

ORIGINAL ARTICLE

The Current State of Plastic Surgery Residency Wellness Programs: Benefits and Barriers

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Background: Wellness programs are especially important in residency. However, the resources available to plastic surgery residents through residency wellness programs have not been described. This study reports current plastic surgery residency wellness programs' organization, leadership, and resources.

Methods: An anonymous and voluntary e-mail survey was sent to 106 plastic surgery residency program directors through May and June 2022. Features of residency wellness programs were detailed, and program directors' sentiments towards residency wellness programs were evaluated.

Results: A 30.2% (32 of 106) complete response rate was achieved. Nearly 90% (87.5%, 28 of 32) of program directors indicated the presence of a wellness program. More than 75% (21 of 28) of programs are supported by the Office of Graduate Medical Education. Wellness events were offered by 92.9% (26 of 28) of programs. More than half of programs offered resources for mental health, physical health, mentorship, and protected time. Several resources were associated with the presence of wellness leadership roles, suggesting residents can positively shape wellness program offerings. Program directors strongly indicated that wellness programs are important, relevant, and effective. Additionally, 75% (24 of 32) report a desire to learn about wellness programs at other plastic surgery residency programs. Conclusions: Resources offered through plastic surgery residency wellness programs are comparable to those in other specialties. However, plastic surgery programs vary in the resources offered to residents and barriers to access exist. Greater involvement of residents in plastic surgery wellness programs may better support physician wellness. (Plast Reconstr Surg Glob Open 2024; 12:e5567; doi: 10.1097/GOX.000000000005567; Published online 2 February 2024.)

INTRODUCTION

Physician wellness aims to support multiple dimensions of health while encountering challenges in one's medical career and personal life. Although wellness typically encompasses physical and mental health, recent recognition of spiritual and social challenges among physicians has expanded its scope.^{1,2} Wellness interventions range from individual practices to institutional management,

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Copyright © 2024 The Authors. Published by Wolters Kluwer Health, Inc. on behalf of The American Society of Plastic Surgeons. This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-No Derivatives License 4.0 (CCBY-NC-ND), where it is permissible to download and share the work provided it is properly cited. The work cannot be changed in any way or used commercially without permission from the journal. DOI: 10.1097/GOX.00000000005567 screenings, and resources.^{3,4} The recent coronavirus disease 2019 (COVID-19) pandemic accelerated attention directed to wellness in plastic surgery.^{5–11}

Wellness is especially important during residency as physicians adjust to increasing clinical demands while navigating education, research, professional development, and personal life. Burnout in plastic surgery residents has been consistently described.¹²⁻¹⁶ However, a recent systematic review of research on wellness in plastic surgery training found that research is variable, lacking, and poor in quality.¹⁷ Although numerous resources and strategies for plastic surgery resident wellness have been proposed, the formal structure of wellness programs remains undescribed.^{2,18-26}

Addressing elements of physician well-being is vital but no single formula exists. In 2017, the Accreditation Council for Graduate Medical Education (ACGME)

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expanded residency program requirements for wellness, underscoring the growing recognition and demand for interventions that maintain physician health. Components of ACGME-defined well-being include protected time for medical care; recognition and action against signs of burnout, depression, substance use, suicidality, and violence; mental health self-screening tools and access to care; and policies for resident leave from clinical responsibilities.²⁷

Despite attempts to address plastic surgery resident wellness, the structure of wellness programs and interventions in plastic surgery residency programs has not been described as in other surgical fields, such as general surgery, urology, otolaryngology (ENT), ophthalmology, and obstetrics and gynecology (OBGYN).^{28–32} The purpose of this study was to catalog features of plastic surgery residency wellness programs and evaluate program directors' sentiments towards their wellness programs.

METHODS

According to the policy-defining activities that constitute research at the University of Vermont/University of Vermont Health Network, this work met criteria for operational improvement activities exempt from institutional review board review. An anonymous, voluntary e-mail survey was distributed to 106 plastic surgery residency program directors from May to June 2022. The survey distribution included active program directors of integrated and independent plastic surgery residency programs. The survey contained 28 multiple-choice questions, with answer options including free-response, yes/no, multiple-answer, and fivepoint Likert scale. (See appendix, Supplemental Digital Content 1, which shows a survey instrument delivered electronically to plastic surgery residency program directors to describe the structure and interventions of residency wellness programs, http://links.lww.com/PRSGO/D47.)

