

EDSA

Magazine Winter 10

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Editorial

Dear EDSA Friends,

First of all, I would like to take this opportunity to introduce myself. I'm Andrew Sullivan, the new EDSA magazine editor and study at Cardiff Dental School in Wales.

We very much hope to continue and build on the success that Marija Begovic has set in the last 2 years. With our new and enthusiastic editing team, I am very excited to see what can be achieved over the next year!

We like to encourage all students to get involved and contribute to articles for the magazine. Examples can include scientific work that you have been working on or details of an exchange program - whether its volunteer work or even a visitation. In other words, we would love to hear what you have been doing! All articles can be submitted in time for the next edition of the magazine.

If you have any questions or would like any help, feel free to contact any of the magazine team on the following email addresses.

I look forward to seeing you all very soon!

Kindest regards

A. Sullivan



Andrew Sullivan
EDSA Magazine Editor
sullivan@cardiff.ac.uk
Dental Faculty, University of Cardiff
Wales, U.K.

Magazine Co-editors:



Chris Wooldridge
dancinchrish@hotmail.co.uk
Manchester Dental School
UK



Quynh Nguyen
nhu25quynh@hotmail.com
Karolinska Institute
Sweden



Neja Jurjec
neja_jurjec@yahoo.com
Faculty of Dental Medicine
University of Ljubljana, Slovenia



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Table Of Contents

04



EDSA Minute

44th EDSA Meeting In Helsinki, 23rd – 26th August 2009

Elpida Samara

05



46th EDSA Meeting In Amsterdam, The Netherlands 22nd – 25th August 2010

Aron Kharbanda

06



47th Meeting In Leeds, 21st – 27th March 2011

Emily Coombes

07



EDSA Summer Camp – Sun, Sea And Dentistry

Kirpal Singh Benawra

12



EDSA Science

45th National Odontological Conference In Stockholm

Quynh Nguyen

13



Prevention Program

Ana Stevanovic

14



Anaesthetic And Postoperative Analgesic Effects Of 4% Articaine With Adrenaline...

Aleksandar Jakovljević, Bogdan Lisul, Danka Marinković, Aida Burnić

16



Managing A Revised Undergraduate Dental Curriculum: Some Personal Reflections

Professor Michael Manogue

20



EDSA Motivation

Interview: Dr. David Alexander

Irina Dragan

22



“The Tromsø model”

Harald M Eriksen

25



EDSA European Visiting Programme - Scandinavia

Papadakou Panagiota

27



Volunteer Work – Ethiopia

Daire Shanahan

28



The Very Beginning Of EDSA

Dr. Jean – Luc Bueno

31



FDI And EDSA – A New Partnership

Nikola Molnar

32



Manual on Paper

Emilia Taneva

33



ADEE – 35 Years on! / BDSA / The European Federation Of Periodontology (EFP)

Malcolm Jones, Victoria Lane, Uroš Skalerič

For Advertising and Magazine sponsorship please contact:
Martin Steiniche Nielsen- Business Development Manager
Wiley-Blackwell
Direct phone: +45 77 33 33 89
E-mail: mnielsen@wiley.com

Executive Committee



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dragan.irina@gmail.com
University of Medicine and Pharmacy "Carol Davila" Bucharest; Faculty of Dentistry
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Faculty of Dental Medicine, Medical University Varna,
Bulgaria



General Secretary
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Croatia



Treasurer
Brian O'Donovan
brian.odonovan@dental.tcd.ie
Trinity College Dublin, Dublin Dental School and Hospital
Ireland



Magazine Editor
Andrew Sullivan
sullivana@cardiff.ac.uk
Dental Faculty, University of Cardiff Wales
U.K.



Web Editor
Sebastian Scarlat
sebscarlat@gmx.net
University of Medicine and Pharmacy "Carol Davila" Bucharest; Faculty of Dentistry
Romania



Immediate Past President
Emiliya Taneva
em.taneva@gmail.com
Faculty of Dental Medicine, Medical University Sofia
Bulgaria

EDSA Headquarters
Dublin Dental School and Hospital, Lincoln Place,
Trinity College Dublin, Dublin 2, Ireland

EDSA Website
www.edsaweb.com
EDSA Mailing List:
groups.yahoo.com/subscribe/EDSAfriends

44th EDSA Meeting In Helsinki, 23rd – 26th August 2009

I write this article about 3 months after returning from Helsinki, but my heart is still there. Without doubt, it was an event which changed my life; it showed me other perspectives of dentistry, and above all, the power of student associations.

From the moment I booked my tickets and paid my fee for the 44th EDSA meeting in Helsinki (Finland) I was extremely excited. Then finally, on Saturday the 22nd of August, I found myself there. Strolling around the gorgeous city on first evening made me feel sure that the days to follow would be some of the best of my life.

The next morning, Sunday the 23rd of August -first day of the EDSA meeting, I headed straight to the meeting point; where I met Maija Eerola and Ville Paalasmaa (the event organisers). Their warm faces immediately put me at ease and made me feel like an old friend. They then introduced me to the other delegates; from then until the welcome party that evening I had met so many people that I couldn't even remember their names!

The next morning, Maja and Ville escorted us to the University of Helsinki where the EDSA meeting was going to take place. I then understood why it is one of the best Universities in Europe. So, the first session starts, and I had my ears wide open so as to understand what exactly happens at EDSA meetings. After introducing ourselves, I remember the presentation given by the new member from Italy; who reported on the 'prevention and volunteer working group'. Next came the country delegates' reports and then Dr. Philip Preshaw's lecture on "Dentists as general Healthcare providers". This lecture was most interesting; as it gave another important perspective to dentists. By then, I was really enthused by what I heard and the power that we have when we work together.

The following day passed with presentations of projects such as; the EDSA Dental Guide, EDSA Visiting Program (EVP), Dental Student's Situation's in Europe and Periodontal Disease in Diabetic Patients. The new working group tasks were then set; all of which were so interesting that I wanted to participate to all of them and start working straight away!



The four days I spent at the EDSA meeting in Helsinki introduced me to another space that all of the students studying dentistry across Europe -all of you reading this magazine right now- can join. Not only did I make many new friends, but I found an international organization with many interesting future projects and ideas.

First of all, I would like to thank Ioannis Jogakis for introducing me to this warm family-the EDSA family, and of course, I also wish to thank to Ville, Maja and all who worked behind the scenes to organize this fantastic event; which made my first meeting unforgettable and provided many great moments.

I strongly urge all of you to attend our next meeting in Bucharest (Romania) so as to try and understand what I mean. I'm sure you too will then never leave the EDSA family and will join me in impatiently waiting for the next meeting!



Elpida Samara

elpidasamara@hotmail.com
Aristotle University of Thessaloniki,
Greece.

46th EDSA Meeting In Amsterdam, The Netherlands 22nd – 25th August 2010

EDSA has a historic relation with Amsterdam. The 39th EDSA meeting took place in this great city of The Netherlands. Did you miss out this fantastic event? Fate grants you with an other opportunity! Then you should visit Amsterdam in summer 2010, because the Academic Centre for Dentistry Amsterdam (ACTA) will be hosting the 46th EDSA meeting. Right after our programme, the 36th ADEE meeting will take place, from 25th - 28th August 2010.

Amsterdam, why so unique?

Amsterdam is one of the greatest cities in the world. It is the financial and cultural capital of the Netherlands. From its canals to the world famous museums and historical sights, Amsterdam is perhaps one of the most romantic and beautiful cities in Europe.

As the evening falls, Amsterdam starts to sparkle, especially on the nice summer days. Leidseplein and Rembrandtplein are packed with theaters, night clubs, cinemas, cafés, casinos and coffee shops, offering you a night to be remembered. Lots of international fashion brands are based in Amsterdam. The famous Red Light District, is located very close to the Dam square.

All participants will stay at the 3-star IBIS Hotel, which is centrally and uniquely situated by Amsterdam Central Station and the hotspots.

Academic Centre for Dentistry Amsterdam

In August 2010, ACTA will move into a new building, close to the VU University Medical Centre. This means that our meetings will take place in this new building. As a participant



of this meeting, you will be part of the very exceptional few to visit our brand-new building firstly.

The theme of this event will be “Virtual Reality in Dentistry”. The lectures and workshops will give you an overview of past, present and future developments of virtual reality in the world of dentistry.

Evening programmes and the sparkling nights

Needless to say, off course some amazing parties will complement the EDSA meeting. The parties will be organised in the vivacious centre of Amsterdam. On the very first evening, there will be a welcome party. During the other nights, we will call in at various nightclubs. If that is not enough, we will have a special barbecue during one of the sunny and beautiful evenings.

See you in Amsterdam!

I hope to see you during this meeting, because it will undoubtedly be one of the most memorable meetings EDSA has ever known. More information about registration will follow...



Aron Kharbanda

aron.kharbanda@hotmail.com
Academic Centre for Dentistry
Amsterdam (ACTA)

47th Meeting In Leeds, 21st – 27th March 2011

Often referred to as the “Capital of the North” Leeds is a city filled with opportunities and culture. Known mostly for its vibrant nightlife, great shopping and the world famous Headingley Stadium, as well as being only 20 miles south of the Yorkshire Dales National Park, it’s a place not to be missed. It also happens to be the hosting city for the EDSA’s Spring Meeting in 2011, and all of us on the organisation committee couldn’t be more thrilled.

Horse for the occasion one year. A specific theme has yet to be determined for the EDSA meeting but it should be a great opportunity to mix with Leeds’ own dental students.

Another idea in the pipeline is a trip to the historical City of York. This trip would allow all the delegates to explore the walled city on their own. It has many attractions on offer including: the awe-inspiring York Minister, one of the most



Leeds itself is filled with things to do. There are museums aplenty, the most impressive of which undoubtedly being the award-winning Royal Armouries with its famous collection of arms and armour that make up over 8000 exhibits spanning 3000 years of history. For art lovers there’s Leeds City Art Gallery in the centre of town featuring works by Henry Moore, Barbara Hepworth and Antony Gormley while for those more interested in the exotic there’s the gardens of Tropical World. But if you’re looking for something more grand there’s always Leeds’ finest stately home, Harewood House.

As you might expect, everything’s still in the planning stages when it comes to the conference itself but we’re all really enthusiastic. Ideas are flying around as we try to figure out the logistics and decide how much we can fit into a week.

