INTRODUCTION

Doctors of Osteopathic Medicine (DOs) have historically had space representation within the field of Plastic and Reconstructive Surgery (PRS) and currently comprise only 1.7% of all practicing plastic surgeons. While competitive specialty training programs including dermatology, neurosurgery, and orthopedic surgery have increased DO representation over the past few years, there has been minimal change in PRS. DOs face unique challenges when matching into PRS which have been compounded by the recent elimination of the American Osteopathic Association match, elimination of Step 1 scoring, restrictions on away rotations, and travel restrictions due to COVID-19, especially when considering that DO candidates do not have home institutional PRS programs. It is essential to provide information that can aid in a successful match of DOs into PRS to increase representation within the field.

OBJECTIVE

In this cross-sectional study, we compared the demographics, degrees, and scholarly output of DO plastic surgery residents to that of DOs of Medicine (DOs) and of Medicine (MBBs, MBChB, and MBChBs)

RESULTS

A database was created which included independent and integrated plastic surgery trainees during the 2020-2021 academic year. All ACGME-accredited programs were included. Residents were identified through departmental websites. Details including residents’ demographics, education, degrees, and scholarly output were gathered from the departmental website, Doximity, LinkedIn, PubMed, social media and public records. Residency training programs were divided into four quartiles based on their combined reputation ranking on Doximity (Q1 = 1-20, Q2 = 21-40, Q3 = 41-60, Q4 = 61+)

Demographics of DOs were compared to that of MDs, DOs, MBChB, and MBChBs. T-test comparison was used for continuous data and chi-squared used for categorical data. Significance was set to p < 0.05.

METHODS AND MATERIALS

Doctors of Osteopathic Medicine as Plastic Surgery Residents: Demographics, Advanced Degrees, and Scholarly Metrics

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DISCUSSION

PRS trainees with DO credentials represent only 2.5% of current trainees. Those who matched successfully into PRS were more likely to do so through the independent training pathway or by matching into lower quartile ranked institutions. DO trainees had more gap years on average between graduation and PRS training than MDs. This suggests that having time to increase clinical experience or to develop connections within the PRS community may be beneficial for DO applicants, but the specific ways in which these gap years were used would need to be assessed in future studies. Although research accomplishments have been suggested as a means of increasing PRS applicant competitiveness, DO trainees had fewer research than their MD counterparts. Future studies are needed to investigate whether the integration of a research track in the DO candidate pool would yield a higher number of matched DO trainees, particularly in integrated programs and higher ranked institutions.

CONCLUSIONS

DOs only represent 2.5% of total PRS trainees although they compose 8.5% of all US physicians. DOs face unique challenges which place them at a disadvantage in the match process such as lacking home institutions that can provide connections and research opportunities in PRS. DO candidates should consider research years in the field of PRS and optimize clinical experience opportunities to increase the competitiveness of their PRS applications.

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REFERENCES