

SPRING 2017



EDSA Magazine

Interprofessional Education
- A Joint Policy Paper for
EHSAS
Page 14

Meet the Exco
Page 25

Dental Health Care
in Madagascar
Page 36

EDSA Statement on
Clinical Practice in
EU Dental Schools
- What's New?
Page 7

Photo: Cardiff Bay by Fred Bigio

(Flickr)



COME AND
VISIT US!

HU-FRIEDY
PROGRAMS



WHAT IS THE HU-FRIEDY UNIVERSITY PROGRAM?

Hu-Friedy represents your preferred Partner, offering you the best products and innovative solutions, supporting your students throughout their entire careers from their basic courses at the University until they will be renowned and appreciated professionals. That's why we have created our dedicated Hu-Friedy University Program.

- **Hu-Friedy unique quality, efficiency and reliability** through our instruments to provide them with the most advanced solutions assisting and improving their technical skill
- A **dedicated consultancy** effectively supporting your selection of Hu-Friedy instruments
- A **unique privileged invitation** to join our continuously **growing Hu-Friedy Community** to share knowledge and experiences within a worldwide environment. Our Community is based on more than **600 KOLs** in the world
- **Special purchasing conditions** to facilitate an easy access to our product portfolio



**STUDENTS,
POST GRADUATES,
MASTERS**



FACULTIES



UNIVERSITIES



**PUBLIC INSTITUTIONS,
GOVERNMENTS,
HOSPITALS**

**HU-FRIEDY
SUTURE WORKSHOP IN CARDIFF
12/04**

Visit us online at hu-friedy.eu

Manufacturer: Hu-Friedy Mfg. Co., LLC | 3232 N. Rockwell Street | Chicago, IL 60618 | USA
Customer Care Department: Free Phone 00800 48 37 43 39 | Free Fax 00800 48 37 43 40
Website: Hu-Friedy.eu

©2017 Hu-Friedy Mfg. Co., LLC. All rights reserved.

How the best perform



CONTENTS



USDSA Conference /	page 4
European Week of Ethics /	page 5
The Alliance for a Cavity Free Future /	page 6
EDSA Statement on Clinical Practice in EU	
Dental Schools - What's New? /	page 7
Studying through PBL /	page 9
Interprofessional Education - A Joint Policy	
Paper for EHSAS /	page 14
EDSA Summer Camp, Dubrovnik /	page 16
Hu-Friedy University Program /	page 18
European Visiting Programme /	page 20
EVP Rennes /	page 22
EVP Malmö /	page 23
EVP Zagreb /	page 24
Meet the ExCo/	page 25
EDSA Summer Camp, Malta /	page 26
Where Do We Go Now? /	page 28
The New W&H Video Channel /	page 30
European Antibiotic Awareness Day /	page 32
58th EDSA Meeting, Barcelona /	page 34
Dental Health Care in Madagascar /	page 36
Pamoja 2016 /	page 38
Responsible Radiography /	page 40
IADS Meeting, Beirut /	page 43

Editor's Word

Dear Friends and Colleagues,

It brings me great pleasure to publish the association's first magazine of 2017. This magazine will not only provide you with updates of attended meetings, but also with an insight into other topics of interest and EDSA projects such as EVPs and Pamoja.

During my first six months as a part of the Executive Committee I have learnt a mountain of new things. It has been a lot to take in, but nevertheless, interesting. I hope that the articles published in this magazine will spark your interest or inspire you to submit your own articles, showcasing your tips, achievements or topics of interest.

Keep an eye out for our new website which will be launched mid-April!

Happy reading,
Linnea Borglin
magazine@edsaweb.org



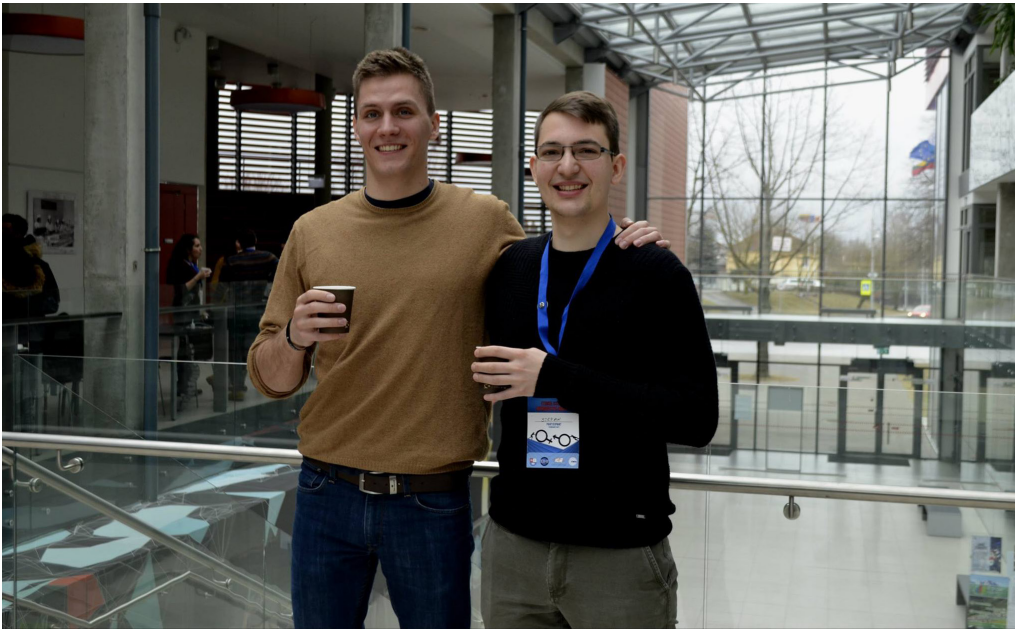


USDSA conference, Dubai

The University of Sharjah Dental Students' Association invited an EDSA representative to their 5th International dental conference on the 12th and 13th of February. The conference was the first step to establishing a student mobility programme and to enable unilateral short, informative student exchanges between Europe and the "gulf" region. Due to the fact that Sharjah is a private faculty, the logistical and legal aspects are imperative to make everything go smoothly. Meetings were carried out with the dean of the faculty, professor Hien Ngo alongside some proprietary external advisors. Stress was made on the importance of a legal agreement document between the two heads of schools participating in the programme. This is, however, a rather difficult and demanding requirement as every school dean now shall have to be involved if and student from their faculty were to go abroad and take part in the visiting programme.

On the other hand this on the lead of becoming a very big international (intercontinental) agreement, so it may be best to analyze all of the possible setbacks and legal obstacles. The lectures of the conference included speakers that talked about epidemiology innovative dentistry general dentistry periodontics orthodontics endodontics and oral surgery. EDSA President had a 15 minute presentation about European Dental Students' Association. The presentation had a significant impact and gathered the full auditorium.

The final part included a congress part where undergraduate and post graduate students presented their research in front of an international jury both in the lecture hall as a presentation and in a separate poster presentation room. Finally the best were awarded with substantial prizes.



European Week of Ethics

The European Medical Students' Association organised in the collaboration with their Lithuanian members, the European Week of Ethics. This year's main topic was reproductive health. This was a type of the event where debate was imperative and encouraged. The participants were fed information by university lecturers, young doctors and inter-professional key opinion leaders. There were no sponsors involved and the weight was entirely on academic ethical approach. Basic knowledge of genetics, sexuality and psychological aspects of it, artificial insemination were needed to comprehend the lectures as some were on a significantly professional level. Discussion was raised on the topics of embryo freezing and abortion. It seems that a great inequality and misbalance define the European image on these subjects, which calls for action. The governments aren't easy to influence and conservative political climates are at a growing popularity. Students are the future generations and it is my belief that accurate information is the key to better composing of the demographic image of specialists in the ethical domain. Dentists can often be involved in ethical dilemmas, especially in situations where a patient has disclosed information of their health conditions. I believe a debate on a certain subject will be a great addition to any future EDSA organised event.

Luka Banjšak
EDSA President



Photos: USDSA

The Alliance for a Cavity Free Future, Pan-European Chapter Collaborative council meeting. Amsterdam, February 2017.

Luka Banjšak
EDSA President



There were a significant number of European associations represented including: Association for Dental Education in Europe (ADEE), European Association of Dental Public Health (EADPH), European Academy of Paediatric Dentistry (EAPD), European Dental Hygienists Federation (EDHF), European Dental Students' Association (EDSA), European Organisation for Caries Research (ORCA) and Platform for Better Oral Health in Europe (PBOHE). The significance of the meeting was in the preparation of the change acceptance workshop. Namely, in order to work in a preventative way one must first accept the change to the spirit towards integrating it as a integral part of dental medicine. Some rather nifty tips and tricks were presented and have motivated me to share them in a short interactive session at the following EDSA meetings.

By the time of the next meeting in Cardiff the ACFF will have offered to organise EDSA member-tailored workshops on the ICCMS (International Caries Classification and Management system) and other strategic actions of the Alliance. This will open new doors in the domain of dental public health to our members that have an aspiration in this field. The Alliance members agreed on delivering and popularising a "cavity free future day" which will consist of a number of public health initiatives worldwide because the Alliance in general is working on the global scale. The meetings will strive to be held more often so that the goals can be reached quicker. This is in a way a prelude to why the need for an internal workshop. All organisations work by meeting at different frequencies and with different structures.

EDSA Statement on Clinical Practice in EU Dental Schools - *What's New?*

Alyette Greiveldinger
EDSA General Secretary

In spring 2016, the EDSA led an international survey on clinical practice within EU dental schools. The survey showed that the overall training was diverse and varied between dental schools. Further harmonisation needs to be enforced in European dental schools, both in terms of curricula and clinical practice.

Parliamentary questions: Question for written answer to the European Commission.
In September 2016, three active French Members in the European Parliament (MEP) submitted a question for written answer to the European Commission regarding the EDSA survey. All of them pointed out the risk of a public health problem if the ANNEX V.3/5.3.1 of Directive 2005/36/EC (Professional Qualifications Directive) wasn't applied equally across the European Union.



European Parliament

BG ES CS DA DE ET EL EN FR GA HR IT LV LT HU MT NL PL PT RO SK SL FI SV

Parliamentary questions

19 September 2016

E-006953-16

[Question for written answer to the Commission](#)
[Rule 130](#)
[Joëlle Mélin \(ENF\)](#)

► **Subject: Recognition of European medical qualifications**

 **Answer(s)**

The principle of automatic recognition of training qualifications and diplomas issued by EU Member States is, in some Member States, leading to a deterioration in the quality of the care provided.

