

DENTAL ALUMNI NEWSLETTER

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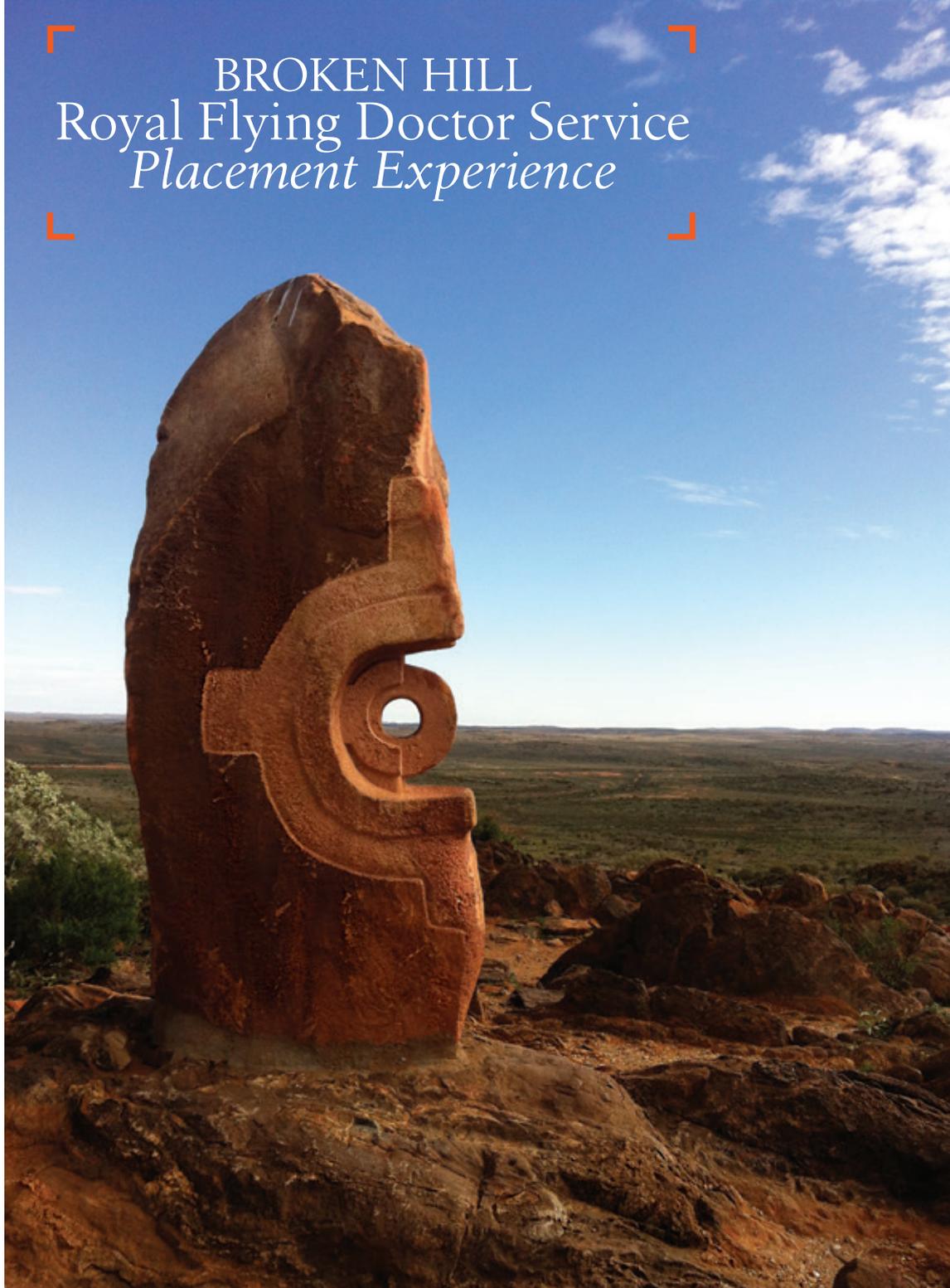
ISSUE No 21 2014

FOR TWO WEEKS IN MAY 2014, I PARTICIPATED IN A CLINICAL DENTAL ROTATION PROGRAM IN BROKEN HILL, FAR WEST NEW SOUTH WALES, COORDINATED BY THE RURAL HEALTH CENTRE OF THE UNIVERSITY OF SYDNEY AND THE ROYAL FLYING DOCTOR SERVICE. BROKEN HILL IS MAINLY A MINING TOWN WITH A POPULATION OF NEARLY 20,000 AND IS SITUATED JUST EAST OF THE NEW SOUTH WALES, SOUTH AUSTRALIAN BORDER.

My journey started with a charter flight through Mildura as there are no direct flights to the town itself. On arrival, my accommodation consisted of a small flat with a variety of other medical and allied health students. Over the course of my placement, I was rostered on three different clinical and observational experiences. The first and greatest experience was getting to fly out on three separate occasions with the Royal Flying Doctors themselves. We flew out of the Broken Hill base at 7:30am each morning with a team of six doctors and allied health professionals as well as

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BROKEN HILL Royal Flying Doctor Service *Placement Experience*





BROKEN HILL Royal Flying Doctor Service Placement Experience

...Continued from front page

the pilot. I was the only student on board and was placed under the tutelage of Dr Lyn Maine, who heads the Dental Unit of the Royal

Flying Doctor Service. The three towns that we visited were Louth, Ivanhoe, and Wilcannia, all towns ranging from populations of about 50 to 500 people, so you can imagine how small they were. The purpose of the RFDS is to service these small towns in rural Australia where no dental clinics exist, so that once a month, people in the towns can come to the pop-up clinics for all their dental needs.

At each town, we set up in an old dental chair and brought all of the required instruments in order to carry out preventive, periodontal, and restorative dentistry, and of course, extractions. The patients that we saw ranged from farmers to miners, and even prisoners who were brought in to Ivanhoe from a minimum-security prison. The most interesting experience for me was that all the patients had exactly the same dental problems that I have seen in the city. I think one expects to find rampant caries and periodontitis out in the middle of nowhere but that is not the case. In fact, many patients were just grateful that something could be done to help them, whether it was giving them a scale and clean or extracting a lower molar.

The second part of the rotation was at a school clinic in Broken Hill itself, where I operated as a clinician under the supervision of a young Scottish dentist named Aidan. Despite the clinic being located at the back of a school, it was mostly attended by adults in varying levels of dental pain.

Fortunately, Aidan allowed me to extract plenty of teeth and then suture over the sockets when indicated, which is something that was very helpful in which to gain practice.

It was fascinating to see two GP dentists providing the same level of treatment with such different approaches.

The third and final part of the rotation involved observing two different private general dentists in Broken Hill. I shadowed each of them for one to two days and got a good taste for how quickly and efficiently a good dental practice can run with the right people and the right equipment. One dentist was much more business-oriented while the other was more family-oriented. For instance, the former ran four different chairs at once with the help of a hygienist and would routinely use a CAD/CAM milling

machine in his office to do same-day crowns, while the latter moved between two chairs, did all scale and cleans himself, and took tea breaks with his staff as if they were one big family. It was fascinating to see two GP dentists providing the same level of treatment with such different approaches.

Apart from the dental aspect, Broken Hill was an experience in itself. I can't say I loved the place but it has a very colourful history and a great assortment of interesting and eccentric characters, not to mention twenty-seven art galleries and one massive mine! So, if you get the chance to explore an oft-forgotten part of Australia and want to practice dentistry while doing so, I highly recommend the Broken Hill program run by the University of Sydney in conjunction with the Royal Flying Doctors. **D**

By Jasper Follows, Doctor of Dental Surgery 4th Year Student

COVER: Broken Hill is home to many artists and 27 art galleries! Here is one of the 'Living Desert Sculptures' by Antonio Nava Tirado of Mexico, located nearby in the Barrier Ranges.

ABOVE: Broken Hill the main town in north west NSW, has a very colourful history and a massive mine.

