



# **EDSA** **UPDATE**

**Spring Magazine 2016**





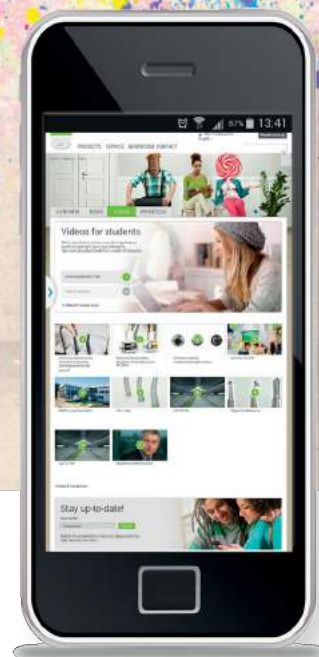
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## Editor's Word

Dear Friends and Colleagues

It gives me great pleasure to publish the association's first magazine of 2016. The EDSA magazine remains an important part of each meeting. In recent years the association has taken new interests in the regulation of dentistry which will affect every student's career and the future generations of dental students ahead. The magazine provides a twice-annual update, but also keeps a historical record for years to come.

The magazine is also an opportunity to showcase the work of students around Europe. I encourage you to submit articles with your tips to success, about an activity or an achievement - we would all love to hear about it! Finally, I must thank Pedro Colino, a past EDSA delegate from Spain who attended the Pamoja volunteer programme in August 2015. On the project he demonstrated his good clinical skills as a dentist, but he also enjoys photography and kindly contributed the cover photo to this magazine issue.

For live-updates throughout the year, Like the EDSA page on Facebook. You'll be the first to hear about registering for the next meeting!



Andrew Kalli  
magazine@edsaweb.org

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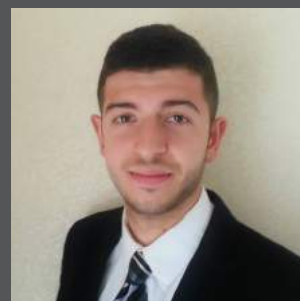
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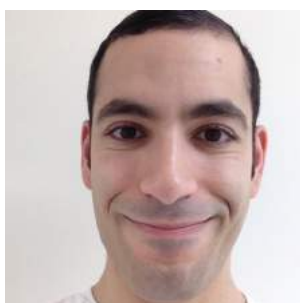
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Partnership



Mohamed Hattab  
EVP



Aoife Swain & Sarah Pick  
Pamoja Team Leaders



Onur Ergene  
Training



## 56<sup>th</sup> EDSA Meeting

### Szeged, Hungary

The 56<sup>th</sup> EDSA meeting took place in Szeged, Hungary between 23<sup>rd</sup>-30<sup>th</sup> August 2015. Typical of EDSA summer meetings, the first three days saw discussion of student-only matters. However, many students subsequently stayed for the remainder of the week to participate and observe during the 41<sup>st</sup> ADEE meeting which gathered academic staff from across Europe.

The meeting was particularly productive and included preparation for constitution changes of the association. It has been many years since the last updates and the changes are to be voted in the forthcoming meeting in Coimbra, Portugal, Spring 2016. The adjustments could increase the accessibility, and reach of the EDSA across Europe. On this matter, the Czech Dental Students' Association gave a presentation and were formally recognised and voted members by EDSA at the Szeged meeting.



The EDSA Education Policy, which highlighted student expectations of dental teaching was formally adopted at this meeting. This political drive is planned to continue in the future - a topic of minimal clinical requirements is introduced in this magazine and at the 57<sup>th</sup> EDSA meeting.

The evenings allowed plenty of time for a comprehensive social programme bringing all the delegates together. The Szin Festival coincided with the meeting and was a nice setting to relax before the busy meetings the following day.

A teaser for the Summer 2016 meeting in Barcelona is included. Keep updated via the organising committee's website. Likewise, you can receive all the information by liking 'EDSA - European Dental Students' Association' on Facebook.





## 58<sup>TH</sup> EDSA MEETING & 23<sup>RD</sup> ANEO CONGRESS

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The European Dental Students' Association and the Spanish Dental Students' Association (ANEO) are inviting you to the **58<sup>th</sup> Meeting EDSA & 23<sup>rd</sup> ANEO Congress** in Barcelona. The meeting will be divided in two different parts, talking about political and scientific matters.

The **EDSA Meeting** begins on the 21<sup>st</sup> of August, and finishes on the 24<sup>th</sup> of August with the opening of the **ADEE Congress**. Assistants can participate in the 58<sup>th</sup> EDSA Meeting that gathers the Official Delegates of Europe.



During the **58<sup>th</sup> EDSA Meeting**, we will speak about the dental situation in each participating country. We will discuss all current issues in Dentistry such as the number of students, specialities, exchange opportunity, and other issues.

After finishing the first part of the talk, which focuses on Dental Politics, we will then talk about more scientific matters related to the **23<sup>rd</sup> ANEO Congress** (August 25-27<sup>th</sup>). During that part of the Congress, we will enjoy expositions presented by recognised National and International Doctors as well as having the opportunity to participate in various practical workshops to improve clinical skills. Also, you will have the opportunity to work in groups, thus improving communication, leadership and teamwork skills.

As well as all of these things, we also have an exciting **social program** where we will be able to visit **the most famous Barcelona tourist sights and attractions**, during the day and night.

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# Barcelona is waiting for you.

August 21-27th 2016





# European Students' Union

Diana Beatrix Velicu, Vice-President writes...

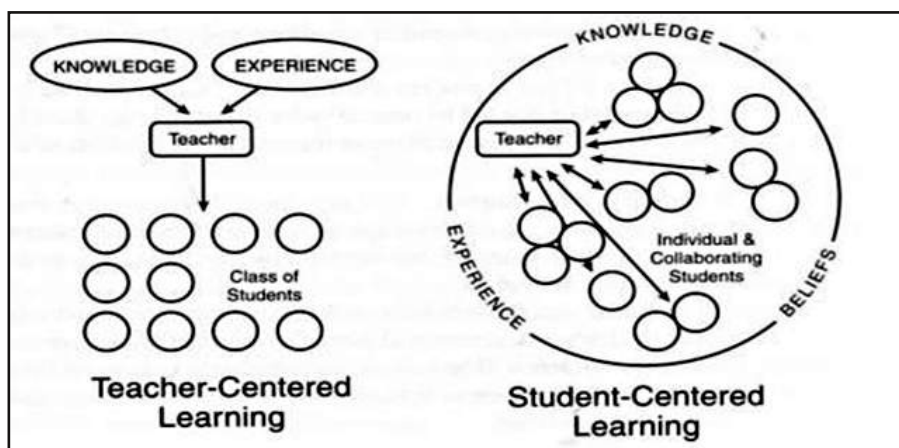
On 28th-30th of September 2015, EDSA's Vice President, Diana Beatrix Velicu, attended the European Students' Convention held in Brussels, Belgium. The European Students' Convention (ESC) is a biannual event organised by European Students Union (ESU) where students' representatives from the national unions of students from 32 different European countries, other stakeholders, experts and policy-makers have the opportunity to meet and discuss the recent and future developments in higher education. The program of the event included debates, presentations, panel discussions, workshops and networking opportunities provoking a dynamic exchange of ideas and different points of view. An outcome document was produced and shared with all the participants, member organisations of ESU, other stakeholders and policy-makers.

