

APPENDIX 3.6B

DESCRIPTION OF PBL SESSION OCTOBER 18 2007

BDS 5 START CASE BASED DLP – SPECIALIST NEEDS PATIENT MANAGEMENT

DLP SESSION – PLENARY

Fictitious names have been used throughout the lesson description

START: 1407 – WHOLE CLASS WITH ALL FACs

1407

The class starts congregating into the DGA slowly and the facilitators are also present – Prof Green, Dave and Helen. They are talking quietly amongst themselves and the students are doing likewise.

The session starts when Prof Green distributes facilitator evaluation forms.

Prof Green has distributed evaluation forms amongst the students and the latter are busy filling them out. The students are reasonably quiet during this time.

The students occupy the 3rd to 5th rows of pews whilst Prof Green sits behind Dr Mistry (Helen) in the 2nd row. Dave sits on the pews located to the periphery next to the exit door.

1410

Dave is busy helping Prof Green with the desktop which seems to be malfunctioning and there is a quiet discussion amongst them.

Xavier asks Prof Green whether they (the students) can leave the session / lesson early if they finish the test early, to which she says ‘No’. He does not ask for her reasons for declining the request and merely accepts the answer; does Prof Green give a reason for her refusal.

There follows a light – hearted, possible sarcastic / cynical discussion about being a student between Prof Green, Xavier, and another (student) voice.

Helen and Prof Green continue a discussion that is inaudible to me and Dave leaves the theatre without excusing himself. Helen seems to be doing something / texting on her mobile phone. At this point, there are several discussions going on between various groups of students and there is little control of the session by the facilitators or the chair of the session (Prof Green). Other students are still busy filling out the forms handed out at the start of the session.

1413

Dave walks back into the room. Moosa gives Prof Green a completed form and Priscilla seems to have finished completing the form, however she does not hand it back. Moosa continues to pass several forms forwards as more students complete the forms and hand them over by passing them forward. Prof Green is observant of the process and at one point asks the students:

‘OK, all done? Pass them down the side’.

She asks Xavier:

‘what did our group prepare?’

She further wants to know which group prepared what – whether any of the groups prepared a play or presentation. She asks if there are 2 powerpoint presentations or only one, however none of the student groups answer, instead there continues to be some animated talk amongst the students. Prof Green then tells them:

‘let’s have a presentation in the middle’

There continues to be lots of talking from the students. Several students stand up unprompted and walk towards the front of the room. Xavier is part of the group and informs the class that they have to present first:

‘We have to go first’

More students stand up and walk to the front of the DGA. (As Xavier walks to the front of the DGA he walks into the recorder cord, and fortunately it does not disconnect as I check moments later).

1416

The first group to present is Maria's group. She introduces how they envisaged the DLP and therefore tackled the problem presented. The first issue up for discussion is AGE and how to manage it.

Moosa takes up that part of the presentation and explains the relevance of age to 'The Special Patient'. Other members of the group appear to be concentrating on their prepared scripts and Petra appears to be writing something as she is standing up. Angela is seating down.

Moosa gives an eloquent presentation and he 'talks' to the class using the prepared script as a prompter. He explains how to approach AGE and its management. He recommends that one should start with the simple strategies before moving to the more complex management strategies and gives an exemplar of starting with how to manage a small child before tackling the management of adults through to the geriatric patient.

Prof Green then stands up and walks to the front desk where she takes a seat and retrieves some paperwork from her handbag that she reads through whilst watching Moosa talking. Xavier and Kgomotso are whispering between themselves during Moosa's presentation. The remainder of the class seem very attentive during the presentation, however, Ibrahim does not seem to be paying attention to the presentation.

1421

Moosa finishes of his part of the presentation and Maria then takes over. She informs the class that she will talk on the geriatric patient and illucidates that those are patients above the age of 65 years. At which point Prof Green has an expression on her face that causes much laughter amongst the students. Maria reads off from a prepared script. Khotso appears not to be paying attention to this part of the talk. Maria then changes tact and when she explains points, she actually engages the rest of the class and does not read off the script. In the middle of Maria's talk, Xavier walks towards the side of the podium to take up a leaning position on the podium. Maria then starts giving real examples using her own clinical experience to explain points and explains how she handled such patients in terms of calming the patients to enable her to carry out the proposed dental treatment:

‘I talked using a soft, reassuring and calming voice’.