A volunteer trip in Vanuatu

THE REPUBLIC OF VANUATU IS AN ISLAND ARCHIPELAGO CONSISTING OF APPROXIMATELY 82 SMALL ISLANDS LOCATED IN THE SOUTH PACIFIC OCEAN.

It has a population of around 221,000 with more than 113 distinct languages and

dialects making it one of the most culturally diverse countries. Vanuatu was first inhabited by Melanesian people. In the early 1900s both the British and French administered the country jointly for 73 years. The national language of the country is Bislama and the official languages are Bislama, French and English. The local economy revolves around agriculture, fishing and tourism. With around 70% of the population still living in rural villages, Vanuatu suffers from a lack of health facilities and professional staff, and is heavily dependent on foreign aid.

... we witnessed the impact of poverty on dental health.

As dental professionals, we have an obligation to promote oral health around the globe. In November 2013, a group of three Doctor of Dental Surgery students organized a volunteer trip to Vanuatu during our summer holiday. During this ten-day period, three of us went to the Vila Central Hospital located in the capital city of Vanuatu, Port Vila.

The Port Vila dental department is located in the old nursing hostel building which was converted into a three chair dental clinic and includes a dental laboratory for dentures and a sterilization room. The dental chairs and equipment are

old and poorly maintained. The choice and availability of materials was limited, many were donations that had past their expiry date. Limited instruments meant some, such as burs, were re-used without sterilization. The lack of resources combined with poor infection control compromised most procedures, resulting in extractions being the most common treatment for dental problems in Vanuatu.

The dental team comprised of two local dentists, one volunteer overseas dentist, two laboratory technicians/prosthetists, a dental student and receptionist. The local people lined up outside the dental building around 6am every day, some having travelled for hours from other islands, waiting to see the dentists. We treated around ten patients every morning and most patients presented in pain and required extractions.

Many young children presented with grossly carious teeth and multiple missing teeth, and it was a challenge to educate the parents about oral hygiene, diet and to view extractions as a last resort and not as the cure to dental pain. The dental team was very supportive and the patients appreciative of our treatments.

There are very limited oral health services in Vanuatu. The people often suffer from various oral diseases but only seek emergency dental treatment for pain. Due to the lack of resources and dental workforce, the primary dental care in Vanuatu is a totally different approach than Australian. Working in a developing country dental setting was an eye opening experience and has reminded us that we are lucky to live in Australia.

We would like to thank Professor Michael McCullough and the Melbourne Dental School for their support and generous donation of equipment. **D**

by Doctor of Dental Surgery 4th Year Students, Cynthia Ma, Adrienne Hau Wan Chan & Minn Sean Quah

BELOW LEFT: The local people lined up outside the dental building around 6am every day, waiting to see the dentists. Only the first 30 patients could be seen by the dentists.

BELOW RIGHT: The staff and students, left to right: Dr Jenny Stephen (Head of Port Vila Dental Department), Cynthia Ma, Adrienne Hau Wan Chan and Minn Sean Quah. On the last day of the trip, Dr Jenny Stephen presented us with a certificate of appreciation for volunteer service.



A Kiwi Adventure

New Zealand Society of Hospital & Community Dentistry Conference

WHAT STARTED AS A SIMPLE INQUIRY INTO FILLING UP A TWO-WEEK ELECTIVE PERIOD, TURNED INTO A TWO-WEEK TRANS-TASMAN ESCAPE TO THE PICTURESQUE NORTH AND SOUTH ISLANDS. WITH THE FLICK OF HER WRISTS, A/PROF MINA BORROMEO SUMMONED SOME CLOSE CONTACTS IN NEW ZEALAND AND MANAGED TO ARRANGE TWO PIONEERING EXTRA-CURRICULAR AGENDAS. THE FIRST, A 3-DAY CONFERENCE, YET TO BE ADDRESSED BY A CURRENT DENTAL SCHOOL STUDENT AND THE SECOND, AN 8-DAY INTERNSHIP IN THE ORAL HEALTH DEPARTMENT AT CANTERBURY HOSPITAL IN POST-EARTHQUAKE CHRISTCHURCH. THE PRIMARY AGENDA BEING TO ENHANCE MY LEARNING IN SPECIAL NEEDS DENTISTRY (SND).

The New Zealand Society of Hospital and Community Dentistry (NZSHCD) meets annually for a three-day conference. This year, the conference was hosted at the foothills of volcano country, around Lake Taupo. With hot-springs aplenty and the unmistakable waft of sulphur, we were treated to three glorious days around the magnificent Lake Taupo. The conference serves as the perfect congress to address new political reforms to oral health provision and services, as leaders of each respective district converge and are encouraged to speak about current agendas and innovations. Indeed, the Ministry of Health's representative address on fluoridation was well received, although some keen policy movers would have preferred his presence be extended at least until tea. For instance, the Minister's take on subsequent presentations

Still earthquake ravaged, the oral health department was about to begin its third relocation.

outlining hospital policy demanding the removal of sugar-sweetened beverages from hospital kiosks, would have been appreciated. The policy was heralded as a landmark win for oral health care in the public dental health arena, and one I thought should eventually find its way into Australian hospitals.

Another key focus of the conference was to foster a public health spirit and networking within the workforce with all new dental graduates present, 20-in all, required to present at the conference. This represented a unique way for new graduates to connect with their colleagues and share anecdotes ranging from

early career mishaps including an incident of inadvertent record tampering, followed by a unique look into whether route of delivery during childbirth has any implications with future oral health. Needless to say the study requires more conclusive evidence. With satire aside,

I was able to present research undertaken in a small research group at the Dental School concerning the transition practices adopted by paediatric dentists for their special needs patients. With a recurrence of SND-themed presentations at the conference it was welcome recognition to be awarded the Junior Highly Commended prize by conference organisers.

Putting Taupo aside I continued south to Christchurch to gain some valuable clinical experience in Special Needs (SN). Still earthquake ravaged, the oral health department was about to begin its third relocation. Nevertheless, the beating heart of the Canterbury District Hospital's oral health

department was as strong as ever. In this role I was fortunate to be shadowing some of the most experienced SN clinicians in New Zealand, as they managed an array of challenging scenarios. Drs Juliet Gray and Sarah Lovie met each situation with supreme calmness and an effortless confidence that was profoundly admirable. In all, it was an experience that inspired, and for uniqueness alone, I would recommend to all considering a career in Special Needs or to enhance their Dental School experience. **D**

by Gianni Bramante,
Doctor of Dental Surgery
4th Year Student



PICTURED: Gianni in NZ hot springs country - with the unmistakable waft of sulphur.

LEFT: Accepting the award for Junior Highly Commended at the NZSHCD Conference.



: From the Head :

THE INAUGURAL GRADUATION OF THE DDS STUDENTS

“Deputy Chancellor, Pro Vice-Chancellor, Members of the University, graduands, ladies and gentlemen. I am honoured to present the occasional address this morning – I will start by congratulating the graduands who have achieved a major milestone in life which has required considerable application of mind, time, energy – and money. Your achievements have required dedication and sacrifices, not only for you but for your families. Hence the purpose of today is to formally acknowledge those achievements and to celebrate them.

Your achievements have required dedication and sacrifices, not only for you but for your families. Hence the purpose of today is to formally acknowledge those achievements and to celebrate them.

Your families are very proud of you, as are we. For the majority of you, today is only the start of your journey as health professionals – and you have before you many more milestones and accolades. As alumni of your alma mater, we will also be proud of your future achievements. This sentiment is the basis of the University’s motto postera crescam laude, which freely translated means “to grow in the esteem of future generations”.

You all have the potential to follow your dreams and make them reality, but a dream only becomes reality through determination and hard work. Please dare to dream, dream large and have the courage to follow your dreams. George W. Bush a past president of the USA presented a graduation address at his alma mater, Yale University where he said – “To those of you who received honours, awards and distinctions, I say well done; – and to those who just managed to pass I say you too can be President of the United States”. President Bush is well known for torturing the English language;

once stating “They mis–underestimated me”. Please do not underestimate your own potential. The potential to achieve is in all of us, but requires focus and commitment. In the words of the great Nelson Mandela, “It always seems impossible until it’s done”.

