

PerioLife

The EFP Alumni magazine

ISSUE NUMBER 03

SUMMER – 2022



**The
busy life
of a
perio mum**

 **EFP**
European
Federation of
Periodontology





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NEW CHAIR AND NEW BOARD

THE NEW VOICE OF EFP ALUMNI



— ED MADELEY

Ed Madeley, a graduate of the EFP-accredited postgraduate programme in periodontology at Trinity College Dublin in Ireland, has been appointed by the EFP executive committee as the new chair of EFP Alumni for the next three years. He succeeds Filippo Graziani, who took the initiative of founding EFP Alumni in 2017 and was its first chair.

Having qualified in dentistry at Cardiff University (UK) in 2009 and after working in the National Health Service in his native Wales, Ed Madeley moved to Ireland to work in private practice. He started his three-year training in periodontology at Trinity College Dublin in 2016, qualifying in 2019 with a clinical research doctorate (D.Ch.Dent) in 2019. He now works in a private clinic, limited to periodontology and implantology, and as a part-time supervisor of the postgraduate programme at Trinity College.

“I am honoured and grateful to have been put forward for the role of chair of the EFP Alumni community,” said Ed Madeley. “When deciding on where to undertake my periodontology training many years ago, it was important to me that I studied at an EFP-accredited college because I felt this guaranteed the level of training and education that I would want to get from a full-time postgraduate programme. Certainly, I found this to be the case in my three years in Trinity College Dublin and EFP accreditation ensured I started on the right footing.

“I feel lucky to have graduated from an EFP-accredited programme — so much so that, after a few years out in private periodontal practice, I jumped at the chance to return as a part-time clinical supervisor on our postgraduate programme in Dublin. I now split my time between the hospital and private practice and enjoy both aspects of practising and teaching periodontology. As the majority of our EFP Alumni members now work in private specialist practice, I hope that I can provide a perspective from both private practice and hospital-based clinical practice.”





New board: Ed Madelely, Ana Castro, Giacomo Baima



Old board: Filippo Graziani, Bruno de Carvalho, Myroslav Solonko

He said that he hoped to build on the “already fantastic work completed by Professor Graziani in setting up and growing the EFP alumni community” and to continue onwards “with a view to celebrating the clinical and academic achievements of our Alumni members.”

Commenting on the new EFP Alumni chair, EFP president Andreas Stavropoulos said: “Ed has a profile really fitting to the role: he is rather young, he graduated from an EFP programme a few years ago, he lives and works abroad, and he is mainly in private practice. Therefore, he represents quite well the average EFP alumni, compared to a full-time academic, for example. But he also teaches at a programme that is EFP-accredited, so he is familiar with the type of challenges of clinical specialisation programmes. I feel confident that he will be successful in continuing the excellent work of the previous chair, Filippo Graziani.”

NEW BOARD MEMBERS

The EuroPerio10 congress in June, held in Copenhagen, included the EFP Alumni assembly where two new members of the EFP Alumni board were elected: Ana Castro (alumna of the University of Leuven, Belgium) and Giacomo Baima (alumnus of the University of Turin, Italy). They take the place of Bruno de Carvalho and Myroslav Solonko, who have served on the board for the last three years.



Ana Castro studied first in Spain, obtaining her DDS in Barcelona in 2010 and a master's degree in biomedical engineering at the University of the Basque Country in 2012. In 2014, she started studying her PhD at the Catholic University of Leuven (KU Leuven) under the supervision of Professor Marc Quirynen and, from 2015, she combined this with the university's EFP-accredited master's degree in periodontology. She received her PhD and her master's degree, along with EFP specialist recognition, in 2020. She has worked in private practice and as a clinical instructor at the department of periodontology in Leuven where in August 2022 she became a chief clinician.

“I am very glad to support this very important part of the EFP – the Alumni, the present and future of periodontology in Europe,” she said. “My perio training at KU Leuven has confirmed the value of this federation and now I feel honoured to have the opportunity to experience more closely what means to be part of the EFP family. EFP Alumni has evolved over the last few years, and I would like to contribute to its further evolution.”

Giacomo Baima graduated as a doctor in dental surgery from the University of Turin in 2016 and completed his EFP-accredited postgraduate training in 2022. He continues at the university where he is a PhD candidate in bioengineering and surgical sciences and a research fellow in the periodontology section, focusing on clinical and basic research in periodontology and peri-implant diseases.

He was also the winner (with head of the Turin programme Mario Aimetti) of the third prize in the EFP innovation award for digital solutions for gum health – awarded at EuroPerio10 – for a mobile application based on artificial intelligence to tackle low-grade chronic systemic inflammation.