Statistical analysis was performed using SPSS version 28.0 (IBM Corp., Armonk, N.Y.). Fisher exact test was utilized to examine positive associations between organizational leadership and resources offered by wellness programs. A one-sided *P* value less than or equal to 0.05 was considered statistically significant.

RESULTS

Survey Response

A total of 38 responses were received, representing a 35.8% response rate of 106 plastic surgery residency program directors. Six partial responses were excluded from analysis, achieving a 30.2% (32 of 106) complete response rate. The response rate by geographic region was 36.7% in the Southeast (11 of 30), 33.3% in the Northeast (eight of 24), 28.6% in the Midwest (eight of 28), 21.4% in the West (three of 14), and 20% in the Southwest (two of 10).

Program Director Demographics and Residency Program Features

The most common age range of respondents was 45–54 years old (28.1%, nine of 32). Program directors were majority male (59.4%, 19 of 32), White (87.5%, 28

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Takeaways

Question: How are wellness programs and interventions structured in plastic surgery residency programs?

Findings: We surveyed 30.2% of plastic surgery residency programs. The current model of resident wellness is defined by externally managed wellness programs comprised of individual-based resources and infrequent, optional events. Program directors overwhelmingly indicate support for resident wellness and a desire to learn from other programs about their wellness interventions.

Meaning: Isolated resources and events are ineffective in combatting resident burnout, but resident leadership and collaboration between residency programs represent two avenues for improving wellness programming.

Table 1. Demographics of 32 Plastic Surgery ResidencyProgram Director Respondents

Summary of Demographics (n = 32)			
35-44	6 (18.8)		
45-54	14 (43.8)		
55-64	9 (28.1)		
65 or older	3 (9.4)		
Cisgender woman	10 (31.3)		
Cisgender man	19 (59.4)		
Prefer not to respond	3 (9.4)		
Asian	2 (6.3)		
Black	2 (6.3)		
White	28 (87.5)		
Hispanic	2 (6.3)		
Non-Hispanic	30 (93.8)		
<1	2 (6.3)		
1–3	9 (28.1)		
4-6	10 (31.3)		
7–9	8 (25)		
10 or more	3 (9.4)		
	ographics (n = 32) 35-44 45-54 55-64 65 or older Cisgender woman Cisgender man Prefer not to respond Asian Black White Hispanic Non-Hispanic <1		

of 32), and non-Hispanic (93.8%, 30 of 32). The most common range of years serving as program director was 4–6 years (31.3%, 10 of 32) (Table 1). Plastic surgery residency programs were mostly integrated (68.8%, 22 of 32) and housed in plastic surgery divisions (68.8%, 22 of 32). The Southeast was the most represented region (34.4%, 11 of 32), and the Southwest was the least represented region (6.3%, two of 32). The median number of resident graduates per year was two. Less than half of programs (46.9%, 15 of 32) offered fellowship training (Table 2).

Twenty-eight plastic surgery programs (87.5%, 28 of 32) indicated they had a wellness program. Wellness programs were often supported by multiple offices (median of two offices), but the Office of Graduate Medical Education was the most common (78.6%, 22 of 28). Less than half of residency wellness programs were supported by employee services (ie, office of human resources), the plastic surgery department/division, or the department of surgery. Leadership roles were present in 75% (21 of 28) of wellness programs (median of two roles). Administrative staff and attendings were

Table 2. Institutional Features of Plastic Surgery Residency Programs Represented by the 32 Plastic Surgery Program Director Respondents

Features of Residen	N (%)	
Integrated, independent,	Integrated	22 (68.8)
or both	Independent	4 (12.5)
	Both	6 (18.8)
Department or division	Department	10 (31.3)
*	Division	22 (68.8)
Geographic location	Northeast	8 (25)
	Southeast	11 (34.4)
	Midwest	8 (25)
	Southwest	2 (6.3)
	West	3 (9.4)
No. residents graduated	1	5 (15.6)
per year	2	16 (50)
	3	7 (21.9)
	4	3 (9.4)
	5 or more	1 (3.1)
Fellowship programs	Yes	15 (46.9)
available	No	17 (53.1)
No. faculty members	Full-time faculty, mean, median	9, 8
	Noncore/community faculty, mean, median	9.34, 7

most represented among wellness leadership, in 50% (14 of 28) and 57.1% (16 of 28) of programs, respectively (Fig. 1).

