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ALUMNI

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INTERNATIONAL MAGAZINE

YDW in Brazil

Working in rural Nepal

YDW – IADS Meeting 2011



dti]

Dental
Tribune
International

“The world is so empty if one thinks only of mountains, rivers and cities; but to know someone here and there who thinks and feels with us, and though distant, is close to us in spirit—this makes the earth for us an inhabited garden.”

Johann Wolfgang von Goethe

Editorial

For many years as dental students we work hard and finally stand in front of the university with a degree in our hands. But what shall we do after graduation? What do we want to reach, where to live, how to proceed in career? Which specialization shall we choose? Being a young dentist is great, but the decisions we make in the first years and the people we meet give us a direction for our professional and personal life. Some have godfathers in dentistry or parents to guide them. Some do not have to care about finances and can spend money on education. Others already have to struggle in university, make debts and mainly have to make money after university. Wherever we stand, having someone as a guidance and people who join us on the way is a precious gift for which we should be thankful.

I joined the international dental world on my first congress of the International Association of Dental Students and Young Dentists Worldwide in 2004, and even if that sounds pathetic—that changed my life. The people who dedicate their time and energy not just to studying, but who also dedicate it to voluntary work like an association, enjoy life and value teamwork. Travelling opens minds and exploring countries with locals is one of the greatest opportunities that YDW offers its members. I travelled with my friends, held my first lecture in front of an international auditorium and now it is my great pleasure



to introduce you to the new ALUMNI International Magazine (AIM), the official magazine of Young Dentists Worldwide.

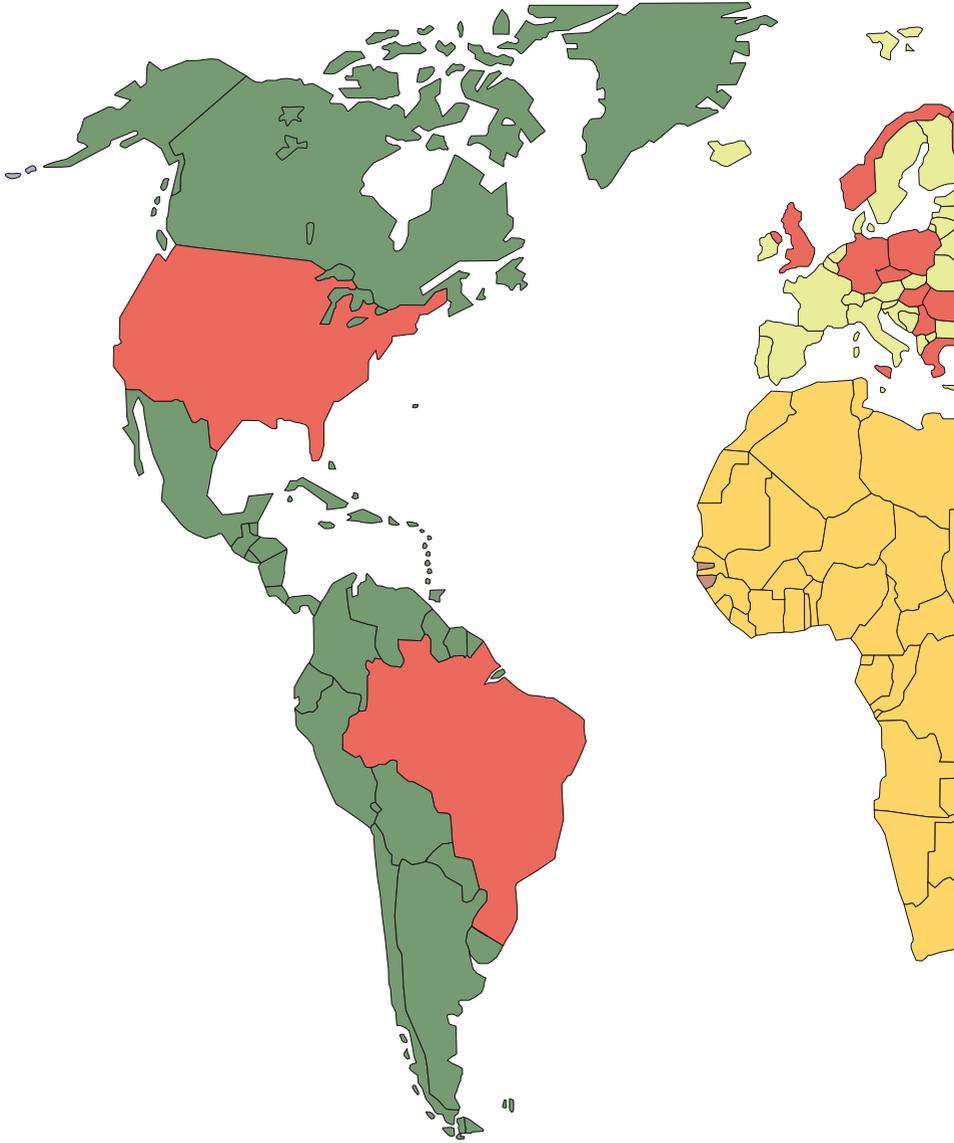
My colleagues from the editorial board and me are all either individual members or board members of Young Dentists Worldwide. We decided to create a magazine for you, which is personal, individual and related to its readers. We want to show you that YDW is not just a Facebook community, but a real association which welcomes every new interested young dentist. I hope this magazine will let you, the readers, think more globally, and will give you inspiration, knowledge and insights into YDW. I wish you an interesting time with reading AIM, we are looking forward to your feedback and your ideas for future issues. We are very thankful for the wonderful articles that reached us from all over the world. Most of the authors are my personal friends and that makes me proud. This is your magazine, your AIM, and hopefully we can transport the YDW spirit through it.

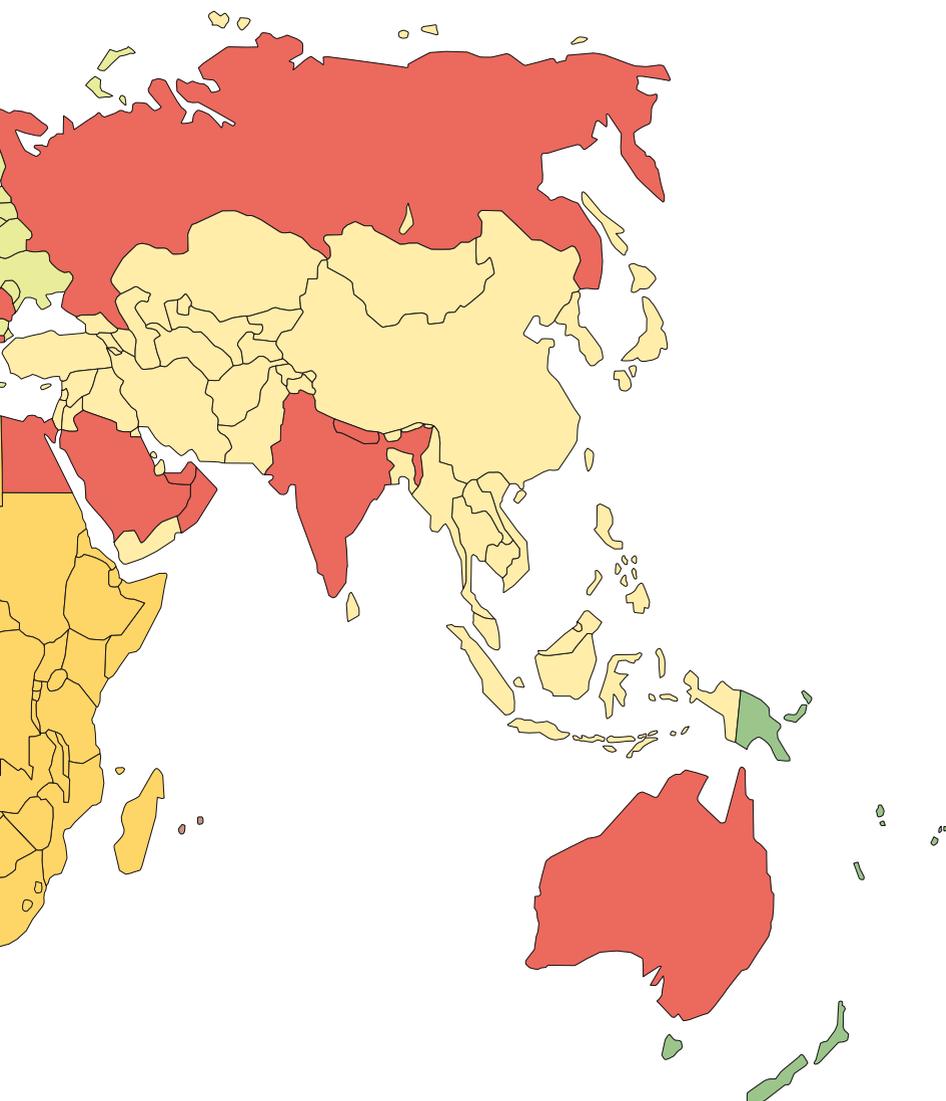
Best regards,

Juliane

Berlin, Germany

Editor-in-chief of ALUMNI International Magazine





Read about these countries in this edition.

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Meet YDW—at the 34th International Dental Show in Cologne, Germany

TEXT: Juliane Gnoth

Every two years, the city of Cologne at the Rhine River in Germany is taken over by the dental world. More than 100.000 visitors will again find their way to the IDS in March 2011. From the 22nd till the 26th of March, dentists, dental assistants and technicians will meet in Cologne and get an update in the latest news on the dental market.

That is a perfect reason for Young Dentists Worldwide to meet during that week because many people are visiting the exhibition anyway. But already, the meeting of YDW is a reason to visit the IDS as it is a great opportunity to get in touch with the association and learn more about its activities.

The main place to meet the YDWs is the booth of the German Dental Chamber (BZÄK), where YDW has a meeting point together with the German Dental Students Association (BdZM) and Young Dentists Germany (BdZA).

The international get-together, which is the main time to meet representatives of all big international associations, will take place at the 25th of March at the BZÄK booth. At the same day, YDW and associated organizations will rock the night in Cologne at a self-organized party. In 2009, during the last IDS, 400 people found their way to the party and this year it will be more known and the heart of the whole YDW meeting.



To stay updated, you can check the site of the exhibition:

• <http://english.ids-cologne.de>

Meet the young generation at the IDS 2011

<i>YDW General Assembly:</i>	24.3. 2011, 11.00 a.m.
<i>International Get-Together (BZÄK-Booth):</i>	25.3.2011, 4.00 p.m.
<i>Dent-i-World Night & ALUMNI-Night:</i>	25.3.2011, 10.00 p.m.
<i>YDW Dinner:</i>	26.3.2011, 7.00 p.m.

For more information about the YDW-meetings:

<http://www.facebook.com/#!/event.php?eid=197183306966039>

<http://www.facebook.com/#!/event.php?eid=155984554430713>

or contact Juliane Gnoth:

juliane@un-plaquet.com

What's new with the European Students? A short report from EDSA

TEXT: Ana Stefanovic, Serbia, Secretary General of EDSA

This August, European Dental Students Association (EDSA) had a summer meeting along with the Association for Dental Education in Europe at the new building of the Academic Centre for Dentistry Amsterdam (ACTA). Participants from forty dental schools were present at the meeting, developing projects on the European and global level and discussing common dental students' issues. We had the honour to have the president of the American Student Dental

Association at the EDSA meeting for the first time. This year's meeting main topic was "Digital Dentistry—A Space Odyssey", which took place in the new, high-tech ACTA building, so it was kind of a perfect assembly. Participants had the chance to learn more about virtual restorative dentistry, try their skills on taking digital impressions, learn a lot about new technologies in virtual teaching, and got a chance to step into a completely new dental world.

It is a lot of work, but there is an essential social part of every meeting program that includes many theme parties and an “EDSA vision” song contest during which each country performs a song (trust us, this is the experience you can't miss). In the past year we have started with the prevention program SM!LE, a program that started in Leeds Dental School this October and will continue in other European schools. We are also beginning with volunteer work, Cameroon 2011, where students will have a chance to deal with dental problems in the way they've never experienced so far. The EDSA Dental Guide Manual, providing contact details and information about dental schools and professional organizations throughout Europe, was finished. The new, digital manual will be connected with social

networks and shall facilitate networking between dental students and professionals. During the Amsterdam meeting the executive committee for the year 2010–11 was elected: Maja Sabalic, Croatia (President), Matthieu Wipf, France (Vice-President), Ana Stevanovic, Serbia (Secretary General), Diarmuid Coffey, Ireland (Treasurer), Cristina Diana Rizea, Romania (Magazine Editor) and Dimitris Tatsis, Greece (Web Editor).

Plans for 2011 include encouraging and supporting students' active involvement in research and volunteer work. We tend to continue with the work that the previous executive committee left us and expand our links with other dental organizations such as YDW, since it is essential for the future of EDSA and its members.



Greetings from & short update about the IADS and our projects

TEXT: Zsuzsanna Stefánia Radó, General Secretary of the IADS, Hungary

Probably most of you are already familiar with our organization, the International Association of Dental Students, shortened IADS. The association was founded in 1951 to unite the dental students of the world and allow them to exchange knowledge and experiences about dentistry at an international level.

Nowadays, we represent thousands of the future members of the dental profession. Our Central Office is at FDI World Dental Federation Headquarters in Cointrin-Genève, Switzerland. IADS meets twice annually; we had our last Annual Congress in summer 2010 in Brno, Czech Republic, which was a most emotional and effective congress with an outstanding participation and involvement from all the delegates. As a result of this meeting, a new Executive Committee was elected, whose members are: Ionut Luchian (President, Romania), Zsuzsanna Stefánia Radó (Secretary General, Hungary), Babak Sayahpour (Treasurer, Germany), Karolina Floryková (Editor, Czech Republic) and Lena Malaty (International Exchange Officer, Egypt).

Tomaz Spindler from Slovenia continues as Immediate Past President. Our next meet-

ing is going to be held in the historical city of Moscow at the end of February 2011 and we hereby invite all of you to join us there and experience some international dental feeling.

Our Exchange Program

As well as the Annual World Congress of Dental Students, we offer many things at an international level to our members. These are accessible to each and every dental student in the member countries and include an International Student Exchange Program, which allows students to visit a foreign country and experience its culture and its dentistry, both scientifically and clinically. Since the Exchange Program has been established, hundreds of dental students took part in it and gained priceless experiences and memories. It was our great sorrow that the students of different generations were not aware of these experiences, which is why we established the Exchange Report Contest for the students, for which each year the best report written on exchange is chosen by a committee and awarded — and this way preserved for the future.