EDSA is an Associate Member of ESU and it has an observatory role.

During the ESC, the Second Annual PASCL Conference coincided. This was a large topic of discussion. 40 trained experts are currently working with 7

institutions to integrate and assess the quality of SCL.

Student-Centred Learning (SCL) represents both a mindset and a culture within a given higher education institution and is a learning approach which is broadly related to, and supported by, constructivist theories of learning. It is characterised by innovative methods of teaching which aim to promote learning in communication with teachers and other learners and which take students seriously as active participants in their own learning, fostering transferable skills such as problem-solving, critical thinking and reflective thinking.



In the left example, the teachers are the centre of the learning process. Whereas, in example on the right, the students form the centre.



# Portuguese Dental Association Annual Meeting

Emilio Fiorentino, General Secretary writes...

From 12th-14th November 2015, EDSA President Luka Banjšak and General Secretary Emilio Fiorentino attended the Portuguese Dental Association (PDA) annual meeting in Lisbon, Portugal.

This is the largest event in the Portuguese world of dentistry, and this was clear from the beginning: more than 50 national and international sponsors, approximately 8000 participants, the majority qualified professionals but also many students, four different auditoriums, a rich and interesting scientific program (largely in the Portuguese language) and very classy social program.

The participation to this event permitted us to meet the Chairman of the Local Organizing Committee of the 57th EDSA meeting and 3rd YDP congress, (Coimbra, Portugal from 28th February to the 6th March) Renato Valente and share together the status of the organization and get information about the promotion of this EDSA meeting.

During the event we also met Professor Paulo Ribeiro de Melo, General Secretary of the Organizing Committee of the PDA, but also member of the Council of European Dentists, chairman of the working group "Vocational Education & Qualification". We expressed to him our concerns about the quality level of the dental schools in Europe, renewing our strong will to proceed through the introduction of minimum clinical requirements in European faculties.

After this "unofficial" meeting with Professor Melo, we also had the opportunity to meet him together with the President of the PDA (and also of the Congress), Orlando Monteiro da Silva and the representatives from all the 7 Portuguese Dental Schools: Renato Valente from the University of Coimbra; Antonio Costa and Iara Louro from the Catholic University of Portugal (Viseu); Graça

Cunha from the CESPU University (Gandra); Joao Rodrigues from FMDUL University (Lisbon); Rodrigo Abreu from Egas Moniz University (Caparica); Mafalda Ramos from FMDUP University (Porto) and Filipe Saavedra Portela from the Fernando Pessoa University (Porto).

Luka and I were invited to share some of our experiences, and in this way we started an interesting debate on the Portuguese situation, that is not very different from the situation of many other countries in Europe: there is an excess of dentists being trained, and this could harm the public health in many ways, especially if the minimum clinical requirements are not guaranteed in all the European dental schools.



Left to right: Renato Valente (Portugal), Emilio Fiorentino (Italy), Luka Banjšak (Croatia) and João Pires (Portugal)



# European Medical Students' Association

Luka Banjšak, President writes...

This report is based on data obtained from my participation in EMSA GA in September 2015. The event took place at the exquisite Medical Faculty of the Humboldt Universität zu Berlin and the Freie Universität Berlin – Charité-Universitäts- medizin.

The president Jannis Papazoglou (president@emsa-europe.eu) introduced his full board.

I believe it's safe to say the distribution and logistics coverage is indeed well done. All members have their duties specifically defined which led to a highly organised and thought-through meeting.

The pillar sessions were held by the 'pillars of EMSA'. Please find short reports based on all of the pillar sessions I have covered by comparing notes from colleagues:

## 1. Medical Education Session:

The basic structure of a project was initially introduced. Subsequently, advice and ideas for starting and managing a project in the medical education field was discussed. At an advanced level the international opportunities were highlighted with benefits of attending conferences as well as possible careers and research in this field.

## 2. Medical Ethics & Human Rights Session:

With situations varying across the continent, a key topic of discussion was transplantation. In the final part of this pillar, there was a focus on the ethical aspects on cancer therapy by terminally ill patients. An aging society, increasing air pollution, changing nutrition habits among other things have made cancer the disease of our era. Prof Michael Hünerbein began a discussion on the limits of treatment for terminally ill patients.

## 3. Medical Science Session:

This pillar began with a quiz of failure and success. Scientists have recently published few studies in order to maintain our self-control.

Questions: what is the scientific background of losing and winning? Are you familiar with the experiments that are



being done to evaluate it?

The next topic of discussion focussed on women in medical sciences.

Questions: Does sex matter? How important is gender for a patient's treatment? Are differences in gender significant for medical research?

The medical science pillar was closed with focus on genetics. Participants learned about solving problems with the Hardy-Wineberg model and equation.

## 4. Public Health Session:

This pillar's 2nd session aimed to deliver an insight into the currently existing policies and actions of EU bodies and youth NGOs such as EMSA regarding tobacco advocacy. In a participant focused approach with team building exercises and small working groups we tried to tackle concrete issues of current tobacco politics and work on improving EMSAs tobacco policy (Policy 2013-02 Tobacco Politics and Policy 2008-02) on fields such as E-cigarettes, flavoured cigarettes and tobacco advertising. External experts were invited, consisting mainly of EMSA Alumni members.

More than 450 students applied to participate – a record in EMSA history as I had been informed. The recently agreed upon and signed Memorandum of Understanding will further strengthen the interprofessional collaboration between EDSA and EMSA.

This meeting had provided EDSA with a valuable insight crucial for understanding and functioning of our medical colleagues' association. Many doors were opened and after the meeting I have received numerous messages from the Executive suggesting collaborating sessions: specifically in the area of trainings and working groups. EMSA has naturally been invited to send a representative to EDSA's 57th Meeting in Coimbra, Portugal.



# Curaprox-EDSA iTOP

Onur Ergene, Training officer writes...

The latest EDSA-iTOP session was held in Prague, Czech Republic from 5<sup>th</sup> to 8<sup>th</sup> November 2015. The organization brought thirty students from several countries in Europe to Prague for only one purpose: learning proper dental healthcare.

iTOP (individually trained oral prophylaxis) is an education programme, found by Prof. Jiri Sedelmayer and currently organized by former EDSA member Ana Stevanovic, based on both theoretical and practical teaching. Its aims are to increase the quality of dental healthcare within society. Considering dental students are dentists of the future, iTOP is an important event for increasing dental students' abilities of providing successful dental healthcare and their educating skills for patients.