She speaks directly to Prof Green when she mentions the issue of biological age and disease. She gives examples of what to do to make it (dental treatment) easier for the older patient.

She concludes the presentation.

1424

Xavier, standing by the podium, then introduces the topic he will present on: SOCIOECONOMIC. Moosa and Maria then move away from the front of the queue to the side of the podium, placing Angela at the front. Xavier asks the class:

‘what would you guys say with regards to who sees dentists more?’

Kgomotso expands on the question when no one offers a suggestion. Themba makes snide remark:

‘Aa soka (*aaah, get away*)’

In response to Kgomotos’s explanation.

Xavier then offers evidence from the literature regarding the gender disparity when it come to seeking professional dental services. Dave then questions whether those reports are on the different racial groups (ethnic groups). Xavier offers an answer which is inaudible to me, and Dave asks him to differentiate the word ‘race’.

Xavier assures him that:

‘we are going to get there’

He then goes further and explains the old South African classification of race and compares it to the new racial classification Prof Green offers a comment to the effect that:

‘we are all one race – the human race’

There is some discussion between the remaining group, especially Verushka and Samantha to which Dave nods in agreement to whatever comment they made.

Kgomotso says:

‘OK, thank you Dr Brankovits.’

She goes on and explains a study done in the USA comparing rural communities and urban dwellers on their treatment seeking tendencies and reports that rural dwellers in the US seek dental treatment more than the urban dwellers. She offers a comment that everyone would be shocked by these findings as in South Africa more urban people seek treatment compared to rural communities. She questions the issue of ‘diet’ as a factor in this finding.

Moosa and Maria then take a seat in the front row of the auditorium away from the podium.

1428

After Kgomo has exhausted the possibilities of such disparity, Xavier discusses the issue of gender and their treatment seeking tendencies, and concludes her commentary. His report is not stereotypical re gender disparities.

He then moves on to discuss issues pertaining to EDUCATION. He explains the relationship of education to urban dwellers and gives examples specific to dental scenarios in both radio and TV adverts.

Kgomo adds to this explanation by expanding on the fact that illiterate persons struggle to find words to use in order to explain their dental needs or requirements compared to literate people. She explains that this may lead to distortion of information, especially when dental students are concerned as they may lack the necessary experience / skills to decipher this information.

1430

Having concluded the discussion on education, Xavier then introduces the issue of FINANCE. He explains how finances play a huge role in treatment planning decisions. He also brings in some of the treatment options that are expensive – e.g implant supported restorations. He gives examples of those treatments that they, as undergraduate students, have to grapple with – acrylic vs metal based removable partial dentures.

1431

Kgomotso discusses the impact of TRANSPORT issues. She asks the class directly:

‘What do you guys think regarding transport?’

It seems as if she is asking Themba directly. Verushka answers, by stating that:

‘I think it is an issue especially with public hospitals’.

She then goes further to explain herself and brings in the factors of scheduling appointments and the use of public transport by the public patients. Xavier then brings up the challenges that he faced with one of his patients that he treated with Kgomotso. They explain that the fact that they have specific types of procedures / work (quota) they have to fulfil puts a considerable amount of strain on them. He explains that this particular patient had problems coming for appointments as he worked one week on and one week off and that they had to try and maximise the time they scheduled with the patient by attempting to do as much treatment as they could within the scheduled appointment. Kgomotso then stresses that it is important to consider where the patients would be travelling from for their dental treatment, especially considering the kind of transport at the patient’s disposal. She urged the class to try and schedule appointments that do not burden the patients as this may result in patients not attending or honouring the set appointment. Xavier explains how he decided to therefore only treat those patients who received government financial assistance and it meant that they did not have to pay for any of the treatment rendered and therefore had money to spare for transport. He added that in certain instances they had to give their patients transport money as they felt compelled to do so in order to get the work done for their course and as well to entice the patients to honour appointments.

1434

Kgomotso then goes to discuss the issue of HEALTH INSURANCE. She explains the relevance of health insurance and the earning capacity of patients. She explains that with respect to patients without any form of health insurance, it is important to bear this in mind and treatment plan accordingly. She gives several examples of different treatment options for patients with and without health insurance presenting with similar clinical scenarios.

