SPRING 2018

EDSA Magazine

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Editor's Word

Dear EDSA Family,

As always, it brings me great pleasure to publish a new edition of the EDSA Magazine. I am very glad that many of you have shown interest in contributing to this edition of the magazine. A special thanks goes out to all the authors of this issue.

I hope that in the future our magazine will develop to include more scientific work such as case reports and research papers written by students or proffesors across Europe. To acheive this, we need YOUR help! Encourage your colleagues and mentors to contribute, or why not contribute yourself?

Happy reading,
Linnea Borglin
Vice President of Public Relations
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Cover photo by amina_a (flickr)

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The real challenge for the dental student – a comparison between the EDSA countries

During their training, dental students will perform different procedures on real patients as well as in the artificial simulators of the oral cavity.

Gaining a patient's trust is the most important and challenging task as the students progress from pre-clinical to the clinical years.

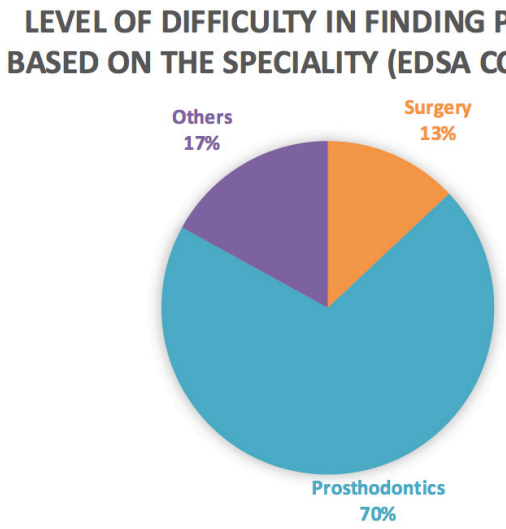
> How legal is it to perform dental practice on real patients in Europe while being a medical student?
> For which dental speciality is it the most difficult to find patients?
> Is it the student's duty or university's duty to provide patients for learning?

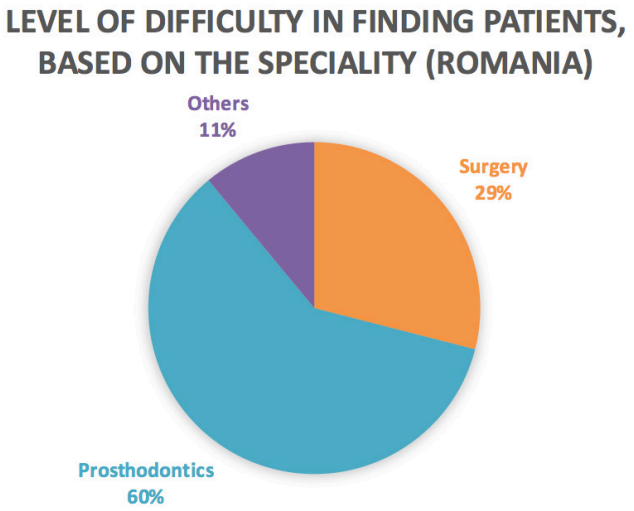
These are just a few of the questions that the Romanian dental students ask themselves regarding their dental practice. In order to discover their feelings about this problem, we conducted a survey on a sample of 300 students from the Faculty of Dentistry "Iuliu Haţieganu" Cluj Napoca (Romania). The questionnaire contained nine multiple choice questions.
The study has revealed that most of the students find it difficult to earn patient's trust during the faculty. One of main reason is the lack of confidence that the patients seems to have for the novice students.

> What is the difference regarding this process for the other students around Europe?
> How easy is for them to find patients?

Our study was extended to 25 different countries which took part in the 59th EDSA meeting in Cardiff duirng the spring of 2017. The results revealed were both similar and different to the Romanian ones.

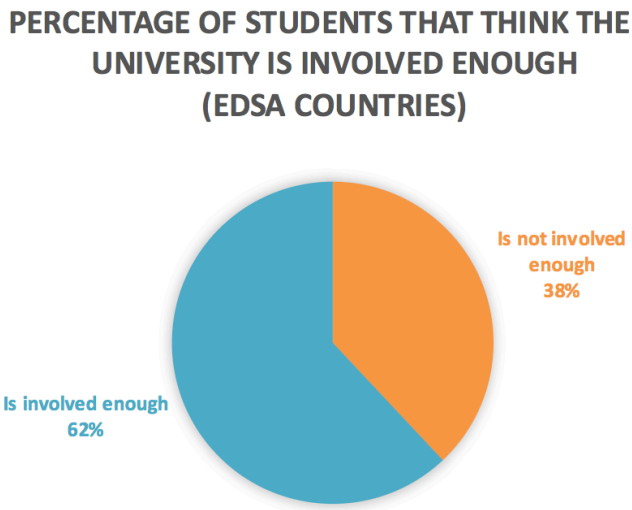
Similarities between Romania and the other EDSA countries

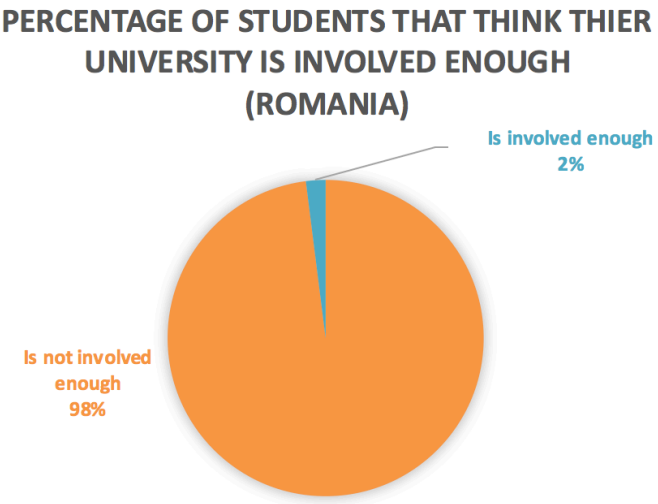




As the pie chart shows, the Prosthodontics makes it difficult to attract more patients because of the complex nature of this branch. One explanation is that for this procedure, patients prefer to go to a more experienced doctor, making it hard for the Europe dental students to practice.

Differences between Romania and the other EDSA countries





The above pie chart shows a big discrepancy between European and Romanian students in the perception on how useful and involved the university is during their studies. The Romanian students consider that the university should be more involved in finding patients and in promoting the students learning. On the other hand, in the EDSA countries the universities are more involved in providing the students with patients and other opportunities so the students are happy with the involvement of the university.

Every country has its own system, and this also applies in the case of the dental universities. This might not be a perfect one, but what is for sure is that everybody is doing their best to evolve. What I think is very important, is to pay attention to those countries where the stystem works at a very high level, and take them as an example.

Written by Poiana Irina

Faculty of Dentistry, Cluj Napoca, Romania


EDSA


EDSA


EDSA

60th EDSA meeting, *Vilnius*

Is it really possible to make rainy Lithuania interesting for a bunch of young dentistry students during their summer holidays? *Believe me*, it is. The Lithuanian Association of Dental Students had the honor and the huge responsibility of welcoming EDSA members to the 60th EDSA Meeting which was held between the 20th and 26th of August in Vilnius.

As soon as we found out that we would be hosting the 60th EDSA meeting we quickly got to work and created a vision - *productive, fun and comfortable* - for the week. At the same time, we realized that in order to create something great we needed a motivated team and help. This included financial support from sponsors, which proved to be very challenging.

It may come as no surprise that the local organizing committee finally welcomed the EDSA delegates to a cold and rainy Lithuania on Sunday the 20th of August. The weather was not as we had hoped but it didn't prevent us from meeting old friends and making new ones.

The meeting schedule was filled with presentations, lectures and workshops. During the week, EDSA delegates discussed current issues that concern dentistry students, not only in their country but in Europe overall. The lectures presented by Dr. Adomas Auskalnis and Dr. Simonas Grybauskas, two great lecturers from Lithuania, were highly appreciated. Dr. Adomas Auskalnis spoke about the possibility of increasing the vertical dimension of occlusion and Dr. Simonas Grybauskas presented his lecture titled 'Macroaesthetics in dentistry: where is your beautiful smile?.' Richard Chmyznikov, the founder of ManoDantukai.lt and co-founder of Smileforge gave some advice and ideas on how to incorporate social media into dentistry studies and clinical work with patients. The meeting ended with the election of a new Executive Committee including the EDSA's new President; Valentin Garyga.

Luckily, the EDSA meetings are not only about hard work. They are also about meeting new people, making new friends and visiting a new city. The LOC had organized social events including; EDSA-vision, a sight-seeing tour and a beautiful gala dinner right by the Trakai Island Castle, and many more events including a karaoke evening at ''La Birra" pub, which became a popular destination every evening for the EDSA members.

The EDSA in Vilnius was more than we expected. For those who have not participated in or organized any EDSA meeting we kindly recommend you to consider this opportunity. There is no better time than NOW to experience different cultures, differences in dentistry, to make long-lasting friendships and to improve yourself in many ways.

See you in Amsterdam!

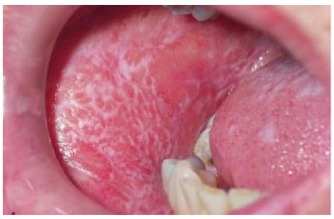
Written by Viktorija Aužbikavičiūtė

LOC member of 60th EDSA Annual Meeting in Vilnius

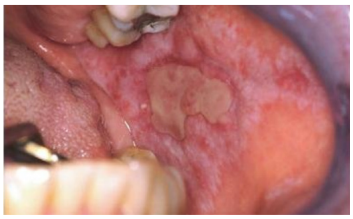
Gala dinner, Vlnius

What is **Oral Lichen Planus**?

