

APPENDIX 4.4

Fictitious names have been used throughout the interview

INTERVIEWS - STUDENT 4

(Fatima* et al) Started 2:13:48

OK, essentially what it is that I'm looking at is your comments regarding the curriculum, uhm the principles that underpin the curriculum referring it specifically say to Prosthodontics and those principles stemming mainly from the uhm philosophy of the problem based learning, you know, where it's supposed to be interactive; where the students are supposed to be empowered and taking responsibility for their own learning and resources and how that has translated to Prosthodontics and the rest of the curriculum and whether the the the principle of integration that PBL espouses is happening in your eyes with regard to everything. Who wants to start?

I I think PBL is a good idea. It is a good idea, but I just think maybe the way that we're doing it at the moment is not quite the correct way

How are we doing it?

Uhm for example, learning about it's not uhm that articulated properly or one of the jargon but for example last year we did a PBL on uh cancer and we hadn't actually done anything about cancer at the time when we did it and this year when we did it in Oral Path it would have made so much more sense

Ok

If we would have done it the same time as we did the course with your subject to do the PBL

Excuse me, let's go back (some interference with the instrument making a shrilling noise)

So yeah I just think if it was properly uh

Aligned

Aligned, yeah, with the curriculum then it would make much more sense coz last year we when we did it we probably would have researched but not yet really knowing what we're talking about and you know go into your head and come out, you know. But if you're learning it at the same time and you're seeing examples of it, then you'd get much more out of the PBL. That's what I think

And this year's cases, the PBL cases, how were they in terms of aligning with the rest of the curriculum?

This year I think the PBLs that we did were like the first one, the Diversity one, it was more in depth/it ??? you know the class

(some inaudible talking from the rest of the group)

We only did 2. We also did special needs

That was helpful

How helpful?

I think with regards ???

I hope so

Well we did it at the end of the year so, you know

Did it make sense and were you able to relate say the content of the the subject that you were dealing with in the PBL with what you had learnt in the other components?

I think I think with this year's ones – the Diversity and the Special Needs – we were able to relate it better because it applies across the board to all our components, rather than only a PBL on Oral cancer and epidemiology and things like that. But you were asking with the specifically about Pros, I can only think uhm it should have been integrated with all our PBLs but we hardly did anything relating to Pros. I can only remember what helped me in Pros is the PBL we did in 2nd year or 3rd year about our first patient, because our 1st patient is a Pros patient. So that PBL might have helped with Pros, but other than that we we haven't researched anything, there was very little Pros uh in the PBLs.

And even then when we did anything you know, we didn't uh like what Anura said we still didn't know what we were talking about; we were fuffing and you know; we didn't, like then you don't really know what to focus on. So you research and you just get a bunch of words and you talk about but still don't really know what you're talking about. You know.

So. Sorry to interrupt you – that kind, that experience where the cases that you do in PBL are supposed to say to pre-empt knowledge that you're going to get later on in your training, it, doesn't that help, kind, are you able to relate what you learn later to what you did initially and see the relevance of what you did earlier on in your training?

I think that's what the importance of your facilitator is, because especially if you're doing something before you've actually learnt anything about it, you need to be guided as to: this is what you must take out of it. You know. You didn't, you don't know what really are the important things...

Some of the ??? the process is so good

Yeah

So I think if you have guidance, with the PBL that you remember are the ones that your facilitator has has guided you well told you at the beginning of the process: this is what you must concentrate on, but otherwise you know you don't remember really just you take , ?? and you listen to your classmates and you kind of absorb some of it but some of it you don't and at the end of it you feel you know this PBL is a waste

Like with the PBLs you all research your own topics so that early stage of not knowing really what it's all about the only thing you take out is what you research. So if I don't research the Pros the Pros bit I'm not gonna know about it you know, I'll just really know what I did

And then the benefit of uh different students reporting back on different aspects and being able to explain it such that you get something out of it

In all in all honesty if, in theory if if we do something that uh pre-empts our our direct enthusing ?? uh it seems to work well but in reality I think especially in third and fourth year we just have too many other things and if it's it's not our priority and you do what you need to research which is one tenth of what you discuss and you listen to your colleagues reports but what you take out of it is very little. Firstly you know nothing about that topic and uh and then when you report back maybe there are a few interesting things of very specific things, but

It's just student nature. If you not being tested on it you not gonna learn

Aren't there assessments?

