Message from the Advisory Council Chair

When I was asked if I would like to write the editorial for the October 2019 issue of EJTES, I decided to accept the challenge although the deadline was very short (a couple of weeks): what an occasion to introduce myself to the ESTES community (and beyond) as the new ESTES Advisory Council Chair and moreover to find something interesting to bring to your attention!

On Monday, May 6, 2019, in Prague, the General Assembly nominated me to be the new ESTES Advisory Council Chair. Knowing that coming after the “founder” and soul of the EAC for the last 3 years Mauro Zago was an extremely difficult task, I accepted, counting on the support of Mauro, first, who will be the life-long EAC “honorary” Chairman, as well as of the Executive Board who unanimously welcomed me and of the whole Society that actually wanted me (and will have now to support and tolerate me for the next 3 years).

For this editorial, I do not want to dwell on my programmatic intentions: I did that in my application letter for the position and you can easily obtain access to it through the ESTES office or myself if you would like to read it. By the way, it could be much more interesting to see how much of this I will be able to reach at the end of my mandate: so remind me to make a final balance of my work in 3 years’ time.

Instead I want to ask myself, the Executive Board, of which I became coopted member, and all of you the question that I believe is the most important for a scientific society and for instance for ESTES. And, this question is not “where we want to go” but “where ESTES members, or even better the potential members (the ones who are right now considering whether to register with ESTES) want the Society to go”. One question is how can we make ESTES more attractive, bigger and stronger? It could be nice to conduct a survey among the ESTES members on this, but I really believe that the real target of the survey should be the ones who are not members yet, and, as I said, are considering to register: young surgeons, residents, medical students, health professionals working in the field of trauma and emergency surgery. Today, the real challenge is how to meet their expectations. But first of all, what are their expectations?

I did a quick survey on the web regarding this topic and found some very interesting insights:

1. When we look at young generations, we have to look to millennials or generation Y, the oldest of whom are now in their late 20s and early 30s.
2. A focus on the characteristics which define the millennial generation medical students may be a useful construct in reaching out to our successors.
3. Traits and expectations of millennials, generation Y-ers differ a lot from those observed in the previous generations (actually very much from ours, being in our 50s/60s)
4. They are self-reliant, questioning, and technologically advanced beyond any other age group. Communication is immediate, via texting, tweeting, skyping and instant messaging. Speed is valued more than attention to nagging detail. They are a social group, forging many friendships and social circles, and pioneers of social networking (e.g., Facebook, Twitter, Myspace, Friendster). As a group, millennials are collective in thinking, optimistic, and said to be “in a state of continuous partial attention.”
5. Interest in general surgery among medical students has been steadily declining since 1980.
Among factors that influence career choice by medical students, expectation of prestige, career opportunities and high salary seem to positively correlate with the choice of a surgical career, while poor lifestyle and high number of work hours during residency and low quality of patient/physician relationships are all significantly negatively correlated.

Good clerkship experiences seem to influence the choice of the surgical career: in particular technical experience in the operating theater and mentorship are positively correlated.

Now, what does all this mean? Why do not directly ask the millennials!

Last year I was called to hold some classes on Disaster Medicine for the students of the last 2 years of the School of Medicine within my hospital (Università Vita e Salute San Raffaele). As a practical part of the program I proposed to the attendees to participate in a MRMI International Course in Karolinska, Stockholm. Six of them accepted the invitation and on their own expense followed me to Sweden where, due to the open-mindedness of Sten Lennquist, they were accepted as “special” participants although the course is for postgraduates. Imagine how excited these students were: being in one of the most important European hospital and scientific institutes, participating in a postgraduate course with Sten Lennquist and a faculty of extremely high level. They were so enthusiastic and active that the whole faculty was impressed. They gave me a present as a thank you and we are still in contact (actually two of them will be eventually writing the final thesis under my supervision). We recently met for an aperitif and we again had a very good time together like in Stockholm. I took the chance to ask what they expect from a scientific society when considering whether to register and invited them to write down a few sentences.

Let’s go through their words:

George
“One inevitable consequence of becoming a new doctor is increasing personal responsibility, while having less free time for leisure and friendship. In addition to the requirements of residency training, it is expected that young doctors take their training into their own hands, consulting new research and learning clinical skills. This tradeoff is necessary to create the conditions for learning and growth that lead to competency and confidence in a clinical environment. Although I’m not sure what it means to be a member of a medical society, the first thing that comes to mind when I ask myself what I would want out of it is a solution to this conundrum. Ideally, I would appreciate a program of educational conferences tailored for young doctors early in their training. These meetings would include a “journal club” for presenting evidence-based medicine based on new research, simulation exercises for clinical procedures and challenging situations, and, most importantly a social component (i.e., free lunch). The way to a young doctor’s heart is through their stomach.”