The Melbourne Dental School had a dream to introduce a graduate-entry four year Masters level course for the training of dentists, called the Doctor of Dental Surgery. This seemed impossible under the old, conservative academic structure and qualifications framework. The roadmap to make this dream a reality was provided by our Vice Chancellor Professor Glyn Davis through the introduction of the Melbourne Model of higher education, – now referred to as the Melbourne Curriculum. A key

feature was to offer professional courses at graduate level and to build on a cognate degree; – for the health sciences this was a Bachelor of Biomedicine or Bachelor of Science.

The graduate entry professional course provides intensive training at graduate level to students with greater maturity and breadth of perspective in order to deliver better personal and professional outcomes. This enhanced student experience has been referred to as the “Melbourne Experience” and involves pedagogy of the highest international quality, underpinned by research and evidence-based

clinical practice with state-of-the-art facilities. For dentistry we had the motivation, the right staff and talented students but we lacked the state-of-the-art facilities to fully achieve the Melbourne Experience. Furthermore, as the majority of graduates of the dental school practice in the private sector, it was essential to provide some private practice experience as well as the vital public sector experience gained in the Royal Dental Hospital of Melbourne. Therefore the University established the Melbourne Oral Health Training and Education Centre or MOHTEC as it became known, at 723 Swanston St including state-of-the-art simulation facilities for clinical training and a 51-dental chair clinic called the Melbourne Dental Clinic for an enhanced clinical experience.

The Melbourne Dental Clinic was established at considerable financial and reputational risk to the University; however the University Council had the

courage to support the dream of the Melbourne Dental School and provided the matching funds to build MOHTEC for the introduction of the Doctor of Dental Surgery in 2011. By all measures the Doctor of Dental Surgery or DDS and the Melbourne Dental Clinic have been very successful and we believe we have achieved our aim of providing the Melbourne Experience. The class of 2014 here today represents the first cohort of DDS students to graduate, – and they have been outstanding; displaying all the graduate attributes we hoped for when designing the new curriculum.

Without the maturity, professionalism, dedication and compassion of the students engaged in providing patient care in the Melbourne Dental Clinic, our fledgling clinic would not have survived. The students and trainees involved in providing patient care in the Melbourne Dental Clinic are those graduating today and include those from the Bachelor of Oral Health, Doctor of Dental Surgery and our specialists-in-training from the Doctor of Clinical Dentistry. Hence on behalf of the dental school and the wider University, we thank you for your contribution to the success of the Melbourne Dental Clinic.

I also would like to congratulate the School of Nursing for their Master of Nursing Science which is their graduate-entry professional course under the Melbourne Curriculum that provides exceptional preparation for a nursing career.

All the graduands here today are now prepared to join one of the most impressive health workforces in the world – just over half a million professionally qualified Australians who have committed themselves to preserving and improving the health of others. You will be working in a health system that is the envy of many other countries. Indeed, Australia has one of the highest life expectancies among OECD nations. But Australia is not without its health challenges – and you will need to continually draw upon your knowledge, your commitment and your humanity to meet these challenges.

We know that people from socio-economically disadvantaged backgrounds are more likely to have poorer health. Some of you may choose to address these inequalities directly by working in vulnerable communities – but whether you work in a city or rural town, a private practice or a community setting you will come across the health impacts of disadvantage. All of you here today will have the opportunity at some stage to help address health disadvantage, particularly in times of health emergencies or crises. These are the times when the community will look to you for help – and when you may be required to take your

skills and knowledge into unfamiliar and confronting circumstances.

The Federation of Nurses and Midwives has reported that it has received hundreds of offers from Australian nurses to join the response to the Ebola crisis in West Africa. Similarly, we have many examples of emergency responses in the dental profession, including dentists assisting in victim identification after the tragic Black Saturday bushfires and the 2004 Indian Ocean tsunami.

These are only some of the important ways that you – as University of Melbourne dentistry, oral health and nursing graduates – will make a contribution to our community. You will be in the privileged position of being able to improve lives through your skill, professionalism and care. Congratulations again on your achievements – and our good wishes go with you on your onward journey. **D**

Eric Reynolds

Professor Eric C Reynolds
AO FICD FTSE FRACDS
Melbourne Laureate Professor
Melbourne Dental School

The first graduates of the Melbourne Dental School’s Doctor of Dental Surgery.



Honours, Awards & Staff News



CONGRATULATIONS TO ASSOCIATE PROFESSOR STUART DASHPER on his recent promotion to Professor, effective from 1st January 2015.

DR GLENN WALKER has been promoted to Research Fellow Grade 2.

PROFESSOR MICHAEL BURROW was awarded the Alan Docking IADR Science Award at the 2014 Australia and New Zealand Divisional Meeting of the International Association for Dental Research Meeting held in Brisbane in October. The award recognises Michael's sustained contribution and excellence in oral health research. This award is made on the basis of outstanding scientific achievement in the field of dental research. The award was created to acknowledge distinguished research in dentistry and honour the late Alan Robert Docking in view of his achievements in dental research.



MISS MICHELLE MUN, Doctor of Dental Surgery 3rd year student, received an IADR travel award to attend the Boston IADR in March 2015. She is under the supervision of Professor Michael McCullough and was investigating carriage rates of Candida.

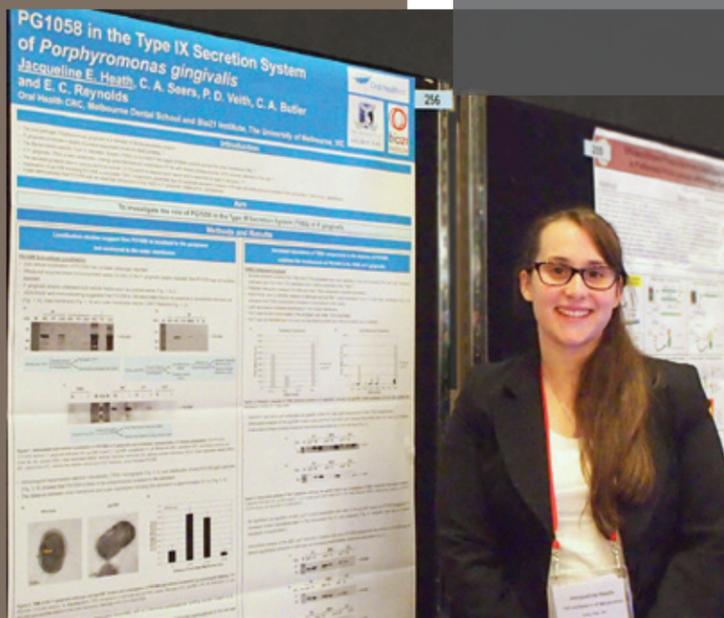
DR JEFFREY THO, 2013 Bachelor of Dental Science graduate, was selected to represent Australia in badminton at the 2014 Commonwealth Games in Glasgow. He presented his BDS research group's findings in a poster at the 2014 Australian Society of Orthodontists' Congress in Adelaide. He is currently practising in Ballarat.



ABOVE: Visiting Japanese Dental Academics Professor Yoko Kawuguchi from Tokyo Medical Dental University and dental students Takuya Matsumoto, Saori Yoshida, Kyoko Ishikawa, Keitetsu Kure, Risa Kono, Mana Obara, Shunsuke Itai, along with visiting academic Dr Satoru Haresaku, recently visited the Rossllynne Water Treatment plant followed by lunch at Dr Denise Bailey's home in Kerrie. The students thoroughly enjoyed seeing the local countryside and feeding the cows!

DR ANNA MEYER, 2011 Doctor of Clinical Dentistry (Orthodontics) graduate, was recently awarded the Milton Sims award by the Australian Society of Orthodontists. This award is offered on a biennial basis to those completing their graduate programs and is awarded to the most meritorious student in the two year preceding each Congress. The award consists of an inscribed gold medallion and \$5,000. This award is generously supported by Ormco. Anna is a new mum and actively contributes to teaching orthodontics to the Doctor of Dental Surgery and Doctor of Clinical Dentistry students. She has two articles based on her research published in 2014 in the American Journal of Orthodontics and Dentofacial Orthopedics.

