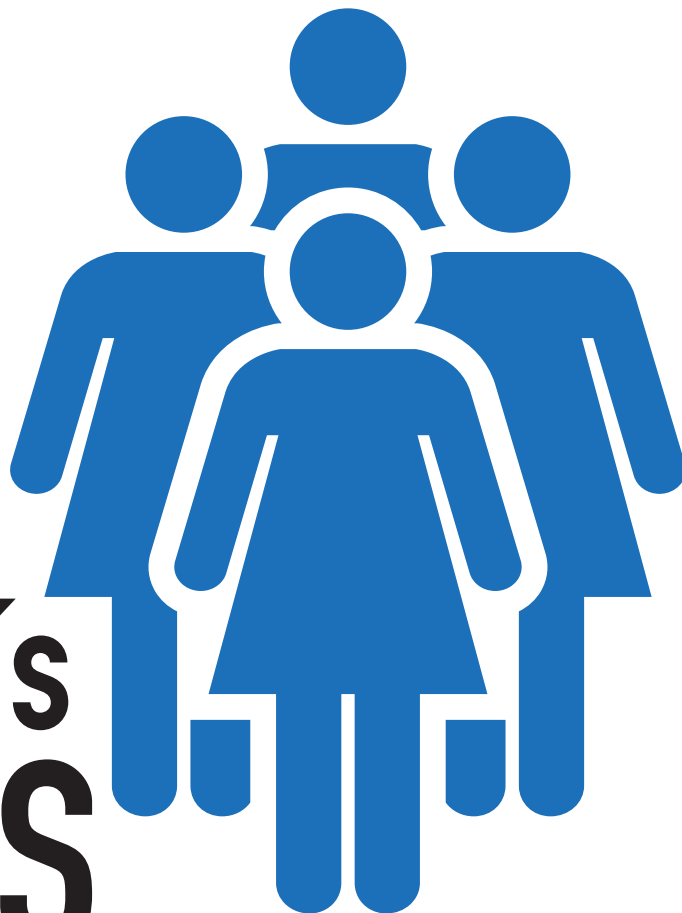
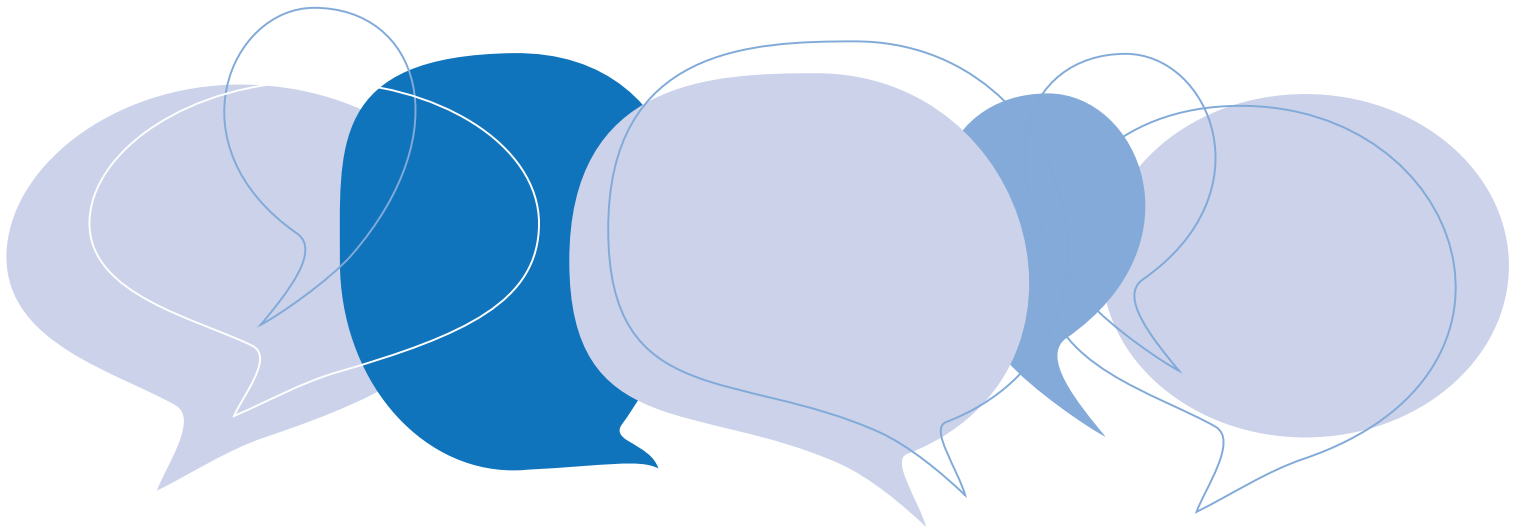


The PULSE



NEWSletter May 2023



**Women's
VOICES**

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ThePULSE

NEWSletter May 2023

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MANLIO GALIE
President EACMFS

Message from **FERRARA**

Dear Colleagues and Friends,

Even if the role of the EACMFS President has been frequently associated with the organisation of the European Congress, which must be one of the key objectives, I feel the President should also endeavour to develop, supervise and support EACMFS educational ventures and organisational programme for the benefit of the specialty.

The global demand for education in our field is growing as well as the need for in-person, face-to-face interactions, meetings and learning experiences.

In 2020 the EACMFS celebrated the “*Golden Jubilee*”, 50 years of dedication and commitment in the transfer of knowledge, teaching of surgical skills, motivation of the next generations and much more.

There is a need for a strategic vision of the future for postgraduate medical education and the EACMFS is doing the best to meet the challenge.

The rapidly expanding use of new learning technologies is a major area where we will see significant changes in postgraduate medical education, but the role of scientific gatherings with social interaction is crucial for the advancement of knowledge and the progress of our discipline.

Artificial Intelligence (AI) is a set of technologies that simulate human cognition in order to address a specific problem and it has become ubiquitous with modern technology. The EACMFS and other Scientific Associations should promote a rigorous clinical evaluation and ethical reflection on data protection dealing with AI algorithms providing assistance in diagnosis, therapeutic decision, preoperative planning, or prediction and evaluation of the outcomes in OMF & CMF surgery.

Currently the role of the Scientific Societies is of paramount importance if we consider our profession not only from the clinical perspective but also as being deeply involved in the organizational changes in management.

During the Madrid Congress we promoted meetings with many representative Scientific Associations around the world (IAOMS, AAOMS, ASIAN OMS, ALACIBU) in order to explore all opportunities of cooperation between the organisations.

During these meetings the creation of a "young specialist" subgroup was proposed to facilitate the opportunity to experience training in Europe and vice versa with the aim of more harmonious training.

I am deeply convinced that trainees and Next-Gen Surgeons should be more involved in the decisional process of the Scientific Associations including the UEMS Group.

Every action in favour of more promising opportunities for the OMF trainees has my full support with the objective to provide the opportunity to identify, analyse and rectify relevant critical issues affecting maxillo-facial surgery trainees across Europe.