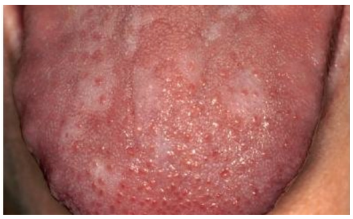
Oral lichen planus (OLP) is a chronic, autoimmune inflammatory disease affecting the keratinocytes in the oral epithelium. OLP is a relatively common mucocutaneous disease affecting between 0.2% and 2% of the adult population, typically between the ages of 30 and 60 years old, where women are overrepresented (60-70% of cases) (1). Lesions are generally symmetrical and white in colour with the cheek, tongue, palate, and gingiva being common locations for OLP lesions (1,2). There are numerous forms of OLP. The reticular form is the most common form of OLP, characterized by its white striae that produce a lacy pattern, usually present without symptoms. The plaque form resembles leukoplakia, but with a multifocal distribution. The erythematous form is distinguished by red patches accompanied by very thin, white striae. The erosive form is associated with ulcers. The latter forms generally show more aggressive symptoms (1).



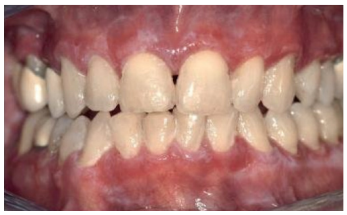
Reticular form



Erosive form



Plaque form



Erythematous form

The cause of OLP is still unknown, however it is considered to be mediated by an immunological process, similar to a hypersensitivity reaction and characterized by an extreme influx of T-cell infiltrate. Other immune cells such as macrophages and Langerhans cells are seen in increased numbers in lichen planus tissue. OLP develops in several stages, where the first, initiating factor is unknown. Initiation is followed by the release of regulatory cytokines, a upregulation of vascular adhesion molecules, T cell recruitment and finally T cell cytotoxicity. This is targeted at keratinocytes in the basal layer of the epithelium due to the expression of modified antigens on the surface of the basal cells. (1,3) Possible etiologic factors include dental materials, genetic background, drugs, stress, diabetes, infectious agents, hypertension and immunodeficiency (4).

OLP has a similar histological and clinical appearance to lichenoid reactions to certain dental materials. Hyperkeratosis, vacuoles with apoptotic keratinocytes in the basal layer and a lymphophagocytic infiltrate at the epithelium-connective tissue interface are typical histopathologic properties of OLP. An increased number of Langerhans cells and eosinophilic bodies can be seen within the epithelium.(1)

OLP can generally not be cured, but some drugs, such as corticosteroids, can provide satisfactory control by modulating the inflammation and the immune response. OLP is considered to be precancerous, but it is rare that the lesion becomes malignant (1,5).

Written by Linnea Borglin and Stephanie Pekarski
Faculty of Odontology, Malmö University, Sweden

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Images from Oral pathology: clinical pathologic correlations (1)

HU-FRIEDY UNIVERSITY PROGRAM: the community is growing together

An Interview with Riccardo Lepre
Institutional Sales Coordinator

Hi Riccardo. As the person responsible of the University Program in Europe and the Middle East can you sum up the peculiarities of the Program in a few words?

The Hu-Friedy University Program is the tool to let all of us to get closer to the Hu-Friedy Community.
It counts on 3 pillars: first of all it allows the students to get an easy access to the Hu-Friedy World. Then it makes available a wide range of Professional Education options to the students like workshops, hands-on, lectures and much more. Finally the Hu-Friedy University Program Community is a new way to be part of a great project where the students are the real stars.

What did you plan to enhance in this Community? What's new after the University program has begun?

Hu-Friedy is always committed to find new solutions to engage students and to offer them new ways to belong to the University Program Community.
Now we are on the social media. I invite you to join our FB pages. We have 5 University Program pages on FB where students across Europe and Middle East can follow our activities and they can interact with Hu-Friedy directly.

Like us on:

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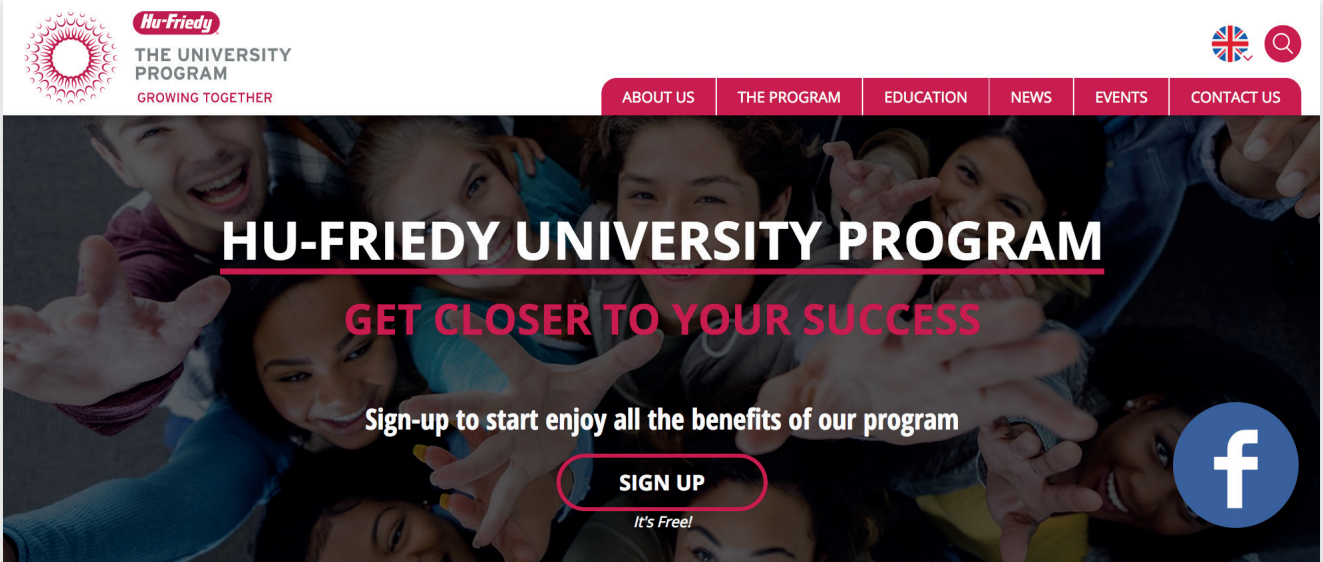
We heard the University Program Website is almost ready to be on line, isn't it?

Yes it is! Through the "sign up" on the Website you get the access to premium contents.
It is so cool because you can watch several clinical videos, pics, tutorials, attend webinars and caught up smart "tip and tricks" for your current and future professional activities.
Not enough? Really?
Ok! Then follow the Hu-Friedy Key Opinion Leaders highlights and all the events organized by the most important professionals worldwide and those dedicated for you.
Trust me!
Sign up, try and take the advantages. ■



pamoja 2017

"While we were treating their teeth, they were taking care of our souls"

It was the second week of September when nine young and enthusiastic European Dental Students arrived in Dar es Salaam, probably the busiest city in Tanzania. They came for one reason, which united, making them a team even before meeting. They came with their hearts wide open. They could feel each other even without knowing each other's names. In their eyes you could see unconditional love shining through. They came with a mission. They came as volunteers of the Pamoja Dental Volunteer Project 2017.

Pamoja is a dental outreach project organized by the European Dental Students' Association (EDSA), the Tanzanian Dental Students' Association (TDSA) and Muhimbili University of Health and Allied Sciences (MUHAS). Pamoja means together, in swahili. The primary mission of this project is to educate children about the importance of oral health and provide them with basic dental treatment at schools in Tanzania. This year the international team from EDSA (four volunteers from Croatia, three from France, one from Malta and one from Lithuania) together with three local doctors and 13 dentistry students from TDSA all gathered together to continue this mission for the third time. Two weeks passed by quickly, full of stormy challenges and heartwarming achievements, but let me take you on this journey from the beginning.

We were a team of 25 volunteers coming from different backgrounds, with the same spirit, all of whom embarked on Pamoja Phase III on the 9th of September. All the volunteers and the guests of honor were welcomed with an opening ceremony at Muhimbili University of Health and Allied Sciences. We were even treated to a trip to Bagamoyo historical town. After this introduction we started preparing for the big start on Monday the 11th of September. Our plan was to visit three schools in Dar es Salaam and provide dental education for all the children as well as dental treatment for the ones who needed it.

Two teams - Team A and Team B – embarked on a mission early that Monday morning. Team A went to Buruguni public primary school and Team B visited Uhuru Mchanganyiko public primary school. At the latter school volunteers also met some children with disabilities, which was a very special and rewarding experience. During the first day both teams provided the necessary dental education and screened all the children. Each volunteer had a particular role - some were responsible for the registration, others - sterilization and packing of instruments, the rest were giving dental education for kids, screening or assisting. Everybody was fully involved and the teamwork was surprisingly peaceful and productive.

On the second day we began treating the children. At each site we treated dentin caries, did fissure sealing, scaling, topical fluoride applications and composite restorations in the anterior teeth with fractures. Children who needed teeth extracted or had deep pulpal caries were referred to the university clinic, where some of our volunteers were waiting to perform these treatments.

Both teams united on the third day and continued the treatments at the Buruguni public school. Our teamwork was very efficient that day. The rest of the days of the project we spent in the Nyamata academy - a private English primary school. We saw over 500 children there - from the 1st to the 6th grade. On the last day we even examined teachers and provided them with consultations.

During the ten days of the project we screened 838 kids, of which 297 were provided with dental treatments at the schools or at the university clinic. All of them received dental education and were given toothbrushes and toothpaste.

Phase III of the Pamoja dental volunteer project is now over and all volunteers from Europe returned to their universities or dental offices, with our thoughts still in Tanzania. We travelled to Tanzania to make a positive impact on the lives of the children, but by the end it was not only their lives, but ours that have changed. We were blessed with unconditional love and joy from the children and inspired by the opportunity to work together towards the same goal. Now we are many kilometres apart, but in our hearts we are still pamoja. In swahili they say ‘kuna namna’, which means - there is a way. I truly believe that there’s always a way to be kind and that Pamoja dental volunteer project is just one way to do it.

