F meet the next assessment in on time. The lectures in this Unit 5 Complex Treatment have so far been of a very high standard. The Unit is led by Eddie Scher, who obviously has a vast experience in teaching general practitioners of different levels of experience, and his style is well suited to our varied group of students.

There have been some interesting new additions to the technology: We now have ‘poll questions’ where the lectures can ask a general question of the audience, which pops up on the screen and we are asked to give a response anonymously and in real time. This gives the lecturer real-time feedback from his audience. It seems as though one of the toughest things about delivering a webinar lecture is that you have no easy connection with the people you are speaking to.

The downside of the poll questions is that for these lectures which were announced at short notice, there were only ever eight or nine live attendees (of which two or three are usually the lecturer and smile-on-support) and so only a handful were answering the questions.

My guess is also that sometimes a student can log onto the lecture and then be distracted by home life (or even a patient) and so they are shown as an attendee but are not actually watching. I was watching them all back recorded and I must admit it was a further encouragement to watch them live if possible to be able to share in the interactivity. To Smile-on’s credit, we now have the dates for lectures going into July and so diary organisation should be much easier.

The fast lane

So, what have I learnt so far and who have I listened to? We had a very interesting and fast-paced lecture on assessing the complexity of a case including risk assessment by Maria Retzepi. This was based around the ITI SAC Classification of risk. This was followed by the Biological oral medicine with the very clear message to investigate any single lesion of unexplained origin which is present for more than three weeks. We have also had an update on medical emergencies, but I couldn’t get it to play back (I know I said I was up to date but I am technically if I can’t watch it! It has, of course, been fixed so Sam heckens next week sometimes!) We’ve had patient communication including consent and treatment planning letters and Eddie gave us another evidence packed lecture on the philosophy of dealing with complex cases and the consequences of managing them appropriately.

The assignments have taken a new twist too – apparently named FISH as an acronym of Eddie and Fiona Clark – maybe I’ve spelt that wrong? Oh, it must be Fiona and SCiller – I think? Anyway, these are interactive treatment planning cases where

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Considerations of Tooth Loss by Cemal Ucer from the University of Salford. This, again, was packed full of information and with my newly motivated scientific-I’m-an-MSc-student hat on, I was desperately sifting down references left, right and centre. My Endnote software is bulging at the seams – as are my pdf folders with the reading articles!

One technical hitch I had with this lecture was that in the recording the slides were slightly ahead of the narrative – I’m not sure if this was due to my low speed connection on the farm in the hills, or some technical gremlin. The speaker did keep me amused by typing comments in the chat bar without seeming to lose a beat of his serious lecture style, and because of my delay the comments appeared first and then a few minutes later he was furiously typing. Well, it’s the small things that keep me amused...

Professor Crispian Scully gave us a sobering update on what has taken on a new twist too – apparently named FISH as an acronym of Eddie and Fiona Clark – maybe I’ve spelt that wrong? Oh, it must be Fiona and SCiller – I think? Anyway, these are interactive treatment planning cases where

we are supplied lots of clinical information including x-rays and photographs and we have to answer specific essay questions based around our treatment plan and supplying evidence for our suggestions. I am finding the supplying of evidence is becoming much more of a habit now – I can happily lose hours on Pubmed searches and reading literature and often have to force myself to get down to the business of answering the question – and I had better get back to this now as it is 10 per cent of the marks for this unit – every little percentage counts is my philosophy!