On 5<sup>th</sup> November, attendants started gathering in Hotel Barcelo Praha 5, where the event took place. iTOP officially started with an opening cocktail welcome. For the next two days, lectures were held by Dr Sedelmayer himself from 9:00 to 12:00, containing detailed slideshows and examples out of our daily routines about how and how not to take care of our dental hygiene. After lunch breaks, from 13:00 to 17:00, practical workshops took place where iTOP instructors gathered along with dental students in groups and taught them correct methods for using brushes, flosses and interdental brushes on a one to one basis. After sessions, attendants had some free time of their own before gathering in the lobby and heading to traditional restaurants around the

local district. After dinner, attendants had their free time for exploring city at night, taking tours around streets or checking out coffee shops and bars around the city centre.

On the afternoon of 7<sup>th</sup> November, lectures came to an end. With a small ceremony, attendants received their giftbags and certificates. Next day in the morning, a sightseeing tour was organized with a tour guide, visiting the city by day. After the city tour, the iTOP session was officially finished and all the students who attended the event left Prague with a brighter smile and more knowledge about dental healthcare.







## Success of the EDSA's first project in Tanzania

The Pamoja mission statement is “Together maintaining a quality smile”; the word Pamoja means “together” in Swahili. We believe in empowering the Tanzanian population through oral health education and our project goals were created with this belief in mind.

In August 2015 over a three-week period a team of 30 dentists and dental students embarked on the Pamoja Project in Tanzania. This was the project’s first outreach programme.

The idea for this project commenced in August 2013 when Dr Juha Ruotoistenmaki approached the European Dental Students’ Association (EDSA) about the possibility of starting a dental outreach project in Tanzania.

The aim was to create a student-led oral health initiative to further improve the provision of oral health in Tanzania. Currently the dentist to population ratio in Tanzania is approximately 1:120,000 people compared to a ratio of 1:7,500 recommended by the World Health Organization (WHO) in developing countries. The aim was for the project to be a joint venture between the European Dental Students’ Association (EDSA), the Tanzania Dental Students’ Association (TDSA) and Muhimbili University of Health and Allied Sciences (MUHAS).

The 2015 Project resulted from 18 months of planning, organisation and fundraising between the EDSA and TDSA.

The aims of the project this year were to:

- Educate school children in Dar es Salaam and Morogoro about oral health
- Reinforce the WHO’s Fit for School’s initiative set up by the Finnish dental team in the Morogoro schools
- Provide the children with a supply of toothbrushes and toothpaste

- Screen the children for oral diseases and provide treatment if required
- Research the prevalence of dental caries in school children in Dar es Salaam and Morogoro

In August 2015 the Project brought together a team of 30 dentists and dental students from 14 nations across Africa, Europe and India. The team was also supported by Dr Senkoro, Chief Dental Officer at the Ministry of Health in Tanzania and Dr J Massaga, Director of the National Institute of Medical Research. Three members of staff from MUHAS - Professor Kikwilu, Dr Mugonzibwa and Dr Mandari, directly supervised the project.

The volunteers were split into two teams of 15 people; Team A conducted oral health screening, oral health education and dental treatment and Team B conducted clinical research. The priority of both teams was to





provide oral health education to schoolchildren.

The first week of the project started in Dar es Salaam with Team A working at Mzimuni school. Team B conducted clinical research in three schools; Buguruni, Mnazi Mmoja and Msimbazi Mseto.

The second week of the project was based in Morogoro, which is situated 200km west of Dar es Salaam. Team A worked at Mwere A and B schools and Team B conducted research at Mji Mkuu, Mbuyuni and Mkwajuni schools.

Every child seen was provided with oral health education in native Kiswahili and in addition to this they were provided with free toothbrushes and toothpaste. Qualified dentists on Team A carried out oral health screening and formulated treatment plans to which the children's parents could give or refuse consent. We



ensured that clinical information was provided to the patients and parents in their native tongue. Dental treatment was provided in the school classrooms where fissure sealants were provided for high caries risk children and the Atraumatic Restorative Treatment approach was used for caries management. A referral facility at Muhimbili Dental School in Dar es Salaam and the Saba Saba dental clinic in Morogoro was available for children with dental problems that could not be treated in the classroom.

Over two weeks in Dar es Salaam and Morogoro Team A screened 1200 children, provided oral health education, toothbrushes and toothpaste to 1800 and treated 663 children.

In the same period, Team B sampled 789 children as part of a caries prevalence study. The children included in the sample ranged from 5-15 years of age. In each of the two regions of Tanzania visited, three schools were sampled to more accurately represent the local children. All the children participating and their peers (1000 in total) were given oral health education, free toothbrushes and toothpaste.

The research involved a two-part data collection:

1. A clinical examination conducted using a mouth mirror and headlight. Four consistent examiners conducted all examinations to record decayed, missing and filled teeth.





The presence of plaque and developmental defects of enamel were also noted.

2. Each child had a 14-question interview in their native Kiswahili language. The questions investigated the children's dietary habits, utilisation of dental services and home oral hygiene practices.

Approximately half of the participants (47.5%) had never visited a dentist before. Despite this, 97.2% of the children had used toothpaste on at least one occasion in the past 3 months. From the sample, 91 children stated they cleaned their teeth with charcoal (common to both Dar es Salaam and Morogoro). However in Morogoro, seven children brushed their teeth with ashes, five with salt, one with soap and one with small stones.

The clinical examination included non-cavitated enamel caries as caries experience, in line with the methods of the UK Child Dental Health Survey in 2013. Amongst class one children (age 5-6 years), the mean number of primary decayed teeth was 3.57. The examiners noted that caries had progressed to advanced stages without intervention. Pulp polyps, abscesses with draining sinus tracts and deciduous crowns decayed to retained roots were all observed. 1248 permanent molar teeth were examined in the sample and 23% were found to show caries pathology.

One of our main goals was to provide oral health education (OHE) and overall this year we provided 2800 children with OHE, toothbrushes and toothpaste. With regard to the WHO Fit for School Initiative, the Ministry of Health in Tanzania provided us with 1,600 handwashing and toothbrushing kits, which we donated to the schools visited. The teachers and students were

informed about the importance of hand hygiene as well as tooth brushing. We advised the schoolteachers to incorporate once daily brushing and hand washing into the school timetable.

We aim to empower the Tanzanians through knowledge and education. The Pamoja Project has been set up as a five-year initiative and we strive to educate children and schoolteachers on the importance of oral health to their general well being.

With regard to project sustainability on the student end, the committee this year has created organizational templates and guidelines that future committees can follow. It is our vision for future student committees to take the project from strength to strength. The Pamoja Volunteer Work Group is fully committed to improving the oral health of the Tanzanian population and will be returning in to Tanzania in summer 2016 to continue this worthwhile cause.

