"BEFORE YOU GET INTO A PATIENT’S MOUTH, YOU MUST GET INTO THEIR HEART AND MIND FIRST"

DR. DANIEL RUBINShtein
Dear IADS Magazine Readers,

With big excitement I am inviting you to read IADS Magazine May Issue! Editorial Board members and me have been working really hard these past months to provide you the most interesting information from dental world. One of the biggest cosmetic dentistry influencers Dr. Daniel Rubinshtein from United States has agreed to give an interview and answer to all your questions. I would really like to say a big thanks to Dr. Daniel and Anellia who were all this time collaborating with us and working together with Editorial Board. Thank you for your patience! And for you, dear readers, I would like to invite you to read this inspiring interview and get some motivation for what you are working!

Lastly, if you still haven’t registered for IADS Annual Congress in Tunisia, I want to invite you to do it as soon as possible and meet me there personally with my Editorial Board members!

Warmest regards,

Greta Kersyte
IADS Editor-in-Chief

Dear readers,

Hope you have been doing well and the exam session is reaching to a successful end.

I am writing this intro while flying back from the 72nd World Health Assembly. Looking into the content of the May issue of the IADS Magazine I am proud and happy of the activity and enthusiasm coming from our members.

The world of dental care is developing so fast with artificial intelligence slowly entering the arena and research being targeted on minimally invasive solutions. I would also like to draw your attention to two reports in this issue- our Mid-Year Meeting in Strasbourg and the World Oral Health Day.

This MYM was very significant as we adopted a new Constitution and established IADS as a Swiss non-governmental organization. Congratulations to us all!

IADS continues to contribute towards encouraging dental students worldwide to be active in promoting better oral health in their communities and it is always with great pleasure that I read about the WOHD events you all organize. I would encourage our worldwide student community to share even more the great things you do throughout the year. Work together and be a good example to others.

Thank you all and see you in Tunisia!

Ave Pold
IADS President
Dear readers,

Hope you have been doing well and the exam session is reaching to a successful end. I am writing this intro while flying back from the 72nd World Health Assembly. Looking into the content of the May issue of the IADS Magazine I am proud and happy of the activity and enthusiasm coming from our members.

The world of dental care is developing so fast with artificial intelligence slowly entering the arena and research being targeted on minimally invasive solutions. I would also like to draw your attention to two reports in this issue—our Mid-Year Meeting in Strasbourg and the World Oral Health Day.

This MYM was very significant as we adopted a new Constitution and established IADS as a Swiss non-governmental organization. Congratulations to us all!

IADS continues to contribute towards encouraging dental students worldwide to be active in promoting better oral health in their communities and it is always with great pleasure that I read about the WOHD events you all organize. I would encourage our worldwide student community to share even more the great things you do throughout the year. Work together and be a good example to others.

Thank you all and see you in Tunisia!

Dear IADS Magazine Readers,

With big excitement I am inviting you to read IADS Magazine May Issue! Editorial Board members and me have been working really hard these past months to provide you the most interesting information from dental world. One of the biggest cosmetic dentistry influencers Dr. Daniel Rubinshtein from United States has agreed to give an interview and answer to all your questions. I would really like to say a big thanks to Dr. Daniel and Anellia who were all this time collaborating with us and working together with Editorial Board. Thank you for your patience! And for you, dear readers, I would like to invite you to read this inspiring interview and get some motivation for what you are working!

Lastly, if you still haven’t registered for IADS Annual Congress in Tunisia, I want to invite you to do it as soon as possible and meet me there personally with my Editorial Board members!

Warmest regards,

IADS MAGAZINE
Ave Pold
President
Country: Estonia
University: University of Tartu
E-mail: president@iads-web.org

Abanob Yosry
General Secretary
Country: Egypt
University: Tanta University
E-mail: secretary@iads-web.org

Bjorn Bierlich
Treasurer
Country: Germany
University: Dresden University
E-mail: treasurer@iads-web.org

Wun-Ting Lin
International Scientific Officer
Country: Taiwan
University: Chung Shan Medical University
E-mail: iso@iads-web.org

Greta Kersyte
Editor
Country: Lithuania
University: Lithuanian University Of Health Sciences
E-mail: editor@iads-web.org

Mustafa Hacilar
International Exchange Officer
Country: Northern Cyprus
University: Near East University
E-mail: ieo@iads-web.org

Andrey Baltaev
Immediate Past President
Country: Russia
University: Saratov State Medical University
E-mail: ipp@iads-web.org
Chairmen Of Standing Committees
2018-2019

Prophylaxis
Russia
- Anastasia Dmitrieva
  Pavlov First Saint Petersburg State Medical University
  prophylaxis@iads-web.org

Sanam Rahimi
Shiraz University of Medical Sciences
recruitment@iads-web.org

CREME
Iran
- Pongkarn Kanjanawattana
  Chula University
  external.relations@iads-web.org

External Relations
Thailand
- Viktoria Rethy
  University of Gothenburg
  iadsfundraising@iads-web.org

Fundraising
Sweden
- Deniz Yenidunya
  Istanbul University
  training@iads-web.org

Training
Turkey
- Marc Tokarski
  Dresden University
  voluntary@iads-web.org

Voluntary Work Abroad
Germany

Deniz Yenidunya
Istanbul University
training@iads-web.org
Byung Chan Kim
Italy
Regional Director of Europe
Università di Foggia
director.europe@iads-web.org

Protas Msungu
Tanzania
Regional Director of Africa
Muhimbili University of Health and Allied Sciences
director.africa@iads-web.org

Leo Meza Palma
Chile
Regional Director of Americas
Universidad San Sebastián
director.americas@iads-web.org

Movina Wu
Taiwan
Regional Director of Asia
Chung Shan Medical University
director.asia.pacific@iads-web.org

Julien Issa
Lebanon
Regional Director of Middle East
Beirut Arab University
director.middle.east@iads-web.org
IADS Editorial Board
2018-2019

Aws Salah
Magazine Coordinator
Iraq

Zeinab Hussein
Social Media Coordinator
Sudan

Abdelrahman Magdy
Egypt

Adeleye Mesogboriwon
Nigeria

Amna Fakhar
Pakistan

Bashdar Bashir
Iraq

Daniela Popescu
Romania

Ernest Mugesera
Rwanda

Ibrahim Atyiah
Iraq

Joanna Dawcewicz
Poland

Khaleed Umar
Nigeria

Labidi Amina
Tunisia

Maria-Alexandra Dogaru
Romania

Mazen Dawoud
Egypt

Mihaela Raileanu
Romania

Mohamed Ahmed
Egypt

Ranj Surme
Iraq

Shukri Mohamud
Turkey

Soeun Senghor
Cambodia

Walaa Al Absi
Palestine

Walid Meddeb
Tunisia

Ziad Mekled
Egypt

Živa Antolin
Slovenia

Silvi Domnori
LOEB
Turkey

Mohamed Fayed
Graphic Coordinator
Egypt

Mark Rzikalla
Video Editing Coordinator
Egypt

Greta Kersyte
Editor In Chief
Lithuania
HU-FRIEDY UNIVERSITY PROGRAM
GROWING TOGETHER

ACCESS TO HU-FRIEDY WORLD

PROFESSIONAL EDUCATION

COMMUNITY

Manufacturer: Hu-Friedy Mfg. Co., LLC | 3232 N. Rockwell Street
Chicago, IL 60618 | USA
Customer Care Department: Hu-Friedy Mfg. Co., LLC.
Free Call +800-HU-FRIEDY (00800 48 37 43 39)
Free Fax 00800 48 37 43 40
E-Mail: info@hu-friedy.eu | Website: Hu-Friedy.eu
On the 17th of March Local Organizing Committee (LOC) of France welcomed delegates from all over the world in the 65th Mid-Year-Meeting (MYM). Congress took place in one of the most beautiful places in Europe - Strasbourg. Everyone was very excited for the upcoming four days because we knew we will see our old friends after a long time, will have the opportunity to develop new skills during lectures and workshops as well as represent our ideas and future plans for the colleagues.

Pre-Congress

The IADS trip to France began, of course, in Paris. There, the pre congress group, guided by Marc-Antoine and Niko, visited the capital and its most famous landmarks like the Eiffel Tower, the Champs Elysees, Montmartre and Sacre Coeur.

Friday was a special day which we spent in Disneyland. There, we went on all sorts of rollercoasters and enjoyed a light show at night. “It’s a small world after all” was the perfect ride for our multicultural group, though the song was repeated so many times that it created an inside joke between the participants.