While some intra-EU training courses are of high quality, disparities nevertheless exist within the EU.

A survey conducted among 23 300 students who completed their studies in 2015 in 26 Member States revealed that 10% of the newly qualified dentistry graduates had never actually provided any dental care at all. Moreover, having completed their studies, one student in three had never fitted a crown or prescribed any pharmacological treatment.

Clearly, therefore, the automatic recognition of training qualifications and diplomas in the EU poses a threat with regard to the quality of care and safety of patients.

Can the Commission therefore say whether, in view of the latest studies and analyses, it intends to review the implementation of Directive 2005/36/EC and, more specifically, the automatic nature of the recognition of qualifications in the regulated professions?



European Parliament

BG ES CS DA DE ET EL EN FR GA HR IT LV LT HU MT NL PL PT RO SK SL FI SV

Parliamentary questions

28 September 2016

E-007174-16

[Question for written answer to the Commission](#)
Rule 130
Philippe Juvin (PPE)

► Subject: Free movement of dental professionals and suitable clinical experience

Answer(s)

The revised Directive 2005/36/EC on the recognition of professional qualifications seeks to bring about more automatic recognition of diplomas, so as to promote the mobility of workers in Europe and gear training to the present-day needs of the labour market.

Minimum harmonisation rules have been defined, particularly as regards dental surgeons. Accordingly, European universities are required to provide their students with basic training, which must in particular include 'suitable clinical experience' (Article 34(3)(e)).

However, it appears that 10% of newly qualified dentists in Europe have acquired their qualification without ever having operated, to the detriment of the quality of dental care and patient safety.

Does the Commission propose to take action against the incorrect transposition of this directive by some Member States, which do not require their universities to teach a minimum clinical training programme?

Parliamentary questions

30 September 2016

E-007314-16

[Question for written answer to the Commission](#)
Rule 130
Franck Proust (PPE)

► Subject: Qualifications held by dental surgeons and freedom of movement

Answer(s)

A study carried out as part of a dissertation at the Université de Rennes suggests that 10% of qualified dental surgeons in Europe had never carried out a medical procedure on a patient prior to obtaining their diploma. If corroborated, the study would reveal a real risk to patients and public health in Europe. In any case, it raises serious doubts with regard to common minimum qualifications required by law. It is obvious that gaining experience on patients before practising professionally must be a requirement in training dental surgeons and all those pursuing a profession related to human surgery, given that all graduates from the EU have the right to move freely and live in any Member State.

1. With regard to the rules governing professions, in particular those on the recognition of professional qualifications, can the Commission say whether practice on patients is included in the 5 000 hours of training required?

2. If not, can the Commission revise these rules soon?

Parliamentary questions

16 November 2016

E-006953/16

E-007314/16

E-007174/16

Joint answer given by Ms Bieńkowska on behalf of the Commission

Written questions: E-006953/16 , E-007314/16 , E-007174/16

The Professional Qualifications Directive⁽¹⁾ ('the directive') sets harmonised minimum training conditions for seven professions, including dental practitioners, that allows for the automatic recognition of these qualifications within the European Union.

Member States shall accordingly ensure that all their basic dental training programmes at least include the minimum training subjects⁽²⁾, comply with the minimum duration⁽³⁾ and provide assurance that the graduates acquire the minimum knowledge and skills⁽⁴⁾. These requirements also include suitable clinical experience under appropriate supervision and pharmacological studies.

Member States are not prevented however, in line with the concept of minimum harmonisation, to set higher requirements internally. Accordingly, national basic programs are not necessarily identical.

The Commission is committed to ensure that Member States properly transpose the requirements of the directive, including its recent revision⁽⁵⁾, and will take appropriate action where necessary to ensure compliance with Union law.

(1) Directive 2005/36/EC on the recognition of professional qualifications, OJ L 255, 30.9.2005.

(2) Listed in Annex V, point 5.3.1 of the directive.

(3) As provided by in Article 34(2) of the directive.

(4) As provided by in Article 34(3) of the directive. In general the training shall provide the graduates with the skills necessary for carrying out all activities involving the prevention, diagnosis and treatment of anomalies and diseases of the teeth, mouth, jaws and associated tissues.

(5) By Directive 2013/55/EU amending Directive 2005/36/EC on the recognition of professional qualifications and Regulation (EU) No 1024/2012 on administrative cooperation through the internal market Information System ('the IMI Regulation') OJ L 354, 28.12.2013, p. 132-170.

These questions introduced the subject to the EU Commission, that should be approached in 2019 at the latest.

These discussions should be based on the Revised Resolution on ANNEX V.3/5.3.1 of Directive 2005/36/EC (PQD) that has been proposed and adopted by the Council of European Dentists (CED) on December the 2nd 2016, during their ordinary bi-annual General Meeting in Brussels.

EDSA at the CED General Meeting

During this meeting, the EDSA, now a CED observer member for 2 years, was represented by its Executive (General Secretary and Vice-President).

In their Revised Resolution on ANNEX V.3/5.3.1 of Directive 2005/36/EC (PQD), the CED proposes three types of changes to Annex V.3/5.3.1: changes of the names of the subjects, exclusion of some subjects from the study programme, and addition of other subjects. The annex, which dates back to 2005, is considered to be outdated and needs to be revised to fit contemporary dental practice.

The CED states that it is extremely important to update the study programme for dental practitioners both in terminology and in content, and to provide dental practitioners with concrete skills in order to permit them to practice their profession in the contemporary world successfully.

The need for clinical practice has been emphasized in a category of subjects now entitled: "Preclinical dentistry and comprehensive clinical experience with patients". In the spirit, clinical training would be mandatory; however, in the letter, a firm number of clinical hours has not been specified. To date, there is no consensus on a minimum number of clinical hours required to reach competence; the subject is still to be discussed by CED Members, based on experts recommendations and scientific publications.

Of course, this CED Revised Resolution is a reference paper that will be used for advocacy towards European stakeholders and European MEPs.

The EDSA is very proud to be part of this great progress and will continue to collaborate with the CED, the ADEE and the other European Stakeholders for a harmonized, quality education in all member states.

Studying through Problem Based Learning

Fiachra Maher
EDSA Treasurer

Here at the Dental School in Trinity College Dublin, the majority of our course curriculum is integrated into Problem Based Learning (PBL) scenarios. A tutorial process which originated in McMaster University in Hamilton, the PBL ideology has been incorporated into and developed alongside the curriculum of numerous Medical and Dental schools. The Dublin Dental School began teaching through PBL approximately ten years ago.



Here at the Dental School in Trinity College Dublin, the majority of our course curriculum is integrated into Problem Based Learning (PBL) scenarios. A tutorial process which originated in McMaster University in Hamilton, the PBL ideology has been incorporated into and developed alongside the curriculum of numerous Medical and Dental schools. The Dublin Dental School began teaching through PBL approximately ten years ago.

So what exactly is Problem Based Learning you may ask? PBL is a student-centred process of learning, which aims to encompass an array of problem solving and researching skills as students study a particular topic. Students are presented with scenarios of varying complexity, each of which is intended to guide students in the right direction without a specific solution or answer. These scenarios have been designed and perfected over a number of years and are subject to constant revision and updates. Sessions take place three times weekly (1st and 2nd year) or once weekly (3rd/4th/5th year) and comprise small groups of up to ten students accompanied by a tutor, an expert in the specific field of study. A PBL session is split into two halves, the report phase and the brainstorm phase. The report phase involves sharing and consolidating the information researched on the particular topic brainstormed at the previous session.

The most appropriate way to convey the PBL concept is perhaps by describing a typical PBL session. Initially the students are presented with a problem. Problems range from those that are quite specific and revision-based to others which are vague and full of novel concepts. A typical problem may be as shown below.

PROBLEM 4 MARGIN FOR ERROR

Jane is 24-year-old and complains of a discoloured upper left central incisor. This tooth was traumatised 12 years ago and has been satisfactorily treated endodontically. When she smiles her labial gingivae are very visible. What treatment options should be considered for this patient?

How will your tooth preparation be influenced by this patient's history and your clinical findings?

The elected chairperson reads the problem and asks the group whether there are any 'terms' which need to be defined. The problem shown above is unlikely to pose any new or difficult terms however problems in areas such as pathology and immunology can be full of new terms which must be defined to allow the session to progress.

The next step is to attempt to define the problem and produce 'problem statements'. Examples of problem statements for the above problem may include; *What does 'satisfactorily endodontically treated' mean?; Why would a tooth become discoloured?; What are the implications of her high smile line? Is bleaching a viable option or does a more long-term restorative procedure have better prognosis? etc..*

The generation of problem statements is often the easiest part of the session as it requires no prior knowledge or understanding. It is at this point that things can become difficult.

The brainstorm phase involves applying previous knowledge and 'common sense' to produce as many explanations as possible. Of course 'common sense' is a subjective term and answers can appear far more obvious once you understand them. At the brainstorm phase all ideas should be welcomed. It is the job of the chairperson to involve as many students as possible whilst keeping those who are particularly confident and knowledgeable (and like the sound of their own voice) from taking over. The brainstorm phase really requires the student to think and reflect on what they know. It is incredible the information which can be recalled in certain times following a prolonged silence. The tutor plays an integral role at this stage in prompting the group in the right direction and in ensuring they discuss all aspects of the problem.

As the brainstorm comes to an end 'learning goals' are formed. The chair clearly outlines these for the group and a record is made of them. In the case that the students have completely misunderstood a concept or have left out an important learning goal, the tutor will again guide them in the right direction. A learning goal is far more refined and specific compared with the initial problem statement. Obviously in certain instances where the problem is straightforward, learning goals and problem statements correlate. Learning goals for the problem outlined above may include:

- Causes of tooth discolouration both intrinsic and extrinsic.
- Bleaching techniques, risks and history of bleaching.
- Guidelines on bleaching from dental council etc...
- Porcelain veneers as treatment option, tooth preparation etc..

In this instance the tutor may also advise the students to revise the ESE guidelines on determining the success of an endodontic treatment, informing students however that the bulk of the problem is of a prosthodontic nature.

The first session is now complete and the student heads for the library to research this topic in the dental literature, with aid of a brief reading list. Students are advised to go beyond the reading list however, and return with the best quality information they can gather.