Research Projects and Lecture Contests

An idea arisen by the success of the In-

ternational Student Exchange Program is the International Scientific Exchange Program initiated by the Standing Committee on Research and Education (SCORE). This program allows students to participate in research exchanges. Another great initiative of the SCORE is the Lecture Contest where students from all over the world can present the results of their researches during the IADS meetings.

In order to take part in the Contest, students have to send an abstract of their theme and after the acceptance of it they can present it in front of the audience in our meeting. The next Lecture Contest is going to be in Moscow and still open for application. In the last years, IADS is and was also working in cooperation with the FDI on the WHO's Patient Safety Curriculum. The Patient Safety Committee of the IADS is very proud to have the chance to contribute in such an important project and we will be even more proud when the Curriculum of the project will be printed this year and we can distribute it among our members.

Voluntary Work

The IADS has always acknowledged the importance of volunteering, and our Voluntary Work Abroad Projects aims to facilitate the participation of dental students in projects of this kind. Currently, locations like Cambodia, India, Ghana, Guatemala, Kenya, Tanzania, Ecuador, Uganda, Zanzibar and

Vietnam are available. There is also a great cooperation between the IADS and Young People We Care. We are very proud that we can announce an independent project of this kind: the First International Dental Field Trip (Qualfa), which is organized by our members. The Sudanese Association of Dental Students (SADS) is to be held at the end of January 2011 in Khartoum.

What we do in 2011

Last but not least, even if it seems very far away now, I want to highlight that our next Annual Congress is also going to be an anniversary, as the IADS turns 60 in 2011. A location worthy for such a birthday is India. We will have a joined meeting with the Young Dentists Worldwide (YDW) in July 2011, so I can honestly say that this meeting will probably be the highlight of the year and I invite you very cordially to join us there.

For the year 2011, we decided to give the IADS a completely renewed and improved website with new graphical design and all necessary information about our association. If you are interested in any of our projects, the association, applying for our meetings or to gain more information, please check out:

- www.iads-web.org

I would also be delighted to answer any question you have if you write me to:

- secretary@iads-web.org.

See, enjoy and connect at the Dent-i-World Night/ 2nd ALUMNI NIGHT of Dentistry at IDS 2011

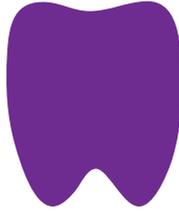
At the 25th of March 2011 all young dentists and dentistry students are invited to the Dent-i-World Night and the 2nd ALUMNI NIGHT of Dentistry, one of the main events during the IDS 2011. The party is a common project of BdZM and BdZA, the associations that represent the German dental students and young dentists. For the participants it offers the possibility to be together in a hip location and meet people from all around the world.

The unique event, which connects the dental students and young dentists, will take place at the centrally located Roonburg in Cologne and promises to be the longest and most exciting night during the IDS. Those who register under www.alumni-groups.com will get free entrance to the top event of young dentistry. To get in a good mood after a long day at the exhibition at the 25th of March 2011, the party starts already at 10 p.m. with free beer for the guests. Afterwards, the party will continue at 11 p.m. with a laser light show, DJ and show acts.

International Meet & Greet for students and young dentists

Every guests at the party can look forward to a large number of new impressions and contacts with young colleagues, and not just the German students and doctors are invited. In cooperation with the German Dental Chamber (BZÄK), Young Dentists Worldwide (YDW) and the International Association of Dental Students (IADS), the Dent-i-World Night/2ndALUMNI NIGHT of Dentistry is looking forward to many international guests.

The 1st ALUMNI NIGHT of Dentistry, which took place in January 2010 in Berlin, and the 1st Dent-i-World Night during the IDS 2009



were both events with great success and had a large number of guests, who were young and established dentists as well as dental students. This year BdZM & BdZA combine their events for young dentistry during the IDS week in Cologne and are looking forward to more than 1,000 party guests.

Information

- Date:** Friday, 25th of March 2011,
10 p.m. – 5 o'clock a.m.
- Place:** Roonburg, Cologne (www.roonburg.de)
- Participants:** students, young and established dentists from all around the world
- Timetable:** free beer from 10 - 11 p.m.
11 o'clock p.m. until open end: DJ & show acts
- Concept:** easy-going connection of party, dentistry, alumni, business and art
- Registration:** free online tickets when you register at www.alumni-groups.com
- Sponsors:** **BFS health finance**
(hall 3.2, stand F 040 / G041)
DentalSnoop@pluradent
(hall 10.1, stand C050 / D059 and D060)
DentalSnoop@dental bauer
(hall 11.3, stand A008 / A009)
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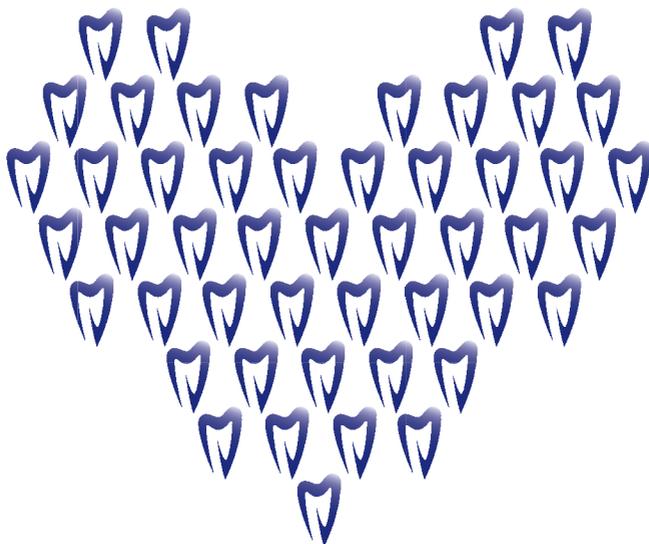
ALUMNIGROUPS – the new community for young dentists

ALUMNIGROUPS is the exclusive Alumni Club for dentists worldwide and was initiated by Young Dentists Germany (BdZA). It provides the advantages of an Alumni Club and supports global and local networks for all dentists. The ALUMNIGROUPS Community provides the users with a large number of possibilities to develop an intensive communication with colleagues from the dental world.

With ALUMNIGROUPS dentists can keep contact to colleagues from university and get an overview where their colleagues live now. They can keep contact to their university for their lifetime. New connections can be made and dentists can stay in touch with the colleagues from their area and build networks.

ALUMNIGROUPS makes it easier to adapt locally when you start working in practices. The users can find colleagues to share the same ideas and philosophy in dentistry, regionally and internationally. ALUMNIGROUPS supports and helps search for office founders. Users can find colleagues with the right knowledge and competences and get advice from selected experts. Dentists who use ALUMNIGROUPS can pass on their own experiences and profit from the experiences of other dentists.





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EXPERIENCE WITH COLLEAGUES
FROM ALL OVER THE WORLD.**

BECOME MEMBER OF YDW.



**YOUNG DENTISTS
WORLDWIDE**

Take part in your world.

Young Dentists Worldwide

What we are—a general introduction

TEXT: Magdalena Maciejowska, YDW Secretary General

Young spirit, passion and enthusiasm, temper and combativeness combined with the professional approach to the dental reality is a keynote of Young Dentists Worldwide (YDW).



Goals

The main aim of the organization is to bring the communities of young dentists all around the world together and to promote their needs and interests. This means also to promote scientific programs specifically designed in the interests of young dentists and support young dental scientists; to establish a voluntary network and exchange programs with scientific and cultural activities for dentists. Moreover, YDW has its focus on a standardized dental education, including postgraduate education and specialization.

A little bit of history

YDW was established at the Annual Congress of the International Association of Dental Students (IADS) in Portugal in 1991 by 15 eager and freshly graduated dentists. It is the essential bridge between the World Dental Federation (FDI) and the International Association of Dental Students (IADS). YDW is an affiliate member of IADS and a supporting member of FDI. At the International Dental Show (IDS) 2009 the leadership of YDW was handed over to an Interim Committee that started working on a new action plan. In the same year, at IADS&YDW AWDC in Iasi, Romania, a new Executive Committee was elected. From 2009 to 2012 the Young Dentists Worldwide is led by: Mark Antal, Hungary; Juliane Gnoth, Germany; Ahmed Hawas, Egypt; Ingmar Dobberstein, Germany; Andrea Veitova, Czech Republic, and Magdalena Maciejowska, Poland. The gen-

eral organization of the association has been built up new since the new Executive Committee started working for YDW. They decided that it was better to establish an official membership for the association in order to give everybody the chance to be part of the community and to feel like a real part of the family. YDW also gives other related associations the chance to be officially affiliated to YDW.

Categories of membership

The Membership of YDW is addressed to organizations, institutions as well as individual persons. Nowadays there are several categories of membership that are classified as follows: Full Members (Individual Members or Association Members), Affiliate Members, Honorary Lifetime Members and Supporting Members. More details can be found in the constitution of YDW.

Activities

Since 2009 the constitution has been approved and further amendments accepted. New membership documents and a bank account were established. Official membership was established and several new members joined the association—both associations and individual members. YDW has actively participated in meetings around the world. The YDW meeting and YDW forum took place at FDI AWDC in Singapore 2009 and in Salvador da Bahia, Brazil 2010. The YDW MYM 2010 was organized in San Juan, Puerto Rico, besides the



regional annual congress joining Colegio de Cirujanos Dentistas de Puerto Rico. The YDW Scientific Day was held at the 57th IADS & YDW Annual World Dental Congress in Brno, Czech Republic 2010.

Future plans

The year 2011 is going to be exceptional as the International Association of Dental Students will celebrate its 60th birthday and Young Dentists Worldwide will have the 20th anniversary of its foundation. For that time there are some events planned so far: YDW MYM in March will take place at the IDS (International Dental Show) in Cologne; YDW Annual World Congress in India together with IADS in August and the YDW forum at FDI AWDC in Mexico City in September.

Cooperation

The destination of YDW is to strengthen the

liaison with national and international bodies worldwide. We are honored to have among our affiliate members: iADH (International Association for Disability and Oral Health) www.iadh.org and IADS (International Association of Dental Students) www.iads-web.org. As a regular association member, the BdZA (Young Dentists Germany) joined YDW.

Join us!

What cannot be forgotten is the fact that apart from a great deal of work, being part of YDW also means lots of fun! How professional and how fun we are depends on everyone's contribution. Everyone who is interested in young international dentistry will always be welcome at the Young Dentists family. We count on your contribution and would be more than happy to hear your feedback.

today

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**“Together we are able
to do much more for the
dental world.”**

INTERVIEW with Magdalena Maciejowska,
Secretary General & Health Coordinator





Magdalena Maciejowska is the Secretary General & Health Coordinator of YDW. She lives and works in Wroclaw, Poland.

AIM: Tell us a bit about you as a person, please.

I am from Poland and from 2004 till 2009 I was very active in IADS, for example as the General Secretary. At the Medical University of Wroclaw I got my professional dental degree and took vocational training at 4th Military Hospital. Currently, I am doing my PhD and work in a dental office at the same time.

AIM: How did you get in touch with YDW?

In 2004 I participated in a congress in Berlin, where I was representing my faculty at IADS. There I was caught up in its spirit, which brought me to YDW.

AIM: You have two jobs at the same time, what are you doing in both fields?

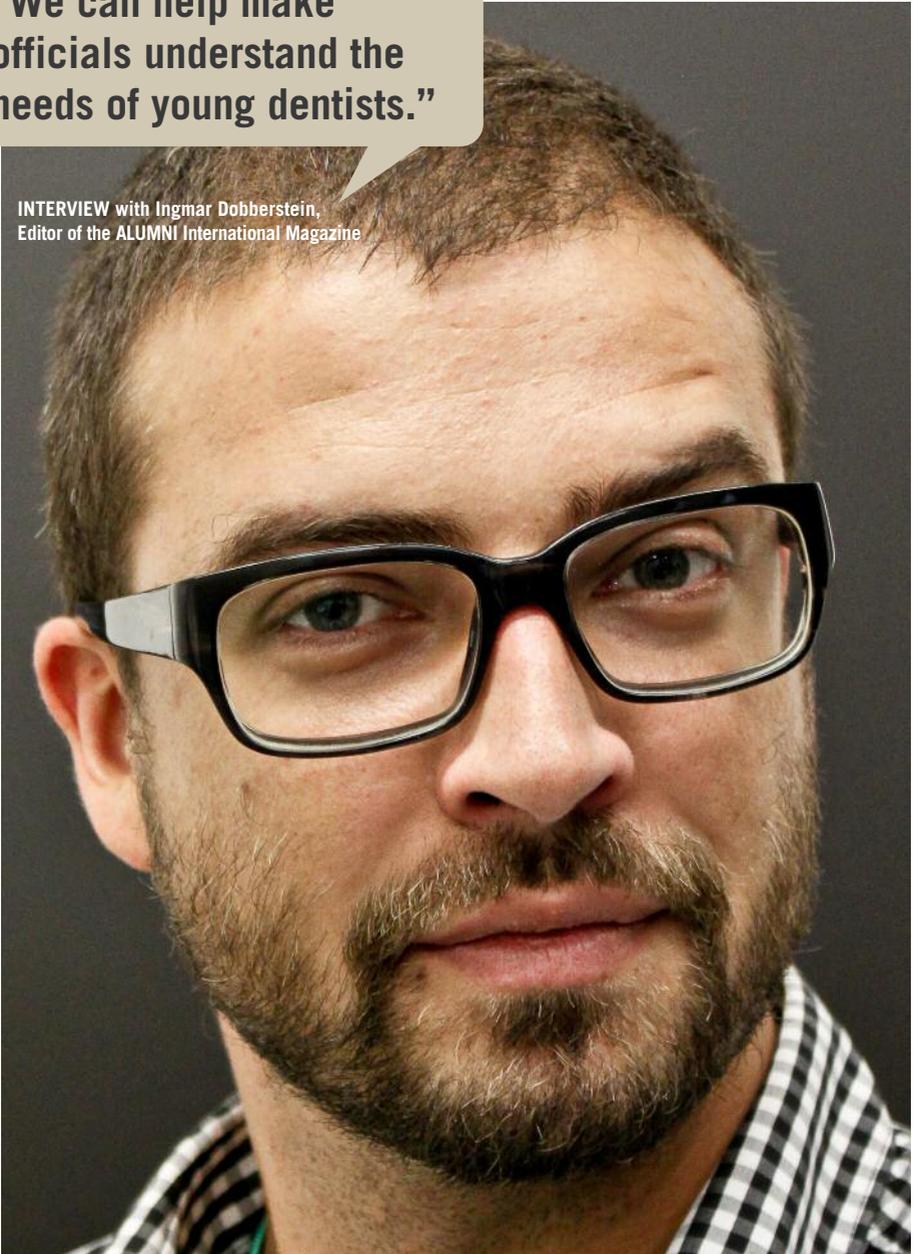
The work of a Secretary General mainly is to supervise the official documents of the organization, to serve as a secretary of the General Assembly and to be responsible for the recruitment of new members. The position of Health Coordinator has been established to take care of health issues and new health challenges around the world. It also means to build partnerships with health organizations and promote the YDW position in health leadership. There is big potential for YDW, therefore, it shall be launched as soon as stuff is ready.