Written by Morta Stasikėlytė
A volunteer of Pamoja Phase III
Lithuania

The Relationship Between Diabetes And Periodontal Disease And Awareness Among Diabetics

Introduction and Pathophysiology

Periodontal disease is the sixth complication of diabetes (Saini, et al., 2011). There have been many studies to prove the bidirectional relationship between these two diseases. These studies demonstrate that poor glycaemic control in a diabetic is associated with an increased prevalence and severity of periodontitis (Tsai, Hayes et al., 2002; Casanova, Hughes et al., 2014). Glycaemic control can indirectly affect the prognosis and course of periodontal disease, which is of great importance in the dental public halth field, since both conditions are highly prevalent in Malta and the World (Olivieri-Munroe, 1968).

The presence of periodontitis triggers systemic inflammation which will affect the regulation of glucose levels in the blood. The inflammatory mediators, oxygen radicals and acute phase proteins, will interfere with this mechanism, reducing the uptake of glucose by inhibiting the insulin receptors. In the presence of periodontitis, blood glucose levels are affected in a clinically significant manner, even in the absence of diabetes. This increases the risk of development of insulin resistance. Conversely, diabetes can contribute to the deterioration of the patient's periodontal status.

Periodontal Disease and its Association with Systemic Diseases

Gingivitis, which is the mildest form of periodontal disease, is prevalent worldwide, affecting up to 90% of adults. Since this inflammatory disease is initiated by the accumulation of subgingival plaque biofilm, it is reversible and can be controlled by implementing effective oral hygiene measures (Pihlstrom, 2005). That being said, susceptibility to this disease is not only dependent on the plaque levels but on a number of other factors, which directly or indiectly determine the extent and severity of the disease. Studies have shown that there are predisposing factors such as obesity (Pischon et al., 2007), tobacco smoking (Warnakulasuriya, 2010), osteoporosis (Pihlstrom, 2005) and diabetes (Preshaw et al., 2012), (Mealey and Ocampo, 2007), (Tsai et al., 2002). According to the Centre of Disease Control and Prevention (CDC) Guidelines of the National Diabetes Education Programme, patients who smoke and have persistently elevated glucose levels, have a 4.6 times greater risk of developing periodontitis.

Figure 1: Malta Association of Dental Students Stand demonstrating the effects of smoking on Periodontal Disease and Oral Cancer at Science in the City 2017 in Valletta, Malta

Since periodontal disease is commonly painless, it can remain unnoticed unless the individual is seen by a dental professional. In one particular study (Jowett, 2009), patients with periodontal disease experienced a lower oral health-related quality of life when compared to healthy patients (i.e. patients without periodontal disease). This includes compromised aesthetics, function, comfort, self-confidence, food choices, together with increased tooth mobility and infecions (Needleman et al., 2004).

The association between diabetes and periodontal disease was consistenly shown in many epidemiological studies. A diabetic individual was found to have a three-fold increase in the risk of developing periodontitis, compared to a non-diabetic individual (Mealey and Ocampo, 2007). It is a cyclical association in which the systemic disease predisposes the patient to oral infections and diseases which in turn exacerbates the systemic conditions. In fact, it was concluded that diabetics suffering from severe periodontal disease are six times more likely to have poor glycaemic control (Taylor et al., 1996). This is due to the fact that untreated and severe periodontal disease increases the risk of metabolic syndrome, which in turn affects diabetes and cardiovascular disease. Metabolic syndrome is a combination of conditions associated with obesity, hypertension, pro-inflammatory states and insulin resistance (Grundy et al., 2004). A longitudinal study carried out by Taylor et al., in 1998 demonstrated an increase in the risk of progressive bone loss and attachment loss over time in patients with diabetes. This would also exacerbate the periodontal disease status.

"Diabetic individuals are three times more likely to develop periodontitis"

Periodontal Treatment and Diabetes

Rodrigues et al. (2003) demonstrated an improvement in type 2 diabetic patients' gylcaemic control following periodontal therapy. This demonstrates that, if patients improve their oral hygiene and consequently reduce their subgingival plaque biofilm levels, their glycaemic control would show a parallel improvement. The reduction in HbA1c following periodontal treatment, significantly reduced the tumour necrosis factor α and interleukin-1β (systemic markers of inflammation), which in turn reduces the inflammatory response. Futhermore, periodontitis was found to increase HbA1c levels even in individuals who do not have diabetes. This would compromise the diabetes control in patients with type 1 or type 2 diabetes (Demmer et al., 2010).

Taiyeb-Ali et al. (2011) highlighted that the down-regulation of destructive aspects of the host response are potentially modulated by "tipping the balance between resolution and disease progression in the direction of a healing response". It was suggested by several studies that patients with diabetes should be made aware of their increased risk of periodontal disease and the importance of regular periodontal assessment by a dental professional (Casanova et al., 2014).

Quality of Life

Negative impacts on daily living and health-related quality of life have been report in patients with both periodontitis (Needleman et al., 2004) and diabetes (Irani et al., 2015). Several studies have shown that oral health problems can affect a person's psychological wellbeing, social standing and physical functioning. One cannot dissociate oral health from general health when it comes to impacts on quality of life (Fontanive et al., 2013).

In a study by Irani et al. (2015), statistically significant improvements were obtained in all periodontal parameters noted from month 0 to month 3 and from month 0 to month 6, in patients with periodontitis both with and without diabetes. It was concluded that oral health tends to be prioritised less in individuals with chronic disease states, because of the fact that obtaining good oral

health is perceived to be of minimal benefit.

Figure 2: Giving oral hygiene instructions at the Smoke-free Smile Campaign

Knowledge and Awareness amongst patients and Doctors

Poor awareness and understanding of oral health care needs among patients with diabetes, has been associated with low oral health literacy (Valerio et al., 2011). The bidirectional relationship between diabetes and periodontal inflammation suggests that routine preventive dental care should be promoted. Tomar (2000) and Bahammam (2015) indicated that diabetic patients do not consider oral health as being a priority, and are less likely to visit the dentist than non-diabetic patients. According to Allen at al. (2008) 63% of diabetic patients attended the dentist only when they needed to rather than as a preventive measure. More than 50% of the sampled population were unaware of their risk for periodontal disease.

In another study, only a third knew that periodontal health may affect their glycaemic level. Only 38% thought that diabetes control can be aided by sufficient periodontal treatment (Al Habashneh et al., 2010). Multiple studies including the one by (Al Habashneh et al., 2010) highlighted the importance of a multidisciplinary approach, in which various health care professionals educate the patients and inform them about the risks and predisposing factors (Allen et al. 2008; Casanova, Hughes et al. 2014). Bahammam (2015) suggested the importance of customised educational programmes for diabetic patients based on the needs of the community.

Apart from increasing the patients' knowledge and oral hygiene routines, it is important to keep the doctors well informed and aware so as to convey the same message and to fight the same battle. In a study carried out on medical doctors to test their knoweldge on the relationship between both diseases, only 59% knew the primary clinical symptoms of periodontal disease, which is gingival bleeding (Zekeriya Tasdemir & Banu, 2015). Furthermore, in this research, 90.8% agreed that periodontal disease affects systemic health and diabetes mellitus being the most frequently related systemic disease (66.8%). Also 56.5% referred their patients to a periodontist, gingival bleeding being the most common reason (44%).

Figure 3: The University of Malta's Mobile Dental Unit. Provide free oral check ups around the Maltese Islands

Preventive Strategies

The aims of dental public health are to: 1) prevent oral disease; 2) promote oral heath; and 3) improve the quality of life. In these situations, it is important to tackle the problem upstream via Health Public Policies along with community development, training strategies and media campaigns, rather than putting the blame on the individual downstream. Clinical preventive and educational approaches alone have limited short-term effects. Most of which tend to target high-risk individuals (Watt, 2005). Hence, it is important to assist communities to avoid certain diseases via a supportive environment making the healthier option the easiest. It is important to identify the risk factors that tend to affect more than one disease

and in doing so, one is reducing the exacerbation of other systemic diseases. This is known as the Common Risk Factor Approach as seen in Figure 4. Hence, in the case of diabetes and periodontal disease, factors to target include: smoking, diet, hygiene and stress.

Figure 4: World Oral Health Day 2016 in Malta

The British Society of Periodontology (BSP) together with Diabetes.co.uk ran a campaign to raise awareness of the increased risk of periodontal disease in diabetic patients. They devised a few steps for the dentist to follow when treating a diabetic patient:

•**Ask:** Ask all patients with diabetes if they know that gum disease might be a complication of their diabetes and that gum disease can affect their diabetes care.

•**Assess:** Screen for the presence of periodontal disease using the Basic Periodontal Examination (BPE)

•**Act:** Provide treatment as appropriate according to the BSP guideline (visit www.bsperio.org.uk/publications/)

In fact, according to Sheiham (2000), it is incorrect to assume that lifestyles and oral hygiene practices are freely chosen. Health knowledge and awareness are useless if the resources and opportunities to change do not exist or are difficult to achieve. It is important to adopt a multidisciplinary approach and involve all members of staff and other professionals to ensure that the patients receive the optimal care and holistic preventive advice.