There are some things, however, that you can’t come to Leeds and not do. Foremost amongst these is the Otley Run – a famous pub crawl of epic proportions. Fancy dress is compulsory and is to be taken very seriously. Leeds Dental Society takes part in its own annual Otley Run and competition is fierce with a multitude of different themes; one group of dental students even built their own Trojan

impressive cathedrals in the country; the Jorvik Centre, which explores York’s Viking connection when the city was invaded and captured in 866AD; the National Railway Museum with its hundreds of exhibits that include several royal coaches; the York Dungeons which explores some of York’s more troubling times and some of it’s more famous residents including Guy Fawkes whose notoriety when it comes to the Gun Powder Plot to blow up Parliament continues to this day; and the Yorkshire Wheel. A visit to York, however, would not be complete without a visit to the famous Bettys Tea Rooms for some afternoon tea.

We still have a long way to go with planning as vague outlines turn into reality. We can, however, guarantee that Leeds 2011 is an event not to be missed and we hope to see you all then.



Emily Coombes

EDSA Leeds Committee Secretary
 dn07ecc@leeds.ac.uk
 Leeds Dental School, University of Leeds,
 UK

EDSA Summer Camp – Sun, Sea And Dentistry

Denmark is a beautiful country and Copenhagen is a fantastic city, so many places to see, loads to do and great people to meet. Our camping site was based in Charlottelund on the coast line, I could walk to the white sandy beach in less than ten seconds, every morning when I opened my tent all you see was the sunny coast for miles and miles. Amazing weather, clear blue skies and temperatures reaching thirty degrees, perfect for that sun tan and occasional sun burn. I shared my tent with Greek and Egyptian delegates; the camp also had delegates from Romania, Latvia, Turkey, Slovenia, Bulgaria and Czech Republic. Meeting them helped to me learn so much more about dentistry in other countries and most importantly allowed me to make new friendships. Sight seeing around Copenhagen is a must, we took a boat tour around the city, there are so many sites to see in particular the 'famous mermaid' and Copenhagen Castle, but this wasn't before we enjoyed a relaxing lunch near the canal. After the boat tour we relaxed and soaked in the atmosphere while listening to live music near the canal. We visited Roskilde and experienced the culture of this great medieval town, learning so much about the past Danish Monarchy as we visited their tombs. Denmark has an incredible biking infrastructure you could say every person in the country has a bicycle, during the week we cycled back to the camp with beautiful scenery surrounding us, with the coast to our left and the countryside to our right, while we cycled through the warm summer breeze. But that's not all folks, with me being a student I've forgotten the most important thing, the 'night life'. Copenhagen is a very busy clubbing capital especially on Fridays and Saturdays, many clubs are very close together so you get a huge concentration of people all throughout the city centre. Making it so much easier to socialise and meet the locals. One of our best nights was in a club called Reese Mcgees, loads of Electro, House and of course pop music, we danced the night away Copenhagen style. Ok so I know what you're thinking you had all this fun but did you learn anything about dentistry? The answer of course, is YES. The Curaprox representative had a lot of knowledge about prevention and oral hygiene giving me a deeper insight in how I could help patients even further went it comes to preventing oral disease. During our days out we would have at least one seminar on prevention, but these weren't your typical seminars in a usual lecture theatre, we would sit and relax in the sun, sometimes near the beach while we had our seminar,



only if all dental schools were like that. Each delegate gets Curaprox products worth 100 Euros of oral health products. In summary, I had loads of fun with lots of good friends, it's an experience I'll never forget and would love to do it again.

Can't wait for EDSA Curaprox Summer Camp 2010. I want to say a special thanks to Leeds Dental School (UK), Deema Marzouq (Leeds), Curaprox and last but by no means least my new EDSA friends who I met in Denmark you know who you are.



Kirpal Singh Benawra
kbenawra@hotmail.com
Leeds Dental School
UK

In profile

PHILIPS
sonicare
the sonic toothbrush



One of the first laws of human nature states that if you want people to understand you, they must feel that you understand them first. Put another way; understand before you seek to be understood. As dental professionals you need to understand your patients' life situations, their concerns and desires as readily as you diagnose their clinical situations. Profiling is a method psychologists use to understand and define personality traits and therefore predict typical behaviours. Increasingly Dental Professionals are being encouraged to draw on profiling techniques in their practices and to help them with this, and to communicate more effectively with their patients, Philips has developed 'Patient Profiles'. These are a set of resources for patients and professionals which can be used to help define patients' likely responses according to their oral health condition and 'profile'.

Cast of characters

Each oral health condition is represented by a character with a common dental issue and the aim of the Patient Profile is to help patients understand more about their situation and identify with the character which represents it. The first profiles to be launched feature Mr Palmer who has gingival inflammation and Emily and Sarah who have orthodontic braces – characters who have very specific cleaning needs. Then there is Rachel who represents cosmetic dentistry for those patients interested in the benefits of whiter teeth and Tony who is healthy, and who reinforces Philips' initiative to explain the difference between power tooth brushing and manual tooth brushing. A

balloon-holding child called Sophia represents the special brushing needs of children up to the age of ten. Further profiles for patients with dental implants and hypersensitivity will be added to the cast of characters in the near future. Philips has used different profiles to support the launch of several new Sonicare products to their range. For example, Sophia's profile was created to support the launch of its new Sonicare For Kids brush and Mr Palmer's profile will enable dental professionals to introduce the benefits of FlexCare+ which motivates patients to brush for longer and has a special gum care mode. Rachel who is interested in cosmetic dentistry points patients in the direction of Sonicare HealthyWhite.

The Company's goal is to develop programmes and materials that encourage dialogue and help the dental professional to support their patients' care efforts. The Patient Profiles offer dental professionals two engaging approaches that they can use with their patients to reinforce their ongoing educational efforts for better oral health. The resources include patient materials for the waiting rooms which provide education on specific conditions with a brief description of the role Sonicare can play in dealing with it. These are backed by professional materials designed to help dental professionals educate their patients about the condition itself and highlighting the reasons why Sonicare can tackle their specific need.

At the launch of Patient Profiles Philips' Senior Director of Marketing, Erik Hollander explained "To help support dental professionals and their patients to optimise oral care results we have



developed the Patient Profile campaign. Each profile introduces a real person who represents a common dental condition and is designed to encourage a chairside dialogue which helps the Dentist or Hygienist to introduce the Sonicare concept naturally as part of the consultation.”

Rebecca Busby of Philips, who was instrumental in creating the materials explained the development of the programme:

What was the rationale used to develop the profiling project? The concept behind the Patient Profiles project was to provide dental professionals with materials which will help them discuss conditions – and effective home care solutions - with their patients in a very natural, educational way - regardless of the patient type - from pediatric patients, to older patients with gingival inflammation.

How was programme developed?

Philips Sonicare asked a number of Key Opinion Leaders (KOL's) what types of patients they saw most regularly in their practices. They reported that the following patients were representative of the types they treated most frequently:

- patients with gingival inflammation
- patients with orthodontia
- patients who were interested in whitening treatments
- patients who have healthy check-ups and are interested in keeping it that way
- younger patients
- patients with dental implants
- patients with hyper-sensitivity

After the profiles were selected, the project team worked closely with the clinical department to use clinical evidence to support claims that Sonicare could benefit each patient profile. Philips Sonicare is backed by more than 175 publications and abstracts from over 50 Universities and Research Institutes worldwide, so there were many studies that helped support each profile. Philips Sonicare also used the help of their Professional Education team, which is made up of practicing hygienists, to develop the educational content included in the profiling materials.

Why are there two styles of communication?

The programme was developed to encourage two-way conversations between the Dental Professional and the patient. The PATIENT MATERIALS have the image of a typical patient (i.e. Mr. Palmer) and a corresponding question ‘Meet Mr. Palmer...his gums sometimes bleed when he brushes. Do yours?’ The question is meant to encourage patients to pick-up the materials and ask their Dental Professional more about the condition.

At the same time, the DENTAL PROFESSIONAL materials which are written in a more clinical tone, have the same image of the profile (i.e. Mr. Palmer) and are meant to

encourage DP's to talk to their patient about the respective condition. With call-outs like..“Meet Mr. Palmer..he has gingival inflammation like many of your patients”, the hope is to encourage Dental Professionals to discuss the condition with their patients. Finally, both patient and Dental Professional materials contain reasons why Sonicare can benefit each patient type.

Multiple communication methods

Each profiled character is presented on an individual ‘shaped’ information card which can be displayed in acrylic stands for the waiting room. A corresponding laminated ‘swatch’ book featuring multiple profiles is designed for the consulting room and can be flipped through to identify the character with whom the patient most identifies. As new characters are added, new cards will be produced which the dental professional can add to the swatch book by unclipping a metal chain tag linking the pages together. In addition, elements of the programme are available using a web-based service which allows dental professionals to print ‘personalised’ Patient Profile condition sheets for their patients.

During 2010 Philips will expand the programme even further with an online video component which will be available on the Sonicare website and will explain what the programme is and how it can be used in the dental practice.

The Patient Profiles can be viewed on www.sonicare.com/dp.



World Trends

45th National Odontological Conference In Stockholm

By Quynh Nguyen

Evidence?!

The 45th National Odontological Conference took place in Stockholm and received thousands of dentists and dental students from all over Sweden. It was an incredible feeling to see so many dentists together at one time! The conference is primarily a meeting place for sharing research and practical knowledge. Concurrent to the conference there was also a forum for the dental industry and dentists. The main scientific theme of this year's conference was "Evidence?!".

Evidence is the core of medical practice and the principle of evidence based medicine has become more of a rule in Swedish dental care. Since development is going at a fairly quick pace in Odontology, the dental team needs to keep up with knowledge about the latest products and treatments available. But how much of it is actually supported by scientific evidence? And how should dentists properly assess the quality of new dental products on the market?



Conference organizer

The Swedish Dental Society (SDS) was founded in 1860 with the goal of providing dentists new scientific findings and collecting dental journals published abroad. The SDS is today a Swedish foundation supporting odontological science and research. SDS is part of The Swedish Dental Association (SDA) that represents more than 8 800 Swedish dentists. SDA also arranges further dental education for Swedish dentists, as well as tends to the dental professional interest abroad.

This is carried out through the membership in FDI (World Dental Federation) and CED (Council of European Dentists). SDA arranges the national conference once every year, alternating between Stockholm and Gothenburg.

The three day conference offered a "smorgasbord" of presentations of the latest research and lectures as well as symposiums treating different areas of the dental profession. From all the lectures provided, I will mention two of which I found most interesting and relevant to future dental care.

"The ticking time-bomb"

From the lecture "Marginal bone loss from implants; a result of peri-implantitis?", Dr. Torsten Jemt discussed today's problematic situation with dental implants as there have been increased recordings of marginal bone loss from follow-up controls. Dr. Jemt address dental implants as "ticking time-bombs", from the fact that we still don't have acceptable measurements or a hundred percent guarantee of a successful outcome. How can we predict the prognosis of an implant? And what requirements should define the condition of "peri-implantitis"? From present articles this has not yet been established, as well as the fact that peri-implantitis should be diagnostically distinguished from periodontitis. Hence more research on possible complications and side-effects should be done in the near future.