AIM: You are the one dealing with membership. Why is it worth joining YDW as a member?

There are several reasons, but let me mention some of them: first of all, to meet people and get to know dental standards around the world, to exchange knowledge and improve practical skills, to share one's experience and show clinical cases at international forums, to expand dental horizons. YDW is for all those who would like to cooperate worldwide. Together we are able to do much more for the dental world.

“We can help make officials understand the needs of young dentists.”

INTERVIEW with Ingmar Dobberstein,
Editor of the ALUMNI International Magazine



Ingmar Dobberstein is the editor of the ALUMNI International Magazine. He lives and practices in Berlin, Germany.

AIM: Ingmar, please introduce yourself.

I am working as a dentist and publisher in Berlin, Germany. I graduated from Berlin University in 2003 and have been with international dental organizations since 2004, when Berlin was holding the annual IADS-YDW congress. Since the beginning of my study period I have been working with political issues of dentistry, at first in the student council at university and later, till today, as member of the advisory board of the Berlin Dental Chamber. My interest in dentistry goes way further than the actual treatment of teeth since there are a lot of connections to public health and political issues connected to dentistry.

AIM: How come you became an editor and what projects are you working on?

With the renewal of the YDW ExCo it was a logical step to be more engaged with YDW, since I am experienced in working with organizations and the production of magazines. Furthermore, the present ExCo consists of a couple of dentists in my generation and age, which makes working together much easier. Besides the new YDW-ALUMNI Magazine, we are renewing the website right now as well as helping to build up an online based Young Dentists Community.

AIM: What vision do you have of YDW in the future?

My vision for YDW in the future is mainly to

help young dentists all over the world to connect with and learn from each other. Unfortunately, dentistry is still a medical discipline where practitioners work a lot for themselves, even though things could be much easier when working in networks. As long as I have been around dental colleagues from other countries, I have only been learning new things, different approaches to problems and new concepts. These possibilities should be accessible for more people, which is the reason why we want to help other young dentists to build up their own national organizations and connect worldwide via YDW.

AIM: What should YDW mainly work on in the upcoming years?

In my opinion, YDW is going in the right direction, which has to be intensified during the next years. We should connect to more associations worldwide to provide our members with all information that is needed to be successful as a young dentist. With the collaboration with FDI, but also national organizations, we can help make officials and political deciders understand the needs of young dentists. Furthermore, I would wish to push more voluntary work projects all over the planet to provide better healthcare to local patients, but also unique experiences for young dentists working in these projects.

“The biggest treasure that YDW has are the people themselves.”

INTERVIEW with Mark Antal,
YDW President



AIM: Mark, please introduce yourself.

I was born in Hungary in 1980. My parents are both dentists, so actually I grew up inside dental life... 😊 Since I was four years old, I have regularly been going to the University where my father was having night duties. The atmosphere, the smell, and the noises, however weird it seems to be, makes me feel at home. After my graduation in 2003 at the University of Szeged, I spent some time all around the world. Mostly, these trips came through the contacts and friends I made by attending the meetings of the International Association of Dental Students. The IADS was the organization that made me fall in love with international social and scientific dental life...

AIM: What is the main work of the YDW President?

In my eyes, the work of a president consists of two parts. One is to represent the organization worldwide. Either personally or considering the costs, we usually try to find the closest ExCo member to attend an event. The other, and maybe much more difficult, part is to motivate and coordinate the ExCo members. This is very difficult because all of us are currently working somewhere, and usually not two hours a day... 😊

AIM: Do you think YDW has a good future?

Young Dentists Worldwide obviously has a bright future. Currently, the global economic crisis and its consequences on the industrial era has a depressing effect on our future goals, but hopefully in the not too far future, we

could make some steps forward to the direction of being present in most of the continents and representing the needs and communicating the difficulties of young dental professionals all around the globe. The main goal of YDW would be to build up a connection network all around the world, where young dentists could get information and help starting up from a basic technical question, up to the evergreen question: where should my career head to? We do have a number of internationally recognized dental professionals, who used to be once either IADS or YDW active members, and are now supporting us with their knowledge and expertise. These platforms about scientific, social and career support have an enormous financial and organizational need, and for these aims it is necessary to make YDW more financially stable and independent.

AIM: Where do you see the biggest potential for YDW?

As I mentioned before, the biggest potential and the biggest treasure that YDW has are the people themselves. The ones who used to be enthusiastic as young dentists and did postgraduate courses or professional visits all around the world, are now settled down somewhere and usually working in a University or owning dental practices. These are the people and the contacts from whom a dentist, who starts her/his career, can get relevant information regarding the coming years or decades. I hope that the generations before us agree with me on this topic, and we can count on them even in the longer future...

Working as a Dentist in rural Nepal

TEXT: Tomas Kadlas, Czech Republic

One would call it a romantic sunset over a magic city, but as the tram on the way back from work was approaching my permanent temporary asylum I called 'home' in a 1970s concrete cube, the bright orange colors suddenly seemed to turn gray.

Prologue—Summer '08

No one's waiting for me there, again will I simply crash on that shabby mattress and look at the whole day in retrospect. It was a good day, actually. Patients were happy, no cock up, no complications. It was only my restless need to look for meaning that overtook the moment. Why am I doing all this? Why am I still in the Thank-God-It's-Friday type mode? Always here for you, dear patient, ready to, say, halve myself just so you get best possible treatment? What's wrong with me, working in a profession that gives so much satisfaction, and still asking why? Staring in the direction of the glowing evening sky, I mumbled: NO! I need to GO!

Out into the unknown—April '09

The clear skies of that day were very much of the same color as last summer's absurd evening, but this time, it was early in the

morning and I was thrown into the frantic chaos and overwhelming smells and crowds of New Delhi, India, jet-lagged and a bit confused. Gagandeep, my virtual contact person, did materialize—wow!—and I had a place to store a small box of my favorite materials and instruments for the clinic in Nepal. I was to return a few weeks later to pick them up and go directly up there, but not before I got a taste of the sweltering heat of the Punjabi plains and cross the tense Pakistani border to flee from that heat into early spring Karakoram and back and into the Indian Himalaya. Just to put things in the subcontinental context, to get the big picture, with a mid-sized modest backpack and crappy clothes and my gray matter full of question marks.

Welcome to Nepal,

said an official at the Nepal Medical Council after a 15 second interview weeks later. He



gave me a detached smile and my papers were approved. After a few days, here I was, showing up at the stipulated meeting point in Bhadrapur, eastern Nepal, to be driven to Ilam, in the eastern foothills of the Himalayas. All of a sudden, a backpacker was turned into a honorable visiting dentist. The winding road led through a fantastic green landscape with terraced farming land even in the most impossibly steep terrain. Higher elevation removed some of the heavy moist heat and I felt like in a spectacular botanical garden. And upon arrival, I was welcomed with a flower.

The Community Hospital in Ilam (named after Dr. M. B. Parajuli), run by the Nepali NGO Himalayan Healthcare, is a nice architect-designed white building, and looks pretty fancy amidst the bam-



boo and corrugated metal houses around. It was built to make up for the drastically inadequate health care in this district with a population of about 400,000, which was supposed to be served by one government hospital with only one senior doctor, aided by two or three younger colleagues. As for dentistry, there were two recently opened private dental offices that basically served the local rich folks and us. Us means Dr. Hritu, a recently graduated Nepali dentist, who was looking forward to leave all the more complicated work to me, Ganesh, the

dental assistant, who could turn into a temporary dentist and pull teeth and make fillings, should the situation require, and me, eager to see what I could do under less-than-ideal conditions. They were less than ideal, indeed, but perhaps in a way a bit different from what you might expect. Lots of the donated equipment came from the US and were of reasonably good quality. You could fold the dental chairs and pack the mobile units into a suitcase and take it with you on a field trip, or a dental camp. So as far as instruments and materials, you could easily take your favorite composite and instruments to the end of the world, but you couldn't just ignore the dependence on water and power supply.

'Bhati gayo'

means 'light is gone' and Nepalis use this phrase for power cut. It should be a part of every dentist's Nepali vocabulary, along with 'bhati ayo', 'light has come', referring to the more auspicious moment of hope brought about by restored power. This setting is trickier than without any power at all, when all you do is just extractions. With power on, you feel like a magician from another world, since you are able to restore an anterior tooth with a material of a matching color, with the daunting possibility of your performance being interrupted any time and for any amount of time, when the 'light' decides to stop coming. This usually happens at moments when it's least desirable, as you might expect.



Lines of patients

No. First, some folks probably don't even know the profession exists, others don't bother with walking for up to 8 hours just to see a dentist, if the pain eventually goes away anyway. Besides, who would prioritize something so insignificant in the grand scheme of things as...teeth. It's only us, always a bit perfectionist dentists, who expend so much energy on the stress of getting things done just right and on time, paying attention to the slightest detail. Also, with the simple rural Nepali diet of rice, rice and rice... and vegetables, the only sweet consumable being tea, caries is not that much of a problem as one might expect, given the absolute lack of dentists and generally poor oral hygiene. Periodontitis exists, but...as you grow older, teeth just start to fall out,



right? No dentist could possibly interfere with this natural process.

That said, patients do come and they appreciate your help. But when you make the effort and actually go to the patients, your days won't be long enough, even if you could stretch them up to 50 hours. We did this, too, during dental camps. Pack the stuff, load it on an ancient truck, which serves as public transport at another time, and off you go, directly to a remote village.

That's why you are all so white

Rainy season in eastern Nepal is like a work of art by an impressionist. Pale sunlight behind green hills, dotted by colorful patches of rice paddies, bamboo houses and other structures, blurred in the humid air, appearing and disappearing in heavy clouds that dump masses of water sucked out of the Bay of Bengal by the powerful tropical sun. I will never forget the magical views across the valley of the Mai Khola river while procrastinating, sipping my morning ginger tea.

One can get similarly fluid impressions when observing rural 'roads', which turn into rivers of mud and occasionally get buried under a landslide. Time to stop day-dreaming and roll up your sleeves, if you are up to delivering some dental care in a remote village!

I remember one of them, Lakshmiपुर. That place was as muddy and dirty as your imagination allows, but the locals helpful and friendly. Power? No problem, we'll hook you up. Someone climbed on a ladder and attached our unit wiring directly to the village's power lines. Water? No problem, there would always be a bucket of some, just don't think too much about other ingredients and run it through the sand filter.

Rinsing with chlorhexidine before tooth extractions then becomes one of the few remaining measures you can still take to try to prevent dry sockets after extractions. Unfortunately, the second day, we run out of the magic red nectar. An older

lady shows up to have a few more of her radices extracted, but when she learns that we won't be able to have her rinse with the red nectar as the day before, she starts protesting. She tells other villagers, there are hundreds of them lining up in front of our temporary dental surgery. Will they now refuse treatment, too? Since a rinse with chlorhexidine before extraction is still not a common practice in my own country, seeing this lady, for whom I probably was the first dentist in her life, insisting on having one, added a bit of spice to the situation.

Working like this, it shouldn't come as a surprise to want to take a bucket 'shower', preferably every day after work. However, Ganesh never joined me. Instead, he asked me with a sheepish smile on his face, "Is it a law in your country, Tomas, that you have to wash yourselves everyday?"—"No, why? But almost all people take a shower every day..."—"That's why you are all so white!" I can still see the wide grin on his face, as if it were a moment ago.

OK, so?

Should we be doing this, volunteering to provide dental care to the needy and underserved? Even if it's just a drop in the sea? And what good does it do, if we leave after a few months, causing the situation to reverse to 'normal'? What kind of sustainable dental care is possible that

is appropriate for the overall level of development and could still be called good practice? Mmmm I'd say it's mainly local staff who benefits, and indirectly local patients, not necessarily the amount of work you may do while you are physically there. Obviously, the most cost-effective is prevention and a fissure sealant program can even be run by a non-dentist, e.g. a dental assistant.

// **INFO** //



Tomas Kadlas, dentist with a wandering soul. He comes from the Czech Republic, where he received his dental education and made a headstart into the profession. In 2009 AD, he left for

Nepal to see what he could and could not live without. He currently resides, drills and fills in Nordfjord in Western Norway.

For facts, other details or how to get there/ do this yourself, go to:

www.himalayan-healthcare.org

or write to ✉ tomas.kadlas@gmail.com

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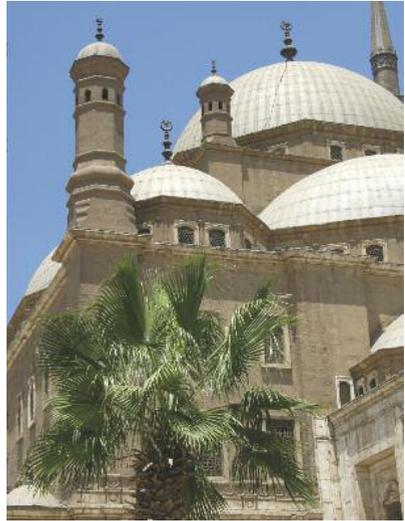


The Dental Students Scientific Association of Egypt—Be our guest

TEXT: Dr. Ziad Tarek, Egypt

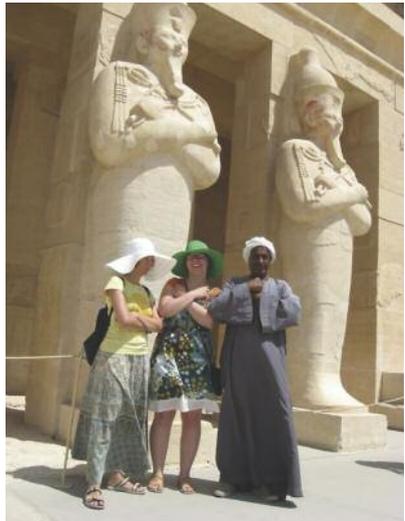
The first student's association in Egypt since 1972 was founded by Prof. Mahmoud el Hadary (Godfather of Egyptian dentists) at the faculty of dentistry, Alexandria University/Egypt. DSSA-Egypt is the country member of Egypt in the International Association of Dental Students (IADS).