Uh

This year were there any

This year there was, yes, tests

And if ?? not in the middle ??

Is it?

It's not only about tests I I still feel if we had done our Oral cancer PBL in this year when we were doing it in Oral Path we would have taken out more and if we were reporting that and something I would have at least have been able to engage I would have remembered the

Tutorial that you had in the other department. And then the, I'm just thinking of the one in third year of uh Medical Emergencies, coz that had been timed in such a way that when you did the DLP you were doing the Emergency Medicine course. How was, how was that experienced relative to say this year's experience or other experiences?

Remember we were on 8th floor

We only did the presentations on 8th floor ??

I think that made some sense as well, but again this year we did a lot of emergency kind of

From 2nd year actually from even from phys. I mean emergency medicine is in we do it all the time, in almost all our courses at least one lecture is there, so. That's why we can definitely all relate to it and we all know something about anything

I don't know if it worked so well because it was aligned with the course

The challenge I think, when I used to do the PBL programme, talking from that, the challenge was because it's uh, it's not a fully PBL curricula, curriculum it's really difficult to align the cases with the other subjects so that when you're learning say when you're doing Oral Pathology that section relates, you have a case that relates to that section that you're doing in Oral Pathology, in Oral Med, say in Prostho because of the way the curriculum has been structured it's a hybrid. We're still based uh we still have lectures or tutorials however we call them and then we have the integrated portion and they don't tend / have to align even though the philosophy was to try and align them as much as we can within the limitations that the model, the curriculum model gives

Is it that possible, our classes are so small and every class has a very different class than each, I was just thinking if it's possible to maybe initially in our uh first PBL session if we have uh one or two even 3 options and for a PBL and then the class chooses what system they feel they specifically want to do at that time rather than just something that's not uh..

Not really interested in

Not interested in it but

On that note then comes the empowerment principle of the curriculum where there is student representation on the education committee EDUCOM, that's where maybe the student body can put those concerns and issues to the Education Committee to see how they can help one another. How has the class's uh uptake of representation on EDUCOM been?

I've been representing our class on EDUCOM and (audible sigh) uh and we have brought that up even with Integrated Learning, uh even with the Themes files we said you know what we've done Aesthetics and Occlusion for 30 of us to do that, let's do something that we don't do so much of in the lecture situation, but something we need to know uh maybe let us come up with options and our supervisors or, even if they come up with options, uh also as a class we felt that uh if we choose to do something, something that we're particularly interested in then we'd do much better rather than doing the same theme / two topics for 4 years. Uh but we brought that up but uh

Uh does EDUCOM work?

Ok because that's that's the comment that I'm getting from the the the students that I've interviewed here as well, that they feel that: OK the structure is there, however, when they raise issues in at EDUCOM they are just noted, and there is no

That's true

You know, there's, nothing happens after that

This year we've raised a lot of issues in EDUCOM and I I think we we,. For once we really had an issue then we just have to make a meeting with Professor Essop because EDUCOM wasn't wasn't there

What was, may I ask what that issue was?

Uh

Assessment; lack of assessment?

Assessment, or surgery or something

Because also EDUCOM, they they also tell us that: you know what, it's uh there's the protocol to follow, if you're having any problem with in a specific component and they're specifically for curriculum issues so if we. So really there's no way for students to say things like this. And I know I know PBL is a proper thing, but they would rather we take it up with our PBL coordinator and I don't know but we definitely have brought up PBL and Integrated Learning in EDUCOM. It's every time we ask for student input that's one of the things that come up. So

Ok, all right. Anything else whilst we're still on the PBL principles – integrated learning?

