

UC Irvine

UC Irvine Previously Published Works

Title

The Transition to Online Rhinoplasty Education Amid COVID-19: Surgeon Perspectives and Areas of Improvement

Permalink

<https://escholarship.org/uc/item/826850kx>

Journal

Facial Plastic Surgery & Aesthetic Medicine, 24(2)

ISSN

2689-3614

Authors

Martin, Elaine C
Hakimi, Amir A
McIntosh, Cameron
[et al.](#)

Publication Date

2022-04-01

DOI

10.1089/fpsam.2021.0282

Copyright Information

This work is made available under the terms of a Creative Commons Attribution License, available at <https://creativecommons.org/licenses/by/4.0/>

Peer reviewed

The Transition to Online Rhinoplasty Education Amid COVID-19: Surgeon Perspectives and Areas of Improvement

Elaine C. Martin, MD,¹ Amir A. Hakimi, MD,² Cameron McIntosh, MD, MD,³ and Brian J.F. Wong, MD, PhD^{1,*}

Introduction

Aesthetic surgeons have been particularly affected by the COVID-19 pandemic, who have turned to online platforms for continuing medical education (CME). Although online learning platforms in medical education are well established, their role in facial plastic and reconstructive surgery has not been assessed in any codified manner.^{1–3} Herein we aim to categorize the content of virtual rhinoplasty lectures, evaluate their quality, and explore potential opportunities for improvement in online medical education in aesthetic surgery.

Materials and Methods

This study was determined to be exempt based on the University of California Irvine IRB Exempt Self-Determination Tool, Category 2i. Online rhinoplasty lectures were cataloged between April 2, 2020, and June 10, 2020. For each lecture or seminar, data on the sponsoring organization, speaker(s), country of origin, lecture length, and starting time were tabulated. A 20-question survey was created through Google Forms similar to previously published studies^{1–6} and presented to attendees after lectures.

Results

Between April 2 and June 10, 2020, 91 rhinoplasty lectures were delivered with 106 unique speakers and an average of 549 participants per lecture. Twenty-four organizations supplied content, including international societies, regional organizations, self-aggregated collectives, and individual surgeons. The most common topic was general rhinoplasty (44%), but a large portion of lectures also focused on “preservation” rhinoplasty (23%). A smaller number of lectures were case presentations

(6.6%), or focused on the nasal dorsum (6.6%), nasal tip (5.5%), septum (4.4%), secondary rhinoplasty (3.2%), or other. Most lectures lasted between 60 and 90 min and began at 18:00 or 20:00 Greenwich Mean Time. The most common format was individual lecturer (61%) followed by panel discussion (34%).

A total of 525 survey responses were recorded. Participant demographics are depicted in Figures 1a–c. Most physicians performed <100 rhinoplasties per year (78%) and about half (54%) of attendees had been performing rhinoplasty for <10 years. Most surgeons reported that the majority of their cases were not endonasal (68%) and were not “preservation” rhinoplasty (62%).

Physicians reported watching an average of 1–4 lectures in the past week (Fig. 1d) and 5–15 rhinoplasty lectures in the past month. The majority reported that lecture material overall was the correct complexity or slightly too complex, and that their main goal was to learn new techniques from masters in the field (Fig. 2). The preferred lecture format was individual lecturer (53%), followed by panel discussion with multiple experts (44%). Most participants preferred to learn by a combination of in-person and at-home lectures (71%).

The most common suggestions for lecture improvement are shown in Figure 2a. Other common feedback included requests for more surgical videos as well as for recorded lectures. Responses regarding future online lectures are depicted in Figure 2b. Based on these survey findings, effective rhinoplasty seminars are characterized by case-based lectures, the use of surgical videos, and a variety of speakers of different backgrounds. Adequate time for “question and answer” sessions at the end of the lecture is also appreciated by participants.

¹Department of Otolaryngology, Head and Neck Surgery, University of California Irvine, Orange, California, USA.

²Department of Otolaryngology, Head and Neck Surgery, Georgetown University Medical Center, Washington, District of Columbia, USA.

³Edge Day Hospital, Port Elizabeth, South Africa.