Olivia Johnson King  
Pamoja Project Officer 2015  
King's College London Dental Institute

Andrew Kalli  
Pamoja Project Scientific Officer 2015  
University of Birmingham Dental School



# FDI World Dental Federation

## Marco Mazevet, Immediate Past President writes...

This beginning of term has been particularly rewarding for the EDSA this year. Much of the effort provided last year is starting to pay off, with results in several fields where we have engaged an action. Now more than ever, the EDSA is seen as THE voice of dental students, with official partnerships in most representative dental organizations.

### FDI World Annual Dental Congress & IADS Meeting Bangkok.

Several persons from EDSA where at the meeting to officially represent the Association at the FDI meeting, Marco MAZEVET from the executive committee, as well as several of our national delegates to attend both FDI&IADS events : Helen Taheri (Sweden), Arne Elvers-Hülsemann (Germany), Alyette Greiveldinger (France), Laura Olivo Guerrero (Spain).

The EDSA stands as an observatory member of the FDI. It does not possess the right to vote.

We attended the General Assembly, which is the supreme legislative and governing body. The Annual budget was approved, as well as reports and policy papers from the various working groups and committees. There are 6 committees in the FDI : Budget Reference / Public Health / Dental Practice / Education / Science / Communications and Member Support.

9 policy statements were presented to the General Assembly, that are available on the FDI's website.

*"FDI World Dental Federation serves as the principal representative body for more than one million dentists worldwide, developing health policy and continuing education programmes, speaking as a unified voice for dentistry in international advocacy and supporting member associations in global oral health promotion activities. Over the years, it has developed programmes, initiative, campaigns, policies and congresses, always with a view to occupying a space that no other not-for-profit group can claim.*

*FDI membership comprises some 200 member dental associations in about 130 countries. It works at national and international level through its own activities and those of its member dental associations. It is in official relations with the World Health Organization (WHO) and is a member of the World Health Professions Alliance WHPA"*



Following the recent contacts the 2014/2015 Board had made with the European Regional Organization (ERO), M. MAZEVET was invited to the ERO working group on liberal practice, and to the ERO General Assembly by Dr Phillippe Rusca, its president.

The following pages show the EDSA's press release regarding dental practice networks. The document is a support statement for the ERO's statement on liberal dental practice which is available online. The interests of ERO and EDSA lie in patient safety and free career choice for practicing dentists.

The president thanked the EDSA for its involvement for this subject, and manifested his interest for a strong future collaboration.

This was a very good step forward for the EDSA, for two reasons :

- By attending the FDI World Annual Meeting, its network and representation grows, as well as its involvement in international organizations. Also, the EDSA can directly benefit from the FDI's policies, with can correspond to the Students' concerns.

- By strengthening its contact with the ERO, a correspondent professional organization, the EDSA can get engaged in more "regional specific" issues.





European Dental Students' Association

Szeged, 26th of August 2015,

The European Dental Students' Association (EDSA) has had a long standing interest in the rise of dental practice networks within Europe. These practice networks are one of a new multitude of clinical organisation structures spreading across Europe. Practice sharing and practice partnership brings advantages to both the dentists and patients. Typically, dentists can offer treatments with modern equipment without the need for large, personal investment. Furthermore, in the 21st century there has been a rise in the number of dentists interested in employment bringing flexible working contracts and less commitment than sole practice ownership.

The rise of practice networks is relatively new, with the largest changes appearing within the last decade. Career options available for dentists following graduation has been ideal - those interested in leading an independent clinic are able to, but likewise those looking to join a practice network also have opportunities. This is liberal dental practice.

The rate practice networks are growing poses the most concern to dental students. With novel franchise models being adopted and dental public limited companies floating on stock markets, practice chains now exist with ownership in excess of 500 dental practices. In the near future, the possibility of rivaling a practice network with an independent practice may no longer be an option for dentists in Europe. Additionally, EDSA acknowledges the risk that scaling companies to this size and obtaining

funding from external investors may lead to practice management styles not permitting the dentist to put the patient's interests first.

The EDSA would like to remind that patient care has to be driven by evidence based facts, with treatment plans chosen by the healthcare workforce.

**This has been an area of concern to our member students as they will be directly affected by these consequences during their working life.**

The European Regional Organization (ERO) of the Federation Dentaire Internationale (FDI) represent the same area as covered by EDSA. The concerns are therefore common to both organisations. The working paper written by the ERO FDI titled, *"Liberal dental practice in practice partnerships, practice networks and medical care units"* has come to the attention of EDSA.

The EDSA as an organisation has viewed this paper and would like to formally release its support for the items mentioned.

Questions : Marco MAZEVET, EDSA Immediate Past-President :  
[pastpresident@edsaweb.org](mailto:pastpresident@edsaweb.org)



Emilio Fiorentino  
EDSA General Secretary



Luka Banjsak  
EDSA President





# Clinical Requirements and European Dental Workforce

Marco Mazevet describes a new area of focus...

The exponential growth of the intake of dental students in the past few years has raised many concerns amongst the dental student population, as well as many professional associations, chambers or orders.

Surfing on the free movement of professionals and the recognition of professional qualifications within the European Union, some training organisms have welcomed 3-5 times more dental students/ habitants than other member states. Highly selective studies are bypassed by the migration of the future health professionals, which seems unfair to many : Is it possible to obtain the same "European" diploma, without ensuring that all the trainings are somewhat equivalent?

This is the role of the 2005/36 annex, as amended by the 2013/55, commonly referred to as the "Professional Qualification Directive". The PQD is supposed to define the common minimal training requirements of dental studies throughout Europe :

*"The system of automatic recognition works on the basis of coordinated minimum training requirements. Basic dental training must be for at least 5 years' study, with the equivalent ECTS credits<sup>7</sup>, and must consist of at least 5,000 hours of full- time theoretical and practical training. That comprises, at least, the programme described in point 5.3.1 of Annex V (of the PQD). This should guarantee that the person concerned has acquired commonly agreed knowledge and skills."* (Source: CED Manual)

The annex 5.3.1 is therefore composed of several subjects that dental students have to learn before their graduation. The list of subjects is considered to be outdated, and does not reflect the actual set of skills needed by the recently graduated dentists. The Association for Dental Education in Europe (ADEE) and the Council of European Dentists (CED) have been constantly working towards an adaptation for this annex.

In a joint meeting between the EDSA and the Council of European Dentists, the Students' Association made a proposal. As the intake in certain faculties continues to rise, it is mandatory to ensure that proper training is still provided to the dental students. It seems very difficult to adequately train dental students without clinical facilities adapted to their rising number, as well as an equivalent increase of the available "patient pool".

When this issue was evoked at an EDSA meeting, some students have complained that the clinical training they were provided was very insufficient, non-existent in some cases.

This is a major issue for several reasons:

- **Dental students are not being provided with an education regulated to be adequate**
- **Patient safety may be at risk as insufficiently experienced practitioners have legal authorization to work anywhere in the E.U.**
- **Unemployment rates are reaching 30% amongst young dentists, creating excessive competition leading to a poor quality of healthcare**
- **Where the goal of the European Union is to harmonize diplomas and increase mobility of health professionals, mutual trust between member states is bound to be broken.**

Following the revelations of dental students, the EDSA has decided to lead a European Survey regarding the minimal clinical requirements. The goal of this operation is to analyze and define what appears to be the minimally acceptable clinical requirements to become a Dentist in the European Union.

