A photo says a thousand words

Elaine Halley speaks about early mornings, comments, and those all-important clinical cases

Well – I guess this is the beauty of a distance learning course - I was planning a well needed trip to stay with friends in Malaysia over Easter when the deadline came in for the end of unit 4 assessment – right when the deadline came in for learning course – I was due back! So, the deadline is actually today as I sit writing this in Malaysia, about to leave for the airport to begin the epic journey home via Amsterdam. My assignment is in - amongst all the other panic of leaving two practices for two weeks early. The assignment involved treatment planning for a restored dentition, including discussing the rationale for direct composites versus the alternatives. This was a very apt assignment as of course, these are the subjects that we encounter on a day-to-day basis in practice.

Meanwhile, while I have been away, email alerts to tell me the remaining clinical cases from Unit 3 (Anterior Aesthetics) have been marked have been coming in thick and fast. This has been driving me mad as it costs me considerably in roaming charges across the internet on my iPhone to log in and get the results. However, patience has never been my strong point and so I have succumbed to finding out. Luckily, all good so far. The examiners comments have been interesting and it again is probably a sign of my personality (control freak, used to being the boss etc) that it is just as well the examiners are anonymous, as I disagree with a few comments and if I knew who it was I would be on the phone! I have also ‘tested’ the system somewhat by sending in different case outcomes – some I would be proud to present in a lecture, others that were a compromise in some form or another. Notably, my Class III composite case I sent in a phobic patient with a high caries rate where the result was not aesthetically perfect in the first attempt. My justification in the write-up was noted and I gained a good mark. The key, as in so many exam processes, is in the photography. Good photography is essential to allow the examiners to see every detail of the case.

The other thing I have missed since being away is all of unit 5 (Complex Treatment) – and it seems that the level of lectures has increased dramatically. Again, a criticism is the short notice of the exact dates and times of the lectures. I am sure that Smile-on will allow the examiners to sort this out – but it is frustrating as time could be blocked out to watch lectures on how to assess the complexity of a case, biological aspects of tooth loss, oral medicine update, diagnosis, treatment planning and letter writing plus consent, and if I knew who it was I would be on the phone! I have also ‘tested’ the system somewhat by sending in different case outcomes – some I would be proud to present in a lecture, others that were a compromise in some form or another. Notably, my Class III composite case I sent in a phobic patient with a high caries rate where the result was not aesthetically perfect in the first attempt. My justification in the write-up was noted and I gained a good mark. The key, as in so many exam processes, is in the photography. Good photography is essential to allow the examiners to see every detail of the case.

So I am looking forward on my return to some more early morning stints to catch up on hours of lectures on how to assess the complexity of a case, biological aspects of tooth loss, oral medicine update, diagnosis, treatment planning and letter writing plus consent, and medical emergencies. And I’m sure I saw something about an assignment due on the 7th May. Oh yes, and less than four weeks to go before I plan to run the Edinburgh Marathon – how many hours are in the day?!