The report session involves bringing all the information together and essentially solving the problem. Each student is given equal opportunity to contribute and the tutor can advise revision of any areas which were not researched in sufficient details. A grade is awarded at the end of both brainstorm and report phases. Grades are out of 10, and are suggested by the student based on their own contribution to the session. The tutor then confirms this grade, in some cases increasing it or others lowering it. Grades contribute to an end of year total for PBL session contribution which goes towards final grade.

At this stage I have described the concept of *Problem Based Learning*, outlining the run-through of a typical session. Whilst the concept may appear flawless theoretically, there are a number of downfalls to PBL in reality. The first of which is space and number of tutors required. This may not be of particular interest to students, however the financial aspect of running a PBL session for a group of fifty students in eight separate rooms with eight tutors



is a huge burden on the Dental School. From a student perspective the following issues are of greater importance.

Dentistry and health science in its nature has an abundance of incredibly difficult concepts. These concepts are a challenge to understand even when all information is presented to the student by an experience lecturer. The PBL research phase requires students to read about and understand these topics through self-directed learning. This can lead to hours of research and reading of the wrong material or material from a non-reputable source. Might this time be better spent learning the correct material? It is not unusual for a student to spend an evening reading a paper which they don't understand, which then contradicts the particular teaching of the Dental schools on one subject or another. Furthermore it can be a huge challenge to correctly gauge the depth of knowledge required in certain subjects. It is a daunting task for example to be given a learning goal of "the adaptive immune system", as when they head for the library they will realise that there are entire books dedicated to such a subject. Students must decide themselves what level of detail can be obtained on such a subject before next Wednesdays report session!! It is not uncommon for students to read into far too much depth without gaining a clear understanding of the basic underlying concept. An example of this I can recall from personal experience is during my first year learning by heart all the enzymes involved in the Krebs cycle without ever knowing what it was or where it occurred or why? Finally, the busy life of a Dental student requires them to become good at adapting to the quickest and most efficient way of completing their required study. This attribute becomes somewhat detrimental to the PBL process, as an array of perfect notes and cheat-sheets are passed from year to year. In certain instances students will simply read these notes for exams and have little to contribute to in the report session besides the notes photocopied in front of them. They may even repeat be reading off the same notes as their colleagues.

I believe the reporting aspect of the session allows students develop invaluable skills in public speaking and allows those who may be particularly quiet develop excellent self-confidence. It is also far more difficult to relay a concept to your colleagues unless you thoroughly understand it, thus encouraging students to ensure they study their material well. Students develop research skills in searching journals and other resources. Despite the fact that this research aspect can be tedious and time consuming at first, by the time a student has studied through PBL for a number of years it is almost second nature to recognise and discard irreputable sources and seek out the quality material. In conclusion I would state that PBL is an effective way of studying, acknowledging however that it does possess some inherent flaws as described above.

Interprofessional Education - A Joint Policy Paper for EHSAS

Valentin Garyga
EDSA Vice-President,

Last December, a **Joint Policy Paper on Interprofessional Education** was finalized by all partners organizations of the European Healthcare Students' Associations Summit (EHSAS). This followed a wide scale survey of European healthcare students that gathered answers from 36 countries and 5 professions.

Interprofessional education (IPE) appears as a forerunner to efficient and fulfilling interprofessional collaboration (IPC). IPC is essential to patient-centered care and it has the potential to dramatically improve the quality of treatments provided to our patients.

EHSAS is a precursor summit with representatives from all major European healthcare students associations. It gathers: European Dental Students Association (EDSA), European Pharmaceutical Students Association (EPSA), European Medical Students Association (EMSA), European Federation of Psychology Students Association (EFPSA) and European Nursing Students Association (ENSA).

Background

Since late 2014, many steps have been taken by present and past Boards to deliver this Joint Policy Paper. First, **an online survey of European healthcare students** was run and analyzed. Also, **examples of best practices** of IPE were collected and studied. A **literature search** was performed to back the paper with scientific grounds. Lastly, the **Joint Policy Paper on Interprofessional Education** was drafted and approved by representatives of EDSA, EMSA, EPSA and EFPSA.

Facts and figures

A total of **1949 answers** were collected from **36**

countries and 5 professions. It appears that **90.3% of respondents agreed that all healthcare students should have IP contact within their curriculum.** Yet, solely 14.6% of students were satisfied with the current amount of IPE they benefit from.

Also, the good news is that **nearly half of students can benefit from IP opportunities thanks to their student's associations!** Such examples of good practices include international and interprofessional exchange programs for example. They are specified in the Joint Policy Paper.

Our perspective

As such, some recommendations were made for policy-makers and leading educators to seize the opportunity of IPE. Notably, we stressed that **patient-centered care should be at the core of all curricula.** Following that, we recommend to **support IP extracurricular activities** and to **include IPE as a practical component in some subjects** such as patient counseling, public health, continuity of care and interdisciplinary research.

The next steps

Interprofessional collaboration is **a key topic within healthcare** systems and European policy-makers are well aware of it. This Paper will serve a **reference for EHSAS members** when advocating for a paradigm shift towards IPE and IPC. EHSAS partners will release the paper online. Also, they will promote this work in a

coordinated campaign later in 2017.

Within the dental field, IPE is a hot topic. **The ADEE/ADEA Joint Meeting in London** (“Shaping the future of Dental Education”, 8-9 May 2017) will give much importance to IPE. A workshop especially dedicated to IPE as an imperative for the future of dental education will be held and position papers are expected to be drafted.

On the longer term, the February event of EHSAS in Brussels was the occasion to plan the year ahead and discuss the **opportunity to organize a dedicated IPE-IPC event with European policy makers, professional representative bodies** (such as the Council of European Dentists and its counterparts), and **Members of the European Parliament**. The project, still in its early phases as we go to press, will be further refined and developed this year. **Volunteers are welcome and we will keep our communities informed.**

Survey data

Answers	Proportion	n	Response rate
Not offered any kind of IPE at school / faculty	46,8%	497	71,1%
Benefit from courses where IP interaction is expected	10,5%	187	71,1%
Have some courses shared with other healthcare students	25,0%	266	71,1%
Want more IPE	78,2%	852	73,0%
Satisfied with the current amount of IPE	14,6%	159	73,0%
Agree that all students should have IP contact during their education	90,3%	893	66,2%
Disagree that all students should have IP contact during their education	4,1 %	55	66,2%
Favour internship with an IP dimension	90,3%	742	60,2%
Would like to engage in IPE in practical work such as lab work or patient interaction	67,1%	659	65,7%
Would like to engage in IPE with courses where other participants are other healthcare students	58,9%	578	65,7%
Would like to engage in IPE with courses where it is expected to interact with other healthcare students	58,5%	573	65,7%
Do not want to have courses together with participants from other healthcare studies	2,2%	20	65,7%
Students associations offer IP opportunities	44,8%	488	73,0%
Don't know if students associations offer IP opportunities	25,8%	281	73,0%
Students associations do not offer IP opportunities	31,3%	341	73,0%
Agreement or strong agreement to “We envision the student of our sector will be working as a part of an interprofessional healthcare team in the future”	95,2%	857	60,2%

EDSA SUMMER CAMP *Dubrovnik*

Ivan Spehar

School of Dental Medicine, the University of Zagreb

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

The last Summer Camp, held in Dubrovnik, Croatia in August 2016 was a culmination of the success of the Summer Camp program, bringing together more than 30 students from all around Europe and some of the finest lecturers in the field of dentistry, combining fun, sun and education in an international melting pot.

What's the idea?

The idea of the Summer Camp shares the same concepts as those of the EDSA; connecting international students in a fun and rewarding experience in an ideal place to bond, enjoy, learn and at the same time relax. Every year dozens of students get the opportunity to make new friends and extend their horizons in true multicultural spirit. It is a perfect blend of summer fun and education within new advancements in dentistry. Made for students by students, it is exactly where you should be to

have the time of your life.

How does it work?

The Summer camp is a seven-day programme for dentistry students combining a social and an academic programme. Students are accommodated in the University dormitory offering excellent infrastructure for lectures and leisure. Every day consists of morning lectures given by distinguished lecturers from Europe and the world about the newest advancements and techniques in dentistry. Student workshops are also organized where students can apply the freshly absorbed knowledge. Also, discussions are made where students can share their ideas about future projects and advancements.

The Summer Camp is of course, also all about fun. If you have





an adventurous spirit, this is the place for you. Loads of sun, water sports and beach fun are what the students of last year's camp couldn't get enough of on the beautiful sunny beaches of Dubrovnik. When the sun is down, the night life begins. Every night the fun continues in Dubrovnik's famous clubs hosting the best performers from around the world, topped with after beach parties, themed parties, pre-parties, and every other kind you can imagine. Save your energy, though. The daytime fun is topped with excursions to the nearby Elafiti islands to experience the true Mediterranean dream and an evening excursion on the famous Karaka boat around the city walls. If you're interested in culture, Dubrovnik is the place for you. A UNESCO World heritage site, Dubrovnik is known as the Pearl of the Adriatic. It's stone walls protecting it for centuries, the city is thriving with culture and history. Of course, the week can't go by without exploring this historic wonder.

Students that participated in the camp brought home nothing but great experiences, new friendships and unforgettable memories.

To be a part of the upcoming Summer Camp in Dubrovnik in 2017, all you need is an adventurous spirit to enjoy the time of your life.

Live Your Studies with the Hu-Friedy Univeristy Program

*The Hu-Friedy University Program aims to **support you throughout your entire career from your University courses until you become an appreciated professional.***

It is built on many different elements, options and assets that you will be free to select and combine in order to create your own customized program. By choosing Hu-Friedy you attain excellence in instruments, quality and a full set of services.

With you from the start: the Hu-Friedy experience begins now.

Throughout your University experience, lessons and exams, we will be close to you with our products and our entire company, to support you to achieve the best results and the success in the dental world.

Do you wish to have Hu-Friedy as your total solution partner?

By choosing Hu-Friedy you choose excellence in instruments, quality and a full set of services.

A dedicated consultancy will effectively support you in making the best choice of your Hu-Friedy instruments and a dedicated customer care officer will take care of you throughout the whole Hu-Friedy journey: passionate professionals who are committed to respond to your personal needs and requests.

Besides that, you will be able to choose and personalize your own instruments, thanks to the laser marking service that we provide. It does not end here: once you choose Hu-Friedy you will be a precious part of our Community. All of this will come with special purchasing conditions for students and faculties.