On the last night, we had fun in a Parisian bar, and we warmed up for the amazing meeting that was about to come.

General Assembly

In the 65th MYM General Assembly (GA) there were delegates or representatives from 16 different countries as well as special guests such as FDI Executive Director Enzo Bondioni, IADS President 2008 - 2010 Tomaž Špindler, EDSA President Alyette Greiveldinger and IFMSA VP for External Relations Marlan Sedlak. Both the first and second days of GA were quite intense as Executive Committee (ExCo) together with Constitutional Committee members presented changes in IADS Constitution and Bylaws. In order to seek non-governmental organisation (NGO) status and registration in Switzerland some updates had to be done. Also, IADS welcomed even 9 new members: Australia (full national membership), Chile (affiliate national), Libya (full national), Morocco (full local), Northern Cyprus (associate national), Rwanda (affiliate national), Senegal (corresponding national), Tanzania (affiliate national), United Kingdom (full national). Former IADS President 2008-2010, Tomaž Špindler for his dedication and hard work in Constitutional Committee was elected as an Honorary Life member. Last but not least, delegates voted upon the next host country of the 66th MYM - It is Bosnia and Herzegovina!
**Scientific Program**

While the delegates were discussing important issues in the GA, other participants were acquiring new skills. They had the opportunity to listen to more than 10 interesting lectures, covering different topics in dentistry, including endodontics, teledentistry, pediatric dentistry, bone regeneration, cosmetic dentistry and others. There were several workshops we could choose from, namely face bow, oral health by Curaden, basic and advanced instrumentation for non-surgical periodontal therapy by Hu-Friedy and last but not least, workshop on interactive robot on management of complications during teeth treatment. Our trainers Ismail Rifai, Julien Issa and Shayan Darvish held training session to enhance soft skills, which are always useful. On the last day of the congress, the dental olympics took place. Contestants tested their skills in wire bending, suturing and soap carving. Members of the winning team were Nils Werner and Etienne Krohmann from Germany and Héloïse Hégo from France. For the first time in history of IADS, panel discussion took place where also high-profile experts participated. It was themed “Developing and Training the New Generations of Dentists”.

**Social Program**

Social program is a necessity to any IADS event. The first event of the MYM was the Opening ceremony, which was held in the Museum of Modern Art. It was a joyful time for the IADS family to get together again. After the first day of the GA and lectures, we gathered for the entertaining boat tour on the Rhine River. It was followed by dinner at Flamm’s where they served us traditional Alsatian tarte flambee. Afterwards, it was time to dance and party at Le Jimmy’s. The third night was reserved for the highly anticipated Exchange Fair where no traditional food and drinks were missing. During the last day of the congress, we had a chance to tour the clinics and visit hospital’s historic wine cellar, which is home to the oldest barrel-stored wine in the world. The congress concluded with ROCS Gala, where we all dressed our best dresses and suits, took the last photos with our IADS friends and simply enjoyed the last moments spent together.
Post-Congress

A post congress in Strasbourg was a perfect time to chill after a rough week, organized by Rebecca and Jules. Our 3 post congress friends were Nils and Etienne from Germany and Esra from Sudan. The post congress started with “spaetzle” for lunch, a culinary specialty from Alsace, followed by an escape game. Afterwards, we rented bikes and saw the European parliament building and the “Orangerie” park. Later on, we played some bowling and spent the evening in a restaurant and shot bar, not tired at all from the Gala night.

On Friday, we had lunch at a famous restaurant in Alsace, where we tried some alsacian cheese “Le Munster” and some “rognon blanc”, which are bull’s testicles. In the afternoon, we visited a wine domain at “Domaine des frères Bott”, we saw how they produce wine and of course we tried 6 of them! We visited Ribeauvillé, a beautiful and typical alsacian town.

Then we drove to the famous chocolate factory “Daniel Stoffel” and where we learned everything about chocolate - how it’s made, the ingredients and how to taste it. In the evening, we had some tapas, drank beer and went to sleep early.

On Saturday, we had a very good brunch in Hotel Graffalgar, followed by a walk and shopping in Strasbourg. We saw Strasbourg’s Opera, National Students’ Library and the European parliament. In the evening we went to a basketball match and later to techno party at Le KALT.

On Sunday, our friends went back to their countries after brunch. For the organizers, it was a beautiful time to share our culture and the way of life in Strasbourg with the international friends. Despite being tiring, this project has motivated us a lot to continue with associative and student life and we are ready to prepare the next congress in Strasbourg: EDSA Congress in August 2020!

To sum up, the 65th MYM Strasbourg was a huge success. On behalf of all attendees and Executive Committee, we would like to say a big thanks to LOC team for amazing work! Also thanks to our sponsors: FDI, W&amp;H, 3Shape, Flajolet, Hu-Friedy, R.O.C.S, Curaden and University of Strasbourg. Hope everyone got home full of good memories and motivation for upcoming months. Congratulations to new members and see you all in Tunisia!

Written by
Greta Keršytė (Lithuania) Alexa Dogaru (Romania)
Ziva Antolin (Slovenia) Jules Rose (France)

Designed by
Mark Rizkalla - Egypt
"Dental practice is both a health profession and a business"

During our academic years in studying dentistry, we get all the raw information, the basic sciences, and all the needed basic dental skills to help us succeed in our career. But we are left with zero knowledge about business and management skills that one can never gain simply practising dentistry; not in 7-10 years of practice!

Nowadays, many dental clinics have grown from being one or two-man practices to more complex businesses with a higher number of employees. This shift has added administrative duties as part of the dentists’ responsibilities. Therefore, dentists who own clinics need not to only be adept at performing dental treatments, but to have management skills as well.

From a business perspective, dental centers are one of the businesses that need high capital but generate little profit. Therefore, being able to develop a business model that increases revenues are one of the ways dental practice can gain from and be able to grow.

Unfortunately, most of the dentists and dental centers depend on their reputation for success as well as their practice location, equipment, and professionalism. Yet to realize that these aspects are not enough to achieve their goals and receive the expected revenue on the long term.

As a dental student, it must be your dream to build your own practice, and you will be very excited when you graduate to start this journey. But the first obstacle you will face is the financial issue, since you need a vast sum of money to start with.

In Jordan for example you will need at least 250,000 $ to furnish and start up your own center with 5 clinics, x-ray room and an attractive decoration. This huge amount usually is not accessible to most of us. So you start looking for resources, like a loan from a bank. However, getting a loan isn’t easy either, they ask for a business plan. This is where they drop a bombshell on you!

Dentists are not taught how to write a business plan during their studies! Here you are forced to face the fact that you’re not just applying what you learnt in dentistry school, but you are starting a real business!

With the economy getting worse with time, only the best managed dental practices will have the opportunity not only to survive but to grow in terms of revenues, profits and size. Running a successful practice also means coming up with strategies of giving patients the best.

This is not possible without deliberate management which requires specialized training. Here we all agree that as dentists we have never come across these terms in our universities! Vision, mission, goals, leadership, workflow, job description, cash flow, business plan, depreciation, SWOT analysis, SMART goals, scale of salary and many other terms considered to be the basics for any healthy business.
From this point of view, we, as the Jordanian Association of Dental Students- JADS, realized the need to arm our students with dental practice management skills before becoming trapped in the expanding business environment of dentistry.

Therefore, we signed an entrepreneurship partnership with the International Medical Training Academy in UK, presented by its CEO, Dr. Aref Al-Abed, who is not only a MBA holder, but a good speaker, trainer and, most importantly, a dentist with 8-years experience. This makes him the best person to deliver this course.

What is Dental Practice management course?

It is an intensive course that aims to give dental students, interns and dentists the required management and planning skills, and train them on how to run their own businesses with hands-on training that focus on various subjects;

1. Business Plan and Management:
   When starting a business, you need to have the ability to set a strategy for your practice that includes your vision, mission, goals and values, this is all part of building your future business. It is impossible to run a successful business without setting a strategy and following it. Also you need to be aware of how to effectively use Human Resource (HR) management and policies by setting a development plan for your staff, setting a clear method to recruit and evaluate your staff and be able to create KPI’s in your practice.

2. Accounting and finance:
   It is one the most important skills in business. Unfortunately, many dentists do not have this skill. It’s important to understand the basics of accounting and finance principles, how to calculate depreciation and breakeven analysis, learn how to set a pricing method for your practice and monitor cash flow.

3. Marketing:
   After building a practice now you should be able to maintain and develop your business, discover successful ways on how to market your practice; marketing mix, brand your practice and determine your buying motives. These are unusual concepts for the dentists however these concepts are very important in marketing.

