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Message from the Advisory Council Chair

This is my first editorial as the new Chair of the Advisory Council and I want to thank Roberto Faccincani and Frank Hildebrand for their encouragement to present my candidacy, the Executive Board for their support, and the Council members for trusting me to guide them the next three years.

At the Advisory Council, the ESTES sections and board meet our 37 Institutional members representing 29 nationalities. From my point of view, it is the perfect place where ESTES can spread its projects throughout the European family of Trauma and Emergency Surgery and where National Institutions can bring their initiatives to an international platform. We should promote and tap the potential of this unique forum. This view is the core of my candidacy letter focused on promoting collaboration in educational and scientific projects and supporting equity within ESTES. However, as my wise predecessor wrote in his first editorial, it will be much more interesting what was achieved at the end of my appointment.

ECTES 2022 demonstrated how important physical meetings are for networking, inspiration, and spending some time with good friends. I really appreciate Christine Gaarder's tireless effort to get all of us together again in Oslo.

I had the honor to share a session with Eileen Bulguer, current AAST president, and she gave an inspiring talk about how to mentor and promote our trainees through the academic world. She showed us the academic lifecycle, comparing it to the social lifecycle of penguins: from a baby penguin hidden under the wing of a parent, something that I myself remember when attending my first European congress at Malmo EATES 2007 with Fernando Turégano, to a proud and mature penguin encouraging its chicks to meet the colony.

After the session, I met my own trainees who were in the audience, and I realized the importance of the feeling of belonging for their professional and academic development, for making work life more meaningful, and for preventing burnout. The Young ESTES initiative will work towards that concept and the Executive Board is working to create a space where ESTES can join the future of Trauma and Emergency Surgery to foster and guide young surgeons.

In Oslo, we had the first physical initiative of the ESTES Gender Equity Task Force. We met colleagues from all specialties and ages in a packed room where we tried to elucidate whether glass ceilings and sticky floors are still a reality in Europe in 2022. We had great input from the audience and many proposals on how to support women in Trauma and Emergency Surgery Departments throughout Europe.

We presented the first results of the ESTES survey on gender equity, with more than 350 responses but mainly from three countries. It showed us that 55% of female respondents were unfairly treated, professionally, in the last 12 months because of their gender, and up to the 90% had faced sexist remarks or even unwanted sexual advances at their workplace at least once in the last year. To what degree it may impact our professional career cannot be quantified, but it showed vast room for improvement in addressing discrimination and harassment. Professional institutions as ESTES may serve as safe spaces in which we can discuss and work towards solutions.

Furthermore, the survey revealed that women are underrepresented in academia (with fewer publications and invited lectures) and responsible positions at their workplace. Talented female surgeons need mentors, both male and female, who create a positive environment and foster them, as much as role models who help them break the so-called “double bind”: while leadership qualities are usually agentic, our society-expected feminine qualities are communal and nurturing; therefore, when women behave as leaders they pay a social penalty, but if they behave as women they are not seen as competent.

When Inger Schipper launched the ESTES Gender Equity Task Force one year ago, women represented 19% of ESTES individual members and just 1% of the board and committees’ appointments. We should work together to change these figures, not to achieve a quota but to prevent the loss of valuable talent.

In 2023, we will again gather together in the beautiful city of Ljubjana. Hayato Kurihana and Radko Komadina are working hard and are in charge of the organization and scientific committee under the promising motto “From Science to Practice: From Colleagues to Friends”.

As an exception, in 2023 a European country will be the congress guest nation. The Pan-Ukrainian Association of Traumatology and Osteosynthesis is an ESTES institutional member, but the current sad situation moved the Executive Board to invite Ukraine as the guest of our 22nd European Congress on Trauma and Emergency Surgery. At the opening ceremony of our last congress, we heard a Ukrainian surgeon asking for something that I had never expected from a physician: weapons. I cannot judge him, as it is impossible for me to put myself in his place or even imagine his thoughts and feelings. But what I know is that we can all learn a lot from our Ukrainian colleagues as trauma and emergency surgeons and show them our deep respect and understanding, hopefully in a future peaceful Europe.