Well I think it's a good idea, it just needs to be worked

Refined

Refined yeah and, but I think the students also like, our attitudes towards PBL are not always that positive because as a student you always feel that certain things should just be taught to you in a lecture type situation and you know. Then you feel more comfortable, yeah

Ok I mean we are at University and we're studying Dentistry you know, some things you can't always just research on your own. I think everyone just feels more comfortable if someone is there, up there telling you this is what you need to know

That's also as well aligning the PBL

I also think lots of us thinks PBL works for the wrong reasons like: that you get to work in a team; which we hardly do, and you get to know your facilitators who are often your supervisors and if you feel comfortable with them then it's easier, yeah. So it might feel, for those reasons it's it works, that kind of learning situation works well.

And also in this age of knowledge explosion and uh the type of resources available, the type of tools available to source knowledge, you know, maybe PBL works in that way because you're exposed, you have to find, use those tools in order to find the knowledge and you cannot have concrete pockets of knowledge from the supervisors because half the time as well supervisors may not have the you know uh current information and because you have access and you have to do it you know it's easier. You come in with the what's the cutting edge ?? so that can also you know that also makes the teaching and learning more robust ,

Yeah

Coz I mean if you look at if you look at the landscape of the teaching staff, most of them are older than younger and you know I mean human nature is when you're older you tend to do the things that you're comfortable with and really not pay attention to what's coming up unless you're you actively keep in touch, whereas the younger ones will try and be on what's going on, on top of what's going on

That's true

That's a true ?? concept

But also we couldn't be such a wealth of information available to us if a student gives a 2 minute report on a topic. I don't know if that's what I'm meant to know for that topic

So that if it's something that interests you, hopefully it would trigger you to go and learn a little bit more

And it's nice as well coz then in the booklet that we get, there's always references there that they suggest that you go to

Yeah

And you also bring in your own references that you've looked at

Yeah, uh

Ok. Now with respect to the space that's available for you to do that it is that you need to do, how is that?

Terrible

Laughter

It is

I was I I did a timetable for those tests which is coordinating next year's BDS 4, of all our test dates and it was about 52 or something and I yeah it's about 23 weeks long and in in the first block and the second block we only did about 20 of those tests, it was only Oral Bio, Path and Pharm. This last, the last 2 weeks of campus actually we wrote a test every single day!

Even on Saturdays I believe

Yeah, we came in on Saturday to write. That's all I I would love to put effort into PBL but sometimes you just have to say

It's not your focus

Some subjects we don't do well 100% because there's no time. It's, and this is what we brought up in EDUCOM as well because we felt that Oral Bio this year a half course initially in 1st and 2nd block was a total repeat of last year's Oral Bio, there was nothing new it was the same course. And we said, you know what it's just a suggestion: the curriculum is so crammed can we do something, can we have Fixed Pros earlier. We even gave them all our suggestions, and they said uhm they'll look into it but they're trying to move Anatomy but it's so hard to move subjects and also the Anatomy department uh, there is a funding thing they get paid to run full courses

Oh

And uh it just it takes 2 years to move a course down, and they all insisted it has so many problems but I mean it's such a waste of time, we have so much time scheduled for Oral Bio and it's such a waste of time

Its half the year

I mean 6 months we could have, we did it in 6 months it was we could have it was so dry you know. And that's important

And one of one of the comments I got from some of the students was that pertaining to Fixed Pros, the techniques, was that some of you were doing the provisionals for the first time in the test because of the time issue

Yeah

Uh

Yeah

And I just feel that it's so much important to me than Oral Bio

Yeah

At least if it was uh elaborating on our 3rd year course or just some different like deeper topics more detail, but it was exactly the same.

Is it?