“Being elected to serve on the EFP Alumni board feels like a huge honour, as well as a great responsibility to commit with humility and proactive enthusiasm in the upcoming years,” he said.

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ALUMNI ACHIEVEMENTS

Filippo Graziani, who is also chair of the EFP European projects committee, said that four main things had been achieved since the launch of EFP Alumni in 2018: the registry of alumni had been created, there was a section for EFP Alumni on the EFP website, the organisation had launched its own magazine (*Perio Life*), and it had held networking events.

“One of the most important things for an alumni association is organising events to improve networking and strengthen our community” he said. “We had the session at EuroPerio9 in Amsterdam in 2018 that was very effective, and then we had a social session for alumni at the Perio Master Clinic in Hong Kong in 2019 and then in Dublin 2020. But then came Covid and lockdown and we did not have any physical meeting until EuroPerio10. EFP Alumni relies very much on physical interchange as the whole ethos of the Alumni is fostering the community and enhancing contact among members.”

Part of his original vision for EFP Alumni was that it would also offer mentorship, and this remains a task for the future. “Mentorship is not about clinical perio – for that we have the rest of the EFP's activities,” he explained. “It is about nurturing the community. It is about supporting the new graduates from the programmes. You have to provide practical support – people need to find jobs, the possibility of moving, exchanges, and so on.”



Patient loyalty: focus of EFP Alumni session at EuroPerio10 in Copenhagen

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— CARLO MARÍA GALLUCCI CALABRESE
gave keynote lecture to EFP Alumni

The well-attended **EFP Alumni session** on the opening day of the EuroPerio10 congress in Copenhagen in June centred on a stimulating and thought-provoking lecture by world-leading marketing guru **Carlo María Gallucci Calabrese**.





“Patients are human beings, expect to be treated as such, and want to feel that they are participating in their treatment and are not just recipients.” That was the message to EFP Alumni from Carlo Gallucci, vice-rector of University Ramon Llull in Barcelona, Spain, and full professor of marketing at Esade Business School-URL.

He said that patients expect six things from dental professionals:

- Active listening.
- Personalised attention.
- Solution of oral diseases.
- Aesthetic dental improvements.
- No pain.
- Above all, to feel good.

Patients need solutions and do not know how to value treatment, he explained, adding that not all patients were the same and each one requires a personalised treatment. Dental professionals make up a human team that needs to be motivated, with a positive attitude, satisfied, organised, competent, intelligent, participatory, and patient-oriented.

One key factor was the need to be up to date. The lecturer pointed out that everything progresses so fast that dentists and the whole practice team are obliged to train continuously in both clinical and management areas. To create a sustainable relationship with patients, “the organisation of the dental office and its strategies must be planned in order to generate value for the patient,” he continued. The value proposition should be based on offering a service that gives patients a unique experience that responds to their oral-health needs.

Prof. Gallucci outlined elements to highlight in this value proposition, including the importance of details, a high standard of care, modern facilities, comprehensive treatment, innovative technology, and explaining treatment. But the most important aspect is “to manage the emotional relationship with the patient.”

Summing up his message, he said that value delivery leads to a satisfied patient and a satisfied patient becomes a loyal patient. And patient loyalty is important for four reasons:

- Every day it costs more to attract new customers.
- The cost of capture is higher than the cost of retention.
- Over time, customers tend to become more profitable.
- Loyal customers can be very effective prescribers.

He also mentioned different competitive strategies that dental practices might adopt, focusing either on price or on differentiating themselves from rivals.



Filippo Graziani, founder and first chair of EFP Alumni (2018-22), said: “The room was packed and Carlo gave a beautiful lecture about patient fidelity, which is crucial when working with periodontal patients whose stability is affected by their capability of being engaged in a long-term supportive programme. He tackled all the aspects that are not related to gum health in terms of organisation and the importance of having patient fidelity. People enjoyed it very much.”

After the lecture, Prof. Carlucci was made an honorary member of EFP Alumni and presented with the organisation’s official tie.

The challenges of being a perio mum



— FRANCE LAMBERT

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Combining an academic career as a periodontist with bringing up a young family is full of challenges and at times it may seem there are not enough hours in the day to do everything. France Lambert is the mother of two young boys and head of the department of periodontology at the University of Liège in Belgium, where she directs the EFP-accredited programme in periodontology. She took time out from her busy schedule to speak to *Bruno de Carvalho*.





France Lambert (centre) with her sons Till and Elliot and colleagues at a congress at the University of Liège

For two years now, I have been professor and head of the department of periodontology, oral surgery, and implant surgery at the University of Liège. Before that I was already working full time at the university as a professor in dental biomaterials.