Drilling with laser – clinic and evidence

Laser technology in dental care is another up-coming treatment with multiple benefits for patients and dentists. Ideal patients for this treatment are children, patients with mental disabilities and patients with great fear of dental care. As the laser treatment generates less noise, vibrations and uncommon need for local anesthetics, the treatment is also perceived by patients as less traumatic than the conventional drill. Regardless of the many benefits for this new technology, the scientific value behind it is still inadequate and like dental implants more studies are sought after. Matters of concern are naturally the thermo-mechanical effect on the dental pulp as well as the longevity of restorations bonded on cavities prepared from laser excavation.

The conference was topped off with a dinner and party, hosted by the local student association in Stockholm. Nearly two hundred students from all four Swedish faculties joined in for an unforgettable night. A big thank you to all the people making this year's conference and student party a success!! See you next year in Gothenburg!

EDSA Project

Prevention Program

By Ana Stevanovic

EDSA has always been eager on working with different projects, so our enthusiastic delegates have decided to set up a brand new prevention program. The goal was to set up a project which would be easy to implement in all dental schools. This way the dental students from all over Europe could easily be engaged in the same project and it would also be easier to set our differences aside and work together on something new!

Prevention has always been the best way of treating patients in oral care and that prompted us to set up SM!LE- Oral health for students. Students are a very specific group of patients that due to their educational obligations often neglect their oral health and need to be protected in some way. It was a perfect way to help our fellow students from other faculties and also work together to promote oral health throughout Europe.

Dental students should share their experience to their non-dental colleagues, as well as provide some promotional material and invite them to a free dental check-up. By doing so, non-dental students could raise their awareness about oral health and their dental colleagues would learn something more about dealing with patients of their own age. Moreover the dental students will get the chance to help promote oral health as an important aspect of one's life.

We decided for our first pilot edition of SM!LE to be done in Leeds, UK, and hopefully next year many other member countries will join in on the project. Our delegate in Leeds, Deema Marzouq, is working hard on making this possible. We already have our Prevention Officers in several countries and we expect many more to join (so far we have Romania, Greece, Bulgaria, UK, France, Serbia, Slovenia, Croatia, Bosnia and Macedonia). The Association of Dental Education in Europe (ADEE) as well as The European Association of Periodontology gave their full support for the program and we are currently working on the details about cooperation with P&G for this project as well as the pilot running in Leeds.

Our Prevention Officers are: Matthieu Wipf in France, Deema Marzouq in UK, Iva Dimcheva in Bulgaria, Cristina Rizea in Romania, Neja Jurjec in Slovenia, Mihovil Greguric Bajza in Croatia, Dina Dabic in Serbia, Elpida Samara in Greece and we expect other countries to join soon. If you want to find out more about SM!LE, or you think you can improve our Prevention Programme with your new ideas, join us on our regular Skype meetings; if you want to join prevention in your country, do it by sending an email to ana.stevanovic@edsaweb.org. We expect you to be the new leader in SM!LE!



Students In Science

Anaesthetic And Postoperative Analgesic Effects Of 4% Articaine With Adrenaline (1:100.000) Used For Impacted Lower Third Molar Surgery: A Multi-Centre Study

Summary

Pain-control is a crucial point of routine within the dental practice. Painless oral surgery is most often ensured by use of local anaesthetics, and oral analgesics usually provided for postoperative analgesia. Today, several local anaesthetics are available. Lidocaine with adrenaline is generally used as a standard to compare local anaesthetic activity with other local anaesthetics. Articaine is one of the newest local anaesthetics on the market, which aroused special attention in Europe (at the end of the last century) and USA (at the beginning of this century). Several advantages of articaine in obtaining local anaesthesia have been described, but some possible side-effects, such as post-anaesthetic paraesthesia, have also been noticed.

Having these facts in mind, the aim of this multi-centre study (Belgrade, Sarajevo and Foča) was to investigate clinical parameters of the obtained local anaesthesia and possible postoperative analgesia after the use of articaine with adrenaline and lidocaine with adrenaline in patients undergoing a lower third molar surgery, where this kind of surgery is usually followed by postoperative pain. The study also aimed to notice any undesired side-effects that could be attributed to the used local anaesthetics.

The study encompassed 20 patients from each treatment centre (Belgrade, Sarajevo and Foča), altogether 60 patients. 4% Articaine with Adrenaline (1:100.000) and 2% Lidocaine with Adrenaline (1:80.000) were used for the inferior alveolar nerve block, following principles of a double blind study. The aim of the investigation was explained to the participants clearly, and signed consent for entering the study was obtained from all the patients. Parameters of the obtained local anaesthesia, as well as postoperative analgesia, were evaluated using verbal rate and visual analogue scales. Postoperative analgesia was also estimated

according to the need for non-steroid anti-inflammatory drugs postoperatively. Results of the investigation were gathered from all three centres and mutually analyzed using parameters of descriptive statistics and programme R version 2.8.0[®].

The obtained results indicate similar intensity of anaesthesia during surgery (measured by visual analogue scale) in all three centres for both local anaesthetics, without statistically significant differences (Table 1). In all the patients local anaesthesia lasted sufficiently long, for 2-3.5 hours; however, it was noticed in all three centres that articaine demonstrated anaesthesia of longer duration (Table 2). In accordance with these observations, postoperative pain appeared earlier during the postoperative period in patients who received lidocaine than in those who received articaine, although the intensity of the pain was approximately the same.

According to the obtained results, the authors concluded that 4% articaine with 1:100.000 adrenaline provided a satisfactory intensity of local anaesthesia, approximately of the same quality as that achieved using 2% lidocaine with 1:80.000 adrenaline. However, the duration of anaesthesia was longer when articaine had been used, and postoperative pain occurred later. It could be pointed out that undesired side-effects were not observed with any of the used local anaesthetics; therefore, both local anaesthetics are useful for clinical use in oral surgery.

Authors: Aleksandar Jakovljević¹, Bogdan Lisul², Danka Marinković³, Aida Burnić¹

Mentors: Prof. Ljubomir Todorović², Prof. Toško Gojkov¹, Mr. Sc. Slavoljub Tomić³

¹ Faculty of Dental Medicine, University of Sarajevo, B&H

² Faculty of Dental Medicine, University of Belgrade, Serbia;

³ Faculty of Medicine, Department Dentistry of Foča, B&H

Table 1. Intensity of the obtained anaesthesia (visual analogue scale)

Centre - Local anaesthetic	N	X ± SD (in cm)	Median (in cm)
Belgrade - Articaine	10	2.20 ± 0.79	2 (1.0 - 3.0)
Belgrade - Lidocaine	10	1.90 ± 0.74	2 (1.0 - 3.0)
Sarajevo - Articaine	10	1.65 ± 2.65	0 (0.0 - 8.0)
Sarajevo - Lidocaine	10	0.58 ± 1.21	0 (0.0 - 3.8)
Foča - Articaine	10	0.96 ± 1.55	0 (0.0 - 4.7)
Foča - Lidocaine	10	1.14 ± 2.76	0 (0.0 - 7.9)

Table 2. Duration of local anaesthesia

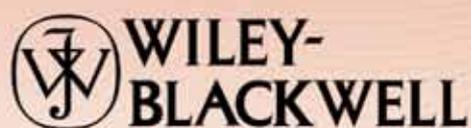
Centre - Local anaesthetic	N	X ± SD (in cm)	Median (in cm)
Belgrade - Articaine	10	219.0 ± 48.50	233 (93 - 272)
Belgrade - Lidocaine	10	111.2 ± 20.50	112 (72 - 142)
Sarajevo - Articaine	10	219.0 ± 54.86	210 (180 - 360)
Sarajevo - Lidocaine	10	201.0 ± 47.01	180 (150 - 300)
Foča - Articaine	10	230.5 ± 65.30	240 (120 - 300)
Foča - Lidocaine	10	210.6 ± 92.68	163 (150 - 360)

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A Word Form Wiley – Blackwell Editors

Managing A Revised Undergraduate Dental Curriculum: Some Personal Reflections



Professor Michael Manogue

Director of Learning and Teaching
Leeds Dental Institute, Leeds, UK
Editor in Chief, European Journal of Dental Education

In 2004, a fundamentally revised undergraduate dental curriculum was introduced in Leeds, UK. A lengthy article on the process of management of the process was published in the European Journal of Dental Education in 2007 (1) - that is the only reference I am going to give, so please see the article for many more. One full cohort of graduates (!) has passed successfully through the new programme and this is a good time for me to take a 'second look' at the effects of the process and to reflect on some of the outcomes, perhaps from a student perspective, where possible.

The curricular design adopted was radically different from the traditional. In 2001, we undertook a survey of staff, recent graduates, employers and patients and decided, collectively upon a model that attempted to integrate (from the outset) knowledge with the clinical practice of dentistry, such that everything we asked students to do was grounded in the purpose of the programme – i.e. to produce caring, conscientious, competent dental graduates. Three years of dedicated planning led to September 2004, when we suddenly lost the traditional boundaries of subject definition, along with their potentially artificial packaging - and potentially dispatch (i.e. the “I did that in first year, so now it is not important” mentality). Ironically, discrete packaging of content and assessment makes life for academics and students easier, because we can both say, “been there, done that”. It is much more challenging to feel confident about this when the relevant parts of a subject are strung out vertically through all five years. We worked hard to define integrated learning outcomes, encompassing basic science, which were directly related to the integrated nature of courses (e.g. in the first year ‘health and health promotion’, which studies physiology in health at an individual level but also at a community and population level together with the dentist’s role in the process, or ‘anxiety and pain management’, also a first year course, where relevant anatomy, physiology, pharmacology and patient management at a simple level are combined so that by the end of it students are able to deliver safely their first local analgesia both to each other and real patients). We also considered professionalism and its assessment / monitoring, including the creation of a new prize for professionalism and leadership at the end of the programme; we have integrated ethics teaching, with the support of our University’s wonderful Ethics team, into all five years; we have invested heavily in student education in communication skills, including the great value brought by professional simulated patients for the rehearsal (in a safe environment) of interaction, first at a simple level, but in the third year, with (for example) aggressive / forgetful patients, or with those who have to receive difficult dental news for which they are unprepared. The over-arching approach to the design was that we were striving for curricular alignment, which means that every episode was linked, vertically, with another, that nothing was redundant and if repetition occurred, it was purposeful. Content was linked with careful design and inextricably part of the way in which it was assessed (more about assessment later) (Figure 1). It is a good model, we tried our best to achieve it, but there is no doubt that the first attempt at something can never be perfect – it can’t be.