It was just that in a different way I think of articulating cases, but I feel that they could do that in 3rd year after we do our lectures, to give us the case and then ?? you know at the same time

It was nice it was nice because you took all your information that you learnt and they just gave you case studies kinda like PBL. So that was nice, but then I mean not 6 months for it! Yeah, so

And I hope that you gave this feedback to EDUCOM

We did

Coz I'm a great believer in thinking that even if nothing gets done timely there might come somebody who will take note of the issues that are raised to do something, to start doing something about them

I think they really have to coz I mean with the new curriculum and everything, these 2 years now and I'm including us and the year above us, we just being kind of caught in the middle of it you know and I think since I've been in 1st year every single 1st year course has been different

Ooh

We did..None of them have been the same you know and we are we're kinda like guinea pigs you know, every year something changes. If they ??

This didn't work last year let's do this again, differently, so we understand. On one side we understand that they need to, it's kind of trial and error, but I mean you know we kind of loose out in the long run as well, yeah, so

I wasn't aware that the it changes for every year, I'd thought by this stage that we've already graduated the first cohort in 2005, I thought after that, you know, it would be it would be getting a little bit more routine in terms of

And it's not slight changes, it's been ??? we've been doing things that I don't know, this is supposed to be a class that hasn't done wax ups, uh we're like always like doing something new. There was ? wax ups in first year

Ok

I mean some years sometimes do Perspex block cutting; some years don't?? class 2s without cutting, sometimes we don't, some years ..

Like for us like when we got into 2nd year in our Research and Techniques course, Prof Andressen was like so shocked that we'd never picked up our hand pieces before, you know. That having and this year's first years' have started drilling on ?? you know, so

And then your year, you've done the Michigan splint, last year we didn't do the Michigan splint

Yeah, so that's the thing. It just been different all the time, so

Ok

In the next few years I'm sure the course will be great

We'll still be evolving

Laughter

Curriculum you know is dynamic, that's another reality, things change, you know. We get uh staff limitations, or constraints coz people leave and they're not replaced, you know, the budgets' get cut, and the spaces get crammed, so it will still be evolving. But as long as it's, for me, as long as it's positive and it's not disadvantaging the students nor the patients. Coz at the end the the basic level of information that you need to come up with, come out with and if if the School can ascertain that at least that is given, and give you the skills to be able to add that which is not there, you know

It was what I'm saying is while the curriculum is still new and trying to evolve in that direction I feel that personally, that a lot of the times what the students' concerns might be irrelevant or petty or something like that but, I don't think they they take it seriously and that's a big problem we've had this year when when we had meetings with the various class reps, when we brought the problem we've discussed it, we've discussed it in EDUCOM and, we've even spoken about having a proper student-liaison on 8th floor, anyway. Sometime EDUCOM doesn't want to deal with issues like

materials in the clinics, they will tell you straight: it's not an EDUCOM issue. We did clinical, restorative clinical exams and there were 40 of us in the clinic and there were

No materials

There were 10 curing lights and you're not allowed to leave your patient, you have to wait for someone to come and

They're not dealing with it and there is no other

We've raised it at almost every meeting. We've spoken to we've spoken to EDUCOM, we've spoken to Prof Essop about having someone just dealing with the student issues. That was that was ?? some things are a non issue, but sometimes there're real issues and like I think, I think the students can help and we're even, some of the input can be positive in helping staff with the curriculum because I mean we are we're living this curriculum and we will have something positive

Doesn't the DSC have regular meetings with the Head of School?

Only when there is a problem and and

And to get hold of him!

For a meeting

It's so hard! And like for example if you go to Prof Patel for example and it's a curriculum problem, he'll tell you go to EDUCOM. If there is, he was very helpful when we went to him for our problems, but the thing is just trying to get an interview with him an appointment with him, when we come and we want to speak with him with specific things he'll do something about it with, as much as he can, but we saw him twice this year

Only?

Yeah. Once in the beginning of the year just to say we were the DSC and uh towards the end of the year, yeah

And and what has been the experience of other DSCs with respect to having regular meetings with the Head of School?

Last year they didn't have a meeting with him, they didn't have a single meeting. When the HPCSA came, they asked us: How often do you meet with him and why don't you meet with him? If you don't meet with him, who is the student liaison? And uh yeah, so that's another problem

That's huge, especially when it comes to resources in the clinics

Yeah.

