

Where are the



Women *in* OMS



In the specialty of oral and maxillofacial surgery, Elaine Stuebner, DDS, is a pioneer in almost the same sense as the women who helped drive wagon trains and mule teams across a brave, new world.

A Chicago OMS for more than 40 years and the first female member of AAOMS, Stuebner encountered resistance when she began her professional training shortly after the end of World War II. "In dental school I was told, 'You're taking a space from a veteran,'" she recalls. "I was told people wouldn't [refer] patients to a woman, that it's a man's profession, and no one would trust me."

The negative comments, says Stuebner, "were just enough to aggravate me, but not enough to discourage me. It made me resolved to enter the field."

Stuebner estimates that less than 1% of the students were women during her days in dental school. Actually, the proportion may have been a little higher. An article in a 2001 special issue of *The Compendium of Continuing Education in Dentistry* indicated that in the 1920s, about 3% of practicing dentists were women. By 1999, according to the American Dental Association (ADA), 15% of all professionally active dentists were women.

One-third of new dentists are women

An increase from 3% to 15% in nearly three-quarters of a century probably won't elicit a chorus of "wow" from women's groups across the country. But consider the shift in gender balance in the ADA's figures for "new" dentists, those who graduated from dental school in 1990 or later: in 1999, 33.5% were women.

In fact, women appear to be the future of dentistry. Figures in the ADA census indicate that roughly 75% of women in private practice dentistry are under the age of 45, while nearly two-thirds, or 63.5%, of men in private practice dentistry are 45 or older. In 2000, 37% of new dental students in the United States were women. Women also make up about a third of students in advanced dental education, according to the ADA.

But is the gender shift in dentistry affecting oral and maxillofacial surgery, too? Not to the same extent, at least not now. OMS represents a small piece of the whole of dentistry, and it takes time for trends to trickle down. In 1999, the ADA figures show that 2% of the nearly 30,000 new private practice dentists specialized in OMS, and overall, 3.7% of private practice dentists are OMSs. Among women in private

practice dentistry, only 0.8% are OMSs, compared with 4.2% of men in private practice. AAOMS membership statistics show that of 5,318 active fellows and members, 154 are women. During the past five years, Mary

their biological clock," says Seattle OMS Darlene Chan, DDS.

Chan is among many women who have made personal and family sacrifices for the specialty. "I trained in Oregon, so I only saw my family



Darlene M. Chan, DDS

"I've heard various groups actually search out women as partners because they attract certain patients... who may be more receptive to a woman."

DARLENE CHAN, DDS

Allaire, AAOMS manager of advanced education and resident affairs, estimates the number of women entering OMS residency training has increased by 2%. Residency training, says Allaire, is "a long, hard four years. It's just not for everyone."

Long residency is a drawback

Leaders in OMS cite a couple of reasons why more women aren't attracted to the specialty. "One of the biggest drawbacks for women is the time commitment of the residency program," says AAOMS Immediate Past President Boyd J. Tomasetti, DMD. Completing residency at age 30 or 31—32 or 33 for those who pursue a dual MD degree—and then taking a few years after residency to establish herself in practice doesn't leave a woman OMS much time to start a family. "We're asking women to defeat

on weekends," she says. When her youngest daughter was born 14 years ago, Chan didn't take much of a maternity leave. "I did an open reduction of a fractured mandible three days after delivery," she notes. "While I was in the hospital, there was a walkway between my second office and the hospital. I walked to my office in my robe to check messages."

Julie Gaskill, DDS, found that after spending four to five years establishing her Bowling Green, KY, OMS practice, becoming pregnant in her mid-30s wasn't as easy as she thought it would be. "I had my child with in vitro fertilization," she says. "But I didn't want to take off my second year in practice to have a child." She took a brief maternity leave, then brought her baby to work so she could continue to breast-feed. "I didn't miss a trick," she says.

When Chan attends professional meetings, she tells her male colleagues



Julie Gaskill, DDS

"It is not just men who raise barriers."

JULIE GASKILL, DDS

what an advantage it is to have a wife. “I don’t mean a spouse,” she explains. “I mean all the things a wife means—a wife is the campfire around which everything in the family happens.”

“Being the first [woman in her residency program] was a great experience and honor. I was treated positively, like everyone else.”