Following the results of the survey, the EDSA will advocate for a change in the directive's annex, collaborating with both the CED and the ADEE.

# EDSA Summer Camp

## Dubrovnik

In 2011 a group of dental students from Zagreb, Croatia came up with an idea to bring together dentistry students from all around Europe in a fun and educational event. With support from the European Dental Students' Association, the EDSA Summer Camp was born. Together, dental students from Europe participated in the summer camp, which was successfully organized every year since 2011, to generate discussion and understanding across the dental healthcare field and furthermore to develop interdisciplinary skills and awareness of concepts in multidisciplinary dental healthcare systems.

The last Summer Camp, held in Dubrovnik, Croatia in August 2015 was a culmination of the success of the Summer Camp program, bringing together more than 30 students from all around Europe and some of the finest lecturers in the field of dentistry, combining fun, sun and education in an international melting pot. Made for students by students, it is exactly where you should be to have the time of your life.

The last Summer camp was a 7-day programme for dentistry students combining a social and an academic programme. Students are accommodated in the University dormitory offering excellent infrastructure for lectures and leisure. Every day consists of morning lectures given by distinguished lecturers from Europe and the world about the newest advancements and techniques in dentistry. Last year we hosted a team of renowned lecturers such as Bruno Loos (ACTA University Amsterdam), Damien Walmsley (Head of ADEE), Torre Solheim (University of Oslo) and numerous lecturers from the Faculty of Dentistry in Zagreb and lecturers for our sponsored workshops.

Not to think you've gone back to college, the Summer Camp is also all about fun. If you have an adventurous spirit, this is the place for you. Loads of sun, watersports,

kajak surfing, and beach fun are what the students of last year's camp couldn't get enough of on the beautiful sunny beaches of Dubrovnik. When the sun is down, the night life begins. Every night the fun continues in Dubrovnik's famous clubs hosting the best performers from around the world, topped with after beach parties, theme parties, warm up parties, and every other kind you can imagine.

Save your energy, though. The daytime fun is topped with excursions to the nearby Elafiti islands to experience the true Mediterranean dream and an evening excursion on the famous Karaka boat around the city walls. If you're interested in culture, Dubrovnik is the place for you. A UNESCO World heritage site, Dubrovnik is known as the Pearl of the Adriatic. It's stone walls protecting it for centuries, the city is thriving with culture and history. Of course, the week can't go by without exploring this historic wonder.

Students that have participated in the camp brought home nothing but great experiences, new friendships and unforgettable memories. To be a part of the upcoming Summer Camp in Dubrovnik in 2016, all you need is an adventurous spirit to enjoy the time of your life.

Ivan Spehar







# EDSA Summer Camp Malta 2016



Our 2<sup>nd</sup> dental summercamp in Malta was an UNFORGETTABLE WEEK. We started off by a welcome meeting followed by a welcome party at our popular nightlife area in paceville. The students really enjoyed our pubs and discos and it was a good ice breaker.

Several lectures were delivered to the students by some of our best dentists in Malta, varying from lectures on dental erosion, sedation, prevention etc. The workshops were: *Crown Preparation* and *Temporisation* and *Composite Inlays*. The students had a lot of hands on experience and plenty of time and materials to practice with.

The afternoons were characterised by cultural and leisure activities. We visited VALLETTA, the capital city, MDINA, where we organised a TREASUREHUNT for the students and we also caught the ferry to our sister island GOZO where we spent a whole day swimming and visiting different places. We also organised a BBQ by the sea and we ended our week with an amazing BOAT PARTY where we swam and danced the night away. It was *truly a week to remember*, balanced with educational and fun activities. All the students had words of praise for this summercamp, and we hope that this year's summercamp will be just as good, if not better, than last year's!

JOIN US SOON!





# Maximising Your Dental Elective Programme



Most students in the UK and Europe are provided with the opportunity to conduct a project, be it research or audit, under supervised conditions and during protected academic time. The dental elective is an important aspect of the dental degree as it can be used to delve into aspects of dentistry that you would not have otherwise considered! A lot of students use this as an opportunity to explore new countries, make new friends, and learn new skills.

If thoroughly planned it can be used to maximum effect in boosting future career prospects!

During my undergraduate training at the Birmingham Dental Hospital in the “relatively” quiet transition period between 4th and 5th year, I was tasked with conducting my own elective project. This project had a simple premise, but as I soon realised, it became quite a mammoth task to complete; I wanted to find out whether the reported rates of malignant transformation of oral lichen planus were accurate or not.

## How did I go about picking the topic?

Sometimes the best opportunities in life present themselves when you least expect them! I didn’t envisage for a moment, when our elective supervisor first told us we had to do an elective project, that I would be conducting a research project in Oral Medicine! I had just finished speciality clinics on Oral Medicine when my consultant and professor supervisors asked me a

Petros Mylonas is a young graduate of University of Birmingham. He has experience working in public sector and private dentistry. He has now returned to the dental school where he qualified as an academic dental core trainee and honorary clinical lecturer in restorative dentistry.

question, “what is the rate of malignant transformation of oral lichen planus?”

I thought this was a trick question, but nonetheless I quoted the figure we were taught. However, my supervisors at the time thought differently and wanted to find out whether this was really the case. And as it so happened they invited me to help them answer this question.

I was tasked with developing a simple protocol to answer the research topic; however, I had never conducted research before let alone write a protocol.

## Research training

I had to consider the many different research methods available in order to answer this question, and I realised that I needed to conduct a systematic review and meta-analysis of the available dental literature in order to ascertain the rate of malignant transformation of oral lichen planus.

I swotted up on what systematic reviews and meta-analyses were, how to write protocols, and finally sat down to write my own. I was very fortunate that my supervisors were as helpful as they were critical, and they were able to help and train me to make sure I was on the correct path in my elective.

Picking the right supervisor is key to ensuring smooth progression during your elective!

## Methodology

In order to conduct a systematic review of the literature, which would mean trawling through all the known literature on oral lichen planus, I first needed to conduct a literature search. In order to do this, I needed a systematic method which could be used for all available medical literature databases such as: PubMed, EMBASE, LILACS etc. This would allow me to try and capture as



much of the available articles as I could on the topic I wanted. This took me several months, as I had to sift through the abstracts to select the papers I wanted according to my inclusion criteria.

After collecting all the articles, I then had the arduous task of reading all the papers (66 in total), collating their data, and sorting them into my own tabulated spreadsheet using Microsoft Excel. Once I had collected the data I needed, I could then use this to calculate the cumulative rates of malignant transformation and also determine the average follow up time we should be reviewing these patients.