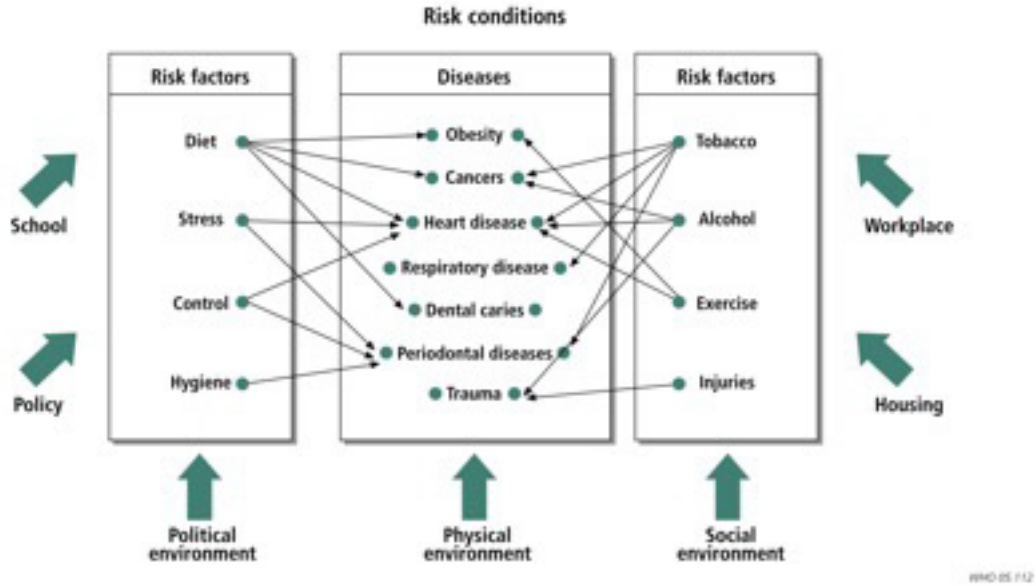


Figure 4 Common Risk Factor Approach. WHO 05, modified from Sheiham and Watt 2000

Written by Laura A. Cuschieri
4th Year Dental Surgery Student
University of Malta

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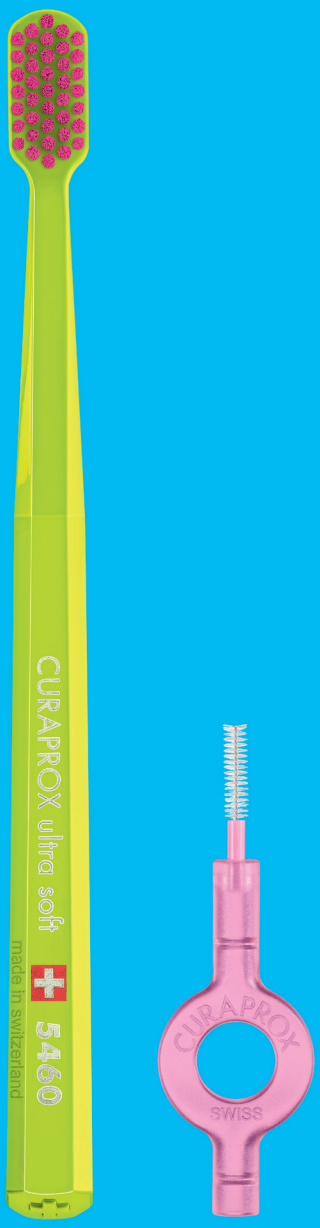
Adam had Eve
Batman had Robin
Bonnie had Clyde



Every hero has a helper.
Our toothbrush, clearly, what a hero! But what about the 30% of the tooth surface that even this toothbrush cannot reach - interdentally? This is where a hero's helper enters the scene in the shape of a Curaprox CPS prime interdental brush. It is easier, more enjoyable and even more effective than dental floss. So, for 100% oral care: pick the right superduo here.

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EVP *Stockholm*

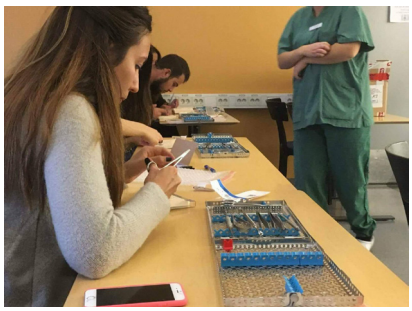
As a dental student, I am coming to realise that the best way to learn is to travel, exchange learning paths and be a voice of yourself. The European Visiting Program is a great opportunity for those who want to experience being a dental student in another European country. I was very happy to hear that Karolinska Institutet (KI) in Stockholm were going to host their second EVP and I couldn't miss this chance KI and the beautiful Stockholm!

EVP Stockholm was held between 2nd and 6th of October 2017, hosted by Odontologiska Föreningen (OF), KI's Dental Students' Union. 12 dental students from all over Europe got together all thanks to Kadirat and the Organising Committee.

The academic program was very beneficial and enjoyable; CEREC demonstrations, suture and ergonomics workshops, clinic observations and roundtables about Dentistry in Sweden. My personal highlights were Mr Sandberg's take on the Swedish health system in depth and CEREC demonstrations. It was also very interesting to observe the university's clinics and getting to know the Swedish Dental Education even more.

The group had sightseeing tours in the well-known Research Department in KI's Solna and Flemingsberg Campuses. We spent a lot of time discussing and exchanging topics with the students, professors and many people with different perspectives. The OF had a floor dedicated to themselves, and the Friday Pub event in the space was a great way to unwind and chat with students. We also had sightseeing trips, visits to museums and Swedish Fika in the city, accompanied by the organising committee.

Overall, I learned a lot from this experience. Visiting Stockholm for the first time and getting to know another colleague's daily life and studying conditions was an amazing experience. Thank you EVP Stockholm for great memories and great friendships that will last a lifetime!



Written by Ayberk Kara
EDSA Vice President of Internal Relations
Okan University, Istanbul, Turkey

EVP *Valencia*

The Valencian Association of Dentistry Students (AVEO) had the pleasure of organizing an EVP in Valencia, Spain last November. Ten dental students from five different countries (Finland, Romania, Croatia, Slovakia, and Turkey) came to live an adventure in Valencia.

As the local organizing committee (LOC), our main objectives of this exchange were: to offer an exclusive and rich scientific program for the participants and to involve them in a new culture and way of living, different from their usual one. *"One's destination is never a place, but a new way of seeing things." HM.*

To achieve this, the LOC organized four workshops and one lecture, each of which had a different theme. Members of the AVEO even organized plenty of social activities.

After a tour of the dental clinic and the Faculty of Medicine and Dentistry of the University of Valencia on the first day day of the programme, the Dean personally welcomed the participants to his office and gave them a small souvenir.

The scientific program commenced on the second day, starting with the first workshop called "surgical suture." Participants were taught different sutures and stitches on sponges. This proved to be useful for the next workshop, the periodontal surgery workshop, which was done on pig jaws. The visiting students were very happy after this workshop because they learned new practical skills. During the following days, our guests learned how to use a microscope to see the pulp chamber and locate all the root canals of a tooth in a workshop called "Introduction to Microscopic Endodontics." The final workshop attended was a CAD-CAM workshop. All in all the participants were very satisfied with the workshops and their expectations had been met.

The participants attended a presentation about Oral Medicine by Dr. Bagán (who is well known internationally). Additionally, the visiting students had the chance to attend clinical practices with patients, and see how the students practice in Valencia.

The beauty of this week was that not everything ended up in the workshops and lectures, but that the participants spent everyday together sightseeing, eating, and even shared accommodation. During these days, they had the opportunity to visit the beach, the Oceanographic, the City of Arts and Sciences, the Science Museum, the City Center, the “Albufera” and much more. Furthermore, the participants and the LOC went out for dinner together every night at typical restaurants in Valencia. In the end, the last day our guests had the good-bye “fiesta”.

On the whole, the EVP its a very enriching experience that I recommend to all students, because it´s an opportunity to get to know new cultures, as well as new ways of thinking and living. All of them different, but all of us with something in common: dentistry. *Because university does not end in the books.*

Written by Tasnim Nakdali
The University of Valencia

EVP *Istanbul*

In October, the first well-programmed EVP in Turkey was organized and hosted by Yeditepe University Dental Students' Scientific Research Team (YUDBAT) under the supervision of our Chief Supervisor Assist. Prof. Nilüfer Ersan, at the Yeditepe University Faculty of Dentistry, in Istanbul. The Local Organizing Committee consisted of 10 dental students and members of YUDBAT (Derya Sağıroğlu, Pırıl Başaran, Ibrahim Taşkın, Saba Veziroğlu, Kardelen Çakıcı, Elvin Er alp, Efe Konukoğlu, Yağmur Fındık, Begüm Tosun and myself, Eylül Ögüt). We received many applications from across Europe, for only 19 available places. The selected students were from Croatia, England, Serbia, Bosnia and Herzegovina, Denmark, Macedonia and Romania.

During the first day of our EVP the participants were introduced to our faculty clinics with a tour where they were able to observe treatments in the student clinics. Afterwards, the first workshop, a wire-bending workshop, took place with Assist. Prof. Murat Tozlu. In the evening, we went to Kadıköy to fill up on traditional food. Everyone was stuffed and unable to move, but with the help of some Turkish tea, that feeling was relieved. After the meal, we had a small welcome party, where we talked, played games and got to know each better.

Despite the previous late night, the participants were ready to start the second day with a workshop held by Assoc. Prof. Meriç Karapınar Kazandağ focusing on using loupes during root canal treatment. Later, we went sightseeing in the beautiful Old Town. In the evening, we went to Karaköy for dinner and some drinks. The LOC then surprised our guests with a special party, where they had a lot of fun with our colleagues.

Wednesday started with a lecture about Implant Overdentures with our Dean, Prof. Dr. Ender Kazazoğlu, followed by a CAD-CAM Workshop in the Phantom Lab. In the afternoon, we went to Taksim, Beyoğlu and the Galata Tower, which has existed since 507 AD. After enjoying the historical view of the Galata Tower, we went to Mor Meyhane to drink the special Turkish drink "Raki." Here our new friends were also introduced to something very Turkish; belly dancing.

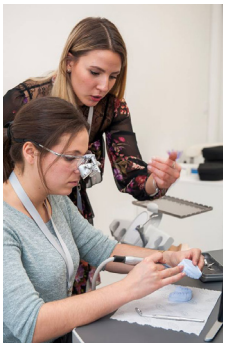
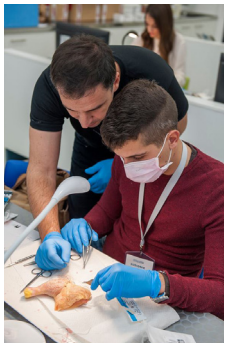
On Thursday, the participants attended a workshop on the restoration of fractured anterior teeth with Dt. Ayşe Tuğçe Tunaç. This was followed by a Suture Workshop with Dr. Çağrı Burdurlu. Both workshops were fascinating! After all the workshops, the participants had a competition regarding what they had learnt. There were three sections; wire bending, suturing, and soap shaping. A special thanks to Prof. Dr. Pınar Kursoğlu for marking all the performances. We finished the day at a local restaurant and bar, where we ate "Manta," a traditional Turkish dish.

