

YOUNG PLASTIC SURGEONS PERSPECTIVE

WRITTEN BY AND FOR YOUNG PLASTIC SURGEONS

Travel scholarship winners reflect on their time in Atlanta

Some of the plastic surgery residents who won travel scholarships to Plastic Surgery The Meeting 2021 in Atlanta share their experiences and takeaways from this year's meeting with *PSK*.

I want to thank the ASPS, The PSF and ASMS for putting on a wonderful national meeting and providing both optimism for the future of our specialty and a return to intimacy with in-person meetings. I would also like to thank KLS Martin for sponsoring the Resident Scholar Award that allowed me and other residents to attend the meeting, present our research and interact with the governing body.

In Atlanta, I was paired with a mentor and invited to attend meetings of the ASPS Residents Council, Young Plastic Surgeons (YPS) Steering Committee and Legislative Advocacy Committee. I have been involved in plastic surgery research since I was a medical student, but these sessions provided my first exposure to the leadership and ASPS' legislative efforts. Brett Phillips, MD, MBA, Duke University's plastic surgery residency program director, was my assigned mentor. He was open and welcoming – and I was grateful to connect and discuss clinical practice patterns, research interests and committee developments at multiple points throughout the meeting.

The Residents Council meeting led by Lisa Gitterer, MD, PhD, was inspiring. The group discussed several issues and generated real solutions to the problems experienced by the residents of programs that closed over the past year. The efforts to streamline and elucidate the process of finding a new residency position highlight the support that residents and ASPS members have for our colleagues, particularly during difficult times. That sense of community continued through the YPS Steering Committee, as the future leaders of our field collaborated on ways to stay up-to-date in a changing world and economy. I was truly impressed by the members of the Legislative Advocacy Committee, who made a significant effort to volunteer in state and national lobbying and government bodies to protect the safety of our patients by limiting out-of-scope practice of non-plastic surgeons. It was encouraging to see such a strong, determined group of people carry such enthusiasm to ensure the highest patient safety as well as the stability of our careers as plastic and reconstructive surgeons.

I was able to present my research with Raymond Tso, MD, Seattle, on unilateral cleft lip nasal deformity and she changes expected following primary repair and flap-based rhinoplasty. This stirred me toward several amazing sessions on the ASMS Track, learning from national experts on congenital, post-traumatic and post-oncologic craniofacial reconstruction. I was humbled and honored to meet the recipient of the 2021 Neordhoff Humanitarian Award, William Magee, MD, and Kathy Magee of Operation Smile, who built a system to provide care for thousands of children with cleft lip and palate around the world.



(Left to right) ASPS/PSF Vice President of Membership Steven Williams, MD; Benjamin Mauersberg, MD; Christine Rudolph, MD; Hannah Langdell, MD; Elizabeth Moretti, MD, MHA; Sarah Hart, MD; Harry Siasas, MD; and Paul Cantin of KLS Martin during a reception for this year's travel scholarship winners at Plastic Surgery The Meeting 2021 in Atlanta.

The meeting reinvigorated my love for plastic surgery, craniofacial surgery and global surgery, and I look forward to collaborating with you all again next year at Plastic Surgery The Meeting in Boston.

– Benjamin Mauersberg, MD

University of Washington

Plastic Surgery The Meeting 2021 was a great event with many interesting presentations, forums and discussions that stimulated my motivation to conduct further research and pursue innovation in plastic surgery.

The organizing committee did an amazing job of bringing people together both from the different corners of the nation and internationally – as speakers and attendees – despite the pandemic. I specifically enjoyed participating in the discussion for the plane change in breast reconstruction. Subject so prepect in high demand at the moment and excellent tips from faculty at various centers of excellence was very valuable.

It was a great honor for me to be chosen as a Resident Travel Scholar, receiving the award from ASPS/PSF Board Vice President of Membership Steven Williams, MD, will be a lasting, lifetime memory.

– Harry Siasas, MD

Rush University Medical Center

There was a palpable sense of community interwoven throughout Plastic Surgery The Meeting. It could be due to the fact that this was the first major in-person meeting since the onset of the COVID-19 pandemic, but I think it also had to do with the genuine excitement that ASPS members have in coming together to share their knowledge and experience with their colleagues and friends. I was privileged to be a part of the meeting and look forward to getting more involved in our Society. In fact, this year's meeting marked the

beginning of my service terms on the Leadership Development Committee, Legislative Advocacy Committee, Clinical Research Subcommittee, Research Education Subcommittee and the Residents Council.