We hosted both IADS annual meetings in 1982, Alexandria as well as the meeting in 2008, Sharm El Sheikh. In the last two years we aimed to include all dental schools in Egypt and we succeeded to convince eight dental schools from different areas in Egypt to become DSSA members and share most of our local activities as well as international exchange programs through IADS. Since 2008, we have received 20 incoming students from Romania, Slovenia, Georgia, Czech Republic and Hungary. Fifteen Egyptian students went to Germany, Hungary and Czech Republic.



Exchange Program

Zuzana Rajmicova from Czech Republic said: "The exchange program in Egypt was just an incredible experience. The two weeks were stuffed with great moments—we had an opportunity to work at the clinic as well as have fun at various awesome places in Alexandria and Cairo. But the greatest thing about our stay was that we met really wonderful people over there, who not only took excellent care of us, but also made us feel more like locals than just tourists. I can only hope that I will have a chance to come back to Egypt, one day or another!" Students applying for exchange in Egypt really enjoyed a wide touristic view of both Alexandria and Cairo. In Alexandria they could make sightseeing-trips to Quait Bay Fort, Bibliotheca Alexandrina, Greco-Roman Museum, Montaza Palace and the



Hydrobiological Museum in which you can see the most amazing Mediterranean creatures. DSSA members and Executive Committee take care of students all the time.



In Cairo, I have to thank our great DSSA team, specially their leader Dr. Mohamed Gomaa (DSSA old member, Alexandria University graduate 2005) for his great hospitality and organization of amazing sightseeing programs to see the Pyramids, the Sphinx, the Egyptian Museum, Khan el Kalili and the Cairo Tower.

Egypt has much to see

Besides tourism and parties, exchange students who are running for the last two years of dentistry, can enjoy clinical training and assistance in different departments at the faculty of dentistry, Alexandria University during their stay here. Also, some exchange students shared our Volunteer Dental Campaigns, which are a very unique service that DSSA-Egypt provides to the community through providing Dental Health Education and affordable dental care in different well-selected deprived and poor areas around the city. Volunteer Dental Campaigns are organized at least twice per year with the help of the university, as we go to these deprived areas with a mobile dental unit inside a truck. We always start by diagnosing all patients, then we do gum treatment, and then extractions on the mobile unit. The rest of the patients, who need fillings, RCT, surgeries or prosthodontics, are referred to the faculty for free treatment.

I am done now with my two years of presidency of DSSA-Egypt. I really had a lifetime experience, made a lot of friendships within IADS, YDW and EDSA members. I



love IADS and YDW meetings and I'll never stop attending them as much as I can. I will never forget those great days of work, fun and success with my lovely DSSA family. I wish all the best for the new DSSA-Egypt EX-CO for 2010-2011 with Dr. Amir EL Kholi as the president. Best of luck to the new IADS Ex-Co with Ionut Luchian as their president. Finally, special thanks to the YDW Ex-Co.

// **CONTACT** //



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DSSA-Egypt President (2008-2010)

Staff Member at Oral Maxillofacial Surgery Department, Alexandria University, Egypt

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Scandinavian students in Hungary

TEXT: Lisa Andersdotter Lindberg, Pål Stakston Kvinge

Four years ago we were accepted to join the Faculty of Dentistry at the University of Szeged. Szeged is a city in the south of Hungary near to the borders of Romania and Serbia in the middle of Europe. It is located on the bank of the river Tisza and is surrounded by a flat landscape.

The atmosphere, like the climate, is warm and inviting. The reason why we ended up in Szeged, as many of the other students, is that we were not accepted to the university in our home countries. Luckily for us, the University of Szeged gave us the opportunity to fulfill our dream to become dentists. We left with mixed feelings from our well-known Scandinavia for an unknown country in the far, far east.

New impressions

Even though there are similarities between Hungary and Scandinavia we had and still have several challenges to meet. The main challenge is the language barrier, even after having lived here for four years our Hungarian knowledge is still basic and makes it difficult to communicate with the Hungarians. This has a huge negative effect on our verbal contact with our patients, but gives us great skills in body language. Luck-





ily, we are only four international students in our group and we get a lot of help from our teachers with translating the patient's needs.

In addition to adjusting to the Hungarian culture we are also lucky to learn about Hanukka and the Persian new year by our fellow students. The three first years at the University was mainly theoretical, studying together with the medical students, has given us a good general medical knowledge. After completing third year our twenty-four-students-group was reduced to four students. This has been a great advantage for us. We have a close relationship to

“You are welcome to visit us and the Faculty of Dentistry in the City of Sunshine!”



our teachers, always enough patients and we never have to wait for help from the teachers. The disadvantage is that they always know who is skipping the lectures.

University of Szeged

The school requires that we work in different fields of dentistry every summer for four weeks, the summer practices give us a lot of new input. While working during our summer practices, we noticed that we had the same knowledge and skills as our future colleagues back home. This gives us faith in our education.

As in every other university town, Szeged is full of bars and clubs. No matter what day or time of the day it is, there is always something going on. The Hungarians know how to party and they will always ask you to join them for a drink of their homemade Palinka. The Faculty of Dentistry also has good parties where the students meet, compete against each other in different

games and shake their asses together with the teachers. During the summer, there are traditional festivals every weekend. The locals present their wine, fish, Palinka and music. The festivals attract people of all ages, and what we learned to appreciate is the Hungarian way to socialize between generations.

We miss the powerful nature and the activities that belong to it, but in spite of this it was easy to find new hobbies in Szeged because the university sport education center has connections with a lot of different sport clubs and trainers. In addition to this, the school arranges a week-long skiing trip to France, where both English and Hungarian students join.

We have enjoyed our studies in Szeged and highly recommend to study abroad and explore new cultures and meet people from all over the world, it is an enrichment for life.



International Association for Disability and Oral Health

TEXT: Dr. Gabriela Scagnet, President iADH

“I hope we can meet at our next Congress 2012 in Sydney, Australia!!”

What we are about?

We are professionals who are concerned about people with disabilities and disadvantages, working together with those in their community, professional society and social or service organization to improve the oral health and quality of life for persons with special needs. According to evolution criteria, people with disabilities have less chance to adapt to this hectic world. A society who rejects people with a disability is a society that has not evolved. Let's contribute and help society to adapt and evolve.

Activities...

The iADH is an international association whose council is made up of representatives of many national organizations from around the world. Any country that has a national society that advocates for the disabled may join the iADH and appoint a member to sit on the council as a representative of that country. Countries that have more than 60 members in their national association are allowed to have 2 members to represent them on the council. It is also possible to become an individual member. Every two years the council meets at an in-



ternational congress and during a general meeting elects an Executive, which includes a President, a Secretary, a Treasurer, the President-Elect, the Immediate Past-President, two Members at Large and an Editor. The Executive meets at least once every year and is responsible for running the regular business of the association.

In-depth look at the iADH website (www.iadh.org), where you can find...

- A magazine which will give you an overview of what the organization does.
- A free online access to JDOH for the members.
- DINOH Developing International Networks for Oral Health
- iADH Facebook Group
- iADH Blog <http://blog.dinoh.org/>



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Donna J Abernathy
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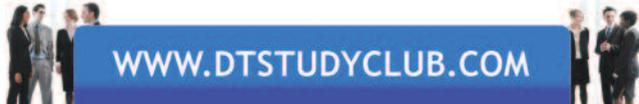
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**“I came to buy a smile
today but just a single
smile the smallest one
upon your face will suit
me just as well.”**

Emily Dickinson, I Came to Buy a Smile

Standing on the crossroad between General Dentistry and Specialty

TEXT: Vasiliki Karathanasi, DDS, MSc Athens, Greece

Each phase of life always opens up diverse pathways and multiple choices and dental career could not possibly form an exception to that rule. Although dental science is considered to lead to a one-way professional orientation nevertheless it includes several professional options and alternatives.

At first it is of outmost importance to recall who is considered to be the modern dental practitioner according to the Directive of the European Parliament and of the Council on the recognition of professional qualities adopted by the Commission of the European Communities in 1995: "All Member States must recognise the profession of dental practitioner as a specific profession distinct from that of medical practitioner, whether or not specialised in odontostomatology. The Member States must ensure that the training given to dental practitioners equips them with the skills needed for prevention, diagnosis and treatment relating to anomalies and illnesses of the teeth, mouth, jaws and associated tissues. The professional activity of the dental practitioner must be carried out by holders of a qualification as dental practitioner set out in this Directive."

Post-graduation adventure begins

Thus, after a demanding five-year theoretical and practical training arrives the strongly anticipated time of graduation and the new born dentist considers it as the termination of a hard period. Only when the dental graduate is informed of the required competences of modern dentist realizes that his/her own dental career journey is only about to begin. Among others the criteria of Professionalism, Communication and interpersonal skills, Knowledge base, information handling and critical thinking, Clinical information gathering, Diagnosis and treatment planning, Establishment and maintenance of oral health, and Health promotion are particularly significant and normally lead to a strong feeling of inefficiency.

Subsequently, the dental graduate views several career pathways opening up in front of



Fig.1: A 22-year-old male was presented with painful multiple oral ulcers. After oral biopsy and immunofluorescence were carried out, the diagnosis of erythema multiforme was set and the treatment with corticosteroids p. o. was initiated. – **Fig.2:** The same patient at the follow-up visit, one week after the treatment initiation.

him/her. Some of the most common 'pathways' after graduation are the following:

- Working as a dental assistant (need for more experience, lack of confidence...)
- Working as a dental associate (financial restrictions, sharing the professional stress and difficulties with someone...)
- Owning a private dental clinic (increased confidence, financial or scientific support...)
- Military service (popular way of gaining some decision-making or thinking time, opportunity for further dental experience)

Postgraduate Education

Above all postgraduate studies comprise one of the most popular choices and new dentists tend to follow them either because they put themselves in an academic

career pursuing or because they feel insecurity of applying general dentistry immediately after graduation and through postgraduate studies they set a 'safe' and 'creative' time framework of reflecting on their future career action. Moreover, they might choose a dental specialty as being influenced by the belief that "We now live in the world of specialization" or simply in order to gain increased financial benefits (e.g. Orthodontics).

Oral Pathology & Medicine: my personal choice

Nowadays, the list of offered postgraduate specialties and academic titles is constantly growing so making the final decision even more complicated and difficult. Regarding my own professional choice I attended the 3-year postgraduate program of Oral

Pathology & Medicine in the Dental faculty of the University of Athens. Oral Medicine is the Pathology of the oral cavity. It is the dental specialty that is concerned with diagnosis and non-surgical management of non-dental pathology affecting the oral and maxillofacial region, such as pre-cancerous and cancerous lesions (leukoplakia and erythroplakia), autoimmune diseases (e.g. oral lichen planus, pemphigus vulgaris), infections (e.g. HSV, HIV, Epstein-Barr, candida), oral trauma. Another aspect of the speciality is managing the oral condition of medically compromised patients (e.g. HIV + patients, transplanted or cancer patients). For example, cancer patients who suffer from related oral mucositis, bisphosphonate-related osteonecrosis of the jaws or oral pathology related to radiation therapy. Personally, I decided to study Oral Pathology & Medicine mainly because we shared a mutual likeness since the 4th undergraduate year. Moreover, Oral Medicine lies at the interface between medicine and dentistry and that provides me safety during applying general dentistry.

Additionally, the field of Oral Pathology & Medicine offers a wide spectrum of research opportunities (e.g. infections, oncology, autoimmunity). In other words, through that spe-

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Fig.3: The working area of my own clinic.

cialty I tried to become the ‘Doctor of the Mouth’, a title that every single dentist should fight and work for. On the other hand practicing simultaneously oral medicine and general dentistry might be very energy-consuming as it constantly creates the feeling of performing two distinct jobs at the same time, something that requires a ‘switch’ of thinking and acting. Nevertheless, in most of the cases the combined practice of general dentistry and oral medicine is a necessity due to the limited practice of oral medicine, mainly academic or private-based, that sets severe financial restrictions.

Follow your heart

In general, there should be pointed out that there is no ‘wrong’ and ‘right’ when it comes to your own career choices. Career-path is just like life: it is unique and reflects you, so it should be adjusted to your own personality and desires in order to provide

you with a long-term well-being. It is always wise to ‘Follow your heart’ by securing your financial status, preserving a flexible attitude and being continuously updated. We should always have in mind that the ‘weird’ of the past usually turns out to be the ‘common’ of the present.

Ultimately, as scientists who serve Dentistry from diverse fields and specialties we ALL ultimately aim at the creation and maintenance of a healthy and harmonic SMILE, so completing the missing pieces of dental science.

This article is a summary of a presentation during the FDI Congress in Salvador da Bahia, Brazil, September 2010.

// INFO //



Vasiliki Karathanasi qualified in dentistry and completed the 3-year postgraduate program of Oral Pathology & Medicine at the Dental School of Athens with honours. She contributed in

the portfolio development of the ADEE regarding the competences of the modern European dentist. She is currently a PhD candidate in the Oral Pathology & Medicine Dpt.f. Research associate of the Dental Oncology Unit, Dental School of Athens, Greece. She has maintained her own dental clinic for the last 7 years.

✉ vasia1996@yahoo.com

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of Dentistry



Is prevention the key to oral health?

TEXT: Laura Gherman, Romania

At this time, tooth decay has become one of the most prevalent health problems worldwide, and dental practitioners are offering effective professional treatments. This article explains how important it is that dentists educate their patients.

Dentists are the advocates of optimal oral health and promote the necessity and benefits of prophylaxis and prevention. It is a fact that every den-

tists treat patients for affections that can be avoided if good oral care is provided. Because, for patients, oral health is not threatening until there is pain, and also,

many dentists have little interest in promoting good oral health, as they prefer to treat rather than prevent oral affections. In consequence, most of the people don't realize the importance of regular visits to the dentist and maintaining good oral care habits. Besides, to make it even clearer, people spend more money on beauty and cosmetic products, and visit their dentist more rarely than their hair stylist.

What to recommend?

Thence, what can dentists recommend in order to get a positive response and contribute to maintaining a good oral health among their patients? First of all, one of the simplest methods that can be efficiently applied by the patient at home is toothbrushing. This helps remove the microbial plaque, which is the primary etiological factor in caries and periodontal (gum) disease. Dentists can easily explain the benefits of this method and even demonstrate the most simple brushing techniques, like Bass or Stillman modified to the patient, in the dental practice. Besides this, for a better understanding and to make it easier for the patient, the dentist will recommend or even give him a toothbrush, as some dental practices own give-away toothbrushing kits, which they then give to their patients, encouraging good oral care. It is most recommended that toothbrushing at least twice a day with short-headed toothbrushes with medium bristles and fluoride toothpaste to remove plaque efficiently.



