



EDSAMagazine

SPRING 2015



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EDITORIAL

Dear EDSA friends,

Welcome to the spring issue of the EDSA Magazine. In this issue we tried to cover the subjects that you, our beloved readers showed the most interested in. At first pages you will find two reports from two well know events and an update of guidelines for endodontology. As usual most of the EDSA programmes are well described and reported. For those who are still searching for ideas where to spend summer holidays and learn something new are pages 14 and 15 a must read! We are pleased to present four new EDSA members and an interview with one of the most successful dentists alive, Dr. Michael Apa, which can be found at page 22.

A lot of you asked for more information on specializations, postgrads etc., so we found two interesting alternatives to clinical dentistry and as we cannot imagine modern dentistry without photography you can learn some essential things about how to do it right on page 28. If you feel stressed the article on page 31 should be well read and if you want to see how are other students experiencing their studies page 33 is the one for you.

Last but not least, I would like to thank all of the authors for their participation in this issue and encourage all of you to write something and send it to us! I hope you enjoy this issue, and as ever any feedback or ideas for the future are greatly appreciated,

Miha Pirc



MIHA PIRC
magazine@edsaweb.org

COVER PHOTO
Valentin Garyga
www.valentingaryga.com

MAGAZINE DESIGN
Miha Pirc

CONTENTS

5 Szeged - the city of sunshine

EDSA REPORTS & UPDATES

6 FDI Meeting Report

Emina Kabil, DMD, Zagreb, Croatia

7 International Women's Leadership Conference

Olivia Johnson King, EDSA Vice President

8 Undergraduate Curriculum Guidelines for Endodontology

Alina Rizea, EDSA Immediate Past President

EDSA COLLABORATION & TRAINING

9 iTop Training

Ana Matiuc, EDSA Training Officer

10 EDSA - ESCD Winning Case

Nicolas Blanc-Sylvestre

EDSA PREVENTION

11 Sm!le Programme, Russia 2014

Daniel Pazi, EDSA Prevention Officer

EDSA SUMMER CAMPS

14 Dubrovnik, Croatia

Luka Banjsak, President of USDM

15 Malta

Chantelle Abela, Chairwoman of the Summer Camp

EDSA VOLUNTEER WORK

16 Volunteer month

Jacob Curtis, Katie McDonald-Meyer & Bradley Lander & Helen Taheri

EDSA NEW MEMBERS

18 AISO

19 TurkDentSIC

20 Ankara University

21 ADSYD

EDSA MOTIVATION

22 Rockstar of the Dental World

Miha Pirc, DMD

EDUCATION

24 From Dentistry to Global Health

Dr. Tatiana Vorovchenko, MSc

26 From Dentistry to Health Management - Ana Stevanovic

Miha Pirc, DMD

EDSA EDUCATES

28 Clinical Photography for Dentists of the Digital Age

Valentin Garyga, Thomas Dournac-Galant

31 How Can Dentists minimise the Level of Stress They Experience?

Kishan Sheth

33 A Student's Perspective on Dental Studies

Ajay Mehta

EDSA FUTURE EVENTS



European Dental Students' Association

EDSA EXCO

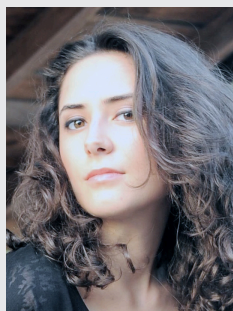
2014 - 2015



President
Marco Mazevet (France)
president@edsaweb.org



Vice President
Olivia Johnson King (Great Britain)
vicepresident@edsaweb.org



General Secretary
Azize Ipek Yetisti (Turkey)
secretary@edsaweb.org



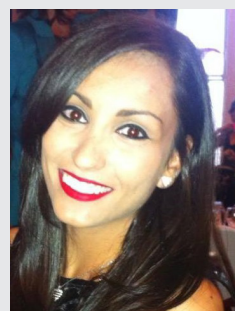
Treasurer
Eamonn Donohoe (Ireland)
treasurer@edsaweb.org



Magazine Editor
Miha Pirc (Slovenia)
magazine@edsaweb.org



Media & Web Editor
Luka Banjsak (Croatia)
admin@edsaweb.org



Immediate Past President
Alina Rizea
pastpresident@edsaweb.org

EDSA OFFICERS 2014 - 2015

Scientific Research Officer - Müge Muezzinoglu, scientific_officer@edsaweb.org

Prevention Officer - Daniel Pazi, prevention_officer@edsaweb.org

Volunteer Work Officer - Jacob Curtis, volunteer_work_officer@edsaweb.org

Partnership Officer - Ivan Separovic, partnership_officer@edsaweb.org

Training Officer - Ana Matiuc, training_officer@edsaweb.org

EVP Officer - Diana Velicu, evp_officer@edsaweb.org

56th EDSA Meeting & 41st ADEE Annual Meeting in Szeged

24.8. - 29.8.2015

Szeged – City of sunshine

Szeged is a beautiful city situated in the southern part of Hungary and has approximately 170.000 citizens. In the middle of the city a river called Tisza is running through. Szeged is known for the amount of annual sunshine hours in Hungary – it has the most – and therefore the city proudly calls itself the “City of Sunshine”. Szeged is also the place where salami was invented. Besides that, Szeged is very famous for its goulash and fish soup. Furthermore the fourth biggest synagogue worldwide is located here. The landmarks of the city are the dome and its dome square which is the place for a big open air theatre every summer and Szeged’s beautiful town hall. Additionally Szeged has one 100 year old traditional thermal bath, the Anna bath, and a beautiful national theatre which is well known for its good operas and concerts. There is also a new spa, wellness and fun bathing resort, the Aquapolis, where you can go for a sauna session or slide on the longest indoor waterslide in Europe.



The University of Szeged was founded in 1872. Today the university consists of 12 different faculties. In 2004 there were approximately 30.000 students matriculated. This high amount of students makes Szeged a student city with a lot of young people that are either locals or coming from abroad, with the Erasmus or due to other international studies, like medicine or dentistry. The Condé Nast Traveller ranked Szeged in the top 10 Europa’s best university cities.

The faculty of Dentistry is quite young compared to the other faculties of the University of Szeged. It was separated from the faculty of medicine in 2007. But the faculty is developing fast and is one of the most innovative faculties in Szeged.



We are proud to be the city for the summer EDSA meeting starting on the 24th of August 2015. The meeting will be held in the new library of the university. We are looking forward to present you our city and our university as good as possible in that short period of time.

We will try our best to go with you to the best attractions here in Szeged and also to be able to present you the local cuisine.

After the EDSA meeting there will be the ADEE meeting where, as usual, some of you want to stay as well. The best way to arrive to Szeged is via airplane to the Airport of Budapest and then travel by train/bus to Szeged.

The sun will shine for you in the city of sunshine!

Ben & Philip Furtenhofer

FDI MEETING REPORT

Annual World Dental Congress FDI was held from 11th to 14th of September 2014 in New Delhi, India. I attended the meeting as EDSA representative. I started my trip from Zagreb on September 10th, with a group of my colleagues, eager to join the conference and visit India for the first time.



Given a fact, that FDI congress is the biggest gathering of dental professionals, a rich scientific program was offered. Scientific program included lectures, symposia, forums, hot-topic sessions and workshops on up-to-date subjects of all disciplines in dentistry. Scientific program run on six meeting rooms simultaneously. It was interesting and useful to get updated on evergreen topics, such as "Evidence-based management of early carious lesions", "Pain free endodontic – Myth or reality", "Local Anesthetics - Dentistry's Most Important Drugs", "Interdisciplinary team care for treatment of cleft lip and palate", etc. Apart from the conference, dental trade fair was taking place on the ground floor of congress building. Den-

tal equipment and materials from world's latest brands were displayed. This was a chance not only to get insight in latest trends and methodology in dental healthcare but also to broaden the professional network. I introduced EDSA to dental professionals I met at the fair. Among numerous exhibition stands I saw a familiar face. It was Chanel Patel – the representative from GSK. She was really interested in making EDSA - GSK collaboration and excited about working together.

After the conference I enjoyed Delhi sightseeing and continued my trip to Jaipur – pink city. We visited important monuments in Jaipur, such as Hawa Mahal and Red Fort. What an exotic experience it was to get to the top of the Red Fort on an elephant, while being followed by a dozen of merchants who were trying to sell us souvenirs and photographs they caught during our ride! The crown of my visit to India was definitely Taj Mahal. I feel that the beauty of this masterpiece in white marble cannot be compared to any other building in the world.

To sum up, India was truly an inspiring experience. I was honored to represent EDSA at such an important event and thrilled to have had a chance to travel and explore India.



Emina Kabil, DMD, Zagreb, Croatia

INTERNATIONAL WOMEN'S LEADERSHIP CONFERENCE

In September 2014 I had the opportunity to attend the ADEA International Women's Leadership Conference in Barcelona. The conference was hosted by ADEA with the support of the global dental education community and aims to foster global alliances and leadership strategies that women can use to improve oral health and overall health in their communities throughout the world. The target audiences for this conference are dental educators, practitioners, health researchers, policymakers and business leaders in the health sector worldwide. The four previous conferences were held in France (1998), Sweden (2003), Canada (2005) and Brazil (2010).



I arrived in Barcelona on Sunday 14th September and was warmly welcomed by the ADEA President Dr Lily Garcia. Following the welcome address

I was able to meet the other conference attendees. Dr Eugene Anderson (ADEA Chief Policy Officer and Managing Vice President) kindly introduced me to the ADEA organising committee. I had the opportunity to meet the lovely Irina Dragan; one of EDSA's Past Presidents who is now doing a post-graduate residency at Tufts University in Boston, USA.

The conference kicked off on Monday 15th September. ADEA very kindly invited me to be a moderator for the first day of the conference. My role throughout the day was to introduce the speakers, drive the questions and discussions following the presentations.

A wide variety of topics were covered included oral health, women's leadership in industry and interprofessional education. It was truly inspiring to see the variety work that women across the world are carrying out and even better to hear their words of wisdom! I especially enjoyed the fact that the women shared a detailed timeline of their path to success. They openly discussed the challenges facing women within the dental field and encouraged the others in the audience to face these challenges and surpass them.

At the end of the presentations Dr Eugene Anderson gave a lovely speech dedicated to EDSA; he commended our attendance at the conference and the work we have done in the dental field so far. I then presented the Amchi Project 2014 video to all the attendees; the

video received numerous compliments!

A definite highlight of the conference was seeing Dr Emeria Mugonzibwa and Dr Lorna Carneiro; our colleagues from Muhimbili University in Tanzania to discuss the upcoming volunteer project.

I also participated in the ADEA Mentor Match Programme. The idea for this program was obtained from Dr. Mary Lynne Froeschle from the University of Nebraska Medical Center College of Dentistry. Participants were placed into a mentor/mentee pairing according to their field of speciality/interest. The program was arranged into the following areas: administration, community health, education, industry and research. The idea was to further build opportunities for the participants to connect and share knowledge and experiences in their fields of specialty.

ADEA arranged a delightful evening program; we were taken on a tour of the city, which ended in the Town Hall; here we were formally introduced to the Mayor of Barcelona who commended our work!