Two programs indicated they did not have a resident wellness program, and two reported they were uncertain if they had a wellness program. All four programs were integrated residency programs that accept two residents per year. Three programs were located in the Midwest, and one was located in the Northeast.

Resident Concerns Addressed by Residency Wellness Programs

Program directors indicated that wellness programs addressed a range of residents' wellness concerns. At least half of programs addressed each indicated concern, ranging from 50% (14 of 28) for economic/financial counseling and planning to 100% (28 of 28) for both mental health and emotional health (Fig. 1).

Resources and Interventions Offered by Wellness Programs

Wellness programs offered a range of resources, interventions, and events that address several components of health and well-being (Fig. 2). Programs offered wellness events such as lectures, workshops, and seminars (92.9%, 26 of 28) or retreats (67.9%, 19 of 28) (Fig. 3). Half (14 of 28) of the programs maintained wellness programming through a calendar or curriculum. All program directors were surveyed whether residency program personnel screen residents for burnout. Program directors (93.8%, 30 of 32) and program coordinators (84.4%, 27 of 32) were most represented in screening roles. Counseling, therapy, and support groups were offered by 75% (21 of 28) of wellness programs. Individual-level resources for mental health were also offered, including self-screening or coping-strategy guides and tools (53.6%, 15 of 28),



Fig. 1. Managing offices, wellness leadership, and resident concerns addressed by residency wellness programs of 28 plastic surgery residency programs. Created with Biorender.com.

28 plastic surgery residency wellness programs: At a glance



Fig. 2. Types of resources, interventions, and events that address several components of health and well-being offered by residency wellness programs of 28 plastic surgery residency programs. Created with Biorender.com.

subscriptions to online mental health content (28.6%, eight of 28), and mindfulness/spirituality resources (21.4%, six of 28) (Fig. 4). Interventions for physical health included athletic resources and events (60.7%, 17 of 28) and nutritional benefits and services (28.6%, eight of 28) (Fig. 5). Wellness interventions for financial and career success included coaching and mentorship (57.1%, 16 of 28) and financial resources (39.3%, 11 of 28). Although 57.1% (16 of 28) of programs offer protected time to residents, only 21.4% (six of 28) offer resources for parental support or fertility support (Fig. 6).

Wellness Organizational Structure and Wellness Resources

Several wellness resources were strongly associated with specific wellness leadership. All programs offering nutritional education, nutritional counseling, and meal cards had administrative staff in wellness leadership. In all wellness programs offering group therapy and protected time for prenatal care, attendings were represented in leadership. All programs with fellows in wellness leadership offered resident career development, mentorship meetings, and meal cards. Finally, all wellness programs offering emotional and mental health support for parental stress and protected time for pediatric care of residents' children had residents in wellness leadership (Table 3). (See appendix, Supplemental Digital Content 2, which shows a table providing Fisher exact test one-sided *P* values of statistical associations between wellness program leadership and offered wellness program resources and interventions, http://links.lww.com/PRSGO/D48.)

Program Director Sentiments towards Residency Wellness Programs

Program directors' sentiments towards residency wellness programs were largely favorable. The majority feel that wellness programs and resources are important (96.9%, 31 of 32), address resident needs and concerns (90.6%, 29 of 32), and improve resident performance (78.1%, 25 of 32). However, only 53.1% (17 of 32) feel that wellness programming is well-utilized by residents. Additionally, 75% (24 of 32) of program directors are interested in learning about other plastic surgery wellness programs. For the 28 program directors that indicated they had a wellness program, 53.6% (15 of 28) agreed that their wellness program is better than other plastic surgery residency wellness programs, and only 32.1% (nine of 28) agreed that their wellness program is lacking or incomplete (Fig. 7).

DISCUSSION

Our study is the first to survey plastic surgery program directors about residency wellness program management, resources, and interventions. We identified key findings



Fig. 3. Subset of 32 plastic surgery program director respondents who reported that their residency's wellness program offered wellness events from 2021 to 2022. Responses included the number of annual events and the attendance policies of residency wellness events. Created with Biorender.com.

from 32 programs, or 30.2% of all plastic surgery residency programs. These findings provide important insights and direct future establishment and improvement of residency wellness programming.

