Living like a rock star
Ken Harris reveals all from the first MSc residential in Manchester

What a hectic few months it has been. What with trips to Copenhagen to teach occlusion, and to Warsaw to present a lecture at the Polish Academy of Cosmetic Dentistry to say nothing of a day spent a day teaching colleagues in Nottingham, and a lecture at the 2012 Dentistry Show at the NEC, I have had little time for anything else. I suppose I do spend rather too much time preparing my lectures, but I guess I initially underestimated the sheer amount of reading this MSc course would involve and probably allowed it to build up to a sizeable backlog. However, I have knocked down and finally completed Module 1… just in time to start Module 2!

The first module began with the basic science which has lain deep in my undergraduate subconscious for well over 30 years. Sharpey’s fibres, the prickle cell layer and of course the Hunter-Shreger bands have once again become old friends. I feel like an 18 year old again!

I have just completed Module 1 in cosmetic dentistry over the years I’ve lost count of the times I’ve squeaked of animosity towards the whole concept of cosmetic dental treatment from the academic staff! I wonder if they have become so used to teaching restorative dentistry over the years that the cosmetic outcome may well still be of a secondary concern. Let’s see how they shape up during the coming modules shall we?

As well as a comprehensive reading list, much of our teaching is also provided by live online webinar lectures. This format allows direct access to the lecturer and we are all encouraged to type in questions and comments as the lectures unfold. It makes for a lively interactive format, and I’m starting to see who the troublemakers are already!

It seems there are 70 or so delegates from around the world with a large contingent (perhaps 20 or so) from Bombay, so we really are a cosmopolitan bunch. I’m expecting full and frank exchanges of views over the next two years from such a talented group.

Initially only names, I can now put faces to names following the first four day residential course in Manchester where we all finally got to meet up. I am always humbled the way other nationalities speak English so well, and a few beers with delegates from Croatia and Bulgaria in particular have only reinforced my linguistic shortcomings.

Being amongst the shortlisted candidates in the Smile Awards this year, my team (sensing a few free drinks) felt we might win something and decided we should all attend; no excuses! The fly in the ointment was that the presentation ceremony clashed with the MSc residential. My staff of course just closed the practice, and took the train aiming to get an early start at the bar, but my own challenge was getting down to London for the Friday evening awards ceremony and back to Manchester early Saturday morning before my absence was noticed.

However, the news of our success was revealed via Twitter within minutes of the presentation, so the game was up, and I could not hide my Saturday morning “celebratory hangover”. I tried to blame it all on the 6am train from Easton, but news of the huge round of celebratory drinks I was “forced” to buy (London prices, wow!) had also travelled ahead of me, and my limp excuses were met with smirks and superior looks by the “teacher’s pet” contingent. All I can say is that my staff were a lot worse for wear than I was, which is no real surprise I suppose, but their powers of recovery are startling. Ah, the joys of youth.

Few things polarise the profession as much as cosmetic dentistry except perhaps occlusion. “I’ve never seen a good veneer” say our colleagues, usually when they happen to see a particularly bad example of a veneer in their practices. Equally, I’ve lost count of the times I’ve been told occlusion does not matter or equally that it matters too much. It seems ignorance and personal prejudice drives dental opinion in both of these contentious fields. However, as we have just completed a comprehensive occlusion module, and are embarking upon the anterior aesthetic module, I’m expecting my MSc studies will be able to give me some definitive answers over the next two years.

With all this studying I must not neglect my other career as a rock star, although I have been spending lots of time with the Hunter-Shreger bands!

The latter stages of Module 1 have been restoratively based with examination and diagnosis well to the fore as they should be, but up to now there has been very little emphasis upon aesthetic aspects. I guess this is how it should be initially, but I did perceive the slightest bat’s squeak of animosity towards the whole concept of cosmetic dental treatment from the academic staff! I wonder if they have become so used to teaching restorative dentistry over the years that the cosmetic outcome may well still be of a secondary concern. Let’s see how they shape up during the coming modules shall we?

About the author

Ken Harris graduated from the dental school of the University of Newcastle upon Tyne in 1982 and passed his MFGDP(UK) in 1988. He maintains a fully private practice with branches in Sunderland and Newcastle upon Tyne specialising in complex dental reconstruction cases based upon sound treatment planning principles. He is one of only two Accredited Fellows of BACD, holds full membership of BAAD and remains a sustaining member of AAMD. He is currently UK Clinical Director for the California Center for Advanced Dental Studies and the only UK Graduate and Mentor of the same Centre in Seattle.