4. Leadership:
   Dental practice was never a one-man show, it is a teamwork in which the dentist must act as the leader for his assistant, receptionist, technician, and other dentists; if found. His job is to motivate them, train them, be responsible for their actions and keep pace with them, only then a dental business can reach to the top. Those who have the knowledge about the dental practice management will be in a much better position regarding handling their own practices. Not only would it increase revenues and profitability, but also increase the efficiency and productivity, leading to happier patients and happier practitioners.

Dental practice management courses are suitable programs for everyone seeking a healthy business, giving you the confidence to manage your practice and lead your employees to reach your ultimate business goals and growth.

http://www.imta.co.uk
Written by Abeer Al-Hamdan (Jordan)
Proofread by: Khaleed Umar (Nigeria)
The 144th Executive Board meeting of the World Health Organization (WHO) took place in January this year. On behalf of the IADS, I was given the privilege to join the selected IFMSA delegation to join this meeting.

The WHO EB meeting takes place each January at the WHO headquarters in Geneva. During this meeting the Executive Board members agree upon the agenda for the World Health Assembly happening in May and the resolutions to be considered by the Health Assembly.

Months before the event our 11-member delegation had regular meetings and prepared Statements on 13 meeting agenda items to be read out. Non-state actors in official relations with WHO can write and read out statements on the meeting agenda items and partner organizations such as IADS can give their official endorsement. IADS supported the following items: 5.4 Implementation of the SDGs; 5.5 UHC; 5.6 Health environment and climate change, 5.8 Follow up on the high-level meetings - focused on NCDs, 6.3 Human resources for health, 6.4 Promoting the health of refugees and migrants, 7.3 Engagement with non-state actors. This kind of engagement is important from an advocacy and external relations viewpoint to IADS and will help to pave the way towards official non-state actor status for our association in the future.

During my stay in Geneva I had various meetings with current partners and discussed also new collaboration initiatives. Together with representatives of IFMSA and IVSA we met with WFPHA (World Federation of Public Health Associations) to discuss future projects and also potential membership for IADS. WFPHA joins together public health associations from all over the world and recently targets youth associations more in its work. IFMSA and IPSF have been members for years and IADS has also applied recently to become members. We can contribute to their Oral Health section, growing interprofessional healthcare network and help to diversify their congresses and events.

As most of you have heard, IADS is currently in the process of registering as a non-governmental organization (NGO) to Switzerland. This process has taken a long time and a lot of legal consultations on the way. Back in January I also met with the FDI Executive Director, Enzo Bondioni, to discuss both these registration procedures but also new platforms of collaboration between IADS and FDI.

I also met with Dr. Benoit Varenne, the WHO Oral Health Chief. We discussed the current Oral Health related work at the WHO and also IADS work on dental education and advocacy. Dr. Varenne is open to IADS members coming for internships to his department. Also an internship at the NCD department is a possibility through an IADS alumni working there. With continuous capacity building and coordination the IADS is working towards making this opportunity a reality for our members.
Last but not least an extensive part of my visit in January was dedicated to the WHO GHWN Youth Hub. The Youth Hub is an interprofessional network of student and young professional organizations in healthcare that was initiated 1.5 years ago to work on health workforce issues and prevent the prognosed 18 million health worker gap from happening by 2030. I am representing and working on behalf of IADS as one of the Steering Committee members and very recently we opened a call for membership to the Hub. At the WHO meeting we had a wonderful opportunity to have a meeting with the Director General of the WHO, Dr. Tedros. Together with Dr. Caline Mattar (Junior Doctors Network) we introduced to him the Youth Hub, a bit of its history, work plans and ideas. Dr. Tedros is concerned about closing the prognosed 18 million health worker gap by 2030 and sees youth as change makers. He is very supportive towards the hub and its plans. With the approaching World Health Assembly in May, also several means of youth engagement and youth events were discussed.

One of the aims of IADS listed in our Constitution is: “Inspiring dental students to use their knowledge and capacity to advocate for the prioritization of oral health within the global health agenda.” In order for oral health to be heard at the WHO and also on a national level we, the students, need to make our voices heard.
5th International Dental Student Congress in Ljubljana – Slovenia
For the fifth consecutive year, around 100 dental students from 12 different countries gathered in Ljubljana, the capital city of the central European country Slovenia, for the 5th International Dental Student Congress. The congress took place from 5th to 7th of April 2019 at the Faculty of Medicine, University of Ljubljana, and was organized by the Slovenian Dental Students International Committee (SiDSIC).

The first participants arrived on Thursday, 4th of April, and were welcomed with a karaoke party at Foerster Bar. The next morning, the official part of the congress started with speeches by the Dean of the Faculty of Medicine, prof. dr. Igor Švab, Vice Dean for Dental Medicine, prof. Janja Jan, and the president of the organizing committee, Valentina Težak.

The first half of the program consisted of interesting lectures by professors and teaching assistants from the hosting. For the first time, we hosted foreign speakers, dr. Emad Youssef and dr. Fouad Abarkan, who presented a lecture on dental and orofacial pain. During coffee and lunch break, the participants had an opportunity to check out the dental exhibition by the sponsors.

The second part of the program consisted of lectures by students, which also counted as the lecture contest. In the afternoon, the participants had some free time to sightsee and explore the beautiful city of Ljubljana. Friday night calls for party, so we finished the day dancing in the Shooters club!

The second day of the congress was reserved for the workshops. Each participant could sign up for two of them. Workshops focused on modern techniques in dentistry and practical approach to them, including laser dentistry, implantology, rotary endodontic tools, digital dentistry, teeth whitening and EverStick C&B fibers. After lunch break, there was a workshop for everyone about the first aid in dentistry. In the evening, we all gathered at LP bar for the Gala evening. After the performance by Anastomoza band, whose members are students of the Faculty of Medicine, it was time to announce the winners of the lecture contest. The third place went to Andrea Hrubá (Slovakia), the second place to Lea Topolovec and Luka Birk (Slovenia) and the first place to Vukašin Janjović (Serbia) who presented a lecture titled with “Evaluation of efficacy of oral appliances in the treatment of patients with obstructive sleep apnea syndrome”.

On Sunday, it was time for a daytrip to Julian Alps for those who signed up. We visited beautiful Lake Bled, the most visited place in Slovenia after our capital, and calming Lake Bohinj, the largest lake in the country surrounded by magnificent mountains.

To sum up, the three days of the congress offered dentistry students the opportunity to gain new knowledge, try modern techniques in practice, share their research with others, of course make new friends and spend some nice time in lovely Ljubljana. SiDSIC hopes to see you again next year!

Written by:
Živa Antolin, Slovenia (LOC member)
Proofread by:
Aws Salah (Iraq)
Walaa Al Absi (Palestine)
Designed by:
Abdelrahman Magdy (Egypt)
2nd International Dental-Art Congress and The Endodontics Masterclass

Colleagues from Dental–Art (http://www.dental-art.education/) are inviting us to their International congress, which will be hosted once again in the wonderful Florence in Italy on Saturday, 12th of October 2019. The theme of the congress will be “Innovation in Endodontics: A New Step in the Future”.

The congress will host a great deal of high value international speakers, who will talk about the state of the art of Endodontics and where it is going in the next year. Many innovations that will simplify clinical procedures and improve the quality of the treatment will be hitting the market in the following years. The main focus of the congress will be the preservation of the natural dentition as the primary goal of the treatment. Organizers promise that it will be an inspirational congress not only for the experts but also for the younger colleagues.

The notable speakers for the event are Dr. Riccardo Becciani, Dr. Claudio Farnararo, Dr. Matteo Goretti, Dr. Moh’d H. Hammo, Prof. Damiano Pasqualini, Dr. Wilhelm-J. Pertot and Prof. Francesco Pira.

The meeting will conclude with a Gala Dinner on Saturday night on the terrace in the centre of Florence with an unforgettable and breathtaking view of the city.

The same as the last year, The Endodontic Masterclass will take place 3 days before the congress on the 9th, 10th and 11th of October 2019 in Florence, Italy. It is structured with presentations of numerous clinical cases, literature reviews, clinical video demonstration and more than 18 hours of hands-on sessions, learning how to perform a modern procedure with the latest tools and technology available. There will be a special topic for each day, starting with opening of the “smart” endodontic access, followed by scouting and shaping of the canals and last but not least, 3D obturation. There will also be Dr. Stephen Buchanan present as a special guest.

IADS and dental-art.education prepared a special opportunity for the IADS students!