Xavier reiterates and reinforces the importance and relevance of aligning expectations, approach availability and accessibility to the dental office. With this, this pair ends their presentation.

1435

Sayed and Natasha then take up the next presentation and remark that they will discuss and expand on issue pertaining to CULTURE. Sayed tells the group that she will focus on issues relating to SMOKING and related habits and she starts with the example of BETEL NUT CHEWING, common amongst the Indian population. She is reading off a prepared script and is not attempting to engage the class nor look up at them during the presentation.

One of the students approaches Helen and appears to be asking her something.

Natasha expands on Sayed's presentation and reiterates the need to look out for betel nut chewing amongst the patient population and explains the cancer link with this habit.

Angela sits on the step near the podium with her back towards the presenter.

Sayed explains the issue of CAT and Ethiopia and this is further expounded on by Natasha wherein she the point on the management of language diversity and how that is relevant to treatment provision. She provides literature evidence on studies done in the USA on linguistic diversity and how that impacts on dental treatment provision. This she reads off a prepared script.

Xavier and Kgomotso are now seated behind Moosa and Maria. I did not notice when they moved to the new position.

There is an inaudible discussion taking place between Linnette and Ellah. They are seated at the front by the podium and still need to do their presentation to the class..

Sayed and Natasha continue with their presentation with the former discussing certain aspects pertaining to people of Latin descent and the latter takes these points further. In the middle of the presentation, Natasha realises that she's made a mistake regarding a point from the study that she drew most of her conclusions from. She informs the class of such to much laughter from them.

Sayed then continues with the presentation and links the information to what Kgomotso discussed earlier on point about the dietary considerations (the study on Alaska and pregnant women and chewing sugar free gum. Natasha discusses aspects relating to periodontal treatment. She explains the need for effective patient education relating to periodontal management and stresses the fact that patients need to be made to really understand the need for good periodontal health.

This part of the presentation then ends.

1441

Linnette introduces the aspect she will be speaking on – The Medically Compromised Patient.

Both Natasha and Sayed go and sit behind Xavier and Kgomotso. Nicky conducts an inaudible discussion with either Ameera or Sudeshni – it is difficult to tell which as they both wear the burkha and they also both were spectacles.

Linnette discusses issues of dental relevance with the medically compromised patient and reels of a whole list of conditions that the dental practitioner has to be aware of when managing such a patient.

When Linnette finishes this part of the presentation, Ellah introduces the fact that she will be discussing issues pertaining to INFECTIVE ENDOCARDITIS and relates it specifically to the history of rheumatic fever. She reads off a prepared script initially, however when she explains certain points further she does it without reading off any script.

Linnette continues after this with a discussion on the RESPIRATORY SYSTEM, specifically focusing on ASTHMA and points out what the conditions is all about and how important it is to always have an asthamatic pump / inhaler available. She stresses the fact that asthma patients need to carry such with them always. She reads off a prepared script on how to handle a dental emergency in the dental surgery / room. Under central nervous system conditions, she discusses the management of a patient with epilepsy, however she does not elaborate on the dental perspectives re this condition.

Ellah then explained the endocrine influences , specifically focusing on the DIABETIC patient and how to manage such cases in relation to their dental needs – she made realistic suggestions such as: when to schedule appointments, dietary advice to give patients in order to manage the cariogenic potential etc. She stressed the importance of the patient knowing their disease type and mentioned that type 1 required antibiotic cover (**not recommended however – wrong information given here**). She added that due to the medical condition these patients usually had poor wound healing and that it is important to monitor them after any invasive treatment.

The other part of Ellah’s presentation focused on those patients who are undergoing steroid therapy. She emphasised the fact that steroid cover is essential and suggested that the clinician needs to double the steroid dosage prior to any dental intervention and explained that this was to reduce the chance of the patient suffering adrenal shock.

Linnette then talked on the hypo / hyper glycaemic challenges associated with the diabetic condition. For each challenge, she gives the symptomology, associated signs and how to manage each.

She goes on to discuss factors associated with the dental management of those patients who present with conditions affecting the gastro-intestinal system – and focuses specifically on pregnancy. Examples discussed include the use of antibiotics by pregnant women and how these pharmaceuticals may affect the developing foetus.