CYNTHIA TRENTACOSTI-FRANCK, DDS, MS

After Eve Bluestein, MD, DDS, set up a solo OMS practice in Louisville, CO, and gave birth to two sons within two years, her attorney husband left his law firm to work independently and become their family’s “campfire.” Says Bluestein, “He pulls everything together. He’s raising our kids part time and they’re in day care part time. Most relationships are not like that—I’m blessed.”

Even so, Bluestein agrees that the time it takes to complete training is an obstacle for many women who might consider OMS as a career. “I think women in dentistry are looking for a field that is not as demanding [as OMS], time-wise,” she says. “It’s incredibly difficult in any surgical residency, whether it’s OMS, ENT, plastics, or general surgery.”

Comfort zone

Given their small numbers in the specialty, how comfortable is it for women to pursue training and careers in OMS?

AAOMS Vice President Daniel J. Daley Jr., DDS, MS, acknowledges that it hasn’t always been easy. “I can’t say that I heard this specifically verbalized to me, but in the past I think there has been an attitude that maybe this is not the specialty for women,” says Daley. In the mid- to late-1970s, Daley was an adviser to a dental fraternity. “There were a number of people in that organization who felt that women shouldn’t be in dentistry.”

Daley and Tomasetti say they believe that today, women in OMS aren’t treated any differently than their male colleagues. “I think women feel accepted by their peers—they get a lot of referrals and there is a lot of collegiality,” says Tomasetti. “There has been change in a meaningful way,” Daley adds.

“It probably was viewed a generation ago, when Elaine Stuebner started out, as an old boy’s network,” says Andrea Schreiber, DMD, who teaches full time at New York University and has a part-time OMS practice.

“When I was in dental school in the late-1970s and early-1980s, there were male mentors who encouraged me.” She says that during the years she was in training, the fact that women were pursuing careers in dentistry and OMS was looked upon as “unusual but not impossible.”

But that’s not to say Schreiber’s career has been untouched by the “old boy’s network” way of thinking. When she applied to residency programs, one interviewer asked what assurances she could provide that she wouldn’t leave the program to get married and have children. Insulted, Schreiber



Elaine A. Stuebner, DDS, the first female AAOMS member, received the William F. Harrigan Award from the Bellevue Hospital Alumni Association in December 2001.

walked out of the interview. “I didn’t want to train there,” she says.

Like many of her female colleagues, Cynthia Trentacosti-Franck, DDS, MS, was the first woman in the OMS residency program at her educational institution, The Ohio State University. She completed her training there in 1994, and she enjoyed being a trailblazer. “Being the first was a great experience and honor,” she says. “I was treated positively, like everyone else. The screening and interview process to get into the program are so intense that if they choose you, they will be receptive to you.”

Other women have had less positive experiences. Gaskill finished her residency in 1989, an associateship in 1990 and opened her practice in 1991. For a number of years, Gaskill

was the only woman OMS in Kentucky. “It wasn’t until I was president of the state society of OMS that a few people recognized, hey, this person has a brain,” she says.

Generally, Gaskill says she feels women are discouraged in OMS, and that it’s not just the men who raise barriers. “Maybe I was naive,” she says. “I knew there was a good old boy’s network, but I thought there would be a bond among the women, even with general dentists, but there isn’t. There isn’t one woman dentist in my area that will refer to me. My best referral source is the patients.”

False bravado vs true competency

In fact, women in OMS appear to be split into two distinct camps. Some feel that even mentioning the differences between men and women in the specialty is unnecessary, that it will suggest women be treated differently when equality is the goal. Others say there are inherent differences in men and women that not only should be recognized, but appreciated.

“I’ve heard that various groups actively search out women as partners because they attract certain patients,” says Chan. “Children and individuals who have had a bad experience with a male practitioner may be more receptive to a woman. Men have a different way of approaching patient care in some aspects from a woman because of the socialization that women receive.”