- 1 student will receive a full scholarship for the Endodontics Masterclass 2019 that will cover the fee of the course (1500 €) and accommodation for 4 nights in Florence.
- 4 students will receive partial scholarships for the Endodontics Masterclass 2019 with the reduced fee of the course (1200 €, no accommodation included).

In order to be eligible to obtain the scholarship, you have to fulfill the following:
- be IADS student of the last year of study,
- like the dental-art.education’s facebook page (https://www.facebook.com/EndodonticsExcellence/),
- send motivational letter to Dr./unio00A0 Claudio Farnararo (drfarnararo@gmail.com)
The congress will host a great deal of high value international speakers, who will talk about the state of the art of Endodontics and where it is going in the next year many innovations that will simplify clinical procedures and improve the quality of the treatment will be hitting the market in the following years. The main focus of the congress will be the preservation of the natural dentition as the primary goal of the treatment. Organizers promise that it will be an inspirational congress not only for the experts but also for the younger colleagues.

The notable speakers for the event are Dr. Riccardo Becciani, Dr. Claudio Farnararo, Dr. Matteo Goretti, Dr. Moh'd H. Hammo, Prof. Damiano Pasqualini, Dr. Wilhelm-J. Pertot and Prof. Francesco Pira.

The meeting will conclude with a Gala Dinner on Saturday night on the terrace in the centre of Florence with an unforgettable and breathtaking view of the city.

The same as the last year, The Endodontic Masterclass will take place 3 days before the congress on the 9th, 10th and 11th of October 2019 in Florence, Italy. It is structured with presentations of numerous clinical cases, literature reviews, clinical video demonstration and more than 18 hours of hands-on sessions, learning how to perform a modern procedure with the latest tools and technology available. There will be a special topic for each day, starting with opening of the “smart” endodontic access, followed by scouting and shaping of the canals and last but not least, 3D obturation. There will also be Dr. Stephen Buchanan present as a special guest.

IADS and dental-art.education prepared a special opportunity for the IADS students!

-1 student will receive a full scholarship for the Endodontics Masterclass 2019 that will cover the fee of the course (1500 €) and accommodation for 4 nights in Florence.
-4 students will receive partial scholarships for the Endodontics Masterclass 2019 with the reduced fee of the course (1200 €, no accommodation included).

In order to be eligible to obtain the scholarship, you have to fulfill the following:
- be IADS student of the last year of study,
- like the dental-art.education’s facebook page (https://www.facebook.com/EndodonticsExcellence/),
- send motivational letter to Dr. Claudio Farnararo (drfarnararo@gmail.com)
Kazan is the capital of the Republic of Tatarstan and the sixth most populous city of Russia having more than 1 million inhabitants. The city is well known for its religious and historic places. Kazan was definitely the perfect location for having the 63rd European Dental Students Association (EDSA) meeting. Greta Kersyte has attended it as a representative of International Association of Dental Students (IADS).
On the 15th of April in Kazan State Medical University meeting was officially opened with the speeches of Dean, Chairman of LOC Leisan Saleeva, EDSA President Alyette Greiveldinger and others. After that European delegates and attendees gathered in a conference room to give reports about their work during the last months. IADS was also presented the first day of the meeting. Executive Committee member - editor Greta Kersyte had introduced the history of association, its structure, aims, members of committees and the most important, events of IADS. The day was ended with a traditional EDSA event so called EDSAVision where members from different countries had to sing their traditional songs on the stage.

The next days were also full of different activities. Dr. Albert Wanig had made a presentation about dentistry as business followed by a workshop where he taught how to give a speech in public. Also, there were workshops organized by Curaprox, Bien Air, DMG and other sponsors. One of the most remarkable presentation was given by Dr. Marko Jakovac about minimal invasive dentistry. Besides that, Tin Crnic current general secretary was elected as president to elect. It means that from now on current president of EDSA will start handover period which will last till August, when Tin will start his duties as a president. The meeting had been closed on the 18th of April in traditional Russian restaurant in the heart of Kazan - Bauman street, followed with a party in Bazzar club.

On behalf of whole IADS, me, Greta Kersyte, would like to say big thanks for EDSA members for such warm welcome. I definitely believe that our relationship between associations has strengthened and we will continue working hand by hand. Hope to see more members of EDSA in our next meeting in Tunisia!
How did you celebrate World Oral Health Day? Let us know, win a prize!

FDI Message

Don’t miss your chance: when you submit a World Oral Health Day Activity Report, you’re eligible to win a WOHD Award. Share your celebrations with us today.

Thank you to everyone who celebrated World Oral Health Day (WOHD)! From brush-a-thons and oral health parades to free dental check-ups, all your hard work to promote this year’s campaign has been instrumental in spreading the ‘Say Ahh: Act on Mouth Health’ messages across the world.

We are humbled by your overwhelming support to make WOHD 2019 a resounding success – hundreds of activities were organized globally.

**How did you Act on Mouth Health?**

We want to know how you celebrated WOHD.

Did you organize a lecture, hand out the checklists with oral health tips, set up a booth? No matter the size or your activity, if it was in the name of WOHD, we want to know about it!

Please fill out the online WOHD Activity Report and tell us about your celebration. You can add photos, videos, links and all the details needed to describe your local campaign.

When you submit an activity report, you become eligible to win a WOHD Award, so don’t miss your chance.

**The World Oral Health Day Awards**

FDI relies on the power of local and national campaigns to activate WOHD globally. Empowered by a common goal to reduce the burden of oral diseases, the oral health community comes together year after year to organize free dental check-ups, school activities, educational lectures, awareness walks, flash mobs, and more.

For FDI members and student dental associations, the WOHD Award prize includes travel, accommodation, and attendance at the FDI World Dental Congress (48 September 2019 in San Francisco, USA), an awards ceremony during the WOHD launch session at the Congress, and WOHD merchandise to use in future campaigns. There is also an award open to non-member associations and the general public, so let us know how you celebrated too, so that your efforts can be recognized.

**Submit an activity report for a chance to win a WOHD Award**

The WOHD awards are divided into five categories.

For FDI members (National Dental Associations) only:
- Most Educational Activity
- Best Media Campaign

For members of the International Association of Dental Students only:
- Most Original Activity
- Best Social Media Campaign

For the public only (the public award does not include a trip to the FDI World Dental Congress. It includes an official certificate of recognition and WOHD merchandise to use in future campaigns):
- Best Branded Photo

To select the WOHD Award winners, FDI will start evaluating the activity reports. If you haven’t already, submit your activity report today.

WOHD would not be the success that it is without your continued dedication and support – together, let’s make oral disease history.

**Related FDI website page(s): If relevant**

http://www.worldoralhealthday.org/
portugal

Portugal is a country marked by its tradition and habits. The Portuguese people are recognized for their hospitality and this reputation is distinguished worldwide. Portugal has collected huge tourism prizes in the recent years, making it a must-visit destination in Europe. Whether through the historic cities of Oporto, Coimbra or Lisbon or by the breathtaking landscapes of the Douro, Alentejo or Algarve, the visit will always be unique. Did you know that Harry Potter’s garments were inspired by the academic costumes of the university students of Portugal? Portugal has one of the most unique academic traditions in the world, along with the old traditions of the country. Portugal is a place full of delicious secrets, are you willing to learn them?
Hi! I’m Tiago do Nascimento Borges and I’m the National Delegate of Portugal at IADS and the President of the Executive Committee of the Portuguese Dental Students Association (Associação Nacional de Estudantes de Medicina Dentária).

The Portuguese Dental Students Association is a non-profit association of national scope, constituted for an indefinite period of time, representative of Portuguese Dental Medicine students’ interests represented by their Associations/Nucleus. Our mission is to represent Dental Medicine students of Portuguese Institutions and Universities, through its associates, nationally and internationally, seeking to assure the adequate availability of dental care to the population, as well as ensuring the excellence of education of the National Dental Medicine, resorting to active communication with the various entities responsible for health, education and youth. The PDSA is a young association, created in July 2017.

We are the representative association of more than 3000 students studying dental medicine in 7 schools here in Portugal. We are organized in 3 main social entities: Executive Committee (and their departments), Board of the General Assembly and Fiscal Council. We have numerous activities but the most known is our Annual National Meeting and our Annual National Congress. I take this opportunity to invite you all to our Annual National Congress, an event recognized by its scientific quality and where our Annual International Meeting takes place, a component of our event that we expect to grow in the next years. We are looking forward to seeing you all in Portugal next year.

And there are only good reasons to do it! Portugal is a country marked by its tradition and habits. The Portuguese people are recognized for their hospitality and this reputation is distinguished worldwide. Portugal has collected huge tourism prizes in the recent years, making it a must-visit destination in Europe.