Cristina Rey Valcárcel

Chairman of the ESTES Advisory Council

Report of ESTES Congress Grant Winner David González-Martín



My name is David González-Martín, a fifth-year resident in orthopedic surgery and traumatology at the Hospital Universitario de Canarias (Spain).

First, I would like to thank the European Society for Trauma and Emergency Surgery and, specifically, the German Trauma Society for awarding me with a congress grant to attend the 21st European Congress of Trauma and Emergency Surgery, which took place from April 24–26, 2022 in Oslo, Norway.

I have been asked to briefly describe my professional career followed by an account of my experiences at the congress.

In a few weeks, I will be an orthopedic surgeon and traumatologist. During my 5 years of training, I have combined my medical activity with teaching and research to try to provide answers to the questions I encountered when treating my patients.

I completed my doctoral thesis at the Universidad de La Laguna on periprosthetic hip fractures, obtaining the qualification of *summa cum laude*. As a result of this line of research, I have published several articles in high-impact indexed international journals. I have presented five posters at the congress where the main conclusions of the doctoral thesis are presented. In this line of research, we conducted a systematic review and meta-analysis of the treatment options in Vancouver B2 subtypes [1–4] and have proposed a novel treatment algorithm (publication pending).

To provide the best treatment for sports patients, I have spent time at national and international centers of reference. I have had the opportunity to work with two of the best surgical teams in arthroscopic surgery and sports traumatology in Spain. First, at the CEMTRO clinic with Prof. Pedro Guillén and, subsequently, with the team of Dr. Manuel Leyes in knee, shoulder, and hip surgery.

On the other hand, I am aware that orthopedic surgeons must remain abreast of new treatments and familiarize themselves with the use of new tools that are available. For this reason, I have completed various training courses including a university course in musculoskeletal ultrasound, as an aid to invasive and surgical techniques.

During my professional career, together with the research team led by Professors Herrera-Pérez and Pais-Brito, I have participated in 31 research projects, 27 scientific articles, and 12 book chapters. I have presented 54 oral or written communications at national and international congresses and have given more than 100 courses in orthopedic surgery and traumatology. I am currently participating in international multicenter studies and clinical trials. I have published in different areas of my specialty with other national and international orthopedic surgeons on periprosthetic hip fractures [1–4], new arthroscopic techniques for shoulder and knee [5], fractures [6–8], foot and/or ankle surgery [9–14], intraoperative ultrasound [15], and surgical complications [16, 17], among others. Finally, I have recently completed the FIFA Diploma in Football Medicine.

The 21st ECTES was a wonderful congress, of the highest scientific quality. In my pre-congress organization I wanted to focus on the sessions related to my specialty, i.e., orthopedic surgery and traumatology (EFORT: Proximal femur fractures—still a problem?, State of the art in fracture care—the daily bread, Fractures in frail patients, Complex sports injuries—joint dislocations and fractures, and Limb reconstruction—the pendulum swings). Likewise, I attended sessions on polytrauma (Timing of secondary surgery, New definition of major fracture?, Polytrauma patients with pelvic ring injuries, and VTS technology in trauma—why and when do I really need this?).

At my hospital, I have been fortunate enough to train with Dr. Boluda-Mengod, a Spanish reference in traumatology and the management of polytrauma patients. Every year he attends ECTES to learn about the latest developments in polytrauma. Following his advice, I attended the congress for the first time this year. Thanks to this congress, we leave with very important ideas necessary to optimize the treatment of the polytrauma patients in our center.

In conclusion, I recommend that all surgeons (orthopedic, general, thoracic, vascular, etc.) involved in the management of polytrauma in their centers to attend this congress in the future.

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Announcements

Upcoming related congresses & courses

11th Interdisciplinary Course Polytrauma Care

October 6–7, 2022
Zurich, Switzerland

ECTES 2023

May 7–9, 2023
Ljubljana, Slovenia

58. ÖGU & ÖGOU Jahrestagung 2022

October 6–8, 2022
Salzburg, Austria

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

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