BELOW: PhD student, Ms Jacqueline Heath, received the student poster prize at the 42nd Annual General Meeting of the Australian Society for Microbiology Meeting in Melbourne in June.



Paediatric Dentistry News

1ST Year Doctor of Clinical Dentistry (Paediatrics) students for 2014 are as follows:



DR JAMIE THAM Jamie comes to us from the public dental service in Malaysia where she served for 3 years, with specialist rotations in Paediatrics, Oral and Maxillofacial Surgery, Orthodontics and

Periodontics in the 1st year and general and community dentistry in the last 2 years, serving the rural community of Sarawak. After that, she worked for a short period in private practice. Jamie graduated from AIMST University in 2010 and is interested in paediatric behaviour management.



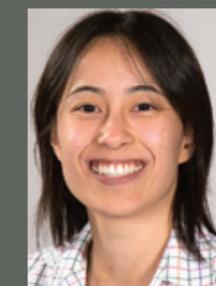
DR JOY HUANG Joy comes to the Melbourne Dental School from Western Australia, where she worked in private practices in both Perth city and Mandurah for three years. During this time, she also worked as

an emergency dentist, on call at the Princess Margaret Hospital for Children. Joy graduated from the University of Western Australia and has a particular interest in the management of medically compromised children and those with oro-facial syndromes.

DR TOLA KHOUN The Melbourne Dental School receives many visitors throughout the year from people wanting to observe our educational programmes in action. Many come from developing countries and the School welcomes the opportunity to share our expertise with them. There has been a long standing connection with the dental educators in Cambodia, especially by Paediatric Dentistry. Recently, a dentist from Cambodia, Dr Tola Khoun, visited for 3 weeks. He is being mentored in Cambodia by visiting orthodontists from Korea but wanted to experience the orthodontic programme in Melbourne. He spent time in the Orthodontic clinic at the Melbourne Dental Clinic and Royal Dental Hospital of Melbourne. He was also included in various seminars. As all the orthodontic group went to the National Begg Orthodontic Society meeting in Queensland during his stay, the School subsidised his airfare and registration to the meeting as part of the School and University's policy of engagement with the community and developing countries. (Read his story overleaf...)



DR UDIT BHATNAGAR Udit joins the Melbourne Dental School from Sydney. Upon graduating from Griffith University in 2010, he was accepted into the New Graduate rotation program at Sydney Dental Hospital, after which he spent two years at Westmead Centre for Oral Health. After completing a paediatric dental residency at Westmead in 2013, Udit decided to follow his passion, starting his DClinDent in Paediatrics this year. Udit has a keen interest in special needs, oro-facial anomalies and dental trauma.



DR LINDA NGUYEN Linda returns to the Melbourne Dental School after graduating in 2010. During this time, she has worked at the Sydney Dental Hospital as an intern and paediatric dental resident and part-time in private practice. Linda has a keen interest in indigenous oral health, having been involved extensively with the Aboriginal Oral Health Project, which consisted of providing dental services in outreach dental clinics in rural New South Wales as well as metropolitan areas.



Back L-R: Yunlong Kang, Arjun Atresh, Michael Zhao, ToLa Khoun, Edwin Tan, Marg Wang, Anna Scott, Andrew McKenzie.
Front L-R: A/Prof Paul Schneider, Dr Sebastian Baumgaertel.

"I graduated from the International University of Korea approximately 3 years ago with a Doctor of Dental Surgery and have been working as a general dental practitioner in a private dental hospital with a special interest in Orthodontics. I have been studying part-time for the past 3 years for a Diploma in Orthodontics conducted by a group of dentists and orthodontists belonging to an organization called KORl - the Korean Orthodontic Research Institute. The President of KORl is Professor Jae Hyun Sung. Every two months they send a small team to Cambodia to teach for two days. In the future, I hope to enrol in a Masters' degree in orthodontics. There is a program at the University of Health Sciences (the National Dental School) but they only accept graduates from their own school who are working for the government.

In the past I have worked with Dr Callum Durward, a New Zealand paediatric dentist who has a long association with Cambodia and the NGO One-2-One Cambodia. One-2-One is very active in providing basic dental services to groups of orphans, prisoners, slum dwellers and other disadvantaged groups all around Cambodia. I joined as a volunteer when I was a student. Recently, I have been volunteering at the Friends of Clefts in Cambodia (FCIC) NGO every Friday, helping with the dental treatment of the many cleft children who attend their clinic. I am also responsible for communicating with other cleft organizations such as the National Paediatric Hospital, Operation Smile (NGO), and the Children's Surgical Centre

(NGO). I have also just started some research to look at the quality of life in Cambodian cleft lip and palate children, under the supervision of Dr Peter Fowler (Co- Chair of FCIC and an Orthodontist from NZ) and Dr Bethy Turton (who is working here and has a Master of Community Dentistry from New Zealand). I am also working as a part time clinical tutor at the International University. My life is very busy!

Thanks to an invitation from Professor David Manton (Head of Paediatric Dentistry) and Associate Professor Paul Schneider (Head of Orthodontics) at the University of Melbourne, I had a opportunity to visit and observe the orthodontics program and participate in seminars with the postgraduate students. I would like to express my gratitude to The Melbourne Dental School for sponsoring me to join the Australian Begg Society of Orthodontics in Cairns in August. I would like to thank the Committee of the Conference as well for giving me a special discount for the registration.

From these opportunities, I have learnt a lot about current trends and technologies in orthodontics, evidence-based research and clinical practice. Orthodontics has been changing from a 2D world into a 3D digital world. Treatment time, efficacy and accuracy has been much improved. Things have evolved from standard brackets without prescription, to pre-adjusting brackets, to 3D scanning with individualized and customized torque prescription brackets. I have learnt about the temporary anchorage devices which enable us

to control the movement of the teeth more easily. It is no longer such a big challenge to mesialize or distalize the molar, manage the midlines of the teeth, intrude the teeth, etc. Moreover I have learnt about the ideal design of TAD and what is the key to success when placing the TAD. Orthodontic treatment for adults has also changed, with the development of new aligners which can provide limited tooth movement. I have learnt more about the limitations of orthodontics where there are large skeletal discrepancies, and how orthognathic surgery and orthodontics can work well together in these cases.

It has been a great experience to learn so much during my 3 weeks at The University of Melbourne. I am so grateful to the University for offering me this great opportunity. From what I have learnt here I will bring this knowledge back to my country and share it with my colleagues, students, and friends.

Special thanks to Professor David Manton and his family who helped me throughout my visit by generously providing me accommodation and organizing my timetable. Thanks also to Ms Brenda Ryan, Lecturer at The Melbourne Dental School, who also provided me with accommodation for part of my stay, to Dr Margarita Silva who has been supporting projects in Cambodia for many years, and who offered me a chance to visit her practice as well. Thanks to Associate Professor Paul Schneider and the staff and postgraduate students in the orthodontic and paediatric department for having made my visit so memorable and worthwhile."

Bachelor Of Oral Health News

Three University of Melbourne Bachelor of Oral Health final year students were recently in the heart of the Mallee giving free dental advice to locals.

The students were part of a Royal Flying Doctor Service outreach service at the annual Mallee Machinery Field Days in the town of Speed. The Flying Doctors are bringing more services to Victoria, particularly the Mallee, and this year's field days at Speed were part of the program.

Farmers from outlying areas and the local community accessed free oral health check-ups at Speed, as part of RFDS Victoria's Mobile Dental Care program and also learned about the mobile eye care program based at Ouyen. There were also blood pressure and diabetes checks allowing the opportunity for holistic approaches to health care in one setting.

Associate Professor Julie Satur said the local community took advantage of free oral health check-ups, risk assessment and

preventive advice in conjunction with a range of other primary health care checks: "As part of the oral check-up, our young oral health therapists along with dentists from the mobile dental care program also provided advice and a basic assessment which included teeth, gums and general oral health".

According to Associate Professor Satur, "Our students are keen to be involved in this sort of community engagement. They are doing this work as part of a final year subject with a focus on providing dental services for rural and remote and other high needs communities".