On the final day of the conference I presented the Amchi Project with Kanika Sabhlok (Amchi 2013 Team Leader, Manipal University). We were able to discuss the project within the context of challenges we faced and overcame as female leaders. In addition, we encouraged those in the audience to join the outreach effort and also set up their own outreach projects.

See the following links <http://www.adea.org/events.html> and <http://www.adea.org/iwlc/> for further details about the ADEA events.

Olivia Johnson King, EDSA Vice President



UNDERGRADUATE CURRICULUM GUIDELINES FOR ENDODONTOLOGY

European Society of Endodontology

Earlier editions of the European Society of Endodontology (ESE) undergraduate curriculum guidelines for Endodontology were published in 1992 and 2001 and formed a benchmarking reference for dental schools and regulatory bodies. The article regarding the new curriculum guidelines was posted in the International Endodontic Journal.

The ESE states that it is important to ensure that undergraduate training is undertaken to a level that encourages deep understanding of the factors important in determining clinical outcomes.

The curriculum is presented as a list of competencies that the graduating students will be expected to have achieved. These provide a minimal level of competence and are defined by a baseline consensus of the committee. Because the time and resource given to endodontic education vary from school to school, the committee has developed a curriculum that can be delivered by most of the dental schools in Europe.

Terms incorporated within the guidelines follow a pattern adopted by the Association for Dental Education in Europe (ADEE) in their Profile and Competencies of Graduating European Dentist (Cowpe et al. 2010)

STRUCTURE OF TRAINING

The curriculum requires knowledge-based input, in the form of lectures, seminars, reading and Web-based learning resources. Innovation and the implementation of contemporary learning resources are encouraged and a philosophy of lifelong learning should be instilled in all dental students.

CLINICAL EXPERIENCE

It was agreed that undergraduate students might benefit from teaching and clinical supervision by specialists or by staff with special knowledge and interest in endodontics.

Recommendations are not made on the number of procedures required for a student to reach a threshold of competence. The quality and consistency of student performance are more important than simply the quantity of clinical exposure. For root canal treatment, stu-

dents should be competent to undertake the treatment of uncomplicated molar teeth, and all students should gain adequate experience in the treatment of anterior, premolar and molar teeth in both the pre-clinical and clinical environment.

Student should gain the assigned level of competence not just in root canal treatment but also in vital pulp therapies, the management of endodontic emergencies, the management of dental trauma and in surgical procedures.

CLINICAL DECISION-MAKING

The curriculum states that it is important that students are not simply trained as technicians or 'root canal therapists'. Students should be encouraged to consider all options for the management of compromised teeth and justify the case for tooth preservation by vital pulp therapy, root canal treatment or nonsurgical/surgical retreatment, followed by adequate coronal restoration and balanced this against tooth loss and prosthetic/implant supported replacement.

ASSESSMENT

Assessment ensures that the knowledge and skills learned are reinforced and a standard of competence is achieved by the end of the training. The demonstration of competence should involve both formative and summative assessment.

COMPETENCIES EXPECTED OF A GRADUATING EUROPEAN DENTIST IN ENDODONTOLOGY

The ESE presents a list of competencies that they consider essential for a graduation dentist. Competences are presented in 3 domains:

1. Scientific foundations of endodontic practice
2. Nonsurgical endodontic treatment
3. Surgical endodontic treatment.

The complete list of competences can be found on the ESE website (<http://www.e-s-e.eu/>) in the Education section.

Alina Rizea, EDSA Immediate Past President

iTOP TRAINING

Is perfect oral hygiene possible?

“You do something with your toothbrush and you think you are doing it right”, says Sedelmayer. In contrast, iTOP shows how it should be done. Individually Trained Oral Prophylaxis destined for students is a program implemented by Curaprox in collaboration with EDSA, having as a main goal to achieve perfection in oral hygiene.

Organized twice a year in Prague, it brings each time the interesting and useful knowledge of the correct way of brushing your teeth, presented in an elegant atmosphere. In the 2014's fall, the tradition has been kept and 30 dental students from 12 European countries took part enthusiastically in the iTOP seminar. One might ask oneself why the need for implementing a whole seminar on oral hygiene for dental students? Are they not familiar with it? Actually, there are several grounds on this matter, as follows:

- Nobody educates patients on the best oral hygiene, despite the fact that oral hygiene cannot be learnt from books or by means of brief explanations, but only through intensive and frequently repeated training under the direction of an expert;
- The media contribute with false information, thus giving many people the wrong impression of dental care;
- It is suggested that mouthwash simply rinses away bacterial plaque, that fluoride keeps teeth healthy for life without further preventive measures and that sonic toothbrushes eliminate plaque without damaging gums.

«Dear patient, let me be your teacher.
Then, I can indeed heal you. Otherwise
only the mending remains for me!»

Jiri Sedelmayer, University of Hamburg

In the light of these aspects, during the last weekend of November the students were being taught about the principles of the correct oral hygiene.

How was it done? There were two days of intense training: in the morning students attended the courses held by professor Sedelmayer and in the afternoon, the practical part of the iTOP ran its course.

Held in an attractive and apparently funny manner, the courses covered serious aspects commonly found among the patients and the dentists as well, focusing on explaining the faults in our oral hygiene techniques. But the current theme is the fight against periodonti-



tis, which leads to tooth loss. When it comes down to it, fighting against tooth loss is automatically fighting against cavities. On the other side, each person needs a completely individual prophylaxis and because each tooth position is unique, we must each be taught individually.

Furthermore, the seminars in the afternoon, based on the “Touch to Teach” philosophy, offered the students the opportunity to be individually taught by specialist trainers. They had the opportunity to practice not only on themselves, but also on one another, under the supervision of tutors, thus communicating in real time about their perceptions when applying the techniques learnt.

To the toothbrush, toothpaste and dental floss set a mandatory hygienic object was added - the incredibly small interdental brushes with colourful handles! During this funny experience, the students struggled to adjust the correct techniques to their needs. They understood the importance of the interdental brush as a perfect substitute to the floss, which can be traumatic for the gingiva if used incorrectly.

However, after the second practical part, everyone realized how simple it is to clean properly their interdental spaces - push in, pull out, done!

Along with the educative aspects of iTOP, the social meals and the walks around the city filled out the trip in Prague. The students and the trainers as well spent a beautiful weekend sharing opinions about their field and having fun together. This is why in the end; “Good-bye!” was a difficult word to say.

Ana Matiuc, EDSA Training Officer

EDSA - ESCD Winning Case

The use of amalgam for posterior restoration is the past. Preventive extension that was defined by Black has been replaced with minimal invasive dentistry. The significant progress started with the use of composites and adhesives that are still improving.

In the anterior section where in the past the only option was a ceramic crown it is nowadays possible to make a veneer or a composite restoration with bonding material that result in an excellent aesthetic and functional result.

Nakabayashi's researches on the hybrid layer and adhesive principles have increased tissue biocompatibility and improved the aesthetic result.

accident, at the health centre of the University of Montpellier Dental Surgery.



First step of internal bleaching

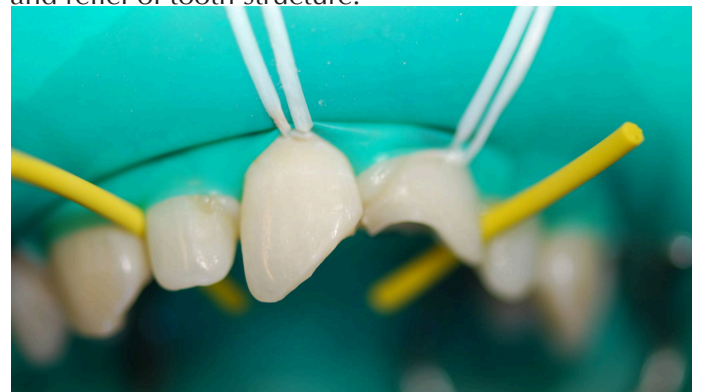
Following temporary restoration to overcome the deficit and aesthetics endodontic treatment on tooth 21 was undertaken, followed by an internal bleaching to get a smooth finish.

CLASSICAL CONCEPT OF ANTERIOR RESTORATION STRATIFICATION:

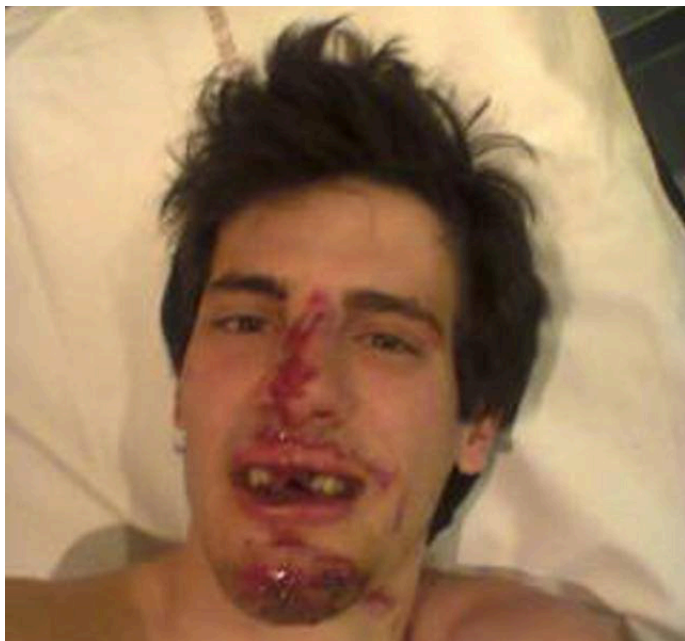
The two incisors were reconstructed according to the modern concept of three-dimensional reconstruction of three layers.

First enamel layer is built on the palatal side, topped with a layer of dentin and additions to reproduce the anatomical features unique to the patient. A facial enamel layer is then applied to complete the reconstruction.

The application of the 3 layers will provide good translucency and transparency while reflecting the depth and relief of tooth structure.



Rubber dam placement with widgets, ligatures and 2 clamps on the first premolars



At the hospital one hour after the accident

The presented patient came for consultation, following an accident on the highway, with a trauma that caused amelodentinal crown fracture with pulp exposure on tooth 21 and tooth 11 without pulpal involvement. The patient was treated more than 48 hours after the



Patient after the accident - trauma of the soft tissues, tooth 21 need endodontic treatment



One week after the bleaching the provisional restoration was removed and aesthetic appropriate restoration was made

Margins are chamfered so that the final layer of enamel may be in continuity with the rest of the tooth structure.

The palatal walls and proximal peaks were reconstructed with a use of silicone key based on the preclinical Wax-up. We used mass type of composite enamel, overlaid with decreasing dentin shades from the heart to the outside in order to recreate the warmth and fluorescence of the natural tooth.

Typically there are three areas in reconstitution:

- The cervical region: thin enamel area, it allows to gauge the dentin colour.
- The mid-region: the thickest area, the selection of enamel masses determines the degree of saturation of the dentine.
- Third incisal: According to Vanini, there are 5 types of incisal edges, our patient had type 1 (3 halo). Special attention to this part has to be given as it gives life to the reconstitution.

Once the tooth was reconstructed as a whole, the reproduction of the macro geography was performed using intermediate grain burr. The various transitions of areas were reproduced at this step (the preliminary wax-up is very useful for this step). The macro-geography permits, without changing the resin body, to change the appearance of the tooth.