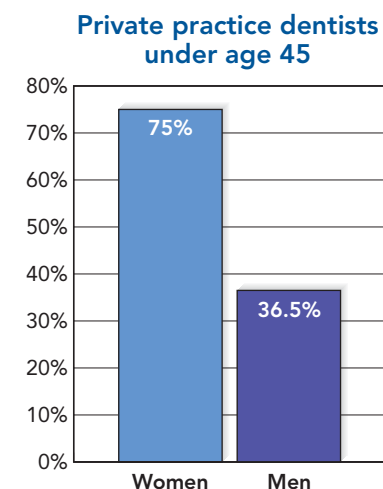
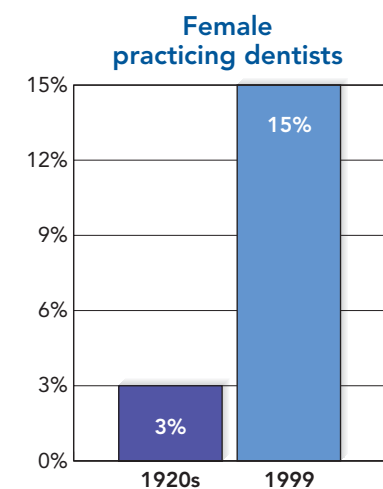
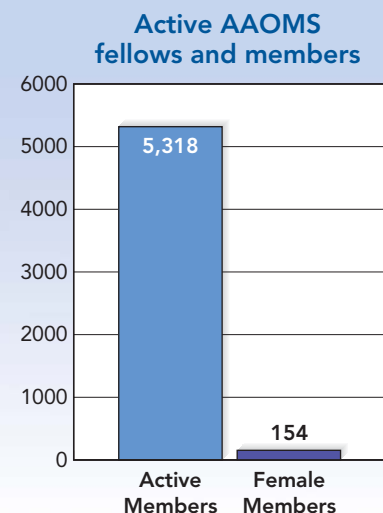
Gaskill says surgical training often attracts assertive, aggressive personalities. While the rigors of training may encourage camaraderie among hard-charging men, she says it can cause some women to become harsh. “You don’t have to look and act like a man to be in a male-dominated field,” she says.

Chan says students and residents develop perceptions of what is expected of them in the training

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ANDREA SCHREIBER, DMD

environment. “There is a certain bravado that goes with any surgical training,” she says. “But there is a difference between false bravado and attitude and true competency, and



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how that reflects on patient care.” The lack of women role models in OMS not only keeps some women from entering the specialty, it may encourage a tendency toward “false bravado,” Chan says. “That can happen to a young woman in training, and she needs to work against that.”

“It’s incredibly difficult in any surgical residency, whether it’s OMS, ENT, plastics or general surgery.”

EVE BLUESTEIN, MD, DDS

As one of the 57 women among 1,032 OMS faculty in the United States, Schreiber is a prominent role model, and she wants to help women recognize the benefits of a career in OMS. “By the numbers there is a definite male dominance, but there are unlimited opportunities for women,” she says. “Universities are looking for young, energetic clinicians and scientists to expand the field. There are a tremendous number of

practice opportunities—some people are getting three or four offers” after completing their residencies.

New recruitment effort

Women are disproportionately underrepresented in OMS, but Tomasetti says the specialty currently is having problems attracting new practitioners of both sexes. “I don’t think anyone is actively encouraged into this specialty in dental school,” he says. “We can’t get men to make the commitment, either. When I was in my residency, there used to be five applicants for every open spot. Now it’s down to two for every one spot.”

Part of the reason is the long residency, and another is that students are coming out of dental school with huge educational debt. To encourage more dental students into OMS, the AAOMS Task Force on Dental School Involvement is working with the American Student Dental Association and local OMSs to increase students’ exposure to OMS. “We’d like to be able to offer dental

students the opportunity to visit our offices and see how we practice,” says Daley, who heads the task force.

Because OMSs spend so much time in hospitals, Daley says dental students may feel that they are inaccessible. “In some places, maybe we are perceived as unapproachable, or as not wanting to spend the time with students. We want to show them that that is not the case at all.”

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BOYD J. TOMASETTI, DMD

Schreiber sums it up for all prospective OMSs. “If students have an understanding of the scope of the field, and the variety of activities the field encompasses, that will be the best selling point” for the future of the specialty. ■

Yellow Pages Deadlines

The AAOMS Yellow Pages Program is available to AAOMS fellows and members in good standing whose state societies have approved the offering. The states that have chosen not to participate in the program are Arkansas, Colorado, Georgia, Massachusetts, Maryland, New Jersey, New York, Tennessee, Washington, and Nevada. If all members of a group practice are AAOMS members, the listing can be under the name of the group. The program is coordinated on a national basis by D’Arcy Directory Marketing of Northbrook, IL. The cost of directory listings varies by area and circulation. Questions about the program should be directed to Ms. Leal Maloney at 800/333-1100. Upcoming monthly deadlines are as follows:

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