My professional activities are shared between the clinic, my patients, and teaching - undergraduates, postgraduates, and continuing education. I also perform research and I am co-directing a research lab where we are doing translational research.

But I am a mum of two little boys: Till is four now and Elliot is two-and-a-half. And next to my professional carrier, they are of course my priority. However, it was important for me to keep working full time, as I love my job but also to fulfil my responsibilities.

This, of course, implies some organisation, but it is definitely feasible. I never felt like I had to choose between being a mum and being a professional. I always knew that I wanted to be both. To me, they are not incompatible.

This implies spending less time with my kids, but I would rather invest quality time with them. My kids also have a dad, so they can also spend some time with him. And I'm very lucky also that their grandparents live close by and are having a significant role in their education. We also decided to have an au pair at home to help us with the kids.

While I never looked for a specific role model in our field of dentistry, if we look at other fields, we can see some women CEOs of large companies who have children, sometimes four or five. And then there is Ursula von der Leyen, the president of the European Commission — she has seven kids, and we can definitely say that she has a high leadership position. There are certainly some good role models.

A BUSY DAY

My typical schedule is that I would have an hour with the boys – waking up, having breakfast, getting dressed, and so on. Most of the time it's not me driving them to school and I start work at 08:30, but once a week, I also enjoy driving them to school so I arrive a little later at work. I'm usually back home around 6.30pm, sometimes 7pm. When I come back from work, I really try to enjoy the next two hours in the evening with them as they go to bed at 8.30pm or 9pm. This is why I try to be organised so as not to spend too much time doing household stuff at that time, so that I can really enjoy my time with the kids. Then once they're in bed, sometimes I have to go back to my computer to do some work, although not every day.

“I NEVER FELT LIKE I HAD TO CHOOSE BETWEEN BEING A MUM AND BEING A PROFESSIONAL”

I recall that I really wanted to attend the EFP Perio Workshop 2019 at La Granja de San Ildefonso in Spain, when my second child was only two months old. So, my husband came with me and was with the two kids while I was attending the workshop, and every three hours I had to come out of the workshop to breastfeed Elliot. I was really happy to be able to combine my professional commitments with those of being a mum.

Is there a perfect balance between the two roles? I don't think there is a single definition of the perfect balance. So, the perfect balance is the one you feel comfortable with, and this can be different for different mums.

I had to become a little bit stricter with myself and with my schedules, as I need to be home not too late to be able spend a few hours with my children before they go to bed. That was one change, and another was the weekend. I decided to close the door of work at the weekend and really dedicate these two days to my family and to my kids. Of course, there are sometimes exceptions when it is impossible to do this. But when I am invited to lecture abroad, I ask to be able to do it during the week and if it's on a Friday I want to be back home by Friday evening. I think it is right to ask for this.

SUPPORT AT HOME AND AT WORK

The key aspect to be successful in being a mum and a professional is to be properly supported both at work and at home. My husband plays his role – he's a modern dad. But I also have my parents around and we have an au pair. Since the beginning, since our first child was born, we decided to have an au pair at home. Every year we have a new one, because this is the law in Belgium. This is also a wonderful cultural exchange and it's like having a big sister for my kids.

And at work, you need to have support from your team. I am lucky to have wonderful collaborators I can trust and rely on. And for me, it is quite important to delegate and to share the responsibilities within the team. I think this is also quite rewarding for them to get some responsibilities.

And I think the experience of being a mum makes it easier for me to understand the needs of the other women in my team. Although I think being a dad is also a big responsibility. In general, the experience has made me understand the needs of all the parents in my team – we can understand something better once we have lived it.



**“DON'T BE AFRAID TO BE AMBITIOUS
BECAUSE HAVING A CAREER AND
BEING A MUM ARE COMPATIBLE”**



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In today's world, it is quite usual for both partners to have jobs and to be professionally involved, so if we want to be parents, we have to share our parental responsibilities. That's how it is with my marriage. My husband works in international environmental politics, for institutions like the United Nations and the European Commission. He is very much involved in his work, but he's also very involved in the way we raise and take care of our kids. And I would say that we really have shared responsibilities and that without him, I definitely could not be as involved as I am in my work.





Lecturing at an ITI congress in Rotterdam

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MATERNITY AND PATERNITY LEAVE

I think it is important to recognise that different women have different needs. In my case, I had a three-month break after giving birth and actually I was keen to go back to work. Other mums need more time in terms of maternity leave, and we should just respect what each of us need. And dads too can take time off from work. I think that here is where we might change the mentality a bit – it is not only something for mums but is something for parents.