According to the patients age, the micro geography (surface texture), is reproduced: the growth rings and other various defects are made with a fine particle size burr. A flame burr can be used at the incisal edge to reproduce natural defects.

Finally, a polishing step must be respected. We need to find all the depth of a natural tooth by superimposing composite layers.

Nicolas Blanc-Sylvestre





SM!LE PROGRAMME - RUSSIA, 2014

European Dental Students' Association (EDSA), Association of Dental Students and Young Dentists (ADSYD, Russia) and Procter & Gamble (P&G) conducted an international prevention programme "SM!LE" in Russia. This year it was held in Voroneg and Saint-Petersburg.

EDSA, ADSYD and P&G provided support to universities in an organization of the project, which consisted in planning the details of activities, local coordination, search of volunteers and informing them, providing them with the necessary materials - toothbrushes, toothpaste, demonstration models.

The concept of this program presented for the first time on the 43th EDSA Congress in Slovenia in Ljubljana

"Absolutely amazing how easy and effective teeth brushing technique can be."

Andrey Kurnosov, second year non-dental student

by Prevention Officer of the European Dental Students Association. The main goal of the project is to organize a unique prevention program of dental diseases and to promote healthy lifestyle. Today, the «SM!LE» project has become so popular among the European countries that is currently organized twice a year. The pilot project was first implemented in late 2010 in the UK in Leeds, and then it was successfully held in Istanbul in Turkey, as well as in Birmingham (UK), Rennes (France). In Russia, this project was held earlier in Moscow and Samara in 2013.

The project usually lasts for five days or one work-week. To participate in the project the volunteers are being searched among dental students to teach thousands of students of non-dental faculty. It would be

more effective to hold the event in several places at the university to increase the number of participants, but we used the previous year experience and held a project alternately in two cities in two weeks.

The advantage of the project is an involvement of dental students in conducting hygiene lessons that contributes to the development of their communication skills and motivation of a patient. Volunteers were inviting respondents to fill in an anonymous questionnaire, which contained questions about personal oral hygiene, and then trained them to prevent dental diseases. All participants listened carefully to the advice they've been given and techniques they've been taught. All non-dental students had a chance to take part in a quiz in order to enable us to assess the obtained their skills and knowledge. P&G provided all the necessary materials, such as free samples of toothpaste, brushes, as well as special prizes - electric toothbrushes with technology 3D (Oral B Triumph 5000 with Smart Guide).



As mentioned earlier, this year the project has been implemented in Voronezh and Saint Petersburg. In Voronezh, the project was carried out from December 8 to December 12, in the lobby of the main building on the second floor. The project has been coordinated by Olga Anokhina (Dentist of Dental Clinic of VGMA N.N.Burdenko).

“It was terrific! I want to participate in such project again!”

German D'yak, third year dental student.

The first day of the international project “SM!LE” in Voronezh begun on the 8th of December 2014, and it was quite eventful and interesting. ADSYD volunteers listened to a short tour of oral hygiene from the company sponsor P&G. An “Oral B” manager, Natalia Shtanko delivered a speech of encouragement and the project was launched. The volunteers began to survey and train the students of medical academy of non-dental faculties. During this day the volunteers, in less than 3 hours, interviewed more than 350 people. The remaining days of the project were not less intense, bright and full of questions from respondents about oral hygiene, which gladly were answered by ADSYD activists. On the final day of the “SM!LE” international project in Voronezh dental students were able to reach one thousand of respondents. ADSYD volunteers held a raffle of special prizes of “Oral B” - three electric toothbrushes Triumph 5000. Completion of the project in Voronezh was an awarding of certificates to participants of the international “SM!LE” project.

As it is called in Russia – the Northern Capital of the country, Saint Petersburg was the second city that took part in the project. It was held at the St. Petersburg State Paediatric Medical University and coordinated by Daniel Pazi (EDSA Prevention Officer 2014/15). For five days, volunteers from St. Petersburg also interviewed more than 1,000 people and held a raffle of special prizes of “Oral B”. According to the volunteers themselves, most of all they feared not to find the right words to communicate with the respondents, but all fears were unfounded. From the demonstration of the proper tooth brushing techniques and answers to participants’ questions activists brought a lot of fun, positive emotions, and certainly a brand-new experience in communicating with people, as with patients. Five days passed quickly and the project came to an end, but in addition to fulfilling purposes of the prevention program, all participants gained new knowledge and experience, and the team of the ADSYD again proved itself as a reliable and well-coordinated mechanism.

EDSA team would like to express their gratitude to Joyce Baert, Professional & Academic Relations Manager Benelux, for help in implementing the project, to the Rector of VGMA Prof. Esaulenko I.E, the Rector of SPbGPMU, Prof. Vladimir Levanovich, the ADSYD Presiden Inna Virabovova for assistance in preparing and carrying out the «SM!LE» programme. Special thanks to sponsor company P&G.

Daniel Pazi, EDSA Prevention Officer



Summer Camp Dubrovnik

2014, Report

With the close collaboration and dedication to work the Croatian Dental Students' Association alongside the help from EDSA have managed to organise another extremely successful international summer camp in Dubrovnik, Croatia. The biggest praise goes to the LOC: Emina Kabil, Antun Sablek, Andrija Ban and Luka Banjšak.

The organisation was surgically arranged. All participants, students as well as lecturers were greeted by the organisers personally and showed to their accommodation in the CAAS dormitory which has a long-year tradition of an extremely high standard of luxury accommodation in the "pearl of the Adriatic". Breakfast, lunch and dinner were organised in the premium restaurant "Mimoza" a couple of meters down the street where quality food and kind service were an imperative for the entire duration of the Summer camp; special dietary wishes were available as well.

The first night was themed "low key" with the pleasant hanging out, meeting around and a glass of wine.

The second day of the camp came and it was time for the lectures: the exquisite lecture from Prof.

Siri Beier Jensen from Copenhagen, Denmark, named "Oral complications in irradiated patients with head and neck cancer" was eye opening and raised awareness about the consequences of treating head carcinoma. The organising committee led a debate group on the theme "Prevention". The moderators were Luka Banjšak, Emina Kabil and Antun Sablek; their dynamical approach to the theme was based upon the documents of the World Health Organisation (WHO) and European Dental Students' Association (EDSA). The comparative method of preventative programmes in various countries was a great way to explore the topic.

In the afternoon session GSK representative Petra Jakob presented her lecture, followed by a tour of the City walls.

On the third day of the camp the programme consisted of the keynote lecture by Professor G. Richard Scott for the University of Nevada. In his domain of expertise his lecture: "Dental Anthropology Objectives and Applications" was interesting and rich. The afternoon was free to enable the participants to explore Dubrovnik.

The following day it was time for the boat trip to the Elafiti Islands. The wonders of the Croatian seaside did its magic here by itself. The entertainment programme finished the day in style. Professor Panduric and Assistant Professor Jakovac held their lecture "Indirect vs. Direct Restorations": the demonstration of cases they encountered in their own private practices. The dual expertise elevated everyone's level of knowledge. To top it all off they were joined by the dental technician Jurgen Seger, who is according to some dentists one of the best in the world. Some of the participants already encountered this type of presentation but according to their testimonials they usually cost several hundred euros. In the afternoon session of the fifth day prof. Tim Hodgson held his



lecture named: "Mucosal blistering - innocuous or sinister?" followed by Tina Vukicevic and her lecture concerning composites.

Dinner was served on the luxury boat "Karaka", exquisite food and a night cruise left all of the participants speechless.

The final day two lecturers were the leading stars: Prof. Meric Karapinar Kazandag from Yeditepe University, Istanbul and Assistant Professor Anja Baraba. Three lectures and a workshop closed the Summer Camp in Dubrovnik in great style. After the closing word of the organisers the Summer camp was officially closed.

Luka Banjsak, President of USDM

This year prepare for an even bigger event! Registrations are open at:

<http://summercamp2015.edsaweb.org>



EDSA Summer Camp Malta 2015



This year the Maltese Association of Dental Students is once again hosting the EDSA Dental Summer Camp here in Malta! We are so excited for this event, with preparations well under way. We aim at having an event even better than last year's (which I must admit is a great challenge).

Malta is a great location to host this Dental Summer Camp; long sunny days, crystal clear blue seas, great cultural heritage with a very interesting history and above all, welcoming and cheerful people! Oh and I forgot, you can cross Malta from one end to another in no more than 45 minutes. What a gem in the centre of the Mediterranean!

Lectures chosen are very interesting. We chose our best lecturers to give lectures on the most interesting topics in dentistry. This year we will once again be having two workshops. Workshops take a lot of time to organize and prepare but dentistry is all about practice and our lecturers are keen on passing on their perfect practical skills.

After the morning lectures, we have planned several activities! We will visit our capital city Valletta which is a World Heritage site where one can appreciate its impressive bastions, forts and cathedral. Valletta has also been named as the European Capital City for 2018. We will also visit Mdina, which has a history of more than 4000 years! Mdina is referred to as the 'silent city' with its cultural and religious treasures. We are also going to make sure to allocate enough time for swimming! Malta is surrounded by beaches, and we will enjoy a barbeque as the sun sets on the warm sand.

Gozo, our sister island, 25 minutes away from Malta via ferry will be one of our destinations this year! No words can describe this beautiful, peaceful island - wait until you witness it yourself. The night is young in Malta. No doubt about that! We will surely find time for partying, ending our week with an unforgettable boat party, where you can dance the night away on the sea. The local organizing committee is working very hard on this event, we hope on seeing loads of new faces this year (and also familiar ones, why not?). This event is open to all dental students. Places are limited so do not hesitate to apply when the applications are out!

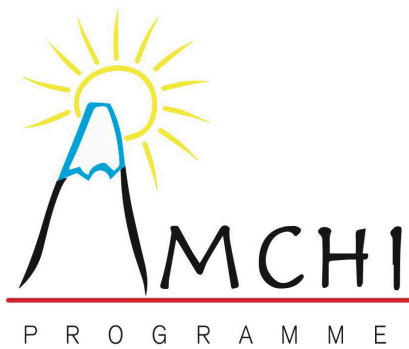
See you soon!

Chantelle Abela, Chairwoman of the Summer Camp

<http://summercamp2015.madsonline.org>



VOLUNTEER Amchi &



November brought about a very exciting time at University of Leeds Dental School; Volunteer Work Month fundraising from the Amchi and Pamoja projects! Every year, EDSA delegates from Leeds (Jacob Curtis, Katie McDonald-Meyer and Bradley Lander) plan and organise events for the entire dental school to get involved in, with the main aim of fundraising for EDSA's charity projects. However, this was the first time an entire month was dedicated to the cause and what a month it was!

Jacob, Katie and Bradley organised the annual Leeds' DentSoc Family Pub Quiz, which was inspired after last years' EDSA conference in Kosice, Slovakia. This social event was unique, giving students the opportunity to interact with all of the other years, as well as tutors, in a lively environment where the younger dental students attempted to show-up their older peers, whilst the more senior students tried to send their dental apprentices back to school.