Whether through the historic cities of Oporto, Coimbra or Lisbon or by the breathtaking landscapes of the Douro, Alentejo or Algarve, the visit will always be unique. Did you know that Harry Potter’s garments were inspired by the academic costumes of the university students of Portugal? Portugal has one of the most unique academic traditions in the world, along with the old traditions of the country.

Portugal is a place full of delicious secrets, are you willing to learn them?
Hope to see you soon, the IADS family!

Best regards,
Hi! I´m Tiago do Nascimento Borges and I´m the National Delegate of Portugal at IADS and the President of the Executive Committee of the Portuguese Dental Students Association (Associação Nacional de Estudantes de Medicina Dentária).

The Portuguese Dental Students Association is a non-profit association of national scope, constituted for an indefinite period of time, representative of Portuguese Dental Medicine students' interests represented by their Associations/Nucleus. Our mission is to represent Dental Medicine students of Portuguese Institutions and Universities, through its associates, nationally and internationally, seeking to assure the adequate availability of dental care to the population, as well as ensuring the excellence of education of the National Dental Medicine, resorting to active communication with the various entities responsible for health, education and youth. The PDSA is a young association, created in July 2017. We are the representative association of more than 3000 students studying dental medicine in 7 schools here in Portugal. We are organized in 3 main social entities: Executive Committee (and their departments), Board of the General Assembly and Fiscal Council. We have numerous activities but the most known is our Annual National Meeting and our Annual National Congress. I take this opportunity to invite you all to our Annual National Congress, an event recognized by its scientific quality and where our Annual International Meeting takes place, a component of our event that we expect to grow in the next years. We are looking forward to seeing you all in Portugal next year.

And there are only good reasons to do it! Portugal is a country marked by its tradition and habits. The Portuguese people are recognized for their hospitality and this reputation is distinguished worldwide. Portugal has collected huge tourism prizes in the recent years, making it a must-visit destination in Europe.

Whether through the historic cities of Oporto, Coimbra or Lisbon or by the breathtaking landscapes of the Douro, Alentejo or Algarve, the visit will always be unique. Did you know that Harry Potter’s garments were inspired by the academic costumes of the university students of Portugal? Portugal has one of the most unique academic traditions in the world, along with the old traditions of the country. Portugal is a place full of delicious secrets, are you willing to learn them?

Hope to see you soon, the IADS family!

Best regards,
In a world where it’s all about having the spotlights on you, it is difficult to find people, doctors in service of the folk; doctors who put their patients’ best interest before everything. Only true passion can lead one of being selfless and serving a bigger purpose and it can therefore lead you to being the one sought for by the spotlights. For your May issue we present to you Dr. Rubinshtein, whose specialty is aesthetic dentistry: changing lives through beautifying smiles. Without further ado, let’s not spoil it and let his magic capture you.

En un mundo donde todos quieren ser el foco de atención, es difícil encontrar personas, doctores que sirven a la gente, que ponen el mejor interés de sus pacientes delante todo. Solo la pasión sincera puede hacer que uno llegue a ser abnegado, sirviendo un mayor propósito así llegando a ser el que quieren poner en el foco de atención. Para nuestra publicación de Mayo les presentamos a Dr. Rubinshtein; la especialización de cual es la odontología estética; cambiar vidas embelleciendo sonrisas. Sin mas preámbulos, no lo echemos a perder y dejamos que su magia los atrape.
1. Why did you choose dentistry? How did you discover this profession?
I discovered this profession early in my life. I grew up to two amazing role models (my parents) who are in the dental field. As I spent time in their dental practice, I saw the positive impact that they make every day on people's lives. It was almost as much of a brainer for me to go into this profession.

Porque escogió usted a la odontología? Cómo usted descubrió a esta profesión?
Descubrí esta profesión muy temprano en la vida. Crecí con dos increíbles modelos a seguir (mis padres), los cuales tenían la profesión de dentista. Al pasar mi tiempo en su clínica dental, vi el impacto positivo que tenían en la vida diaria de las personas. Así que entrar en esta profesión, fue casi un pan comido para mí.

2. What were the biggest challenges you had in dental career and how did you deal with them?
I never really worked so much with my hands, so I had to develop my hand skills and practice until it came out perfect with lots and lots of practice. I would spend hours after hours of dental class, working on my craft, and getting better and better with practice. Even after you graduate, it’s a lifelong process of perfecting, growing, and learning.

Qué es lo más difícil en odontología cosmética? Que no acabes cuando termina el día de trabajo. Acabas cuando la sonrisa está terminada. Estamos haciendo todo lo que sea necesario. El cambio de la sonrisa no es solamente ciencia, es arte. Como un artista, trabajas hasta los dos - paciente y tú mismo LA AMAS.

Cuáles fueron sus mayores retos en su carrera en odontología y cómo usted manejó en estos casos?
Nunca había trabajado tanto con mis manos, así que tuve que desarrollar las habilidades de mis manos y también mi práctica hasta llegar a la perfección; esto con mucho mucho trabajo. Sólo pasar horas y horas en clases dentales, practicando mi arte y mejorando más y más. Aun después de la graduación, este es un proceso de perfeccionamiento, crecimiento y aprendizaje para toda la vida.
4. Could you share with us a special dental case that had a huge impact on you? My team and I did a country-wide smile makeover contest where thousands of people were nominating who they thought deserve a smile makeover. The winner was a girl from Indiana, who's teacher actually nominated her because she was made fun of and bullied about her smile. The teacher saw so much potential in her and knew that a smile could change her life. It was so touching when we finished the girl's smile, to see and watch her reaction and transformation. It was truly priceless. With the confidence we gave her, she started to YouTube her dance routines and is now top YouTube influencer.

Podría usted compartir con nosotros un caso especial que tuvo un gran impacto en usted? Mi equipo y yo hicimos una competición de cambio de sonrisa en todo el país, en el cual miles de personas nominaban a aquellos que según ellos se merecían un cambio de sonrisa. La ganadora fue una chica de Indiana, el maestro de la cual la nomino porque se reían de ella y la acosaban por su sonrisa. El maestro vio mucho potencial en ella y sabía que una sonrisa podía cambiar su vida. Fue conmovedor cuando terminamos con su sonrisa y vimos su reacción y transformación. Fue verdaderamente inapreciable. Con la confianza que le dimos, ella empezó a hacer videos de coreografías de baile en YouTube y es ahora una de las top influencias en YouTube.

5. Do you do other than cosmetic dentistry procedures such as implant placement, endodontics etc? If no, why did you choose cosmetic dentistry? My team handles it all. I focus on esthetics because when you have a focus and passion in a particular part of dentistry you can perfect your skill.

Hace usted otros procedimientos aparte de odontología cosmética; tipo colocación de implantes, endodoncia, etc? Si no, porque escogió hacer odontología cosmética? Mi equipo lo puede todo. Yo me enfoco en estética porque es cuando tiene un foco y una pasión en una parte particular de la odontología que uno puede perfeccionar sus habilidades.

6. What is the secret to become a successful dentist from your point of view? There are a few: A) To build an unbelievable team around you. B) To consistently have an open mind to learning and growing. Looking at every case that you do and learning from each one to improve. C) Treating your patients with the up most care as if they are your family.

Cuál es el secreto de ser un dentista exitoso según su punto de vista? Hay unos pocos: A) Construir un equipo increíble al tu alrededor B) Consecuentemente tener una mente abierta al aprender y crecer. Ver a cada caso que haces como una oportunidad para mejorar. C) Tratar a tus pacientes con el máximo cuidado tal como si fueran de tu familia.
7. What are the steps to become famous on Instagram? What made you decide that you want to be so active on social media in the first place?
When I first graduated and worked at my family practice, the location of the practice was away from heavy traffic. I needed a way to bring in new clients. I didn’t have the money for marketing, but I wanted to get my voice, personality, and work out to the people. I started my journey with live streaming and answering any dental related questions to people throughout the country, showcasing my personality. Then I got into Snapchat and Instagram. The key is to be yourself. Be honest with the audience, and have fun with it. What’s amazing is that the patients that are coming from social media, already have a level of understanding of my practice, my personality, and my work.