The exchange of views and goals between different scientific disciplines and also between science, politics and society is paramount.

Facing these challenges including the promotion of women and the next generation of surgeons in leadership and organisational functions to increase their contributions is of high priority.

It is mandatory to review the areas of cooperation between the UEMS and European Scientific Societies (EES) and to explore new ways to develop common projects.

Every action should be taken to reinforce and promote the European Spirit of the Specialty in all the EACMFS activities and international relationships.

The 27th EACMFS Congress in Rome aims to be the premier international forum for research, theory and development related to Oral and Maxillo-Facial Surgery in the forthcoming years. The organisational process is well underway and we are confident of a large world-wide attendance.

The five-day programme will encompass keynote presentations, symposia, masterclasses, free papers and guests society sessions that will give the Congress participants the opportunity to update their knowledge, plus enrichment from the technical, social and cultural exchange that will be promoted during the Congress week.

An absolutely dedicated committee has been hard at work on the organisation of the Congress pursuing excellence in the hope that EACMFS will exceed your expectations. The Scientific Programme will range from the deep "core" of our specialty to the latest new development including AI.

Given the presence in Rome of many continental Scientific Associations as Guest Societies we are organising a dedicated Session "Rome embraces the 6 world continents" to develop full understanding of the global context of our specialty, intercultural competence, perspectives and awareness of global problems.

Our vision for hosting the EACMFS Congress-Rome 2024 is based on the art of the Italian welcome and lifestyle to unite the world of the scientific communities in OMF & CMF.

I look forward to welcoming you all to the Eternal City and to EACMFS 2024 Congress.

27th EACMFS CONGRESS

17-20 September 2024

PreCongress day: 16 September

ROME - ITALY



A Journey to Excellence: Culture, Tradition & Innovation



European Association for
Cranio - Maxillo - Facial Surgery

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BARCELONA calling

You are about to read an exciting new issue of The PULSE.

On this occasion, we have asked a few of our members to share their thoughts about the influence of gender on maxillofacial surgery in their respective areas of influence. Different countries, different perspectives, different issues to be addressed. I want to acknowledge Isabelle Berg, Gabrielle Millesi, Zoe Nicolaou, Eleni Parara and Lara Schorn for their insight and for sharing their experiences with us. Please be aware that those are not official reports of any national association. This is not the spirit of the newsletter.

Francesco Lemma and Sara Watson, our trainees representatives, are working on a number of proposals and a wish list for the months to come. Trainees and young specialists deserve our attention to keep the association active and alive.

And of course, you will find news and announcements of our officers with all the scientific activities and exciting proposals that EACMFS offers to its members and, by extension, to the whole global community of maxillofacial surgeons.

We are also proud to announce the launching of Max-Flix the association's educational platform that will host all the digital resources of the association: surgical videos, recordings of previous meetings, lectures given during the different seasons of European Lecture Series, information from the industry. All in your screen, just one click away.

For free. Because you are a member of EACMFS.

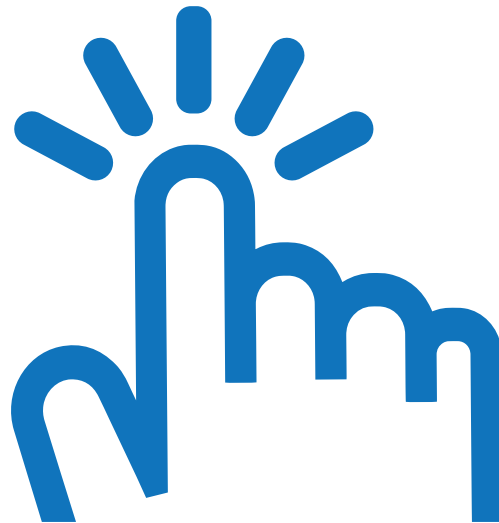
We have created the platform. But consider it a collaborative instrument. Extending the portal content will require your effort and generosity to share your expertise with your peers.

Please feel free to contact me (javiergonzalez@eacmfs.org), if you have any project or idea that might fit in the framework in this thrilling new effort of the European Association of Cranio-Maxillofacial Surgery. Give us your feedback about the platform and its development. Help us monitor any defect or fault. Tell us what you miss.

And of course, let us know if you want to be further involved in Max-Flix or The PULSE.



EUROPEAN ASSOCIATION FOR CRANIO MAXILLO FACIAL SURGERY



BECOME A MEMBER

Join today and start enjoying the many valuable benefits offered to the EACMFS Members.



Benefits



Member-Types



Online application form





The **ATHENS** report

Colleagues and Friends,

The EACMFS is committed to providing the best possible education and training opportunities for Oral and Maxillofacial Surgeons throughout Europe. With a focus on developing innovative programmes and opportunities for residents and young specialists, we are excited to announce several new educational initiatives.

The success of the second edition of the EACMFS Postgraduate Programme in Head and Neck Surgery: Oncology is due to the strong commitment of our Scientific Directors and the involvement of exceptional EACMFS speakers. Building on this momentum, we are thrilled to launch the new EACMFS Postgraduate Program in Facial Plastic Surgery in 2023. This programme will cover a diverse range of topics, including oculoplastic surgery, face and neck lift, rhinoplasty, facial feminization surgery, orthognathic surgery, virtual surgical planning and 3-D printing, orbital decompression, and facial reanimation. The programme will consist of online courses, clinical observerships, and hands-on cadaver workshops.

In addition to expanding our postgraduate programmes, we have decided to reactivate the role of the National Trainee Representatives across all European countries. Our aim is to co-organize the 1st EACMFS European OMFS Trainee Congress, providing a valuable forum for residents and young surgeons to share knowledge and network.

Through these educational activities, we strive to make a significant contribution to the development of high-quality learning and training environments for European Oral and Maxillofacial Surgeons. We will be sharing more information about these initiatives soon, so stay tuned for updates.

Best regards



European Lecture Series 23-24 COMING SOON

EACMFS is delighted to offer its membership the opportunity to enjoy a new season of weblectures. All you need is the internet. These are live lectures lasting 45 minutes and you will have the opportunity to interact with the speakers for 15 mins via live messaging portal immediately after the lecture.

One European CME credit (ECMEC®s) per webinar from the September 1st 2023 (to be eligible attendance for the complete lecture is required).

Two CME points recognised (Akademie der Deutschen Gesellschaft für Mund-, Kiefer- und Gesichtschirurgie)

Non-members are welcome to attend the live weblectures: Please enter 'EACMFS' in the membership number field on the registration page. Please note, however, that only members will be able to claim one European CME credit.



SATHEESH PRABHU

Secretary General

OXFORD minutes

From the desk of the Secretary General

The strength of an association is measured by its membership and its activities to engage them and provide value for money. I feel very privileged to see the commitments of Executive colleagues to engage with the membership. The success of PG programme, the ongoing European Lecture Series in its fifth season and the re-introduction of various rolling programme that are now in person are some of the highlights of our current engagement. After a delay in its development, with the help of our Junior Trainee Representative Dr Lara Watson, The Docere App is now taking a shape and we hope to launch it later in the summer. This app will be an interactive educational tool filled with some interesting cases and learning points in a concise and easily accessible model.