A week later saw the introduction of Leeds' first Great Dental Bake Off; where members of the Leeds Dental Institute were invited to test their craftsmanship in a baking competition. Students and tutors were invited to try these spectacular bakes, assessing them on taste and appearance, before crowning our champion of the Leeds' Great Dental Bake-Off 2014.

Both events brought the whole dental school together, whilst raising the awareness of our charity projects, in what was a fantastic month! Leeds managed to raise £1360 over the two events, with massive support from the Dean of our faculty, Professor Helen Whelton. This money will undoubtedly go a long way with helping to finance our volunteer projects; The Amchi and Pamoja Projects 2015.

Jacob Curtis, Katie McDonald-Meyer & Bradley Lander, Leeds University EDSA delegates



ER MONTH

& Pamoja

Fundraising is a blast! Working together, sharing one goal and achieving results for a good cause bring people together. You learn how to talk with sponsors, how to cooperate and how to think strategic. It was a great pleasure that Karolinska Institutet in Stockholm got the opportunity to raise money for EDSA volunteer work.

The fundraising at Karolinska Institutet started with gathering people together and creating a workshop with a group that would like to work for this project continuously. Meetings are really important in order to explain to the members what we are going to do, how to proceed and why we are doing this. When creating such framework and setting up a goal it's much easier to work as a group and getting results.

Our fundraising activities:

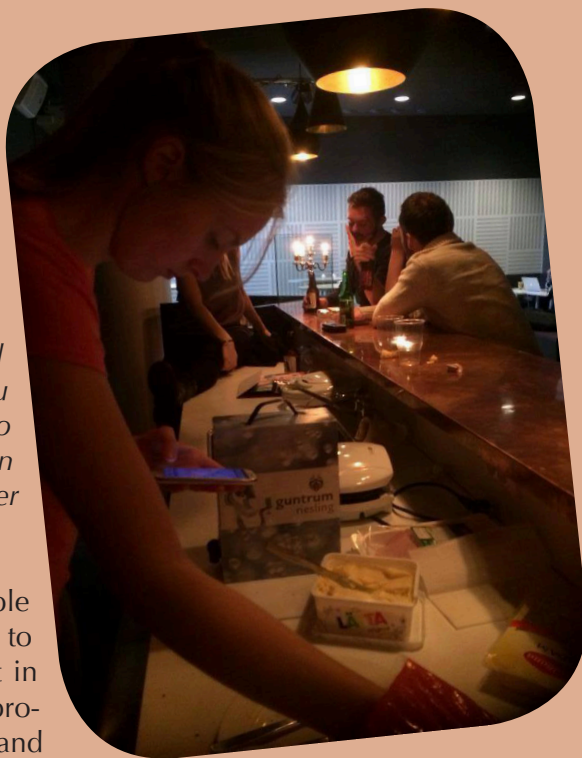
- **Cinema at the institution:** we borrowed one of the biggest lecture halls and had our own after clinic cinema. We charged for tickets. Entrance, popcorn and cakes were included in the price. This was really appreciated and people enjoyed hanging out after school.
- **Competition in the canteen:** during the Volunteer Month we had a competition where people could guess the amount of plastic teeth in a see-through bag. We offered sweets and played music in order to tempt people to participate. The great price was an electric toothbrush. This was a good way to spread the word about fundraising for EDSA volunteer work.
- **Hot sandwiches at the pub:** students are hungry after clinic and school! So why not offer a delicious sandwich where the money goes to charity? Check! This is something we truly recommend. For little work you can get a lot of money and as a bonus the students are no longer hungry.
- **Contacting sponsors:** unfortunately this did not work for us. We contacted many Swedish and Danish sponsors but nobody showed any interest. The reason for this was probably that other students from our institution had contacted the same sponsors for two big and costly events during the same period. But we would still recommend you to try contacting sponsors since there is a chance it could be really successful. We simply gathered all potential sponsors within the dental industry but also health/sports market and divided the list between our group members, where each person was responsible for contacting a few companies.

Some other ideas we had in mind:

- Presentations for companies/elderly homes: we had an idea about talking about oral health and hygiene for companies and especially elderly homes. In return they would contribute with a fair amount of money for charity. Unfortunately we did not have time to do this but will definitely be something that we will have in mind for next time.
- Sports event
- Dinner party

Whatever activities you decide to do, make sure you use the right tools for publication. This is fundamental in order to get people to attend. We used Facebook, fliers and music in the canteen. But most importantly have fun and spread the happiness to others, show them how we all can work together in order to make a change.

Helen Taheri, Karolinska Institutet, Stockholm





AISO

Italian Association of Dental Students

AISO, the Italian Association of Dental Students, is the unique National Association of Italian Dental Students legally recognized in Italy.

It was founded on March 7 1983 by the students of Ancona University (the Dentistry course in Italy was first introduced in 1980). The goal of those Ancona learners was to gather all the Italian dental students in an association, to defend their rights together, which is still one of the most important points of the AISO constitution.

The 19 active Local Offices are:

Brescia, Cagliari, Catania, Catanzaro, Chieti, Foggia, Genova, Messina, Modena, Napoli Federico II, Napoli SUN, Padova, Parma, Pavia, Perugia, Roma Cattolica, Sassari, Torino and Trieste.

We're working with the students to open/reopen offices in Varese, L'Aquila, Firenze and Bologna.

Twice a year we hold the AISO General Assembly to let the local delegates share their experiences and ideas with each other and with the national executive committee.

During the GA we also talk about the principal problems that concern the Italian dental students as the lack of an adequate number of practice hours in some faculties or how to stop the exorbitant number of students avoiding the admission test with more or less legal "tricks".

In 2013 we had the pleasure of hosting an annual world congress with three hundred students from all over the world. The congress was held in Giovinazzo, southern Italy, a beautiful town on the seaside. There were lecture contest, Workshops and International lectures.

In January 2014 we created a special commission named CLE ("Commissione Lauree Estere" that stands for Foreign Degree Commission) that started investigating the problem. During our last GA in April the CLE members showed the report with some data and had a very long discussion with all the present AISO members.

Another important mission of AISO is the cooperation with other Associations as AIO (Italian Dentists Association) and ANDI (National Italian Dentists Association) that are the two Italian Dentists' unions.

Victor Luca Palumbo, National Exchange Officer, AISO

TurkDentSIC

Turkish Dental Students International Committee

TurkDentSIC (Turkish Dental Students International Committee) was founded on 2 May 1992 as a Full Country Member of IADS (International Association of Dental Students). Also TurkDentSIC is the Student Branch of TDA (Turkish Dental Association). TDA is a member of FDI World Dental Federation and ERO (European Regional Organization).

TurkDentSIC is National and International Association of all Turkish Dental Students. Intendment of TurkDentSIC is to determine the problems of the Turkish Dental Students, to offer solutions, to form organizational consciousness, to promote scientific researches, to organize the student exchange programs, to the implementation of preventive dentistry, to carry out the intraorganizational education, to represent the Turkish Dental Students in the international dental students' organizations.

There are 62 dental faculties in Turkey 40 of which provide dental education and dental education will begin in other faculties as well in the upcoming years. There are 12.825 dental students in these faculties.

The institutional structuring of TurkDentSIC representing the Turkish Dental Students consists of 20 Local Commissions, 1 Central Commissions, 7 member of Boards of Directors (President, Vice President, General Secretary, Treasurer, National Scientific Officer, National Exchange Officer, Editor) and 3 Standing National Officers (National Prophylaxis Officer, National Training Officer, EDSA Communication Officer). Board of Directors and Standing National Officers are elected for 2 years in General Assembly. Also there are 4 Central Sub-Commissions and Boards. They are Council of Local Commissions Presidents, Research and Education Commission of LSOs (Local Scientific Officers), Student Exchange Commission of LEOs (Local Exchange Officers) and Press Commission of LEBOs (Local Editorial Board Officers).

The most important annual organization of TurkDentSIC is the National Student Congress. These congress was held in Istanbul, Ankara, Konya, Antalya, Samsun, Adana, Kocaeli. Future Congress, The 9th TurkDentSIC National Congress on 28-29 March 2015 in Zonguldak. 700 Turkish Dental Students' registrations were attended. Also TurkDentSIC organized IADS Mid-Year Meetings in 1995, 2001 and IADS Congress in 1999, 2003, 2013 (last one with FDI World Dental Federation and AISO Italian Dental Students Association).

Finally, TurkDentSIC EDSA CO, Azize Ipek YETISTI presented official membership application during the 54th EDSA Meeting in Riga, Latvia. TurkDentSIC is a Full National Member of European Dental Students' Association. We believe TurkDentSIC will show success and provide consistency in the Works of EDSA. Also we congrats Azize Ipek YETISTI for elected General Secretary of EDSA.

TurkDentSIC and Turkish Dental Students will be happy to work in EDSA Projects and Organizations.

Kind Regards,

Mehmet Yildiz, President of TurkDentSIC

Ankara University, Faculty of Dentistry

Ankara University, Faculty of Dentistry is one of the most fundamental faculties of Ankara University, which is the first university founded by the Republic of Turkey. Our faculty not only contributed to the world of science but also provided prosperous health care with its experienced faculty members and staff during the past 50 years.

The mission of our faculty is to facilitate a contemporary education having higher standards with a modern educational approach and to earn professional knowledge and skills for our students. Ankara University, Faculty of Dentistry is continuing its pioneering role in both educational quality and well-qualified graduates.

Our faculty aims to provide the best and well-qualified health care of international standards and to achieve highest patient satisfaction level, also supported the foundation of numerous national and international dental faculties and will continue its mission in the future.

Our Faculty is working on preventive dentistry since the day it was founded. The most recent and best example of this is White Teeth, which was carried out by youth of our faculty. This project has the distinction of being first among dental students in Turkey with the aspects of the creation of a new model in oral health education. The Project has provided education to 150 people consisting of 5-7 year-old children and teachers of these children with their families. The training module that was created attracted the attention of the community of dentistry and introduced to the dental community with the invitations of many different symposia and congresses.

We are continuing our work on this motivation as Ankara University Faculty of Dentistry.

Utku Can Kemeç





ADSYD

Association of Dental Students and Young Doctors

The Association of Dental Students and Young Doctors (ADSYD) is the first Association of young dentists created by them in Russia. Any dental student or dentist younger than the age of 30 can join our united family. The membership in the Association is free of charge and timeless.

Professional growth and consolidation of young dentists throughout the country is the main aim of the association. The branches of the association have been established in more than 25 cities and membership is approaching to 9000 young specialists. The most actively developing directions of the ADSYD work are the organization of workshops and master-classes with top-level educational centres, volunteer and prevention projects, as well as the organization of international exchange programs, summer camps and the work with dental school entrants. The Association of Dental Students and Young Doctors cooperates not only with eminent dentists but promotes young specialists delivering lectures on the base of their clinical experience as official lecturers of the association.

During the time of the ADSYD existence, namely 2 years, we already have something to be proud of. The original projects were developed and implemented. Such as «Dentist to children» - the prevention project aimed at improving of the children's home inmates oral health. «Chamber of Dentists» - a discussion club for young dentists, where everyone can present their clinical practice reports and get peers and professors advices. «Russian village oral health» - a volunteer project aimed at providing dental care in rural areas of the Russian Federation, «Dentist is my future profession» - the project for dental school entrants. During the project prospective dental students get the opportunity to communicate with young dentists and find information about their future profession, «Dentists club» - organized by the ADSYD and P&G company the annual project with a participation of outstanding foreign lecturers.

