are being assessed in physicians and their association with career success and burnout. Grit is described as “perseverance and passion for long-term goals,” resilience is defined as “a measure of stress coping ability,” and burnout has been described as “emotional exhaustion” in response to “prolonged emotional and interpersonal stressors on the job.” To our knowledge, these

qualities and their association have not been assessed in plastic surgery.

Methods: We surveyed plastic surgery residents, fellows, and attendings at our institution to assess the prevalence of burnout and its association with grit and resilience. We performed a multivariate analysis to determine what attributes were associated with vary levels of burnout, grit, and resilience.

Results: Preliminary analysis of 22 responses with a breakdown of 6 were plastic surgery attendings and 16 were trainees (either residents or fellows). The gender ratio was 63.64% males and 36.36% female. Overall moderate to high burnout was seen in 63.64% of doctors. On an individual subscale, 18.18% had high Emotional Exhaustion (EE), 50% had high Depersonalization (DP), and 36.36% reported high burnout on Personal Accomplishment (PA). Higher grit and resilience scores were associated with previous military experience ($p=0.04$), non-trainee work status ($p=0.04$), and lower standardized exam scores ($p<0.05$). Additionally, higher resilience was associated with the male sex ($p=0.03$) and higher levels of burnout in females ($p<0.05$). There were negative correlations for EE and DP parameters of burnout with PA and grit/resilience.

Conclusion: Preliminary observations indicate that higher levels of grit/resilience may offer protection against burnout as observed by an inverse correlation between the parameters. Plastic surgeons with a military background and lower standardized scores were associated higher grit/resilience, possibly due to previous experiences requiring them to overcome adversity.