Reviewing the mental health outcomes from a structural point of view, residents who had increased physical activity and more emphasis on wellness activities were found to have less severe symptoms of anxiety and depression. Wellness activities have been proven to reduce anxiety, reduce depression, and improve productivity, morale, and overall performance among residents, as well as help to decrease the risks of burnout.[3–5] However, these activities must be well implemented and encouraged to avoid conveying feelings of weakness and stigma. Our findings corroborate the importance of established wellness programs and trust between faculty and residents in academic programs, as well as identifying residents at risk for burnout, as these effects can have longstanding sequelae and consequently remain, even when the COVID-19 pandemic is over or under control.

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Mentorship amid the Madness: The Value of National Mentorship Programs in Plastic Surgery amid the COVID-19 Pandemic

Coronavirus disease of 2019 (COVID-19) has spread rapidly throughout the world, and the impact on global and national health care, including plastic surgery, has been dramatic and unpredictable. Plastic surgery departments and divisions went into limbo after the American College of Surgeons, American Society of Plastic Surgeons, and The Aesthetic Society, advised that elective and nonessential cases be canceled.[1] All large plastic surgery meetings were canceled. Aspiring plastic surgeon trainees are among those affected by the pandemic; the Association of American Medical Colleges called for a halt in all clinical rotations of at least 4 weeks' duration in the 2020/2021 application cycle, a critical time for fourth-year medical students applying to integrated plastic surgery programs.[2]

Medical students typically dedicate April to September rotating as subinterns on the plastic surgery service at their home institution and at several "away institutions" throughout the United States. Away rotations play a significant role in the plastic and reconstructive surgery match process; 67 percent of successful applicants in a given year participated in a rotation at the institution they matched into.[3] Students also attend national meetings for the opportunity to present their research, meet renowned faculty members across the country, and receive feedback on their application and performance. Often faculty, residents, and students at such events become lifelong colleagues and mentors.[4,5] These opportunities are now no longer available for students applying in the current COVID-19 pandemic.

Plastic surgery residency applicants applying in the 2020/2021 cycle era are facing the daunting unknown with more limited opportunities for meeting influential individuals in the field. Students at institutions that do not have a plastic surgery home program may be affected the most. Consequently, mentorship of future trainees is arguably more important than ever, as it provides prospective applicants with a unique opportunity to connect students with faculty across the country to discuss research and personal career development and to expand one's network of mentors and colleagues. In 2015, the Plastic Surgery Research Council established a formal mentorship program with the goal of facilitating relationships between trainees and senior figures and of fostering unique guidance regarding career development. Medical student members and plastic surgery applicants can be paired with mentors across the nation from diverse backgrounds, and mentors can provide invaluable advice electronically regarding research endeavors and residency applications. With the current restrictions imposed by the evolving COVID-19 pandemic, electronic mentee-mentor interactions may be the only chance that prospective plastic surgery residents have to appreciate and converse with faculty and residents from different institutions,

We thus want to emphasize the value of mentorship relationships and formal mentorship programs such as that offered by the Plastic Surgery Research Council. It is critically important to connect medical students/trainees with faculty members to help them learn the

nuances of plastic surgery programs in institutions across the nation. Reaching beyond the classroom and expanding our horizons can help us confront the realities we could not have anticipated.

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Mask on, Mask off: The Role of Comprehensive Craniofacial Care in Addressing Patient Safety and COVID-19 Mandates during School Reopening

As coronavirus disease of 2019 transmission persists across the United States, mask wearing has become a primary tool of public health containment efforts. In order to slow transmission of the virus, state and local governments are increasingly introducing mandatory mask orders. While backed by public health evidence, these mandates have presented challenges for certain individuals, including children with cleft and congenital craniofacial differences.

In Ohio, for example, it is mandatory for students in grades kindergarten through 12 who have chosen to attend in-person class to wear masks. When making masking policies, public health officials and lawmakers should consider special groups, among whom wearing masks presents potential safety concerns.[1] In response to Ohio's statewide mask order in July of 2020, local medical society chapters led efforts to exempt from mask orders children younger than 2 years old, children unable to remove masks without assistance, children with psychiatric conditions that can be exacerbated by the use of a facial covering, and children with facial deformities that cause airway obstruction.[2] Similar concerns have likewise been reported in the United Kingdom.[3]

While mask mandate exceptions may adequately accommodate children at an individual level, they simultaneously may confer a systems-level dilemma affecting schools, teachers, parents, and children alike. Logical responses from schools may include encouraging virtual rather than in-person education plans for mask-exempt children or distancing cohorts of unmasked children from their peers. Such well-intended efforts may, however, exacerbate the psychosocial challenges of children with craniofacial differences, such as attention deficit disorder, anxiety, and attachment disorder. The social isolation of those with facial differences is likely further compounded by social peer pressures or "mask shaming." Not wearing a mask may be socially ostracizing, and mental health teams should help children prepare for questions that will arise for those who have medical exemptions. In addition, virtual platforms may be inadequate to deliver programs crucial for comprehensive cleft care, such as speech therapy. As schools commence nationally, school boards and administrators must anticipate the needs of at-risk patients in order to maximize academic achievement and functional development.

These issues highlight the importance of the interdisciplinary cleft-craniofacial team in patient advocacy as well as in clinical care. It is critical that parents and craniofacial caregivers educate teachers and school leadership about the potential for adverse sequelae. Teams may consider proactive outreach to patients to screen for these concerns, to provide letters of exemption from mask-wearing, to provide counselling and behavioral therapy given the increased social pressure, and to provide speech therapy given the loss of school-based provisions. Additional efforts should include encouraging parents in modeling mask wearing and being mindful of the way they talk about masks, children practicing mask wearing outside of school in order to prepare for school, and parents and caregivers using praise and positive reinforcement for children who are having difficulty with adhering to mask wearing. Without these active interventions to overcome barriers preventing the continuation of prepandemic