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The author explores gender issues related to oral and maxillofacial training programs and the role that accreditation should have to ensure gender equity, antidiscrimination, and support of women in the profession of oral and maxillofacial surgery.

The Odyssey of Mentoring: “A Paradigm Shift from Baby Boomer to Millennial and Beyond” 435
Leslie R. Halpern

The role of a mentor has metamorphosed from the traditional Halsteadian model to a more “mosaic mentor” with innovative strategies specific to the mentee. The contemporary mentor continues to be faced with the challenges of a new breed of oral and maxillofacial surgeons. This article accompanies the reader on an “odyssey” of surgical mentorship beginning with historic origins, followed by a series of definitions of what a mentor is and is not, the dynamics of evolutionary change with respect to style of surgical mentoring, and evidence-based studies in the tools now applied to mentor our future oral and maxillofacial surgeons.

The Gender Pay Gap in Oral Surgery 449
Lauren Bourell

Men and women receive unequal pay for equal work, a gap of approximately 20% to 30% in income across most professions, including medicine and surgery. Inequality also exists in academic advancement, with far fewer women holding positions as full professors, program directors, or department heads. Women may be discouraged from pursuing surgery as a career, and they face unique challenges related to gender expectations in their role as surgeons. Steps to identifying gender bias and correcting the pay gap are important to ensure the growth and vitality of the specialty.

Developing a Research Career 457
Andrea B. Burke

Research is crucial to train the next generation of academic surgeons. Formal training builds research skills, starting with the ability to generate hypotheses, formulate questions, and address gaps in knowledge. Essential factors that are important to a research pathway include a supportive environment, experienced mentorship team, work-life balance, and a source of funding. Oral and maxillofacial surgery must make diversity a top priority, and protocols must be implemented to retain members of underrepresented groups throughout their careers.
Work–Life Balance for Oral and Maxillofacial Surgeons 467
Sara Hinds Anderson, Justine Sherylyn Moe, and Shelly Abramowicz

Oral and maxillofacial surgeons experience high levels of stress and work–home conflict, which predispose them to burnout. There is emerging evidence in support of work–life integration to prevent burnout; interventional strategies exist on an individual and organizational level. This article explores the current evidence on promoting work–life integration for improved surgeon satisfaction, performance, and efficiency. Work–life integration initiatives can help promote the recruitment and retention of a diverse surgical workforce in oral and maxillofacial surgery.

Effects of the COVID-19 Pandemic on the Professional Career of Women in Oral and Maxillofacial Surgery 475
Rachel Bishop, Jennifer E. Woerner, and Franci Stavropoulos

The COVID-19 pandemic altered all facets of society on a fundamental level, impacting work, mental health, and family life. Female surgeons experienced gender inequality and bias before COVID; therefore, women in oral and maxillofacial surgery (OMS) were affected disproportionately by the repercussions of the pandemic. Well-established inequalities are intensified during times of crisis. This article enlightens readers regarding the preexisting inequalities in the OMS specialty, how the COVID-19 pandemic exacerbated these ubiquitous issues, and how the specialty should accommodate these inequities moving forward.

Where Are the Women: Evolution of Women’s Specialty Organizations 481
Jane A. Petro

Women emerged against significant obstacles in the nineteenth century to claim a right to participate in the health professions. Women were excluded from many areas of medical and dental practice until well after the 1964 Civil Rights Act forbade discrimination on the basis of sex. Their entry has been, and continues to be, blocked by discrimination, misogyny, and harassment both personal and institutional. The formation of women-specific surgical subspecialty organizations has improved access to mentoring, sponsorship, and acceptance. This article reviews the history of some of the older organizations with recommendations for OMFS women’s action.

Trends in Diversity Related to Gender and Race in the Surgical Specialties and Subspecialties Inclusive of Oral and Maxillofacial Surgery 491
Brett L. Ferguson, Maria Morgan, and Susan B. Wilson

Medical training in the United States has undergone multiple evolutions and maturations. The Flexner Report and its effects, written in 1910, still has significant impact on modern professional education in the medical and dental arenas. The National Academy of Medicine (Institute of Medicine) in 2003 documented the need for diversity in the health care work force, and the Association of American Medical Colleges likewise looked at Medical Education and endorsed workforce diversity. This article reviews diversification in the surgical trainee workforce.
The diversity bonus theorem developed by Scott Page postulates that in specific environments, diversity is an absolute necessity to creating the most successful team. The theorem dispels the myth that institutions must choose between diversity and excellence. Within oral and maxillofacial surgery, this bonus is captured through expanded access to care, more equitable and relevant research, and attracting the best and brightest to the specialty. To capture the bonus, oral and maxillofacial surgery must invest in policy changes to admissions and hiring practices, and offer training in communication, cultural competency, and implicit bias.