Internal Management of Residency Wellness Programs Can Increase Value Congruence

Although wellness programs are often supported by multiple offices and leadership roles, few are supported internally by plastic surgery departments/divisions, and residents are among the least represented in wellness leadership. Resident and fellow wellness leadership was associated with provision of coaching/mentorship resources and parental support policies. Notably, parental support policies were the least represented form of wellness resources. Value congruence, the alignment of values and between institutions and employees, has become an increasingly recognized foundation of medical trainee well-being.³³ Cevallos et al³³ recently surveyed 300 general surgery residents on value congruence and propose that there are "four Is" that limit the efficacy of wellness interventions: inaccessibility of resources, inconsiderateness of mandatory interventions, inauthenticity of medical culture and leadership, and insufficiency of individual-level resources. Despite expansion of ACGME wellness requirements, greater involvement of residents and fellows in

wellness programs is needed to better align wellness programs with residents' needs.¹⁰

Maintain Continuity in Wellness Programming

Wellness events were the most commonly offered intervention, consistent with other surgical fields such as ENT, ophthalmology, and OBGYN.³⁰⁻³² In the last year, 50% and 75% of program directors reported only 0-2 wellness lectures/seminars/workshops and retreats, respectively. Our survey was designed to only allow program directors who indicated the presence of wellness events to report the number of annual events. Our findings likely represent that infrequent, semiannual wellness events are the norm. However, the low number of events may have been due to the COVID-19 pandemic's limitation on in-person gatherings during the study period. In at least half of programs, attendance was optional. Mandatory attendance for wellness events reduces their benefit, as forced attendance is perceived as counterintuitive by adding on to existing responsibilities and schedules.^{28,33} Mandated participation must be balanced with each resident's desire or need to access wellness resources. Half of programs publish wellness calendars and curriculum, which may represent one strategy for offering residents more flexibility in how they access wellness resources. Additionally, frequent events and check-ins may be more effective for engaging with



Fig. 4. Plastic surgery program director respondents who reported that their residency's wellness program offered mental health resources from 2021 to 2022. All 32 program directors were surveyed about the type of monitors for burnout in their residency program and a subset of respondents indicated that additional individual-level mental health resources were offered. Created with Biorender.com.

residents and encouraging access of wellness resources. Guest et al³⁴ recently described their implementation of "wellness-inspired resident educational curriculum," an annual series of six virtual panels and lectures developed from resident feedback and incorporated into their didactic schedule. This curriculum represents a successful model for prioritizing resident autonomy, flexibility, and longevity in program development.

Increase Accessibility and Confidentiality of Mental Health Resources

Counseling, therapy, and support groups were offered by 75% of wellness programs, comparable to the 76% of ENT residencies that offer counseling.³⁰ However, the benefit of these resources is questionable, as 60% of plastic surgery residents are uncertain if counseling services are confidential and more than 90% cite working hours or stigma as major barriers to access.¹⁰ At present, residents report that surgical culture and leadership often undermine the goals of well-being initiatives, citing conflicting behavior from leadership, poorly modeled work-life balance, and insufficient time to access these resources.³³ Residents have shared a desire for more protected time, but this is often not possible given current clinical and administrative demands.33 Although 57% (16 of 28) of our respondents indicated a policy for protected time in wellness programming,

almost half (seven of 16) of them further specified that this policy translated to zero monthly days of protected time. Genuine improvements in resident access of mental health resources are unlikely to occur if residents do not have sufficient time or flexibility to utilize existing resources when needed.

The recent expansion of ACGME wellness requirements importantly include proactive recognition and action against burnout. Despite these requirements, only 50% of program directors agree that residents should be screened for burnout and only 27% utilize standardized burnout screening tools.²¹ Although daunting to residents, regular screening can provide important insights that allow faculty members to better support residents. Program directors should also consider use of the almost perfect scale-revised early on in a resident's career, a validated measure for identifying signs of maladaptive perfectionism that can prevent them from meeting expectations and adapting to shifting challenges during residency.³⁵

Surprisingly, we found that 94% of program directors reported they were involved in screening residents for signs of burnout, but we did not survey whether validated screening tools were utilized. Half of wellness programs offer self-guided resources and tools for mental health screening or coping strategies, and nearly 30% offer online mental health content or services. Access to



Fig. 5. Subset of 32 plastic surgery program director respondents who reported that their residency's wellness program offered physical health resources from 2021 to 2022. The types of physical health resources available to residents included athletic and nutritional events and resources. Created with Biorender.com.

screening tools, digital mental health content, and online psychiatric care may be useful to residents given that there is a lack of standardized mental health screening offered during training. These interventions bridge the gap in burnout screening, maintain confidentiality, and provide flexibility when accessing care.