### Results

The systematic review found that from the 66 papers that reported the rate of malignant transformation of oral lichen planus, this resulted in 25,855 cases of oral lichen planus, with 393 reported cases of malignant transformation; the rate of transformation was therefore calculated at 1.52% over an average follow up time of 6.98 years. This is higher than the figures we were taught at dental school, and we found it as complete surprise!

However, we then realised that the figures we calculated were in fact overestimates and we discovered was due to a number of reasons: lack of standardisation of reporting in the literature, publication bias, sample sourcing bias leading to the file-drawer effect, and lack of clinical assessment criteria.

### Disseminating my elective results

Once you finish your elective it is very important you disseminate your findings. This is because it helps you develop your presentation skills, whether IT-based in producing posters, or communication skills in delivering an oral presentation.

Disseminating research allows you to find out and receive feedback from those in the wider research community; they could be local in your dental hospital or international at a conference.

We wanted to disseminate our findings to the wider dental research community in order to obtain the opinions of the world leaders in Oral Medicine, and to enquire as to whether would do our part to improve research within the field.

I wrote my first abstract for the European Association of Oral Medicine 2012 meeting in Athens, and had it accepted it for oral and poster presentation at the

meeting.

### Making new friends and strengthening self-belief

I was very nervous to be honest in the run up to delivering my presentation. It was in the main auditorium of the meeting in front of the world's most eminent professors and specialists in Oral Medicine. However, I had met a number of fantastic people from all over the world who gave me some fantastic pieces of advice that helped me immensely.

Always have a rehearsed script ready at hand when you are delivering an oral presentation, and use this as an aide-memoire when delivering your presentation. Depending on your presentation style, you may want to learn your script off by heart, or learn by headings and talk around the slides...in any case practice is key!!

### End result

Thanks to help from my supervisors, and the friends I had met in the Athens meeting, I was very fortunate to be one of three people to win the prestigious Young Clinician Scientist Oral Presentation Award. It was a fantastic and unexpected end to an elective project which I thought I would be doing when I first set out on the path to clinical training in my undergraduate dental programme.

From one elective project, though careful planning and supervision, I was able to achieve many things, learn new skills and win prizes which have helped me immensely to this day.

I would without reservation, encourage all dental students who are thinking about conducting an elective project to carry one out, and to carefully plan what they want to do...because you never know where the journey may take you!



Petros Mylonas with Past President of the British Society for Oral Medicine, John Hamburger (left) and specialist registrar, Ana Poveda (right).

# No Patient?

# No Problem

You brief your tutor about the procedure you're about to do. Look at the clock. 9:30 – it's go-time!

You return to the clinic without your patient, and with a glum face you inform everyone in your path – “nope, not here yet.”

At 10 minute intervals you walk to reception to check on your patient and still...

You sit around wondering, what do I do now?

So, you sit there, spoilt for choices and unable to make a decision on what to do with the remainder of your session.

Here are my top 5 tips for getting the most out of these sessions:

Krishantini M Mahendran, a 3rd year student at King's College London, speaks about that dreaded scenario when your patient doesn't attend their appointment...

## 1. Do what you intended to do

If you were meant to do a filling, do a filling - but on a phantom jaw. If you were meant to take impressions, convince someone to volunteer themselves as a patient or even try taking one of yourself while looking in the mirror. Alternatively, watch a senior student do the procedure you were meant to be doing.

## 2. Work on your flaws

We all have that one skill we can't quite come to terms with. Mine would be crown preparation while yours could be jitters when working on an actual patient. So, take this free time to refine your skills in this area. For crown preps, I usually work on plastic models while for jitters (we all have them), try getting patients from the care planning clinic or from students that might have double booked patients.

## 3. Offer to help

This can be in the form of nursing or just gathering materials for your colleagues. You should definitely take advantage of your free time and free energy to help out. Remember, it is always good to collect brownie points because chances are, at some point in your time at dental school, you are going to need some help too.

## 4. Organize yourself

Use this free time to get your schedule in order. Check that you have patients booked into all of your slots. Look over your patient's treatment plans and confirm that they are booked into the correct slots to make sure their conditions are being managed accordingly.

## 5. Do NOT just go home

Remember, you PAY for dental school. So, missing a session would be a huge waste of money. Monetary value aside, think about all the knowledge you would lose out on. It is in one of these sessions that I got my tutor to finally teach me the technique of systematically presenting a radiograph – this knowledge has been invaluable to me ever since.

So, next time you have a patient who is late or decides to not show for their appointment make full use of this time.

Advertorial

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Batman had Robin  
Bonnie had Clyde



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Our toothbrush, clearly, what a hero! But what about the 30% of the tooth surface that even this toothbrush cannot reach – between the teeth? This is where a hero's helper enters the scene in the shape of a Curaprox ultrafine interdental brush. It is easier, more enjoyable and even more effective than dental floss.  
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MIND THE GAP!



# 5 Things We Wish We Had Known

3 students graduated from Marquette University School of Dentistry, USA in 2003. They are all currently working in private practice and have some valuable advice to share with the students of today.



Left to right: Dr Stevens, Dr Neff and Dr Waldron DDS

## 1. New Stuff Does Not Equal Lots of Patients

Dental suppliers and sales reps will eagerly tell you about the latest and greatest in dental equipment. The lady at the interior design store will happily sell you beautiful carpets and furnishings. All of these salespeople will insist that you need a beautiful well appointed office with the latest technology and newest dental equipment. It doesn't always work out that way.

For the majority of practices, you will need a nice facility with up to date technology and equipment. But it almost never has to be brand new, 5 star hotel, nice. In the majority of towns, where the majority of dentists will practice, it's smart to have an attractive facility that is up to date. But there is a strong argument to be made that going all out and having a boutique practice with everything brand new and high end will work against you.

For one, all that high end brand new stuff costs a lot of money (debt). For another, the majority of people really only want to know they are receiving care in a clean, comfortable office and that the equipment and materials are up to date. They really don't care if your carpets cost you a fortune and if the countertops are Italian marble. In fact most patients will see those things and assume the price of your services are high—even when they aren't, just to pay for all that expensive stuff. Be aware of where you practice and the patient population you serve.

## 2. Dental Insurance Limits Your Freedom

It's unrealistic in today's world to think that you can practice dentistry without accepting dental insurance as a form of payment. It has been around so long and so many people rely on it that you pretty much have to accept it. But know that by signing up as a PPO dentist means the insurance company, not you, will have the bigger influence with your patients in a lot of areas.

The insurance company, not you, will determine what is a fair and reasonable price for your services. The insurance company, not you, will "determine" what treatment is best for your patient. And like it or not, a lot of patients will listen to their dental insurance carrier when deciding what treatment to receive.

Many patients look at dentistry as just another commodity or service that you should try and get at the best price. And because their dental insurance "pays" for their dental care, they are likely to do what the dental insurance will pay for. So signing up with dental insurance companies is likely necessary. But know that in so doing, you will likely limit your ability to practice dentistry on your terms and get paid what you legitimately deserve. Some of your freedom is the price you will pay.