Since it it impacts on your learning in time

I, when we really need to speak with him, he always tries to be available for us, it's just

Then we, that's when we have the problems with ???

Worry about us making time because we have such a hectic day as well, and trying to fit that in with his hectic schedule, it's not always him it's also us trying to make time

One way to circumvent that is to agree on a regular set schedule, like every month on a say Friday afternoon or whenever the DSC meets with the HoDs or CEO and that is, you know, that is timetabled so that there is time and space created specifically for that because that's one of the principles of the new, the curriculum; that there is constant interaction and there are structures set so that students are able to talk with management and issues resolved or issues put on the table

Yeah, definitely, we need to have them. Coz just being part of the DSC this year I realised that if students have problems they will come to you and there are many problems

Mmm

And you don't realise that usually everyone just keeps quiet. I mean we need an avenue to go to

Coz I'm just thinking that

And they are tired of lecturers and supervisors telling them just follow the protocol ??? because the protocol is breaking down and even at EDUCOM they keep saying they need to revise it but they don't do that.

And in the interim you know we're losing out - we only have 5 years here and you don't want to feel robbed of your time and robbed of your money and, you know. At the end of it, even if, you want to feel like you left this place knowing what you need to know

And gaining as much as you can out of it

Actually this year the 2nd years had a problem and it was so difficult, I mean they presented it at EDUCOM; we backed them up as the DSC. They wrote a letter to the Head of Department, we tried to make a meeting with Prof Essop we didn't get to see him. It just became such a big problem and finally we went to Prof Evans and said you know what, coz he's really approachable and he always is there

And we said we don't know what to do now, we're stuck, please help us and he then he took us to Prof Patel's office and he said you know what we need to see him and we need to do something about it and he spoke to Dr Boitumelo. And that's all well because in the end it was sorted out but I mean that's not his job unless he is the proper student liaison.

He did that's how it used to be in the old

Yeah

The mentor, where each class used to have a mentor who wasn't part of the curriculum or

Or course, OK

Like in Anatomy or something, where we could just go to them

Ok, I didn't know that. You don't stop learning

Yeah, it was an outside person coz then they were worried about victimisation

If you were not in the clinics yet then it was a clinical person, but if you are in the clinics it's not

Yeah, that's a good thing because the coordinators are too intimate with the programmes. So the, a essence of objectivity might be lost

Yeah and the students would feel they couldn't tell you coz you might victimise

But is there a lot of victimisation feeling amongst the student body though?

I don't think so

I think it used to be a big problem in the past but you know recently

But let's say in your 4 years, has there been that feeling?

No

I find, what I find is that sometimes like uh a supervisor will treat you differently when you're in EDUCOM or else ?? I suppose that's natural I mean, obviously you will get along better or like people better than you like someone else. Look, that's just something I find

Especially in our class coz it's so small. You get to know each other really well

I wouldn't call it victimisation as such, it's just a preference towards some people and maybe they get treated a little bit better, maybe, you know. That's what find

It does seem exaggerated, I think ???

But the university rule, or unwritten rule, I suppose it's written somewhere, is that lecturers have to be aware of the power relations between lecturers and students all the time. One has to be conscious of that, so that we don't disadvantage or advantage students because of that. Because it is easy, like you said: it's easy, you know. If you take a certain, if that liking for somebody you will tend to gravitate towards them and if you're not aware that you really should not be doing that because of the rules, you know. The others that, you'll be spending more time with the ones that you prefer to spend time with

Yeah

And not pay attention to those that you possibly need to pay attention to more. It's just that Staff also need to be aware and consciously so, so that we are not disadvantaging anyone in the process

But it's not clearly victimisation though

Mmm

But ???