Above: teaching the postgraduate programme in peridontology

Below: working in the university hospital

All in all, if I had to give some advice to young women periodontists it would be not to be afraid to be ambitious because having a career and being a mum are compatible. There are no set rules, and it is just about finding the right set-up, your own balance, which will vary from person to person. Being a good mum doesn't mean that you have to be with your kids full-time. You can be supported by others, starting with your husband or partner.

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The most important thing is to spend quality time with your kids and to do some work on time and management, so that you do not spend too much time on tasks that you could delegate. And I'm talking about tasks both at home and at work.

I think that a lot of women are doing brilliantly at their jobs and underestimate what they could achieve professionally while also being a mum.

FRANCE LAMBERT

France Lambert graduated in dentistry in 2002 and completed a postgraduate programme in periodontology at the University of Liège, Belgium. In 2005, she received a one-year ITI scholarship to expand her education in implantology at Harvard School of Dental Medicine. She is currently professor and head of the department of periodontology, oral and implant surgery at University of Liège. The focus of her research is bone regeneration and biomaterials, soft-tissue integration around teeth and implants, and innovative and less invasive implant protocols. She lectures internationally and is the author of several international publications. France Lambert is also a past-president of the Belgian Society of Periodontology.

How digital technology is transforming dentistry



— TALI CHACKARTCHI

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Israeli periodontist Tali Chackartchi, an alumna of the EFP-accredited programme at the Hebrew University Medical Centre in Jerusalem, is a real enthusiast for digital dentistry. She explains how professionals and patients are benefitting from digital technology today, and looks ahead to the promise of artificial intelligence, augmented reality, and telemedicine that are expected to bring further innovations to dental work.



Already at the beginning of my postgraduate training, I was eager to explore new digital tools that were being presented to our profession. I think of myself as an early adopter of new gadgets and technologies, and when I have an opportunity to integrate such tools into my professional work it is only natural for me to investigate them.

Tools such as CT (computed tomography) and CAD/CAM (computer-aided design/computer-aided manufacturing) have made a big impact in dentistry in general, and in periodontology and implant dentistry in particular. Periodontists can benefit from these technologies in different steps of work, for the correctness of diagnosis and case analysis, and to improve clinical performance.

Today we examine our treatment outcomes in “high resolution”. The ideal treatment outcome will encounter health and a natural aesthetic appearance, which will both be long-lasting. To obtain such outcomes, we must start with a comprehensive assessment of the case and a complete assessment of treatment options. I think that it is in analysis where digital tools have so far had the biggest impact. Every CT scan I get to review is uploaded into software where I can look at it in three dimensions. We can add a digital intra-oral scan of the patient to this for a thorough 3D analysis of the data. This can be useful not only in implant cases. Today, in many of my “perio” cases, I also use these digital tools for analysis. For example, to see the underlying bone morphology in cases of recessions or to plan crown lengthening according to the bone and soft tissue.