### 3. Debt is Real

This seems obvious, but debt is real money. We'll admit when we were in dental school and signing loan documents for \$30,000 or more at a time, it didn't quite seem real. We never saw most of that money. What we did see was just deposited in a bank account and used to live on.

We wish we had taken a little longer to think about that money. It almost felt like a paycheck. Just money we were getting paid and that was ours to spend on the things everybody spends money on.

But those student loans were a LOAN. That money had to be repaid—with interest—and so it wasn't free. That realization is critical as you decide to borrow for school, buy a practice, purchasing equipment or whatever it is.

Those loans will erode your ability to make and take home money. As you start repaying those loans it will affect the choices you are able to make. Those loans will slow down how quickly you can enjoy financial freedom and really live your life.

### 4. Teeth Are Attached To People

Again, it's kind of obvious right? Before dental school and for the first couple of years in dental school, drilling on teeth and fixing them seemed pretty straight forward. It was kind of mechanical. Just follow the steps. Cut here. Bond there. Pack this. Shape that. Boom! Done. But once you start doing them, you start to realize the simple mechanical steps of restoring a tooth are one thing. The person you are doing those things to is another.

That person has emotions. That person has fears. That person has expectations. Those things and a host of others affect your ability to do the dentistry. The patient's demands and emotions can affect your ability to focus on the task at hand and doing it to the highest degree of quality and excellence possible.

When a patient is flinching and squirming it's easy for you to get a little nervous. When you are nervous, it's normal to just want to get it done and get the patient out of the chair. When the patient tells you they hate the dentist, it's natural to feel a little offended and not feel as compassionate.

*Dr's. Neff, Stevens, and Waldron are co-authors of the book "So You Want To Be A Dentist?: What you Must Know to Succeed in Dentistry". The book can be purchased at [www.lulu.com](http://www.lulu.com), the iBookstore, Amazon.com, and many other digital retailers. They also co-wrote "So Now You're A Dentist?", which can be purchased as an e-book on [www.amazon.com](http://www.amazon.com). You can also listen to their podcasts which have featured on [dentaltown.com](http://dentaltown.com) by searching on iTunes, 'Dental Realist'.*

### 5. Your Team Can Make or Break You

People come to the dentist to have their teeth fixed for sure. They want to come to a dentist who is great at what he does and is a nice person. We don't mean to burst your bubble, but, you probably aren't the only reason or maybe even the biggest reason they come to your office.

Patients see you for maybe 10 minutes when they come to get their teeth cleaned. Patients spend a little more time with you when you "fix" their teeth. But, the majority of the patient's time is spent with Judy at the front desk. They spend a lot of time with Sally the hygienist. Even when you're fixing their teeth, for a lot of that appointment their mouth is occupied. Jenny the assistant is the one socializing with them before you come in and helping them after you're done.

So it's obvious that several other people spend a lot of time with your patients other than you, the dentist. Therefore it is critical that these people with whom your patients are spending most of their time be great! Not only great but great in the role they play in your practice. If your patient walks in the front door and Judy at the front desk is too busy on the computer to greet them by name and offer a warm smile and a handshake, that patient isn't going to have a great start to their visit.

If Sally the hygienist is rushed and just gets down to business, how will that patient feel? Most patients want to be acknowledged. They want to feel like they are the star of the show. They want to know that Sally remembers them and is interested in what is going on in their life.

If a patient feels unappreciated and rushed in your office, it will be pretty easy for them to go somewhere else for the smallest of reasons. So, having the right team members in the right positions can literally make or break you.







## Guy's to 'The Jungle'

REFUGEE CRISIS FOUNDATION

"In the second weekend of December 2015 we, three dental students from King's College Dental Institute, drove across the channel tunnel to volunteer what services we could to the people stranded in the refugee camps of Calais and Dunkirk. We went with a group called Refugee Crisis Foundation. Set up by a group of young healthcare professionals looking to make a real difference, this group has been recognised by the French Dental Association and is doing some fantastic work and importantly they're doing it regularly, with the next trip planned for late February 2016."

The RCF team on their first aid trip outside the mobile dental caravan.

### Day 1: Dunkirk

The first day's assignment was given to us over a guilty breakfast on the ground floor of our hotel. We were to help the dental team, comprised of three UK based dentists and four of their French colleagues. Dunkirk was the smaller of the two camps with only 2500 people (3000 at the time of writing), housing many new Syrian settlers, mainly women and children. For many of the group this was their first taste of dental aid work in these conditions and we took our lead from our experienced colleagues who filled us in on what to expect. Our minds were a whirlpool of emotion at the time, each surge bringing with it new excitement, fear and nerves.

Salaam. Peace. This is how we were greeted by all on the morning of our arrival as our people carrier slowly trudged through the sticky mud at the entrance to the camp. Friendly, smiling yet expectant faces surrounded the car, walking it through the main passage that led to the heart of the small camp; a heart beating with the hope of thousands of people trying to make a safe home for their loved ones. We looked around and saw the muddy, torn, sodden tents pitched on any available patch of earth, lines continuing in every direction. People queued patiently outside vans and trucks desperately waiting for welfare and aid of any kind – food, blankets, tents, clothes. There were piles of superfluous donations

ungraciously dumped by volunteers in heaps on the muddied ground. Well intentioned contributions (shorts, t-shirts, hundreds of loaves of bread) doing nothing but rotting and spreading infection.

After helping our medical colleagues set up their station in an unused supply tent we commandeered a vacant MSF container to house our mobile dental clinic. Outside we formed a queuing system and triage area whilst inside we organised the area into a treatment section, consisting of two mobile dental chairs courtesy of DentAid, and a clean and dirty compound. Our colleagues helped us spread the word by walking through the camp and informing people that there was an emergency dental clinic running today and tomorrow. Due to the extremely diverse nature of the people in this camp this was no easy task with Arabic, Urdu, Pashtun, Farsi, Kurdish, English and more being spoken. We attempted to implement the few basic phrases we had learnt in Arabic; hopeful it would see us through the day. Fortunately, we had treated a patient who was more than capable in a few languages and as a result our team had gratefully inherited an interpreter.

For the first hour people trickled in slowly allowing us to test our systems and ensure everything was as efficient as possible. There after we were inundated with patients and had a constant queue of at least 5 - 10 people throughout the rest of the day. We saw a variety

of patients with a plethora of symptoms and issues, some that were in extreme dental pain for months, many with periapical infections and several with deep carious teeth that had not been looked after for a while. Most patients were relieved to finally see a dentist as they could not eat or sleep due to the pain. Diagnosis and treatment was further complicated not only by the language barriers and limited resources but by the lack of electricity or running water. This of course meant no hand pieces, radiographs and even limited light as the day waned.