Cuáles son los pasos de hacerse famoso en Instagram? ¿Qué fue lo que lo hizo decidir que quería ser tan activo en las redes sociales?
Cuando me gradué y empecé a trabajar en la clínica de mi familia, la ubicación de la clínica era lejos del tráfico pesado. Necesitaba una manera de traer nuevos clientes. No tenía el dinero para el marketing, pero quería alcanzar a la gente con mi voz, mi personalidad y mi trabajo. Empecé mi camino haciendo transmisiones en vivo y respondiendo preguntas relacionadas a la odontología de personas en todo el país, así mostrando mi personalidad. Luego empecé con Snapchat e Instagram. La llave es ser uno mismo. Sé honesto con tu audiencia y disfrútalo. Lo maravilloso es que los pacientes que vienen a verme de las redes sociales ya tienen un nivel de comprensión de mi práctica (clínica), mi personalidad y mi trabajo.

8. What is your life motto? Work hard, never give up, and treat your patients like family.
Cuál es su lema en la vida? Trabajar mucho, nunca darse por vencido y tratar tus pacientes como si fueran tu familia.

9. You inspire so many dental students from all over the world, what advice can you give them? You are not born an amazing doctors/dentist. You have to work on the craft, you have to believe in yourself and understand that this is a profession you will have to always learn and grow.
Usted es una inspiración para estudiantes de odontología de todo el mundo; ¿qué consejo(s) les daría a todos ellos? Uno no se nace un dentista/docto maravilloso. Uno tiene que practicar a su arte, confiar en sí mismo y entender que es una profesión en la cual siempre tendrá que aprender y crecer.

Warm Smiles,
Dr Daniel Rubinstein

With the passion in his heart, his mindset set to perfection and his soul set on serving the patients’ best interest, Dr. Rubinstein is a real example to be followed. We thank him for the charming interview and hope to follow in his footsteps.
Con la pasión en su corazón, su mente enfocada en llegar a la perfección y su alma decidida para servir a los pacientes en el mejor interés de ellos, Dr. Rubinstein es un verdadero ejemplo para seguir. Le agradecemos por esta entrevista encantadora y esperamos seguir en sus pasos.
The Simodont virtual reality based teaching system provides key benefits to students and teachers alike.

It employs unique haptics technology, which provides realistic sense of touch to enable students to learn better, faster and more efficiently while giving faculty more effective teaching tools. Dental schools worldwide are discovering that the virtual reality system is an effective solution ready for integration with their teaching curriculum. Currently, for example, teaching tools do not facilitate active monitoring of student’s performance and their evaluation is based primarily on the result of student’s work!

By providing a simulated environment for practicing procedures, moogs dental trainer delivers a faster, more efficient transition of students from a pre-clinical to a clinical environment. Efficiency and productivity are the major benefits. In addition, it helps advance student’s skills via a wide variety of patient cases and tooth pathologies and it improves students’ engagement while giving teachers a more productive way of monitoring students’ performance as well an important assessment tool.
Students work on the Simodont and:

- Practice in their own time
- Login using manual login, swipe ID card or RFID card
- Select cases from planned courses
- Choose their own positioning: left or right handed
- Learn about the virtual patient
- Write a treatment plan and make treatment plan drawings
- Select the required instruments for the planned treatment
- Easily switch between different virtual instruments for the preparation of the tooth
- Can actually feel the difference between the different tissues in the tooth.
- Save 3D snapshots at different stages of the preparation
- Repeat exercises from a certain moment in the preparation using reloading of snapshots
- Inspect and review their preparation using virtual inspection tools not available in real practice
- Assess their own work using self-assessment rubrics
- Compare their preparation against self-made the treatment plan drawings
- Review the teachers’ feedback and grading on the Simodont

Teachers can use the Simodont for:

- User management: uploading and maintaining users, creating groups
- Planning of courses using the provided preset cases and customized cases
- Building customized case scenarios based on the provided model library containing over 60 tooth and manual dexterity models
- Importing intra oral scan data (STL) to build patient specific exercises
- Composing customized instrument sets from instrument library containing over 70 instruments
- Incorporate the schools own assessment rubrics
- Monitoring students and discuss cases in class using the remote viewer
- Reviewing student work in the evaluation environment
- Creating reports and exporting data

Simodont Supported procedures:

**Manual Dexterity**

Over 40 preset exercises from basic to advanced level, direct and indirect vision with automatic scoring in various fields like cariology, crown, and endodontic exercises.
Operative

Over 10 preset Class I, Class II and Class V cases with permanent and primary dentition models. Cases based on scanned real teeth, pictures and X-rays of the teeth are included in the cases with optional virtual patients. The ability to use various caries excavating burs, hand excavators and caries sensible probe.

Crown

It measures the reduction using the gauges and the tooth’s original outline and the wall angles using virtual measurement tools like grids and gauges. It enables users to test the occlusal reduction using the antagonist. It uses the tooth axis as a guide for the preparation of the tooth; moreover, users can inspect damage of the adjacent teeth.

Endodontic Access Cavity

Users can feel the drop in the pulp chamber and inspect the tooth in semi-transparent mode and inspect the radiograph of the tooth during work.

Patient Specific Workflow

Simodont enables users to create their own models and practice real clinical cases on it. It is compatible with many intra-oral scanners using the STL format.

Overall, the students will find the trainer, Easy to use, they will save valuable time in preclinical lab training and they will have a more engaging learning experience with appropriate faculty support and will save money through fewer plastic teeth and less instrument wear!

The future of dentistry and dental education has become more promising due to technology and artificial intelligence; we all – dental students – are looking forward to more inventions, revolutions and brilliant devices!
Information has been taken from: https://www.simodontdentaltrainer.com

Written by:  Walaa Al Absi (Palestine)
Mohamed Ahmed (Egypt)
Silvi Domnori (Turkey)

Proofread by: Walaa Al Absi (Palestine)

Designed by: Ernest Mugesera (Rwanda)
CLINICAL CASE

Diagnostic profile of the patient:

The patient (K.E) aged 45 years old presented to the clinic with a broad absence of teeth; which was her primary complaint. The patient’s initial expectations were to have a functional occlusion. Personal and medical history findings were as follows: excessive tea consumption, bruxism, no genetic or systemic diseases, no allergies and no regularly used drugs. The patient’s brushing habits were regular with minor discrepancies, although she didn’t have a flossing habit which we agreed she would establish after her treatment.

Extraoral examination findings:

were as follows: mesofacial facial type, straight profile, regularly shaped nose and all 3/1rds of the face were proportional.

Intraoral examination findings:

19 teeth were found in the oral cavity, of which 10 maxillary and 9 mandibular. Due to the absence or the lower molars there was no posterior occlusion. In order to achieve any occlusion at all the patient occluded on her anterior teeth. Taking in consideration the canine relationship, it was clear there was no actual Class III malocclusion. No symptomatic findings were observed in any of the teeth. There was local gingivitis on the gingiva of her upper anterior teeth.
Radiographic Findings

Due to the long term edentulism, the bone of the posterior mandible had begun to resorb. There were wide restorations on no. 13, 23. RCT had been previously performed on teeth no. 15, 13, 11, 21, 23. No. 14, 24, 25, 26, 37, 36, 44, 46, 47 and the third molars.

Treatment

Due to the localized gingivitis on teeth no. 11, 21; temporary acrylic crowns were placed, and the patient was recalled 1 week later.

Post-core treatment was applied on teeth no. 21 and 15. Teeth 11, 21 were prepared for crowns using a long needle diamond bur for a knife edge finish line. Teeth 13, 15 and 23, 27 were prepared using a long round-end cylindric diamond bur for a chamfer finish line and a diamond occlusal reduction bur for the occlusal reduction. Impressions were taken using Zhermack Zetaplus C Silicone putty and lightbody and were sent for the metal layer preparation.

After the metal proofing, the occlusion was stabilized using a modelling wax occlusal plate.
Regarding the dislevel in marginal zeniths on the gingiva of teeth no.21,11 the patient needed gingival aesthetics, but she didn't accept any invasive procedures, therefore pink porcelain was used for the pink aesthetics of that area.

After checking for any discrepancies, the porcelain bridge was sent for glazing then cemented using RelyX Luting Cement.

The patient was offered to have teeth no. 22,12 included in the bridge restorations but refused. For the lower jaw the patient was also offered whether implants or a partial denture but accepted none of them. In this case it was decided that the patient stay with the shortened dental arch, under the circumstances.
Training and awareness of managing dental trauma emergencies among dental students in tertiary care hospitals of Pakistan

ABSTRACT

Objective: The aim of the study was to assess and investigate the dental students’ level of educational knowledge and awareness regarding the emergency care management of dental trauma.

Materials and Methods: It is a cross-sectional study where several questionnaire forms were given to the first and final year students of the dental departments in local tertiary care hospitals of Karachi. A total of 200 students working at departments of dental trauma were involved in this study from the period of February 2018 to November, 2018.