It is now time to invite our colleagues within Europe to join our association to strengthen our cause to promote education. While our membership has grown over the years both within and beyond Europe, there is still an opportunity for our association to engage with colleagues especially within Europe, not only to become the members but also to get involved in the educational activities. I am looking forward to meeting our national councillors in Rome this September to see how this engagement can be shaped to reach colleagues who are not members of our association yet.

The programme for the sixth season of the European Lecture Series is being prepared and we welcome proposals for topics that you would like to be covered. I am very grateful to all the audience who attend these lectures on the 1st and 3rd Thursday of most months at 8PM CET. We have shared more than 2000 hours of education this academic year. It was really good to meet some of the regular attendees during the Madrid conference. I am delighted that Dr Dormaar will be more involved in this project in the coming months.

While I write this piece, the weather in Oxford is still cold and wet, I hope that summer will be here soon and that it will bring warmth but not a heat wave! I wish you all a great summer and hope that you will get a chance to take a break from the mundane things and enjoy the nature. One thing that Artificial Intelligence can't do for us!!



HOW I SEE IT: FEMALE MAXILLOFACIAL SURGEONS IN SWITZERLAND

By Isabelle Berg

Female surgeons (Consultants) are not commonly seen in cranio-maxillofacial (CMF) surgery in Switzerland. Within this small country in the middle of Europe, an astounding 92 out of 100 CMF surgeons are male ⁽¹⁾. The overall percentage of women is estimated to be 27% across all surgical specialisations including the "typical" male-dominated subjects such as thoracic surgery or orthopaedic surgery ⁽¹⁾. Why is that?

In order to become a maxillofacial surgeon in Switzerland, it is required to obtain both a medical and a dental degree. Although Switzerland is very advanced within the research and science communities, the image of a woman is still very traditional with only a few tendencies for change in national or cantonal politics. Pregnant women are expected to work until the day before they give birth. This poses a problem, considering it can be very challenging to reach the operating table with a larger belly carrying a child.

In a discipline such as CMF, if the expectant mother is unable to work, it is extremely difficult to find someone to cover for a few months. Therefore, the workload has to be covered by colleagues. Continuing the discussion of women post birth, there were campaigns raising awareness for the benefits of breast-feeding but realistically it is uncommon for a surgeon to leave the operating theatre to pump milk or breast-feed the child.

Maternity leave includes 12 weeks that are paid for (80% of the income). Some employers add additional weeks or pay the full income. The father is entitled to two weeks paternity leave.

In Switzerland there are less than a handful of female CMF Surgeons with children as it seems to be so difficult to combine the wish to have children and maxillofacial surgery in comparison to other surgical disciplines. As a second degree is required to become a maxillofacial surgeon, residency would often have to start later but in my opinion this should not act as an obstacle to choose this specialisation. It would be interesting to compare the gender ratio in countries that forgo a second degree.

In Switzerland, there are less than a handful of female CMF surgeons with children. Several female maxillofacial candidates think that it is more difficult to combine the wish to have children and maxillofacial surgery in comparison to other surgical disciplines.

Unfortunately, it is not easy to change the situation. From my perspective, it often depends on the partner/ husband of the maxillofacial surgeon. For example, an on-call covering maxillofacial surgeon, cannot always pick up a child at 6.30 pm from day-care, so the opposing partner or 3rd party member must be flexible in this position. Depending on the family situation, this can be a partner/ husband/ relative/ friend or a nanny. The society's support of men participating in this aspect of family life is important. This leads



to the question, how necessary are part-time jobs or even job sharing for both the female and male surgeon. It should be made easier for both genders to work part-time if necessary, even if it is sometimes only for a couple of months. Most importantly, it needs to be socially acceptable for a man to also do so.

The first step is to recruit female surgeons for maxillofacial surgery, but the next goal will be to keep them in this specialty. A solution to this problem could be to implement a mentoring program in which experienced female and/or male surgeons function as a mentor for younger ones in the field. This could be created via an online platform where possible mentors and mentees could register and an appropriate matching would be carried out. This might be especially beneficial for female mentees, who might open up to a female mentor in a different way, even more, if they are not in the same hospital and hierarchical system. This platform could even be transnational due to similar problems in different countries.

We need organisations such as SWIMS (Society of Women in Maxillofacial Surgery), which was founded in Great Britain. There should be more awareness about this organisation and others alike in hopes to make them more visible. Another solution would be family-friendly politics, as seen in Scandinavian countries. Of course it depends on the income, but on average if the partner/ husband works, too, the childcare can easily reach 50% of a parent's income after taxes. This assumption excludes additional babysitter costs and it presupposes that there is a place for the child at an adequate

Although Switzerland is very advanced within the research and science communities, the image of a woman is still very traditional... Pregnant women are expected to work until the day before they give birth. This poses a problem, considering it can be very challenging to reach the operating table with a larger belly carrying a child...

kindergarten. Not all kindergartens accept children very early in the morning- i.e. before the surgical daily routine would start. For unplanned, additional childcare, at Basel University Hospital we are lucky to have a childcare service available for last minute needs. This service is meant to cover short periods of time and is subsidized by the hospital. But of course, the availability has some limits especially in cold/ influenza or other seasons.

Finally, it is important to note that in our environment, there is an increase in female dental and medical students. I believe it should be our task to fascinate them for our specialty and the broad spectrum it can offer.

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AN AUSTRIAN PERSPECTIVE: GABRIELLE MILLESI

By Javier González Lagunas



You have probably achieved one of the most significant positions in Maxillofacial Surgery (IAOMS president): tell us about the path that took you there.

To become IAOMS president was not an ad hoc decision but was the culmination of a long but natural pathway.

At the start of my career and for many years following, I had no idea in which direction I was heading. It all started in 2003, when Prof. Ewers of the Department of CranioMaxillofacial Surgery, Med University Vienna, won the bid for organizing ICOMS (the World Conference) in Vienna in 2005 and we started to work on this.

I was responsible for keeping everything under control for which I was recognised by the BOD of the International Association. The ICOMS Conference turned out to be extremely successful, financially, scientifically and socially and as a result, the leaders of IAOMS saw my potential and I became involved in multiple projects and task forces gaining insight into how such a big international association is run with my performance obviously well perceived. In addition, I have to say that I always stayed authentic, open and focused on the immediate actions in favour of our global members. I personally believe that this is of major importance as a leader to be close to your members, to be personable and reliant. The BOD and EC put forward a proposal that I step up as President and I think this is the right way with an election that was by the 70 councillors, as I was well known and respected by them. Presidency should not be for your ego but for your empathy for our members and the IAOMS, and the medical field.

The Covid pandemic had a deep impact on your presidency, being an obstacle for you to act as a role-model for other women. Can you give us your opinion about that?