The best professionals keep on learning: Those who make a difference, never stop learning.

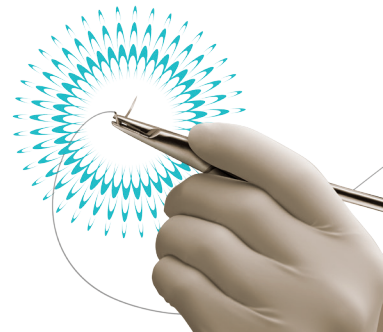
We strive to inspire performance and improve the quality of dental care by supporting educational programs worldwide. Through Educational Courses, School education support programs and instructional videos and materials, we support students and professionals with the necessary skills and tools to keep them performing at their best. **Once you enter the Hu-Friedy world, you can count on training kits for hands on sessions, educational sessions, webinars, educational materials and research program support.**

During the EDSA Cardiff meeting, we are supporting the suture training course scheduled on Wednesday the 12th of April.

The community that you deserve.

Not only the best quality instruments but strong relationships with the most renown professionals worldwide. We have built **a strong community of students, professionals and key opinion leaders** in order to foster the exchange of ideas, visions and technical skills. Being involved in the Hu-Friedy community means to live a broader and more international experience.

We are looking forward. New dedicated social media and digital tools for students will let you have an enhanced community experience.



For further information on the Hu-Friedy University Programs and more come to our booth during the EDSA Cardiff Congress. The first 100 students will receive a nice gift.





European Visiting Program

European visiting program (EVP) is one of the first EDSA programs. From the beginning it was clear that it was the best way for our members to get new experiences and have a rich educational opportunity as well as visit their friends and make new ones. It gives participants the opportunity to visit other dental faculties in a foreign country for a couple of days or weeks. This way improved cooperation and information exchange has been achieved.

Hosting dental schools set up a program for the foreign students which include (but is not limited to) a visit to various departments of the university, sightseeing and a social program. During the stay visiting students will be able to observe the methods of practicing and teaching dentistry at the hosting university. Students can participate, gather new information and have hands-on courses, but they are not allowed to work on the patients in clinics during their stay.

Every undergraduate student from the universities that are members or observers of EDSA can participate in the EVP. Students who apply for the EVP should demonstrate academic and personal qualities during the EVP.

"Students are given the opportunity to learn, strengthen their friendships and to make new ones, as well as make meaningful connections to people they meet."

Students are given the opportunity to learn, strengthen their friendships and to make new ones, as well as make meaningful connections to people they meet.

Universities that host an EVP may have additional requirements for accepting participating students besides the general ones. All applicants must be dental students currently enrolled in a degree program and must be at least of an average academic standing. He/She must also be able to act as an ambassador for their own country and abide by the rules and regulations of the EVP. This program is a great way to travel abroad and discover a new culture, system, lifestyle, living conditions and adjust to them.

At the end, students that participated in the EVP during the academic year will be given an exchange certificate and should submit an assessment report with few pictures attached.

A list of available universities that are organizing an EVP and have submitted information about it in the given timeframe are listed on the EDSA website. Every university that wants to apply for hosting EVP should do so in one to two weeks after the official EDSA meeting so it can be shown on EDSA website.

Miloš Todorović
EVP Officer

TIPS FOR HOSTING AN EVP

Any university that is part of EDSA is allowed to host an EVP, but of course there are some baselines and procedures that must be followed.

Teamwork

Contact your official EDSA delegate and your dean to get an approval. With an agreement, create a motivated team to plan your EVP. Communication is key. The dates, number of students you can host, as well as what will be included in EVP (lectures, which clinics will be visited, hands-on, etc.) must then be established.

Don't forget to contact EDSA's EVP officer at evp_officer@edsaweb.org.

Education

The educational part of an EVP must be well coordinated and in agreement with your teachers and dean. Make a well detailed plan and try to include a mixture of lectures, workshops and clinical auscultation.

Accommodation

Some universities have EVP students staying in their university dorms, some have them stay with other students, some at a hostel or hotel and there is an option to have them find their own accommodation. Chose the option that you will be able to provide to students. The more things you define in advance; the less unwanted surprises you'll have.

Social program

This is just as important as the educational part. It will be your job to show visiting students your town, nightlife, take them sightseeing and share some interesting information about your town. A common problem is that hosting make the schedule too packed, so there is not enough time to rest after the educational part or to enjoy your town or explore it on their own. Make reservations and plan evenings in advance, or make plans with them to see if there is anything they wanted to visit or somewhere they wanted to go, but you must always have a backup plan.

Have fun!

Planning an EVP should be just as fun as attending one.

Anastasia Tudorache

Faculty of Dentistry, Carol Davila University, Romania

The European Visiting Program is an unique way of peeking into the life of a student from another University in Europe, as well as a great learning experience by exchanging knowledge and experiencing another culture. Between the 9th and the 16th of October, the Faculty of Odontology of Rennes hosted 17 enthusiastic students from European Universities: Istanbul (Turkey), Turku (Finland), Bucharest (Romania), Russia, Latvia and Slovakia.

The exchange week was organised by the LOC made up by students from the local association (AECDR) and professors, as well as the Dean, who warmly welcomed the visitors.

During the week, the academic program included lectures on topics such as Prosthesis (Dr. Ravalec), Salivary Tests (Dr. Ravalec), Implantology (Dr. Limber) and Anesthesiology (Dr. Sixou) that included also a workshop with electronic dental anesthesia systems. The workshop on the topic "Prevention and bacteriology" (Dr. Shacoori) was particularly interesting since it emphasizes the importance of the correct hands washing methods, a gesture so simple but yet so important for a dentist.

For two days the visiting students had the opportunity of submerging in the life of the local students by visiting the University's Hospital. Participating to clinical hours with their french peers was a great method of learning through direct interaction and information exchange. The foreign students went through the different services, such as Emergency, Prosthodontics, Pediatrics and Orthodontics.



EVP

Rennes



Rennes, capital of the Brittany region in France, is an univeritary center, with more than 63.000 students. This vibrant city is the perfect setting for young visitors. During the guided tour, the guests were able to admire the historical houses with typical timber-framed exteriors on the old style streets ,the Mordelles Gates, the Parlement of Brittany, the Marché des Lices (one of the most important markets in France), the Place de la Mairie with the City Hall and the Opera.

Enjoying daily the French cuisine was also been a great experience. The LOC prepared specialties from Rennes that include: Galette, Galette-saucisse, Raclette, Crêpe and Cider, without missing french cheese and wine tastings. On Sunday, a day trip to the incredible island of Mont Saint-Michel, located at the border of Brittany and Normady was the perfect way to end the EVP.

All in all, being an excellent learning opportunity, the EVP is an experience not to be missed by any European student if the opportunity arises. I encourage everyone to be a part of this exchange, as a host or as a visitor, being a unique and enriching experience with countless possibilities for professional and personal growth. I would especially like to thank my hosts in Rennes for the wonderful week we spent together.

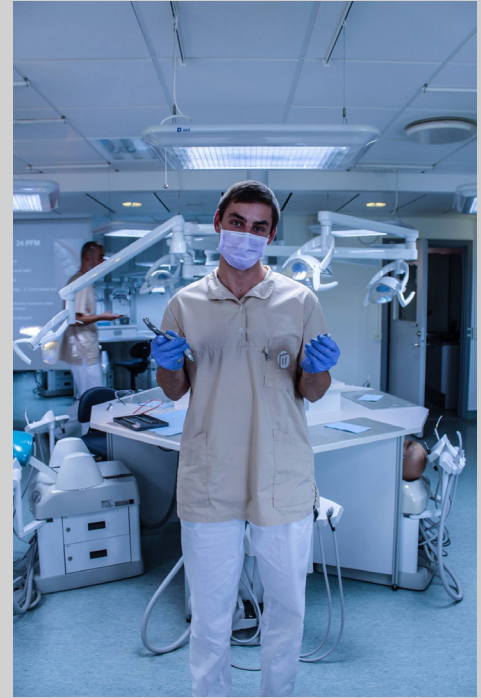
EVP

Malmö

Greta Dulke,

Faculty of Dentistry, University of Vilnius, Lithuania

The EVP in Malmo was one of the best memories of this academic year. The one-week exchange program overcame all my expectations and offered a variety of academic, cultural as well as social activities. The academic program was rich with workshops. Thanks to Denstply Sirona we had a great time listening to a lecture on implantology and practicing tray impressions with jaw models later on. Moreover, we had a possibility to practice our skills on tooth preparation for prosthetic appliances on phantoms and discuss our scanned work with professor Annika Kozarovska. The Cariology lecture couldn't have been presented in a funnier and catchier way than by professor Dan Ericson who introduced us to a major discovery in a selective chemomechanical caries removal with Carisolv. Clinical auscultation day in a selected department showed us how a clinical management looks like in the faculty. We also had the possibility to experience problem based learning which is a unique dentistry study model of Malmo university. During "Fika" time (Swedish coffee breaks) between workshops and lectures we tried variety of Swedish sweet snacks, and of course drank coffee. One of the most thrilling moments on our tour of Malmo was "Kallbada" which is a Swedish bath experience where people go swimming in the cold Baltic sea straight out of a sauna. Though the majority of us international students were sceptical about this, we loved it afterwards! All in all, I'm grateful for such a wonderful experience and would like to thank the organising committee of EVP Malmo 2017.



Irina Palfi

Faculty of Dentistry, Belgrade University

This new experience brought me new friends and chance to see and learn something new in field of dentistry. We all have a different approach to studying in our countries and finding out about this programme at Malmö University, Sweden, helped me to grow as a person and as a future doctor. The thing I liked the most was their dedication and motivation to present their school and themselves as great students and individuals. The whole programme contained useful lectures and workshops, which some of them I learned and practiced subjects for the first time. The social programme was beyond my expectations. Getting to know the personal lives of other people while drinking traditional beer or sightseeing was the best way to finish your day.



EVP

Zagreb



Marina Barbarić, Marina Alvir

Zagreb University, School of Dental Medicine

This year, from the 5th to the 11th of March, the Croatian Dental Students' Association was honored to host another successful European Visiting Programme (EVP) at the School of Dental Medicine University of Zagreb.

This time we went international as the first EVP to host students from all over the world – 21 students from 11 different countries: Bosnia and Herzegovina, Bulgaria, Colombia, Finland, France, Germany, Portugal, Romania, Italy, Saudi Arabia and Slovakia. Our main goal was to form a group of people from as many countries as possible and also to have an equal number of female and male students.