The main focus for Friday, the final academic day of our EVP, was case discussions with our academic members. The participants were able to share their knowledge, as well as learn from others. The evening was all about the Gala Night, which was wonderful and a lot of fun.

After eating breakfast together on Saturday at Bagdat Caddesi the participants were free to explore. Finally, we celebrated our successful EVP with a party at Sortie, one of the most popular night clubs in Istanbul.

On behalf of the Local Organizing Team, I would like to thank all the participants for their thankful messages after getting back to their homes. We love you all guys and we know this friendship will last forever!

Written by Eylül Ögüt
EDSA & EVP Coordinator
Yeditepe University


International Dental Medicine Students' Symposium-SSDM, Zagreb, Croatia

(Cro. Simpozij studenata dentalne medicine)

The biggest dental medicine students' event in southeastern Europe in 2017 was held at the School of Dental Medicine in Zagreb, Croatia. After an exceptionally well-accepted student congress, organized earlier that year, the Student Societies of the Faculty of Dental Medicine in Zagreb decided to take up an even bigger challenge. A symposium with more than 300 participants took place on 15th and 16th of December 2017. Lectures took place in the halls of Blagoje Bersa at the Music Academy in Zagreb in the morning hours. In the afternoon more than 30 workshops were held at the University of Zagreb, School of Dental Medicine.


Half of the total number of participants were students from other cities and countries, which made this event even more important. The list eventually included participants from Croatia, Slovenia, Bosnia and Herzegovina and Serbia. Students were also able to participate by presenting their original works in the form of poster presentations. The whole process was carefully monitored by the Symposium Scientific Committee.

The organization and scientific committee of the symposium was made up of the Student Societiy's leaders and additional students; David Geštakovski, Sarah Kramarić, Filip Pezer, Ivan Šalinović, Ema Vindiš, Gloria Vlajnić and Sandra Brkanović, Martina Balta, Marija Katalinić, Isabela Pilipović, Anna Pilipović, Marija Strugačevac and Darija Sitnik.

Exceptional critiques at the organization's account should serve as motivation for organizers and encourage them to continue developing their project for future generations. Also, the event contributes to the co-operation between people within the region and participates in the process of restoring the long-distorted relations.

It is interesting to note that this project was included in the Tourist Board of the City of Zagreb Christmas offer, marked as the finest in Europe.

It has already been implied that the Symposium is about to become even more international; there will be more spots for foreign students. Also, it is planned to include lectures and workshops in English.

Stay tuned, Zagreb is waiting for you!

Written by Ivan Šalinović
Faculty of Dental Medicine, Zagreb



Interview: My goal is always to give a patient control over their oral health

Since 1988 Judith Weiss has been working as a dental hygienist. Over these 30 years, she has experienced a revolution in prophylaxis. Interdental brushes instead of dental floss for primary prophylaxis. Soft bristles toothbrushes instead of hard bristles to prevent damaging your gums. Regular dental visits, including a quick cleaning, instead of occasional painful emergencies. Today, their entire practice team knows that the personalised oral care of a patient needs constant motivation and is the cornerstone of oral health. In an interview, Judith explains how and why she has made adjustments to her own oral hygiene and how she is implementing the philosophy also with her patients.

Dental professionals around the world attend seminars where they can experience individually trained oral prophylaxis (iTOP). You are an iTOP speaker, practicing and teaching the principles of iTOP and «Touch to Teach». Why are you so excited about this philosophy?

With iTOP and T2T I have the knowledge and skills to motivate and instruct colleagues. The same applies with family, friends and patients. I avoid imposing things, but always strive in an understandable way, to explain and motivate them to practice. With iTOP, I have a perfect, functioning system for oral health at hand.

«Touch to Teach» – To hands-on experience something on yourself in order to fully understand and be able to properly pass it on – is unique. The participants experience oral hygiene up close.

Imagine you get a box of dental floss from the dentist and go home. Do you know how to use it? Do you know its traumatic power? And what about acceptance? Do you even like using them? And last but not least: what about the effectiveness of the floss?
You have to try in the office, learn the proper techniques and develop a sense for the methods with all the difficulties. You can only pass something on once you have learned it yourself. Or do you think a driving instructor could give driving lessons without being able to drive them-self?

With interdental brushes both the acceptance and the effectiveness are high. If you have the perfect size and technique, they are absolutely atraumatic. But again, you need training to learn how to do it. This can not be done in one hour. You have to feel and practice how the technique works. The difference of insertion in the anterior and posterior region. Do not be afraid to practice for hours, even days, to be perfect.

The work is often frustrating for many hygienists, as they repeatedly face the same amount of tartar and inflammation and clean it, year after year. iTOP taught me to offer the patient a solution. To not just clean and send them home but to actively help them. We have to invest time for teaching. If I recommend an interdental brush to my patient, I have to physically instruct them and practice with them so that they can do it at home. It is not only important that the patient comes to the dental office one, two or three times a year, but what they do at home in the meantime, over the other 364 days. iTOP is a constant motivation for me.

How to motivate patients to use interdental brushes?
The acceptance of interdental brushes is high, because success comes quickly. I think that one's own conviction and experience counts to motivate my patients as well as colleagues. I talk a lot about myself, about my own experience and difficulties. Much of what I learned 30 years ago has changed in the meantime. Each of us is regularly trained in many ways, but when we clean our teeth we do not ask if the technique and the tools are adequate for current times

Many times a day, many people clean their teeth, but do not think about it. I've made it my mission to change this with my patients.

How did you learn oral hygiene 30 years ago? What has changed the most since then?
At that time, we were recommended medium-hard toothbrushes and daily use of dental floss. Interdental brushes were only recommended for people with open interdental spaces, otherwise they were very traumatic for the gums. The concept of IDB for primary prophylaxis did not exist back then. Thankfully, that has since changed. The fine CPS Prime range is great for anyone with closed, narrow interdental spaces. Additionally, there is the CPS Perio series, perfectly suitable for wider interdental spaces.

Which mistakes have you made? Si there anything you think, you already knew?
I have used too hard toothbrushes that had too much abrasion so I unknowingly did harm my enamel. I also used floss too traumatically, cutting aggressively into my gums. I did not know better that at the time, and always thought I had perfect oral hygiene. Although you already know how to do something that does not mean that you can not improve, as is the case in sport. Think of Roger Federer: he is so successful because he practices continuously, so he can maintain his high level. When it comes to oral hygiene, it is no different - I have to practice to stay at a high level because I know: “a clean tooth cannot get sick”.

When you used CPS Prime for the first time, what did you think?
My first encounter with CPS interdental brushes was a basic product presentation that did not talk about techniques and did not instruct their usage. I did not fully grasp its advantages and thought, as IDBs were not for primary prevention in my mind, that CPS is not for me. When I participated in the first iTOP seminar, we practiced the correct technique with the perfect size for each space. It was embarrassing because my gums were bleeding. When I felt the CPS Prime myself in an individual training session with the instructor, my opinion quickly changed. The «Touch to Teach» gave me much food for thought.

Which patients do you work with in your dental office?
This varies as in any other practice. I have both patients without dental and gum problems as well as very serious cases. Two weeks ago, I had a patient with extreme amounts of tartar. He hadn’t been to a dental hygiene visit for several years. With such a patent, it is very important to me to give him a treatment that primarily build him up to return. In the first session I do not aim to completely remove the tartar, which might be too painful. Rather, my main job is to captivate and motivate him to change his daily oral care. It is important to me to create a bond by giving him knowledge, then I can go on to remove the tartar. The patient should leave the chair as painlessly as possible and with a good feeling, not only with clean teeth. Many patients thank me for my tips and tricks. I want to achieve health together with the patient. I play a big role in their success. If I recommend devices that the patient does not use, I have failed. Acceptance is the most important thing.

How much time do you take for oral hygiene teaching?
I take a lot of time with the patient with a lot of tartar and gum inflammation. Here I start at the base, talking about the diseased gums, that it's not normal for them to bleed. I talk about the importance of the right tools. For this purpose, T2T direct oral practice is essential, only in this way can the patient benefit - I am the coach, like in sport, for example, - I give instructions, advise them and guide their hand so they can experience what perfect oral hygiene feels like. Through many questions, I experience their habits and can respond to them individually. Sometimes I work and speak at the same time to convey as much knowledge as possible. Some patients want to know everything, other patients do not listen at all and just want to get their teeth cleaned. This is not always easy, it remains an act of balance. iTOP is not for everyone - but for those seeking oral health, it is a solution.

What role does the hygienist have in oral care teaching?
They should teach the patient that they can do more than just be cleaners. They can help achieve tooth preservation. It can be done through recommendation of effective and gentle tools that the patient also accepts. These are an ultra-soft toothbrush and properly calibrated interdental brushes and usually also a single brush. But, we can go further and individually teach oral prophylaxis methods. Of course, we need the compliance of the patient, their cooperation and support. My goal is that they have a lifetime of oral health.

Thank you very much for the interview.