It is absolutely correct that COVID hit my presidency like a hammer, destroying all possible advantages of having the first female president after 50 years ever!! My only in person mission was in February 2020 when I attended a Gift of Knowledge course. I just made it home before all borders closed and from then onwards I was damned to be the first virtual president. It is a painful thought how disappointing it must have been for all these excited, advanced and specially young female colleagues out there, who wrote warm and encouraging messages to me when I was elected president! The response was really overwhelming and even astonishing to myself to realize how much our female members were longing for a role model! Even though I had an online presence over those two years, it was in no way comparable to face to face contact where you share a smile, I could have done so much better by attending all those meetings, courses, congresses globally as every president of IAOMS does during his/her tenure.

enough not to interpret it in this way. I worked equally to a man and I was treated equally. In Austria we have the legal situation that you can take maternity leave for 1,5 years which I did with each child and of course I was scared coming back that my place could have been taken but as I was already quite experienced surgically being an "old mum", it was no problem to be integrated once again. But of course I had to go through tough situation being mobbed, too, typically for any academic institution. Unfortunately the reason for it was always envy, one of the worst human traits. Once becoming a young specialist, colleagues littered ash trays into my boots and thought it was funny, up to mistreatment and lack of respect of leaders because of jealousy. As I was brought up with a lot of sense of duty and responsibility by my parents. I was told to work hard with the effect that I am able to justify my performance by myself first, and as Eleanor Roosevelt once said... "No one can make you feel inferior without your consent!"

German-speaking countries have an strong tradition in maxillofacial surgery, how do you see the situation in the area right now?



How did being a woman affect that particular part of your career? Have you ever felt that someone was pulling the carpet from underneath you?

To be honest I never experienced mobbing due to being a woman or maybe I was mature

Attending conferences all over Europe, and also looking at the publications, there is no German-speaking dominance anymore. Oral and Maxillofacial Surgery is strongly presented from south to north, with great studies, research and innovations.



What's your feeling regarding the situation of women in maxillofacial surgery in your own country Austria? Do you have any idea of the percentage of women entering Maxillofacial departments yearly? How many women are in the Austrian Association?

As seen all over the world, medicine is becoming female, especially dentistry of course. As the majority in OMS in Europe are double-qualified, this is tricky to lose well trained OMS into the dental field at the end of residency and that is what we experience in Austria, too. During residency we see nearly gender equality, and final numbers of OMS in the association are also going up but unfortunately they are not practicing OMS but oral surgery or dentistry at the end.

Do they have a significant role in academics and in leadership positions of the specialty? If not: why? Lack of interest? A thick glass ceiling? Difficulties to conciliate professional and family lives?

You need a soil to grow! I saw so many skilled female colleagues leaving the department because they were not encouraged to stay and given a perspective! By the way that occurs for any colleague, independent of gender. You need a mentor to believe in your skills and qualities and then you need guidance and specialisation. If you have only limited time available you need to become an expert in one field. The bottle neck is the family but I see light at the horizon because we are in

a very privileged situation economically and politically in most European countries that there will be a change over the next generations. Parental leave is becoming more and more popular and well accepted and this is only possible if there is true partnership in bringing up the children and sharing responsibility. Gender equality winners are the Scandinavian countries and that should be our model.

**You need a soil to grow!
I saw so many skilled female colleagues leaving the department because they were not encouraged to stay and given a perspective!**

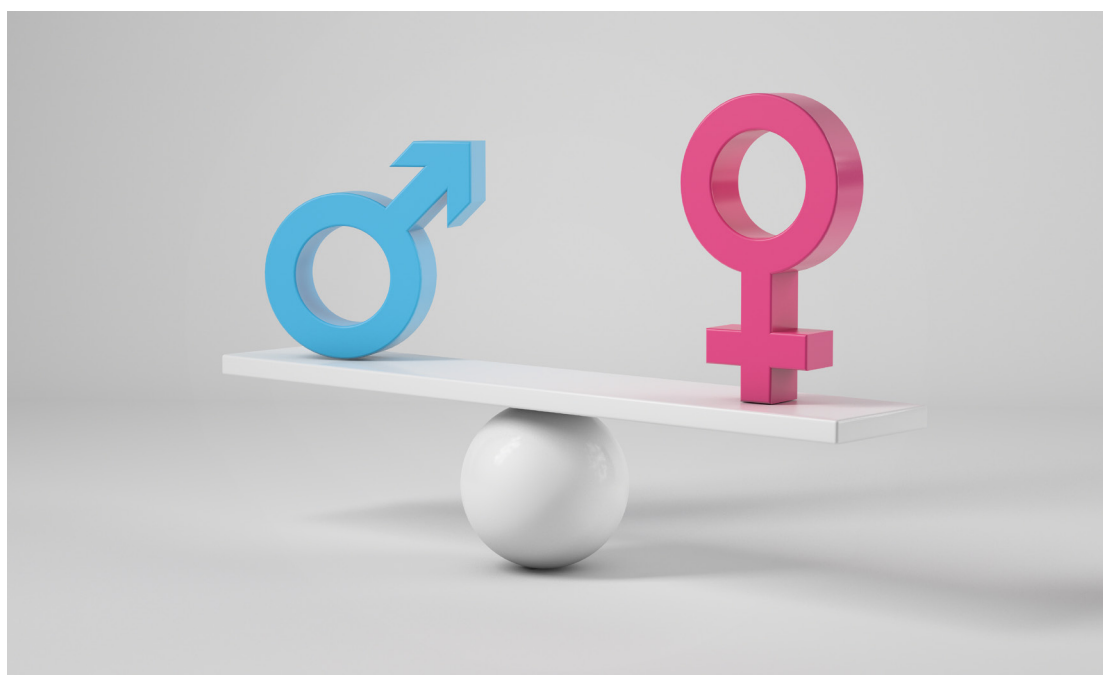
Also, there is a general perception on a change of attitude when comparing "the boomers" with the Y or Z generation. Do you think that change can have a detrimental impact in the future of professional associations?

This is an interesting question indeed! I will combine my answer with a funny anecdote by Prof. Helene Matras, mentioned below. Helene was indeed a very successful and passionate OMS, chief of the department of CranioMaxillofacial Surgery in Salzburg and a full time surgeon without a family. She

expected the same attitude from her staff and used to do rounds on the weekend, too, where the senior staff members were supposed to join, too. One Saturday, she was by herself, and on Monday she confronted her coworker where he was: what do you want to become, a playboy or an OMS? And the answer she got was: "now I want to become a playboy and later an OMS". Well, what would generation Z have answered, can you imagine!!!!? I do see a threat to the expertise and excellence of our field but primarily because we are handicraft workers and if the Next Gen are not able nor willing to do the same amount of surgery as we did because of working hours, lack of OR capacity and personal, you lose manual skills. Success is the motor to stay in the field. Luckily all medical fields are facing the same problem so at least we are not losing to neighboring specialties.

Let's talk about EACMFS now, any suggestions to improve women's positions and visibility in European Maxillofacial Surgery?