On her section about anticoagulant therapy, Ellah mostly reads off a prepared script and does not seem to attempt to engage the class – and this is shown through by the conversation going on between Nicky and either Ameera or Sudeshni; Themba playing with an empty plastic bottle during the presentation and looking through the door. She finishes off the presentation by discussing how to manage aural and visually challenged patients. Even with this part of the presentation, she is reading off and not engaging the rest of the class. This is different from her earlier talks where even though she read off a prepared script , when she explained points, she would engage the other students and not appear to be reading a prepared script. Fatima is also having a side discussion with a colleague and does not appear to be part of what Ellah is talking on; two of the students in the front row appear to have their eyes closed – *are they sleeping, or just listening with their eyes closed?*

1448

Either Sudeshni or Ameera is presenting (as stated earlier, it is difficult to differentiate which one it is due to dressing mode, for simplicity I will refer to the presenter as Ameera).

She speaks on the **MENTALLY CHALLENGED** patient and talks about the difficulty that a practitioner would have as they (dental students) do not have the necessary training to deal with such cases and therefore causes a lot of frustration on how to deal with such patients when one is confronted with. She actually speaks to the group and not from a prepared script. She gives examples of how to refer to these patients: deaf – hearing challenged; blind – visually challenged; dumb – intellectually challenged; deaf and dumb – hearing and verbally challenged. She also gives useful tips on how to manage the patients and emphasises the importance of not using negative terms to refer to them – never to refer to the patients as victims, rather as survivors e.t.c. Some of the students who have presented laugh at this comment. She advises that one should not greet the care giver first, rather should start with the patient and also to ask the patient why they are requesting a dental consult.

She also emphasises the fact that the operator / dentist needs to be comfortable to manage patients with this kind of condition.

Petra then continues on the same theme, using the script as a prompt. At this point, Ameera goes and takes a seat on the chair at the podium. When Petra ends her part of the talk, Ameera continues it and gives more management strategies to assist with managing such patients. She suggests that it is important to have feedback from the patients about one's management and the practical management and suggests the use of mini surveys, suggestion boxes e.t.c.

1452

John (standing at the podium with Angela to his left) gives his talk and there is a lot of overlap with the information already given by Ameera. He talks on patients with **PHYSICAL CHALLENGES**. He does link his points to those already talked on by previous students. He reads the definition from a prepared script and also gives strategies on how such conditions may manifest and suggests ways on how the operator may manage them.

Xavier and Kgomotso are involved in a side discussion amongst themselves. At the same time Fatima is laughing in a funny squeaking noise at something.

1455

It is now Angela's turn to give her presentation. She does not introduce her topic and just goes straight to talking about TRANSPORT and how it links to those patients with mobility issues. She gives pointers on how to move patients from the wheelchair in the dental office / surgery. She also comments on the fact that it is useful to have a wheelchair in the dental surgery / practice in order to assist those patients who may be unable to walk for whatever reason. Another point she discusses is the issue of reduced manual dexterity and its impact on oral hygiene practices for the patient. She gives suggestions on how to assist and advice patients affected and practical advice on how a toothbrush may be modified for this situation.

At this point Helen goes out of the auditorium and Dave appears to be sleeping. She ends the presentation by recapping on all the points she has talked about and the class clap at the end of her presentation.

1558

Prof. Green then thanks the group for the presentation and gives her feedback on the quality of the presentation. She compares this presentation to an earlier one given by the BDS 3 class earlier that day and comments that this class demonstrate an increased level of clinical experience, good presentation skills in that the transmission of information relevant and that it appears the other students take it in and are engaged during the small group presentation. She makes a point about the issue of immigrants (brought on by comments from Kgomoto's presentation about the study on Mexicans) and contextualises it to the local situation with illegal immigrants in South Africa, and how they may be considered a drain on the resources.

At this point Helen comes back into the auditorium.

Prof Green then makes a personal example and explains her own situation when she arrived in South Africa as a 15 year old child from Europe and how it felt to be an 'outsider' especially since she could not speak English nor any of the local languages.

She also describes a study that she undertook with another colleague involving chewing gum and how having someone who spoke the language made it easier to get the relevant information from the study participants.