Results: The results show that there was a significant association between the gender, age and the knowledge of the students regarding trainings in dental trauma and exposure to a dental emergency. The first year students have significantly less (6 vs 30%) trainings and exposure (10 vs 25%) to the tooth avulsion trauma accidents when compared to final year students. Even though final year students were far better in answering correctly still significantly higher number of students answered incorrect to scenario based questions when compared to first year students.

Conclusion: Data at hand suggested that knowledge of first aid training for accidents that occur outside dental hospitals and clinics is insufficient. Also there is a lack of awareness among dental students regarding their role in dental trauma management, stressing towards the execution of guidelines for dental injury and the education of undergraduate students and patients in the emergency management of dental trauma.

Key words: Avulsed tooth, Dental trauma, Student trainings, Emergency management

DISCUSSION

In this study the knowledge of first year students was taken as the knowledge possessed by general population, close to layman which showed more than 100% of the students have no idea how to manage dental trauma related emergencies. The educational policy of Pakistan is very similar to the guidelines provided in “The Competences for the New General Dentists, 2008” by the House of Delegates of the American Dental Education Association (ADEA) that states graduates must be skilled in the prevention, identification, and management of trauma, oral diseases, and other disorders.
The present study showed that only six (6%) first-year student had gotten first aid training, proposing that no such preparing for the administration of dental management had been given in numerous primary schools, middle school schools, and secondary schools. On the other hand 30 final year students (30%) had previously taken first aid dental training. The lack in the training and management of dental emergencies in colleges has initiated an urgent need to introduce public seminars/lectures about dental trauma in the fourth year course of dental schools. These lectures should follow the model core curriculum established by the Pakistan medical and dental council (PM&DC).²

According to the guidelines for the management of dental trauma published by the International Association for Dental Traumatology (IADT) and the American Academy of Paediatric Dentistry (AAPD), an immediate replantation of a tooth is necessary to obtain the best prognosis.³,⁴,⁵ As this prevents further damage to the PDL cells and also initiates tissue regeneration⁶ and it must be washed under cold water for max 10 sec.³,⁴ Previously many unsuccessful replantation has taken place due to lack of knowledge about what to do to an avulsed tooth.⁷,⁸,⁹ Therefore, 47% of the first year and only 20% of final year students considered an instant transportation of the tooth to a dentist more appropriate rather than replantation of the tooth by themselves. This has suggested that even though final year student’s first-aid knowledge is better than first year still many students lack the basic knowledge of tooth avulsion.

About 64 final year students (64%) knew how to deal with the avulsed tooth covered with dirt and gave the correct response. Moreover, the largest number of respondents believed that the best way to transport an avulsed tooth to the dental clinic was to “seal the tooth in plastic wrap”, signifying that they did not know there is an increasing risk of ankylosis after an extra oral drying time of 20 minutes of an avulsed tooth.⁴,⁷,¹⁰,¹¹,¹² These results reflect the level of knowledge about dental emergencies among laypeople and dental students.
Guidelines provided by IADT and AAPD for the management of dental trauma state that the physiological transportation media for avulsed teeth include HBSS (tissue culture medium), saline, and cold milk.\textsuperscript{3, 4, 13, 14, 15, 16} In the present study, 81\% of first-year students and 10\% of final-year students selected physiological saline as the best transportation medium for avulsed teeth. In addition, 61\% of final-year students selected milk, showing that they know milk and saline are the most reasonable transport mediums for the storage of avulsed teeth because pH and osmolality of them are like those of extracellular fluid. Therefore, we need to educate regarding the appropriate storage solutions of avulsed teeth to laypeople, dental students, and general dentists. Different types of answers provided by the students reflect the level of knowledge they acquired during their studies. This imposes an urgent need to introduce novel strategies that help students regardless of age and gender to manage dental trauma related health problems. The limitations of education in the management of dental trauma in many colleges may also be due to not following the guidelines for the management of dental trauma and the diversity of opinions about appropriate management methodologies. Regardless of the age, education level or other factors, student's knowledge of tooth avulsion management was found to be low. While the important epidemiologic findings from this study may serve as a warning, they also represent a useful source of information to improve the knowledge level of students by introducing new novel teaching technologies such as problem-based learning or 3D video illustrations.

**CONCLUSION**

After detailed consideration and analysis, it is observed that in many Pakistani colleges there is a great need of immediate improvement among dentist and dental education regarding the application of the guidelines for dental trauma. Another fact that is drawn out from the study is that there is a lack of awareness among the dentists and students regarding their role in cases of avulsion of permanent teeth, so that the complications associated with such injuries could be minimized. One possible way to achieve this goal is through education during and after training and introduction of a formal protocol for treatment of avulsed permanent teeth and other dental injuries.
REFERENCES

Well we are two freshly graduated dentists 😊. By the occasion I can share with you this story. One day I was late and my friends were calling on the phone saying: "Your patient is waiting where the hell are you?" 😡

However, I hadn't given an appointment for anyone that day. I made it to the clinic, hoping that the supervisor wouldn't have noticed my delay, only to realize that my patient had just passed by to say hi.
It was not until the late 1970s that allergy to latex was discovered. Latex allergy then became a prime health concern as healthcare workers started to get affected by it. It is estimated that almost 8-12% of healthcare workers in the United States are latex sensitive. Exposure to latex in their work field mainly is in the form of latex gloves, dental dams and tubing.

In the United States of America, powdered latex gloves were used until 2017. The US Food and Drug Administration (FDA) banned the use of powdered latex gloves soon after, because the natural rubber latex protein could become airborne when combined with the glove powder which could then be inhaled and result in an allergic response.

Natural rubber latex comes from the sap of rubber trees which contains various proteins that can cause allergic responses in some individuals. Synthetic latex materials are made up of nitrile or vinyl which do not cause any allergic response. Allergic responses to natural rubber latex can be as severe as anaphylaxis, which can even cause death.

It was also found that people who were allergic to pollen, molds and certain food items i.e. apples, bananas, avocados and tomatoes were at an increased risk of developing allergies to latex. Likewise, people who were allergic to latex also developed allergic responses to the above mentioned foods.

Latex allergies present themselves in various forms. Skin reactions like itching, redness, rash or hives are commonly found along with itchy nose, throat or eyes. Such mild reactions could more often be accompanied by sneezing, coughing or wheezing. Severe reactions to latex include nausea, abdominal cramps and difficulty in breathing.

Most allergic reactions to latex occur almost immediately, however some skin reactions may develop after 1 or 2 days. The most severe form of reaction is anaphylaxis which is mostly caused by mucosal exposure of latex. Low blood pressure and difficulty in breathing owing to swelling of nose, throat and tongue are pathognomonic signs of anaphylaxis!

Latex allergies can become fatal if not noted. Therefore, dentists are advised to ask their patients about latex allergies during history taking in order to take the right precautions so as to avoid any such reactions while treating their patients.

References:

Written by: Amna Fakhar (Pakistan)
Proofread by: Walaa Absi (Palestine)
It was not until the late 1970s that allergy to latex was discovered. Latex allergy then became a prime health concern as healthcare workers started to get affected by it. It is estimated that almost 8-12% of healthcare workers in the United States are latex sensitive. Exposure to latex in their work field mainly is in the form of latex gloves, dental dams and tubing.

In the United States of America, powdered latex gloves were used until 2017. The US Food and Drug Administration (FDA) banned the use of powdered latex gloves soon after, because the natural rubber latex protein could become airborne when combined with the glove powder which could then be inhaled and result in an allergic response.

Natural rubber latex comes from the sap of rubber trees which contains various proteins that can cause allergic responses in some individuals. Synthetic latex materials are made up of nitrile or vinyl which do not cause any allergic response. Allergic responses to natural rubber latex can be as severe as anaphylaxis, which can even cause death.

It was also found that people who were allergic to pollen, molds and certain food items i.e. apples, bananas, avocados and tomatoes were at an increased risk of developing allergies to latex. Likewise, people who were allergic to latex also developed allergic responses to the above mentioned foods.

Latex allergies present themselves in various forms. Skin reactions like itching, redness, rash or hives are commonly found along with itchy nose, throat or eyes. Such mild reactions could more often be accompanied by sneezing, coughing or wheezing. Severe reactions to latex include nausea, abdominal cramps and difficulty in breathing.

Most allergic reactions to latex occur almost immediately, however some skin reactions may develop after 1 or 2 days. The most severe form of reaction is anaphylaxis which is mostly caused by mucosal exposure of latex. Low blood pressure and difficulty in breathing owing to swelling of nose, throat and tongue are pathognomonic signs of anaphylaxis! Latex allergies can become fatal if not noted.