Flossing and Rinsing

Besides this, additional methods of removing plaque are recommended. This includes the use of floss and mouthwash. The best way to clean food debris and remove the microbial plaque from the space between the teeth, where the toothbrush cannot reach, is flossing. By choosing the right type of floss and demonstrating the right technique to the patient, he can be educated and motivated to include flossing in his daily oral care routine. The most effective routine is



flossing, followed up by brushing and rinsing with mouthwash at least twice a day, in the morning and in the evening. From the number of dental products available, the dentist can then choose the most appropriate for the individual case.

See your patients twice a year

Anyhow, the best oral hygiene provided at home, is not good enough to spare the 6-month periodic control in the dental practice. The results of clinical studies show that in order to obtain a long-term inhibition of gum disease, self-administrated plaque control methods are not enough, but periodic professional reinforcement is required. In consequence, professional dental prophylaxis is used in removal of plaque, stain, calculus, elimination of factors that influence the build-up and retention of plaque or simply a facilitation of a thorough clinical examination. The procedures used in prophylaxis are dental scaling and dental polishing. It is performed using toothbrush, rubber cup, flossing, and/or mechanical instruments. However, the type and frequency of professional prophylaxis recommended, is influenced by the individual risk assessment for developing periodontal disease.

Dentists should try their best in making the individual cases as clear as possible to their patients, explaining that the type of prophylaxis is determined as the most appropriate and that the interval of prophylaxis is determined by the individual risk for

caries and periodontal disease. That is the reason why it should be obvious why patients with a higher risk should have recall visits more frequently than 6 months. This allows increased professional fluoride application, microbial monitoring, antimicrobial therapy and correct evaluation of behavioral changes in order to get effectiveness.

Conclusion

The article concludes: patients and dentists can both contribute in pointing out the importance and benefits of having oral health under control, therefore preventing oral diseases. Whether by explaining, demonstrating and promoting efficient ways and methods, in which oral health is an attainable goal, as in the case of dentists, or just accepting information and advice, and making behavioral changes, in the case of patients, good oral health should be everybody's business.

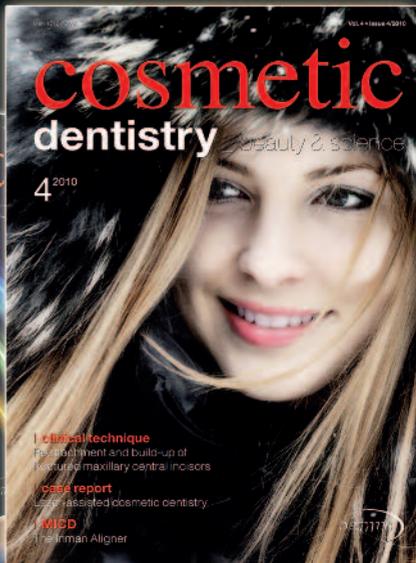
// INFO //



Laura Gherman is a student in the 6th grade in Temeswar, Romania. She is 24 years old and her favorite part of dental medicine is paediatric dentistry and orthodontics, in which she wishes to become a specialist. Except for dentistry, she loves travelling and being surrounded by people.

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International Dental Education in the Empire State

New York University College of Dentistry (NYUCD)

TEXT: DR. IRINA DRAGAN, RESIDENT

Being a young dentist nowadays is a challenge as there are always new perspectives offered, new developments in all the specialties encourage the dentists to be updated with all the latest information and at the same time increase the competition.

The patients no longer look just for functionality when we are talking about their dentition...they want the “Hollywood smile”. Realizing this, when I was in my third year studying at the University of Medicine and Pharmacy “Carol Davila” Bucharest, Romania, I knew I needed to “get out of my box” and get involved more in my chosen career of dentistry. I had the opportunity to join the European Dental Students’ Association (EDSA—www.edsaweb.org), where I am currently serving as Immediate Past President. Through this organization, I have had the opportunity to visit some of the top dental schools in Europe. I decided that I wanted to further study dentistry outside of Europe, so I applied for a one-month summer internship at the University of Maryland Baltimore Dental School in the Periodontics

department. I knew after this short experience that I wanted to continue my post-graduate education in the USA.

New York University College of Dentistry

I looked for a place where there is a focus on training international dentists, and found New York University College of Dentistry (NYUCD), which is one of the biggest dental schools in the USA. I was accepted into the Comprehensive Program and started my adventure in NYC on September 7, 2010. The Advanced Programs for International Dentists at NYU College of Dentistry attract oral health professionals from over 55 countries. These full-time, post-graduate level programs are designed for international dentists who plan to practice dentistry outside the United States. Upon completion, students receive a certificate



from NYU College of Dentistry. Each of our 13 programs are taught by specialists who combine extensive clinical experiences with outstanding didactic training. Located in the heart of New York City, NYU College of Dentistry features the most technologically advanced clinical facilities and the largest and most diversified patient population of any dental school in the United States. For more information on NYU College of Dentistry, please visit: <http://www.nyu.edu/dental/index.php>. I quickly realized the variety of possibilities offered here and I want to share my experiences with my colleagues from the Young Dentists Worldwide community. So I kindly asked some of my classmates from NYUCD to briefly describe their “story”, to show that representatives from different continents with distinct backgrounds and individual perspectives of their dental careers find a common point here: enjoying their profession!



Dr. Moid Karwaa—Libya (Africa)

Dr. Moid Karwaa—Libya (Africa):

My first experience with dentistry began when I was interacting with my neighbor who was a dentist. My high school grades allowed me to apply to the Dental School in Libya and I started my dental education in 1999. I graduated in 2005 and then went to Alexandria University, Egypt, where I did my 9 months internship. My success in the internship position gave me the privilege to work as a teaching assistant in the Pediatric Dentistry Department at Al Fateh University, Tripoli, Libya, for almost a year, through which I got a full scholarship to pursue my postgraduate education. Because part of my family was educated in the American education system, I decided to continue my postgraduate education in one of the US dental schools. I arrived in the USA in 2008, very excited and ready to take all the challenges that usually lie ahead of a foreign student. That being said, I started my training in the English language at the Pennsylvania State University and after 10 months I was accepted into the Advanced International Program in Esthetic Dentistry at NYUCD.

The adventure started and I realized that being part of the team is only helping me enrich my clinical experience and knowledge. Since I have worked with very qualified faculty members, I decided to continue my education at NYUCD. I am currently an international resident in the Prosthodontics Department and a part-time student in the Master's Program in Biomaterials, through which I am hoping to develop a research project that is related to the restorative field. I have to say that my experience in the USA both educationally and socially is fascinating, I have met so many peo-

ple from all over the world and needless to say, this is exceptionally wonderful. Actually, being a postgraduate student at New York University has put a lot of responsibility on my shoulders. I have to be very updated clinically and theoretically. My future plans are pretty much continuing to be a lifelong student and try to climb the steps of my career, seeking a better quality of life. I would like to convey my special thanks to the Libyan government for offering me this great learning opportunity, also I would like to thank the Office for International Programs at NYUCD for their sincere and limitless help they give to the international students. I should also thank all of my faculty members and my colleagues for their support.

at the right time. New York University College of Dentistry is the perfect place to grow both academically and personally. My first experience was the enrolment in The Advanced Program for International Dentists in Esthetic Dentistry, I was expecting great things from that year and I was not disappointed. It is amazing how my perspective towards dentistry took a turn that literally made me fall in love again with my career. The hospitality of the university administrative staff combined with the experience, guidance and motivation from the faculty team of my department made me feel part of their family. As the year passed by, I started weighing my options and to my surprise, Dr. Steven David, the Program Director, suggested that I apply to be the clinical fellow of the Esthetic Program for the following year. I didn't hesitate to accept the honor.



*Dr. Anabella Oquendo—
Venezuela (South
America)*

**Dr. Anabella Oquendo—Venezuela
(South America):**

Like many other professionals coming to the United States, I had a mixture of emotions, on the one hand the beauty of interacting with so many different cultures and on the other the urge to evolve as a dentist. It was just like being in the right place

I feel that my year as a clinical fellow has placed a stamp on my near future. The motivation, guidance, inspiration and support that I received from Dr. David and his team inspired me to pursue my dream of teaching. My mission now is to inspire and influence other dentists to grow as professionals and leaders. Today, I can proudly say that I am part of the faculty of New York University College of Dentistry and I will continue to expand my horizon in all aspects of my life. I feel truly blessed to have had this magnificent experience.



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ROAD
WORK
AHEAD



*Dr. Takanori Suzuki—
Japan (Asia)*

Dr. Takanori Suzuki—Japan (Asia):

Dentistry, for me, is a family profession. I have a Ph.D. because of my inquisitive mind, and I am at NYUCD now because I am interested in broadening my horizons. I like natural teeth, and false teeth that are almost indistinguishable from one's own teeth and I know that these high-quality false teeth are desired by patients. When I saw one clinical resin composite restoration case presented in a lecture by a professor from the Department of Operative Dentistry, it sparked my fascination with natural-looking false teeth. The professor told me, "There are many tips for getting good results through this procedure, but unfortunately, there are no tips in the manufacturer's instruction. You should figure out your own method from your experience and knowledge."

The professor's words are what led me to research—I became a researcher and practiced general dentistry for seven years. One day, I measured the tensile bond strength of one adhesive in a lab, and the next, I used the same system on a patient in my clinic.

I was thinking about the relation between practical dentistry and research at the time. Generally, clinical procedure is based on research, but research is not necessarily always applied in the clinic. Historically, some ideas or topics originate from clinical demand or failure. When I reconfirmed clinical importance, I wanted to go somewhere to acquire clinical skill that paralleled applied dentistry based on research. That place was NYUCD. When I first came to NYUCD, I was unable to speak English. Despite this, I was treated respectfully by my faculty and colleagues. I am currently a third year resident at NYUCD, and a second year resident in Periodontics and Implant Dentistry.

The difference in Japanese and American dental procedures has become evident. In Japan, xenogenic and allogeneic graft materials are not approved for distribution because the government is concerned about the risks, which is why there are few specialists who can do a bone graft procedure in Japan. I aspire to be one of those specialists. In contrast, NYUCD has a lot of faculty with great expertise in performing bone transportation procedures. NYUCD has helped me to acquire great clinical skill under the competent direction of my faculty, and from my studies in advanced dentistry based on lectures and dental meetings. It has provided me with the opportunity to be a great dentist. I am proud to be a dentist at NYUCD.



Implant dentistry: A new specialty or an extension of general dentistry?

TEXT: Nikos Mattheos, Assoc. Prof. Griffith University, Gold Coast, Australia

Research and development of more than 30 years have made dental implants a safe and effective treatment to benefit large parts of the population. The challenge we face today, however, is how to best prepare the dental professionals for a safe and effective practice of implant dentistry.

Implant dentistry is one of the newest, fastest developing and most dynamic areas in dentistry. It is one of the most active fields of research and development in healthcare and it alone represents over a 4.8 billion dollar global market.¹

Implant dentistry describes the field of dentistry, which evolves around the replacement of missing teeth with osseointegrated titanium screws anchored in the jawbone. After 30 years of development, reconstructions with dental implants are in many cases perceived as the golden standard of replacing missing teeth², demonstrating great improvements in the quality of life of the patients.³ The use of dental implants in reconstructive dentistry has become a widely accepted and well-documented treatment option, resulting in an increased number of patients requesting or receiving implants. Furthermore,

implant-related pathology and complications such as peri-implantitis are becoming an increasing problem.⁴ It is therefore imperative that the modern general dentist has a thorough understanding and specific competencies within implant dentistry, as well as the implant-related pathologies.

Education in implant dentistry

Despite the increasing need, universities worldwide have been slow in implementing the teaching of implant dentistry. As a result, teaching of implant dentistry presents an extreme diversity in the spectrum of knowledge and competencies taught to the dental students⁵ among different universities or regions of the world. Consequently, general practitioners graduate with a very diverse amount of exposure to implant dentistry, while

Fig. 1: The patient needs replacement of the missing teeth in the upper right, yet the height of the alveolar bone is not enough for implant placement.

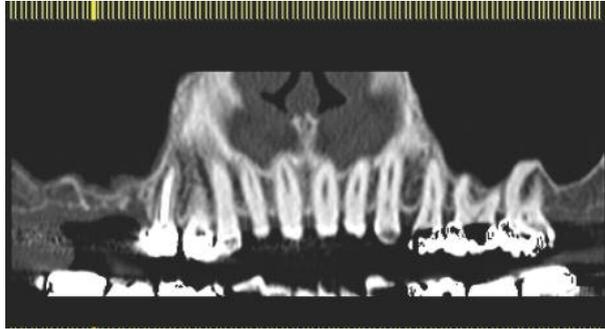


Fig. 2-2a: Sinus elevation using lateral window approach and bone augmentation using autologous bone and xenograft is required for placement of the implants. This is a complex surgical procedure, based on the SAC classification.

recent graduates or established dentists who want to introduce implant dentistry into their practice, turn to private bodies and institutions, professional groups or commercial sources for acquiring the necessary competencies. Several scientific, professional and educational bodies have initiated a vivid debate on how to best facilitate the increased need for training and education within implant dentistry, aiming to achieve a quality-assured level of care for the public. Many have advocated for the introduction of a new specialist, namely the Implantologist, who will have the training to safely and effectively undertake implant treatments. Furthermore, many individuals or associations have already embraced the title of Implantologist, a currently ill-defined term which often encompasses very diverse skills and competencies.



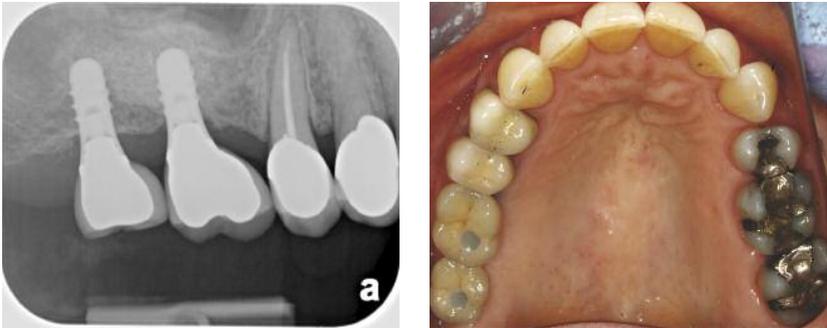


Fig.3-3a: Once the implants are successfully osseointegrated, restoration with two screw-retained implant crowns is a straightforward procedure. Thus, the patient is presented with different levels of complexity: a complex surgery, but a straightforward prosthetic.

