

Do Plastic Surgery Residents Receive Similar Hand Surgery Training?

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Background: Governing bodies of graduate medical education require standardized training of surgical residents. However, efforts to standardize operative hand experience for plastic surgery residents remain challenging. This study assess the variability of hand surgery cases performed by plastic surgery residents in the U.S.

Methods: National operative case logs of chief residents in plastic surgery were obtained from the Accreditation Council of Graduate Medical Education (2011 - 2015). Cumulative hand surgery cases were compared between integrated and independent residents. The number of cases performed by the 10th and 90th percentile of residents were compared in each category and fold differences calculated.

Results: Of 818 residents, a minority were integrated (35.7%) relative to independent (64.3%). During several years, integrated residents performed more procedures in hand reconstruction, congenital deformity, tendon repair, nerve repair, nerve decompression, amputation, arterial repair, and Dupuytren's release categories ($p < 0.05$). There were no significant changes in fold differences between 10th and 90th percentiles over time ($p > 0.05$). Analysis of percentile data revealed that approximately 10% of independent residents did not meet case minimums for arterial repair and congenital deformity in 2015.

Conclusions: The wide variability in operative experience is an important issue facing trainees and the general public for creating competent hand surgeons. Ultimately, fellowship training may

be a necessary option to provide adequate exposure on the full gamut of hand surgery for plastic surgery residency graduates.