Looking around the room at committee meetings was a great reminder that ASPS is a living entity made up of vibrant and engaged surgeons who are passionate about our specialty and generous with their time. It was a nice reminder that all of the benefits that I avail myself of as a resident member of ASPS are the direct result of someone else's hard work and dedication – something I want to pay back through continued committee involvement and service.

The greatest joy of PSTM for me was to connect with members and colleagues from other institutions to exchange knowledge and experiences. It was incredibly rewarding to see my counterparts at other institutions that I met on the interview trail coming into their own as residents and figuring out where their career will take them. In that vein, the educational sessions were a great resource for me to utilize my dedication to a career as a reconstructive surgeon.

I am truly lucky to be counted among the incredible and diverse group that makes up plastic surgery, and even more lucky to have been given the opportunity to attend PSTM as a Resident Travel Scholar. The meeting reinvigorated my drive to pursue my professional goals and underscored the importance of mentorship on goal development and attainment. I am very grateful to the ASPS/PSF for investing in my education and development, and I am committed to paying it forward in the near future.

– Elizabeth Moretti, MD, MHA

University of Pittsburgh

Being selected as an international scholar to Plastic Surgery The Meeting and being among residents and future colleagues from all over

the world opened possibilities to me in terms of participation and improving my knowledge and educational skills that can help me back in Argentina. I'm thankful to have finally met colleagues and dedicated residents from the United States and abroad and I will forever be appreciative of how helpful and kind they were with me when I inquired about a topic or simply needed guidance. As a recipient of the travel scholarship, ASPS paired me with Dr. Gitterer to serve as my mentor throughout the meeting. I met her at the Residents Reception on the first day and she helped make sure I got the most out of my experience during the meeting.

I was also excited to be involved in committee and board meetings, which helped me better understand the constant work the Society does for all of its members year after year. Although I never doubted how meticulous the organization is or the stable efforts they make on behalf of membership, it's still remarkable to see from the inside how hard they work.

Residents are the backbone of plastic surgery's future, so it was impressive to see their level of involvement in ASPS and The PSF to improve the organization and provide their points of view on the structure and function of the Society. From what I saw, active members are actively engaging residents, listening to them and doing their best to steer educational changes that need to be made.

I really enjoyed making new friends and having fun with them in the social events of the meeting. Even though it's important to meet colleagues in a formal way, it's hard to replicate the feeling of comfort when you can network and socialize in a more relaxed, friendly and informal manner. Sharing experiences with other plastic surgeons made me appreciate them more and want to be in contact to future social and academic meetings.

This was my first experience engaging with ASPS and I hope it's the beginning of a long relationship. The cooperation between countries fosters a great opportunity to share information and experience – and it will surely improve the standards of the organization from all over the world.

– Roberto Bassi, MD

Hospital Italiano de Buenos Aires

I am incredibly thankful for the opportunity to attend Plastic Surgery The Meeting 2021 as a travel scholar, particularly for the chance to be involved in committee meetings. During my time in Atlanta, I attended meetings of the Residents Council, the YPS Steering Committee, Women Plastic Surgeons Steering Committee and Legislative Advocacy Committee. These experiences provided firsthand insight into how residents, private practice and academic plastic surgeons around the country collaborate to enact change to support our specialty, patients and education at local, regional and national levels. The committee meetings taught me that it's never too early to enact change through collaboration and empowering others.

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ida city where work is done and I'll see one patient a month with a problem that stems from a procedure they had there. It might be appropriate for us to develop general policies. You shouldn't let patients go if they're not ready postoperatively. You need to take care of your patients, see them, follow up and treat complications.

Dr. Rubin: This is a much deeper problem than we all realize. Many of these facilities and practices are not credentialed. Patients tell us the only time they ever met a doctor was right before surgery, and the last time they saw the doctor was on the way to the O.R. Patients tell us they are counseled by these clinics to go back home and go to the E.R. if there's a complication – or find a local plastic surgeon to take care of them. In a lot of their business models, they recruit patients, have staff do all the counseling and hire surgeons literally as itinerant surgeons for the day. We must work with state regulators to address these issues.

Dr. Gangopadhyay: How would you attempt to stop or limit practice from other non-plastic surgeons on our set of techniques and surgeries?

Dr. Lee: ASPS immediate-past President Joe Loosie, MD, worked on this over the past year – his concern is that we're going to lose breast reconstruction, which is happening in many parts of Europe. Oncoplastic surgery and implant reconstruction are clearly part of the specialty of plastic surgery, however, we are starting to see institutions provide privileges for these procedures to non-plastic surgeons, and even mastectomy and breast reconstruction. Our leadership is working hard to prevent this from happening.