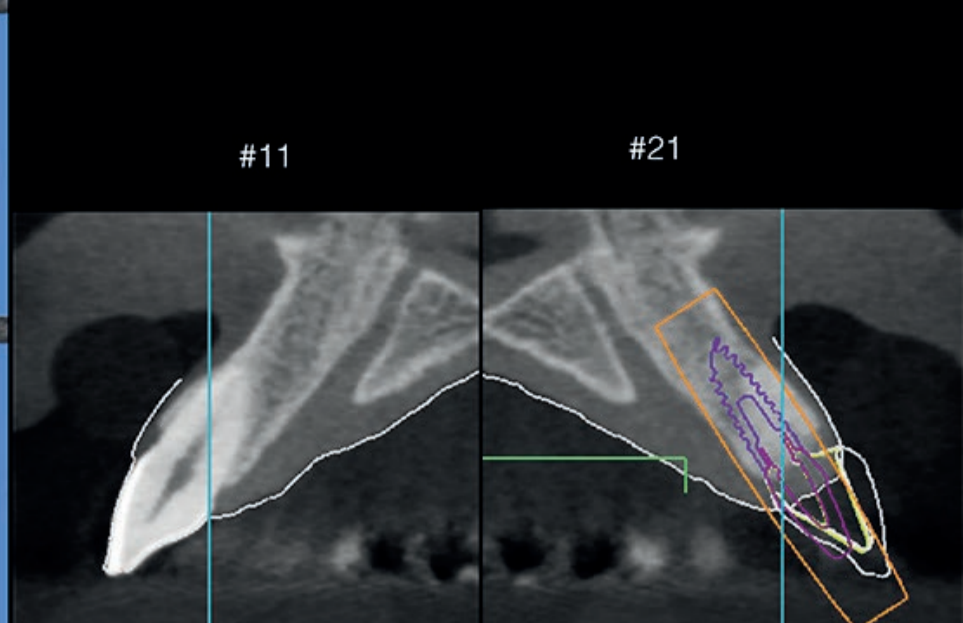
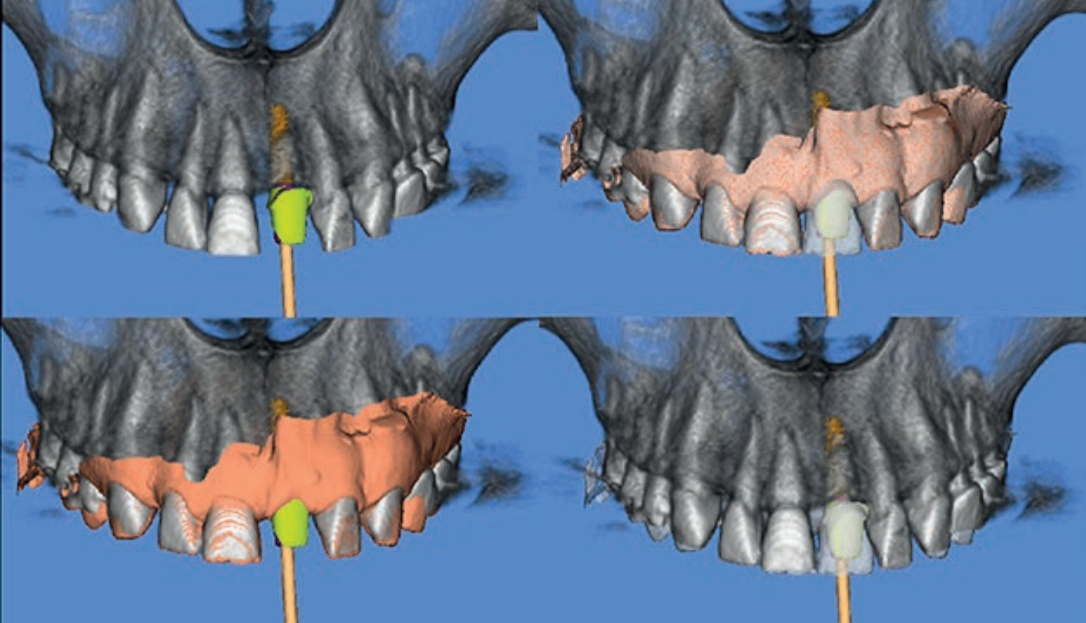
“DIGITAL TOOLS ARE AMAZING AND CAN HELP US OPTIMISE OUR KNOWLEDGE AND ENHANCE OUR CAPABILITIES”

BENEFITS IN PATIENT CARE

Following data collection, we can create a digital file of the patient, containing everything required for case analysis. This means that we can examine the case from the comfort of the workroom and the computer, and so we can look at the case calmly and analyse it better. We can communicate with our colleagues from other disciplines and then we can communicate with the patient to show them a simulation of treatment options. We can simulate the case from beginning to end and understand all its challenges prior to treatment in a predictable way.

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As the analysis of the case is improved by digital tools, treatment outcomes are also going to be improved. We will be more prepared for the case, which means we will reduce the risk for intra-operative problems, mistakes, or complications. Take mucogingival complications around implants, for example. Recessions around implants very often derive from the incorrect placement of the implant, which could have been prevented by proper planning and controlled placement.

The use of digital tools will not compensate for lack of knowledge – but it will allow us to optimise our knowledge for better case implementation, optimising treatment outcomes.

The last two years – with the Covid-19 pandemic – have shown us that we can also use digital tools for efficient communication, not always requiring face-to-face meetings. The availability of patient data in digital formats enables peer-to-peer consultations, even overseas, in a more efficient way. Of course, the technology was already available before Covid, but we now feel more comfortable having a Zoom meeting with a colleague or with the patient.

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In time, all fields of dentistry will become more digital. In recent years CAD/CAM technology has been integrated tremendously into dental clinics, alongside guided surgery. Many clinics are becoming more digital simply because it is more convenient, implies less contamination of the environment, and reduces the need for physical storage.

Digital tools will be integrated into our clinical practice if they make our lives easier. If it were just that the technology was fun to use but the results were impaired, we would not use it and would continue with conventional techniques.

I think many of our colleagues have still not adopted digital technologies because they are not yet convinced of their accuracy and reliability. However, as with any other new tool you adopt, you will need to go through a learning process. Every tool has its limitations and its inherent problems. Every tool will require knowledge, time, and experience before we control it. The more digital technology is integrated, the more clinicians will find ways to confront its drawbacks and improve the outcome when using it. The more we practise with digital technology, the more it will be optimised.