Katia
“As students we learn from experience. We learn from our mentors who try to help us and form us, we learn from our own experience by trying to do things we have studied and seen so many times, and we learn from the mistakes that we make. I think that being part of the medical society means being able to have contact with a larger number of mentors, with people eager to teach and explain to the “new” doctors their own life experience, in order to help us grow into a world that we are used to see on small scale and now we have to face all by ourselves and that can be pretty intimidating as well as exciting. This also means being able to challenge ourselves, being given responsibility, being able to practice and research and have the possibility to watch and learn from more experienced people who actually challenge the new doctors and help them see things from a different prospective. I wish that as a young doctor I could feel part of the community and not only be a spectator; when we enter the arena, we want to start acting.”
Margherita
“My colleagues and I had the opportunity to attend the MRMI postgraduate course in Stockholm. It proved to be an eye-opening experience which made me realize that scientific societies could play a key role in the academic life of a medical student. First of all, students may consider registering to become members of a scientific society which offers short courses and lectures on topics not tackled or only tangentially encountered in medical school. More importantly, scientific societies could be a relevant reference point for students to meet and communicate with international professionals in a specific field. It may help in understanding the challenges and the advantages of the job and in discovering career niches. As I am approaching the end of medical school, I have realized that I still need to understand how to achieve my dream job after graduation. On this account, scientific societies could serve as a link to postgraduate careers at an international level and maybe even guide their students through the application process.”

Marco
“A scientific society should represent an important point of reference for a neospecialized physician, especially in an era of increasing technological innovation and increased knowledge. Moreover, changes in working conditions, in terms of defensive medicine and forensic medicine, force the young doctor to have “practical” knowledge for the management of certain situations. The scientific society of reference, therefore, should be able to follow the young neospecialized to teach them how to deal with all these changes, through the organization of meetings between young doctors to discuss fears and difficulties and the organization of workshops for continuous specific education to each area, for example, on the management of certain patients or the use of certain tools or the choice and interpretation of certain diagnostic tests, perhaps held by specialists in that area. Finally, the scientific society plays a fundamental role in defining guidelines, an important tool in the daily management of the most complicated patients, possibly making them as accessible as possible to all members, especially the youngest. I believe that communication is also very important, even with new forms of communication (portals, newspapers, meetings), and especially listening to the young doctor through numbers or dedicated portals to assess the real needs.”

Ragab
“It is essential for young doctors not to limit themselves to the theoretical and practical knowledge acquired over the years at the university and in the ward. Medicine is dynamic, a tornado in constant evolution day after day. For this reason it is necessary that every doctor is embraced by this tornado without being overwhelmed. In my opinion, a scientific society would be an interesting possibility if made properly in an active manner. In particular, a journal club could be organized on a day dedicated to the week or month in which a group of young doctors together with experts in a particular specialist field can discuss together in such a way as to make everyone actively participate in the discussion of a particular case or update in the specialist field. The discussion can lead to ideas and project ideas that can be implemented with the help of the experts. Then I thought it could be useful to broaden this clash of ideas, to have a group spokesperson who could summarize the conclusions of the discussion and present it to another spokesperson of another group and so on, taking this diatribe of ideas perhaps through “congresses” at the national level and why not also at the international level. The trip could be a means to increase the enthusiasm and curiosity of the young doctors.” The tornado of medical knowledge needs to be updated to our times. An interesting idea might be to develop an app that in real time can give news of the scientific society, which can be easily shared with other members of the group, even on WhatsApp, to maintain closer ties between members even at a distance.”

Valentina
“I have recently graduated from medical school and now I find myself facing the world as a doctor. I think that in order to be a competent doctor it is required to adjust and follow the path of medical research. Being a rising doctor inside the medical community, I would expect to have the opportunity to attend courses in all the different medical specialties, surgical and clinical and to be able to attend conferences and seminars held by luminaries of the scientific community, clinical cases discussions and to have the opportunity to keep in touch with professionals from every part of the world. Thus, this would allow me to learn different medical approaches, research and share different clinical thoughts.”
Final thoughts

• Medical students arriving at the finishing line of graduation are happy to enter the medical society as actors and not only as spectators anymore.
• They are a bit concerned about the responsibility and the “pain” of the new role.
• Somehow they still feel a need for training and mentorship.
• They ask for peer-to-peer exchanges of ideas and experiences, as well as for contact with senior fellows, to guide them through the “tornado” represented by modern medical science.
• They want to be part of the medical community not only at the national but also at the international level.
• They ask for ways of communication that are fast and “social”.

These are the expectations of the future generation of medical doctors. These are the challenges for ESTES to attract the new generation of fellows.
And last but not least: we cannot forget to feed their stomach together with their brain if we want to catch their heart!

Nice to read: http://www.asbmb.org/asbmbtoday/201808/Essay/Feeney/

Acknowledgment
Thank you very much and welcome into the medical community to:
George Formenti Ujlaki
Katia Zambon
Margherita Difino
Marco Passaretti
Ragab Abboud
Valentina Ardizzone
It is with a sense of great trust that I look to my old age knowing you will be my doctors.
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References
Dear colleagues,

After ECTES 2019 in Prague, Czech Republic, we are now looking forward to ECTES 2020 in Oslo, Norway, which will take place from 26–28 April 2020.