Dr. Rubin: It's really an issue of working with other specialties further upstream in the process who are gatekeepers for the patients who enter the system. They're embarking on vertical-integration plans, as a lot of big corporations do. To just say, "Well, we do it better" doesn't cut it anymore. We need to be part of the multidisciplinary teams. We need to get upstream on all of these processes or they're going to be gone. One area where we're working apprarently is wound care. We're making a concerted effort to shepherd good care and make sure we're closely involved with wound-care centers and educating other providers who then know how to refer these patients to plastic surgeons downstream. We also have to assume more of a position to accept these patients on the front end when appropriate.

As a specialty, I'd like to see us take more leadership positions within health systems that are not specific to plastic surgeons. I'd love to see more plastic surgeons as surgical section chiefs for their hospitals. We hope to facilitate that by developing robust educational offerings in leadership development to our members and residents at all levels.

Dr. McFadden: How do you feel about those who violate rules in advertising? There are ethical violations all the time. I had a personal experience taking a flat facial plastic surgeon to court for advertising as a plastic surgeon. Do we have an obligation to our members to stop this behavior? Should we go after them legally?

Dr. Rubin: We must aggressively educate the public and continue to do that. Our ability to restrict the advertising of people who aren't plastic surgeons is not broad-reaching. When someone is specifically using the ASPS logo or claiming they're a board-certified plastic surgeon when they're not, we chase them. We write cease-and-desist letters and can

challenge them successfully in court. When a group advocating for equivalency of a non-ABMS cosmetic surgery board petitioned the Medical Board of California for "equivalency" of their certification with that of the ABPS, we joined the fight and the petition was denied. Now, can we stop non-plastic surgeons from putting up billboards or advertising cosmetic practice? No. But where there's infringement or blatant false advertising, we've been successful in fighting that.

Dr. Lee: Our advocacy team is working with the state societies' boards to minimize those infringements. It's hard to police, but we want to hear about it and work within our organization

talked about nurse practitioners doing liposuction. One of our members has done a lot of work with the Medical Board of California, and my recommendation was not only to put together a group, but a toolbox to share with our members across the country. We can include strategies for success in fighting non-plastic surgeons doing plastic surgery procedures – and we need to do this for truth-in-advertising as well.

Dr. Gangopadhyay: We see the changing demographics of our medical students, our residents and our Society. What measures will you take to improve diversity and leadership for women and minority members of

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Dr. McFadden: When we discuss the fact that there's not enough diversity, I think what we do frequently is treat the symptom, but not the cause. People are choosing another career for some reason.

Dr. Lee: That's an important point. We can predict what the world will look like in medicine based on our medical school class, as the majority of students are women. When we think about what our organization should look like in the future, we need to actively find leaders that can represent their constituency groups. We want to make the journey to leadership faster and more efficient, and identify people that are engaged so that we can shift them into those roles when they are ready.

Dr. McFadden: One component that's never going to go away is that women have children – and that obviously impacts whether they choose a surgical career in any specialty. It adds another dimension to consider.

Dr. Cash: I'd point out that Paris Butler, MD, MPH, gave an excellent presentation about diversity and inclusion, and what the University of Pennsylvania has done strategically to increase underrepresented minorities across a number of specialties. She has excellent data that shows with their efforts to increase diversity, their scores are comparable across the board. They're not losing women or losing ground – and they're not sacrificing excellence or academic achievement to achieve diversity. That's so important for the members to understand, because when you hear "diversity," some people immediately say, "We're going to sacrifice our standards." It's frustrating. Many excellent candidates sometimes don't get welcomed into this specialty or they're overlooked. Dr. Butler looked at where we lose these medical students in the leaky pipeline of getting that representation from medical students into residents into faculty and full tenure positions and what can be done to stop that.

Dr. Lee: The environments that people practice in are different. In academic environments, we often have meetings at 6 am or 7 p.m., and this is not ideal; many institutions are working to address this issue. That's the time that you want to spend time with your children and family. We need to think about leadership development as well. How do we identify people that are seeking leadership opportunities and give them the tools and the environment to succeed? Our ASPS Essentials of Leadership program can help speed up this process. It is also important to identify mentors that can help promote and model what leadership should look like.

Dr. Rubin: Dr. Cash, your comment about the pipeline is so accurate. Our diversity committee in Pittsburgh has been researching this: Where do people fall out of the pipeline from medical schools? Big plastic surgery programs – Michigan, Pittsburgh, Harvard, UT Southwest, etc. – will always have people exposed to and interested in plastic surgery. But there are so many talented candidates at medical schools without strong exposure to plastic surgery. We have to reach out to every medical school in the country and facilitate more exposure to plastic surgery.

