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ABSTRACT SUBMISSION TITLE: *D4 - Educational and Capacity-building Needs in Burn Care: Insights from a Provider Survey in Ghana*

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Abstract Text:

PURPOSE:

Burn injuries present as common reconstructive challenges in low and middle-income countries (LMICs) such as Ghana and remain a priority for global plastic surgery. Existing literature has largely come from tertiary burn centers, describing incidence and outcomes in specialized settings. However, the majority of patients initially present to district-level hospitals, where care is provided by nonspecialized healthcare providers with limited subspecialty support. Limited data exists on how nonspecialized providers deliver burn care, including the protocols guiding practice and barriers to providing burn care. Identifying these gaps is important to guide sustainable plastic surgery-driven interventions in burn care that prioritize provider training as a key component of broader capacity building in LMICs. This study examines providers' perspectives on knowledge, skill gaps, and limited resources for burn care in Ghana.

METHODS:

A provider-focused needs assessment was conducted during a short-term surgical mission (STSM) with International Surgical Initiative (ISHI) at a district-level hospital in

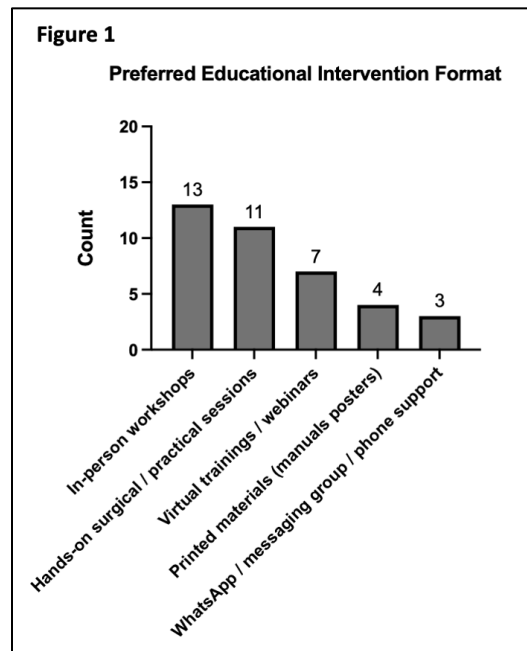
Mampong, Ghana. Surveys were administered to nurses and trainees/physicians involved in burn care. Questions addressed professional roles, resources, treatment protocols, and grafting capacity. Respondents also identified common complications, barriers to care, and priority educational needs, including preferred training modalities. Anonymized data was stored in Excel and visualized in Graphpad Prism.

RESULTS:

The survey was administered to 23 providers, 19 (83%) of which responded (37% nurses, 63% trainees/physicians). Protocols for acute burn management were reported by 89% of respondents, compared with 47% for rehabilitation and 16% for grafting. Skin grafting was described as consistently available by 32% of respondents, with the remainder indicating occasional or no availability. Educational needs included rehabilitation and scar management (68%), first aid for burns (47%), and grafting techniques (32%). In-person workshops (68%), hands-on training (58%), and virtual training/webinars (37%) were the preferred formats (Fig 1). Barriers to care included patient financial burden (79%), lack of supplies or equipment (53%), and delayed presentation (53%).

CONCLUSIONS:

To our knowledge, this is the first study reporting providers' perspectives on knowledge, skill gaps, and limited resources for burn care in a LMIC. Our findings reveal that while acute burn management protocols exist, gaps in protocols for rehabilitation and skin grafting are present. Addressing these deficits in training is needed at district hospitals, where patients often present for initial burn care before referral to specialized tertiary centers. Prioritizing provider education via hybrid modules that integrate in-person and virtual training as well as improving access to burn care is a practical opportunity for capacity building in plastic surgery in LMICs such as Ghana.





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