Optimizing the Chief Resident Elective Rotation: Insights from Alumni Feedback in Plastic Surgery Training

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Problem

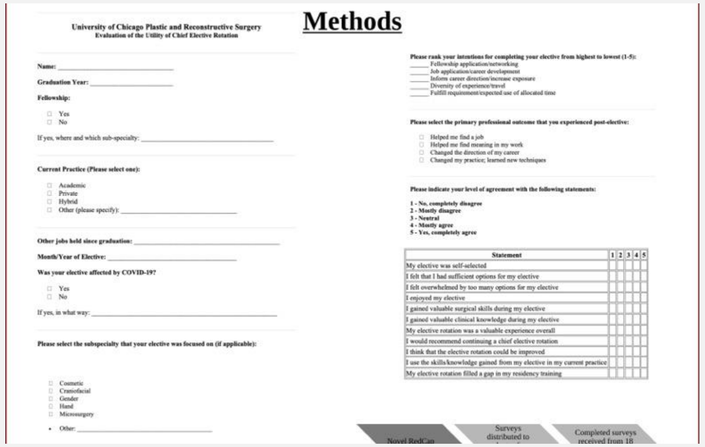
- Plastic and reconstructive surgery training has historically been heterogeneous; while standardization has increased, the role of resident autonomy in education remains undervalued.
- Since 2009, the University of Chicago PRS residency has offered PGY6 chief residents a month-long elective rotation for autonomy, enrichment, and networking.
- Resident satisfaction with elective rotations in plastic surgery has not been systematically evaluated.

Goal

- Develop and administer a novel survey to evaluate graduates' perceptions of the value, structure, and career impact of the month-long chief resident elective rotation (2009–2024).

Intervention Design

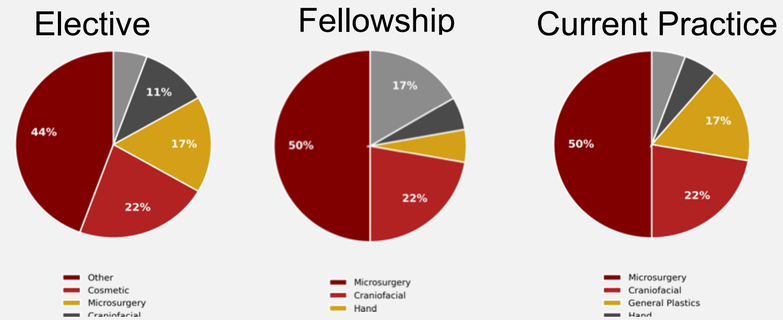
- A 21-item survey was developed de novo based on relevant literature and faculty input, spanning autonomy, mentorship, educational value, networking, and surgical-skill impact.
- 35 of 36 eligible alumni (2009–2024) were invited via REDCap in December 2024, with two reminder emails over four weeks.
- Responses were analyzed with descriptive statistics (Excel Analysis ToolPak/XRealStats); free-text responses were reviewed qualitatively for themes.



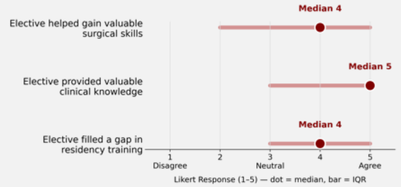
Autonomy | **Mentorship & Support** | **Educational Value** | **Networking** | **Surgical Skill Impact**

Results

51%	52/60	100%	22%
Response Rate (18 of 35 alumni)	Mean Satisfaction (SD = 6.05)	Would Continue the Rotation	Elective Matched Eventual Subspecialty



"Other" electives included the MacLean Center for Clinical Medical Ethics Fellowship (n=3), medical consulting, sculpting, and international general plastic surgery experiences.



Self-reported value of the elective rotation (1 = completely disagree, 5 = completely agree).

Conclusions

- Only 22% matched their elective subspecialty to eventual practice, yet all graduates use elective-gained knowledge today — suggesting value beyond subspecialty exposure.
- Findings support self-directed learning as an effective model in graduate medical education, consistent with prior literature.
- Alumni feedback is informing a revised curriculum that adds elective-advisor oversight.
- Limitations: single-institution design, 51% response rate, and an as-yet-unvalidated survey instrument.

Acknowledgements

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