People who live in rural and remote communities have higher levels of gum disease, more untreated decay and more tooth loss than those living in metropolitan areas. Fluoridation of water supplies is lower and access to oral health care is poorer because most dental and oral health practitioners work in metropolitan areas. This has been recognised by the Commonwealth Government which now funds well supported graduate year programs to encourage dentists and oral health therapist graduates to work in rural areas. In their final year, our dentistry and oral health therapy students also rotate through residential clinical placements in Shepparton and Moe in rural Victoria which prepares them well for rural practice. These positive experiences

allow students to consider the broader context of the Australia health care system and results in more graduates choosing to work in rural settings.

Bachelor of Oral Health students graduate as oral health therapists which is a three year degree program undertaken at the Melbourne Dental School. Oral Health Therapists are registered dental practitioners who provide dental check-ups, preventive treatments, fillings, extractions of primary teeth, cleaning and treatments for gum disease and importantly, work to promote oral health in the community. They work alongside dentists to increase the capacity of our dental care system, particularly for those who have poor access to services.

This is a fabulous partnership between our school and the RFDS which places our students in communities where there is high need for dental care and helps extend the great work the RFDS is doing in bringing health services to those in the bush. 

BELOW LEFT: left to right: Palak Mahajan, Zeyu (Helen) Li and Su Hyun (Amy) Kim.

BELOW: BOH students performing oral health checks.





2014 HAS BEEN A BUSY YEAR FOR CPD. IN AUGUST THIS YEAR WE HELD THE PRE-CONVENTION WORKSHOP IN CONJUNCTION WITH THE ADAVB. PROFESSOR TIM WATSON FROM THE UK, PROFESSOR MARTIN TYAS, PROFESSOR MICHAEL BURROW AND DR ANU POLSTER WERE OUR PRESENTERS FOR THE DAY. The course was well received by all those in attendance and we would like to thank SDI Ltd and Dentsply for their kind support of this program.



2015 course enrolments were made available on 28th November via the School's e-cart web site. We are pleased to announce several new programs during 2015. The first is titled "Fibre-reinforced Composite Resin Bridges". This full-day course is to be held at the Melbourne Oral Health Training Education Centre (MOHTEC) and will give practitioners an understanding of the advantages and disadvantages of different resin reinforcing materials. This course is proudly supported by GC.



For those of you who are looking for more advanced implant training, we are pleased to announce our "Principles of Surgical Implant Dentistry" modular program which allows participants to bring their own patients to the Melbourne Dental Clinic for implant surgery. This course, the first of its kind, is proudly supported by Straumann.



PICTURED: Dr Anu Polster, Professor Michael Burrow, Professor Martin Tyas and Professor Tim Watson.

DENTISTS AGAINST DOMESTIC VIOLENCE

FUNDRAISER

Don't miss out - register now to secure your seat
All proceeds go to the Women's Domestic Violence Crisis Centre

DATE 21 February 2015 | VENUE The Melbourne Dental Clinic
TIME SCHEDULE 1.30 PM Registration & Tour of the MDC
2-5 PM Lectures, Afternoon Tea provided
FEE \$165.00* | CPD 2.5 Scientific Hours

SPEAKERS

Dr Lisa Crighton
BMBS BDSc FRACDS (CMS)
"Initial assessment & treatment of facial trauma"

Dr Manjula O'Connor
MBBS, FRANCCP, DPM, M Med
"Health consequences of Domestic Violence"

Dr Simon Wylie
BDS, MDSC, FRACDS (Pros)
"Restoration of the trauma affected tooth"

ONLINE REGISTRATION via the University of Melbourne
<http://ecommerce.dent.unimelb.edu.au>

SUPPORTED BY THE UNIVERSITY OF MELBOURNE & MEDFIN FINANCE



*This cannot be claimed as a tax deductible charitable donation

We are also offering our first Charity CPD course to support the Women's Domestic Violence Crisis Service. This afternoon lecture on Saturday 21st February 2015 will be held at the Melbourne Oral Health Training Education Centre and will consist of lectures and a tour of the Melbourne Dental Clinic. Presenters will be speaking on the initial assessment of trauma on presentation at the dental clinic, early identifiers of domestic violence and understanding the challenges of treating patients with concurrent social and mental health issues, preservation of hard and soft tissues immediately after trauma and restoration of the trauma affected tooth. Proceeds from this course will go to the Women's Violence Crisis Service.

We look forward to seeing you at our CPD events during 2015. **D**

Enrolments for all our 2015 CPD programs, can be made on-line via our e-cart web site located at: <http://ecommerce.dent.unimelb.edu.au>

FROM THE DENTAL MUSEUM

The Wall Box

By H F Atkinson

ON SEVERAL OCCASIONS IN RECENT EDITIONS OF DENT-AL, WHEN THE HISTORY AND PHILOSOPHY OF DENTISTRY WAS BEING DISCUSSED, REFERENCE WAS MADE TO A WALL BOX, AN APPLIANCE FOR THE CONTROL OF ELECTRICITY IN THE DENTAL SURGERY FROM THE 1890s UNTIL THE 1930s.

As the name would indicate the equipment is essentially a stout box of mahogany with a deep lockable and mirrored lid of 34 x 18.5 cms. On the top of the box, when it is fixed vertically to the wall, are two metal binding posts for the attachment of electrical leads to service surgery equipment. The fixed contents of the box are a main rotary on/off switch, two interesting screw down fuses, one in each line, and a large multi-contact rotary switch to vary both the polarity and voltage of the output. This component was essential for varying the speed and direction of the electric drill and to change the polarity of the electrodes during cataphoric treatment. A flexible lead with special end connectors for fitting to the battery box is coiled neatly in the space provided. The fittings are all well made and finished to a high standard. Larger wall boxes were available that contained an electric mouth lamp and cautery.

The power supply to the box was from six, two volt, lead acid accumulators to give a nominal 12 volts that were kept charged with a generator driven by a small gas engine operated from the town gas supply. If a generator was not available, the accumulators could be 'trickle charged' from a series of primary cells over night. It was anticipated that when mains power became available, it would require a simple switching from one to the other, but this was not possible for reasons of personal safety and electrical design.



ABOVE RIGHT Fig.1. Front view of box, closed. Henry Forman Atkinson Dental Museum, reg. no. 2987, c.1930.

ABOVE LEFT Fig.2. View of box with lid open to show contents.

Australian Dental Art: Livingston Hopkins (1846-1927), Norman Lindsay (1879-1969), Leigh Hobbs (b1953)

By Dr Neville Regan

THIS PAPER IS A CHRONOLOGICAL REVIEW AROUND THE THEME OF DENTISTRY IN THE CLASSROOM. IT IS ILLUSTRATED BY THE WORK OF THREE ARTISTS.

An early example of classroom dentistry is a lithograph by Eduard Meyer of Berlin thought to have been created around 1840 (Pindborg et al 1961, p.63). It is entitled *The School Teacher as a Dentist* and shows the teacher in characteristic clothing using a tooth-key to extract a tooth from one of his pupils. The boy, whose cap and head bandage are on the floor, sits on a straight backed chair struggling physically against his master.

A comparative example is a copy of a printed pamphlet of a lecture by the dentist Dr Edwin J Dunning given to the pupils at Eagleswood School, West Creek, New Jersey, on February 19th 1860 (see fig 1). Previously, Dunning had lectured on the growth, composition and structures of the teeth. In this second discourse to students he discussed the dangers of decay to which teeth are exposed and the care which they require. He stated that the cause of decay is the result of chemical action of acid upon lime. He quoted Robbie Burns describing the throbs of agony when one is suffering from that "hell o' a' diseases" – toothache. (*Address to the toothache, 1786*). Dunning also wrote that cleanliness can be readily attained with an ordinary toothbrush on all surfaces with great thoroughness and to use 'floss silk waxed', 'linen floss', or 'fine shreds of India-rubber' to remove impurities from between the teeth (Dunning 1860, p.9). He spoke of the effect of candies, confectionary and pastry, and stressed the preservation of the teeth, the formula for prevention, and cleanliness. He was in favour of a simple diet for the protection of teeth from decay and loss, and philosophised over the derangement of health, and, the disfigurement of the divine face. He said the distinction between youth and age is not drawn by years passed, but by the loss of facilities and the loss of teeth. Finally, he expanded on the value of teeth to public speakers, singers and teachers,

finishing his lecture by elaborating on the need to devote oneself to the processes of preserving the teeth (Dunning, 1860).