Address Physical Dimensions of Well-being

Physical health is an emerging concern of resident wellness, as upwards of 60% of plastic surgeons report experiencing procedural-related musculoskeletal injury.^{36,37} Alarmingly, up to 97% have reported experiencing musculoskeletal pain during training.²⁶ A majority of surgeons report exercise alleviates this pain and discomfort.36 It is uncertain how much provided athletic resources can improve posture and strength or whether residents have sufficient time for consistent exercise. As well, these resources are insufficient to treat musculoskeletal injury once it has occurred. Further development of resources for resident physical health are needed, and the recent founding of the Society of Surgical Ergonomics has already generated important research findings and validated questionnaires to assess musculoskeletal pain and injury.³⁸ Nutritional resources are another important dimension of physical health. Administrative, resident, and fellow wellness leaders were associated with freely provided food, nutritional

counseling, and nutritional education. These findings highlight that wellness resources are shaped by managing offices, which should invite the input and resources of multiple managing offices in future development of wellness programs.

Invest in Mentorship-Mentee Relationships

Professional coaching and mentorship were offered by 60% of programs. The presence of a dedicated mentor can alleviate burnout and increase resilience, especially during intern year.^{23,39} Direct contact with a faculty mentor demonstrates investment in one's career and provides useful skills necessary to succeed in residency.^{40,41} Surveyed residents and fellows indicate that increased didactic sessions with faculty and research opportunities would benefit their training.42,43 Virtual platforms for mentorship meetings have been underutilized and offer a viable option for coaching and mentorship sessions that afford flexibility to both residents and faculty.44 The wellness-inspired resident educational curriculum represents just one model for leveraging a virtual format to provide residents with valuable insights and wisdom from plastic surgery leaders.³⁴ Regular mentorship sessions can be used to promote wellness resource utilization while tailoring resources to resident needs with feedback received within the security of mentor-mentee relationships.



Fig. 6. Subset of 32 plastic surgery program director respondents who reported that their residency's wellness program offered resources for residents' personal and family life from 2021 to 2022. The types of resources available to residents included protected time, financial resources, fertility support, and parental support policies. Created with Biorender.com.

Table 3. Wellness Program	Leadership and Of	fered Wellness Program	Resources and Interventions
		_	

	Specific Wellness Resource or Intervention	Proportions of Total Programs Offering Wellness Resource	Proportions of Programs Offering Wellness Resources by Type of Wellness Leadership			
Wellness Category			Admin Leader (n = 14)	Attending Leader (n = 16)	Fellow Leader (n = 4)	Resident Leader (n = 10)
Professional coaching and mentorship	Career development	14/28	10/14	11/16	4/4	5/10
	Mentorship meeting	13/28	9/14	10/16	4/4	5/10
	Resilience coaching	11/28	7/14	9/16	2/4	4/10
Parental support	Emotional and mental health support for parental stress	3/28	3/14	3/16	2/4	3/10
	Protected time for pediatric care of residents' children	3/28	3/14	3/16	2/4	3/10
	Protected time for prenatal care	5/28	4/14	5/16	2/4	3/10
Fertility support	Emotional and mental health support for infertility	4/28	4/14	3/16	1/4	2/10
Financial and economic resources	Budgeting resources	7/28	5/14	4/16	3/4	4/10
Counseling, therapy, and support groups	Mental health counseling	21/28	13/14	14/16	4/4	9/10
	Group therapy	5/28	3/14	5/16	1/4	3/10
Nutrition benefits or services	Meal cards	7/28	7/14	6/16	4/4	5/10
	Freely provided snacks or meals	7/28	6/14	6/16	3/4	4/10
	Nutrition counseling	4/28	4/14	4/16	2/4	3/10
	Nutrition education	4/28	4/14	4/16	2/4	3/10

Bolded indicates Fisher exact test one-sided *p* value ≤ 0.05 .