Equal female participation in any political functions, committees, BODs and EC should be the aim, unfortunately it is amazing that females often need encouragement because they believe they cannot to it, a question a male colleague would never bring up. Selection should be per excellence of course but there are enough capable and inspiring women out there. And it starts with visibility, at every plenary session, debate, moderation, there should be a female representative of expertise. Female scientific symposia are an absolute nonsense, we are naturally part of any scientific programme and that is how you become recognized and accepted by the professional world. I see this very relaxed, friendly camaraderie and natural equality.



Austria has had two very strong names in Maxillofacial Surgery. Helena Matras in the very early years, and yourself in the present. How do you see the future?

If you look at statistics, the leading females are still in the the majority without kids. So the upcoming females have to show that career and family is possible and it all starts how you bring up your own kids, to make it clear that bringing up children and running a household is not a female task only. Legal situations are improving, so the partner and the working environment has to be overcome.

The bottle neck is the family but I see light at the horizon because we are in a very privileged situation economically and political in most European countries that there will be a change over the next generations.



TURNING OBSTACLES INTO OPPORTUNITIES

By Zoe Nicolaou

My name is Dr. Zoe Nicolaou, Oral and Maxillo-facial Surgeon in Limassol, Cyprus. I practice Oral and Maxillo-facial Surgery since 2000 at my office, the "Cyprus Cranio Maxillo Facial Center".

As a female maxillo-facial surgeon, I faced and I still face several challenges in my occupation. However, I knew from the very beginning that this would be a difficult path to follow but I pursued my dream anyway as an inner need to provide this kind of medical services in Cyprus. Although, I act as the Vice President of the International College for Maxillo-facial-Surgery (ICMFS) and founded the Cyprus Association of Oral and Maxillo-Facial Surgery (CYAOMS), I regret to observe that Oral and Maxillo-Facial Surgery in Cyprus is not a popular profession amongst females as the vast majority of Oral and Maxillo-facial surgeons are males.

Unfortunately, the number of female Oral and Maxillo-Facial Surgeons who currently study or are under fellowship or training to receive the title is also disappointingly low and unequal but I have established

communication with the next generation of Cypriot Oral and Maxillo-facial surgeons and I actively involve them in the activities of the CYAOMS.

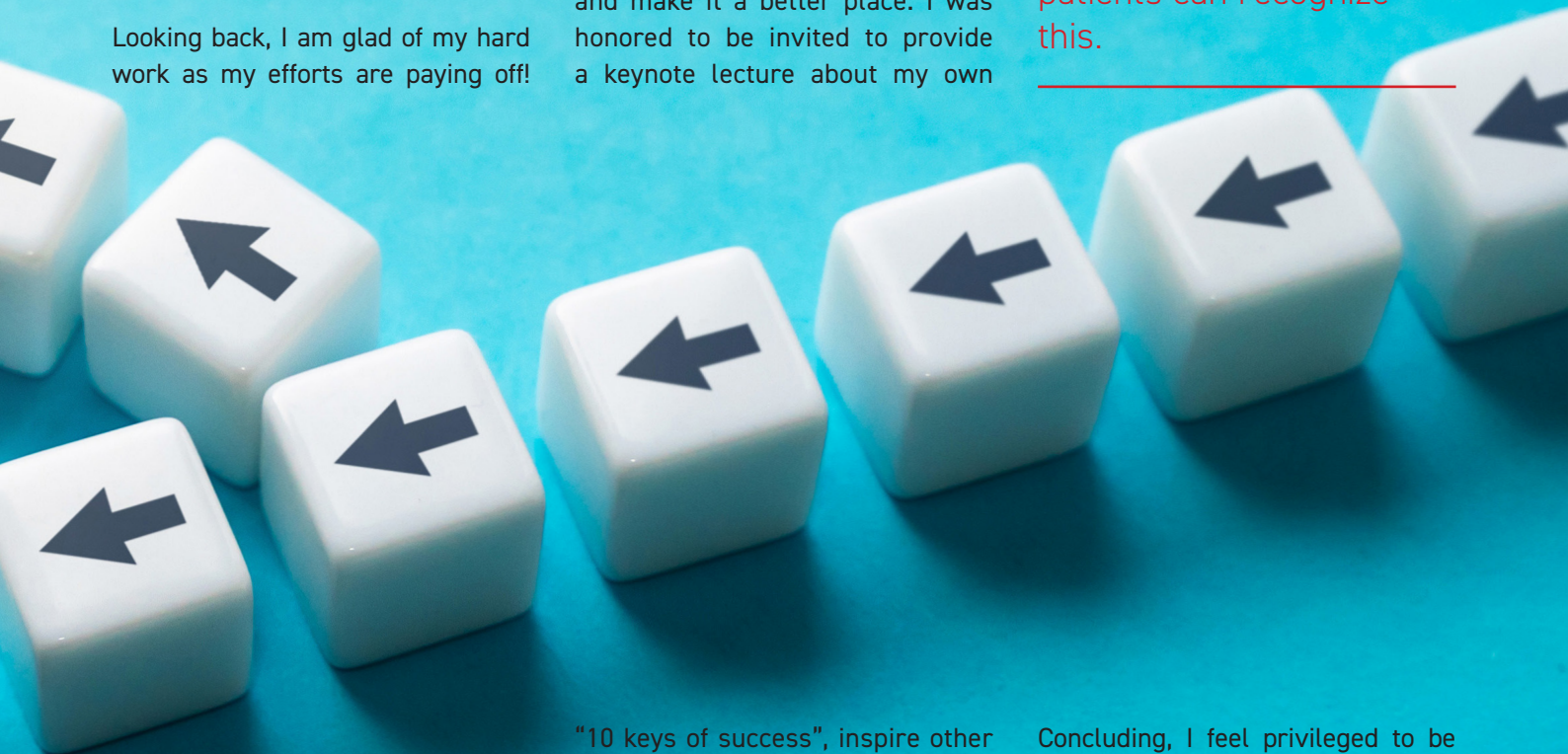
My passion for oral and maxillo-facial surgery has given me the patience and strength to overcome the obstacles on my way. I have been overlooked and underestimated many times in the past, mainly by male colleagues but I did not allow anyone to hold me back from further developing and educating myself. In fact, I would say that I feel grateful and thankful because these circumstances helped me master my skills and even pushed me to reach limits and

goals I never thought of before. I often turn unhealthy competition into incentive and motivation and this is a major driver of progress for me. Thus, not only I prove my male colleagues wrong but I also prove myself and my patients that a female professional can be as equally good or sometimes even better than a male Oral and maxillo-facial surgeon.

Looking back, I am glad of my hard work as my efforts are paying off!

Surgeon in a male dominated society and industry, requires extra work and effort but it is relieving to know that people and patients can recognize this. The love and support I received all these years made me a better person. In 2017, I participated at the WED02017 where 144 countries celebrated, empowered and supported women in business to change the world and make it a better place. I was honored to be invited to provide a keynote lecture about my own

A hard lesson learned is that being a female Oral and Maxillo-facial Surgeon in a male dominated society and industry, requires extra work and effort but it is relieving to know that people and patients can recognize this.