There are also some projects unrelated to dentistry. The main goal of those projects is to unite dental youth. «Traditional cuisine night» and «ADSYD Mafia» are the examples of such projects. Moreover, the association together with Splat company also carry out the beauty contests «Miss ADSYD» and «Mr. ADSYD».

The EDSA project «SM!LE» for the second year in a row has been successfully held in Russia by the Association of Dental Students and Young Dentists. The project was a valuable experience for participants and the association as a whole.

The ADSYD often participates in exhibitions held in Russia. In addition, you can see a lot of our publications on pages of the leading Russian dental magazines.

It's necessary to mention about the annual ADSYD winter and summer meetings, which bring together colleagues from different parts of Russia. On the meetings participants not only sum up last year activities and make plans for the future but also get the professional knowledge. During meetings the outstanding dental specialists give lectures on various topics. For example, Dr. Paulo Monteiro shared with us his view on a digital photography this winter. Of course, the unforgettable entertainment program is always held during the meetings. No one will stay indifferent!

ADSYD team

ROCKSTAR OF THE DENTAL WORLD

Interview with Dr. Michael Apa, DDS

Dr. Michael Apa is a graduate of New York University (NYU) College of Dentistry and is one of the leading aesthetic dentists in the world. He has developed a new approach to aesthetic dentistry called Facial Aesthetic Design (FAD) that creates natural smiles that fit the face and enhance appearance. Shortly after graduation he partnered with Dr. Larry Rosenthal who still remains his mentor. Dr. Apa is working in NYC and has recently opened a new dental clinic in Dubai.

To begin with, could you tell us something about yourself? What brought you to the world of dentistry and how did you come to choose a career in cosmetic dentistry?

I've always wanted to be a dentist since I was a very young child. I'm not exactly sure why, but knew from the age of 5 that I was going to be a dentist and followed through with it.

So right after finishing dental school you started working next to Dr. Larry Rosenthal? How was it at the beginning? How did you manage to build your own trademark?

Yes, directly from dental school. It was like going from karting to formula one...and building my own trademark was EXTREMELY difficult, frustrating and will never end. It is something you have to put time in to every day. I was able to seize a lot of opportunity with patients, press etc. But it's important to know that nothing was handed over easily...it's hard work and not many people truly want to help you get there. I've had guys come in as associates expecting me to create an identity for them and that's just not how it works. You have to get creative, understand yourself and your market and create the identity for yourself.

How did you develop into the dentist you are now, where and how did you gain the most knowledge?

Most was hard work. I was fortunate enough to be surrounded by amazing dentists like Larry and his team of instructors as well as amazing ceramists like Jason Kim

and Peter Kouvaris.

You try to learn as much as you can by watching, looking at models of what was done, photographs etc., and then it is up to you to go into the mouth and perform. It's like anything else, the more you do the better you get. I was seeing a lot of dentistry directly out of school.

What does your average working day look like?

I get up early... I work out at 5.30am every morning. Gets the blood flowing. I'm at work by 7.30. The first thing I do is to make all of my Dubai phone calls to the other office. Check in on what's going on and what needs to be done. From there I usually have a quick office meeting with my team in NY then we start to see patients at 8.30. I like to have preps in the morning and inserts in the afternoon, but of course it doesn't always work that way. Sometimes people come in and want to get started right away at 3 in the afternoon. It just depends day to day. We work until about 6 and then I usually go home and spend time with my family.

In your opinion, what makes a good dentist?

The best dentists are those who treat people not patients...and there's a big distinction between the two. Also one who is skilled, but at the same time knows their limits.

What is your opinion on specialty training? How should a student choose their specialization and is it a necessity?

I think it's great. It's really hard to pin down before dental school what you



like, but it's worth keeping your eyes open during 2nd and 3rd years to see what you gravitate towards... Specialization is great to become the best at what you love or in your field. It also carries a lot of weight when you are lecturing or publishing your work. If I could go back now, I would love to be dual trained in perio and aesthetics.

Not really...the weather in Dubai is much nicer most of the time. When you're in the chair with your patients creating something for them, it doesn't matter where you are. The difference is the surroundings. In NY I'm going to work through the concrete jungle, in Dubai I'm jogging on the beach in the morning...totally different that way.

It is no overstatement to say that NYC-based cosmetic dentist Dr. Michael Apa is to dentistry what LeBron James is to basketball.

They both set the bar in the stratosphere in their respective professions.

Each is at the top of his game, and neither settles on past successes.

Iman Sadri, DDS

What should students be doing during their time at dental school in order to become better dentists? Are there any courses that you would recommend and how should they go about selecting them?

In dental school, it's really a matter of getting through and making sure you're on target to get to your desired next step. If that's specializing, then do well academically, etc. I started an aesthetic society that wasn't around when I was going to school. It helped open my eyes to real life dentistry and what to expect. Try, whenever possible, to take continuing education courses given locally in your area...it will help give a more complete picture to what is to come.

You are working in Dubai as well, right? How did you start working there and what is it like to work in two different parts of the world? How often do you work there?

Yes, I opened a centre there this year. I had been working there for 6 years as a visiting doctor in someone's clinic, but decided it was time to open my own. I got my start from an invite from the royal family of Abu Dhabi. I treated them in NY and became very close with them.

They asked me to come back practice in their country. I gladly accepted.

It's really amazing being able to practice in two different countries. It keeps things very exciting with different opportunities opening up all the time.

How would you compare working in Dubai to working in NYC, are there many differences?

Do you plan to expand anywhere else?

I'd like to go to London and other parts of the Middle East.

You are working in New York, working in Dubai, lecturing around the world, soon launching your own product line, how do manage to do all of this?

I work hard and keep my mind healthy. I also have a very loving and understanding family and great support from my wife. I married a woman who is an over-achiever, so she understands what I'm doing and what it really takes to get it done. She never tries to slow me down and always keeps me focused on what's important. It's important to surround yourself with people who won't bring you down including your choice of friends. At different points in my life it was a realization I had to come to...it's all part of growing up.

What are some career milestones still left for you to achieve?

I'd like to see my product line become a household name.

What is it like having famous clientele? Are you under more pressure or are they generally like ordinary patients? Can you name some celebrities that are wearing "Dr. Apa Smile"?

They are just like anyone else. Every patient is pressure to perform...or not...it's all in how you perceive it. Lea Michele, Chloe Sevigny, Jessica Lange...some of them...

What advice would you give to students who want to follow in your footsteps?

Be sure it's what you want, because it's not easy.

Miha Pirc



FROM DENTISTRY TO GLOBAL HEALTH



The world is growing and globalising rapidly. In the XXI century we are faced with various global challenges such as sustainable development and climate change, social security, social inequalities, population and resource challenges, and many more. Health and oral health challenges are no exception to that. Therefore, being a dentist, I felt that I could not ignore these world issues and, moreover, that I could contribute to managing them by using the opportunities the XXI century has to offer.

I obtained my Bachelor degree in dentistry at Samara State Medical University in the Russian Federation. I had already decided to become a dentist by the age of ten. The reason and inspiration for that decision was my mum, who is a great dentist. Hearing feedback from her patients about what a skilled and wonderful professional she is, I always felt so proud of her. Therefore, I was really motivated and diligent when I started my dental studies. However, having been a good student, it was always fascinating to me to be a part of the student community not only at the local, but also at the national and international levels. Thus, when I was a third year student I became involved with the International Federation of Medical Student's Association (IFMSA) at a local level, and then participated in various programmes of the International Association of Dental Students (IADS) and European Dental Student Association (EDSA). Being able to be a part of the global dental student community and enjoy all the opportunities it offers made me wonder why all the other dental students in Russia do not take advantage of doing so as well. The answer was quite obvious and

easy. Unfortunately, in Russia there was no community of dental students and young dentists, and there was no organization, which could unite them. At that time, dental students from different cities and universities were apart, and only occasionally were they gathered together for this or that dental student conference organised by a rare dental faculty through its own initiative. This was the reason for me and my dental friends and colleagues from different cities (especially Inna Virabova and Aleksey Scherbovskih) to put our efforts together and found an Association of Dental Students and Young Dentists in Russia. It has been two years since then and the Association has been a huge success. To date, it has managed to unite dental students and young dentists from more than 30 cities around Russia. Not only has it become very active in various aspects of dentistry and dental education in Russia - right after its establishment the Association became an official part of the global community by becoming a member of EDSA and IADS, and establishing direct partnerships with several overseas adult and youth dental associations.

Thus, being involved in so many fascinating activities, which gave me a great experience of working in a team and organizing projects at the national and international levels which involved a large number of students and general population, I was driven by a desire to change the world and share my passion, abilities, and capabilities with it. Therefore, after graduation and two years of working in dentistry in the public and private sectors, I was thinking of moving forward. Although I really enjoyed being a clinician, seeing and helping patients, I felt that something else lies ahead for me. At this point in my life I was lucky enough to be selected for an internship programme at the World Health Organisation headquarters office in Geneva through the IFMSA.

I was an intern at



the Department of Communications, Office of the Director-General. Communications was a very new field to me. I got a chance to be involved with a flagship communications team, which organized various world health campaigns, such as World Health Day, World Blood Donor Day, World no Tobacco Day, etc. Moreover, I did some work with the social media and media teams. During this internship I met a lot of professional and dedicated people who are passionate about their work. I learned about the world of the United Nations, non-governmental organizations, the role of civil society, private sector and other actors in global health. Moreover, having been an intern at the UN I had a great opportunity to meet a lot of other interns from various UN organisations, to hear their stories and learn from them. Being motivated by this experience I felt that improving health at a larger scale rather than being a clinician was a direction in which I would like to move forward. However, I felt that I lacked the theoretical knowledge to do so.

When I returned to Russia, I started to look for programmes in global and international health around the world. I was searching for a course, which would reflect my interests, and for an opportunity to get a full scholarship to fund it. After long and thorough research I was considering a number of universities in the UK, USA, Sweden, Denmark, and Germany. After a tedious application process I had to wait several long weeks to hear the results. To my surprise I was accepted to all the courses I had applied to, so I had the privilege of choosing any of them. However, I never had doubts about my priority. The first on my list was the University of Oxford and its one-year programme that currently has a name Master of Science in International

Health and Tropical Medicine. I was prioritizing the course as it offers a multi-disciplinary and interdisciplinary programme examining major challenges to the health of populations in resource limited contexts. It provides its students with a foundation in qualitative and quantitative methods, health economics, health policy and systems analysis with an integrative problem-based curriculum. I found the course to be work-oriented, but

nevertheless offering important basics for research. Moreover, I wanted to experience the University of Oxford, as it is definitely a special place to be. It offers such a large amount of extra-curriculum activities, where everyone can find something that interests them, be it sports, music, literature, politics or anything else you can think of. In addition to that I received a full scholarship from the University of Oxford, which covered the university fees and living expenses.

