A Qualitative Evaluation of Facial Plastic and Reconstructive Surgery Fellowship Programs' Online Information

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Introduction

Facial Plastic and Reconstructive Surgery (FPRS) is a competitive otolaryngology subspecialty that provides advanced training in aesthetic and reconstructive procedures of the head and neck. As virtual interviews remain prevalent, applicants rely on online resources to evaluate programs, making the accessibility and comprehensiveness of information on fellowship websites and centralized directories crucial in their decision-making. However, prior studies across otolaryngology subspecialties have found a lack of essential details such as operative volume, case variety, research opportunities, and post-fellowship job placement. These deficiencies limit applicants' ability to make well-informed choices about their training.

Given the parallels between FPRS and other otolaryngology subspecialties, it is likely that similar gaps in available information exist. This study aims to assess the comprehensiveness of information available on FPRS fellowship websites and the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS) Program Descriptions Handbook.

Objectives

- ✓ Evaluate the accessibility and comprehensiveness of information provided by FPRS fellowship program websites and the AAFPRS Program Descriptions Handbook.
- ✓ Identify key deficiencies in applicant-relevant details such as operative volume, case variety, research opportunities, and career outcomes.
- ✓ Compare findings with similar analyses of other otolaryngology subspecialty fellowship resources.
- ✓ Provide recommendations for improving the transparency, standardization, and accessibility of fellowship program information to better support applicants.

Methods

Program Identification
Obtained list of ACGME-accredited FPRS fellowship programs from AAFPRS handbook

Website Search & Data Extraction
Identified program-specific websites via Google search

Criteria Selection
Assessed 20 key criteria based on prior research and FPRS fellow survey

Data Collection & Scoring
Reviewed websites and handbook entries, scoring the presence or absence of each criterion

Statistical Analysis
Calculated criterion inclusion rates, compared handbook and websites, and contextualized findings with prior studies

Results

A total of 62 ACGME-accredited Facial Plastic and Reconstructive Surgery (FPRS) fellowship programs were identified using the AAFPRS Fellowship Program Handbook. Of these, 32 programs (51.6%) had a corresponding program-specific website. The AAFPRS Handbook provided more information overall than program-created websites, fulfilling an average of 7.6 out of 19 key factors (40.0%), compared to 3.9 factors (20.5%) found on fellowship websites. When both sources were combined, an average of 9.1 key factors (47.9%) were fulfilled.

	Average Number of Key Factors Fulfilled
AAFPRS Handbook	7.58
Fellowship Websites	3.92
Combined	9.06

Certain critical program details were consistently present in the AAFPRS Handbook but were less frequently found on program-specific websites. These included program description (100%), program director contact information (100%), case description/breadth of surgical exposure (98.4%), research requirements (83.9%), and operative volume (82.2%).

	AAFPRS Handbook (n = 62) n (%)	Fellowship Websites (n = 32) n (%)
General Program Description	62 (100%)	32 (100%)
Program Director Contact	62 (100%)	23 (72%)
Program Coordinator Contact	1 (2%)	12 (38%)
Breadth of Surgical Exposure	61 (98%)	27 (84%)
Operative Volume	51 (82%)	12 (38%)
Research Requirements	52 (84%)	18 (56%)
Current Research Projects	7 (11%)	2 (6%)
Current Fellows	0 (0%)	18 (56%)
Previous Fellows	0 (0%)	11 (34%)
Faculty Listing	25 (40%)	22 (69%)
Location Description	6 (10%)	7 (22%)
Job Placement	0 (0%)	3 (9%)
Call Schedule	54 (87%)	12 (38%)
Year Program Accredited	0 (0%)	4 (13%)
Work/Life Balance	3 (5%)	4 (13%)
Didactic Schedule	22 (35%)	16 (50%)
Vacation Policy	23 (37%)	6 (19%)
IMG Acceptance	4 (6%)	1 (3%)
Practice Management Exposure	37 (60%)	13 (41%)

Conversely, certain factors that were rarely found in the handbook (<10%) were more frequently present on program websites. For example, current fellows (56.3%), program coordinator contact information (37.5%), previous fellows (34.4%), and location description (21.9%) were more commonly listed on program websites than in the handbook. This trend has been similarly noted in evaluations of laryngology (2) and rhinology (4) fellowship websites, where details about current trainees and faculty were more likely to be found on program websites than centralized directories.

Seldom reported factors in both the handbook and program websites included: job placement (0% in handbook, 9.4% in websites), program accreditation year (0%, 12.5%), work-life balance (4.8%, 12.5%), IMG acceptance (6.5%, 3.1%), and vacation policy (37.1%, 18.8%). These gaps parallel findings in other subspecialties, such as head and neck surgery fellowships (5), where job placement information and accreditation history were underreported.

Conclusions

FPRS fellowship websites and the AAFPRS Handbook provide incomplete and inconsistent information, limiting applicants' ability to make well-informed decisions. While the handbook includes essential details such as program descriptions, program director contact information, and case descriptions, it lacks key applicant-relevant factors like current fellows, previous fellows, and job placement. Program websites often included current fellows and program coordinators but fulfilled fewer key criteria overall. Critical factors such as job placement, work-life balance, and IMG acceptance were largely absent from both sources. These deficiencies mirror findings in other otolaryngology subspecialties, highlighting the need for greater standardization and transparency in online FPRS fellowship information. Programs should enhance their online presence by including research expectations, operative experience, and career outcomes, or develop a centralized, comprehensive directory to improve accessibility for applicants.

Learning Points

1. The AAFPRS Handbook was more comprehensive than program-specific websites but still incomplete – even when combined.
2. Applicant-relevant details such as job placement, work-life balance, and IMG acceptance were rarely reported across both sources.
3. A lack of standardization mirrors other otolaryngology subspecialties, highlighting the need for improved transparency and accessibility.

References