What implant dentistry is about

The definition of 'Implantology' as a new specialist domain is, however, not without a certain degree of controversy: Firstly, dental implants constitute but one treatment modality, a handy and effective tool in a greater restorative treatment plan. Implants should always be seen as a part of a wider comprehensive treatment plan, which precedes any intervention. A multidisciplinary, comprehensive treatment plan is a necessary framework prior to any implant treatment. The role of a specialist is not focused in designing a comprehensive treatment plan, but rather in executing a particular part of it, which might require specialist skills and competencies. A comprehensive treatment plan addressing all patients' problems is rather the responsibility of the general practitioner or of a multidisciplinary team of specialists, if the

complexity of the case requires it. Secondly, implant dentistry includes a wide array of techniques, spreading from soft and hard tissue surgical manipulation to restorative and prosthodontic procedures, as well as management of biological and technical complications. These procedures are not only of different nature, but also of very different complexity levels.

Classification of implant procedures

A classification of surgical and restorative implant dentistry procedures has been proposed, which organises them in three categories: straightforward, advanced and complex. This classification, initially proposed by the International Team for Implantology in 2003, has been further developed⁶ and is currently endorsed by several international bodies and consortia. For example, restoring a single crown in the

non-aesthetic zone is a straightforward procedure, demanding certain training and experience. Restoring a patient with a full-arch fixed partial denture on implants is a complex procedure, which involves certain risks and requires advanced training and competence on the part of the clinician. In the same way, placement of an implant in adequate soft and hard tissue conditions is straightforward. Placement of implants with simultaneous lateral sinus augmentation requires complex surgery, involving higher risks for complications and demanding advanced training and skills. Different degrees of complexity might be present in different parts of one implant treatment and in some cases, an implant simple to place might be complex to restore or vice versa. If the introduction of an Implantologist implies the creation of a clinician who can undertake procedures of implant dentistry in all complexity levels, it is very difficult to envision an education, which can fulfil these learning objectives within a reasonable amount of time. In most parts of the world, a Prosthodontist is trained for three full years in advanced restorative cases, enabling this specialist to deal with complex reconstructions in challenging occlusal relations. In the same way, a Periodontologist is trained to manage complex soft and hard tissue surgeries and therefore able to tackle challenging cases of tissue manipulation. If an Implantologist is meant to be a specialist who can undertake the same degree of treatments in the whole



spectrum of implant dentistry, it is questionable that a standard three-year training program will be enough to secure these competencies. Even if we could prepare small numbers of such Implantologists through an extensive (and expensive) specialist training, this could certainly not cover the wide need for implant treatments currently existing in the population and would hardly facilitate the needs of the public for safe, quality assured and cost-effective treatments.

Conclusion

A more pragmatic approach would be to see implant dentistry as a multidisciplinary extension of general dentistry and educate the general practitioner to be

Smoking among medical, dental and pharmacology students at Qassim University, Saudi Arabia.

TEXT: Murad Alrsheedi*



Abstract

Objectives: The objectives of the present study were to determine the prevalence, knowledge, attitudes and practices among medical, dental and pharmacology students at Qassim University in relation to smoking and perceived role of the colleges in smoking prevention and control.

Material and methods: The study design was cross-sectional including 375 male dental, medical and pharmacology students present on the day of the survey at Qassim University. An anonymous pilot tested questionnaire was used to collect the data.

Results: 301 questionnaires were returned with an overall response rate of 82.7%. 15 questionnaires were excluded because of incomplete entries leaving behind 286 for final data analysis. Out of 286 students, 12.7% were smoking at the time of the study, 20.4% were ever smokers and 66.9% never smoked during their lifetime. The percentage of dental students who were currently smoking was higher than the percentages for the other two colleges but the differences amongst the students of the

three colleges were not statistically significant. 69.1% of the respondents agreed that health professional students should serve as a role model for their patients and public regarding smoking with a significantly higher percentage of the medical as well as the dental students agreeing to the statement than the pharmacology students ($p < 0.05$). Only 29.0% students were aware of the policy banning smoking in the college. 49.0% of medical students, 63.3% of dental students and 60.5% of pharmacology students did not learn anything about smoking cessation in their colleges. However, 64% of the total number of students felt a need for training about smoking cessation techniques in the college. A significant number of smokers were smoking to relieve stress and as a source of enjoyment during their leisure.

Conclusions: The majority of medical and dental students and almost half of the pharmacology students held positive attitudes towards smoking prevention. The colleges' role in the prevention and control of smoking turned out to be inadequate.

Introduction

There are more than 1 billion smokers in the world and 5 million deaths occur due to tobacco habit each year.² If the present consumption pattern continues, the number of deaths will increase to 10 million by the year 2020, 70% of which will occur in the developing countries.³ Therefore, the prevention and control of smoking has become a global concern. Several studies have shown that smoking prevalence is high particularly among adult males in Saudi Arabia.⁴⁻⁸ The students related to health profession are expected to play an important role in smoking prevention and control in future.

The objectives of the present study were to determine the prevalence of smoking among medical, dental and pharmacology students at Qassim University, their knowledge, attitudes, practices and perceived role of the colleges in smoking prevention and control.

Material and Methods

The study design was cross-sectional, including 375 male dental, medical and pharmacology students present on the day of the survey at Qassim University during October to December 2009. An anonymous pilot-tested questionnaire with 20 questions written in English was used to collect the data. The questionnaires were distributed during lectures and were taken back by designated students in each class.



Results

The majority of students (overall 88.1%) belonged to the age group 20–25 years in all three colleges. Figure 1 shows the relative prevalence of smoking among the students of the three colleges.

Out of 284 students who answered the questions about smoking status, 12.7% were smoking at the time of the study, 20.4% were ever smokers and 66.9% never smoked during their lifetime. The percentage of dental students who were currently smoking was higher than the percentages for the other two colleges but the differences amongst the students of the three colleges were not statistically significant at an α level of <0.05 . The same was true for the category of ever smokers in the college of pharma-

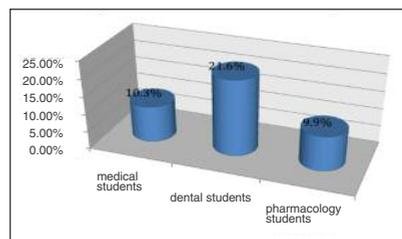


Fig. 1: Percentages of medical, dental and pharmacology students who are currently smokers.

cology. On the other hand, a lower percentage of students in this college never smoked (Table 2).

Attitudes of health professional students regarding smoking:

When asked about their perception towards the problem of smoking amongst the health professional students, 69.2% agreed that there is a problem if health professional students smoke, while 19.2% were found to be neutral about this statement and 11.2% students did not consider it a problem.

Colleges' role in smoking prevention:

Students were asked four questions about the role played by the colleges in the prevention of smoking. The students of the three colleges showed no statistically significant difference regarding the colleges' role in smoking prevention (Table 3). The smokers ($n=36$) were further asked ten questions about their smoking habit. Three of the smokers did not respond to these questions.

Starting age for smoking:

The results showed that the majority of the smokers (51.5%) started smoking between the age of 16 to 20 years and 36.3% started their smoking habit after this age.

Reasons for smoking:

More than one third of smokers in the medical (35.7%) and dental (33.3%) groups and around one third of those in the pharmacology group (28.6%) reported that smoking was helpful in relieving their stress. A significantly higher percentage of dental (41.7%) and pharmacology smokers (42.9%) used to enjoy smoking during their leisure than the percentage of smokers (14.3%) in the medical group ($p<0.05$).

The perceived effect of the smoking habit on patients' dealing:

25% of health professional student smokers seemed to be concerned about their smoking habit while dealing with their patients. 30.5% of the smokers claimed that health professional

Smoker status	Medical students		Dental students		Pharmacology students		Total	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Currently smoking	15	10.4%	13	22.0%	8	9.9%	36	12.7%
Ever smoked	26	18.0%	4	6.8%	28	34.5%	58	20.4%
Never smoked	103	71.6%	42	71.2%	45	55.6%	190	66.9%

*missing data: 2

Table 2: Prevalence of smoking among medical, dental and pharmacology students. *

	Medical students	Dental students	Pharmacology students	Total
My college has a role in preventing the smoking habit	33.1 %	36.7 %	34.6 %	34.3 %
My college has a policy banning smoking in the college premises and clinics	34.5 %	30 %	18.5 %	29 %
Learned about smoking cessation in the college	49.7 %	35 %	38.3 %	43.4 %
Should have training on smoking cessation techniques in the college	66.6 %	70 %	54.3 %	64 %

students should not smoke. 69.4 % of the smokers felt reluctant while smoking in front of their patients, while 19.4 % did not mind it.

Table 3: Colleges' role in smoking prevention.

Knowledge regarding harmful effects of smoking:

Figure 4 shows the distribution of medical, dental and pharmacology students according to their awareness of the harmful effects of smoking. 57.6 % of the total number of smokers claimed to be knowledgeable about the harmful effects of smoking with a comparatively higher percentage of pharmacology students.

Discussion

In this study, the prevalence rates of smoking in the medical, dental and pharmacy colleges at Qassim University are 10.3 %, 21.7 % and 9.9 % respectively, with a higher prevalence among dental students. It was heartening to know that the prevalence among health professional students was less than that in the general population of Saudi Arabia.⁴⁻⁸

The prevalence of smoking among the medical students in the present study was found to be lower than that among the medical students in King Saud University in Riyadh (33 %) and Abha (13.6 %).¹⁵⁻¹⁶ It was also significantly lower than the prevalence in the neighboring countries such as Bahrain (27.5 %), Jordan (26.3 %) and Syria (15.8 %).¹⁷⁻¹⁹

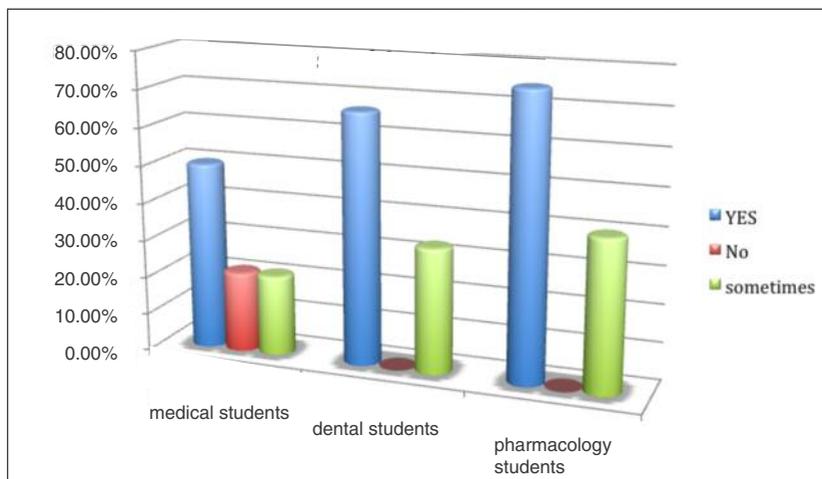


Table 4: Are you aware of the harmful effects of smoking?

Dental students in this study had a lower prevalence of smoking compared to their counterparts in Argentina (38.3%).²⁰

The majority of health professional students in this study reported that they should serve as a role model for their patients and public regarding smoking. This finding is similar to other studies carried out in India, the United States, Indonesia and Jordan.^{17,23-25} In some studies, more than 90% of medical students believed in taking a more active role in providing smoking cessation for patients and believed that doctors ought to set a good example to patients and other health workers by not smoking.²⁷

The data of this study revealed that most of the health professional students in all the three groups had good perceived knowledge about the harmful effects of smoking. This finding was similar to those reported by many other studies.¹⁶⁻¹⁷

Conclusions

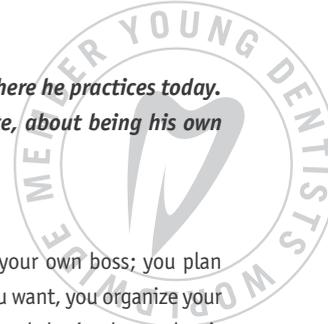
The prevalence of smoking amongst the study groups was low compared to the natives of Saudi Arabia as well as to that among the students of the neighboring countries. The majority of medical and dental students and almost half of the pharmacology students held positive attitudes towards smoking and its prevention. The

**“Fortune has directed
me this way”**

INTERVIEW with Amir El-Kholi, BDS



Amir El-Kholi, BDS, graduated in Alexandria, Egypt, in 2009, where he practices today. He told us about Egyptians who often seek dental care too late, about being his own boss as a dentist and considering dentistry an art.



AIM: Why did you study dentistry and how do you think about it today?

Honestly, I wanted to study Medicine at the beginning and I got 0.03 % under the required score (97.1%), that's why I then applied to Dentistry, which was the closest thing to Medicine for me. I never regreted it, in fact I'm glad that fortune has directed me this way, otherwise it wouldn't have happened that I'm having this interview here with you now.

AIM: Where do you practice dentistry and what is special in your country?

I practise dentistry in a dental office in Alexandria, Egypt, where I was born and lived for 22 years. In my opinion, what's special about dentistry here in Egypt is not related to any specific specialization nor material and technique. What is special here are the diseases that patients carry and their negative behavior towards oral health care; most of the Egyptian population have periodontal diseases as well as badly destructed carious and infected teeth left until they feel a severe pain from an acute periapical abscess or from a space infection. That's when they start seeking dental care, when it's already too late, or in other words: „When it's five to twelve.“

AIM: Why do you love dentistry?

From my own point of view, I think being a

dentist makes you your own boss; you plan the treatment as you want, you organize your office as you want and that's what makes it special unlike many other jobs. The other important part of being a dentist is that dentistry is an art other than being a science; and as once said: “Work is the most reliable and enduring pleasure.” I always relate the pleasure with the artistic part of dentistry.

AIM: Did you specialize in something or plan to? Why did you choose this field?

Well, as I'm going to teach at my University, I had to choose whether to specialize in Prosthodontics or Dental Biomaterials. It was a really critical decision for me, especially because the two specialities are totally different. But at the end, I chose Dental Biomaterials because there's more research in it and I'll always be updated with new materials used in dentistry.

AIM: What does Young Dentists Worldwide mean to you?

YDW for me is the continuation of IADS for the dental graduates, as I can see that most of the ExCo now were former IADS ExCo members. I expect it to be a successful association uniting the young dentists around the world, putting them on the right track for their future professional lives.