It was indeed a fantastic year. I learned so many interesting concepts. The huge and most important advantage of the course is that the students are able to learn from each other in formal and informal conversations. The course organisers always make sure to gather a diverse group with unique and interesting experience to be a main source of information in the process of learning. Moreover, the Oxford environment is very special. I am sure, there is a very limited amount of places like this around the world. Oxford conversations ... so rich, provoking, intelligent, and comprehensive... I will truly miss them once away from Oxford. When I came here I just felt as if I had been kept in a 'dental' bubble for so many years, which was burst by Oxford and people around me. This place certainly influenced the development of new interests for me.

Currently, I do research at the Centre for Tropical Medicine and Global Health at the University of Oxford, analysing communication about Ebola on Twitter, the consequences it has had on the global situation around the disease, on the ways public health authorities may utilise social media to learn from conversations about diseases and participate in them. I also row for one of the best college rowing clubs at the University – Green Templeton Boat Club; I have also been President of the Oxford University Russian Society, and have been involved in many other interesting and enriching activities.

In the future I would really like to get some hands-on experience and work with the communities in the developing world...and after that, who knows! Only time will tell! However, being asked the question "Why did you decide to leave dentistry and why did you study it at all?" I find quite surprising. For me my path seems to be a logical sequence of events. All the knowledge and experience that I gained during my dental studies and a short clinical experience are undoubtedly building up to my overall knowledge in the area of global health. Therefore, I believe that it is one of the many interesting paths that a dental student and practitioner may decide to follow. Which is why I think it is always important to learn, think, observe and rethink the world around you and your place in it. Don't let things that have already been achieved limit you and always follow your dreams!

Dr. Tatiana Vorovchenko, MSc



FROM DENTISTRY TO HEALTH MANAGEMENT

Interview with Ana Stevanovic

I came to MIHMEP expecting to gain knowledge and skills to bring together my two desires - healthcare and management. MIHMEP was my first and only choice when I decided that after my DMD degree I wanted to pursue an MSc. The program has a great reputation, and not by chance or luck. The greatest asset I have received so far in MIHMEP, apart from amazing colleagues and great teachers, is a completely changed mind-set. And that is something that, for me, has a great value.

Ana Stevanovic | MIHMEP 2014 | Serbia



Hey Ana, to start with, could you please tell me what was your first experience with EDSA?/ could you please tell me something about yourself?

Well, my first experience with EDSA was joint EDSA/ IADS meeting in Ljubljana, Slovenia in March 2009. My EDSA story continued with being Prevention Officer, Partnership Officer, Secretary General and in the end, President of EDSA. I am proud to say that I never finished with EDSA experience, because in the company I am currently working in, we cooperate with EDSA on every level.

I come from Serbia where I got my degree as a dentist, then I moved to Italy to finish my Master studies in management and now I live and work in Switzerland.

How did you decide for your studies at Bocconi? How did you find out that there are other options than dentistry after finishing dental school?

After finishing my University and after I got my license to practice, it was a weird time for me. EDSA changed me in a way that I got really fond of traveling, doing big projects, and somehow dental office environment became too small for me. I did a lot of online research about possibilities of dentist having complimentary education, and then I have found number one school in Europe for healthcare management. MIHMEP – Master of International Healthcare, Economics and Policy was just what I was searching for! Thanks to my good CV, recommendation letters (all to which EDSA contributed greatly) I got a full time tuition waiver, and in September 2013, I went to Milan.

Can you describe your postgraduate program, what is the purpose of it?

The purpose of MIHMEP is preparing professionals for all kinds of work in healthcare industry. Theoretical

part lasts for 9 months and then you have a live experience by doing an internship in one of worldwide healthcare institutions, consultancies, NGOs, hospitals, you name it. Bocconi has an extensive network of alumnus, partners, and they do the match-making on the day called Internship day, so you can choose the place you will be spending 3 to 6 months of your internship. Of course, you are also encouraged to find internship by yourself if you like (I did that). We have 3 sub-specializations in MIHMEP: Pharmaceuticals & Medical Technology, Global Health and Development and, the one I have chosen, Healthcare Management.

What can you do after you finish your studies?

After MIHMEP, you can do so many things! You can work in pharmaceutical industry, World Health Organization and similar NGOs, consultancy companies, hospitals, creative agencies for medical advertising, and many others.

How is it with application process, do they accept only students from medical/dental schools or everyone?

MIHMEP accepts students that have medical, economy, financial background, but depending on person's interest, CV and careers pursuits, person can come from any field. I had 2 colleagues who were MDs, I was only DMD, I had a lot of colleagues that were pharmacists, but also economists, biochemists and we had one psychologist as well. We were 28 in class and I had colleagues from all continents. Application process starts early in the year, you need at least bachelor degree, then up to few years of work experience (not necessary, but very useful), CV, 2 recommendation letters, application and passed GMAT or GRE test (not older than 5 years, as I remember). There are also some tuition fees you can apply for.

What are your plans for the future?

Well, that is a good question. After I finished theoreti-

cal part of my studies, I went to Curaden International in Switzerland, one of the company groups that deal with oral health. Curaden's main brand is CURAPROX and the company strongly supports EDSA and its activities. I finished my internship there, wrote my master thesis and I was offered to stay. I deal mostly with education and development in Curaden and I really enjoy it. I do the work I strongly believe in, and that is a fulfilling experience. My other plans include learning to snow-board (I do live surrounded by mountains!) and to figure out which one is the best Swiss chocolate (smiling).

What would you suggest to the students that are thinking about applying to similar postgraduate programs? What are these schools looking for and how can EDSA help them?

First of all, it took me years to realize that finishing a dental school does not mean you can be a dentist only. Having a MBA or MSc in healthcare management can be useful because it shows you another perspective of healthcare – you get insight into management, marketing, economy, and so many other things. These schools search for individuals with high motivation, drive, ambition, but maybe most important, with interests in having multidimensional view on healthcare. EDSA can always invite some MIHMEP or MBA alumnus and hear about their experience, in that ways showing its members benefits of education like this.

Thank you for your time, it was a pleasure having you.
The pleasure is all mine!

Miha Pirc



CLINICAL PHOTOGRAPHY FOR DENTISTS OF THE DIGITAL AGE

INTRODUCTION

A 2010 study from Morse et. al¹, states that only 48% of general dentists in the UK use clinical photography.

What are the advantages general dentists find in clinical photography and what concepts one has to master to deliver quality photographs?

ADDED-VALUE OF DENTAL PHOTOGRAPHY

Clinical photography brings major advantages to one's practice.

First of all, photography is a wonderful tool for communication. The message delivered by the dentist is supported by the evidence of the photograph.

In terms of oral health education, outcomes can be improved by showing the patient intra-oral views of plaque, calculus, gingivitis, etc. For treatment planning, clinical photography can be of great help thanks to digital manipulations of the images. Softwares such as Adobe Photoshop can help producing a virtual mock-up and provide patients with a pre-visualization of the expected outcomes.

After sufficient training, informative and reproducible pictures can be sent to the dental technician by the dentist. The collaboration between the dental lab and the dental practice is strengthened, providing the patient with better clinical outcomes, especially in the fields of prosthodontics and cosmetic dentistry. This is critical, notably for shapes, translucency and colors. Clinical pictures can also help the practitioner assess his own work with post-op pictures. Such pictures can help him analyze his technique and improve his skills by discussing the case with fellow practitioners. Last but not least, pre-op and post-op pictures can be added to the medical and legal records of the patient.

Clinical dental photography has numerous applications for practitioners. It can be used in all fields of dentistry and brings added-value to one's practice.

However, it requires sufficient training to obtain reproducible and informative pictures.

DIFFICULTIES IN DENTAL PHOTOGRAPHY

The main challenge in clinical photography will be to provide the viewer with a sufficient amount of information to allow proper analysis of the situation. Such informations consist of volumes and shapes, translu-

ency, colors, depth, gingival margin, teeth alignment, etc. However, major obstacles prevent novice photographers from obtaining such data.

Firstly, the anatomy itself will be one of the major obstacles to be faced. Soft tissues - especially cheeks and tongue - will often come in the line of sight. Clinicians will, therefore, use retractors to hold back the soft tissues.

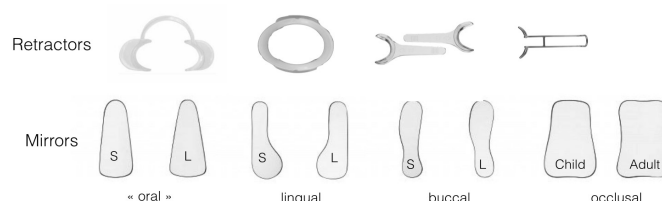


Illustration 1: Must-have accessories

Indirect vision, which dentists are used to, will be key for some situations, such as occlusal and lingual shots. Dedicated dental mirrors will be mandatory. Using mirrors require training because minor changes in the angulation will actually end up in major changes in the picture. When using a mirror, only a 45° angle between the line of sight of the camera and the mirror and a 45° angle between the mirror and the teeth will guarantee reproducibility and a deformation-free image.

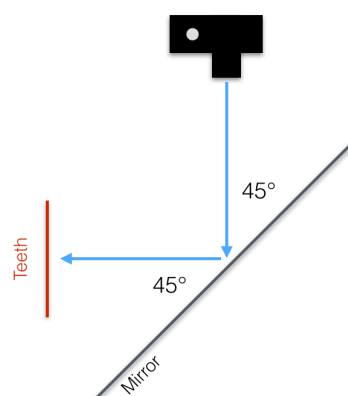


Illustration 2: The proper angulation with mirrors

To achieve good results, it is highly recommended to work together with the dental assistant. The dentist would use the camera and the assistant would use the mirror. Teamwork is far more efficient and more comfortable than working alone. The patient might also contribute and hold the retractors. This matter will be discussed thoroughly in the next issue.

More advanced informations can be pictured with accuracy such as volumes and colors. This requires additional training and additional tools such as a monitor

colorimeter, a set of contrastors and some light modifiers.

Clinical photographs can bring to light a wide variety of informations. While some (such as geometry) are easily depicted, some others (such as color) require additional training. In any case, a minimum understanding of the fundamentals of photography is needed.

FUNDAMENTALS OF PHOTOGRAPHY

Photography literally means « writing with light ». Digital cameras use a light-sensitive sensor made of photodetectors. This sensor captures the impact of light photons for the camera to create the image. The photographic process relies on a trinity of settings : aperture, shutter speed and sensitivity.

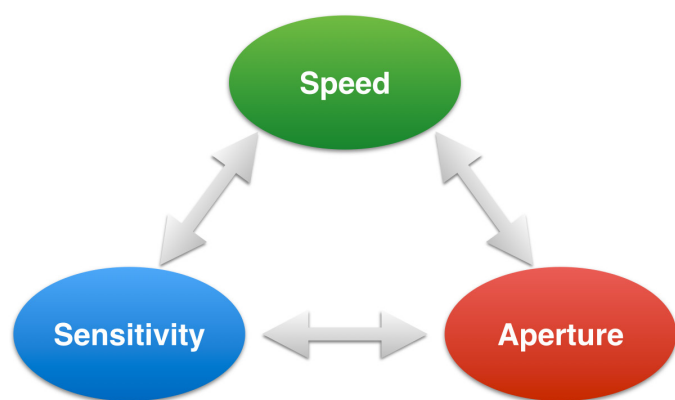


Illustration 3: A trinity of settings

Shutter speed (or exposure time) defines the duration for which the sensor of the camera is exposed to light. It is the time during which the photograph is taken. For most cameras, the settings range from 30s to 1/8000s. In a bright environment (eg. a glacier), less time is needed and the photographer will select a shorter exposure duration, that is to say a faster speed (eg. 1/2000s). In a dark environment, such as the oral cavity, more time is needed and the practitioner will select a slower, more adequate speed such as 1/100s.