The first work reproduced here is a black and white cartoon by Livingston Hopkins (1846-1927), entitled *The four Rs. Readin' Ritn' Rithmatic and Roarin'*, 1893 (see fig 2). The etching was published in *The Bulletin* as a detail in a full page of illustrated commentary on world events.

The heading at the lower border is *Things in General*. It is signed with the nom de plume LHOP on the lower right corner. Livingston Hopkins was born at Bellefontaine, OHIO, USA on the 7th July 1846 and moved to Sydney for a two year contract with *The Bulletin* in February 1883. He was a most popular cartoonist creating satirical drawings on social matters, eventually becoming *The Bulletin's* foremost black and white cartoonist before retiring in 1913.

The illustration depicts four young school boys with their books sitting on a bench. They all have head bandages around swollen faces. The dominant figure of the teacher, characterized with a craggy angular face and goatee beard, has a similar profile to a photograph of Hopkins in the *National Library of Australia* and published in the *Australian Dictionary of Biography* (Andrews 1972). The teacher is dressed in an academic gown with mortar board and is holding in one hand a switch for punishment; in the other he has beaked forceps. According to the caption he is taking the "first class in toothache". It appears to be a threatening lecture, possibly on the folly of neglect of the teeth, or on pre-extraction discipline. The cross hatching of the background gives a dark tone of enclosure to the spherical composition and a sombre feeling to the drawing.

The second illustration is a black and white joke block captioned *Prevention is better than cure*

(see fig 3). The etching was printed in the book *Health Reader with chapters on Elementary School Hygiene* by Dr J S C Elkington MD DPH, Chief Health Officer of Tasmania. It was illustrated by Elkington's brother-in-law Norman Lindsay, and published c.1908. In his preface, Dr Elkington discussed the importance of Public Health to the children, the need for attention to hygiene and the duty of preservation and protection of individual health (1908 pp.3-5). He emphasized the responsibility of the educationist for including 'Elementary Hygiene' in the school curriculum and for developing the minds and bodies of the pupils.

He mentioned that the striking depictions of the illustrations of the genius Norman Lindsay, would gain the attention and interest of the child mind, more so than words or diagrams (Elkington 1908, pp.3-5).

In the illustration, Lindsay has depicted two boys standing next to a wash basin. The dramatic focus is on the principal figure of an upright, smiling, wide eyed boy with a toothbrush in one hand, forthrightly pointing with his other hand. His healthy and robust face with short brushed hair is contrasted by his dark woven tweed suit and leggings, exemplified by Lindsay's unusual cross-hatching to give quality to the suit texture. The caption, *Prevention is better than cure*, is an ancient phrase first recorded in 1618 (Manser 2007).

The other boy has a mournful face swollen from a tooth infection, he wears a head bandage tied on dishevelled hair and a single teardrop runs down his cheek. Both his hands are caressing his painful jaw, joining with his serpentine body to show his despair. The wash basin with taps

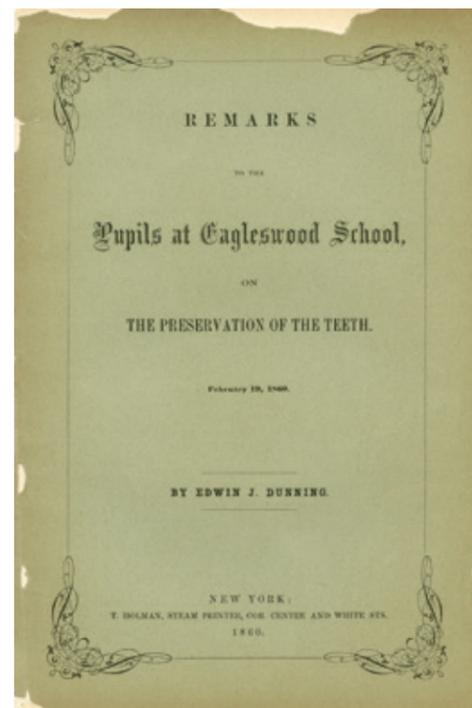


Fig 1. (above) Edwin J Dunning, Booklet: 'Remarks to the Pupils at Eagleswood School on the Preservation of the Teeth', February 19, 1860. Private collection.

Fig 2. (above right) Livingston Hopkins (American), 'The four Rs. Readin' Ritin' Rithmatic and Roarin'', woodblock print on paper, published in *The Bulletin*, January 14, 1893, p10. Private collection.

has a container of toothpowder on the edge. It is drawn with fine, parallel linear strokes of the pen which continue beyond the basin to form the tonal background of the simple arrangement of the cartoon. As with most of Lindsay's joke blocks, there are no borders. The action of the righteous boy pointing, could be a depiction of the sanctimonious, preaching to the cowering transgressor; or it could be a simple example of rectitude compared to anguish. Alternatively, the boy could be indicating the nearest dental surgery. The moral of this cartoon,



concerned with right and wrong conduct, is a theme which is evident in other illustrations in this publication.

The cartoon is also an early example of the emerging themes Lindsay used in his pro-conscription propaganda cartoons and posters of the First World War which were published in *The Bulletin*. In his M.A. thesis, Peter Fullerton (1978) contrasted 'the honourable and the dishonourable' responses of Lindsay's characters, he also discussed figures created by Lindsay which reflected 'pride in the virtue of health' and those which depicted 'eligible young men taunting the Kaiser and the enemy soldiers' (Fullerton 1978, pp.50-57).

Tommy Tucker's Tooth, a short black and white film written by Dr Thomas B Mc Crum and produced and directed by Walt Disney in 1922, has a similar theme based around young boys caring for their teeth and general health. The film shows a female school teacher telling six children, grouped in an uneven semi-circle, the story of Tommy Tucker and his careful health habits, and contrasts this with Jimmie Jones, who was very careless. As the film evolves, parallel themes are explored around the reasons for caring for the teeth and health, followed by tooth brushing instruction and advice to visit the dentist. The silent cinematograph film was shown at the 9th Australian Dental Congress in Melbourne, August 1927 (Report of the Proceedings of the

Sixth Dental Congress, Melbourne Victoria 1928, p.529). A review published in the 'Report of Proceedings' recalls a part of the film where a boy 'loses a job on account of his mouth neglect and his subsequent reformation by his best friend' (1928, p.529).

The Dental Board of Victoria, was inaugurated February 1888. The duties of the Board covered the registration of dentists and the governance of their practice. The early Boards did not promote dental health education for the public due to their impecunious state (The Dental Board of Victoria, 1993 p.103). However after the passage of the 1927 Dental Act (ref 1927-18 George V, Act No 3569) and the implementation of a yearly Registration Fee, the Board was flush with funds and a Public Education Committee was formed. The first meeting was on 3rd May 1929. Subsequently it produced material used by the Education Department and other bodies. It imported from Britain, literature and posters, including a Gibbs and Company medallion—'The Ivory Cross'—to be issued to children for merit in Dental Hygiene, a film *Beware of the Demons*, as well as a gramophone record *The Care of the Teeth* (Dental Board of Victoria Minutes of the Public Education Committee, 15 May, 1929).

The committee's activities also led to lectures by dentists which were accompanied by lantern slides or films, school essay competitions and

the distribution of Dental Plaques to state school children. Dental articles were published in the Education Department of Victoria, *School Paper for Grades III and IV*, numbers 426-436, February to December 1934, all authorised by the Dental Board of Victoria. Most included stylised illustrations. In issue number 436 there was advice to protect the baby teeth which read:

prevention is better than cure, so brush your teeth thoroughly night and morning and let a dentist examine them every six months, just to see if all is well. (1934, p.168).