She asks the class if any of them have ever had to manage a mentally challenged patient:

‘Has anyone had a patient who is mentally challenged?’

Xavier answers in the affirmative and comments that his supervisor at the time advised him that she was worried he may not be able to work with the patient due to the challenges, however he reports that he was able to cope and did manage to get the patient comfortable to be able to treat him at each session / appointment.

To which point. Prof Green encourages the students to not be scared of such situations. She adds to Angela’s part by giving other ways of managing the wheelchair bound patient.

Xavier and Kgomotso have gone back to sit behind Fatima.

1503

There is a break as the next group prepares their presentation. There is talking amongst the students during this time. Xavier asks to Prof Green if he can go somewhere and he is given permission to do so, but to

‘hurry up’.

She then focuses her attention to Helen as they discuss something during this time.

John seems to be examining some intra oral radiographs (X rays) with Verushka and Lukshana.

There seems to be a problem with the digital projection and Xavier is attempting to assist, however 9 minutes later, the student concedes defeat and the next group starts their presentation without any projection.

1512

Mohamed starts off the group's presentation and informs the class that he is not going to go through everything and then introduces the DLP that it is about the Special Patient and as such he will be talking on the MENTALLY HANDICAPPED (remember Ameera's point about being sensitive re the language one uses with respect to such cases - maybe saying: MENTALLY CHALLENGED would have been a more palatable option). He does make reference to an earlier part of the presentation (Ameera's part). He explains that he will be dealing with types of medical handicap. ??Nellie?? comes and sits near the front to my right hand side – probably will be presenting next. Mohamed uses his notes to act as a prompter and does not read off the prepared notes. As he talks, he looks at the class and talks to them.

The class laugh at a comment that Mohamed makes relating to patients with inappropriate expectations (due to their diminished mental status, I guess as he offers no explanation). He goes further and comments on the potential of some dental procedures inducing some element of 'sexual arousal' in some patients. Obviously this elicits lots of laughter from the class, with Themba laughing the loudest! He comments that such patients can be 'impossible' (challenging) patients to manage and he relates a case he had when he could not achieve anaesthesia. He also makes reference to Nicky's presentation about depressive patients.

Fatima and her Lukshana appear to be holding their own private discussion.

He then discusses issues relating to several associated conditions such as: bipolar (mania and depression), alzheimers etc and how to manage them in the dental setting. He emphasises the need for a comprehensive explanation of how the dental practitioner will manage the dental condition to the patient and touches on the need for possessing good communication skills. He reports that another member of the group will talk to this point. He sums up his part of the presentation and states what is to be presented next, i.e. introduces the next part of the presentation.

1521

Lee, as the next presenter, takes the floor after Mohamed (who goes and sits on the floor in front of the stage next to where I am positioned) and starts discussing PHYSICAL DISABILITIES and how they impact on dental management. He discusses visually and aurally impaired patients. He gives practical advice on how to manage them in the dental surgery and uses simple realistic examples of the strategies involved – e.g. how to give

simple oral hygiene instructions. He also quotes the relevant scientific literature with respect to the management of the young patient afflicted with physical challenges. His presentation flows and he talks to the audience, using his notes as prompters.

1524

Tasnim takes up her part of the presentation and introduces her topic – **SOCIOECONOMIC FACTORS** – and she makes reference to Xavier’s presentation when discussing the issue of affordability of treatment and also touches on transport issues (as discussed earlier by Kgomotso) and she adds more insight on these issues. She uses the script both as a prompter to explain points and also reads off much of the prepared script. She also discusses the issue of **RELIGIOUS BELIEFS** and highlights some of the issues pertaining to muslim females and the issue of the ‘veil’ and the possibility of them asking for female dentists to manage their dental issues. Another point she discusses is the issue of **LANGUAGE**. One of the points she raises is the challenge that the lack of a common language poses in the health care setting and therefore making it important to seek the help of a translator. She proposes that the dental assistant may be used a translator, as an example. To sum up her presentation she highlights the fact that most of the factors pertaining to her part of the presentation have been discussed by earlier students.