Digital tools are amazing and can help us optimise our knowledge and enhance our capabilities. But, as with everything else in dentistry, there is a learning curve. It is not enough to think that if you use guided surgery then all your implants will be perfect. You need to plan them well. And if you do not have sufficient knowledge and control of a case, then it does not matter what tool you use, the end-result will not work.



“I AM SURE AUGMENTED REALITY IS GOING TO MAKE A HUGE CHANGE”

LOOKING TO THE FUTURE

Most dental records today are digital. With time, these records accumulate to create big databases. A new and evolving field of research includes a digital scanning of such databases, to look for trends and impacts that can be distinguished only in largescale data.

Big-data science and artificial intelligence are going to help us in research by giving us the ability to find some risk factors that might not be so straightforward and which we might not otherwise detect. Looking back at thousands of implants and integrating this data with the medical information of patients, you can find connections that are otherwise missed because of their low incidence.

Telemedicine is also going to be important in the future. It will improve our ability to give a first response to emergencies, which will be fast, efficient, and will reduce the need for staff.

The most exciting evolution I am waiting for will arrive with the implementation of augmented reality in our field. Augmented reality (AR) and mixed reality (MR) provide interactive experiences of a real-world environment where the objects in the real world are enhanced by computer-generated perceptual information. For example, in implant dentistry: using special AR glasses, we will be able to see a virtual wax-up object on the edentulous ridge.

One of the drawbacks that we still have with digital tools in dentistry is that the leap between the digital world and the physical world is not perfect – there are a lot of mismatches. You can make a beautiful digital smile design, but eventually it need to be verified in function in the patient’s mouth, in soft-tissue support. We are getting there now with face scanning and many things are continuously improving – but this interface between the physical and the digital is still a problem because dentistry is a physical field, and we create a physical treatment for the patient.

Augmented reality will help us overcome this problem because it will skip this interface and we will have the digital and the physical world in the same arena. I am sure augmented reality is going to make a huge change, I really look forward to it.

Tali Chackartchi graduated in dentistry in 2002 from the Hebrew University Medical Centre in Jerusalem, Israel. Two years later, she started the EFP-accredited postgraduate programme in periodontology at the same university. Since graduating from the programme in 2008, she has continued to work in the periodontology department as a senior instructor and researcher. She also has a private practice in Tel Aviv, which is dedicated exclusively to periodontology and implant dentistry. She was chair of the EuroPerio10 ambassadors’ committee and is a member of the EFP’s communications committee.



KEY DIGITAL TECHNOLOGY IN PERIO



Augmented reality (AR): technology that enables an interactive experience of a real-world environment, where physical objects are enhanced by computer-generated perceptual information.



CAD-CAM: The integration of computer-aided design (CAD) and computer-aided manufacturing (CAM). In dentistry CAD/CAM is used to improve the design and manufacture of dental restorations – such as prostheses including crowns, veneers, bridges, implants, and orthodontic appliances.

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Computed Tomography (CT): A medical imaging technique used in radiology to obtain detailed internal images of the body for diagnostic purposes. CT scanners provide multiple x-ray measurements taken from different angles which are then processed on a computer to produce tomographic (cross-sectional) images. CT scans thus provide three-dimensional imaging that assist periodontists and dentists in diagnosis and treatment planning.



Mixed reality (MR) is the merging of real and virtual worlds to produce new environments and visualisations, where physical and digital objects coexist and interact in real time. Mixed reality is a hybrid of augmented reality and virtual reality and does not exclusively take place in either the physical world or the virtual world.

'If you dream it, you can do it'

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— ALUMNA INTERVIEW: MEIZI ELIEZER

Israeli periodontist **Meizi Eliezer** had to cope with doing her master's degree in periodontology in a foreign country while bringing up two young children as a single mother. She describes the challenges, the importance of the EFP-accredited programme at the University of Bern in Switzerland, her professional career, and her research plans. ***Bruno de Carvalho*** caught up with her.



TELL US A BIT ABOUT YOURSELF?

MEIZI ELIEZER: My name is Meizi Eliezer. I am 43 years old, a single mum with two kids, Ari (14) and Gili (11). I was born in Tel Aviv, Israel. I danced in a professional dancing group, all around the world, until the age of 21, and I am a lieutenant in the Israeli army. After my son Ari was born in 2008, I gained some weight and I missed sport a lot. So I joined a professional triathlon group and even won some competitions. In 2014, I finished the Ironman competition in Austria.

WHEN DID YOU FINISH YOUR DENTAL DIPLOMA AND WHERE?

ME: In 2008, I got my DMD (dentist) diploma from the Hebrew University in Jerusalem. I then completed my MSc in medical science at Tel Aviv University in 2013 before going to the University of Bern in Switzerland where I received my master's degree in periodontology and implantology in 2018, which is when I received my accreditation from the EFP.