**“I still have passion
for what I do.”**

INTERVIEW with Audrey Camilleri



Audrey Camilleri is practicing in Sliema, Malta. She graduated in 1996 from the University of Malta and got her Master's degree at the University of London in 2000.

AIM: Why did you study dentistry and how do you think about it today?

Always wanted to do something medical related and that would involve caring and helping others. I knew that it was what I wanted to do since I was 10 years old and used to watch my Dad work in his clinic. From the age of 15 I used to help him in his clinic. I have no regrets and still have passion for what I do.

AIM: Where do you practice dentistry and what is special about dentistry in your country?

I practice in a family private practice in Malta and the special thing about dentistry here is that your patients get to know you well and you keep seeing the same families.

AIM: Why do you love dentistry?

You cannot take your work problems home with you and as soon as you walk out of the clinic you can stop thinking of work.

AIM: Are you specialised or planning to be? Why did you choose this field?

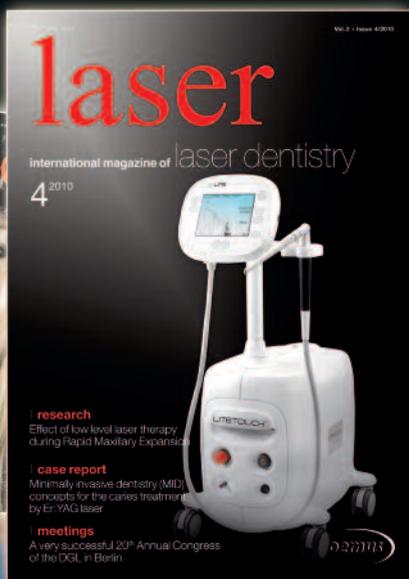
I am specialised in paediatric dentistry and I chose this field because I love working with children who can be your best patients once they trust you. They are a constant challenge which makes it an interesting specialisation.

AIM: What does Young Dentists Worldwide mean to you?

It has given me the opportunity to keep in contact with all the interesting friends that I met as a student. It gave me the opportunity to learn about dentistry just by hearing their experiences in setting up their own clinics, dealing with tough situations and choosing different career pathways. It gave me more incentive to attend FDI congresses, because I knew that I would meet up with YDW friends, at the same time as updating myself on dental matters. YDW will always have a special place in my heart.

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“As much as dentists are independent, we need international associative life.”

SPECIAL INTERVIEW with Ionut Luchian,
Dentist and President of IADS 2010–2011



Ionut Luchian is a freshly graduated dentist, member of Young Dentists Worldwide and the current President of the International Association of Dental Students. He is now doing his master degree in Oral Implantology in Iasi, Romania, and was the head organizer of the Annual IADS/YDW-Congress 2009 in Romania. We talked to him about IADS, YDW and their close connection.

AIM: How is it to work as a young dentist in Romania? How is the general situation for you and your colleagues?

Every beginning is difficult. In my case, I work in a private practice and I do my best to reach the high expectations of our patients. In some cases they feel reticent about having me as their doctor instead of a more experienced dentist and I know that I can't afford any mistake in order to convince them that I'm well-trained to solve their medical problems. Most of the time some words of appreciation from a patient are more valuable for a young dentist than the pay check itself.

AIM: Where do you see yourself in the future? What's your "dental life plan"?

Well, this is a very difficult question. I'm always saying that life is very unpredictable and everything happens for a reason. I have to tell you that I like to be up to date with whatever is new in dental medicine. For instance, I'm very fond of laser dentistry which I think will become one of the future guidelines in our practice. Although I don't like to plan a lot, I really hope to complete my „dental life plan“ with teaching. I really think that young dentists

should be very supportive to students and share as much as they can in order to help the others to avoid repeating their clinical hesitations.

AIM: What kind of support do Romanian young dentists need the most?

I'm always saying that in Romania a young dentist should not see his or her profession as business but as a mission. We have the difficult task to change some concepts in Romanian dental medicine and at the same time to continue the tradition. From my point of view, the state should involve more in motivating the young dentists' activity. Many Romanian young dentists choose to work abroad for better money and better clinical conditions. That's why I'm underlining that Romanian young dentists should be encouraged through all available means to develop their careers and grow in their own country.

AIM: You already became a YDW member as a final year student. What made you so enthusiastic about participating in this organisation?

Well, I was familiar with YDW because it was created by former IADS members and for a

long time the two associations had joined congresses. From my point of view, applying for YDW membership was a natural thing to do. Another fact that determined me to apply was that the YDW Executive Committee is formed from people I know, I respect and I consider to be my friends. To be honest, I really think that YDW will have a great contribution on developing the concept of „young dentistry“. By „young dentistry“ I understand excellence in dental care, devotion to the patient, interest in the latest minimally invasive dental techniques and all this based on the exchange of dental knowledge at an international level.

AIM: How did you get in touch with IADS and YDW? Why did you keep the contact and continued working with the international associations?

IADS is the most important international association of dental students and back then we were very interested in applying as members. In 2008 I attended the IADS Mid Year Meeting in Lublin, Poland, where Dental Students' Society of Iasi, Romania, which I was representing, was accepted as a full member. For us, it was a great accomplishment but at the same time I realized that IADS is more than an association, it is indeed a family. Three of the IADS Executive Committee members in 2008 are now members in the YDW Executive Committee, so from my point of view it's normal and fruitful to have a permanent and natural bond-

ing between the two associations, which determined me to continue my work at an international level.

AIM: After your graduation, you became president of IADS, the international student organization. Why did you run for this position? Don't you have friends, hobbies or better things to do?

It was a great honor for me to be elected as IADS president but at the same time I'm aware of the great responsibility this position involves. The current IADS Executive Committee is a great and hard-working team, which I appreciate and I'm grateful to. To be honest, I don't have very much free time aside from my professional activity and I recognize that sometimes it's hard to give my family and friends the entire attention they deserve. At the same time, IADS gave me the chance to make real friends as well and although, for some people it seems impossible how you can keep a true friendship miles apart from each other, but this thing is real and I can say it changed my way of living.

AIM: What is the main challenge and goal of an international student association like IADS?

The main challenge, I think, is to convince as many dental students' associations worldwide that ,together is better' and our goal is to assure the exchange of dental knowledge and information, which

will improve the dental education at an international level.

AIM: Where do you see the biggest advantages in the cooperation between IADS and YDW?

From my point of view, I already stated that I will always see IADS and YDW permanently bonded. The biggest advantage is that students will have the great chance to benefit from the support, experience or pieces of advice of the young dentists, which is an incredible advantage for their dental formation and future career.

AIM: Would you recommend other young dentists to involve in international dental relations? Why?

Absolutely yes. As much as dentists see themselves as very independent, we definitely need international associative life. I can't see myself isolated in the dental office and not knowing what happens at a worldwide level. The exchange of experience and the incredible social dimension are only two reasons to get involved.

AIM: What do you want to achieve with your special dental career?

Well, first of all, I don't see myself as very special. Dentistry is not an easy profession but the hard part can be compensated by your passion and your patients' appreciation. I think that I would like to focus

more on dental research in the future, teaching and dental volunteering.

AIM: Do you have a motto for your life?

I can't say that I have a specific motto in life. I value friendship, sincerity, devotion and hard work. I consider myself to be an open-minded person to almost anything and a good friend. In our society, I think that success is one thing that people nowadays want to achieve, more than before, so I found a very realistic, but at the same time a little bit funny, motto about it: „Success consists of going from failure to failure without loss of enthusiasm“ — *Winston Churchill*.



**“I love what I do,
no regrets at all.”**

**INTERVIEW with Aldo L. Miranda
Collazo, DMD**



Aldo L. Miranda Collazo, DMD, is practicing in San Juan, Puerto Rico. He graduated in 1984 from University of Puerto Rico, School of Dentistry. Currently, he is President of the Puerto Rico Constituent of the Academy of General Dentistry.



AIM: Why did you study dentistry and how do you think about it today?

It was something that showed up in my life when I was 11 years old, when I went to a dental check-up visit. That woke up a big curiosity about what the dentist was doing in me. I told him that I wanted to see what he was doing, he passed me a mirror to make me see it and at that moment I made my decision. I love what I do, no regrets at all.

AIM: Where do you practice dentistry and what is special about dentistry in your country?

I have my own family and cosmetic comprehensive dentistry practice in San Juan, Puerto Rico. Here, we work with patients in prevention and give them the most updated treatment when they need it. Also, continuing education is very important.

AIM: Why do you love dentistry?

It is something that you must like and love to do. Also you're the one who decides your working schedule, when you want to work, take holidays, etc.

AIM: Are you specialized or planning to be? Why did you choose this field?

No, I practice general dentistry, focused on family and comprehensive dentistry. I feel very happy not to limit my skills just to one field.

AIM: What does Young Dentists Worldwide mean to you?

That's a BIG question. I have been involved in YDW since it started.

In the professional aspect it is the best resource to exchange experiences and talk about dentistry with dentists about the same age from other countries. Also, having the meeting joining the FDI became very useful because, at the same time, we have the opportunity to get great continuing education. In the personal way, I have practically developed a half life friendship with some colleagues in other countries that goes beyond just dentistry.



IADS/YDS CZECH REPUBLIC 2010





57th IADS and 19th YDW International Congress



Brno
July, 13–15,
2010

TEXT: Dr. Andrea Veitova, Czech Republic, YDW Treasurer

Summer came and flew by very fast, leaving only the wonderful memories to warm us up during the dark cold winter days. One of my favourite memories from this summer comes from seeing my great international friends again and, moreover, in my home country!

Last year's congress destination was located to the heart of Middle Europe—to the Czech Republic. It has been exactly five years since the CDSA-Czech Dental Student Association was organizing the first international congress in 2005. In autumn 2009, a new team of excited CDSA members spontaneously decided to organize such a great event again in our country. This time, the main location of the congress hosting both international dental students and young dentists, it took place in the second biggest town of the Czech Republic: Brno. The main purpose for this decision was to show the participants the eastern part of the Czech Republic—the naturally rich Moravian region. But the organizers were well aware of the beauties of our capital and that is why they prepared a pre-congress package for participants in Prague for three days. This pre-congress started on the 13th of July and wonderful two weeks of international dental fun began.

Lectures and Guests

After spending some sunny days exploring the historical beauties of Prague, the participants of the pre-congress joined the rest of the congress participants in Brno. There, around 160 participants started their congress with a karaoke meeting party. And as both IADS and YDW supports education and lecturing, we started with the IADS lecture competition and parallel YDW lectures took place at the Masaryk University Dental Faculty. Such lectures hold a very good standard and are great possibilities to start speaking in front of an international auditorium. This year's lecture contest was won by Karen Voon Kai Rou from University Sains Malaysia with her lecture on "Hydrazone derivative demonstrated promising chemopreventive activity via its inhibitory effect and apoptosis induction on human tongue carcinoma cells." Karen presented her lecture very professionally and caught



the most attention of the jury. After a fruitful educational day, the participants awaited the official Opening Ceremony, which had many important and honorable speakers: Dr. Chrz (President of the Czech Dental Chamber), Prof. Vaněk (Head of Dental Clinic Department), Prof. Winfried Harzer (President of the ADEE—Association for Dental Education in Europe) and Executive Committees of both IADS and YDW.

Working for the future

The next days concentrated on the meeting business of both associations—the General Assemblies took place. The participants had the chance to visit Curaprox lectures and workshops and obtain new information on oral hygiene. One of my most favorite events of the congress—the Exchange Fair—was next. Here, participants from all over the world share information, souvenirs and typical meals from each country, making the state borders disappear and creating the special spirit around our families. The congress organizers created a great social program around the



congress, showing the beauties of Czech—typical wine cellars or a boat trip to Castle Veveri. Those that did not have enough after the Closing Ceremony had the chance to purchase the post-congress package and enjoy the real beauties of South Moravia and its wine areas and natural treasures.

YDW supports the students

Young Dentists Worldwide was very happy about the programme and the work that was done within this week. The forum at the first day, which included lectures from YDW members, was a great success for both the lecturers and the participants. The idea of sharing practical knowledge from their daily work in the dental offices combined with lectures from young scientists and voluntary work, kept the attention of the listeners—even with hot and sunny weather outside. As it was the first congress that took place since YDW re-established membership, many took the chance to fill out the membership forms to be officially a part of the strong community.

Being able to see my good old international friends again, together with the chance of meeting new ones and sharing dental experiences with them—all of this always made my year. No matter how busy we are over the year, we always save our spirit inside for the next meetings. Come and try it yourself!

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New Delhi,
Agra and
Bhopal
July, 22–31,
2011

Preview of the Annual IADS and YDW Congress 2011 in India

The 58th Annual IADS World Congress 2011 will be held in India between 22nd July 2011 and 31st July 2011. This Annual Congress will be hosted by the Dental Student Association of India (DSWAI), which warmly welcomes IADS and YDW.



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The Annual Congress will be held at New Delhi with pre- and post-congress sessions at Agra and Bhopal respectively. This congress is very big for IADS and YDW because IADS is completing its 60th year and YDW is completing 20 years of their success. Surely it will be a grand event and a memorable congress for both IADS and YDW because this time it is going to be held in the biggest democratic country of the world and organized by the largest country member of IADS. As we all know that INDIA is the country of diversity and multi traditions, you all are going to enjoy each and every second spend in India. The organizing committee chairman and President of the dental student association of India, Chandresh Shukla, says that he is going to organize this congress in the manner that students from different countries will see the different parts of the country and also the different traditions of people. The guests will enjoy an unforgettable congress.

Pre-congress

The Annual Congress will kick-start with a pre-conference event. The pre-conference on 22nd and 23rd July 2011 will be in Agra. The pre-conference in Agra is the most ideal venue with a rich history. Agra will give all the international delegates a nice time to enjoy the rich and diverse culture present in India. Agra is home to one of the "Seven Wonders of the World". The Taj Mahal, which sits on the bank of Yamuna River, is one of the world's most beautiful and beloved struc-

tures. Agra is one of the prominent destinations on the World Tourism map with various heritage monuments like the Sikander Fort, Fathehpur Sikri and Ram Bagh.