Eventually, in my career I managed to host an International Oral and maxillo-facial surgery congress for the first time ever in Cyprus with great success, I developed an exceptional relationship with the media who often trust my experience to provide comprehensive information about the specialty of Oral and Maxillo-facial surgery in Cyprus, I built strong relationships with well-established medical centers and hospitals both in Cyprus and abroad and I introduced innovative Oral and Maxillo-facial surgery services and treatments in Cyprus.

A hard lesson learned is that being a female Oral and Maxillo-facial

"10 keys of success", inspire other women and get inspired. In 2018, I received the "Cyprus Business Woman of the year award 2018" at the 12th Cyprus Business of the Year Awards amongst other notable women of Cyprus. Since then, I realized that I can do a lot more than people believed I could do.

I established Corporate Social Responsibility (CSR) to give back to the society by organizing charity gala dinners, assisting in the development of a medical center in Kenya, planning Christmas fairs, fund raisings, concerts and more. Finally, few years ago, I founded my own Charity Organization "Oneiro Zoes" to help and financially support unfortunate students to chase after their dreams.

Concluding, I feel privileged to be one of the few females in Cyprus who were not asked to change the status quo but initiated to facilitate change for a better and easier future for the next generation of upcoming female Oral and maxillo-facial surgeons on the island by asking them to actively involve in several happenings such as the Mediterranean Oral and Maxillo-facial Surgery Congress 2023 (MEDomfs23). This meeting is organized by the Cyprus Association for Oral and Maxillo-facial Surgery and is placed under the auspices of the European Association for Cranio-Maxillo- Facial Surgery (EACMFS). It will take place in Limassol, Cyprus between 27-29 September 2023 under my presidency. Concluding, I believe that inequality is sustained by our inaction. Women can do a lot more than they think.



WOMEN: A STRONG ASSET FOR MAXILLOFACIAL SURGERY IN GREECE

By Eleni Parara

“

The surgeon must have the heart of a lion, the eyes of a hawk, and the hands of a woman

”

John Halle,
1529-1568

Oral and maxillofacial surgery (OMFS) is evolving throughout the world. In Europe, UEMS and the EACMFS have managed to keep us all united and ever progressing, inclusive of minor or major differences per state. In my view, Greek oral and maxillofacial surgeons are positively influenced by this interaction, regarding education, job opportunities and motives for advancing.

Should there be a discussion regarding female OMFS throughout Europe? Is there an issue, affecting particular countries maybe? Being a member of the Greek OMFS community for 20 years or so, I will try to elaborate. A career in any given surgical field is difficult and demanding, regardless of gender. Long working hours, bodily strain and highly stressful situations are quite common and may be considered as drawbacks, when a person is called to choose their specialization following medical degree. However, as we all know, these challenges are surmountable: good time-management skills, self-care practices, job satisfaction and support from colleagues and mentors have generally balancing effects.

Surgery is a field that has traditionally been presided over by men, but the proportion of female surgeons has gradually increased in recent years. In fact, according to the Association of Women Surgeons, women now make up approximately 27% of all practicing surgeons in the United States. Today, this growing percentage includes surgical residents, fellows, and practicing surgeons. Accordingly, many female surgeons have made significant contributions to their field and have achieved great success in their careers. Some studies have shown that female surgeons may have certain assets, such as better communication skills, empathy and compassion, as well as thoroughness and persistence, leading to increased patient satisfaction as well as a lower risk of complications. Women in surgery still face more challenges, however, as gender bias and discrimination have not entirely vanished. The task of combining work to household management and children upbringing, for those who wish having a family, is still affecting women more than their male colleagues. Finally, women are

Some studies have shown that female surgeons may have certain qualities, such as better communication skills, empathy and compassion, as well as thoroughness and persistence, which increase patient satisfaction and reduce the risk of complications.

poorly represented in leadership positions hence an uncommonness of female role models in surgery.

Has all this affected the number of women training for or practicing Oral and Maxillofacial Surgery? Currently physicians and dentists who wish to become oral maxillofacial surgeons in Greece can perfectly do so, regardless of their gender. The prerequisite of a double degree prolongs the course, but is not significantly hindering, so that people would abandon this specialty in favor of other medical fields. The interest of young dentists and doctors in our specific medical care area remains intact. This is manifested by the number of trainees in teaching hospitals, which is constant over the years. Constant, but including more and more women, as in all medical fields. Presently 15 out of 32 registrar positions available are occupied by women. In not-so-long-ago, women in OMFS or other surgical specialties were outliers. When I was a dental student, in the nineties, few OMFS were female and stood out because of this scarcity. However, we must take into account that the whole specialty was also represented by a small number of hard working and dedicated people. So yes, back in the day of instituting Oral and Maxillofacial Surgery in Greece, there were women alongside men surgeons, who served as pillars for my generation. Drs A. Patrikiou and E. Karyampa were my teachers and inspired me to seek a career in OMFS, when I was a clueless and indecisive dental graduate.

As a consultant, I am now realizing that the gender of a surgeon is irrelevant. What is noteworthy though is that a female surgeon has had to surpass far more obstacles than their male colleagues. I appreciate that the above statement may yield objections: my point is that the contemporary civilized world, as we know it, is still based on data non-aggregated for gender. In her book "Invisible women", the journalist Caroline Criado-Pérez shows how the male experience, the male perspective,

has come to be seen as universal, while the female experience - that of half the global population, after all - is largely, if not overall, ignored. It is therefore important to initiate discussions and exchange of views, urging women to express themselves. Maybe the time to acknowledge and recognize women's full humanity, has come. Idolization or reprimand is so far the norm and I believe they are equally harmful to our society and individually.

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In order to address challenges like the above, many organizations and professional societies have developed programmes and initiatives aimed at supporting and advancing women in surgery. These include mentorship programmes, like the AO one, leadership training, and advocacy efforts to promote diversity and inclusion in the field, as well as representation. To conclude, I would like to thank Dr Javier Gonzalez-Lagunas for the opportunity to contribute to the Pulse, I enjoyed the research and contemplation.





TURN AWARENESS INTO ACTION

By Lara Schorn



Medicine and dentistry are becoming female – surgery, however, is not. In 2022, 67.16% of medical students in Germany were female, 38.17% male [1].

However, only 18% of general surgeons are female [2]. This might be because of the extreme physical demands of a surgical job or a supposed disinterest in manual work [2]. Given the fact that every fifth handicraft business in Germany is run by a woman, and that occupations such as tailor, goldsmith, and confectioner are predominantly female [3], these arguments are hard to believe. In CMF surgery percentages for female workers are even lower than for general surgery. In 2021, only 15.2% of CMF surgeons were female [4]. This might be due to the unusually long training of at least 10 years of medical and dental school in order to obtain the double license required in Germany. This is followed by an additional 5 years of surgical training.