*Address correspondence to: Brian J.F. Wong, MD, PhD, Department of Otolaryngology, Head and Neck Surgery, University of California Irvine, 1002 Health Sciences Road, Irvine, CA 92617, USA, Email: bjwong@uci.edu

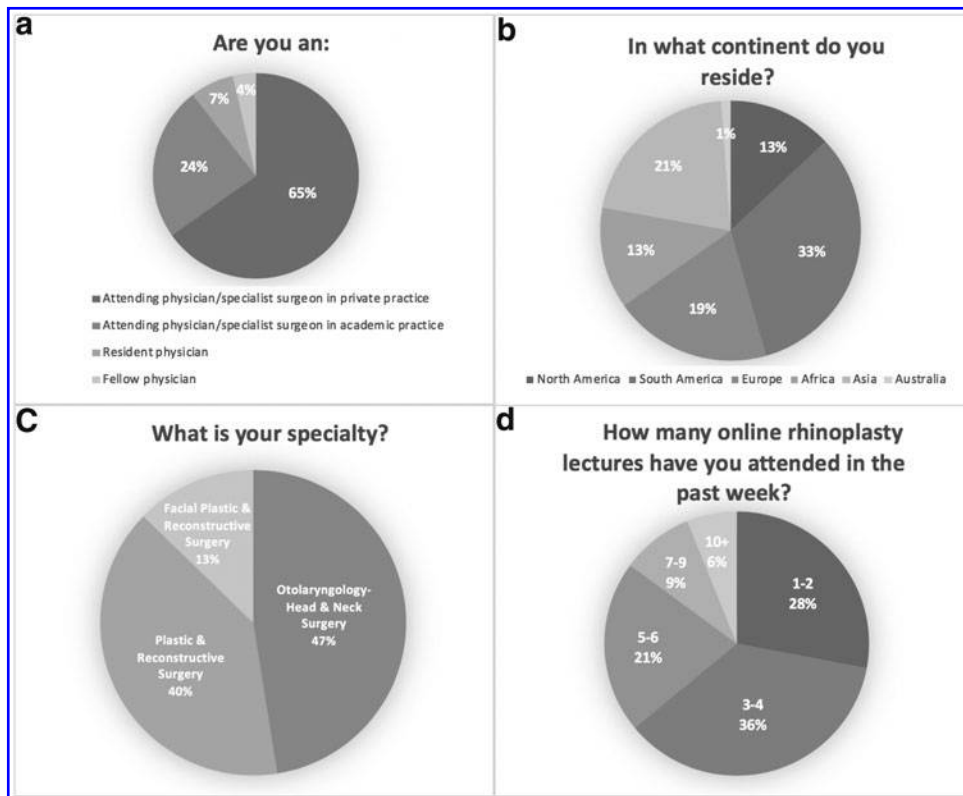


Fig. 1. Survey responses, (a) type of physician, (b) country of origin, (c) surgical subspecialty, (d) number of lectures attended in the past week.

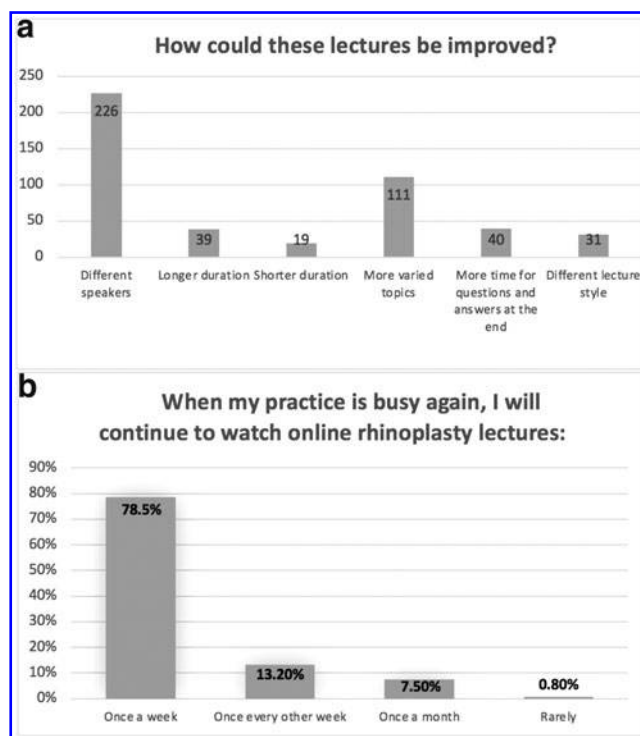


Fig. 2. (a) Survey responses regarding improvement of online rhinoplasty lectures. (b) Survey responses regarding future use of online CME. CME, continuing medical education.