Making dental clinical waste more sustainable

Introduction

Dentistry is highly energy and resource intensive, creating vast amounts of waste which is unsustainable and environmentally harmful.[1,2] The average UK dental practice produces over 1600kg of clinical waste per year.[3] Materials used in dentistry such as polymers and metals are finite, non-biodegradable resources, which upon landfill disposal may leach harmful by-products that can contaminate drinking water.[1,4] If not properly separated, toxic materials such as mercury can pollute water and harm wildlife.[5] Furthermore, incinerating clinical waste releases carbon dioxide and noxious air pollutants contributing to 1% of Europe's toxic emissions.[1,2,4,6]

85% of total healthcare waste is non-hazardous yet is incorrectly disposed of alongside hazardous waste due to a lack of information.[4] This leads to an unnecessary increase in waste volume and incineration at high financial and environmental costs.[2] More healthcare waste could be recycled. An audit at the Royal Sussex Country Hospital revealed that 40% of all waste was potentially recyclable and only 4% (by weight) of an average sharps bin was true sharps waste (the remainder being non-hazardous glass and packaging).[7] In dentistry, the most frequently disposed items are tissues (33%), gloves (26%) and sterile wrapping (11%) yet tissues and sterile wrapping could both be recycled if uncontaminated.[2,3]

However, healthcare waste is a low priority topic with a lack of knowledge and awareness especially in dentistry where there is little information, evidence or studies on sustainable practices.[1,4,8] Several barriers to improvement exist including inadequate training and disposal systems, financial and safety concerns, insufficient resources and a lack of leadership.[1,3,4,9] Legal barriers also exist with HTM 01-05 having a detrimental effect on environmental sustainability by encouraging single use items and increasing the amount of sterile wrapping incorrectly entering clinical waste.[2,9,10]

The NHS produces more waste (5.5kg per patient per day) compared to countries such as Germany (0.4kg).[7] However, Public Health England and the NHS have set up the Sustainable Development Unit (SDU) to make practices more sustainable and, although frameworks specific to dentistry are not yet available, the general information provided represents how sustainable healthcare is possible.[1] The waste hierarchy (Figure 1) produced by the World Health Organisation (WHO) ranks waste management methods from most to least desirable in terms of: benefit of impact on environment, protection of public health, financial affordability and social acceptability.[11] Both of these resources were used to find examples of how waste could be managed more sustainably.

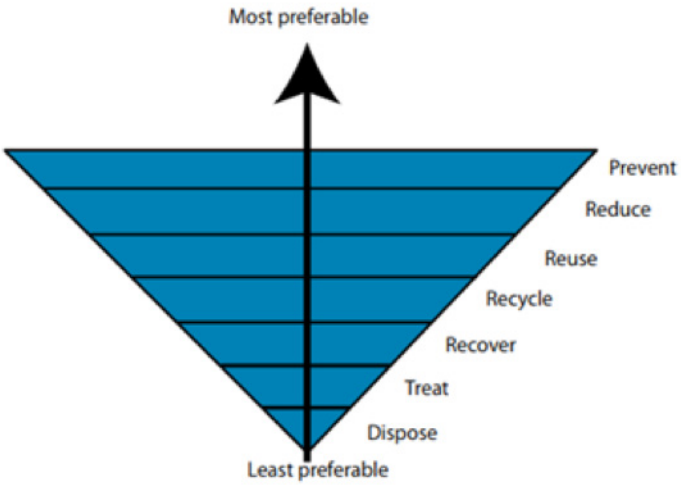


Figure 1: The waste-management hierarchy.[11]

Results

A questionnaire was used at Birmingham (BDH) and Bonn dental hospitals to ascertain the attitudes and awareness to environmental issues of those working/attending the hospitals.

- Most respondents would prefer to attend a more environmentally friendly hospital (Figure 2).
- In Birmingham 66% were concerned about the amount of hospital waste compared to 39% in Bonn, where most had no opinion on the matter.
- For both hospitals 81% reported being aware of environmental issues with more from Bonn being aware and concerned. Awareness was gained mainly via the media.
- 90% of respondents in Birmingham and 95% in Bonn recycled everything or almost everything. However, 97% from Birmingham and 84% in Bonn reported they would recycle more if it was more convenient.

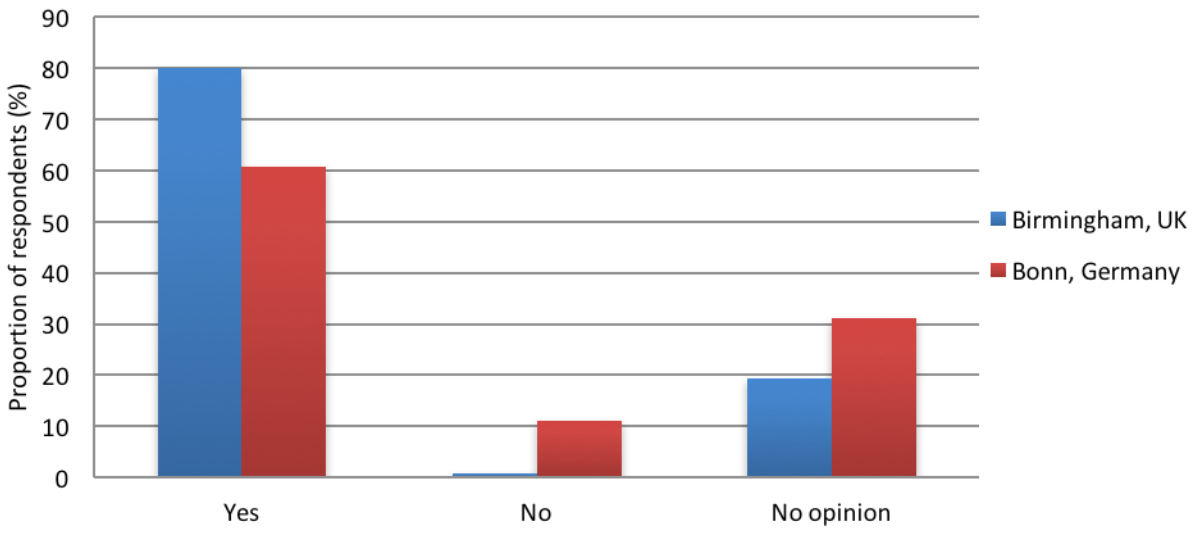


Figure 2: Responses to the question: Would you prefer to attend/work in a hospital that is more enviornmentally friendly?

BDH

- On average 4910kg of clinical waste per month is produced equating to 0.55kg per patient.
- Most clinical waste is orange bags which are treated by alternative treatment (heat disinfection) before being bailed and used as an alternative energy or in cement production.[12]
- Sharp bins are incinerated at waste-to-energy plants supplying steam and hot water and the incineration products are recycled and reused.[12]
- The main content of sharps bins was disposable exam packs which are manufactured in Pakistan.
- Reusable metal instruments are decontaminated by B. Braun in Birmingham.
- Waste amalgam is recycled and recovered.

Bonn Dental Hospital

- 4.43 litres of rubbish per patient per day is produced which is treated in Bonn.
- Few single use items are used and a general attitude of re-using anything that can be was observed with metal instruments, aspirator tips and burs all being sterilised on site and re-used.
- Tap water is used in dental chairs and the water lines chemically treated daily.
- Amalgam is rarely used.

Discussion

The questionnaire revealed that a more environmentally friendly hospital would be welcomed by most. Many people appear to be

participating in environmental measures including a high recycling rate. However, there is still a need to promote environmental awareness especially to those reporting to be concerned but not fully aware. In particular promotion through educational institutions, where only 55% of BDH respondents reported learning about environmental issues, could be used.

Sustainable waste management could target all tiers of the waste hierarchy. Prevention and reduction of waste are the most desirable methods.[11] These involve minimising waste, for example; using fewer materials, bulk ordering, preventing expired waste by purchasing limited quantities to meet immediate needs, minimising packaging by negotiating with manufacturers and material elimination such as the EU phase down of dental amalgam driven by its environmental impact.[1,7,10,11,13]

Reducing and reusing has environmental and financial benefits with Freiburg Hospital saving €321,000 a year by phasing out single-use products and 50% financial savings seen in Germany by reusing bottles and suction systems.[14,15] In Bonn Dental Hospital several items were safely reused that are not in BDH. Unfortunately, in the UK HTM 01-05 advises that aspirator tips are single use as they are difficult to clean and guidelines advise against tap water use in chairs suggesting that water should be distilled or reverse osmosis in self-contained water bottles.[18,19,20] Both these guidelines lead to considerable amounts of plastic being disposed of in clinical waste. However, no guidance advised against the use of reusable exam trays and so BDH could restart using these to reduce the amount of sharps waste incinerated and its environmental impact. Reducing the number of plastic sharps containers incinerated is possible. 'Bio Systems' reusable sharp containers are available which can be reused up to 600 times and so prevent hundreds of plastic containers being made and incinerated as well as saving 10-20% in total costs.[12]

With reusing causing safety concerns, recycling remains important.[2] It is less energy efficient than reducing or reusing but recycling plastics and glass will reduce the demand for oil and quarrying raw materials.[7] Regular training in waste management and segregation and establishing an environmental committee will increase recycling rates and reduce clinical waste volume therefore decreasing costs and waste incinerated.[3,13,16,17] To help segregate waste appropriate receptacles need to be provided by the hospital, however space management and bin location often proves difficult.[13,18] Nevertheless, there are cases where waste segregation has worked to reduce clinical waste. Opole hospital in Poland trained employees in waste segregation in just 3 days resulting in cutting infectious waste quantities by 50%, waste management costs by 79% and reclaimed 14.7 tonnes of materials for recycling.[14] Guy's and St Thomas' NHS foundation trust introduced bespoke training for staff reducing high temperature disposal by 11% and increasing recycled waste.6 Queen Victoria Hospital used a marketing campaign to help staff understand how to correctly dispose of waste after predicting that incorrectly disposed domestic waste made up 50% of total waste produced.[6] The campaign led to a 10-15% reduction of clinical waste in the first 6 months.[6] Financial savings are achieved as clinical waste costs more to dispose of than general waste and recycling, with training NHS personnel reducing costs by a third.[6,9] Training could be provided by the hospital or from resources such as Centre for Sustainable Healthcare and Initial Medical which both have relevant e-learning modules that count towards CPD.19,20 Targets or incentives included alongside training could help encourage employees.[11]

Waste recovery involves recycling waste into new products or energy such as 'energy from waste plants' which provide a sustainable energy source.[9,11,12,20] The least desirable methods are treatment and disposal. Waste incineration has

environmental concerns due to noxious emissions production but alternative techniques can reduce this impact.[1,12]

Other methods include environmentally preferable purchasing, that is, purchasing the least environmentally damaging product, and green procurement, referring to purchasing minimally packaged goods that are easy to recycle.[1,11] Currently in the UK there are very few green products despite the British Dental Industry Association requiring companies to have an environmental policy.[1,9] However, they do exist elsewhere, for example, aprons made from 91% renewable material in Region Skane, Sweden and a green product guide available from the American Eco-Dentistry Association.[21,22] A demand from UK dentists could spur manufacturers to design and supply more green products as well as adopting measures such as reduced packaging.[1,9] Both these methods could help reduce the environmental impact associated with the increased use of single use instruments and sterile wrapping caused by HTM 01-05 as sustainable materials that are less environmentally damaging upon disposal could be used.