1527

Brayner, another member of the small group, introduces her presentation and explains that she will be discussing the **MEDICALLY COMPROMISED** patient. The quality and style of her presentation ‘flows’ as she is talking to the group and not reading any notes, or using prompter to inform her talk. She advises that it is prudent to always check with the patient’s physician regarding the medical condition before commencing any dental intervention. This is after highlighting the relevance of obtaining a good medical history from the patient during the consultation phase / appointment.

She also highlights the importance of **INFECTION CONTROL** and advises to consider each patient as an ‘infectious’ patient in order to control for any inadvertent exposure to undue infections. One other issue she highlights is the management of the **TERMINALLY ILL**

patient. She advises that these patients should be dentally treated if it is *really (own italics)* necessary. She ends the presentation on this note.

1528

With Lee seating on the floor next to Mohamed, Charles takes to the center of the podium and explains that he will be discussing: PAEDIATRIC, PREGNANCY. GERIATRIC and ADOLESCENCE factors to consider in dental management. At a pause, during his talk, Helen tells him that she also wants to hear a discussion on other groups as well, but does not elaborate which ones.

1529

Prof Green switches the lights on, at the end of Charles's talk and says:

‘...this is just to wake you up...’

The class engage in light laughter at this comment and a couple of the students – Fatima and Verushka are talking amongst themselves; Neo and Tasnim appear to be reading something under the table.

Charles then answers to Helen's request and appears to be addressing her only and Prof Green reminds him to:

‘..talk to the audience and not Helen...’

He is using his prepared notes as a prompter as he explains the points under discussion. On the issues of the pregnant woman, he advises that dental treatment should be avoided in the first trimester and he explains why this is advisable; he advises that dental treatment is recommended in the second trimester as most of the embryonic system and organ development has occurred and there is reduced chances of interfering with this process with the dental treatment. With regard to the last trimester, he advises that it is advisable to not intervene in the last fortnight by attempting routine dental treatment. He recommends the use of lead reinforced aprons / shields when taking radiographs; to avoid prescribing tetracycline antibiotics and to stick to paracetamol as the preferred dental pain analgesic.

Samantha, John and Lukshana appear to be in a conversation between them during this part of the talk.

Charles then reminds the class that he will discuss the issues associated with the management of the geriatric patient. One of the issues he highlights is their desire for attention as most of them lead 'lonely' lives away from their families and hence use the opportunity of a dental appointment as a social event, even when they do not have any dental problems. He recommends some management strategies to deal with such cases. On the aspect of MEMORY ISSUES, he advises that it may become necessary to give written advice and not only rely on the verbal discussion that one would normally employ with the younger patients. He ends his presentation on this note.

1534

Prof Green advises Sammy:

‘...please do not repeat previously said points as we are running out of time...’

He discusses COMMUNICATION SKILLS and elaborates on issues pertaining to: the physical setting, privacy, noise and interruptions, non verbal communication (proximity and personal space), ‘acting like listening, eye contact, facial expressions, touch, voice pitch and tone, silence, verbal, anxiety issues. He explains most of these points with several instances of laughter from the class when he touches on some of them e.g., the issue on facial expressions, inappropriate touch e.t.c.. He ends his presentation with a quotation, which elicits laughter from the rest of the class.

Prof Green then reminds them of the DLP they did in their BDS 2 programme where they dealt with issues on communication with patients and brings an example of ‘nodding vigorously’ depicting impatience. She informs the last group that has to present that they is 25 minutes left and asks them:

‘..how do we handle this?...’

When nobody answers, she tells them:

‘...I want each one of you to say something that occurred to you during the

presentation or something that you want to add...’

Verushka turns to face the rest of the class, where she is seated, and starts discussing how to handle paediatric patients. She gives strategies on how to introduce the child to the dental environment and surgery – by starting with ‘non-dental’ intervention and using simple language and gestures that the child will understand etc.

Sue then adds more information on how to manage both the adolescent and geriatric patient. On the issue of the latter, she stresses the relevance of the effect of chronic medication and conditions to the dental management. She highlights the fact that most geriatric patients may be more forgetful and hence this may impact on treatment times and treatment types / options offered to the patient.

Verushka then adds that it is important to be aware of tooth eruption dates / times to be able to assess dental development with paediatric patients.