The age of entry into the profession for prospective maxillofacial surgeons therefore is 4-7 years higher than in other disciplines. This is not only a high financial investment but creates difficulties regarding family planning. In 2015, around 91% of surveyed German women between the ages of 27 and 30 stated that they would like to have children one day [5]. Beginning a 5-year surgical training at the age of 30 and finishing at the age of 35 leaves you having these desired children either during medical/dental school or during surgical training. In many hospitals, a surgical work ban is pronounced immediately after the pregnancy is announced. This prolongs your medical and surgical education. Waiting to have children until you finished your surgical training might be an option. Unfortunately, this is the moment when your male colleagues step up their game to challenge you for positions of responsibility. Waiting even longer until you earned the desired position might leave you trying for children at the age of 40, struggling with the difficulties of a very late motherhood. However, there are already possibilities to combine pregnancy and motherhood with surgery. The initiative "Surgery in Pregnancy" of the German Society for Orthopedics and Trauma Surgery (DGOU) attracted a lot of attention in 2015, challenging the radical surgical work bans [2]. They stated that elective and less strenuous, shorter procedures can still be performed by pregnant women. Harmful inhaled anesthetic gases can be avoided by total intravenous anesthesia (TIVA) or regional anesthesia [6]. The German Society for Oral and Maxillofacial Surgery (DGMKG) recently released a positioning paper on pregnancy restrictions supporting the statements by "Surgery in Pregnancy" [4]. It offers a description of procedures and a positive list to guide the pregnant surgeon as well as the employer and supervisors. In this regard, things are clearly moving into the right direction.

However, not only these naturally given limitations hinder women to prosper in CMF surgery. Unfortunately, it feels like there is still a glass ceiling for women in high surgical and academic positions, especially in maxillofacial surgery. Based on the homepages of 31 German university hospitals (included were only hospitals providing the necessary

information on their homepage: Aachen, Berlin, Bochum, Bonn, Dresden, Düsseldorf, Erlangen, Essen, Frankfurt, Freiburg, Gießen/Marburg, Göttingen, Greifswald, Halle, Hamburg, Hannover, Heidelberg, Homburg, Jena, Kiel, Köln, Leipzig, Magdeburg, Mainz, München LMU, München TU, Münster, Regensburg, Rostock, Tübingen, Würzburg; accessed on 28th Feb. 2023), 32% percent of the surgical maxillofacial staff (including oral surgeons) is female (Figure 1). Compared to the above mentioned 15.2% [4], German female maxillofacial surgeons either prefer university hospitals over private practices or other hospitals or the number is slightly biased because of the included oral surgeons.

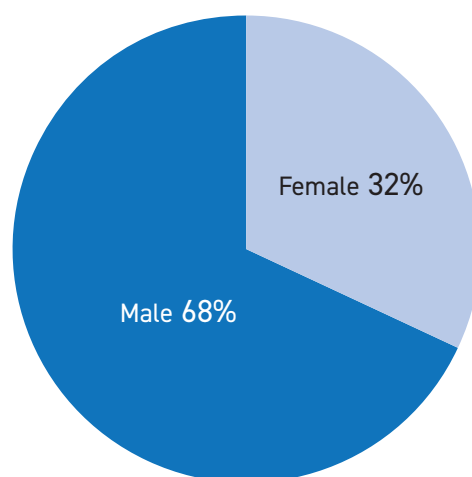


Figure 1: Overall percentage of female Oral- and Maxillofacial surgeons in German University Hospitals (included were 31 university hospitals providing the information on their homepage, accessed on 28th Feb. 2023)

However, out of 165 maxillofacial consultants there are only 42 female consultants (25%). Shockingly, only 2 of the included 31 university hospitals have a female head of department (6%) (Figure 2). And this is not likely to change anytime soon. Almost all of

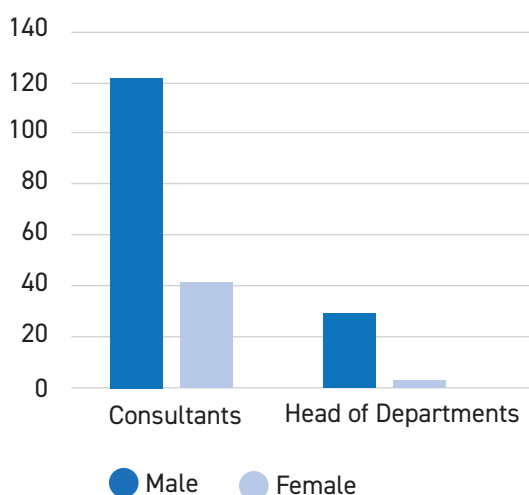
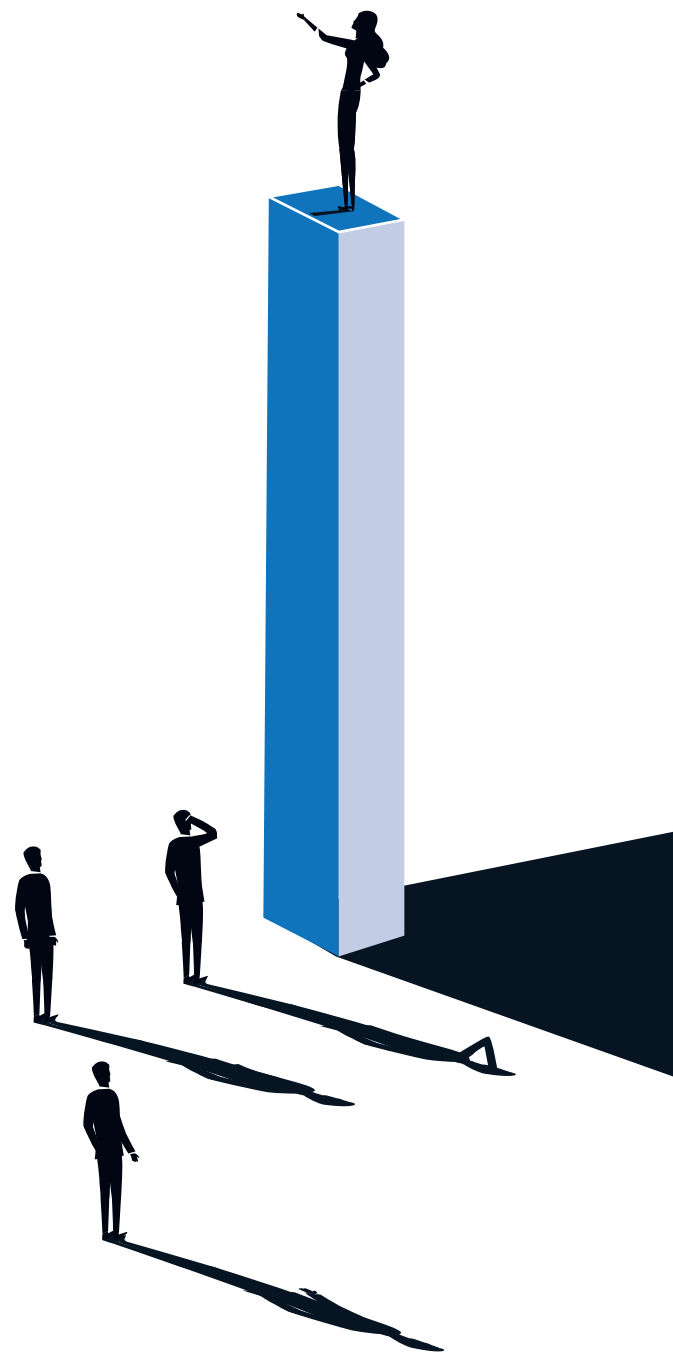