All the above methods not only have financial and environmental benefits but also benefit society by increasing individual productivity of those working in a sustainably designed environment and improving general health from efficiency savings and remediating the environment.[1,2,23]

Conclusions

Unfortunately it was not possible to compare the waste volume of Bonn and BDH due to the figures being provided in different units. It appears both hospitals are making attempts to reduce their environmental impact including reusing instruments and the phase down of amalgam in Bonn and the waste companies of BDH recycling and recovering as much waste as possible. However, with 89% of the public believing it is important for sustainability to be adopted into healthcare there is still room for improvement.[1] For example, reducing waste at BDH could be achieved by using reusable instruments and Bio Systems reusable sharp bins.

Training staff and students on waste segregation and implementing separate waste bins would increase recycling rates and decrease clinical waste. The training would also increase awareness of the environmental impact of waste which could help increase demand for green products and sustainable practices. As students graduate and practice around the country, awareness would in turn spread. At a time when the introduction of green policies in order to prevent further damage to the environment is more crucial than ever, the responsibility of the dental industry and the benefits of sustainable practice should not be overlooked.

Written by Jane Phillipson
The University of Birmingham

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8TH VIRTUAL WORLD CONGRESS OF DENTAL STUDENTS

Dear colleagues,

It is our honour to announce the 8th Virtual World Congress of Dental Students which will be held between the 16-18 of May 2018. We invite all students and professors to join us as lecturers or participants. By entering the virtual room during a lecture, one is offered the opportunity of hearing new and innovative scientific researches and presentations of diverse student and teacher population of the world. It is free of cost, without any fee for entrance and from a comfort of your own home. All one needs is a computer or laptop and an internet connection. Topics of the congress are of the field of dental and biomedicine. For more details, follow us on:

www.virtualdentalcongress.com

@VirtualDentalCongress @VWCofDS @virtualdentalcongress

From the heart of free state of Saxony - IADS TNT Dresden 2017

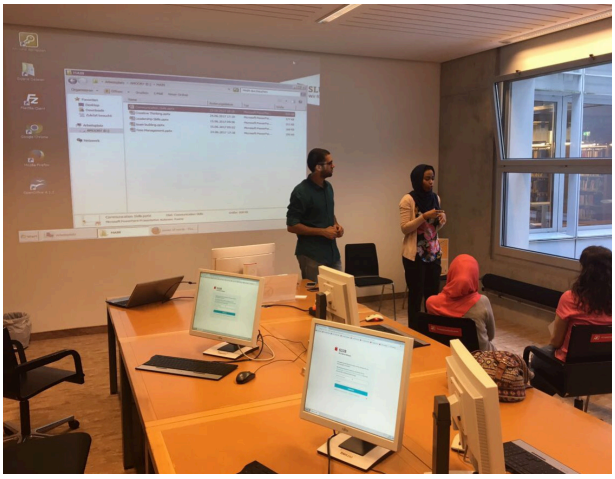
GUEST ARTICLE

In the month of June and July 2017, another great Training New Trainers session ended with great success. This time TNT/SRT was held in Dresden located in the heart of Saxony in Germany by German Dental Students Association (BDZM-Bundesverband der Zahnmedizinstudenten in Deutschland).
Chairman, Björn Bierlich, hosted all the participants, which was a very unforgettable experience as they could better integrate by living under the same roof and also train in soft skills together after the training session, be it developing their cooking skills!

On the evening of Tuesday, 27th of June, the participants set out for a small city tour and had dinner together to get to know each other better. From the morning of the next day, the training session commenced at the campus library. Trainers - Yousef Sadek and Ryan Omar delivered great lectures.

During the sessions, the following topics were covered:

1. Presentation skills & training delivery:
2. Communication skills
3. Motivation styles
4. Cultural intelligence
5. Creativity
6. Leadership
7. Time management



A social event was held every day after the training session. The participants had a great opportunity to discover the city on bicycle, taste the local cuisine and admire the breathtaking nature of Saxony. They could also check their soft skills in the natural environment during their survival trip. Their last evening was spent together with the exchange students from dental program 'VITA'.

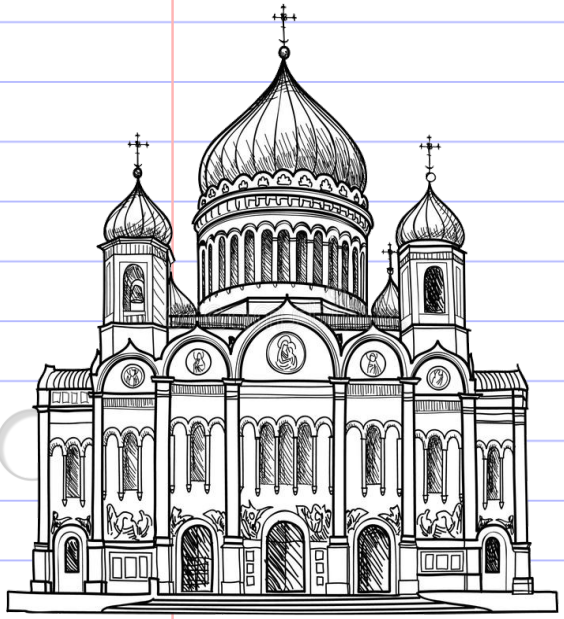
Participants from a total of nine countries took part in the training session which included Poland, Cyprus, Turkey, Austria, Egypt, Kuwait, Jordan, Sudan and Germany.

This TNT helped various countries such a Serbia and Germany to get their first certified IADS Trainers.

Written by Joanna Dawcewicz
IADS Board of Editors
Poland

Another view of Russia

Next spring, the 63rd EDSA meeting will be held in Kazan, Russia. In preparation for your visit, I would like to change your view on Russia as a country.
I have recently held a poll asking for people's opinions about Russia. As a result, I have found that some Europeans still have certain preconceptions about Russia: *communism, cold war, ugly Soviet buildings, severe people and vodka.*



What is stereotype?
A stereotype is a set idea that people have about what someone or something is like, especially an idea that is wrong (Cambridge).

The standard picture most Europeans have is that in Russia they will see drab, gray buildings from the Soviet days. You certainly will find those Soviet apartment blocks in many different cities, but you will also find pieces of incredible architecture. For example, wide streets and Baroque style of Saint Petersburg remind me of Amsterdam (take a closer look, as we're in Amsterdam at the moment). That is not surprising, because Peter the Great studied ship building in the Netherlands.

Russia is always associated with it's capital – Moscow. Did you know that the most useful transport in Moscow is the metro? Metro stations are visited by a few thousand people a day! I would say that the Moscow metro is a tourist attraction. The stations look like underground palaces. Marble walls, mosaics and stained glass windows dating back to 1930 make each station unique. I recommend taking the metro even if you don't need to, just to see the beauty of the stations. My personal favorites are Komsomolskaya and Novoslobodskaya. The metro is even incredibly affordable, with a single ride costing around 50 rubles (70 cents).

It came as no surprise that the first word a lot of my European friends associated with Russia was Vodka. Drinking is certainly a bad habit, but did you know that this magic drink has some benefits for health? It contains no fat and it can be used in any number of low-calorie diets. It reduces stress and causes relaxation, it lowers high blood pressure and improves blood circulation; it decreases risk of stroke, Alzheimer's and type 2 diabetes. *All in moderation, of course.*

Russian people are often depicted as stern and very angry-looking, leading them to being characterized as unfriendly and lacking a sense of humor. Just another stereotype. Surely some Russians can be pretty dour (like my boss) and they will not smile at you on the crowded metro. Personally, I know many Russians with an awesome sense of humor. Who would have thought? We even have our own jokes about Putin!

On that note, even here, some people don't agree with Putin and his policies but just like in almost every country in the world the government of Russia doesn't always reflect the sentiments of people who live there.

Many associate Russia with a Russian mafia. To avoid problems, knowing the basics of the Russian language will allow you to communicate better with gangsters. Despite what you think, Russia is a very safe place (but.. if you're looking for trouble, you will always find it).

Very few people outside big cities speak the English language. In bigger cities such as Moscow and Kazan, you will find English speakers (like me, for example).

Here are some basic phrases in Russian to get you started:

Hi - Приве́т (privyét) We'll use this "hello" with friends or children.

Hello - Здра́вствуйте. (zdrástvujtye) We'll use this "hello" in formal contexts with strangers or old people.

My name is... - Меня́ зову́т...(myenyá zavút...)

How are you? - Как дела́? (kak dyelá?)

Yes – Да (da)

No – Нет (nyet)

Thank you – Спаси́бо (spasíba)

Bye - Пока́ (pa-ká) informal

Goodbye/ See you soon - До свида́ния. (da svidániya) formal

As all sports fans know, the 2017 FIFA Confederations Cup was held in four Russian cities: Moscow, St.Petersburg, Sochi, and, my city, Kazan. The 2018 FIFA World Cup will be hosted by Russia as well. And don't forget about the **EDSA Meeting 2019 in Kazan**, where we will meet again!

I hope you have learnt a little more about Russia and that you view of Russia has changed. Let's break out of these stereotypes together!