Many of these patients were extremely high caries risk patients, with a number of medical conditions and poor oral hygiene. As a result, 3 main treatments were planned and completed immediately with patient's verbal consent: hand excavation of caries and GIC restorations, simple extractions, and no treatment at all. No treatment was started if it was not urgent and could not be completed in these challenging conditions. Teamwork spans all aspects of healthcare but it was never more evident than here. As students we were mostly triaging and presenting to our qualified colleagues as well as nursing and assisting for them in simple procedures. It was remarkable to see just how educated and well informed many of these patients were, asking us about dentures and implants and requesting toothbrushes and toothpaste to look after their teeth. For us it was invaluable experience of emergency dentistry as well as general aid work within an impoverished community.

On our rounds of the camp we were greeted with the same amiable, thankful, smiling faces as on our way in. Many told us of their plight and the arduous journey that led them here. When invited into one tent we saw a mother caring for three young children, all of whom had progressive chest infections. The sheer resilience on the face of this brave woman was moving in itself but even more so it was the way she rejected the heater we gave her because "there were others more in need".

That night none of us slept for the storm in our heads and hearts was far too great. Laid up in our comfortable and warm hotel room we couldn't help think of the thousands of people displaced from good homes who were now shivering under wet blankets on the freezing ground.

**"...the storm in our heads and hearts was far too great."**

## Day 2: Calais

We were now assigned to 'The Jungle' in Calais. Housing between 6000 – 10000 people (the numbers fluctuate) the camp in Calais has received the bulk of the media coverage and has a reputation for frequent violence. On the frosty winter morning we entered the camp next to the Banksy's statement piece, our breath hanging in the air, we knew immediately

that we were being watched very carefully. Firstly by the police outposts dotted at highpoints surrounding the camp, backed up by their vans filled with gendarmes outside, and secondly by the so called 'mafia' of the camp who have a full protection racket in operation.

Immediately it was evident that we would need to be more careful here and not upset either party.

We knew this camp had been here for a while but we didn't expect the level of infrastructure that had developed; shops, restaurants, Churches and Mosques (in different areas of the camp) and even a shisha cafe all set up and functioning well. This showed more than just a resilience to their situation but also a resignation to their medium to long term future here. The incredibly diverse community settling here boasted a variety of ethnicities including Sudanese, Syrian, Kurdish, Afghani, Pakistani and many more settling here in Calais. Although for the most part they all lived here in peace it was clear that certain areas of the vast camp were run by certain ethnicities and all boundaries were understood.

The dental unit here was more established and well equipped as we had a specific caravan kitted out with two dental chairs, some rudimentary tools and



Dentists providing treatment on mobile dental chairs out of an MSF container.



equipment, our own steam steriliser (a hot plate with a pressure cooker on top) and even an old autoclave, which more or less still worked.

With a large crowd huddling around our triage area we needed tight crowd control and an extremely efficient system. We were extremely grateful to an American of Syrian descent who provided us with extremely useful translation services from English to Arabic and Farsi also. Sami had travelled with a party from Boston handing out welfare packs and without him we could not have survived in this extremely diverse camp. Luckily our own command of Urdu had been just about adequate enough also.

There were a flood of people coming in all day. The patients presented with similar problems and similar treatments were needed but there were an extra wave who presented with post-extraction complications – persistent bleeding being the most common. Beyond the language barriers we had to deal with sparse resources, most notably instruments and antibiotics. Rationing medication became extremely tricky, not only because our colleagues in the medical caravan had finished their own supplies, but because one patient in particular took exception to this. In a hospital setting or dental clinic in the UK, there is a well thought out procedure and specific guidelines to follow when dealing with complaints. That kind of approach in this case was less successful. What followed was a 30 minute heated discussion, translated from Farsi to Urdu to English, which involved far more commotion than was necessary and attracted the attention of people nearby. We attempted to diffuse the situation and were finally successful in reaching a somewhat amiable solution when we heard of a much larger commotion nearby. A brawl had broken out down the road between some Afghani and Sudanese people. The factional nature of the camp was especially highlighted here and with the waning light we knew it was time to go.

Overall, this trip was an incredible experience but one that highlighted the desperate conditions of these poor people. Their sheer resilience in spite of all the adversity they have faced and continue to face is genuinely emotional and inspiring. It is made worse with the knowledge that there doesn't seem to be a political solution coming soon to help them. Despite their optimism, despite their faith, despite their goodbye wishes of "I'll see you in the UK", it is hard to see a way out of these camps for them. The aid that we provided, little that it may be, was honestly helpful and necessary. However unless their situation changes they will be in need of help in the near future. Everyone in this camp is in a form of welfare cycle where they start by being in need, they are then given help, whether it be medical, dental, tents, blankets etc. There is a period of acquiescence where their situation appears to be better but then they get another infection, the weather ruins more of their tents, their blankets are soaked yet again, they are hungry once more and then they back in need again.

Politically we choose our sides and fight for a way for this to end but no one can ignore the humanitarian aid that these people need just across the border. One weekend of work is not enough. One drop load of welfare is not enough. It is only through the regular and consistent provision of care that their situation will once again become bearable and we can truly help.

*Salman Sheikh  
Obaid Khalid  
Yousuf Bashir*



The three dental students standing next to Banksy's infamous mural of Steve Jobs. From left to right, Salman Sheikh, Obaid Khalid, Yousuf Bashir.

# ORAL-B, WORLDWIDE LEADER IN ORAL CARE, **SHARES ITS LATEST BREAKTHROUGH** IN POWER BRUSHING TECHNOLOGY

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We understand that dental professionals want to recommend oral care products to their patients once they themselves have tested and approved them,” said Dr. Kate Fabrikant, Professional & Scientific Relations Manager, E-IMEA Professional Oral Health at Procter and Gamble. “Through TEST DRIVE, we have found an easy solution that adheres to professional hygiene standards allowing professionals to not only test the efficacy of Oral-B products themselves, but also providing patients the chance to experience them in practice. We hope this will foster more comprehensive recommendations.”





# Dentakl

## Croatian dental students have talent

Imagine spending a Friday night enjoying an original and completely unexpected spectacle made and performed by those anonymous colleagues that you see daily in the college hallways. Who expected? Virtuoso pianists, a European Taekwondo champion, fire blower, great singers, aerialists, belly dancer... The one thing they all have in common. Their same goal in life: to be dentists.

For the second year in a row, in early December, USDM (Croatian Dental Students' Association) organized DENTAKL – a dentistry students talent show. One and half hours of a mindblowing program in front of three hundred people (mostly from our dental school: colleagues, professors but also friends and future patients. The event was held in one of the cultural centers of Zagreb.

Dentakl's aim is to show the other side of life of future dentists, rest their academic personality and present themselves in a way that you've never seen before! Dentakl isn't just a student show: it is an opportunity for students to develop their soft skills: organizing, marketing, producing, communication and many other which we will need in our future dental practice.

Zagreb was declared as the most beautiful Advent destination in 2015 in Europe. We are very proud that Dentakl is the cultural and original programme enlisted in the touristic map of the city. Welcome to Zagreb! Hope we will see you at next Dentakl at the beginning of December 2016.

Helena Vučković

"Andrew says: Do you have a talent show at your faculty? Why not organise one?"



## Corporate Partners



## Professional Partners