Therefore, dentists are advised to ask their patients about latex allergies during history taking in order to take the right precautions so as to avoid any such reactions while treating their patients.

References:

Written by: Amna Fakhar (Pakistan)
Proofread by: Walaa Absi (Palestine)
Dr. Madlina Trofin

Madalina Trofin is a young and enthusiastic orthodontist from Romania. She is well-known in her mother country, having won awards for the most successful woman at the celebrities gala and appeared on magazine covers. Dr. Trofin works with all modern techniques in orthodontics (Incognito lingual brackets, Invisalign, orthodontic implants) and she has a campaign called 'braces are cool'. She also ran for 3 years at marathons for the Cancer Research foundation in London.

Free Article
Written by: MIHAELA RAILEANU - ROMANIA
Designed by: MOHAMED FAYED - EGYPT
Here is an interview with Dr. Madalina Trofin:

1. What is your journey as an orthodontist so far?
I started this journey thinking that it was going to be a straight-forward road, but to my surprise, I had to face many bumps and side-ways. Being a woman in the medical field, was not and will never be an easy thing to do, especially when you want to be one of the best in your profession, but you also want to accomplish your personal dreams, like family and children.

2. What was life after graduation for you regarding the beginning of your career?
Right after I graduated, I went into the 3 years orthodontic post-graduate program, but I was also working in the private practice. It was very difficult for me to keep the pace, especially after I had my daughter, but I was lucky enough to always work in multidisciplinary teams, alongside periodontists, prosthodontists, implantologists and surgeons. By working with them, I discovered how much difference can an interdisciplinary approach make, in order to obtain the best possible result for a patient. That was when I decided to work harder on adult orthodontics, and I started to specialize in this field. I started to use skeletal anchorage a lot, and improved my global perspective of the treatment plans.

3. What are the main reasons that keep you moving forward and become a better orthodontist?
I strongly believe, and this is something that I’ve been saying a lot in my presentations, that the way we do our work speaks not only for the type of doctors that we are, but for the type of persons that we are and for the type of character that we have. I work hard not only to become a better orthodontist, but to be a better person, to set a standard and be an example for my daughter, and perhaps, for other clinicians, too.

4. What failures did you face? How to solve them with appropriate solution?
While working in multidisciplinary teams and treating a large number of patients, we sometimes, did not have the possibility to keep track with them, as they left for other disciplines. So we came to the point that we need a leader, or a person to keep us updated with the evolution of our global treatment plan, in other words, to make sure that “the right hand knows what the left hand is doing”. Being always updated with the situation of your patient, even when he is treated in other discipline, is the key to avoid mistakes or errors in the treatment plan.

5. What was the key motivation for running for Cancer Research? Do you also have other volunteering/ fundraising plans for the future?
We live in times when cancer affects at least one person, in everyone’s circle of friends or family. It is not only about the people that die of cancer, it is also about the people that survive cancer, and how their lives are changed forever. As I was wondering why there isn’t a cure yet, and how come medicine is so evolved, but there is still no answer for so many questions, I decided that I had to do my part, even if it was so little I could do. I thought about raising awareness and also money for cancer research, and since I was already running, as a hobby, I thought this was my role to play. I looked for a running event and turned out that there were so many foundations that organize running events, every year, for cancer research. This year (2019) was my 3rd year in a row, that I was running in London, the 10 km winter run, and doing the little I could, playing my small role. I am also planning to volunteer in Nepal, as a dentist for children, in November, this year. Orthodontics brings me so much satisfaction, but I think we would all live in a better world, if somehow, everybody would give something back to the communities, no matter how little.

6. Since orthodontics evolved a lot during the past years, can you tell us what do you find to be the most innovative technique to use at the moment and why?
The technique we use nowadays is still the “straight-wire” technique, even though there is an increase in the number of devices and techniques from a growing variety of companies. But what has changed, in the past decade, is the number of adult patients seeking orthodontic treatment, for various reasons, to the point that most orthodontists treat now more adult patients than children. However, despite its rapid rise, adult pathology can be easily treated, especially when working in multidisciplinary teams. Also, nowadays, it is so important to being able to give our patients treatment options, as so many of them have their minds set on aesthetic or invisible appliances. Every orthodontist is free to provide the services he wants and knows how to manage, while me, personally, I prefer to practice my job in the most aesthetic and clean manner as possible. From a practical standpoint, I believe the digital era is rising in the orthodontic field, also, and it is easier now to scan and print our models, to plan our objective and even make our own appliances.

7. Any advice you would like to give to the next generation of dental students?
My advice for young dentists and students is to keep working hard and to be passionate about this beautiful field that we work in, and to remember that success is not measured in how much money one makes, but in the way one influences other people’s lives and changes them for the better.

To keep up with the latest updates and clinical cases, you can follow Dr. Madalina Trofin on:

Facebook: Dr. Madalina Trofin
Instagram: dr.madalinatrofin
There are some techniques in behavioural management of children in the dental clinic:

A- Universally accepted techniques
B- Controversial techniques (not universally accepted)

A-Universally accepted techniques:
1. Desensitization
2. Tell-show-do
3. Modelling
4. Reinforcement
5. Voice control

a. Desensitization: It is traditionally used with a child who is already anxious about the dental situation, its objectives are:
   1- To help the child overcome dental anxieties.

2- To expose the child to a graduated-series of potentially anxiety-inducing experiences.

Indication: May be used with all child patients.

b- Tell-show-do technique: Closely aligned with desensitization, this is a method of introducing child patients to a procedure in a stepwise fashion. Its objectives:
   1- To allow the child to learn about and understand dental procedures in a way that minimizes anxiety.
   2- Used with rewards, to gradually shape the child’s behaviour towards acceptance of more invasive procedures.

Indication: May be used with all patients. Can be used to deal with pre-existing anxieties and fears, or with patients facing dentistry for the first time.
There are some techniques in behavioural management of children in the dental clinic:

A- Universally accepted techniques:

1. Desensitization
2. Tell-show-do
3. Modelling
4. Reinforcement
5. Voice control

   a. Desensitization:
   
   It is traditionally used with a child who is already anxious about the dental situation. Its objectives:
   1- To help the child overcome dental anxieties.

   c- Modelling:

   The method that allows the child to observe one individual who demonstrates appropriate behaviour in the dental setting. Its objectives:
   1- To reduce anxiety in a child with previous experience.
   2- To introduce a child to dentistry.
   
   Indication: Introduction of a child to new procedures and reduction of anxiety. Appropriate-filmed modelling can be an economical approach, not requiring extensive chair side time.

   d- Reinforcement: This technique is useful for children who can clearly identify their fear and who can verbally communicate. Its objectives:
   1- To strengthen desired behaviours.
   
   Indication: Can be used with all patients.

   We have two types of reinforcement:
   1- Positive reinforcement: presentation of reinforcements which increases the frequency of desired behaviour.
   2- Negative reinforcement: withdrawal of reinforcements which increases the frequency of desired behaviour.

   e- Voice control: changes in the tone and loudness of speech have long been used in pediatric dentistry. Its objectives:
   1- To control disruptive behaviour.
   2- To gain the child's attention.
   
   Indication: Can be used with all patients.

B- Controversial Techniques (not universally accepted):

a- Restraint: restraint in the dental setting is the act of physically limiting the body movements of the child in order to facilitate dental procedures and to decrease possible injuries to the child and/or dentist.

   Indications:

   1- It should only be used when absolutely necessary.
   2- The least restrictive alternative should be chosen.
   3- It should not be used as a punishment.
   4- It should not be used solely for the convenience of the dental team.
   5- Staff should closely monitor its use.

   Objectives:
   1- Restraint is used to control unwanted physical movement of the child, both to facilitate treatment and also to prevent harm to the child and dental staff.

   b- Hand-over-mouth: is used to establish communication between dentist and a hysterical child or one who is having a tantrum.

   Contra-indications: it is totally contraindicated in any child whose mental capacity and command of language means that effective communication would be impossible.

References:


https://www.google.com/url?sa=i&rct=j&q=&esrc=s&url=https%3A%2F%2Fwww.jstor.org%2Fstable%2F2185063%3Fseq%3D1%26ival%3D1%26srq%3D6699083%3Bma%3Dfalse%26sid%3D4e30%26jsf%3D0&ved=2ahUKEwioeeys4qkTAhVSoY0KHSmxCiQQFjAAegQIAh&usg=AOvVaw5uypz0z1qURJk0WjURJQc9