Further refinement and review is of course necessary, without delay.

All this has been very challenging, but hugely rewarding. We have been so lucky with the students who have chosen to come to Leeds and I am personally very grateful to them, because they have needed to be patient, understanding of the process of fundamental change and the uncertainties it brings. Above all, they have needed to be considerate of the difficulties faced by staff in making the process work. Interestingly, and there is some evidence to support it, those individuals who are at the leading edge of significant reform and have by virtue of needing to live with uncertainty, are somehow imbued with an individual and collective sense of agitation (for want of a better term), so that they themselves become agents for continued change, including after their formal education process has been completed: in other words, they become less passive and that has to be a good thing. Had the first cohort been talking to you at this time last year, they would have been full of uncertainty about the future and whether they were 'ready' for graduation: that is probably true the world over. I can tell you, anecdotally, that those I have spoken to recently now feel much more confident. As I write this, I do not have results, but in January 2010 there will have been survey of the group, and of their first employers (in dental foundation stage 1 training programmes – the system in operation in the UK) to ascertain more formally the views of graduates and practitioners about their preparedness for practise in the 'real' world. Above all, our students are a joy to be with.

There have been unexpected pay-offs: one of these relates to the working relationship of academic colleagues across the science : clinical divide. I remember when I was a young lecturer I felt rather naïve or inadequate next to the 'proper' academics who were involved in major grants and income generation for the University. I did not realise that there was a similar but reverse perspective where the scientists who were "non clinical", were seen, by some dentally qualified colleagues, as fundamentally different. Thankfully, because all our course teams were inter-disciplinary at the design stage, some of those barriers were broken down and I truly believe there developed a shared sense of ownership and increased mutual respect as a result.

We have had to manage various unexpected further changes during the process: undergraduate student numbers increased from 2005. This has brought many advantages, including an increase in staffing and capital funding for full-scale refurbishment of our estate, but it would be erroneous to say that the challenges have been easy to manage. We adopted a three session working clinical day during most of the refurbishment and again, I am so grateful to our students who have worked with us, wholeheartedly, during this period.

This brings me to assessment: ironically (again) my PhD was in clinical assessment, so I should know something

about it. The over-riding message here, and this will be relevant to at least some of the readership who will become clinical academics and responsible for the education of the next generation of dental surgeons, is that it is not possible to spend sufficient time in the design, leadership or management of assessment. There is always more to do and more to learn and I know we did not get it right at the first attempt. Our methodology is changing, although the strategy remains unchanged that, in essence, assessment is aligned (as noted above) to the delivery of content and defined learning outcomes.

One of the greatest areas of success for me is our use and continued development of the system of assessment known as the Objective Structure Clinical Examination (OSCE). This mode is in common use in many dental schools of course, having originated in the assessment of medical students in the late 1970s. We work very closely with a medical statistician who specialises in the area, such that we are able to be confident that our examination process is reliable, statistically (those who do well should do well, in essence). We use OSCEs for the assessment of simulated clinical skills in the 3rd and 4th years of the programme. Most stations now include Simulated Patients; all are assessed directly at the chairside according to pre-determined marking schedules. Borderline regression is a technique whereby the passing score overall is determined post-hoc: it tends to average out at around 65%. We require students to achieve the required aggregate overall but also to pass a certain number of stations in skill domains (e.g. communication, technique, history-taking) and we use a blueprint (matrix) method to allow to evaluate what is tested where (to ensure validity in relation to content) and on how many occasions individual skill sets have been tested.

“ I remember when I was a young lecturer I felt rather naïve or inadequate next to the 'proper' academics who were involved in major grants and income generation for the University.

Further developments are in hand, in addition to refinement of our assessment practice: from 2011 it is envisaged that an undergraduate Masters programme will be registered. In essence, this will mean that 120 UK credits (60 ECTS credits) will be available in years 4 and 5 of the programme at Masters level and a BSc (non-clinical) will be awarded at the end of the third year. Perhaps I should offer to update you once that dream becomes reality ...

I do hope this resume of the work we have undertaken has been of some interest to you. If you would like any further information, please do contact myself or our EDSA

representative, Kirpal Benawra (dno7kb@leeds.ac.uk) or Deema Marzouq (dno6dm@leeds.ac.uk).

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Figure 1: Curriculum alignment

CURRICULUM ALIGNMENT

Aims | Learning Outcomes | Learning Methods

Content



Assessment



Criteria

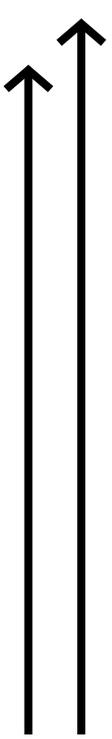
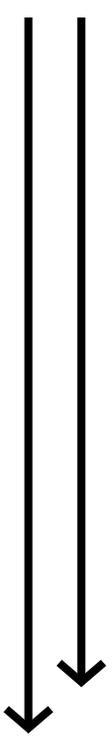


Feedback

Marking

Monitoring and Evaluation

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Dental Practice Transition

A Practical Guide to Management

David G. Dunning & Brian M. Lange

Practice management is one of the key elements in the career of a dentist. Dentists are predominantly self-employed and even associateships carry with them the prospect of management, accounting and dealing with health insurance providers. *Dental Practice Transition: A Practical Guide to Management* helps readers navigate through options such as starting a practice, associateships, and buying an existing practice with helpful information on business systems, marketing, staffing, and money management. With topics applicable to both recently graduated as well as established professionals, *Dental Practice Transition* is a full exposition of practice management from a dentist's perspective.

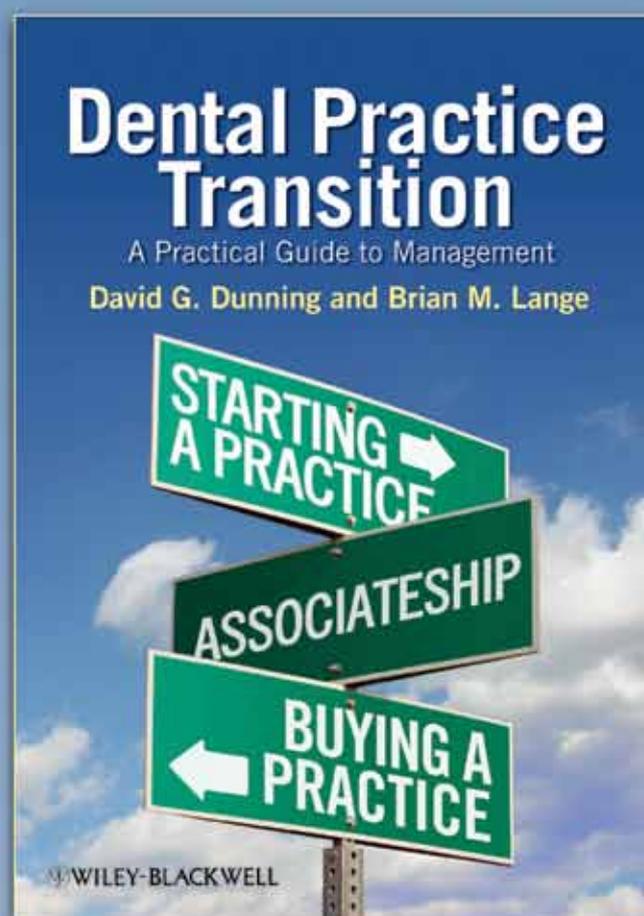
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EDSA Interview

Dr. David Alexander

By Irina Dragan

Can you tell us a few words about the history of FDI?

FDI World Dental Federation is a one of the oldest international professional organisations in the world, representing approximately 200 members from more than 130 countries. Our membership includes national dental associations and local or regional organisations dedicated to the promotion of oral health. FDI was originally founded in 1900 as the Fédération Dentaire Internationale by Dr Charles Godon (and five other dentists) in Paris, France. Our membership has grown substantially since the early days of the organisation and we now represent more than one million dentists worldwide.

What is the role of FDI in the promotion of oral health around the world?

The FDI vision is leading the world to optimal oral health. We are involved in numerous advocacy and educational activities in order to raise awareness about the critical importance of oral health to general health and well being. We host the Annual World Dental Congress (each year in a different country), where our member delegates come together to discuss and vote on issues that reflect the international voice of dentistry. In addition, we have partnerships with governmental and non-governmental organisations, such as the United Nations (UN), World Health Organization (WHO) and World Health Professions Alliance (WHPA), which allow us to participate in policy-making at the international level as a unified voice, on behalf of our members. We also produce a number of publications, including the International Dental Journal and Developing Dentistry, which offer readers a global perspective on the science and development of dentistry, from a technical and public health perspective. Recently, we



released “The Oral Health Atlas” in commemoration of World Oral Health Day, an annual event established by FDI in 2008 to raise awareness about oral health.

How can FDI influence the activities of dental students?

One of FDI’s primary roles is to serve as a liaison for our members. EDSA has the opportunity, as a Supporting Member of FDI, for a delegate to attend General Assembly at the Annual World Dental Congress each year. This enables EDSA to remain directly informed about issues being discussed and the outcome of these decisions, which have an impact on the future of the profession. An event such as the congress also provides a forum for participants to network with dental professionals from around the world, including experts and specialists from a variety of areas that facilitate the Scientific Programme. Throughout the year, we have many ongoing projects and partnerships in place, to actively support the development of oral health. Dental students can follow the latest news and learn how to get involved by subscribing to our bi-monthly newsletter, the Worldental Communiqué, or visiting our website (www.fdiworldental.org).

What are the benefits of working for a well-known federation as FDI?

I like to think this is the best job in the world for a dentist! FDI is truly at the beating heart of oral health. The global nature of FDI gives me insights into the issues facing the dental profession I would otherwise have never known. But the greatest benefits are the excitement and satisfaction of working with all our very diverse membership to bring about common goals to improve the quality of human life. I could never have envisaged being in such a privileged position during my dental education.





What are the aspects that FDI can improve?

As a global voice for oral health, FDI must continue to grow its influence with the WHO and other global health organisations so we can amplify our message that general health does not exist without oral health. Oral health has been sidelined due to the attention paid to communicable diseases. Working together our global network of members can build bridges with other health and human development groups to make sure that oral health is high on the agenda for all countries and all peoples.

Your thoughts regarding the EDSA...

Dental students are the future of the profession and it is encouraging to see EDSA taking an active interest in the forces shaping dentistry and oral health participating at this level. EDSA's leaders have always impressed me with their energy and enthusiasm for getting things done. EDSA is really a role model for other groups!