Figure 2: Percentages of female Oral- and Maxillofacial surgeons in leading positions in German University Hospitals (included were 31 university hospitals providing the information on their homepage, accessed on 28th Feb. 2023)

the included hospitals have a male leading consultant. In Germany, this is the runner-up position for the next head of department. This vast inequality cannot be entirely up to disadvantages during pregnancy, a supposed female aversion towards hard surgical work or even a lack of candidates. It is most likely due to an unconscious affinity bias (tendency to prefer people who are similar to us - male maxillofacial surgeons promote and encourage male maxillofacial surgeons)[7] or prejudices towards inferior female surgical and leading skills. During advanced surgical training courses, congresses or meetings throughout Germany and Europe, I met the most impressive, talented, and skilled women. There are a lot of hard-working women in (almost) every maxillofacial department in Germany, however, I feel that their work is not properly appreciated. They need to be promoted into leading positions and be supported by their head of departments in order to change the existing disproportions. It might be helpful for women to be more demanding and outspoken about their carrier goals in order to show a male head of department that the male colleague is not the only one applying for the desired position. Overall, it feels that there is a lot of awareness on the problem of gender equality in maxillofacial surgery and there are promising proposals to even out some of the inequalities. However, there is not enough action taken to change it. **I suggest: Put those capable women into the leading positions they deserve.**



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EACMFS TRAINEE REPRESENTATIVES PROGRAMME for the 2022-24 biennium

By Francesco Lemma and Lara Watson

The XXVI European Congress of Cranio-Maxillofacial Surgery, organised by the European Association for Cranio-Maxillo-Facial Surgery (EACMFS) and held in Madrid, was a great success both in terms of the scientific agenda and the social networking opportunities provided.

The format of the John Lowry Session, an initiative dedicated to the education of trainees, was adjusted from previous sessions, to feature fewer speakers and topics, allowing for a more focussed learning itinerary. "Aesthetic Considerations in Craniomaxillofacial Surgery" was the global theme of the session, with lectures held in a step-by-step and instructive manner by renowned surgeons.

The session was a phenomenal success with attendance of over 200 trainees. A new deputy trainee representative, Dr. Lara Watson (UK), was elected from a total of 7 finalist candidates from 6 different nations. Together with the ascent of Dr. Francesco Lemma (IT) as Trainee Representative, a new team is ready to work with the EACMFS council towards the needs and interests of its trainee members.

We would like to take this opportunity to thank Dr. Martin Rachwalski (DE), the former trainee representative, for his efforts in organising the John Lowry Session. The successful execution of the trainee day and the invaluable experience provided

to attendees would have been impossible without the devoted support of Professor Julio Acero and the Educational Officer Professor Christos Perisanidis.

As new trainee representatives, we are humbled to take the baton and continue the significant progress already made, whilst proposing our own ideas on how to address the priorities of our trainees.

With this in mind, we aim to get surgeons-in-training more involved with the Association through a wider use of social media to promote our activities and events. We aspire to grow the number of trainee participants at future John Lowry sessions and create a permanent forum where trainees, from all over Europe, can be better connected and share thoughts and ideas, even during the extended periods between congresses. In this way, we aim to boost the sense of community and togetherness the Association offers.

With the hope of continued interest and engagement of our surgeons-in-training, we would like to inform you that the first joint EACMFS and UEMS meeting dedicated to trainees took place in March 2023. During this meeting, we will be discussing the key issues experienced by trainees across the European Union and will strive to improve the

landscape we are presented with.

Another important project we plan to support is MAXFLIX, the new Educational Platform which was presented in both the Council meeting and General Assembly at the Madrid Congress. This platform will include digital resources to enhance the training of future specialists. Through MAXFLIX, we believe that the creativity of young surgeons can complement the expertise of the professors to produce a fantastic learning experience for users.

Finally, we do not want to forget our Ukrainian colleagues. Unfortunately, still today, they are personally facing the tragedies inflicted by war. We wholeheartedly express solidarity with them and their families and hope to implement educational initiatives that can directly involve and benefit them.

The EACMFS has become our European family and it is a great pleasure and honour for us to improve the European Resident Training together with this Association.





Launch of Max-Flix



Max-Flix is the **new EACMFS** digital platform which includes educational resources for maxillofacial surgeons: surgical videos, lectures, congress materials and more!

Free access is available for all EACMFS members
www.Max-Flix.com

AI AND ME

By Javier González-Lagunas

I have been seriously tempted to let ChatGPT write this column. It's not like I have suffered from first-time writer's block. It's not like I am at a stage in my life where laziness reigns. It is not even the urgency of having to write the article in a hurry because we have to close the last issue of the magazine.

It is just curiosity. And I am even more curious now, when experts warn us of the dangers of uncontrolled growth of AI.

After a brief period of nurturing whatever application I choose (ChatGPT, Bard, Bing...), showing my style and my basic thoughts and obsessions, I am sure that we should be able to obtain a balanced text that would not be out of place with the rest of contents of [The PULSE](#).

But finally I resisted the temptation. I might be old fashioned but I still think that cheating is wrong. And letting any application write this section without informing you is cheating. A modern technological trick, but still a trick.

A famous Spanish architect Jose Antonio Coderch claimed *"Despite the regrets, fairplay is still worth it"* (*A pesar de los pesares jugar limpio vale la pena*). If you are asked to write a paper, do it properly, sit in front of your computer and activate your brain. Write the basic idea. think about the introduction, core and ending. Tell a story that your reader can follow. Master storytelling. You might feel that you are losing some precious time that you could be devoting

to sail, bike, dive, drink wine, jog, read, watch movies or simply stare at holes in the air.

But when the text is finally weaved, you will definitely feel relieved because you did what you were supposed to do. No excuses, no tricks.

It is not fear of technology. At all. No concern about its power and possibilities. As a matter of fact I am considering a new section in [The PULSE](#) called **Max says** (Max Smart might have some copyright issues...) Max, of course, will be our AI columnist, and he will share with us his opinions and insights on maxillofacial surgery. Hopefully you will not be able to tell what is written by one of our officers and what is written by **Max**.

That needs previous work from the Editor in Chief, who will have to feed texts, facts and opinions about our specialty to the neural networks underlying in the depth of those applications, But then all readers will know that the writer is **Max**, our smart and non-existent AI columnist.





The PULSE

NEWSletter

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