Many students from our faculty wanted to become a part of the Local Organizing Committee. This year it was bigger than ever with 25 students working restlessly to give our guests a great experience and a week to remember. We made sure that our guests had everything covered – accommodation, sustenance, transport, social and cultural programme and all of the materials needed for the workshops.

The programme started with everyone getting to know each other while love and happiness spread quickly in the group. On the first day, students had a tour of Zagreb as they visited the main landmarks of the city.

The first educational workshop was “Mock up, tooth preparation for a crown using dental loupes” held by professor Marko Jakovac, assistant professor Sladana Milardović Ortolan and our students' project Studentske Sekcije. After the workshop, everyone headed to the first lecture of professor Jelena Dumančić on “Forensics in dental medicine”.

Other lectures included “Dentist's role in oral cancer prevention, early detection and treatment” by professor Ivan Alajbeg, “Professional diseases in dentistry” by assistant professor Marin Vodanović, “Teeth whitening” held by assistant professor Eva

Klarić, “Periodontal plastic surgery” held by professor Darko Božić and “Medical emergencies in dental practice” by doctor Marko Granić and the Students' First Aid team (StePP).

Our guests had the chance to learn and perfect their skills at workshops such as “Dental implants” by doctor Joško Viskić, “Dental occlusion, articulators and facebows” by our assistant professor Ivica Pelivan, “Dental suturing and PRF” held by doctor Marko Granić and “CPR – cardiopulmonary resuscitation” by StePP team.

This year not only did our participants feel the soul of the capital but they also went to Plitvice lakes, a beautiful national park in Croatia that welcomes many tourists on their way to the Dalmatian coast and falls under UNESCO World Heritage. Everyone was amazed by the calming atmosphere and the beauty of nature in the park.

The entire project has overcome everyone's expectations – with great lectures and workshops but most importantly with great people. The unique bond that was formed in the group and the memories we shared, are things that everyone packed for their trip back home. That same bond will still remain between us no matter the distance.



Meet the ExCo 2016-2017



Luka Banjšak - President

Age: 25

Nickname(s): Banja, Ludi Banjs, Dolph

Favorite animal: Dog

Favorite food: Steak (rare)

Favorite music: Pink Floyd

Favorite movie: The Matrix

Interests: Fitness, technology, computers, video editing, martial arts, skydiving

What is the best thing you know?

Green tea brewed at 78°C for 2,5 minutes

What is the worst thing you know?

People who dont close the toothpaste (cringe lvl over 9000)

Favorite area of Dentistry: Max Fax and Endo

Valentin Garyga - Vice-President

Age: 24

Nickname(s): Val

Favorite animal: Dog (big ones like Great Danes or German Shepards)

Favorite food: Tarquet with white wine

Favorite music:

Favorite movie: Espionnage movies (e.g. Spy Game, the Bourne series)

Interests: Public health, EU Politics, Political economy, Photography, Skiing, Aviation

What is the best thing you know? Skiing in deep powder.

What is the worst thing you know? Being denied boarding a plane due to forgetting my passport (true story)

Favorite area of Dentistry: Periodontology (both tissue regeneration and the link between periodontal and systemic diseases)



Alyette Greiveldinger - General Secretary

Age: 23

Nickname(s): Al

Favorite animal: Cheetah

Favorite food: French ratatouille / French cheese / French wine / French meats

Favorite music: FAUVE#

Favorite movie: Historical, biographical and Thriller movies (Desert Flower, In the Land of Blood and Honey,...)

Interests: Theatre plays, Sailing

What is the best thing you know?

Having a good time with my friends

What is the worst thing you know?

Not finding the time to do everything I want in life.

Favorite area of Dentistry: Pediatric dentistry and Public Health

Linnea Borglin - Magazine Editor

Age: 22

Nickname(s): Lin, LinLin

Favorite animal: Cow

Favorite food: Xiao Long Bao

Favorite music: Indie-rock (like Alt-J)

Favorite movie: LOL (the French version)

Interests: Interior design, Photography, Traveling, Baking

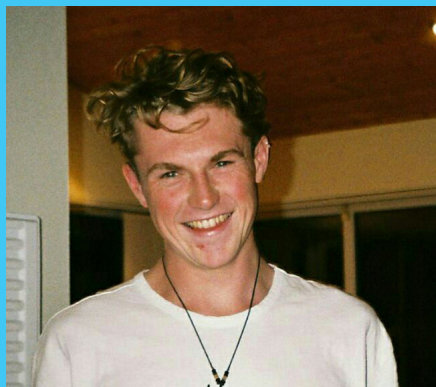
What is the best thing you know?

My Mother's home-made Indian food.

What is the worst thing you know?

People spitting on the street, it's disgusting

Favorite area of Dentistry: Prosthetics



Fiachra Maher - Treasurer

Age: 21

Nickname(s): Fio

Favorite animal: Elephant

Favorite food: Rib-eye Steak

Favorite music: Bob Marley, Joy division, Red Hot Chilli Peppers

Favorite movie: Pulp Fiction

Interests: Hurling, going to concerts and writing poetry

What is the best thing you know?

I know who's who in the zoo

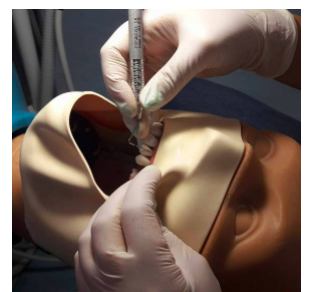
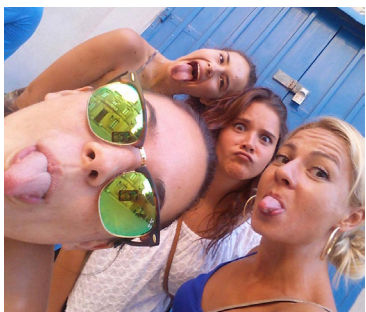
What is the worst thing you know?

I know some bad things....

Favorite area of Dentistry: Endodontics

EDSA SUMMER CAMP *Malta*

Emma Schembri
Faculty of Dentistry, University of Malta



From the dental chair to the beach, the EDSA Summer Camp in Malta holds everything you need for an enjoyable memorable experience along with interesting doses of dentistry.

For the past three consecutive years, a group of energetic Maltese dental students teamed up to organize a weeklong summer camp packed with workshops, a few interesting lectures from some of our leading dental professionals and Professors from the Faculty of Dentistry at the University of Malta, fun activities and a good taste of the Maltese youths' lifestyle.

To kick off the week, participants of this year's summer camp, set off to a good start with a good night out in Malta's nightlife hub, Paceville. The rest of the week was spent swimming, partying, sightseeing, socializing and last but not least diving right into the world of clinical dentistry. During these clinical sessions students were given the wonderful opportunity to use dental instruments, drill teeth and take part in interesting workshops delivered by leading dentists and lecturers from the University of Malta. We couldn't let this week go by without a day trip to Gozo, our sister island. To end the week, a boat party seemed fitting where we all got to party together one last time!



The summer camp is open to European dental students in any year, be it first years or those going up to their sixth and final year, and we ensure that it will be an equally interesting and memorable experience for any dental student who just wants to take his student experience to new heights. The summer camp is usually held in the beginning of September and the group usually consists of a good 20 students. The package includes the accommodation, breakfast, lunch and dinner together with all the workshops and lectures.

Having chaired the summer camp this year, I can say first hand that this is surely an exciting experience that is not to be missed. It marvels me what a week can do to bring colleagues together, and we vowed that we would all meet again, be it as students or as qualified dentists! I will end this by saying: come to Malta and let the fun begin!



Where Do We Go Now?

A letter by Deniz Flndik
Faculty of Dentistry, Yeditepe University

I am a final year dental student who is going to be taking her “hopefully” last finals as you are reading this. I am almost a dentist, you see. Yet, when I was graduating from high school this was the last thing I wanted to be.

I was sure that I was meant to become a National Geographic Photographer for a while, traveling the world, documenting the breathtaking views, visiting small European cities people would not consider seeing on their trips, writing down the things I have seen in great detail and taking my readers on a journey.

In our country you get to enter the faculty of your choice after a general examination, which is taken by about 2 million people at the exact same time. After the examination you get to fill in a form and write the faculties you wanted to study in - the one you want the most is written on top. If you do not qualify for that, they place you in the best possible school on your list.

As I was filling in my form I realized that I did not want to become a photographer anymore but a medical doctor. There were not many seats offered but I knew I qualified. I was going to work in small villages where the resources were very scarce and work for the good of people. My life was going to be filled with laughter of children who's pain I have stopped.

Yet, I believe Tinker Bell was on duty on the last day the form was open for change, her fairy dust or whatever it was touched me and I changed my first choice of faculty to Yeditepe University, Faculty of Dentistry.

The first year was tough on me. Too many formulas, a lot to memorize... I felt that the more data I forced into my head, the more left my head. All the organic chemistry, names of bones which were even forgotten by those who discovered them, bio-physics... During our first year we also had to make models of teeth carved out of soap. No matter what I did, even at times when I was able stop thinking about our lectures, the strong smell of the soap we used to carve teeth out of was not leaving my hands. I felt I was stuck. Maybe I was not meant to become a dentist after all but a psychologist.

Yes! That was what I was meant to become. I knew I was a good listener if I was able to listen to all these never-

ending lectures. I was not feeling well, I was bored and stressed. I felt that if I knew enough psychology I would somehow manage to escape the voice inside my head, which was telling me this job was not for me.

My dear boyfriend took me on a journey to Italy at the end of my second year, he hoped I would feel better if I was subjected to some art and come back home and focus on dentistry. I had really good grades but I was in a really bad mood.

When we came back I did not only want to become a psychologist but I also wanted to double-major in art history... I applied to some of the best schools in the world and decided to move to the U.K. Guess what, I was accepted!

Yet - the fairy dust that spilt on me on the night the applications were closing was re-activated and I found myself tempted to stay for one more year. Just to see how it would feel like to have my first patient who was going to be a total dentures patient - just to reassure myself that I was not supposed to become a dentist.

The day I met my first patient was my day of enlightenment. All those formulas, all the memorization suddenly made sense; all the tears, the doubt, the questioning voice inside my head have faded as she introduced herself to me. She told me she was really young when she lost all her teeth and she did not feel comfortable with her all dentures anymore. I promised her that I was going to do my best to make her a new one and that she would smile confidently again. Listening to her complaints, trying to calm her down, understanding that her teeth meant a lot more to her than I would expect I found myself in the shoes of a psychologist.