WHAT OTHER JOBS HAVE YOU HAD APART FROM BEING A DENTIST?

ME: I worked as an officer in the Israeli army, and as teacher of mathematics, biology, chemistry, and anatomy before I became a dentist. And, during dentistry school, I also worked as a dental assistant.

WHEN DID YOU REALISE THAT PERIODONTOLOGY WAS THE DENTAL SPECIALITY THAT YOU WANTED TO PURSUE AND WHY?

ME: It happened during dentistry school. I love biology and I love the connection between the hard and soft tissues and perio health. So I felt that perio was my destiny.

“PERIO WAS MY DESTINY”

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*With colleagues
at an open day of
the University of
Bern's Clinic of
Periodontology*



Meizi Eliezer receives her master's degree from Professor Anton Sculean in 2019

HOW CHALLENGING WAS IT TO MOVE TO ANOTHER COUNTRY?

ME: It was a huge challenge. I moved at the age of 35, after I had a private clinic and lots of patients. I closed my private clinic, which meant no income, and I moved to a new country, with a new language, and new culture. My two young kids — who were five and eight at the time — came to live with me and I can't say it was a picnic! I had to deal with lots of issues and I was in constant stress. But I always looked on positive side of things — I was studying my dream at one of the best universities in the world under the amazing professor Anton Sculean, whom I thank every day.

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DID YOU CONSIDER STUDYING PERIO IN YOUR OWN COUNTRY? IF NOT, WHY NOT?

ME: I did consider studying perio in Israel and even did my MSc at the perio department in Tel Aviv. They recommended me to study at one of the best specialist centres in the world, at Professor Sculean's department at the University of Bern. And I was fortunate enough to be accepted there.

***'I WAS STUDYING MY DREAM AT
ONE OF THE BEST UNIVERSITIES
IN THE WORLD '***



WHAT WAS THE MOST DIFFICULT THING YOU HAD TO ADAPT TO WHILE STUDYING ABROAD?

ME: I had to adapt to the language and the fact that, as a single mother with two little kids, I did not have my family there to help with them. And I also had to deal with lots of issues while performing at the university and I had to prove myself as a foreigner.

WHAT WAS THE BEST PART OF STUDYING ABROAD?

ME: Absorbing the culture, learning a different language, meeting friends for life, and enjoying the amazing Swiss mountains.

DID YOU ENJOY THE PROGRAMME?

ME: I enjoyed it – I loved the easy and the hard parts. As a foreigner, I had a lot to comprehend. Fortunately, I met amazing people who helped me and supported me through these difficult times, and I thank them every day.

WHEN YOU SELECTED YOUR PERIO PROGRAMME, DID YOU SPECIFICALLY SELECT AN EFP PROGRAMME? IF SO, WHY?

ME: The perio programme at Bern was recommended to me as one of the most prestigious programmes in the world and because it is also EFP-accredited, which is important in Israel.



At Witten/Herdecke University





With colleagues at EuroPerio9

WHAT ARE YOU DOING NOW AS A PERIODONTOLOGIST?

ME: I opened a clinic in Herzliya (a city in the Tel Aviv District) and I named it PerioHome, as it gives a home to all perio treatments and implantology. I give lectures and hands-on courses in Israel and Europe. I also started a YouTube channel call PerioHome, where dentists can watch videos of surgeries, and a website with the same name. I am an external visiting periodontist at Witten/Herdecke University in Germany in Professor Anton Friedman's department, and I work as a researcher at an oral-biology lab in Tel Aviv.

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ARE YOU DOING A PHD? IF SO, WHAT IS THE TOPIC OF YOUR THESIS?

ME: I have just applied for a PhD, as I would like to investigate more on my topic of accelerating healing in diabetics through the use of cross-linked hyaluronic acid.

WHAT MOTIVATES YOU TO DO RESEARCH IN PERIODONTOLOGY?

ME: Research takes the clinic to a whole new level. Without research we don't have the reassurance of what we are doing as periodontists, and this is not fair to our patients. Every treatment modality and every material we are using should be backed up by high-level research.

WHAT WOULD BE YOUR ADVICE TO A YOUNGER YOU, AT THE START OF YOUR PERIO SPECIALITY?

ME: Don't be afraid to follow your dream and your heart. Believe in yourself even if you are a single mum and even if there are major obstacles and everything seems impossible. Everything is possible — just believe in yourself and don't let anything or anyone tell you otherwise. If you dream it, you can do it.

HOW DO YOU IMAGINE YOURSELF IN 10 YEARS?

ME: Still doing sport, still working as a researcher, still being an external visiting periodontist at Witten. Over the next 10 years I would like to finish my PhD and to be part of this amazing EFP team.