To the point about making it more feasible for women to have children and a surgical career, there's a lot of progress in that area. Bernice and I are both directors for ABPS, so we're involved with a lot of educational issues, and helping to facilitate favorable maternity and paternity leave; ensuring that you have facilities available for lactation; and that appropriate opportunities for childcare exist.

Dr. Cash: What's the current RRC guidance for maternity leave?

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Tracking progress

D&I Committee Report Card helps committees gauge diversity efforts

By Kandra Y. Mirea-Applewhite

Improving diversity and inclusion within plastic surgery have become increasingly important topics among Society membership. Recognizing the importance of continuing the conversation and creating ongoing initiatives to advance diversity and inclusion at all levels within the Society, the ASPS Diversity and Inclusion (D&I) Committee deployed its first D&I Report Card in June to gauge Society committee diversity and inclusion efforts.

In 2019, the committee issued the Diversity and Inclusion Self-Assessment survey, which assessed the composition of ASPS committees by age, gender, ethnicity/race and practice type. This year's report card builds on that by collecting additional demographic data – including questions on sexual orientation, gender identity, disability status and practice setting, thus creating a more in-depth and inclusive survey.

"With the growing understanding that one cannot fix what one does not study, I commend ASPS for supporting a demographic survey of our committee membership," says D&I Committee Chair Parisa Butler, MD, MPH. "The information gleaned from the survey was enlightening and will help inform our organization on how best to continue this important dialogue around diversity and inclusion, as well as strategy for future programming and educational efforts."

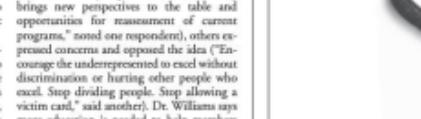
The survey revealed that 55 percent of respondents described the composition of their committee as "moderately" diverse (a 15 percent increase from the 2019 self-assessment survey), and 32 percent said their committees should be doing more to increase diversity. Respondents also noted a lack of international representation on ASPS committees.

The majority of respondents who serve in positions of leadership and create better pathways and support structures to achieve that change," says Dr. Williams, who presented the findings to the ASPS Board of Directors. "Society leadership recognizes membership's desire for diversity and inclusion. Based on some of the communications of the survey, we're looking for tighter partnerships and collaborations with the Women Plastic Surgeons Forum (WPS) to see if we can answer some of the concerns the survey pointed out regarding female inclusion and leadership opportunities."

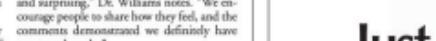
Although some survey respondents supported the D&I Committee's efforts to increase diversity representation ("Diversity brings new perspectives to the table and opportunities for measurement of current programs," said one respondent), others expressed concern and opposed the idea ("Encourage the underrepresented to excel without discrimination or hurting other people who excel. Stop dividing people. Stop allowing a victim card," said another). Dr. Williams says more education is needed to help members understand the importance of diversity.

"The EC found the comments interesting and surprising," Dr. Nagarkar notes. "We encourage people to share how they feel, and the comments demonstrated we definitely have more work to do."

Members of under-represented groups are more likely to be in multiple committees



Do you think your committee should be doing more to increase diversity?



Survey by Parashakti Nagarkar, MD, illustrate ASPS members' views on committee diversity.

Survey to help guide ASPS diversity and inclusion efforts and clarify the demographic data of ASPS/PSF committees.

The D&I Committee is still relatively new, but it's already made some real impact.

Dr. Williams says, "Our overall goal is to expand the D&I Report Card to general membership. One important task going forward is to compare the responses of individuals who actively donate their time, resources and effort to ASPS committees to the general membership and see if their feelings toward diversity are the same or different."

"The committee's diversity initiative to launch special interest groups – the new ASPS PRIDE Forum, which serves as a central voice to advocate for LGBTQQA+ plastic surgeons and patients, and the Military Plastic Surgery Forum Steering Committee, which serves as a central voice to advocate for military plastic surgeons and their patients' unique needs – to ensure all groups in the Society are supported and represented. He notes the D&I Committee supports the special interest groups and says he looks forward to building a more diverse and inclusive future."

"ASPs is leading the way in terms of a professional plastic surgery society recognizing the importance of diversity," Dr. Williams says. "It's not just about ASPS membership and committee structures embracing diversity and inclusion – it's also about creating an environment where we can learn how to take better care of an increasingly diverse patient population. We're headed in the right direction and on our way to a great place." **PSN**

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