This was an echo from Dr Dunning, Dr Elkington, Norman Lindsay and Dr McCrum, which is still reverberating.

In 1932 in a joint venture with the Dental Board of Victoria, the Australian Dental Association Victorian Branch gave 200 pounds towards the educational campaign. Its members wrote and gave talks, and provided support for printing. When in 1954 the Dental Board of Victoria ceased education activities due to a shortage of funds, the ADA Victorian Branch took over the role completely. Since then there has been a profusion of literature and kits for oral health propaganda from dental, government and commercial bodies, all designed specifically for schools. These included a book *Dental Health Notes for Primary Teachers*, 42 pages with illustrations. It outlined investigation into tooth decay, teaching notes and dental health instruction. It was published by the Australian Dental Association Victorian Branch, Dental Health Committee in 1978.

The Victorian Dairy Industry Authority Nutrition and Dental Health Education Programme for Primary Schools was published in April 1979.

The history and philosophy of dentistry: Part 4: the mechanics' problem revisited

THE FOLLOWING IS A LETTER FROM ASSOCIATE PROFESSOR GEOFFREY QUAIL, OAM, DATED 14TH OCTOBER 2014 IN RESPONSE TO PROFESSOR HENRY ATKINSON'S RECENT ARTICLE "THE HISTORY AND PHILOSOPHY OF DENTISTRY: PART 4: THE MECHANICS' PROBLEM REVISITED", DENT-AL, ISSUE 20.

In his recent article in Dent-AL, 'The history and philosophy of dentistry: part four: the mechanics problem', Professor HF Atkinson seemed to imply that Professor Sir Arthur Amies may have been sympathetic to the dental technicians' ambition for clinical status. This is far from correct.

Sir Arthur was totally opposed to technicians carrying out clinical work as can be seen from his press statements and his intervention on behalf of the ADA (Tas).

In the 1950s, Tasmania suffered a chronic

Project MUNCH (Materials for the Understanding of Nutrition and Community Health) included four lavishly illustrated sections titled 'Dental Health' (a resource book for teachers), 'Supplementary Nutrition Notes', 'Teachers' Notes and Class Activities' and 'Canteen Manageress' Handbook'; these were accompanied by booklets, pamphlets and charts.

Another publication called *Dental Health Education in the Primary School* was compiled by Preventive Dentistry, Dental Health Services, Health Commission of Victoria and was published in February 1980. This comprehensive booklet with objectives, activities, poems and resources was designed for teachers to develop their programme relating to the needs of their school community.

Dental Health Services, Victorian Department of Health and Community Services, published a book in 1993 entitled *Dental Health Education,*

A Curriculum Approach, Prep to Year Six, with a program of activities, evaluation and events.

In 1997 Colgate launched a comprehensive Australian wide programme for Primary School teachers and Dental Professionals dedicated to improving oral health among children. *Bright Smiles, Bright Futures*, Oral Health Education Kit contained a DVD-ROM, Teachers' Guide Booklet, wall poster, calendar, stickers and parent take-home kit.

The role of the dentist as educator is taken up in a third illustration which is a whimsical drawing of a red-nosed dentist in a classroom demonstrating to children (see fig. 4). It is a pen and black ink drawing

shortage of dentists and there were moves to institute a two-year course to train therapists to carry out clinical work and to licence dental technicians to supply dentures direct to the public with one Labour MP suggesting that technicians were trained almost to the same standard as dentists.

Tasmanian dentists appealed to Professor Amies for help and he acted immediately. Amies'



Fig 3. (opposite) Norman Lindsay, 'Preservation is better than cure', Illustration from the Health Reader, c.1908, p.31. Private collection. ©Norman Lindsay estate. Reproduced with permission.

Fig 4. (left) Leigh Hobbs, 'Before the dentist left he told us how to care for our teeth', 1983, pen and ink and water soluble pencil on paper. Private collection. ©Leigh Hobbs. Reproduced with permission.

coloured with a wide palette of water soluble pencil on paper. The caption above the image is hand written with pen and black ink and reads: "Before the dentist left he told us how to care for our teeth". It is signed Leigh Hobbs in the lower right side corner in ink. Leigh Hobbs is an author and illustrator of children's books and worked as a cartoonist for *The Age* newspaper. On the backing paper of the frame is written in biro Leigh Hobbs. *Drawing for the Dentist* 1983. The drawing is closely related to the illustration that appears on page 14 of a book called *The Dentist*, published by Materials Production Curriculum Branch, Ministry of

including Greek and Spanish.

The structure of Hobbs' drawing of the dentist and the children is very similar to, and reflects Walt Disney's black and white silent film of children and the teacher in *Tommy Tucker's Tooth*. The perspective is from the back of the classroom to show six children, arranged in a jagged semi-circle, focussing on the grinning dentist. The children appear to be experiencing happiness or surprise as the dentist teases them with a lower denture. He has drawn on the white board simple examples of oral health subjects. Beside him is his travelling case with dental instruments, which in previous pages of the publication *The Dentist* were used by the dentist to examine, to extract, to fill and to clean the children's teeth. This drawing encapsulates the members of the dental profession who have visited the classroom.

November 1954 reads:

'your magnificent presentation of evidence to the Parliamentary Select Committee at present inquiring into certain aspects and matters pertaining to dentistry in the State of Tasmania was of inestimable value. We believe your submission had a tremendous impact on the committee and it is our conviction that you have placed the matter on a plane to make the case for dentistry virtually unanswerable. The fact that you devoted your time and thought

This article has shown that whereas there have been changes in the science, education, technology and communication fields, the messages on dental health and the personal delivery in the classroom have continued.

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to this matter at such short notice and the inconvenience this must have caused you is realised and your services to dentistry will not be forgotten by this Branch'.

I think this letter speaks for itself.

Ref: Cumming TE. Letter to Professor A. Amies, Melbourne University Archives 18 November 1954

G Quail. OAM
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DR MELANIE HAYES

I have recently moved to Melbourne from Newcastle, NSW, to take up a Lecturer position with the Bachelor of

Oral Health Program at the Melbourne Dental School. In this role I will be responsible for coordinating the hygiene stream of the program, to ensure graduates are well-prepared for dental hygiene practice. I have moved down with my 14 year old daughter, and we have settled in well, despite choosing the wrong time of year to relocate (whose idea was it to move to Melbourne in June?).

I grew up in Newcastle, and it was there I completed my Bachelor of Oral Health at the University of Newcastle in 2007. One of my proudest achievements was being invited to be the graduate speaker at my graduation ceremony, where I was also awarded the Golden Scaler Award for the highest clinical grades in my cohort.

I was encouraged by the Program Convenor to complete an Honours year, and after just a few short months in clinical practice I realised that I was interested in further study, particularly so that I could widen my career options. My honours project examined the prevalence and correlates of musculoskeletal disorders among dental hygiene students. During this year I began volunteering in the clinic as a demonstrator, and I also started some casual lecturing in the BOH program. It was around September that my supervisors suggested I might like to consider PhD studies for the following year, and as I was really enjoying learning about research and was interested in investigating my honours topic further, I applied. Upon completion of my honours years I received First Class Honours and a Faculty Medal, and I was a successful recipient of an APA scholarship for my PhD studies.

My PhD continued to explore musculoskeletal disorders in the dental hygiene profession, and

looked longitudinally at the student experience, explored the prevalence, predictors and impacts among practising hygienists, and investigated the use of loupes as an intervention. A full-time faculty position became available in 2010, and when I got the contract I abandoned my scholarship and decided to complete the rest of my candidature part-time. I submitted my PhD by publication, comprising of eight papers, in June 2013 and on the 23rd September 2013 it was awarded. I have been lucky enough to present my research at both National and International Conferences.

Following this I was really looking for my next challenge. I decided to apply for a Fellowship with Health Workforce Australia, and was successful in being awarded \$17K to explore non-traditional placements in oral health. However, around the same time there was a change in Federal government, and all non-expended HWA funding was put on hold, until the body was officially abolished in early 2014. This was a great disappointment, and so I kept my eyes peeled for other opportunities.