Branding – top tips for dentists

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The dental sector can be very competitive and private practices need to **stand out** from their rivals to win and retain patients. As well as clinical, patient-handling, and management skills, practitioners will find that a **good brand** can make a huge difference. *Fernando Morales*, a Spanish designer who works with the EFP, offers some advice.



— FERNANDO MORALES



WHY IS A BRANDING STRATEGY IMPORTANT FOR DENTISTS?

FERNANDO MORALES: We should not forget that there is a lot of competition in the dental sector and the best way to differentiate yourself is through an attractive brand. Nowadays, a clinic without a clear branding strategy risks being out of the market.

WHAT IS ESSENTIAL FOR DENTISTS IN DEFINING THEIR BRANDING STRATEGY?

FM: First, you need to consider what your main values are. For example, are you a clinic that offers guaranteed treatment to your patients, a clinic with the latest technology and treatments, or a premium clinic that simply seeks excellence in treatment?

Second, you must define your objectives and be clear about your business strategy – the branding strategy must always be a consequence of your business strategy and not the other way around. For example, if your objective is to expand internationally, when you choose a name for your business you need to ensure that it sounds good in different languages and that the colours you use do not have inappropriate connotations in certain cultures.

Third, you must define your target audience, the people you are addressing. It is very common to come across a clinic that has two very different targets – for instance, patients who need to have their dental problems resolved and professionals who are being offered training courses. And often these clinics address these two audiences in the same way, which is not at all logical. You really need to use different codes.

HOW IMPORTANT IS DIGITAL MEDIA IN BRANDING?

FM: Nowadays it is of the utmost importance because most initial contacts with a brand are made online. It is therefore essential that everything that makes up your branding – name, logo, colours, typography, the tone of communications, and texts – works well on computer screens, TVs, tablets, and mobile phones. In fact, these days the priority when creating a website is to design how it appears on the mobile before looking at its appearance on a computer screen.

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“WHEN CREATING BRANDS, IT IS NECESSARY TO DEFINE MILESTONES FOR PERMANENT RENEWAL”

WHAT FACTORS SHOULD BE CONSIDERED WHEN CHOOSING YOUR VISUAL IDENTITY, COLOURS, FONTS, TONE OF VOICE, AND SO ON?

FM: I'm sorry to be a pain about this, but we must bear in mind that our branding cannot go against our objectives as a company. So, for example, if our line of business is to attract a high volume of patients with a small profit margin and low prices, we should not use fonts or colours that suggest that the treatments are expensive. We must be very aware of our target audience. If one of the main problems is that people do not come to the clinic for fear of being hurt, I would never recommend the use of colours such as red — which can remind us of blood — or very strident colours that can provoke a state of tension. On the other hand, if our clinic is a premium clinic with an interior design almost on a par with a Dior shop, located in an exclusive area, and with prices to match, our tone in textual communication should never be colloquial.

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It is also important to be aware that we now live in a world where everything moves very quickly, where every six months there are new versions of the same mobile phone or a software update for our computers. People are used to, demand, and are grateful for the fact that the brands they consume are in a permanent state of flux. This means that brands can no longer be understood as something immovable and forever. When creating brands, it is necessary to define milestones for permanent renewal.

WHAT ARE THE WAYS IN WHICH I CAN BEST DIFFERENTIATE MY BRAND FROM THOSE OF OTHER DENTAL PROFESSIONALS?

FM: By analysing very carefully what kind of clinic you are going to set up to find out what things could differentiate you from others. And by trying to create something that you can feel is really yourself rather than look around for ready-made formulas. As someone once said, if you know exactly what you are going to do because others have already done it, why bother doing it?



*“THE WORST BRANDING STRATEGY IS TO APPEAR TO BE
SOMETHING THAT YOU ARE NOT”*

WHAT ADVICE WOULD YOU GIVE TO A DENTAL PROFESSIONAL WHO IS STARTING TO DEVELOP THEIR OWN BUSINESS?

FM: Spend time thinking about what kind of business you want to set up and hire a good designer who also has good analytical skills and who can advise you. A good branding designer not only knows how to define colours and typographies but also how to identify exactly what each client needs.

WHAT DOES NOT WORK IN BRANDING?

FM: The worst branding strategy is to appear to be something that you are not, because if patients expect something that is not offered, they will be disappointed and will not come back.

WHAT ARE EXAMPLES OF GOOD AND BAD BRANDING FROM OTHER SECTORS?

FM: I prefer to mention things that I just like, such as the branding of the city of Porto, which I think is fantastic and fits the city like a glove.

FERNANDO MORALES LLORENS

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