When we were on the DSC, I mean the students the complaints we heard – the students were not scared of victimisation

OK

I don't know if it was just because things had reached such a stage, that they just gone to ??? sort the problems out. But uh and on we just told them over and over again: we don't think that's fair. We were worried about that, but uh

Ok

But I really don't feel that happens anymore

We haven't experienced it at all

There is slight bias really that's human nature, but victimisation I don't think so

That's good. I think, yeah, in a situation where students say don't feel listened to it's easy to get to eventually get a feeling that could be victimisation because if you keep on bringing the issues and they're not being listened to you might feel that you know if I keep on bringing them up they'll just you know step on me and really not take note of what, or pretty dismiss ?? because I keep on bringing these issues up

Yeah, But we hear stories of earlier years that and you think that oh I'm just gonna lay low

That's uh I'm sure all of us have heard from other students: don't say anything; stay out of it

Laughter

The space. Lab space, both Labs? How has that facilitated or impeded your learning?

There is not enough space

We spoke about Lab space also. The thing we told them in the HPCSA recommendations it says clearly because of the space in the clinics that these are the recommendations when we came last year, this year we came to check. It says that we mustn't accept more than 40 students, and we even asked Prof Essop: why are we doing it? And then he said: no it's about funding, everything is on funding and we don't get subsidised enough by the government, and we have to. But first ??? this year in the Pros Lab we had to split the class and one, half the class had to come in on one day – on Monday - and one had to come in on a Friday, whereas in our class we were there Monday and Friday to everyone. They have the same work to do that. It's just too much now

Especially I mean, at Wits we're paying the most ??? fee that anyone else and yet, like in our 2nd year, in our Prosthodontic, in our Pros course, yeah, there was student that was accepted, one more student was accepted into our class and there was no space for her

And she had already started late

Yeah, and she had to sit in the Resto Lab,

Separated from all of us

Away from all of us, and I just think: why would they accept another student into 2nd year when the student.

No, that's not

And if she's a new student and yet she has to sit away from the rest of us?

And every year they just accept more and more and the classes are just growing and the facilities are not being developed and it's just I can't see the logic in it. I mean clearly it doesn't work if a half a class, if a whole class can't even fit in the Lab. I mean they're not together for their Pros lectures, they're not together for the demos or anything and 2nd year that's your foundation of your Pros

Well, it seems I'm learning more

So many students we now, the Pros has looked into it there's less uh demonstrators, so that's really doesn't work for those guys. They are ?? I think coz we feel we had a really solid good Pros course. We had all our demonstrators, they were there Monday and Friday. And that really helped, because when you go to the clinics you already feel like you know nothing. You're learning so much in the clinic and that was with our strong background. But if you don't have that background as is, you know nothing, you know, it's

And Pros can afford to accommodate them and not split the class because they have 2 full days available but Resto just has a morning session and they can't – just the ??? of them have to be in that Lab and

??? They're doing the same amount of work in half the time that we did in a whole year

Mmm

That's not really, there's lots of pressure, you just. You're forced to do the work and not learn as much. You know

You're going through the motions

Yeah, but we brought this in EDUCOM and the results back it up, because, I mean a whole class trying to fail set-up there's something wrong. They probably don't know what to do or not practising enough for it. I mean it's a whole class and, you can't blame the Technicians for that

Yeah. Actually that's what we experienced with the Fixed Pros tests because last year we cut down on the number of provisionals that needed to be done because of the time issue and we had challenges with students passing the provisional section. And similarly with the 4th year class, you know because of the time – more students are having to re-do provisionals more. So, just adding on to what you've just said, that the same amount of work that you need to do in a shorter time or less resources.

But we're not just whinning, I mean

No, no no

As students we definitely, we can see say, we can see how everyone is I mean, none of our lectures are not doing everything to try and give us the best course but and we can see clearly that there are staffing issues and. But we want to help as well and if we think we can make valid suggestions and we just need to be listened to.

Then in terms of availability of patients – how has that impacted? Are there enough patients with the right kind of work?