Discussion

The explosion of online rhinoplasty lectures during the COVID-19 pandemic has demonstrated a large variety of speaker and lecture types, and their success is evidenced by subsequent online summits such as the 48 h of Otolaryngology Updates held in February 2021 and the 55 h Global Summit of Facial Plastic Surgery in August 2021. Our survey results demonstrate that most participants are attending physicians located internationally who practice open rhinoplasty and aim to learn new techniques from masters in the field. Most participants plan on remaining engaged in online lectures after the pandemic is over, but more varied topics and individual speakers would likely improve lecture quality and decrease “Zoom fatigue” over time.

Conclusion

The surge of online rhinoplasty lectures has created a useful framework for the transition of CME in aesthetic medicine to the online platform. Future online rhinoplasty lectures can be improved by incorporating these data.

Acknowledgments

The authors thank all of the survey participants as well as all of the international speakers who provided online education during the COVID-19 pandemic.

Authors' Contributions

E.C.M. is the primary author of the article. She collected information on online lectures, created the survey, and

wrote the majority of the article, and approved it before submission. A.A.H. helped with survey creation and distribution, editing and review of the article, and approved it before submission. C.M. contributed to and edited the survey content and reviewed, edited, and approved the article before submission. B.J.F.W. collected information on online lectures, contributed to and edited the survey content, and reviewed, edited, and approved the article before submission.

Author Disclosure Statement

No competing financial interests exist.

Funding Information

No funding was received for this article.

References

1. Hakimi AA, Dunn BS, Sharma GK, et al. Telelecture educational series in facial plastic and reconstructive surgery. *Facial Plast Surg*. 2020;36(2):211–214.
2. Ricci MA, Caputo MP, Callas PW, et al. The use of telemedicine for delivering continuing medical education in rural communities. *Telemed J E Health*. 2005;11(2):124–129.
3. Finley JP, Beland MJ, Boutin C, et al. A national network for the tele-education of Canadian residents in pediatric cardiology. *Cardiol Young*. 2001;11(5):526–531.
4. Ahn HH, Kim JE, Ko NY, et al. Videoconferencing journal club for dermatology residency training: an attitude study. *Acta Derm Venereol*. 2007;87(5):297–400.
5. Yenikomshian HA, Lerew TL, Tam M, et al. Evaluation of burn rounds using telemedicine: perspectives from patients, families, and burn center staff. *Telemed J E Health*. 2019;25(1):25–30.
6. Cristel RT, Demesh D, Dayan SH. Video conferencing impact on facial appearance: looking beyond the COVID-19 pandemic. *Facial Plast Surg Aesthet Med*. 2020;22(4):238–239.

This article has been cited by:

1. Zachary Farhood, Jamil Asaria. 2023. Commentary on: “Preparing for a Paradigm Shift in Medical Conference Development and Implementation” by Hakimi et al. *Facial Plastic Surgery & Aesthetic Medicine* 25:1, 42-43. [[Citation](#)] [[Full Text](#)] [[PDF](#)] [[PDF Plus](#)]
2. Adam McCann, Katie Chang, Isabelle Gengler, Brian Cervenka, Jason C. Nellis, Tsung-yen Hsieh. 2022. Assessment of Virtual AAFPRS Fellowship Interviews During the COVID-19 Pandemic: A Pandemic Response or the Wave of the Future?. *Facial Plastic Surgery & Aesthetic Medicine* 24:5, 410-412. [[Citation](#)] [[Full Text](#)] [[PDF](#)] [[PDF Plus](#)]