**Important dates to remember**

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<tr>
<th>Date</th>
<th>Event</th>
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<tr>
<td>13 October 2019</td>
<td>Deadline abstract submission</td>
</tr>
<tr>
<td>18 December 2019</td>
<td>Notification of abstract acceptance</td>
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<tr>
<td>9 February 2020</td>
<td>Deadline for early bird registration fee</td>
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<td>10 April 2020</td>
<td>End of regular registration fee</td>
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All necessary information can be found on the congress website www.estes-congress.org.

A **Preliminary Scientific Programme** (including keynote speakers and first session details) will be available online by September 2019.

Sincerely,
The ECTES 2019 Organising Team

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Report of ESTES Congress Grant Winner Amelie Kanovsky

“Veni, Vidi, Vici” by Julius Cesar defines the ECTES Congress 2019 in Prague, Czech Republic. I can simply applaud all the helping hands for this successful event.

Many colleagues “CAME” from around the world with more than 1100 registered participants from 48 countries. The guest nation for 2019 was Japan, who fascinated with their effort and abstracts.

What also impressed is what we “SAW.” The official language of the Congress was English, which allowed for cross-country conversation. Different colleagues were debating after sessions about various emergency and trauma topics. We were talking about similarities and differences regarding diagnostic treatments and outcomes, but it could quickly be observed that we all had the same goal to improve the patients’ health. Although 48 different countries and cultures met in one place, at the end of the day, we were united.

We “CONQUERED” so many different emergency and trauma surgery topics as a team, such as surgical fracture stabilization. Different inputs encouraged others to enhance their current treatment options, which they apply in their clinics. We implemented ideas and knowledge at such a high intellectual level that I believe that every single participant gained something from every single session that we participated in.

I am honored, but also thankful to have won the ECTES Congress Award 2019. The award presentation ceremony was highlighted by the President of ECTES 2019, Prof. Dr. Wendsche in cooperation with the ESTES President, Prof. Dr. Josten. The award was presented to me in cooperation with the health minister of the Czech Republic, Mgr. et Mgr. Adam Vojtěch. Once again, I would like to thank the German Trauma Society and ESTES for this amazing opportunity.
At the congress I talked about “Proximal and Distal Periprosthetic Fractures of the Femur. A Difference in Outcome on Affecting the Need for Surgical Revision and Mobility”. I also presented a poster – “Complications of Distal Periprosthetic Femur Fractures in Patients with Total Knee Arthroplasty.” I personally have to say that the topics were very well discussed afterwards. I was amazed about the fruitful conversations and discussions we had, including the postsurgical mobility options in geriatric patients. We debated about different techniques on plate fixation, the surgical indications and the success rates in various clinics. The fact that I just did not only present my topics, but rather everybody became actively involved in it, made this my best congress experience because I could return to my clinic with different inputs and ideas, including various ideas on cerclage wiring techniques in distal femur fractures.

The get together at the Hard Rock Café in Prague was a success as well. I believe that almost every colleague that was at the conference participated in the social event. The international variety made it such a unique event that filled the evening with joy and laughter, which made it an unforgettable and fun night.

Regarding my future and my goals, I am currently a resident physician in trauma and orthopedic surgery at Klinikum Klagenfurt, Austria. The department chair of trauma surgery, Prof. Dr. Ernst J. Mueller and I are working on establishing a treatment algorithm for dens fractures and we are further investigating surgical options in periprosthetic femur fractures. Our department recently introduced a Geriatric Trauma Center to provide better postoperative care for the increasing number in geriatric patients.

In June of 2020, I am planning on working on a research project for 9 months at the Paracelsus Medical University in Salzburg, Austria. We will be testing the possibilities of bone regeneration in osteoporotic femoral fractures.

I would like to thank everybody again for providing me with such an amazing opportunity. I definitely returned to my clinic with knowledge and a big smile on my face. Thank you!

Sincerely,
Amelie Kanovsky
Announcements

Upcoming related congresses & courses

55. Jahrestagung der Österreichischen Gesellschaft für Unfallchirurgie
October 3–5, 2019
Salzburg, Austria

MRMI Basic Course
October 4–6, 2019
Mallorca, Spain

DKOU 2019
October 22–25, 2019
Berlin, Germany

Pan-Am EVTM Symposium
November 17–18, 2019
Denver, Colorado, United States of America

MRMI Basic and Instructor Course
November 17–20, 2019
Rozzano, Italy

Emergency Surgery Course
December 5–6, 2019
New York City, United States of America

MRMI Basic and Instructor Course
December 5–8, 2019
Madeira, Portugal

Emergency Surgery Course
December 3–4, 2019
New York City, United States of America

ECTES 2020
Oslo, Norway
April 26–28, 2020

AAST 2020 Annual Meeting
September 16–19, 2020
Waikoloa, Hawaii, United States of America

DKOU 2020
October 20–23, 2020
Berlin, Germany

5th World Trauma Congress
October 26–30, 2020
Brisbane, Australia

More congresses and courses to be found in the ESTES events calendar at www.estesonline.org