Feeling the fear
To help avoid panic setting in and sleepless nights when preparing clinical case presentations, Sarah Armstrong suggests planning ahead, and making sure you have a back-up patient in place.

The very mention of the words ‘clinical case presentation’ is likely to instil fear in undergraduate readers and no doubt most of us can recall the panic attacks endured in preparing them! Clinical case presentations form a fundamental aspect of undergraduate clinical examinations and increasingly are incorporated into postgraduate training, notably the Membership of the Joint Dental Faculties (MJDF) examinations.

The key to a successful case presentation is planning. Read, re-read and memorise (if possible) the guidelines provided by the examining institution. Each institution varies widely in their requirements including patient selection (their suitability, range and complexity of treatment required) and in how the case should be presented and assessed. In some cases, a written report is expected, in others a presentation, a poster board and/or a viva examination may be necessary. Guidelines can change on a frequent basis so it’s vital to find the most up-to-date information and plan ahead accordingly.

A likely candidate
Possibly the most important, but often most difficult task comes in finding a suitable patient. Often treatment is required covering several dental disciplines, and combining this with factors such as treatment complexity and your own preference of treatment you are keen to undertake can make the selection process very tricky. The best way to combat this is to start looking early, ask colleagues for suitable cases but be careful not to be too picky, - it could take months to find your ‘ideal’ case by which time you may have very little time to provide the treatment, or worse – the deadline may have been and gone!

Once your case patient is selected, it’s essential they understand what is required of them and the significance of the treatment. Often it will be necessary for them to attend numerous appointments over a prolonged period so motivation is critical – find out any work commitments/other factors which may make treatment scheduling difficult and plan accordingly.

Does your patient need to be present for the presentation? If so, make sure they are aware of this and know when this will be; last minute holiday plans can really throw a spanner in the works! A frequently overlooked aspect of patient motivation is oral hygiene. This needs to be stressed at every appointment, as without this, any restorative work provided is destined to failure. Make sure your treatment plan is appropriate for the patient.

Good baseline records are absolutely essential. These may include; clinical records, charting, correctly mounted casts (using a facebow record or not dependent on the case), radiographs, photographs and laboratory work and are vital not just for the presentation but as diagnostic aids to. It’s no good discovering important investigations are missing or pathology has been overlooked just before the deadline.

Carrying out treatment
Once your treatment plan has been formulated, the next stage of planning can begin. Break down the treatment into manageable chunks and plan your time accordingly, remember appointments will inevitably be lost due to illness/cancellations. Does your case involve extensive laboratory work? Make sure you leave plenty of time to allow for failed impressions/delays. Do you need to allow time for wound healing? Make sure this is accounted for in your planning.

Make provision for a back-up patient. This is crucial. Patients may lose interest in the treatment, move away, take ill, or even die. The unexpected can happen, and often will.

Dealing with hiccups
Problems inevitably will arise. Try not to panic when they do, a key part of assessing a case involves evaluation of problems which arose and how you overcame them to work to your advantage. If something has gone wrong, it’s likely you’ll be asked to discuss it so prepare ahead. Plan potential questions, if you are carrying out an oral presentation or viva it’s possible to lead the discussion down paths you feel more comfortable discussing. Consider each stage of your treatment, what else could you have done? What is the prognosis of the patient’s treatment? What will the patient’s dentition be like in five years time? What about in 10? Or even 20?

Finally, don’t be afraid to ask colleagues and senior members of staff for help. An additional opinion can often give useful food for thought, throwing open debates you may not have even considered.

Good luck!