*Strongly Agree / Significantly Better (Bottom Row) *Somewhat Agree / Somewhat Better (Bottom Row) *Neither Agree or Disagree / Neither Better or Worse (Bottom Row) *Somewhat Disagree / Somewhat Worse (Bottom Row) *Strongly Disagree / Significantly Worse (Bottom Row)



Fig. 7. All 32 plastic surgery program director respondents reported their sentiments towards plastic surgery residency wellness programs. For the 28 respondents who indicated that their residency program had a wellness program, they were asked an additional two questions (bottom two rows) on whether their residency program's wellness program was lacking and incomplete and its comparison to other wellness programs offered by plastic surgery residency programs.

Provide Support for Residents' Personal Lives

Wellness interventions that support residents' personal lives were among the least represented. Only 21.4%offered parental support, fertility support, and spiritual/ religious support each. The lack of broader support for residents' parental and fertility challenges may represent gender bias in training. Involvement in wellness programs is crucial to obtaining supportive policies for women and parents during residency. Women are more likely to report barriers to professional opportunities and career advancement.⁴⁵ Over half in plastic surgery training report that others have doubted their commitment to their careers.45 Wellness interventions for parental and fertility support are an increasingly important, yet underutilized, resource for supporting women's careers and performance in residency training. Spiritual support is also indicated for residents' psychological well-being, as these resources offer strategies that help residents find meaning in their training, embrace transition, and develop relationships and community with others.¹

Limitations

Although we provide important insights into wellness programs in plastic surgery, our response rate was low in comparison to similar wellness program surveys of program directors in other surgical specialties, such as urology (40%), ENT (44%), ophthalmology (50%), and OBGYN (60%).²⁹⁻³² Considering the low response rate and high proportion of program directors indicating the presence of a wellness program (87.5%), our findings are limited by nonresponse bias. Instead, program directors may have been biased in their participation of this survey based on their perceptions and familiarity with the wellness resources associated with their residency program. These results should be understood as a starting point for improving on plastic surgery residency wellness programs. The low response rate also prevents us from determining whether some residency programs may be better equipped to support resident wellness due to organizational factors such as the size of a program's healthcare system, department/division, or residency program. Finally, the COVID-19 pandemic has impacted the time period studied, likely reducing the number of offered wellness program events and resources.

Charting a Way Forward

Approaching resident wellness with faculty coordination, mentorship, supportive feedback, and ongoing professional development represents general strategies to improve from the current structure of residency wellness programs. Improvements in resident well-being should be achieved with involvement of residents in the development and implementation of programs. Sustained dialogue through mentor-mentee relationships, shared wellness leadership, and solicited feedback represent important lines of communication. At present, competing responsibilities of plastic surgeons and the subsequent lack of communication between faculty and trainees prevent program leadership from doing more to help their residents and resolving incompatible attitudes of wellness resources.33 Additionally, greater communication between residency programs is warranted to advance wellness interventions. Despite the absence of formal assessments and cataloging of plastic surgery residency wellness programs, 53.6% (15 of 28) of program directors still agreed that their wellness program was better than other plastic surgery residency wellness programs. Program directors lack a baseline for comparison, which underscores that describing plastic surgery residency wellness programs is a necessary starting point. With 75% of program directors indicating a desire to learn about other residency wellness programs, the time for formal discussions of wellness programming within plastic surgery training is opportune.

CONCLUSIONS

Our survey is the first to study the management, leadership, and interventions that compose plastic surgery residency wellness programs. The current model of plastic surgery wellness is defined by externally managed wellness programs comprised of individual-based resources with infrequent, optional wellness events. Event-based and individual-level interventions represent the most common wellness resources available to residents. Infrequent events with optional attendance and isolated resources are likely ineffective in combatting resident burnout. Our findings suggest that plastic surgery residents have a vested interest in taking on leadership or remaining active within wellness programs. Although we provide the first assessment of plastic surgery residency wellness programs, further research is needed to explore their formal operation. Currently, program directors of plastic surgery residencies overwhelmingly indicate support for wellness programs and a desire to learn from other residencies about their wellness interventions. Greater collaboration within and between plastic surgery residency programs can generate continued wellness research to achieve concrete improvements in the personal and professional success of residents.

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DISCLOSURE

The authors have no financial interest to declare in relation to the content of this article.

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