Each new patient taught me something about my profession but more important than that, something about myself as a person and as a dentist “in construction”.

The day I asked a patient for a blood count and diagnosed the reason of her bleeding problem, as she was heading towards a hematologist I was heading towards my dream of becoming a doctor.

Sometime during these days EDSA entered my life. It

opened so many great doors, not only figuratively but also literally. I had the unique opportunity to visit the houses of many dental students all around Europe. I got to experience their lives first hand. Sleep in their apartments, cook breakfast with them, have “fika” with them, sing their songs and dance to their music with them. My dear Swedish friends even tricked me into jumping into the ocean in the freezing Swedish weather after staying in the sauna for a long while... Thanks to one of the great friendships which started in these events I even got a 2 hour long Paris tour where I was offered amazing macaroons and great wine by a French friend who now is an orthodontist.

I also had the opportunity to view amazing art work all around Europe. Even though I did not have a degree in art-history I got to see a lot of artwork and learn a lot of history. I had the chance to visit many beautiful, small European cities I would only dream of seeing if I was not involved with EDSA.

The short period of time I have spent as the delegate of my country has taught me a lot about dental education in Europe. Through shared documents I remembered what our objectives had to be as dental students and dentists. I did my best to share this information with my friends back home. I visited many dental faculties, in all of them I felt welcome, I felt at home. I got the opportunity to compare our school's system with other schools. I was amazed to see how similar my life was with other dental students regardless of where they lived. All the gaps formed by the borders of our countries evaporated realizing that we were all parts of a bigger community of dental students and dentists.

Trying to provide some funds for the Pamoja Project my classmates and I have mastered our baking skills in order to make as much as we can for the bake-sales. Not being able to run 100 meters on the first day of training I managed to run 5K races with sponsors, as well as doing some dreaded public speaking.

One of the happiest days of my life was the day I was told I was chosen for the Pamoja Project after waiting for many days of staring at my e-mail inbox and seeing there wasn't a new mail. As a person who has travelled a lot the I have never felt more excited than on the day I got on the plane for the Pamoja Project, not knowing anyone and being the only person from Turkey that year. I met the three other people on the plane with me travelling for Pamoja and we were friends before the plane landed.

I could not resist taking plenty of photos of the breathtaking views of Africa. When I came back and

looked at the numerous pictures in my phone's gallery, even without a huge camera, there I was, feeling like a National Geographic photographer. We were also forced to work under circumstances we would have never worked in otherwise. We treated patients without electricity, plumbing and dental chairs. Remembering the change we made in Tanzania regardless of our circumstances will always make me a hopeful person in the future.

I am a final year dental student. Who is going to be taking her “hopefully” last finals as you are reading this. I am almost a dentist, you see. Yet, when I was graduating from high school this was the last thing I wanted to be.

Thanks to my EDSA family and some magical fairy dust, some luck, some great friends, some willpower and patience I know that I am about graduate as the best dentist I can be.

I am almost a dentist, you see and my relationship with dentistry was not like love in a romantic movie. We took our time, we got to know each other and now we have fallen deeply in love... But it took time. I am glad it took time, pushed me to explore and introduced me to you my dear EDSA family.

So all this article is about is being a dental student... And also being a doctor, a psychologist, a photographer, an art-historian and many other things I never thought I was able to become.

To my dear “almost dentist” friends, I am so grateful that we have shared this journey and to my friends who are at the beginning of their journey - open your hearts and eyes wide AND FINALLY do not forget to enjoy the ride! There will be sweat, blood and tears (literally) but also a lot of laughter.

As for me, now that I am about to take my degree, I am ready to explore dentistry, make more friends, share my experiences, learn about your cultures, travel as much as I can and enjoy everyday waiting to be spent as a dentist.

So just close your eyes and make a wish for yourself and I, tell me in this unpredictable journey:

Where Do We Go Now?



Get even closer to the world of innovative dental solutions

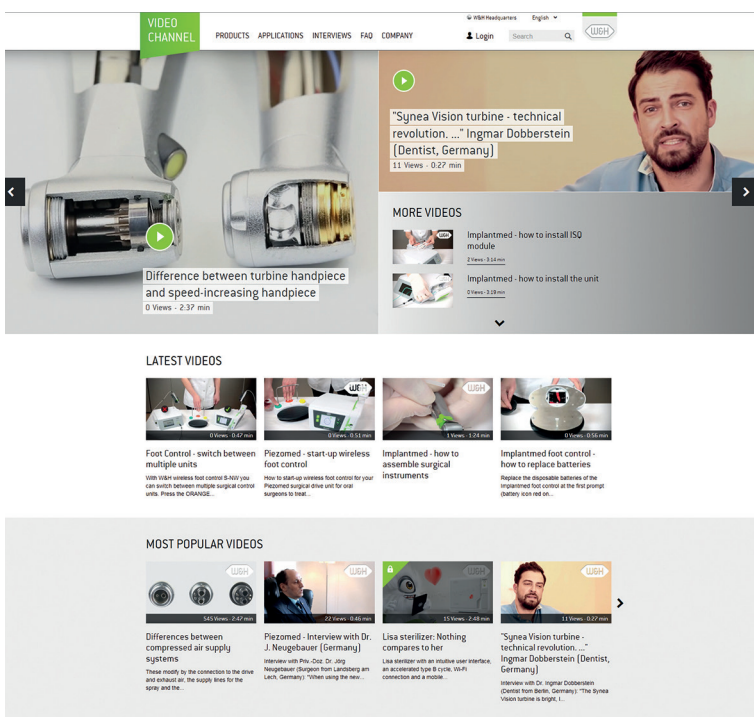
The new W&H video channel

Available 24/7 and always open for business – the W&H video channel is the ultimate source for rapid information tailored precisely to users' needs. It's now easier than ever to gain a comprehensive overview of the W&H range, access helpful tips or discover handy information on clinical topics. The W&H video channel boasts a modern look with a clear structure and exceptional user-friendliness on all devices.



The right dental video in just a few clicks: the ultimate insider experience.

From now on, the new W&H video channel will be compiling all video uploads at video.wh.com, offering viewers a user-friendly and attractive internet experience. Important information on W&H products, tutorial films and facts about all manner of dental topics can now be accessed quickly and easily. But the modern design is just one pillar of the new video channel – the other is a strong focus on adapting content to customers' needs and preferences. For instance, customers and partners can use the intuitive navigation system to browse videos that convey complex information rapidly, precisely and effectively. The W&H video channel also offers exclusive access to premium video studies, recordings of surgical and treatment processes and much more – all available free to interested parties after a one-time registration process.



A video is worth more than a thousand words.

The sheer wealth of information waiting to be discovered turns a visit to the W&H video channel into a full visual experience. Professional high-resolution videos of procedures performed by dental practitioners and surgeons and expert interviews all provide handy tips on the functionality, durability, quality and design of W&H's innovative products, making the W&H video channel an indispensable resource for dental practices. A wide range of practice-based videos and interviews with key opinion leaders also deliver valuable information, explaining complex clinical issues in a clear and comprehensible manner.

Top quality on all mobile devices.

The user-friendly navigation, clear video display, attractive start screen images and top streaming quality set the W&H video channel apart. With its combination of dentistry's hottest topics, valuable insider tips and entertaining video clips, which can be accessed at lightning speed from anywhere in the world, the W&H video channel creates genuine added value for customers.

The clear navigation structure and a powerful search function make it easy to find up-to-date product and company information. A user simply has to start typing the first letters of a search term, and a list of possible results will immediately be displayed. Thanks to the flexible layout of the W&H video channel, videos and information can also be accessed on the move easily and conveniently. The video channel design automatically adapts to the screen resolution of the device it is being viewed on, be it a tablet, smartphone, laptop or computer. The new W&H video channel is of course compatible with all Android, Apple and Windows mobile devices. Customers and other interested parties can thus enjoy perfectly presented videos and direct access at any time.

EUROPEAN ANTIBIOTIC AWARENESS DAY



Tina Tomic
School of Dental Medicine, the University of Zagreb

This report is based on data obtained from my participation in the EAAD event coordinated by the European Centre for Disease Prevention and Control (ECDC). The event took place in the Residence Palace in Brussels.

During the Opening ceremony Andrea Ammon, ECDC's Acting Director welcomed us to the event by giving a short speech and introducing Maryn McKenna, US-based journalist with deep interest in antimicrobial resistance, who was the moderator of this event.

The keynote speech was held by Dr Vytenis Andriukaitis, EU Commissioner for Health and Food Safety in which he stressed the importance of the subject and informed about future plans on working towards an active future in fighting AMR. After the keynote speech, Mr Martin Seychell, Deputy Director-General for Health and Food Safety and Dr Ruxandra Draghia-Akli, Deputy Director-General for Research and Innovation, talked about the EU action plans on antimicrobial resistance, its evaluation and impacting research in Europe as well as globally.

The event continued with a moderated discussion in which the moderator Maryn McKenna asked the participants to take the floor and make a statement about the antimicrobial resistance. She made sure that everyone got a chance to share their points as well as what they are doing to tackle this problem. EDSA President, Luka Banjšak, made a statement saying EDSA's involvement in the topic is active for a number of years and raised the question of implementing new technologies in order to focus on treating the right microorganisms with the adequate antibiotics, this includes MALDI-TOF.

After a short coffee break, the event continued with 4 technical briefings:
Dominique Monnet, Head of the Antimicrobial Resistance and Healthcare-associated Infections Programme, ECDC, presented the latest data on antibiotic resistance and human consumption of antibiotics in Europe.
Marta Hugas, Head of Unit, European Food Safety Authority, talked about the consumption

of antibiotics in the food industry and the antimicrobial resistance in food-producing animals.

Helen Jukes, Vice Chair of the Committee for Medicinal products for Veterinary use, European Medicines Agency, presented updated advice on the use of colistin products in animals in EU, focusing on the possible impacts on animal and human health.

The last briefing was held by Danilo Lo Fo Wong, Programme Manager Control of AMR, WHO Regional Office for Europe, who spoke about the threat of AMR and actions that need to be taken in the European Region.

After the briefings, we continued with another hour-long moderated discussion in which participated Dominique Monnet, Marta Hugas, Helen Jukes and Danilo Lo Fo Wong answering the questions and giving comments based on other participants statements.