Would you please give us some advice in order to improve the EDSA activities?

Both the FDI and EDSA face a similar challenge, as organisations that support members of varying cultures, languages and backgrounds. FDI follows a democratic

process that provides members the opportunity to participate in elections, meetings and activities in an open forum where diverse views are acknowledged and debated, with the aim of reaching majority consensus. My advice to EDSA would be to continue building and maintaining strong relationships with other European groups in dental research, dental education and dental practice. I am thrilled by the emerging relationship with FDI's European Regional Organisation (ERO) – this synergy provides benefits for all.

What do you expect from the cooperation between EDSA – FDI?

We are delighted to welcome the European Dental Students Association into our membership and look forward to the collaboration between both organisations. We encourage EDSA members to stay in touch and get involved: sign up for our newsletter, send us your feedback and suggestions, join us at the Annual World Dental Congress, help us to celebrate World Oral Health Day on 12 September each year. Most importantly, continue to take the initiative with projects at the regional level and reach out to partners who can help support you in your mission. Challenge FDI and our members to do more!



EDSA Presentation

“The Tromsø model”

A new dental curriculum at the University of Tromsø, Northern Norway

Introduction

In the Autumn of 2002, the Norwegian Parliament decided to establish dental education at The University of Tromsø in Northern Norway (Fig. 1). The decision was largely rooted in the need to increase the stability and the supply of dentists in this part of the country. The following four general statements were particularly emphasized in the parliamentary decision:

- The education in Tromsø shall contribute to increase the total number of dentists in Norway
- The program shall specifically meet the needs for dentists and dental specialists in Northern Norway
- The program shall comply with a decentralized educational model
- The program shall visualize the tasks and responsibilities in the public dental health service

The political decision to establish dental education at the University of Tromsø was controversial among dental health authorities in Norway including the existing faculties in Oslo and Bergen and the Norwegian Dental Association. In the aftermath, however, these units have been loyal to the

parliamentary decision and very cooperative.

Planning of the dental curriculum in Tromsø started in parallel with the Bologna Process (1). The Bologna declaration requires a program plan for higher education providing general guidelines for designing a curriculum. The following statements in the program plan were considered to be of particular importance and relevance for dental education in Tromsø (2):

- The program shall be evidence based and in accordance with EU requirements
- The program shall facilitate the education of dentists that want to and are qualified for improving the population’s oral health
- Oral health shall be considered an integral part of general health applying a holistic perspective (3)
- The Institute of Clinical Dentistry (ICO) shall develop a modern, international academic curriculum (4-6)
- ICO shall facilitate research activities on an international level
- ICO shall utilize the co-location with the Dental Competence Center for Northern Norway regarding clinical teaching and research

The program plan for the dental curriculum was approved by the Faculty of Medicine at the University of Tromsø in 2003 (2). The program is to a large extent based on the programs at the established dental faculties in Norway, the Dental Faculty, University of Oslo and the Dental Faculty, University of Bergen. In addition, three international sources have been extensively used, the plan for dental education at the University of Malmö in Sweden (4), profile and competence for the European dentist (5) and the guidelines from British Dental Council (6)

The first class of 13 students started in the Autumn of 2004 and graduated in Spring 2009. The student admission has gradually increased from 13 to 40 students in 2007. Fully developed, this means 40 students per year totaling 200 in a five year curriculum with a quota of 60% from Northern Norway.

“*In the Autumn of 2002, the Norwegian Parliament decided to establish dental education at The University of Tromsø in Northern Norway*”

What characterizes “The Tromsø model”?

THE STUDY

The program is of 5 years duration in accordance with national and international guidelines (4-6). The first year is identical with the medical curriculum. The second year is partly organized together with the medical students, partly as separate courses focusing more on oral conditions. Both years are mainly devoted to basic science.

From the start of the third year, the students receive extensive technical training in a simulation clinic together with teaching in dental biomaterials. In addition, they have a course called “Oral ecology” emphasizing an ecological approach to oral biology and pathology. An integral part of the “Oral ecology”-course is a series of lectures named “Oral functions”. This series is unique for the Tromsø curriculum and constitute the following topics:

- The quality of taste and taste preferences
- Nursing in relation to development of oral motor skills in newborn babies and the importance of early contact mother - child.
- Phonetics and shaping of sounds, language and verbal communication
- The importance of the mouth in non-verbal communication like the expression of feelings such as anger, sadness,

- aggression, joy and enthusiasm
- Oral aesthetics in a psychological perspective
- Oral functions regarding normal sexual behavior
- The importance of teeth and jaws in archaeology and paleontology

These aspects are all related to oral functions, areas in which dentists should have competence, but where the teaching today is fragmentary in most dental schools.

INITIAL CLINIC

The last half of the third year curriculum provides an introduction to clinical work with emphasis on simple procedures in a clinical setting without traditional department boundaries. The students are evaluated continuously and the course concludes with an extensive clinical and theoretical evaluation as basis for the deployment of the first period of external clinical training. In the clinical training, a patient-centered, not an expert-guided approach, is emphasized (7).

EXTERNAL CLINICAL TRAINING (FIG. 2)

The Autumn semester of the fourth year (7.semester) and half of the last 10. semester are devoted to external clinical activities. Department of Clinical Dentistry at the University of Tromsø has established a network of 20 public clinics. These clinics are largely, but not only, located in Northern Norway (Fig. 2). Two students are working at each clinic guided by one experienced dentist.

The first class of students was attending the external clinics in the Autumn of 2007 and this Autumn, the third class of students have completed this service. At the external clinics the students are guided by dentists who have undergone multiple courses at the Institute of Clinical Dentistry in Tromsø in order to be prepared for the supervisor function. External practice consists of a mixture of regular patient care and planning and implementation of oral health measures for institutions. ICO has developed a web-based distance education program administered from Tromsø for distance learning as a supplement to the local activities. The reports of the first three classes are very positive (8). The students have a high clinical production and have matured professionally. Their experiences are evaluated on a regular basis and the activities and experiences are discussed during web-based meetings (8).

The extensive external clinical training is specific for Tromsø and an essential element in the “Tromsø model”. The idea has considerable international attention (9) and the activity facilitates the Norwegian Parliament’s overall objectives emphasizing knowledge about and recruitment to the public dental service in Northern Norway. It is also a realization of a decentralized study model.

INTERNAL CLINICAL SERVICE

With the exception of the external period during tenth semester, the eighth, ninth and tenth semesters are organized more according to traditional clinical teaching

at the student clinic in Tromsø. The teaching is located in a new clinic building on the university campus (Fig. 2) and constitutes of a traditional blend of clinical and theoretical courses using a variety of didactic methods. The final exam is organized with a combination of clinical and theoretical evaluation together with presentation of a Master thesis that the students have worked with over the past year.

THE SCIENTIFIC STAFF

There is a general shortage of scientifically and clinically qualified dentists. Therefore ICO have been active internationally in order to recruit colleagues for academic positions. So far we have employed 2 ½ professors from Norway, 5 ½ from Sweden, 4 ½ from Finland, 1 from Germany, 1 from Latvia and 1 from Romania. In addition, we have PhD students from Russia, Brazil and Nepal, together with two Norwegians thus constituting an international staff. Due to the international profile English is accepted as the teaching language 'if necessary'.

Cooperation with the Dental Health Competence Center for Northern Norway

TEACHING

Dental education is located together with the Dental Health Competence Center for Northern Norway in the new dental building (Fig. 2). This has provided opportunities for cooperation in several areas. In education, specialists from the competence center possess subsidiary positions related to student teaching. This provides flexibility and valuable exposure to specialized functions for the students. The partnership is two way so that some of ICO's academic staff hold part-time posts at the Competence Center for clinical activities.

“ICO has in collaboration with the Competence Center developed a postgraduate program in orthodontics that started in the Autumn of 2009

SPECIALTY EDUCATION

ICO has in collaboration with the Competence Center developed a postgraduate program in orthodontics that started in the Autumn of 2009. There are also plans for developing a specialty in “Clinical Dentistry” starting in 2010. This last project is controversial, but a general dental specialty might be of relevance for more remote areas and Tromsø is therefore a natural choice. The program will be

decentralized with the use of the external student clinics for some of the practical/clinical training. Supervision will take place online with support of the Center Postgraduate Studies at the University of Tromsø.

RESEARCH

The Norwegian Research Council has taken the initiative to launch clinical research with direct relevance to dental practice. With the close contact between the university-based Institute of Clinical Dentistry and the Competence Center, the conditions for fruitful cooperation should be present.

“THE TROMSØ MODEL”, CONCLUSIVE COMMENTS

The most important characteristic of “The Tromsø-model” for dental education is primarily the structured and comprehensive external clinical training in a decentralized education model that has proven to be very successful (9). The course “Oral functions”, patient-centered clinical teaching and a dental university clinic without defined department boundaries are factors that characterise the Tromsø curriculum. In addition, the development a new specialty in “Clinical Dentistry” is challenging.

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Harald M Eriksen

Institute of Clinical Dentistry
University of Tromsø



Social Activities

EDSA European Visiting Programme - Scandinavia

By Papadakou Panagiota

In our student career, while looking for something more, or something different than our Dental Schools could provide, in order to fulfil potentials and special interests, our paths led us to beautiful Sweden, in Göteborgs Universitet participating in the Erasmus exchange student's Program. To complete this unique experience me and my co-students Panagiotis Dragonas, Korien Van den Burg, Maud Merkens and Sara Gallego, travelled around Sweden and Scandinavia combining our trips with visits in the faculties in Stockholm, Malmo and Copenhagen

Visiting Karolinska institutet – Stockholm

During the last days of September and the beginning of October (29-9-09 – 3-10-09) we visited the capital of Sweden. During the first 2 days we did some wonderful sightseeing enjoying Gamla Stan, parks, Museums, churches, amazing walks and happy moments in small cosy cafes and pretty restaurants.

On the 1st of October, we visited the Karolinska Institutet and enjoyed the hospitality of one teacher in particular; Ms Sanoubar, (our faculty contact whilst planning out

visit). We visited the schools labs and clinics, including the postgraduate, undergraduate and specialists clinics. We were given the opportunity to talk with students, discussing and comparing our dental. We had lunch in the school restaurant where we participated in interesting conversations with dental students from the faculty.

The next day some of us visited Uppsala, a beautiful student's city very close to Stockholm, enjoying the good weather and spectacular surroundings. Afterwards in we enjoyed the great nightlife that the capital has to offer.

We had the chance to explore the city a little more on Saturday afternoon before returning to Gothenburg.