The darker the environment, the longer the exposure time (= the slower the shutter speed). However, long exposure times result in blurred images because of angular momentum.

Sensitivity defines the ability of the sensor to detect photons. Its unit is the ISO unit (International Organization for Standardization). Values range from ISO 100 to over ISO 12800 in modern high-end cameras. The golden rule of ISO sensitivity is: Twice the sensitivity = Half the exposure time. For instance, if one selects 1/200s for ISO 100, the corresponding setting for ISO 200 would be 1/400s. Increasing the sensitivity of the image offers the possibility for shortened exposure

time and therefore sharper images in regard to angular momentum.

However, this comes at a great price: by increasing the sensitivity, one also increases the noise/signal ratio of the sensor and the resulting image features abnormalities called image noise. Image noise is random (not present in the object imaged) variation of brightness or color information in images, and is usually an aspect of electronic noise.

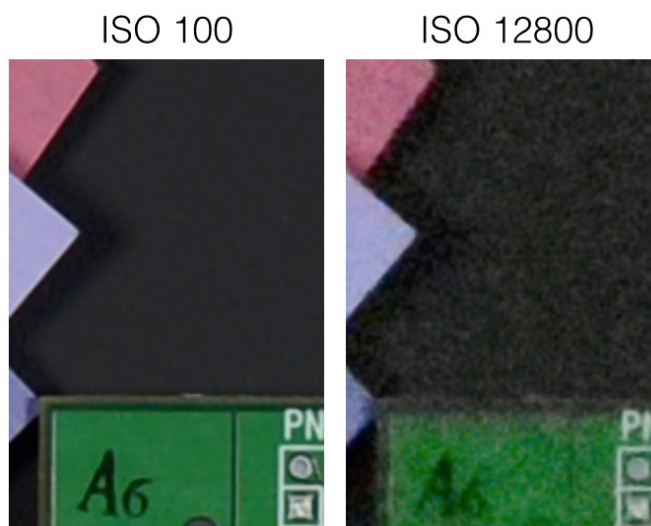


Illustration 4: Image noise

The higher the sensitivity, the shorter the exposure time (the higher the shutter speed) but the higher the image noise. Twice the sensitivity, half the exposure time.

Aperture (or f-stop) is a fraction depicting the quantity of light that the lens transmits to the sensor. This quantity of light is regulated by a circular diaphragm, which opens or closes accordingly to the set value. Values usually range from f/1.4 and f/32. One must be advised that f/1.4 is a wider aperture than f/32 because 1.4 and 32 are denominators for the f-stop fraction! With a wide aperture, loads of light will reach the sensor, therefore, a shorter exposure time is needed. With a small aperture, it is just the opposite.

Changing the aperture value alters the depth of field (DOF) of the image. DOF is the distance between the nearest and farthest objects in a scene that appear acceptably sharp in an image. It is crucial to remember that aperture and DOF evolve in an inverse manner: the wider the aperture (the smaller the f/ number), the shorter the depth of field. The DOF is inherently reduced in dental photography due to the short camera-to-subject distance. Therefore, having a small aperture, around f/16 or f/32 is recommended to obtain a sufficient DOF in most situations.

Some practitioners, especially in cosmetic dentistry, will use shallow DOF in order to highlight the esthetic sectors but this is an advanced technique that the authors will discuss in another issue.

The wider the aperture, the more light reaching the sensor, the shorter the exposure time. The wider the aperture, the shallower the depth of field.

PROPOSITION OF SET-UP

A dental photography kit is mainly composed of a body (DSLR-R), a macro-lens and a special-purpose flash.



Illustration 5: Typical set-up for dental photography

Various kits can be used for dental photography, from diverse manufacturers. There are two main manufacturers on the market: Nikon and Canon. Both of them deliver similar performances. One might choose one brand or the other solely based on the ergonomics.

Regarding the body, a medium-level camera such as Nikon D7100 or Canon 70D would be sufficient. They provide a good image quality for dental photography and offer great value. Entry-level cameras might not be suitable for a clinical photographer since they rarely feature a depth of field preview button. This feature offers the possibility to get a preview of the photo, allowing the photographer to assess the expected DOF.

The lens has to be a macro lens because only such lenses allow very close focusing distances, ideal for dental photography. A focal length of 85 or 105 mm is recommended because it allows close-ups of 1 to 3 teeth without feeling like being in the mouth of the patient.

On a full-frame sensor (24x36 mm - such as the Nikon D610) the working distance offered by a 105 mm lens is ideal and is very comfortable for both the practitioner and the patient.

An APS-C sensor (16x24 mm) being slightly smaller than a full-frame sensor, this results in a magnification by a 1,5 factor for Nikon and 1,6 factor for Canon. On a APS-C Nikon camera, a 85 mm thus becomes a 127 mm lens. If a 105 mm lens is used on an APS-C Nikon camera, it becomes a 157 mm lens unsuitable for dental photography: the working distance is too high.

To sum up, on a APS-C sensor (such as the Nikon D7100), a 85 mm lens would be recommended because its field of view is more adapted. On a full-frame sensor (such as the Nikon D610), a 105 mm lens would be recommended.

Both Nikon and Canon, as well as third-part manufac-

turers, offer good lenses in that range. There are notably the Nikon AF-S VR Micro 85mm f/3.5G, the Nikon AF-S VR Micro 105mm f/2.8G, the Canon 100mm f2.8 USM Macro and the Tokina 100mm AT-X f2.8 Macro. For dental photography, a special purpose flash is recommended. The most common type of flash is the ring-flash. It offers great flexibility and provides even illumination with few shadows. The best sellers are for sure the Sigma EM-140 MACRO DG and the Metz Mecablitz 15 MS-1.

Another type of flash is a two-heads configuration such as the Nikon R1. Such a flash provides greater flexibility. Advanced users will appreciate it, especially in cosmetic dentistry. However, the value for money is inferior for general dentists who do not need these additional features. Moreover, a two-heads configuration requires additional training.

CONCLUSION

To sum up, the aspect of the photograph is influenced by three core factors: shutter speed, sensitivity and aperture. An equilibrium must be reached to get a viable image. Given that these three settings interact with each other, there are multiple settings possible for a given clinical situation.

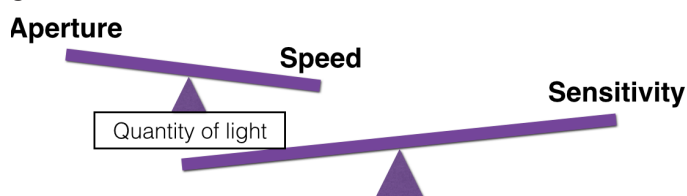


Illustration 6: Multiple settings for a given situation

The experience of the clinical photographer and its aims will determine the adequate trinity of settings for a unique clinical situation.

A typical dental photography kit is composed by a body (DSLR-R), a macro lens of 85 or 105 mm and a ring-flash. Various set-ups can be used and it is possible to get a good value for money kit from all manufacturers.

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Morse GA, Haque MS, Sharland MR, Burke FJT. The use of clinical photography by UK general dental practitioners. *Br Dent J.* 2010 Jan 9;208(1):E1-E1.

This article is part of a series dedicated to clinical photography for dentists. In the next issue, the authors will discuss ergonomics, framing with mirrors, retractors and contrastors and guidelines for typical clinical situations.

Valentin Garyga, Thomas Dougnac-Galant, Graduate students, Faculty of odontology, Lyon 1 University, Lyon, France

HOW CAN DENTISTS MINIMISE THE LEVEL OF STRESS THEY EXPERIENCE?

Even as a second year dental student who is just entering the profession I have already realised that dentistry is one of the most stressful professions by the clinical work I have undertaken. Stress management is absolutely key to becoming a great professional. However, like many aspects of dentistry, this is a component which no textbook or lecture can teach you. It must be learnt through experience.

Modern dentistry demands high levels of quantity and quality to be done in sharp time limits, and also for patients, staff and finances to be managed effectively. Some of the major stresses causing factors in dental practice are:

- Feeling inadequate for the tasks you are carrying out
- Boredom since dentistry involves lots of repetitive movements
- Too much work to get done in very little time limits
- Working long hours leading to poorer personal relationships, nutritional habits and exercise habits
- Extreme attention to detail and the continuous reaching for absolutely perfect restorations
- Treating patients who are extremely anxious increases the professional's level of stress
- Frustration from constantly having to adapt and keep up with new materials and products
- Lack of patient satisfaction for the work you are providing
- Loneliness as a results of working in a confined and isolated environment much of the time
- Poor professional relationships between team members
- Financial pressures caused by running a business
- Eye straining, back and neck problems

However, we must not get carried away by thinking that stress is a bad thing. Small stress levels are great efficiency boosters, which increase performance, however, surplus amounts can have dangerous effects on health.

Stress has always been a well-known problem in our profession. Throughout history, our colleagues have often resorted to the use of drugs and alcohol to relieve their stress. And in the USA, recently it has been noted that 'the suicide rate of dentists is more than twice the rate of the general population and almost three times higher than that of other white collar workers' (1). Thus, this article will try to help you understand the causes of stress in our workplace, and provide you

with measures you can implement right now to reduce the amount of stress you experience.

Stress is a very complicated concept, which facilitates physiological and emotional responses to the environment when a threatening stimulus occurs. The physiological response is known as 'fight or flight', which involves our bodies priming us up for action by increasing the release of adrenaline into the bloodstream and vasodilating vessels running to skeletal muscle. This then has a knock on effect on our rational thoughts that make it seem as though everybody or everything is out to get us, increasing our chances of survival. For example, if a threatening stimulus such as a tiger is running towards you, your body would get primed up in order to either run from the tiger or to fight the tiger. In the modern dental setting it is unlikely that you will ever have a tiger running around your clinic, but seemingly harmless stimuli will occur, which will activate the fight or flight response.

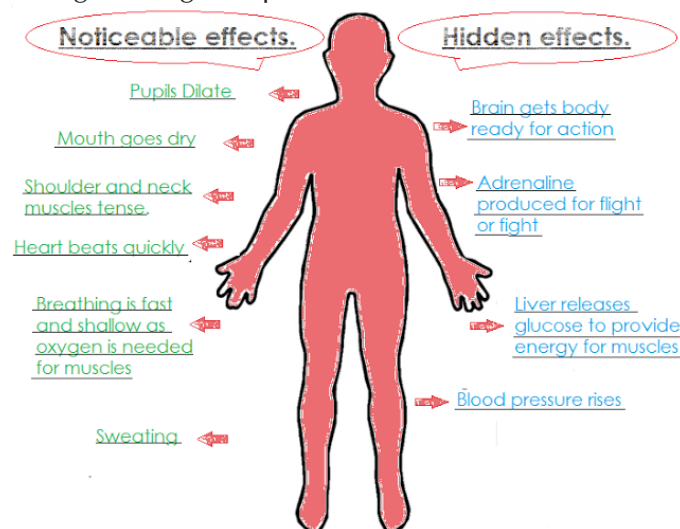


Figure 1: the physiological stress response, showing both the underlying hidden effects of threatening stimuli, and their noticeable effects. (2)

What happens to you when you are stressed as a dental professional?