To conclude, The European Centre for Disease Prevention and Control has done a great job in organising this event. Maryn McKenna, the moderator, has also done an excellent job by moderating the discussions, keeping them interesting, giving everyone the opportunity to express themselves and at the same time following the time guidelines.

**57% of European
citizens are unaware
that antibiotics are
ineffective against
viruses.**

Read the European Commission's Press Release here:
http://europa.eu/rapid/press-release_IP-16-2229_en.htm

LITHUANIAN UNIVERSITY OF HEALTH SCIENCES | VILNIUS UNIVERSITY

EDSA

VILNIUS
LITHUANIA
2017



60th EDSA MEETING
20th - 26th AUGUST

THE EUROPEAN DENTAL STUDENTS' ASSOCIATION AND
THE DENTAL STUDENTS' ASSOCIATION OF LITHUANIA (SOA)
ARE INVITING YOU TO THE 60th EDSA MEETING IN VILNIUS!



WWW.EDSAVILNIUS2017.COM
EDSAVILNIUS2017@GMAIL.COM



Laura Olivo Guerrero
The University of Valencia, Spain

After many months of organization, the 58th EDSA Meeting & 23rd ANEO Congress was held between the 21st and 27th of August 2016 in Barcelona.

About one year ago the members of the Spanish Federation of Dental Students (ANEO) were chosen to host the congress. This news was exciting for us as we knew it would be a great opportunity to let the European Dental Students know who we are. Many of our ANEO members were new and hadn't organized a congress of these dimensions before. We knew it was going to be a lot of hard work, a big responsibility and of course, very rewarding.



At the ANEO meeting in Granada in the fall of 2015, we elected an organizing committee, distributed tasks and started working hard in order to make the congress great. Designing our logo and website, booking a hotel as well as contacting sponsors and lecturers were some of the many tasks we tackled. We wanted the congress to be held at a special place and there was no better place than the Official College of Dentists and Stomatologists of Catalonia (COEC), to host our event.

In no time, registrations opened and the response we received couldn't be better! In less than 48 hours we had more than 80 registrations! These numbers kept growing and we couldn't believe that around 260 students from more than 30 different countries wanted to be part of our congress.

On August 21st, the arrival day of the participants, the entire organizing committee had to have their batteries fully loaded as there was an intense week ahead. We welcomed the attendees at different arrival points (bus stations, train stations and the airport), gave them directions to the hotel and helped them settle in. As it began to dusk, we held a small welcome at a rooftop bar where the delegates could meet their old friends as well as new ones.

The first three days of the congress were dedicated to the 58th EDSA Meeting where the delegates get together to discuss current issues in both education and the employment situation that concerns not only the students of their country, but also students from all over Europe. Laura Olivo represented Spain, as other countries were represented by their own official

delegate. It was noticeable that EDSA is working into student's rights. On Wednesday, a new Executive Committee was elected, marking the final day of the first part of Congress.

The 23rd ANEO Congress consisted of a scientific program and workshops. The President of the ANEO, Alvaro Negrillo and our new president, Adrián Cámara accompanied by the vice president of COEC, Dr. Fernando Autran, carried out the opening of the ANEO Congress. We were fortunate to have a top quality scientific program, with speakers of great prestige not only at a national level, but also internationally. In addition, we carried out different workshops and some of our colleagues defended their oral communications and scientific posters in front of our examining committee. We were all surprised by everyone's professionalism and great work.

The week was not all about hard work. In the evenings, we all met to go to different restaurants in the city as well as trendy nightclubs to enjoy the nightlife of Barcelona. This was a good time to talk to students from other countries and to learn more about other cultures and other forms of university education. One highlight was the gala dinner at the Mirabé restaurant, where we enjoyed the amazing views of the city. It was a very special evening as it was a point of union between the national students and the other European students.

In the blink of an eye our congress had ended and we could not be prouder. The ANEO would like to thank all the doctors, sponsors, the EDSA, the ADEE, as well as the COEC for all the help and success of the congress that will be remembered for many many years.



DENTAL HEALTH IN MADAGASCAR

— a volunteer shows the way

Philipp Scaglia and Lionel Stanbrook
Malmö University

Philipp Scaglia studies in the Faculty of Odontology at Malmö University, Sweden, already internationally known for its system of education focused on problem-based learning and finding practical solutions. Philipp had an idea for a practical solution which went a very long way....in fact, all the way to Madagascar.

A journey to discover the state of dental health in Madagascar

Philipp Scaglia: Malmö University offered a scholarship for a bachelor thesis on research with a development dimension. While researching ideas, I came across the Italian NGO Amici di Ampasilava, which supports a remote volunteer hospital located in rural southern Madagascar.

When it comes to dental health in Madagascar, the whole country has only two dentists per 100,000 people. The majority of these are located in the major cities. The infrastructure, on which good medical care depends, including roads and transport facilities, hardly exists. Access to proper oral health care in the rural areas of Madagascar is therefore almost zero.

Vezo hospital was built in 2008 in Andavadoaka, a small village located on the southwest coast of Madagascar. It is financed exclusively by donations and staffed exclusively by volunteers. It has become an important centre for the surrounding villages not served by proper medical and dental care.

All year round, volunteers including surgeons, dentists and nurses visit the hospital and provide assistance. My project was to use surveys to understand the dental health care needs and oral care knowledge, attitude and practices of the patients.

During the two months of the project, my team collected information on local oral care practices using a questionnaire, including questions on knowledge, attitude and tooth brushing habits.

In addition, over 300 patients were examined, to establish the incidence of caries, missing teeth and the

presence of calculus. We helped with some of the dental work as well, including extractions, restoration and scaling.

We also gave oral health education at the local school to three 6th grade classes - a total of 120 students. This was probably the first information on oral care that most of the children had ever received in their lives. Colgate supported us with toothpaste and toothbrushes, which we distributed to the children and patients at the hospital.



So what did we learn and what were the conclusions of the survey? I am still writing up the results but can confirm that the general dental health of the local population is severely compromised. We also found that brushing frequency among schoolchildren and hospital patients was unsatisfactory. More than half the schoolchildren were not aware that sweets and sugary drinks cause cavities.

Almost every patient was suffering from untreated cavities, as well as periodontal disease and fluorosis (potentially due to naturally occurring fluoride in the water).

The problem of dental health in Madagascar and its rural areas is not likely to be solved just by delivering dental care. Sustained preventive care, accessible information and improved oral care habits are also needed. A specially designed prevention programme and oral health education for schoolchildren will have a positive effect on the general oral health of the younger population. This will also involve educating local school teachers to give lessons on oral disease prevention. In this way more people will understand the importance and relevance of good oral habits.

pamoja

2016

Sarah Pick (EDSA Project Officer)
Cardiff School of Dentistry



In August 2016, over a 3- week period, a team of dedicated dentists and dental students embarked on the Pamoja Project in Tanzania. This was the projects second outreach programme following the success of the first ever Pamoja project in 2015. The word Pamoja means “together” in Swahalli and with a team made-up of 13 nationalities (UK, Ukraine, France, Sweden, Bosnia, Croatia, Slovakia, Malta, Poland, Turkey, Tanzania, Malawi and Egypt), we certainly worked “together” to ensure the success of Pamoja 2016.

Currently, the dentist to population ratio in Tanzania is about 1:120,000 people compared to a ratio of 1:7500 recommended by the World Health Organization (WHO) in developing countries. With the aforementioned ratio in mind, it became clear that EDSA, TDSA (Tanzanian Dental Students Association) and the support of Muhimbili University of Health and Allied Sciences could work together to make a significant and lasting impact on the provision of oral health care in Tanzania.

Our aims were to:

- Provide oral hygiene education, diet advice and dental education regarding caries and periodontal disease to school children and teachers within primary schools in Dar Es Salaam and Bagamoyo.
- Promote prevention of oral disease through education, fluoride varnish and fissure sealants.
- Screen children for oral disease and provide treatment within the schools using the Atraumatic Restorative Technique.
- Provide transportation and cover cost of treatments in those children that required more advance dental treatment e.g. Extraction in the dental hospital.

The organisation for the project started in October 2015, with Sarah and Aoife (EDSA Project Officers) selecting the EDSA Pamoja Team. There were over 90 applications and competition to be part of this exciting opportunity was strong. Upon selecting the team, fundraising then began with many cake sales, triathlon/ half marathon runs and selling of Tanzanian canvas bags all to raise money for the project. In total we raised approximately 15,000 Euro and we would also like to thank EDSA and ADEE for their financial contribution towards Pamoja. The team worked hard to raise awareness of the Pamoja project and we received many donations, including dental materials, toothbrushes and toothpastes, educational material, dental instruments from sponsors such as Henry Schein, De-Care, Curoprox and many of the Dental schools associated with the project. We would like to thank everyone who supported the Pamoja Project and contributed to its success.



In total, we provided 711 restorations, 1073 Fissure Sealants, 1002 Fluoride Varnishes and 107 hand scaling across 2 schools in Dar Es Salaam and 2 schools in Bagamoyo. Every class received extensive oral hygiene instructions, diet advice and oral health education along with toothpaste and toothbrushes. Disclosing tablets were used to highlight the plaque on their teeth and improve brushing. However, we soon realised that sugar was the key contributor to the school children's dental caries with many children of the opinion that 'soda' was good for their health. Coca Cola is heavily advertised in Tanzanian and easily accessible along with ice-lollies being sold at lunch time. We clearly explained the relationship between frequency of sugar and dental caries hoping to change behaviour and reduce caries rate. We hope that by educating the teachers they will be able to reinforce and pass down knowledge to future classes.

30 children from the Bagamoyo school were transported to the local dental hospital for extractions with local anaesthetic carried out by the Tanzanian Dental Students. The costs of transportation and hospital costs were all covered by the Pamoja project. One extraction costs 5000 TZS (2 Euro), which in many cases unfortunately the

child's parents cannot afford. We planned for children in Dar es Salaam to be seen in Muhimbili Dental Hospital. However, there were no available clinics at that time for the children, due to the extent of patients already queuing up to be seen at the dental hospital. This further highlights the challenges of accessing dental care in Tanzania. Often patient travel far and queue for hours for an appointment. TDSA are still working with the schools in Dar es Salaam to provide appointments for those children to be seen on the paediatric clinic with the remaining funds of the project.