Visiting Malmo and Copenhagen

A month after our final trip to Stockholm (28/10/09-1/11/09) we "embarked" for a new dental adventure. First stop Malmo; in southern Sweden. In our first day we enjoyed the city, its beautiful streets, parks, market, the River Delta, the Turning Torso, the port and at night, the great company of the exchange students of Malmo's Dental school from Cardiff who joined us for drinks and dinner. Next morning we met

“Both trips were an opportunity, not only to realize how things are in the dental world, but also meet new amazing places, new special people and mainly bond with each other and develop beautiful friendships.

at Tandvårdscholan, Ulf Persson, who showed us the whole school brought us to meet the professors in the departments of our special interest and made it possible for us to see what kind of research is taking place in the faculty. We also got a chance to see how the special educational system the school provides works. Everyone involved in the trip made us feel most welcome and taken care of.

The following day we crossed the rather intimidating and large bridge connecting Sweden and Denmark and arrived at the Danish capital. Some of us visited the dental faculty of Copenhagen where we met the very warm and welcoming faces of the students we were in contact with; Mathias Hauberg and Ole Rasmus Theisen. They showed us around the school and specific departments and clinics; including: oral medicine, prostho, endo, orthodontics, oral physiology, oral surgery and periodontology . The students also invited

us to a great dental student's party that evening, in which we had the chance to meet many of them and develop interesting conversations and meaningful friendships and of course have a wonderful time. We had the chance to discuss with them the problems they deal with in their school, compare them to ours, and finally admire the student activities they organize with the medical school.



Social Activities

Volunteer Work – Ethiopia

DOVE, the Dental Overseas Voluntary Elective, is a charity which sees fourth year students from the Dublin Dental School and Hospital fill their backpacks with latex gloves, forceps and plenty of local anaesthetic as they make their way across the globe to help out in areas devoid of dental services.

Fund raising began in earnest in early 2007, where student nights out, which included a night at the greyhound track and a mystery tour, saw students raise thousands of Euros to help us on our adventure.

My colleague, John Bowe and I, headed to the exuberant and energetic city of Addis Ababa in Ethiopia. With a population of 87 million people and a dentist to patient ratio of 1:1,580,00 our help was certainly welcomed.

Why Ethiopia you may ask? Well, at the Global Dental Conference in Dublin 2007, where EDSA played an important role, we met Dr. Makonnen Neway.

Dr. Neway, a maxillo-facial surgeon in Addis Ababa kindly invited us to Ethiopia. With this great opportunity made available to us and the knowledge of having a pleasant and reliable contact on “the ground”, the decision was easy.

Addis Ababa is one of the more cosmopolitan African capitals. It's a truly exciting, captivating and enthralling mixture of sights and sounds. It is a city full of intricate streets lined with archaic architecture and monuments to past dynasties. From the largest outdoor market in Africa selling goods ranging from iPods, to rich aromatic spices and even the odd camel to the bustling university campus, Addis Ababa is certainly a rich preservation of new and old.

After a few days, to allow us to settle down in our new environment and to explore the surrounding milieu, we started work in Menelik II Hospital.

Here, we had the pleasure of working with Dr. Mohamed Awol and his nursing staff in the dental department. The surgery was basic, with facilities which limited treatment to extractions only. John and I were given our own chair (a temperamental beast which often drove us demented trying to operate it!!) to work with.

The clinic was a busy, bustling and lively affair. Patients arrived at the clinic from 8am onwards and with a never-ending line of people looking for treatment, we were never idle for long. Each day we practiced our Amharic so we could communicate with our patients, often times to the amusement of the locals. We saw some interesting cases during our time at the clinic, including the practice of people



tattooing their gingiva. This is considered both attractive and healthy. Something we had never seen before or since.

The work in the clinic was challenging and demanding but always rewarding. The people were warm and friendly, and always appreciative of the service we provided. It was often sad and frustrating extracting teeth which could have been easily restored if the facilities were available. Hopefully in the future as the dental department receives more funding and with a second dental school opening in Jima, the range and quality of treatments will improve.

Following the work in the clinic, we headed off on a much deserved holiday to explore the country. This included a trip to the UNESCO world heritage site, Lalibela, where orthodox churches have been hewn into the living rock. We also went to Gondor, where the Kings of Ethiopia once ruled the country from.

I will never forget my time in Ethiopia. It truly is a wonderful country. Despite the poverty and hardship its people have had to endure in the past, there is a great sense of hope and a vision for a country currently on the up. Of course there were periods during our stay where we struggled adapting to local lifestyle but at all times we felt included, welcomed and enthralled. I would urge all EDSA delegates to step outside their comfort zone, engage in an adventure while helping those less fortunate than us.



Daire Shanahan

daire.shanahan@yahoo.ie
TCD Graduate
Dublin



EDSA Legends

Sort of panoramic view of the 1st assembly of EDSA in Albufeira. January 1989

The Very Beginning Of EDSA

In 1987 I began my 4th year of dental studies in Marseille (France). I was responsible for my local dental student's association, and was also a member of the national executive of UNECD (the French dental students association).

I realized at the time, with the president of our student's association Mathieu Brenac, that there was no association gathering dental students from the different countries of the EU (the EEC at that time gathered only 12 countries). Indeed, the frontiers between countries still existed and free moving was partial for European citizens and we didn't know anything about free circulation for diplomas. However, there was a very important date for us, the 1st of January 1993. This was the day when all the frontiers in Europe would be abolished and with it all the consequences for our future occupation (free circulation of diplomas, citizenship etc). We had to be prepared for this deadline, even though we anticipated that there wouldn't be a surge of dental students all over Europe.

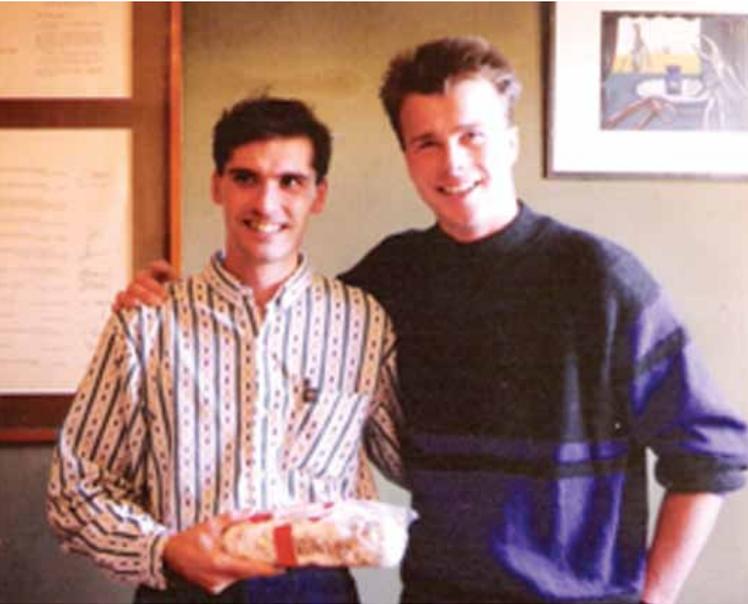
Moreover, another historical reality was about to happen. This was of course the crumbling of the eastern European countries lead by a communist regime. The political changes were leading to the emergence of new democracies in Europe, which meant for me that we would have a lot of new dental students to defend. I therefore realized that the interest for creating a European dental student's association would be necessary. The goal of the association would mainly be to promote the harmonization of dental studies, gathering

proper knowledge and overall to be able to meet each other as European dental students. Not to forget, of course, to promote European exchange-student programs, such as the Erasmus.

To reach this aim I had to meet with the other members of the French dental student's association, to convince them of the necessity for establishing an association on a European level. At this moment the IADS became in my eyes the most important mean for reaching this goal. France had not been a member of the IADS for years, so I decided to make UNECD a member again. And so we did.

It was with the help of the IADS that I got the chance to be in contact with members from student organizations such as Great Britain, Italy, Germany, the Netherlands and also some that were not yet members of the EEC, such as Sweden. After acquiring those contacts, I then made a trip to some places in Europe to meet with the dental students and convince them of the necessity to at least create national organizations. Indeed, I remember that in Spain at this time there was no national organization for dental students. The dental studies had been abolished in 1948 replaced by stomatologists and recreated in 1985. The 1st class was about to graduate in 1989.

We continued to reach different student organizations until the end of November 1988. After some hard work of gathering representatives from the different national student organizations, we finally and officially created the EDS (that



The 1st photo of the 1st executive The D – day of the creation of EDSA. Jean – Luc Bueno and Jan W.Harders in ADF building .



*Jean – Luc Bueno in November 1988
Andrea Bresin, 2nd President
Lars Christensen, 3rd president*



Mainz May 1989

would later become EDSA) in the Association-Dentaire-Française-building of Paris. The aims of the association and the dates of up-coming meetings to write the constitution of our new European Association for Dental Students were established at the same time. The EDS had its first meetings in Portugal (Albufeira) and in Germany (Mainz). We did also participate at the IADS congresses in Bern and Verona, as well as during the midyear meetings in London. It is thanks to the help of the IADS at the beginning of the EDSA, that we need to remember their great support, even though our aims are now very different!

These meetings permitted us to get to know each other better, to gain a social basis of future work and also to appreciate each other as colleagues of the same medical field. I still remember some of my friends from the EDSA; Andrea Bresin, Ian Harders, Ulricca Jacobson, Marjolein Fokke and so many others. By the time when the aim to compare our different levels of studies and the number of years of studies were reached, we decided to create the EDS magazine. The magazine was to be used as a platform where students could take part of each other's dental research and results. In the meantime we met the Comité de liaison pour la formation en Chirurgie Dentaire de la CEE and the ADEE, with whom we always tried to increase a healthy relationship.

After one year as president of the EDS, I retired from my responsibilities at the same time as my work was finished and so were my studies. I then started a new life by founding a family and begin my professional life, which of course is another story. I left the presidency to Andrea Bresin, who today is a professor of orthodontics in Sweden. Andrea then handed the presidency over to Lars Christensen and so it goes on until today.

Since I retired from the EDS, I have to admit that I haven't heard much news from the association. But today, I can say that my pledge is to stay in contact with your representatives and provide any help that is needed (or if only to have the honor of taking part in any EDSA-event, as I know that the association is developing of its own accord!).

Thank you for continuing with the dream!



Dr. Jean – Luc Bueno
Former president of the EDSA

Textbook of Human Disease in Dentistry

Mark Greenwood, Robin Seymour & John Meechan

The *Textbook of Human Diseases in Dentistry* is a comprehensive textbook for all students of dentistry that provides uniquely integrated coverage of medicine, surgery, pharmacology, therapeutics, pathology and microbiology.