Within months a position was advertised for a Lecturer with the BOH program here, and that is how I have found my way to Melbourne. I am very excited to be working at a University with such a strong research culture, and a Dental School that has a reputation for the highest standards in oral health education. In my role I aim to develop the dental hygiene stream in the BOH program to ensure contemporary approach to preparation for practice, and also to be actively involved in research activity within the school. Since arriving I have also enrolled in the Graduate Certificate in Advanced Learning and Leadership, an advanced interdisciplinary course designed exclusively for doctoral candidates and early career researchers at The University of Melbourne. I am really enjoying my role, and the opportunity to work with the fantastic staff at MDS and also sampling all the fine food Melbourne has to offer!

SELEFLECTION

DR SATORU HARESAKU

I was born and raised in Sendai, Miyagi prefecture, Japan.

I graduated from Tohoku Dental School, the Tohoku University in that prefecture in 1999. Miyagi prefecture is located in the northern part of Japan. In 2011, the area suffered an enormous earthquake followed by a destructive tsunami. At that time, I was living in Fukuoka to the south, working at Fukuoka Dental College and thus didn't witness the devastating event.

I have worked as a researcher and a lecturer at Fukuoka Dental College for 15 years until March 2014 when I arrived in Melbourne to work alongside colleagues at the Melbourne Dental School for 12 months. My mentor, Professor

Yoko Kawaguchi who is employed at the Tokyo Medical and Dental University, arranged my visit to Melbourne through Professor Mike Morgan.

Fukuoka (see pic below), is a beautiful city like Melbourne. It is the largest city in Kyushu Island, southern most of the four main islands of Japan. Hakata (Fukuoka) Ramen noodles with pork bone broth is a very tasty and popular dish in Japan. In fact if you would like to try it without travelling to Japan, you can eat it at 'Hakata Gensuke' in the Melbourne CBD. Kyushu Island has a large number of beautiful places and historical buildings. These include the magnificent Mt Aso in Kumamoto prefecture, the brilliant red structure of Kirishima shrine in Kagoshima prefecture, and many hot springs in Oita prefecture. If you are planning to travel to Kyushu, please refer to the following guide of the region: <http://www.japan-guide.com/list/e1108.html>.

Fukuoka Dental College is located in Fukuoka city. It is a modern leading dental college and is

the only private dental college in the west of Japan. I am a member of the international student exchange committee at Fukuoka Dental College. We have a number of international exchange agreements including University of British Columbia, China Medical University, and the Kyung Hee University in Korea.

My research interests are fluoride, tobacco control, health education, and dental education. I am participating in the questionnaire survey study of oral health care and oral cancer under the direction of Associate Professor Rodrigo Marino. In addition to this project, I am attempting to understand Victorian public dental health policies with a view to influencing further Japanese activity in these areas. My initial assessment is that tobacco control policies in Victoria are stricter than in Japan, and that community water fluoridation is managed through very tight state legislation. Consequently, smoking rates in Japan are higher than Australia, and water fluoridation is yet to be implemented in Japan. I therefore consider it important for Japanese health professionals such as myself to understand how the policies operate in order to promote Japanese oral health.

During my stay in Australia, I have been fortunate to see many places across the country. While my family was visiting, I stayed on Hamilton Island (pic with my daughter below) I drove along the Great Ocean Road, and went to Brisbane where I presented a poster at the IADR meeting in Brisbane. I will never forget these wonderful experiences.

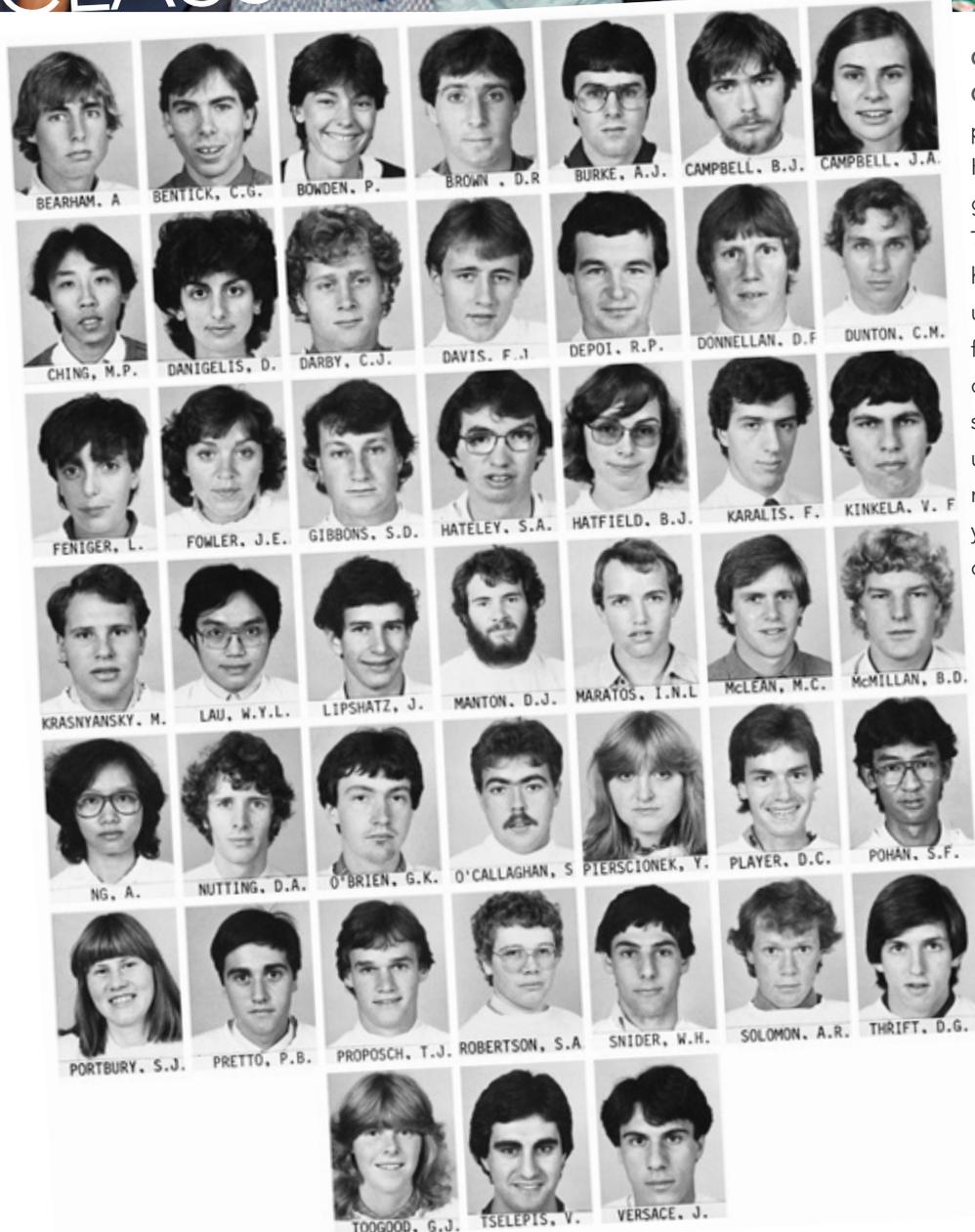
If you intend to visit my college, and I hope you do, please see me while I am here in the Melbourne Dental School or e-mail me at haresaku@college.fdcnet.ac.jp

Finally, I am sincerely grateful for receiving an opportunity to introduce myself. 





CLASS OF 1984 REUNION



ON SATURDAY 25TH OF OCTOBER, 31 BDSC GRADUATES FROM 1984 accompanied by 21 partners, crowded into a restaurant on the St Kilda foreshore to celebrate 30 years since graduation. Organised by Fred Karalis and Tim Proposch, the night went off without a hitch. The food was great, wine plentiful, and unfortunately for some, so were the photos from our five years (some of us six!) at the old dental hospital. The majority of the attendees stayed well into the night, reminiscing and updating, often with long lost colleagues. It is mooted, as none of the group is getting any younger, that a 35th anniversary may be on the cards instead of waiting another 10 years. **D**

DENTAL ALUMNI NEWSLETTER

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