

AMERICAN SOCIETY OF PLASTIC SURGEONS

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PLASTIC SURGERY THE MEETING HEADS TO ATLANTA FOR 2021

Resources

Wellness Resources

The American Society of Plastic Surgeons recognizes the challenges faced by our member physicians as well as trainees and support staff in the daily care of patients.

- National Suicide Prevention Lifeline (800-273-8255)
- COVID-19 Member Resources
- Quick Burnout Self-Assessment

ASPS Project Well

Like many specialties, burnout, musculoskeletal disorders and emotional stress impact our member physicians. We recognize that physician wellness is directly linked to quality care.

ASPS has started Project Well to lead the Society's focus on wellness and burnout for our members and their practices. We invite you to review these materials and take advantage of our programming to enhance your individual and practice balance.

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Fig. 1. Wellness resources for plastic surgeons provided by the American Society of Plastic Surgeons and its Wellness Task Force (available at: <https://www.plasticsurgery.org/for-medical-professionals/resources/wellness-resources>. Accessed August 17, 2021).

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of nonemergent surgeries to conserve health care resources and minimize exposure to COVID-19.¹ To better understand the impact of COVID-19 on plastic and reconstructive surgery, we evaluated the trends of surgical cases at our institution before the pandemic, at the peak, when the majority of surgeries were on hold, and during the recovery phase, which involved resumption of surgical cases.

California enacted a statewide shelter-in-place mandate in mid-March of 2020, and Stanford Health Care began holding all elective surgeries during this time. By the end of April of 2020, Stanford Health Care consistently had fewer than 20 hospitalized COVID-19–positive patients and fewer than 10 patients requiring intensive care unit care, with a total positive COVID-19 test result rate of 1.7 percent. Given the institution's stability of inpatient COVID-19 patients, phased scheduling of surgeries occurred over a 2-week period, with all surgeries allowed by May 4, 2020.

e Single Institution's Plastic Surgery Case Trends and Considerations in the Midst of COVID-19

As the number of coronavirus disease of 2019 (COVID-19) cases increased in the United States, multiple health organizations, including the American Society of Plastic Surgeons, endorsed cancellation

Related digital media are available in the full-text version of the article on www.PRSJournal.com.

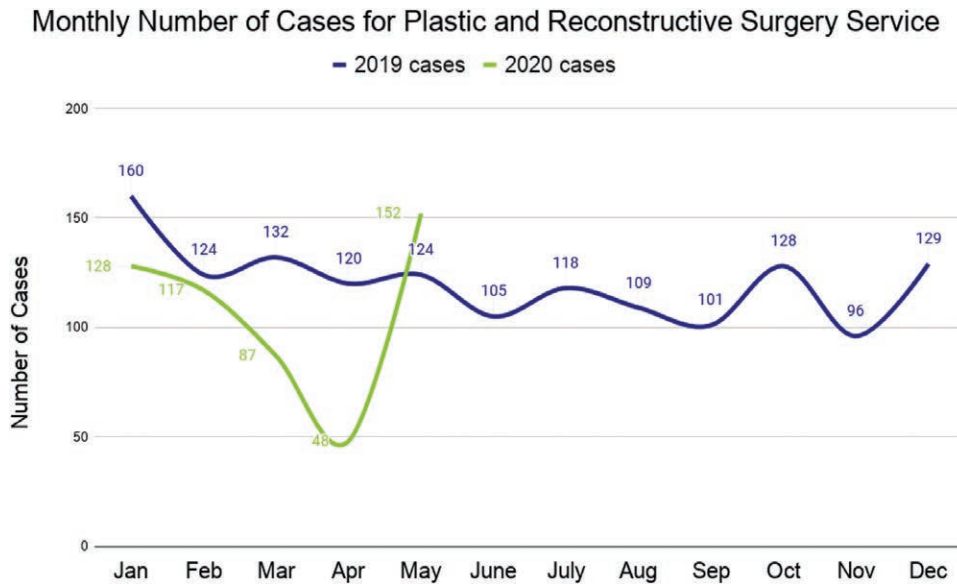


Fig. 1. Trends in Stanford Health Care’s plastic and reconstructive surgery case volume. The total number of cases from January of 2019 to December of 2019 was compared to those from January of 2020 to May of 2020. A substantial decrease in the number of cases during the COVID-19 pandemic is shown.