Priscilla highlights the issue of terminally ill patients and the need for the dentist to be aware of the different stages of grief. She points the stages out – shock, anger, denial, grief and finally acceptance. She points out the importance of staging and phasing the dental management / appointments at the appropriate grief stage.

Prof Green then adds points on NEEDLSTICK INJURY and the associated HIV risk. She reinforces the issue of teamwork with the establishment of a good referral base/team and points out the need to refer to a qualified psychologist. She even gives out the contact details of such a practitioner.

She gives the students feedback on the importance of taking time to research the learning issues identified at the first small group session in order to inform the learning and discussion at the subsequent report back session.

Neo talks about LANGUAGE DISTRIBUTION MAPS and gives an example of a situation that happened in the clinic with a patient of Chinese descent and the number 4 and the superstitious beliefs that inform this number. Retelling this story elicits a lot of laughter from the rest of the class.

Sandra then starts her part of the presentation and addresses the issues of DIVERSITY and AESTHETICS. She illustrates her talk using the different groups – Cape Coloureds; Native Americans and highlights the different aesthetic expectations with regard to dental treatment. She also discusses the issue of the need to have a good rapport with patients to assist in dealing with financial constraints issues. The examples she gives are relevant and contextualised and she brings up what happens in the (SOHS) clinics where some patients have an expectation of students providing them with transport money in order to be able to attend the dental appointments.

1551

At the end of Sandra's presentation, Khotso discusses CONGENITAL DISEASES and their impact on the provisioning of dental treatment. The example he uses is the management of a patient with a cleft palate and how student behaviour is important so as not to cause embarrassment for the patient and he gives an examples whereby because it may be an interesting issue for students to observe such patients, they (the students) may hover around the patient when someone else is treating them and hence cause the patient to feel embarrassed by such behaviour.

He outlines management strategies in dealing with patients afflicted with such a condition. He stresses the need to be empathetic and aware and mindful that patients with cleft palates are prone to caries and for the operator to stress the need for frequent dental appointment for the monitoring and management of the condition (the caries). He advises that students (practitioners) should not ask patients the same question repetitively. One suggestion he gives is that the practitioner may ask the patient to write down the answers to whatever questions are being asked. He emphasises the avoid pitying such patients and avoid seeing them as not being normal.

1553

When it is Themba's turn to present on the learning issues that he has researched, he starts by reiterating the fact that it is important for the practitioner to obtain an adequate medical history. He then relates his own experience when he treated a patient who was also a

Sangoma and how they reacted to the issue of having to have a local anaesthetic and the patients interpretation of the procedure (he reported that the patient thought he was going to be killed) and therefore told him that ‘according to my rituals, I cannot be injected with anything’.

At this point Prof Green brings up the relevance of the knowledge gained from the Diversity DLP that was done in BDS 3. She brings up some of the findings of that DLP with respect to the Zulu culture regarding their displeasure towards disease and how science can be used to explain how disease is caused.

1555

Lukshana talks on the issues relating to handling the PHYSICALLY CHALLENGED patient. She elaborates on the infrastructural needs that need to be addressed, such as the accessibility of the dental rooms via ramps, lifts, escalators, elevators etc; the provision of sufficient space / room within the dental surgery itself for patients who may be using wheelchairs to get around. She emphasises the importance of not having a constrained space and the need to pay attention to the dental surgery set up when one establishes a practice.

1556

Fatima is the last student to present. She remarks on the fact that most of the issues have been addressed and that she will not go over it again, however she does go on to talk on most of those issues that have been discussed. She suggests the need to consider doing the maximum amount of dental treatment under general anaesthetic in those patients who may be too challenging to handle in the conventional manner. One of the students then remarks that the issue has been discussed already.

There is a lot of laughing amongst the students during her presentation, however, she ignores it and continues talking about what she is presenting. She provides evidence from the literature on aspects that she is presenting and gets confirmation from Helen that she (Helen) also has similar evidence. She ends her presentation by stating that:

“...I did not find anything different (from the rest of the class), so I will answer

questions...”

As no questions are forthcoming, the presentations end.

1557

Prof Green asks the class if:

“...would you like to take five before doing the test?...”

to which there is a resounding

“...NO...”

1558

The session therefore ends on this note and the class prepares to write the assessment / test that is scheduled for this DLP / PBL experience. I leave the auditorium at this point.