Written by Saleeva Leisan

Odontology Department at the Medical Faculty of Kazan University

See you in Kazan!
EDSA 2019

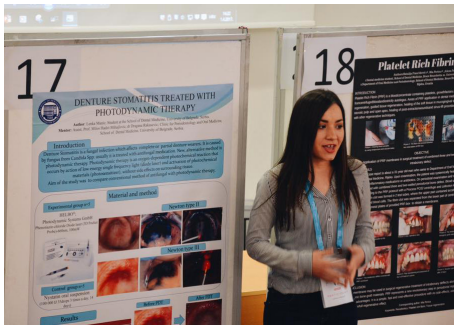
RiCON - International Dental Students' Congress in Rijeka

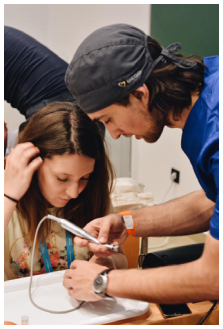
The 2nd International Congress of Dental Medicine in Rijeka "RiCon," was held in the academic year 2016/2017. More than 150 dental medicine students from different European countries gathered to attend this event. They were able to attend interesting lectures, participate in various workshops with an emphasis on the latest technology, and also present their own work through poster presentations – all of that in just three days.

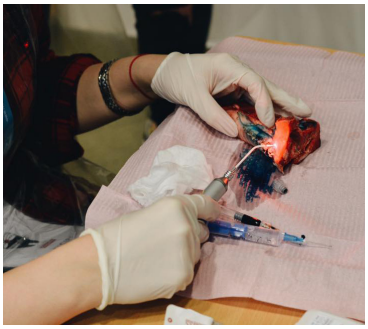
The event was organized by students in the scientific committee, which received great help and support from the teaching staff of the Dental medicine faculty in Rijeka. Lectures and workshops were held by professors, docents, and assistants from the Dental medicine faculty in Rijeka with the help of students and demonstrators. The greatest emphasis was on workshops, seeing as dental medicine implies good manual skills and the ability to work with new and different technologies. The purpose of the workshops was to help participants acquire new knowledge and skills, which they will be able to apply in future practice. Also, students had the opportunity to present a poster of their scientific research work and to present it to colleagues from across Europe. Over 30 posters were presented during the congress. Presenting in the English language was the novelty which enabled the students to check their knowledge and skills in the use of specialized foreign language. Poster presentations were evaluated by professors and students gathered in the scientific committee. At the end of the Congress, the best works were voted by the boards and the audience. Furthermore, students had the opportunity to meet colleagues from other countries and exchange experiences in their studies. In addition to the rich scientific and professional part, each evening, there were gatherings organized for all congress participants. On the first evening, there was a party organized where our students showed their skills in a musical and vocal performance, while the other day a thematic "Hawaiian party“ was organized. On the last day, a trip to Krk was organized, where students from other regions had a chance to see the beauty of the Croatian coast.

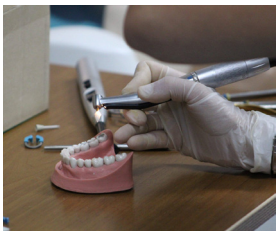
Positive experiences and comments after the congress were an encouragement for it not to be the last of such projects. We hope that in the future, Faculty of Dental medicine in Rijeka will once again be a place where young students will gather to hear new information and gain new skills.

Written by Barbara Ptačnik
Dental Medicine Faculty, Rijeka









EDSA Summer Camp Malta 2017

The EDSA Summer camp Malta is all about fun! Over the past 4 years we have opened our doors to European students and invited them over to our Maltese islands. It has been a great opportunity for dental students across Europe to meet, discuss their approach about the profession and mingle in social events.

Our camp in 2017 was filled to the brim. With workshops ranging from Crown preparation techniques to Pediatric modalities of treatment, social outings at our iconic clubbing village 'Paceville' and last but not least leisure events such as our Sunset BBQ, a day trip to our sister island Gozo and the mostly anticipated Boat Party on a 65-foot sea cruiser!

Our choice of accommodation was The Plaza Hotel in Sliema, right at the centre of the touristic hub and only a few minutes away from Paceville. Our endeavors as a committee were all done in collaboration with the University of Malta and local sponsors who granted us funds and equipment for use during workshops.

Be sure to visit our Facebook page EDSA Summer Camp Malta 2018 for this year's edition on our sunny and blissful island of Malta. See you soon!

Written by Thomas Grixti
Faculty of Dental Surgery, Univesity of Malta

Partial access – Case Study in France

CED COUNCIL OF EUROPEAN DENTISTS

What is partial access?

Partial access is a concept introduced by the European Directives on Professional Qualifications (2005/36/EC and 2013/55/EU).

Several professions exist in some European Union (EU) Member States but not in others. This is, for instance, the case for dental hygienists, whose profession does not exist in France and has no equivalent.

Generally speaking, according to the Article 4.7 of the 2005/36/EC Directive, it would be possible for EU citizens practicing such profession and moving to a country where it does not exist, to continue practicing it by requesting the "partial access" to a profession with a wider scope of activity, provided certain conditions are met.

However, according to Article 6 of the same Directive, partial access "does not apply to professionals that fall under the automatic recognition of qualifications". Dentists do benefit from this automatic recognition.

All the aforementioned aspects are stated in the Directive. However, every Directive must be transposed (i.e. adapted and adopted) into the national law of every Member States in a given period of time. The transposition principle is inscribed in European treaties.

Transposing partial access in France

Numerous Member States are significantly late in the transposition process. France was among them, in particular for the article establishing the concept of partial access. Because of the delays, the European Commission notified several Member States that they are in an illegal situation. Considering that the Member States do not fulfil their transposition obligations, the Commission then asked the Court of Justice of the European Union to start an infringement procedure and issue sanctions against these Member States.

The threat of sanctions created a rush in the French Ministry for Health. An ordonnance[1] transposing the partial access principle was published in January 2017 in the Journal Officiel, the Official Gazette of the French Republic.

This ordonnance does not give the list of the professions that will benefit from partial access in France. However, it states, similarly to the Directive, that professions benefiting from the automatic recognition of qualifications are not subject to partial access. For France, these professions are medicals doctors, dentists, midwives, pharmacists, nurses, veterinarians, and architects.

The seven aforementioned professions, based on this article from the ordonnance, argue that they cannot be subject to partial access. Thus, professionals from other Member States could not claim to practice only "a part" of the activity of medical doctors and dentists.

However, the Ministry of Health published in November and December 2017 an application decree that ignores completely this particular article from the ordonnance. This decree has implemented a set of rules for partial access for medical doctors, dentists, and pharmacists.

One of the main trade unions for dentists in France (Confédération Nationale des Syndicats Dentaires – CNSD) filed a complaint to the Conseil d'Etat, the French Supreme Administrative Court. The CNSD is concerned that the Directive has not been transposed correctly in France and the current framework for partial access in France is illegal. The CNSD has asked the Conseil d'Etat to ask the Court of Justice of the European Union to interpret the Directive and to answer the following question: Does partial access apply to medical doctors, dentists and pharmacists? The Court of Justice is the supreme body to interpret this article.

Partial access in France and its consequences

Currently, the dental team in France is made of the dentist, the dental assistant (qualified among other things to assist the dentist at the chair), and the dental aid (not qualified for clinical work but can do things like sterilization, infection control and administration). With partial access possibly implemented, new professions could be part of that team such as dental hygienists, dental prophylaxis assistants, dental prevention assistants, etc., with very little control.

This is the reason why the dental profession in France, through trade unions and employers' organizations, is involved in talks with the relevant Ministries to create a new profession: "level 2 dental assistant". This new profession would be the counterpart of the dental hygienist or the dental prophylaxis assistants that exist in some EU countries.

The discussions between the representative organizations and the Ministries are focused on the competence profile, training platform, and authorized activities. This definition of the "level 2 dental assistant" profession will ensure it fits perfectly in the French system.

By creating this new profession, the dental community in France aims to reinforce the dental care delivery and to ensure compliance of professionals trained in other EU countries[2] to the French legislation and regulatory framework.

Originally written in French* by
Dr Doniphan HAMMER
President of the Commission "Training and Professional Installation" at CNSD
Member of the Board of Directors at CED
*Translated into English by Valentin Garyga

1. Translator's note: A type of law that can be passed directly by a minister without requiring the parliament's approval
2. TN: Hygienist training in most countries last for 2 or 3 years. In Hungary one year only is necessary. Conversely, in the Netherlands, Lithuania and the UK training may be for up to 4 years. (CED's Manual of Dental Practice 2014)

What next? Is our Roadshow the answer?

A few months ago, the National Health Information Centre published the findings of a statistical survey on dental care in the Slovak Republic. It documented the state of our teeth, the number of preventive examinations and the number of other dental procedures such as extractions or root canal treatments.

Of all the data collected, only half of the adult patients had regular preventive examinations, and only 42% of five-year-olds had intact teeth. It was statistically found that 12-year-olds had an average of 1.79 in tooth decay, and 15-year-olds had an average DMFT index of 2.85. When comparing this index with 12 and 15-year olds in Germany, their DMFT values were 0.5 and 1.4, respectively. *How is it possible that there is such a great difference between Slovak and German children?* Parents don't pay enough attention to the oral care of their children from a young age, so children are not taught to clean their teeth twice a day and the importance of dental health.

Information and recommendations were given to both children and their parents during the biggest preventive project organized in Slovakia, the roadshow of the Slovak Association of Dental Students. The project lasted 12 days in 2017 where we visited 19 cities. We taught people how to properly care for their teeth, what not to neglect and which brushes to use. We overcame our goal and instructed more than 6400 people. In April 2018, another roadshow will begin, with 20 cities planned and our goal is to teach more than 7,000 people. Our aim is to play a part in reducing the prevalence of tooth decay, and we believe that even in our republic, we will be approaching the values of the DMFT index in Germany in the near future.

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