- Increased neck, back, and head aches
- Increased perspiration which can be uncomfortable for yourself and those around you
- Quick mood swings which can cause poor relationships with your colleagues
- Fall in concentration span
- Less precision with your work leading to a fall in quality
- This may ultimately result in bad sleeping patterns, increased alcohol drinking and poor dietary patterns.

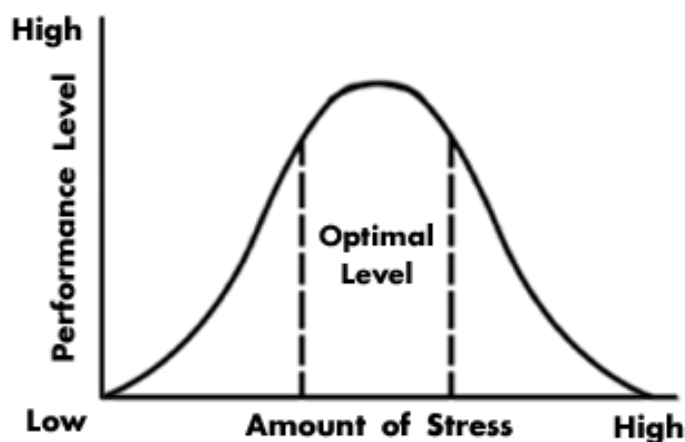


Figure 2: Yerkes-Dodson law of anxiety, indicating that the optimal performance level is at a medium level of stress. Poor performance is caused by either too low or too high stress levels, indicating that some level of stress has positive attributes. (3)

So how can I reduce my stress level?

It is important to understand that each of us is different. Factors which increase my stress levels may or may not increase yours by the same amount. But any potentially harmful or threatening stimulus in the dental setting is likely to increase stress levels to some degree.

On a personal level, we need to prioritise our stress-relieving activities and hobbies. I ensure that in my personal schedule I always have slots where I can go to the gym and my dance classes. If you don't have a hobby at present, find something you are passionate about and balance these activities with your work life. You should also give yourself a break by taking holidays when the pressures of dentistry start to 'fill-in' as these will re-energise you and allow you to be more enthusiastic when you return to work. Ensure you put aside time to spend with family and friends and maintain these personal, intimate relationships, and talking with your loved ones or close friends and colleagues can help minimise your anxiousness and stress.

In the professional setting, you must ensure you are sitting comfortably in the correct positioning. Many dentists suffer from back, neck and eye problems because of poor posture. Place your feet flat on the floor with your legs wide apart, sit right back into the chair, keep your back straight, ensure forearms are parallel to the floor, and make sure the patient's head is at your abdominal region. If checking the maxillary teeth tilt their head up, and for mandibular teeth tilt their head down. Understanding good posture may seem like a basic task, but is absolutely imperative as it maintains good health and professional fulfillment, and improves your efficiency and quality of work. In the real world

correct positioning is very often overlooked. Get into good habits straight away!

Also, try your best to avoid conflicts and arguments by quickly coming to a resolution of any issue which may arise, delegate effectively so each team member knows their role (which will in turn improve efficiency and reduce the likelihood of conflict occurring in the first place), pre-determine your workload and prevent overload in your professional life. The last point is crucial for achieving stress reduction. As dentistry operates like all other businesses do, you will at times try to do lots of work in unrealistic time limits which will either lead to more financial gain if performed well, or more likely will lead to poor quality procedures and feelings of professional inadequacy, and these procedures will need to be corrected at a later date and the patient will be left unimpressed. So keeping realistic targets and planning well in advance is clearly the way forward.

The third point I wish to talk about regards your working environment. Many practitioners have poor management systems which lead to them having patients waiting for long amounts of time. Invest in a good system and you will reap the rewards immediately. Your schedule will be better planned, appointments will be more effectively allocated and patient recalls will be automatic, leaving you will be able to focus on what you are best at - clinical dentistry. Also optimise lighting, equipment and heating for your own personal preference. Wear comfortable clinical wear when doing dentistry. Your feeling confident will translate into better quality of work.

I hope that implementing the above methods in your day to day routine enables you to feel more confident with your work and excel in your clinical endeavours. Remember that a less stressed dentist is a more successful practitioner!

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1. <http://www.oralhealthgroup.com/news/stress-in-dentistry--it-could-kill-you/1000214585/?&er=NA>
2. <http://psychorevision.blogspot.co.uk/2013/01/how-does-body-respond-to-stress.html> (figure 1)
3. <http://theclearparent.com/tag/yerkes-dodson-law/> (figure 2)

Kishan Sheth

A STUDENT'S PERSPECTIVE ON DENTAL STUDIES

Live as if you were to die tomorrow. Learn as if you were to live forever' - Mahatma Gandhi.

Fresh faced, young and eager I entered university with this quote in mind.

I genuinely cannot believe how quickly the time has gone from me being an eighteen-year-old fresher, who was relatively naïve about Dentistry, to reaching half-way through the course! Studying Dentistry at King's College London has opened up a host of possibilities for me and I seek to make the most of the remaining time I have at university.

HOW I BEGAN

It's funny how we always tend to remember the first of big things quite vividly - be that your first day at a new job, your first love or your first day at university. I recall walking in on a blustery September morning through the revolving doors, my head full of nervous questions: 'Why do revolving doors even exist?' and more importantly 'Have I made the right decision to come here and study Dentistry?' I remember picking up the famous red King's College London bag (which did seem slightly heavy with coursebooks!) from a fellow student and so my journey into the world of Dentistry began!

A FEW YEARS, SOME HARD WORK AND MANY LATE NIGHTS LATER...

Throughout the course so far, my confidence in Dentistry has grown massively and I can now wholeheartedly say that I absolutely made the right decision. Admission staff around the country are fed with many eloquent (and quite frankly, rehearsed) answers about why students want to study Dentistry. My reason is simple: after experiencing what it is to be a dentist, I can't see myself doing another job I would enjoy as much - cheesy but honest! I have enjoyed my time immensely at King's so far and have taken up opportunities I never knew were available to me.

Initially, I found the step up from school to university tough but then started to enjoy the flexibility of it: university is where you become an adult. Year one required learning a lot of theory and I remember being awake, mindlessly cramming until 4am and wondering where the future will take me. Year 2 was much the same only a lot harder! However, once we started working on phantom heads, I really started to feel like a dentist and felt more familiar with the course.

HAVING FUN

I would say the fun really began in Year 3 when I started to see patients. I still remember my first patient and knew as soon as we started talking that I would enjoy doing this as a 9-5 job. My friends say I could talk to a wall! Thankfully, communication is an immensely important skill in dentistry and something I feel comes naturally to me. In order to make a patient feel comfortable in the dreaded dental chair and confident with your abilities as a dental student, building a rapport with them is essential. A comparison between dental school and apprenticeships could definitely be made as you work on the job and learn these key skills at the same time.



The perks of being a student at KCL - amazing views over London

Outside of my degree (yes I do have a life!), I have experienced university fully by taking up every opportunity offered to me, for example, I am a football captain, coach and sports rep for an inter-university league. I have also joined several committees and helped plan big student events; developing skills in teamwork, communication and leadership - all qualities I can take forward in my career.



The Bollywood dance crew

Also, with no dancing experience, I took the plunge and decided to dance in our annual Charity Diwali Show at the famous Novello Theatre. This was a once in a lifetime opportunity that I only saw presenting itself at university: I don't hope to drastically change career paths and become a cast member of Mamma Mia! Recently, I have become a champion and student REP for 'Heart Your Smile': having raised over £450.00 for

a charity talk I hosted with Solomon Akhtar (one of the final five from 'The Apprentice')

THE FUTURE

I believe that self-reflection helps shape your future. I hope the future holds many diverse career paths in many different countries and I look forward to exploring these next summer on my elective. I have always wanted to run a business having being brought up in a family business and I hope to combine my passion of dentistry with this and deliver high quality patient care. With regards to time remaining at dental school, I still have a few more things to tick off my 'Things to do at university' bucket list!

To those budding dentists and new students - four words will see you enjoying the course as much as I am: Work hard, Play hard.

Ajay Mehta



Save the date for:

9. - 12. April	iTop Training Prague		
July	Research Project		
August	Amchi (Volunteer Project)		
14. - 30. August	Pamoja (Volunteer Project)		
16. - 22. August	Summer Camp Dubrovnik		
24. - 29. August	56 th EDSA Meeting & 41 st ADEE Annual Meeting in Szeged		
September	Summer Camp Malta		
November	iTop Prague		

and many more to come!!!!

For all the information about the projects check:

www.edsaweb.org

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EUROPEANS ARE NOT SMILING ABOUT THEIR ORAL HEALTH



OVER **50%** feel that tooth decay has made them embarrassed to smile, laugh or show their teeth¹



WHY THE SAD FACE?

67%

blame tooth decay for severe toothache or discomfort¹



Oral health is directly related to our quality of life and well-being. However...

80%

of the world's population is affected by tooth decay²

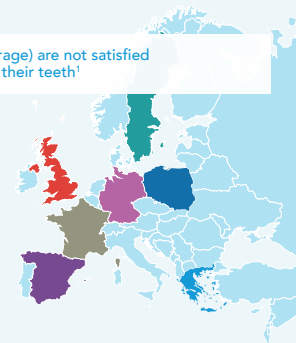


SATISFACTION WITH DENTAL HEALTH ACROSS EUROPE

40% of people (on average) are not satisfied with the health of their teeth¹

Poland	55%
Greece	47%
Spain	43%
Germany	38%
Sweden	38%
UK	36%
France	33%

% = people not satisfied



TOOTH DECAY IS A SOCIAL AND ECONOMIC BURDEN



6.5 DAYS

AVERAGE TIME MISSED FROM WORK, SCHOOL OR SOCIALISING DUE TO PAIN OR DENTAL TREATMENT IN RELATION TO A SIGNIFICANT CARIES EVENT¹



79 BILLION EUROS³

ESTIMATED COST OF ORAL HEALTH IN 27 EUROPEAN COUNTRIES, WITH MUCH OF BURDEN DUE TO CARIES AND ITS COMPLICATIONS

THE GOOD NEWS



TOOTH DECAY CAN BE CONTROLLED AND REVERSED IF DETECTED AND TREATED AT AN EARLY STAGE.^{4,5}

THINGS YOU CAN DO TO CONTROL TOOTH DECAY⁶

BRUSH TWICE A DAY WITH A FLUORIDATED TOOTHPASTE



LIMIT SNACKS BETWEEN MEALS



VISIT YOUR DENTAL TEAM FOR REGULAR CHECK-UPS AND INDIVIDUAL ADVICE

The ACFF is working towards providing people with a cavity-free future. For more information visit:
www.acffeurope.com
www.youtube.com/acffeurope



Stop Caries NOW for a Cavity-Free Future
European Chapter

CONTROLLING EARLY TOOTH DECAY CAN LEAD TO...

EDSAMagazine

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