Plastic and reconstructive surgery case volume as a whole and by specialization was compared between 2019 and 2020 for adult patients at Stanford Health Care. While the number of emergent/urgent plastic and reconstructive surgery cases remained relatively stable, the number of elective cases declined sharply, especially in April of 2020, when there were 60 percent fewer cases than in 2019 involving all plastic and reconstructive surgery specialty categories (Fig. 1). The most notable changes occurred in cosmetic surgery and general plastics, at -100.0 percent and -88.2 percent, respectively (Table 1). The largest change in case numbers for May of 2020 during the recovery phase relative to May of 2019 was observed in cosmetic (+125.00 percent), hand (+93.3 percent), and craniofacial surgery (+39.1 percent). From the historical comparison of our patients in 2020 and 2019, the largest groups of patients who still need surgery are breast patients.

Table 1. Percentage Change between 2019 and 2020 for March,* April, and May† for the Stanford Health Care Plastic Surgery Service and Subspecialty Categories

	Percentage Change for March	Percentage Change for April	Percentage Change for May
Plastic surgery	-34.1%	-60.0%	+22.6%
Hand	0%	-52.9%	+93.3%
Cosmetic	-40%	-100%	+125%
Breast	-28.2%	-68.4%	0%
General plastics	-73.7%	-88.2%	-7.14%
Craniofacial	+15.7%	-25.9%	+39.1%

*When elective cases were placed on hold.

†When all surgical cases were allowed.

The significant increase in volume of aesthetic patients in May of 2020 compared to 2019 indicates that this patient group is seeking surgical care. This insight into surgical trends for different patient groups can help prioritize and identify patients for treatment. (See Figure, Supplemental Digital Content 1, which shows case volume trends in six specialty categories within plastic and reconstructive surgery from January of 2019 through May of 2020. All categories exhibited the most significant decrease in case volumes during April of 2020 compared to April of 2019, <http://links.lww.com/PRS/E805>.)

As hospitals reintroduce surgeries, the greatest challenge is safety. Guidance can be provided by the “medically necessary, time-sensitive” procedure system developed in the setting of COVID-19.² At Stanford Health Care, preoperative testing is performed on the majority of surgical patients 72 hours or more before surgery, with patients self-quarantining after testing until surgery. Other measures include understanding what resources are readily available from a supply chain standpoint, environmental control, daily symptom self-assessments, staff protection, and incorporation of medical practices to decrease exposure. (See Table, Supplemental Digital Content 2, which shows hospital-wide considerations for safely resuming surgical care, including prefacility precautions, available COVID-19 testing inventory, resource requirement, location of cases, environmental control, staff protection, and anesthesia considerations, <http://links.lww.com/PRS/E806>.^{4,5}) In addition, systems for contact tracing for anyone with COVID-19 are necessary.

Maintaining a state of recovery will require optimization of health care practices, as well as the ability

to respond to a constantly changing COVID-19 climate with concerns for resurgences into 2025.³ The ideal situation for a return to normalcy involves ample, efficient, and accurate testing along with scientifically proven treatment or vaccine availability. We hope that our COVID-19 experience provides a framework of considerations for resuming activities in an academic plastic surgery practice during these unprecedented times.

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Changing Dynamics in Medical Education during COVID-19 Pandemic: Are Integrated Plastic Surgery Programs Adapting for Residency Applicants?

The coronavirus disease of 2019 (COVID-19) pandemic drastically changed the 2020 to 2021 residency application process.¹ The American Association of Medical Colleges released recommendations against visiting rotations and in-person interviews. Traditionally competitive fields, including plastic surgery, strongly encouraged students to participate in visiting rotations, which offer students an opportunity to network broadly, experience the specialty outside their own school's department, and learn about different residency training programs.^{1,2} Loss of in-person evaluations may impact programs' assessments of applicants and applicants' impressions of programs. In this article, we describe how integrated plastic surgery programs adapted for the 2021 application cycle by developing a social media presence and implementing virtual opportunities.

An official list of accredited integrated plastic surgery residency programs was obtained from the Electronic Residency Application Service, identifying 82 programs. All programs were included and reviewed for the presence of departmental and residency Twitter, Instagram, and Facebook accounts. Platforms, program websites, and the American Council of Academic Plastic Surgeons website were reviewed for posts regarding virtual subinternship and open house opportunities. The Visiting Student Application Service website was reviewed for virtual subinternship opportunities. All data were collected on September 9, 2020.

Social media presence and virtual opportunities are profiled in [Tables 1](#) and [2](#). In total, 138 social media accounts were identified, 65 programs (80 percent) had an online presence on either Twitter, Instagram, or Facebook, and 12 (15 percent) had a presence on all three platforms.

Open houses were listed by 50 programs (61 percent) on American Council of Academic Plastic Surgeons and four program websites (5 percent). Instagram offered 88 total open house opportunities, and 17 programs (21 percent) posted more than one offering. Three virtual subinternships (4 percent) were identified through the Visiting Student Application Service website and none through American Council