The book is structured around the systems of the body and includes chapters on immunological disease, cardiovascular diseases, respiratory medicine, gastroenterology, dermatology, musculoskeletal disorders and neurological and special senses.

A key aspect of the book is the relevance of particular diseases and/or their drug treatment to dentistry and in turn to patient dental management. Additional chapters are therefore provided on topics such as clinical examination and history taking, inflammation and anti-inflammatory drugs, infection control, pain and anxiety control, care of the elderly and alternative therapies.

Special Features

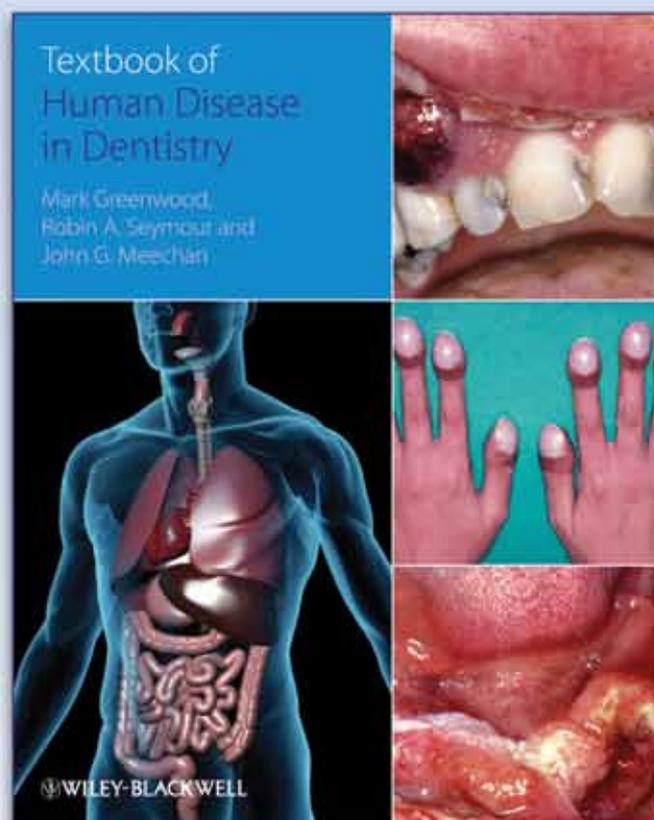
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Explains relevance to dentistry of particular diseases and their treatment

Enables dentists to develop treatment plans for medically compromised dental patients

Provides unique integrated information on medicine, surgery, pharmacology, therapeutics, pathology and microbiology

Illustrated in colour throughout



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EDSA Collaboration

FDI and EDSA – A new partnership

EDSA is an association which has been dedicated to making improvements since it was founded in 1988. Projects organized by both EDSA and through multi-disciplinary work with other organizations, are the main force that's broadening horizons towards the development of novel activities in a variety of fields of interest.

An example of the successful work of the organisation is with its cooperation with ADEE (Association of Dental Educators of Europe) where EDSA representatives from all around Europe meet to express opinions, share views and ideas regarding past, present and future of education in dentistry.

This year EDSA was welcomed to another big family and became a supporting member of FDI, World Dental Federation, which represents over 900.000 dental professionals worldwide.

FDI represents a worldwide voice of dentistry that promotes oral and general health for all people while emphasizing the role of ethics, art and science in practice of dentistry. It was founded in Paris in 1900 as a Fédération Dentaire Internationale.

The main goals of the FDI are:

1. to bring together the world of dentistry;
2. to represent the dental profession of the world and
3. to stimulate and facilitate the exchange of information across all borders with the aim of optimal oral health for all people.

Looking at the FDI's history and goals, it can be concluded that it is the worldwide voice of dental profession and it is no surprise that the EDSA found its place under such a powerful umbrella. EDSA's interest for cooperation started 2 years ago in Dublin, Ireland, during a World Congress on Dental Education. First discussions gave rise to further FDI support in EDSA projects which were recognized as having a great potential.

The first project which gained FDI's attention was the 'Volunteer Work Project' whose main goals were to motivate European dental students to help underprivileged populations in different parts of the world while emphasizing the idea of equal access to oral healthcare. Students are rarely exposed to another kind of environment besides their own and volunteer work will therefore broaden their experiences.



As previously mentioned, FDI is emphasizing the role of ethics in art and science of dentistry. During EDSA meeting in Ljubljana this year, I had a presentation about FDI Dental Ethics Manual. It is FDI's document which is covering specific areas where ethics is present in dentistry and explaining the role of ethics in profession of dentistry (patients, society, colleagues and research). Fortunately, we had a FDI representative at the meeting, Ms. Carol Maguire who is a manager and involved in membership relations. Ms Maguire showed interest and offered support in further FDI/EDSA work on this specific issue. As a result of the work done towards this, we now have FDI supported Dental Ethics project. The project will start next year in 7 European dental schools as a pilot try: Varna (Bulgaria), Belgrade (Serbia), Zagreb (Croatia), Ljubljana (Slovenia), London and Leeds (UK), and Stockholm (Sweden). The idea is to make students aware of the importance of ethics in their future profession with the help of FDI Dental Ethics Manual, on which the project is based.

Both projects, Volunteer Work and Dental Ethics, brought us to the point where FDI recognized our readiness for a teamwork and dedication to goals which will enrich European dental student. EDSA feels honored to be a part of FDI family as a supporting member and we are ready to work hard and justify the trust we were given!



Nikola Molnar

nikolamolnar@gmail.com
Ljubljana, Slovenia

Dental Ethics Project Coordinator

Dental Guide

Manual on Paper

By Emilia Taneva

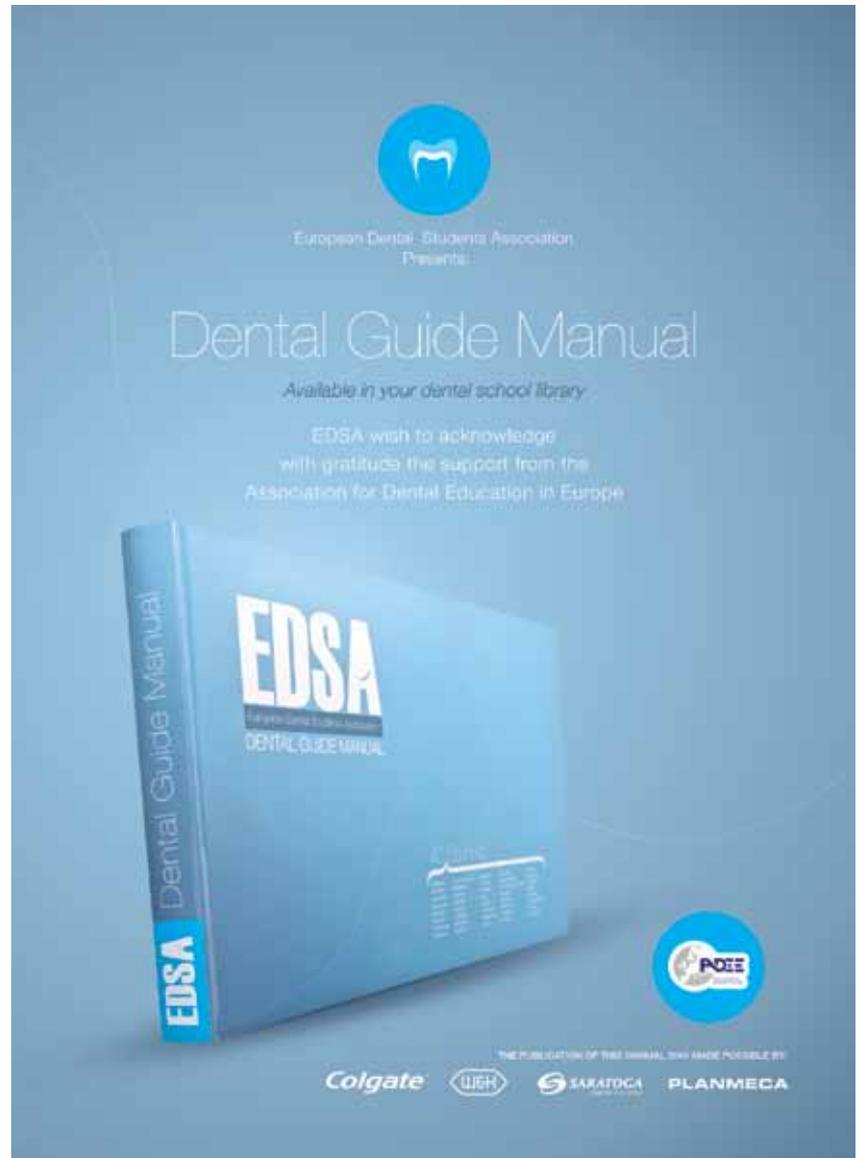
For many years the European Dental Students Association has been actively engaged in developing a globally connected student and young dentists' community. With this in mind, the main objectives of the Dental Guide Manual are to improve the student and staff mobility and to assist in the European integration and dental education standardisation process.

There are significant variations in the students' experience of dental education throughout Europe depending on the diverse sociocultural background and curriculum parameters. The investigations on European dental universities and establishment of a standardised e-library dates back in 2001 when a group of EDSA delegates started giving answers to the most frequent asked questions about studying abroad. Entirely revised at the beginning of 2007, the online version of the Dental Guide Manual gradually became a practical handbook for 292 dental faculties and schools from 40 countries in the European region on paper.

The Manual is intended for use as an online and hard copy reference source by dental students and educators, informing them about differences in dental education in each country. Currently, the huge database contains general country information, dental education outlines as curriculum, admission and final exams, postgraduate specialties, contact details of all schools, dental organizations, local students associations, scientific journals.

The Guide also provides contact details of the student and staff exchange coordinators, who facilitate the establishment of the European Visiting Programme (EVP). EVP is the EDSA official exchange program, which gives students the opportunity to visit foreign dental school for a few days or up to a whole month for cultural and academic purposes.

The content of the Manual is planned to be updated and expanded annually and a numbers of complimentary copies will be distributed to all dental schools in Europe at the beginning of each academic year. EDSA hope that the Dental Guide Manual will become an invaluable aid to unite and "open up" all dental schools.



EDSA is pleased to have the Association for Dental Education in Europe (ADEE) endorsing this project and encouraging Deans to promote the Manual among their students and educators. EDSA acknowledges with appreciation the generosity of ADEE in granting financial support in the production. Furthermore, we are pleased to have leading corporate such as Colgate, W&H, Planmeca and Saratoga entrusting us with their vision and becoming part of this publication. In such way, readers, additionally, will be able to catch the latest spotlight of the industry "dental future". Congratulations and sincere gratitude to each and every one who collaborated and made this publication possible.