The Annual Congress

The Annual Congress will be held at New Delhi from 24th to 29th July 2011. The Annual Congress will have numerable pre-conference courses in the form of hands-on courses, panel discussions about career opportunities and research opportunities, which will open the horizons to the dental students. The congress will give a platform to Indian and foreigner students to share their experience with dentistry. This will also include the General Assembly of both IADS and YDW, partying, sightseeing, and dancing on Bollywood and Panjabi music. New Delhi is the capital of India, and the third largest city in the country. Standing along the West End of Gangetic Plain, the capital city, Delhi, is an epitome of culture, architecture, rich history, monuments, museums, galleries, gardens and exotic shows and exudes a strong old world charm. The sprawling city is divided into Old Delhi and New Delhi, embracing the new with the old, comprising of two contrasting yet harmonious parts. Old Delhi has a glorious past and was the centre of power of the various Muslim dynasties that ruled swathes of the subcontinent from the 12th century onwards. The imperial city of New Delhi is an embodiment of the fine architecture of British Raj. The well-structured and spacious streets under the shade of beautifully lined

avenues of trees and tall and imposing government buildings wield a charm that lingers on long after the rendezvous is over.

Post-conference

The post-conference events will occur at Bhopal on the 30th and 31st July 2011. Bhopal is a multifaceted city with a perfect combination of history, the urbane life and education. The post-conference at Bhopal will be ideal for the delegates to unwind and also to participate in the various treatment camps, extraction, filling and other education camps. These camps will give everyone a peek view at the grass root level dental awareness and the treatments that are carried out in India. Such unique experiences will certainly help to develop these young dentists into humane and humble persons and to become better professionals.

Registration

The 58th Annual World Congress will feature renowned international speakers, hands-on courses, and panel discussions, which will not only tickle your gray matter but also let

you soak in some unique Indian cultural atmosphere.

// **INFO** //



Dr. Chandresh Shukla is a post graduate student in the Department of Orthodontics in Peoples College of Dental Sciences and Research Center, Bhopal, Madhya Pradesh, India. He is also the President of the Dental Student Association of India.

//

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Madhya Pradesh, India

Account number: 63012553227

IFS number: SBIN0030463

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Registration fees for the congress:

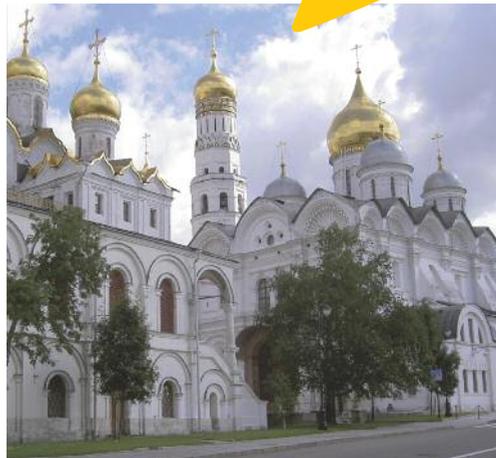
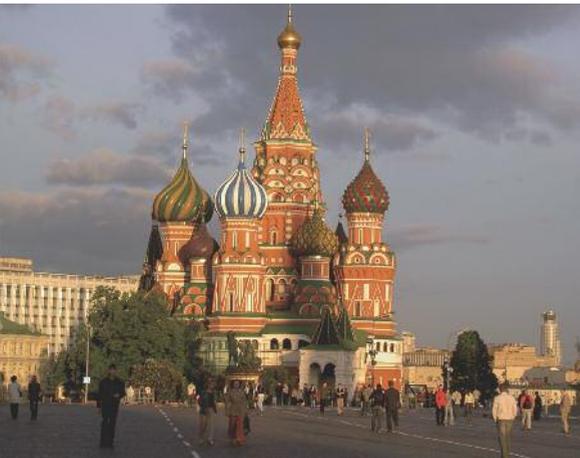
Pre-congress: If you register yourself at the Mid Year Meeting of IADS in Moscow, the fees will be 100 Euro per person and after that it will be 120 Euro per person.

Congress: If you register yourself during the Mid Year Meeting of IADS in Moscow, the fees will be 310 Euro per person and after that it will be 350 Euro per person.

Post-congress: If you register yourself at the Mid Year Meeting of IADS in Moscow, the fees will be 100 Euro per person and after that it will be 120 Euro per person.

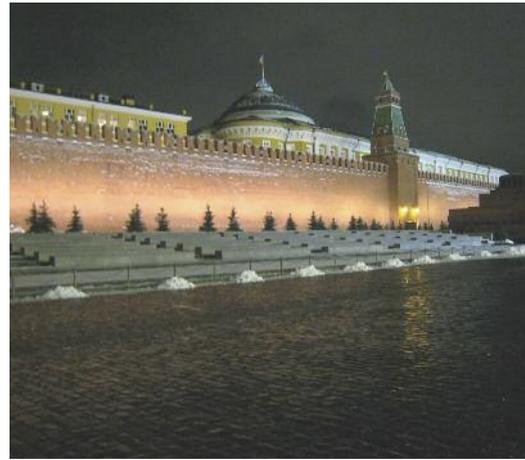
IADS Mid-Year Meeting 2011

Moscow
February,
18–27



Very soon February will come and it means that IADS MYM is just around the corner! This year it promises to be a bit uncommon, very saturated and cognitive. And the reason is—it will be held in Russia. For the first time, delegates will gather in this outstanding country. And this is remarkable because Russia is situated both in Europe and Asia, and therefore serves as a symbolic bridge between different parts of the world.

The participants will have a unique chance to get acquainted with Russian dentistry and at the same time get to know the country, learn about Russian tradition and Russian hospitality. Two cities will welcome delegates: the capital—Moscow—and Saint Petersburg, which is also known as the North Venice. The team of organizers did their utmost to make IADS MYM 2011 memorable. They promise a multifarious cultural and entertainment program that leaves no time for boredom.



On the other hand, not less attention is paid to the official part. Let's remember that one of the main aims of MYM is to share ideas, achievements, discuss present-day topics, solve current problems, bring together all IADS-members and accept new ones. In this connection, various lectures, master-classes and conferences have been organized. The congress will be held at Moscow State Medical Stomatology University (MSMSU), which is one of the leading Russian medical universities and is well-known for high-quality education and diverse research work. Consequently, participants will be able to communicate with highly skilled dentists and scientists, many of whom are world-famous.

So it's easy to see that IADS MYM 2011 in Russia bids fair to become a bright event providing association, information and impression. Of course, it's up to you to decide whether to go or stay, but we strongly advise you to go.

More information:
www.ifmsa.ru/ads-mym

FDI Congress in Brazil 2010: A great success for YDW

Salvador
da Bahia
Sep, 02-05,
2010

TEXT: Magdalena Maciejowska, Juliane Gnoth, YDW Exco

The annual congress of the World Dental Federation FDI took place in Salvador de Bahia last year. For the first days of September, the worldwide dentists took over the Brazilian city, which is located by the sea. "Oral Health for All—local challenges, global solutions" was the heading topic of the event.





The congress was organized by the Brazilian Dental Association (ABO) in cooperation with FDI, and 11,692 participants found their way to the Brazilian state Bahia. Dentists from 115 countries took part in the business meetings, in the scientific section and visited the dental exhibition. Young Dentists Worldwide gathers their members during the congresses of the FDI every year. Dentists who have been with YDW for years now join as much as young local students and dentists who are interested in the work of Young Dentists Worldwide. FDI and YDW support each other in their work, so it is an important part of the cooperation that YDW joins the annual congresses.

Get in touch with YDW at FDI

During the days of the congress, Young Dentists Worldwide is usually organizing a meeting where interested dentists can talk with the Executive Committee Mem-

bers of YDW about current projects. During the congress in Brazil, the most questions were asked about the membership in YDW, which was re-established, the website and the magazine. Last year in Brazil, three members of the YDW board were attending: Magdalena Maciejowska, Juliane Gnoth and Ingmar Dobberstein. Those three were busy with taking part in several committee meetings like the meeting of the Education Committee, the meeting for supporting and affiliate members with the FDI president and council. As an affiliate member of FDI, they also had the pleasure and duty to take part in the General Assembly, the gathering where important decisions of the World Dental Federation are made. Four seats of the council were elected and ten new members for the different committees were chosen during the elections in Salvador. For the congress in 2013 it was decided that it will take place in Seoul, South Korea.



The forum

A great success was the forum, which was held by YDW under the topic „General Dentistry vs. Specialization—Helping young dentists finding their way“. The auditorium was filled well when Rodrigo Venticinque from Sao Paolo and the chairman, Juliane Gnoth, opened the forum and explained the ideas and work of YDW. Many attendees were students and young doctors from South America—not just many Brazilians joined the congress, but also dentists from all over South and North America. Around 30 members of Young Dentists Worldwide from countries like Greece, Great Britain, Sweden, Germany and Poland also found their way to the forum and listened carefully when their friends held lectures. The three lecturers were Vasiliki Karathanasi from Greece, Nikos Mattheos from Australia and Magdalena Maciejowska from Poland. All of them have been with YDW for years and were active students—Magdalena in the International Association of Dental

Students, Vasia and Nikos in the European Dental Students Association. All three of them took the information they transferred during their lectures and made interesting articles out of them. You can read them in the section “Young Scientists”. Besides the official meetings and forums, the social program for the young generation was an amazing part of this congress. For every evening, tickets for parties were sold and every time one or more live bands played for the YDWs and the other dancers. The nights were short and the YDW friends enjoyed another great event.

This year the FDI congress will take place in Mexico City and in 2012 in Hong Kong SAR, China. YDW will be there for sure, will you?





A year in Sindbad's home country

TEXT: Zeyad Salem, Alexandria/Egypt

An Arab country in Southwest Asia bordering the United Arab Emirates on the northwest, Saudi Arabia on the west and Yemen on the southwest, with a coast formed by the Arabian Sea on the southeast and the Gulf of Oman on the northeast—that is the Sultanate of Oman.

Stepping into Oman, one can instantly sense how everything is different from any other country, and practicing dentistry is no exception, where most of the practicing dentists are expats from many countries, and very few of them are Omanis that studied abroad. There isn't any active higher dental body or authority that regu-

lates dental practice in the country, except for a regulatory department of the Ministry of Health, which is mainly concerned with issuing licenses and inspecting clinics before they are actively working. However, it is very common to find general dentists performing orthodontic treatment or even carrying out surgeries that they are totally unqualified for.



The dentists in Oman

Also, there is no easy way to get in touch with the dental community, as previously mentioned, there is no active dental syndicate, chamber or even a society. So, getting to know other dental practitioners in the country is mainly an individual quest and based solely on pure luck of running into someone at a dinner and turning out that they are a dentist as well, which makes it more of an entrap neural experience than a communal environment where you get to meet, talk and discuss various issues with colleagues.

There are not many governmental dental clinics in the country that provide any dental treatment beyond extractions and simple fillings, so it is mainly left to the 128 private clinics in the capital to implement and offer other treatment modalities.

They seem basic in most countries, but in Oman they are pretty new to the general public, with some exceptions for the wealthy and better educated individuals and, of course, the expat workers in the country.

Common dental problems

Interfamilial marriage is a very common practice among Omanis and almost everyone marries their first cousin, which from a medical point of view results in a lot of hereditary conditions. I personally read about them, but never got to see and manage first-hand until I was in Oman. Examples are: amelogenesis imperfecta, dentinogenesis imperfecta, dentinal dysplasia, localized and generalized hypoplasia of enamel, peg-shaped lateral incisors, familial dentigerous cysts, missing teeth, gigantism, and fused primary mandibular in-

cisors as well as cleft lip and palate, which are very abundant among the population and very well managed by the few qualified maxillofacial surgeons in the country.

In terms of dental materials it was very hard to find up-to-date products or materials, so I would always have to order them from Egypt or Dubai and thus lost a lot of time as well as money to bring them in practice. I had the same problem with finding a good technical lab, although I was lucky in that regard, but the amount of time needed to receive the appliances ordered was way too long.

I believe that dentistry in Oman still needs a lot of time and effort to be on par with other countries in the region. However, I would say it has done a lot given that the renaissance period under the ruling of His Majesty Sultan Qaboos only started 40 years ago, and it literally started from nothing. More dental education is needed as the general population doesn't seem to be aware of the basic dental preventive methods or even the implications of ignoring their teeth, but I believe when the first class of the recently formed Omani dental school graduates, a lot of things will be different.

Challenges for young dentists

Since there isn't an active dental community, young dentists are interacting socially on their own, dealing with what the country has to offer. In terms of night life,

there are many nice pubs and clubs that are fairly priced, but as a general observation, it is not easy to buy alcohol because you need to issue a special liquor license. Because of this, alcohol is very over-priced and not that abundant. However, if one is into outdoor activities like hiking, camping and water sports, Oman will be like heaven as it is full of natural wonders all around the country, and all you need is a 4 x 4 ride, which is very common and easy to rent.

Moreover, offers for young dentists vary according to whether they concern the private or public sector and even differ from one place to another. But overall speaking, people in most of the government places will be working from 7:30 a.m. to 1:00 or 2:00 p.m., while private clinics usually operate from 9:00 a.m. to 9:00 p.m., with a lunch break of four hours in between. Salary-wise it mainly depends on the offer and the agreement reached, as there is no specific law that arranges working hours or wages for dentists. However, over all, Oman is not considered as a cheap country and apartment rentals are very expensive. That's why accommodation is usually discussed with the employer.

My conclusion

Oman is not a very socially welcoming place and it took time for me to actually get to know like-minded people to hang out with,



until I found 'couchsurfing' as well as the internations websites, which are free services that are really active in Gulf countries in terms of introducing expats to each other. So once I got active in them, I got to meet a lot of amazing people from many different countries, and luckily there was also another dentist in the group who helped me a lot in terms of orienting myself in the place.

At the end, I would say that my time in Oman was very interesting on many levels. It is one of the most beautiful countries I have ever been to, and practicing dentistry under these conditions was very beneficial

for me. It made me see a lot of things differently and I will definitely miss the peacefulness, kindness and purity this country brings to people.

// **INFO** //////////////////////////////////////



Dr. Zeyad Salem is a post-graduate student in the Oral Maxillofacial Surgery Department in Alexandria University, Egypt. He is a former IADS General Secretary and Editor.

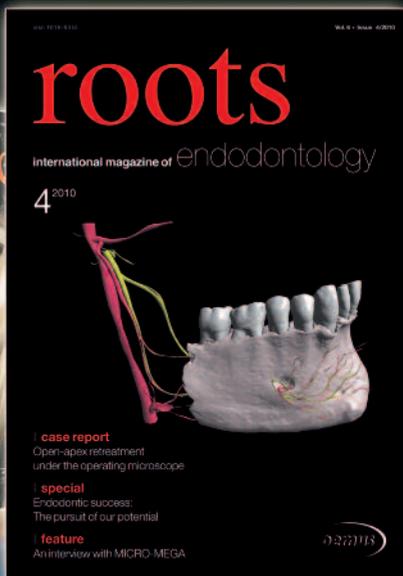
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