The Project was a truly rewarding experience and provided an insight into just how important health care is in improving quality of life and just how lucky we are with all the resources we have readily available to us. I would like to take this opportunity to thank every member of the EDSA Pamoja team for their dedication, enthusiasm and support during the many 'challenges' we experienced on the project and for their contribution to finding 'solutions'. I would also like to say 'Asante Sana' to TDSA for their hard work in organising the project, the preparatory work, teaching us Swahili and their commitment in ensuring the success of Pamoja.

Responsible Radiography

Andrew Kalli

School of Dentistry, University of Birmingham, United Kingdom

We are very privileged as dentists to be able to transform our patients' lives with clinical treatments. We can make a painful mouth painless; a non-functional mouth functional and give the gift of an aesthetic smile. Despite this huge potential for high quality care, we must not forget that we have the ability to cause harm – iatrogenic events.

Fundamentals

The use of X-rays in dentistry may be critical to diagnosis, monitoring and treatment of disease. It nonetheless is a tool requiring respect and understanding as it can easily be abused. An understanding of the relevant physics is essential to appreciate the risks of radiation. When an X-ray beam is directed toward a patient it may continue in its path unaffected, be absorbed or scattered. Absorption occurs when the X-ray's full energy is depleted by an electron of an atom in its path. When an electron is displaced, atomic rearrangements occur and further radiation is released. Absorption of X-rays is the characteristic which generates the radiographic image. Soft tissue, tooth, bone and amalgam all have different radio-opacities as their ability to absorb X-rays depends on their density. Scatter, specifically Compton scatter, is an undesirable possibility for the X-ray beam in imaging. In this situation, an electron absorbs its full energy potential but the X-ray beam still retains some excess energy. The X-ray therefore continues to travel but changes direction. The change in direction decreases the final image clarity by 'fogging', but also irradiates tissues and organs not in the primary beam.

Dose is an important term in radiation protection with many sub-definitions. Arguably the most important dose measurement is effective dose (measured in units of Sieverts). This is a calculation which considers two weightings - the risk of the specific radiation type and the susceptibility of the

tissues irradiated. Until 2007, the equivalent dose of panoramic films was falsely thought to be lower than its true value. This is because the radio-sensitivity of the salivary glands was undervalued and these tissues are in the primary X-ray beam.

It is agreed that albeit particularly low, the risk of dental radiography is certainly not zero. Harm includes increased risk of malignancy for the persons exposed, but also a potential risk to their offspring. With low-dose radiography, negative events are considered a stochastic effect. This means that there is no predictability, when or if, ever malignant manifestations may occur. There is however a proportional relationship with increased dose and risk. Due to the stochastic effects, UK legislation states that in the event of a 'radiographic incident' when a patient is exposed to 20 times the intended dose, the patient records must be kept for a minimum of 50 years. An example of such an event would be if the X-ray set malfunctioned with a continuous beam and for a 0.1 second exposure, it took 2 seconds to turn off the main power switch.

Image Selection

A key principle in all radiography is justification. Before prescribing a radiograph the dentist should consider, "will this X-ray alter treatment or improve treatment outcome?" It was once believed that 'patient benefit' should be evaluated, but now a concept of 'risk-balanced patient benefit' is favoured. For example, some dentists have routinely used panoramic films for all adult patients

attending their clinic for the first time. The implied benefit of this would be potentially diagnosing an asymptomatic cyst or other lesion. When considering a 'risk-balanced patient benefit', the number of patients who will benefit is relatively low compared to the exposure. The Faculty of General Dental Practitioners (UK) has therefore stated that such a 'screening' approaching to dental radiography cannot be justified when the mouth is unremarkable upon clinical examination.

With modern advances in equipment and techniques, the radiation dose from intra-oral films has significantly decreased in the past 30 years. Recent years however has seen a large increase in the number of 3D views exposed. As the cost of cone-beam computed tomography (CBCT) machines decreases, they are appearing in more general practices and this correlates with increased use. CBCT images provide an extra dimension for diagnosis and treatment planning but at the cost of a significantly increased exposure. CBCT images have many uses including in Oral Surgery, Endodontics, Orthodontics and Implantology.

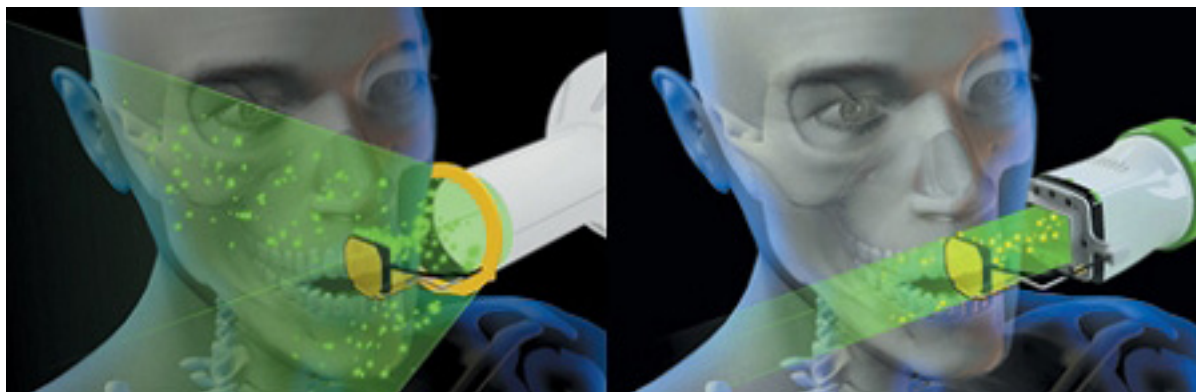
It is important to tailor the radiograph choice to the individual, their disease needs and the merits of the particular technique. Dentists working in paediatrics should be aware that dividing cells are notably radio-sensitive. As children under 10 years are effectively growing across their entire bodies, dose can be weighted by age and each radiograph has 10x more risk for these children when compared with the same exposure on a patient over 50 (2). Pregnancy is not a contraindication to dental radiography but due to the stigma of X-rays, patients may wish to delay non-urgent radiographs and the patient's decision should be respected. When deciding whether bitewing radiographs are necessary, the individual's caries risk should be considered to determine a tailored recall interval. Dentists should have a 'questioning attitude'. If considering a CBCT for an endodontic treatment – will the root canal treatment be inadequate using periapicals alone? The purpose of this article is not to inform students of a 'selection criteria' for radiographs, but to evoke

a series of thoughts and decision-making each time a radiograph is required. Nonetheless, dentists should be aware and follow their local and national guidelines for specific radiographic-view choice.

Minimising risk, maximising diagnostic value

Minimising the dose, but maintaining a high quality image is paramount. This is known as optimisation. Technological developments with X-ray set ups have allowed the kilovoltages used to increase. Greater kilovoltage X-rays are more penetrating, reducing the effective dose. However, stakeholders in radiation protection must be willing to financially invest in dose reduction for patient benefit.





Photograph from Lotus Dental Supplies

As 70kV X-ray images have reduced contrast, film processing chemicals must be optimal and used exactly as guided, or modern digital sensors are required. Rectangular collimation is another set up adjustment which should not be overlooked. Rout and Brown describe a collimator opening matched with a size 2 film delivering up to 50% less dose compared to a 6mm diameter round opening. The image below illustrates the scatter and increased dose from round collimation.

Utilisation of existing radiographs may in some circumstances remove the need for an additional X-ray. If a historic film cannot be sourced immediately, reading an in-depth radiographic report may provide sufficient detail. This highlights the importance of maintaining good quality patient records – both digital and paper-based. When a patient is seen at multiple clinics or different hospital departments,

an arrangement should be made to easily share radiographs in order to prevent repeat exposure.

Those undertaking radiography should be sufficiently trained and competent to take quality radiographs. This should be confirmed with a means of monitoring their work. Concern arising from monitoring should be managed appropriately with refresher training and subsequent monitoring. Repeating radiographs increases exposure for patients and can be frustrating for clinicians increasing the time and effort required. It is certainly in the interest of both dentists and patients for dose-optimised, high quality radiographs to be taken consistently.

Further Reading

1. Faculty of General Dental Practitioners (UK). Selection criteria for dental radiography. 3rd ed. [Internet]. 2015 [cited 17 Jan 2016]. Available from: <http://www.fgdp.org.uk/OSI/open-standards-initiative.ashx>
2. Rout J, Brown J. Ionizing radiation regulations and the dental practitioner: 1. The nature of ionizing radiation and its use in Dentistry. *Dent Update* 2012; 39: 191-203.
3. Rout J, Brown J. Ionizing radiation regulations and the dental practitioner: 3. Quality assurance in dental radiography. *Dent Update* 2012; 39: 334-339.
4. Public Health England. Dental Practitioners: safe use of x-ray equipment. [Internet]. 2001 [cited 17 Jan 2016]. Available from: <https://www.gov.uk/government/publications/dental-practitioners-safe-use-of-x-ray-equipment>

IADS Beirut

Števo Kollár,
EDSA Training Officer

The mid-year meeting of the International Association of Dental Students (IADS) was held in early February 2017 in Beirut, Lebanon. It was my pleasure to represent EDSA in front of all the IADS delegates.

IADS is a non-governmental organization that represents dental students in more than 60 countries all over the world. I arrived on the evening of February 3rd just before the opening ceremony. There I was introduced to the executive committee of IADS. The following morning, all of the delegates gathered in a large meeting room, where their general assembly was held. The timetable was extremely rich with many topics to cover. Similarly to our EDSA meetings, theirs started with the delegates' reports. In the evening a short sightseeing tour of the city of Beirut was organized. The general assembly continued on Sunday and started with my presentation about EDSA. All the delegates were really interested in EDSA's anonymous questionnaire made last year, about our volunteer program, Pamoja, with our fundraising competition and of course about all the other work we do. The general assembly continued until the late afternoon and was followed by a trip to the city of Tripoli. I was blown away by the Lebanese architecture.

The last two days of the congress were scientific days. The entire day on Monday was devoted to lectures –e.g. 3D endodontic, shade selection, veneers, live operations and much more. Tuesday was more or less practical. We were able to choose between various workshops such as photography demonstrations, a laser workshop, an implant workshop and much more.

To sum it all up, I was honored to represent EDSA at such an important event. I am still in touch with IADS representatives and answering questions about our association.





Real. Right to the heart of the action.

VIDEO CHANNEL



The new W&H video channel

Current product information. Informative interviews with Key Opinion Leaders. Relevant applications and FAQs. Real. Right to the heart of the action!