EDSA Partners

ADEE – 35 Years on!

By Professor Malcolm Jones (Pro-Vice Chancellor, Cardiff University / Past President. Association for Dental Education in Europe)

Your President, Irina-Florentina Dragan, asked me to write a few words about the Association for Dental Education in Europe (the ADEE!) for the EDSA Magazine and it immediately came to me that the timing is quite apt since in 2010 we are now 35 years old - based on the official founding date of 1975 at the first meeting in Strasbourg. At that time it was stated that:

The main purpose of ADEE should be to promote the advancement of dental education in Europe; to foster co-operation and communication among dental and medical educators in Europe; to maintain contact with dental and medical educators elsewhere; to review and evaluate suitable procedures for the training of dental teachers in Europe.

I would suggest that this 'main purpose' still remains largely valid as the European Union has developed and expanded, the European Higher Education Area (EHEA) has become more clearly defined, and many partner associations from around the world have become 'associate' members of ADEE. Thus they have become increasingly involved in our collaborative work as we have worked to share good practice and improve standards of undergraduate, and now increasingly postgraduate, dental education across Europe and beyond.

In recent years there has developed a greater focus to our main aims which are summarised below:

- To promote the advancement and foster convergence towards high standards of dental education
- To promote and help to co-ordinate peer review and quality assurance in dental education and training
- To promote the development of assessment and examination methods
- To promote exchange of staff, students and best practice between programmes of study
- To disseminate knowledge and understanding on education
- To provide a European link with other professional bodies concerned with education, particularly dental education, both undergraduate and postgraduate.
- To influence the political decision making process in Europe with regard to dental education and the profession.

I guess all of this comes down to providing a non threatening, non judgemental and, most importantly, a friendly environment, where enthusiasts involved in dental education can 'share good practice', 'work towards equalising and improving standards' across the rapidly lowering borders

across the EU and provide a forum for 'mutual assistance and support'. The work is being achieved by: being representative of schools, where about 80% are members in Europe; the close work that went on with 'DentEd' (and continues in ADEE) to develop agreed policy documents and guidelines for dental education in the spirit of the Bologna Accord for Higher Education; the development of the ADEE school visitation/ inspection service towards a recognised 'mark of recognition'; the particular support of schools from countries seeking EU admission; the support to schools seeking to achieve 'Bologna' compliance; the expansion of our work from the purely Undergraduate to also now include the Postgraduate and CPD arena; the provision of an annual forum for 'special interest' groups of teachers to meet and share experience; the provision of a home for FEHDD, which is where European Dental Deans and Heads (both undergraduate and postgraduate) meet to work together; lobbying in Europe and the European Parliament on behalf of academic dentistry and education in the profession; recognising our responsibility to be 'good neighbours' to work and support dental education outside of Europe in the developing world. There are many other examples of how we go about our work but space limits the opportunity here to go into them, instead visit our website at www.adee.org.

Perhaps one other example that I should highlight here, is the increasingly close working relationship that we now have with EDSA. The ADEE, in recent years, has assisted with resource, both in terms of expertise and funding, to help EDSA in meeting its very important aims, so many of them being mutual with those aims of the ADEE.. We are also there, I believe, to help EDSA achieve a method for consistent working year on year, as the Executive changes and as students move on, inevitably, to become qualified dentists. I have to admit that this work is also rooted in some ADEE self-interest; no doubt many of your active members will become active members of ADEE in the future!

During my time as President of the ADEE, which concluded last month, I have been both delighted and impressed by the quality of your EDSA Executive members and the significant efforts they are putting in to supporting dental students across Europe. Your President and Secretary are now full, seconded members of the Executive Committee of ADEE when it meets at the Annual Meeting. This gives the opportunity to achieve better strategic alignment between the two associations but also allows your officers to fully contribute to the work of ADEE and contribute the 'student voice' to discussions.

In the past, when I was Dean in Cardiff (1999-2006), I supported our key students to travel to attend meetings of EDSA and get involved in its work. They reported to me how much they enjoyed the opportunity to work with colleagues from other countries and, undoubtedly they have built

friendships which will endure into their future professional working lives. I remember talking with a past President of EDSA a couple of years ago at the annual meeting in Zargreb, where he informed me that his term as President had been a life changing experience! I believe him – certainly, my involvement with ADEE over the last two decades has been one of the most enjoyable experiences of my professional career.

So, in conclusion, let's keep EDSA and ADEE working together in harmony to achieve our common vision for dental education in Europe.

I would finish with a challenge to both ADEE and EDSA. I now believe that the work of EDSA is of such importance that at least two officers of the EDSA Executive should be sabbatical posts for a year to allow the necessary time, not distracted by studies, to further develop, lead and provide an even better forum for students in Europe – this I am certain is achievable – I would encourage you to go for it!

BDSA

By Victoria Lane (BDSA Conference Organiser, Cardiff Dental School)

The British Dental Students Association (BDSA) highly anticipated social event of the year, looked forward to by all avid dental students, is coming to Cardiff, the Capital of Wales in March of this year.

It is at this annual event that the five members of the executive BDSA committee are elected to join the BDSA representatives from each of the sixteen UK dental universities. It has been well over ten years since the conference last came to Cardiff and this year's event (from 11-14th March) has attracted a great deal of interest among staff and students at the University.

The first two days are dedicated to dental related lectures, focusing on topics in and out of the dental curriculum. Delegates will therefore be able to broaden their knowledge about different clinical techniques, meet top dental professionals and discover the variety of career paths obtainable after their degree. In the evenings, delegates are able to socialise and interact with dental students from all around the UK. This year, students will be dressing in their fluorescent attire and painting themselves up to attend a UV party in one of Cardiff's biggest nightclubs, 'Liquid'. They will also experience a silent disco - for those new to this phenomenon, headphones are worn and you can dance to different music stations depending on which song you prefer. If people dancing at different speeds isn't crazy enough, we have also thrown in a continental fancy dress theme! The last day of the conference is the trade fair where dental

companies congregate and promote what their business has to offer. This is a great opportunity for delegates to fill their complimentary goody bags with the variety of free pens on offer. The finale of the conference, to make it end with a bang, is the dental ball. Last year, Miss Rachel Derby from Manchester Dental University set the standards remarkably high by holding the BDSA ball in the lavish Imperial War Museum. To maintain high expectations, the ball in March is to be held in the luxurious Holland House Hotel in Cardiff city centre whereby the theme is James Bond 007. The room will be decorated to represent a Las Vegas casino with professional card dealers to man the tables and prizes for those who cash in the most gambled fake money. There will also be photographic opportunities to have pictures taken with a James Bond look-alike at the end of the red carpet. This is definitely a night that will impress!

This lively and ambitious programme is the main social event for UK dental students, and its popularity ranks alongside the BDSA sports day. This event promises to be a memorable occasion with a 'licence to thrill'

The European Federation Of Periodontology (EFP)

By Uroš Skalerič (President of the EFP)

The EFP is one of the largest professional dental organizations in Europe which includes 25 National periodontal societies with more than 15,000 members.

Periodontology is a dental discipline dealing with prevention, diagnosis and treatment of teeth supporting tissues and implant dentistry. The EFP members have contributed immensely to the development of undergraduate and postgraduate programs and research in the field of Periodontology in Europe.

Periodontology as a Speciality is recognized in many European countries and EFP is dedicated to promote the Speciality in all member states.

The official journal of the EFP, the Journal of Clinical Periodontology is one of the most frequently cited journals with high impact factor disseminating the new knowledge in basic and clinical periodontology.

The EFP is organizing the international meeting every 3 years where internationally recognized speakers report on contemporary science and art in periodontology.

The last EUROPERIO 6 in Stockholm in 2009 was attended by more than 6000 periodontists, dentists and dental hygienists from 85 countries and was a tremendous success demonstrating the EFP is on the best way to promote periodontal health and treatment in European population.

All EDSA students are more than welcome to attend the next EUROPERIO 7 in June 2012 in Vienna!

Local Anaesthesia in Dentistry

J. A. Baart and H. S. Brand

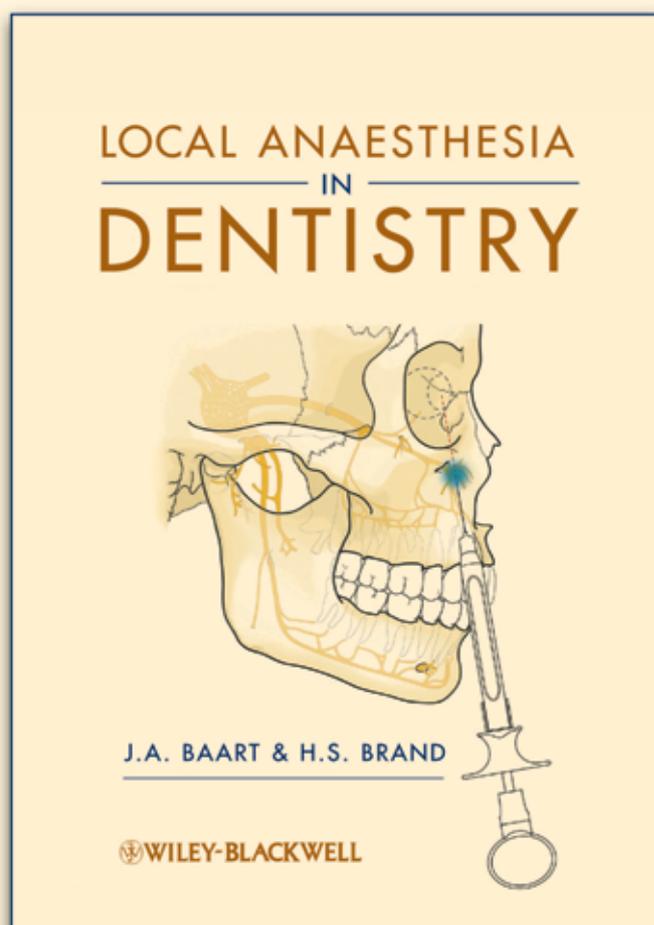
Local Anaesthesia in Dentistry is a practical guide for both students and general practitioners to this essential area of clinical practice.

Highly illustrated in full colour throughout, the book provides clear and practical guidance to the administration of local anaesthesia. The book introduces the reader to the concept of nerve conduction and pain as well as providing an explanation of the anatomy of the trigeminal nerve. Further chapters cover such key areas of practice as regional anaesthesia, local anaesthesia in children, pharmacology, local and systemic complications, general practical aspects, the prevention of side effects and legal aspects.

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