There are patients ??? Like Prof Patel told us: I have a waiting, don't tell me that patients don't come, because I have a waiting list with 2000 patients and I can call any one of them. But that's not the reality

Because I mean if a patient misses one appointment and says to you – I couldn't get a bus or I don't have money to pay, you can't just say that's it

You also have to give ??? from an institution, you know. These guys are obviously, you know of a lower income bracket and stuff and they come from far, they don't have money, they're supporting people, they have kids at home. We have to take all of this into consideration when we make our appointments for them and if they can't come every Tuesday from 4 to 6

They can't come every Tuesday from 4 till 6

We have 1 session a week, you know

And we have to try and be understanding but it seems that we also need to get our work done. So it's like a fine balance

It's really difficult, but I think..

We would love to be able to do this multi – disciplinary thing and treat the patient from start – from Perio, Resto and the rest of it, but you do what you need to do and now because the time is so short and you need the quota and

You don't always, we're all guilty of it. Not that I think, you don't always put what's best for the patient first. You do what you need for yourself, you know. Which is not

Which is the wrong way to

And you know, you know at the back of your mind this is actually not the best treatment choice

At the back of your mind

???

But you need to get your quota

It's quota driven

You need to get your quota, so you need to do what you have to.

Honestly I've done some, sometimes I'll do something and it will rile me like at night it will rile me and I think, you know this was not the best thing to do

Laughter

For our clinical exams for example you have to do class 1 amalgams, you have to ?? find a patient, if you've booked a patient that's not there on that day you cancel that patient and you find a patient with a class 1 amalgam

Now, Ok if you had ??? that's difficult in itself ??? you find a patient with that and you do the class 1 amalgam for the test. They don't ?? you can't just tell ??? You've got other patients. this year we've been in contact with other students in Pretoria and MEDUNSA

OK

So that was great, we just check and see what's happening and because they haven't done that in the past and we didn't know why, because I mean we really interested in knowing how other things are going

That interesting

And ???

And the stories?

Yeah, the challenges. Well in MEDUNSA there's great challenges with patients

They don't have patients?

Yeah ??? They don't ever have Pros patients. And yet ??

They get Full / Full patients It's ridiculous

Yeah. In Pretoria they have a points system so because they understand that you can't do five class 1 amalgams ?? so they do whatever restorative work they need to do on the patient and for a different procedure it's point ?? and you have to have so many points at the end of the year

Maybe I should consider that for 5th year

It's something like that

That's what Pretoria was like ??

You can't always get a patient who needs a class 2 amalgam so that you know

I think that works pretty well ??

And our quota is like 20 amalgams or something and if you don't get 20 amalgams it's a big problem ??

Laughter

Because the thing about Restorative is the staff in Restorative like to do resins so I was thinking that therefore amalgam quota is much reduced; there would be more resin quota than amalgam

But they are forgetting that fact that patients don't want amalgams, like patients would come and say take out all the metal fillings for me, you know

But also that I mean to just to make sure that you don't give up to see resins you only doing class 1s, they have to have done one of every procedure that's prescribed in the year or to have assisted. And the Pretoria students say that they have no say in their course as well I mean they don't meet with Exco, they are old school. The student body is there in name to organise the braai once in a year and

Is it? No feedback to management?

No. Nothing else

But for me ?? it's not **(laughter)**

But they still think their course works quite well. They know exactly what they have to do and how it's done.

But I mean, I like it here coz you can talk to your lecturers. You don't have really that fear, you know it's nice like that I think

You see the other problem with patients is this year we put in so many requests for partial patients or full / full patients and I had about 4 appointments this year where I go and meet my full / full patient and she'll have 4 teeth.

Laughter

'Ok I can't treat you now, next appointment' and it kind of stinks

And that's the ???

I think a few people in our class had that problem

It's the front office issue because they need, Oh Ok it starts before the front office. It starts with the Emergency section where when the patients are referred to the different waiting lists they are referred appropriately. And the next check would be the front office people, when they book the appointments just to verify with the patients what it is that they need. But then the other thing is patients would say: Ooh yeah I need that!

Yeah, and they don't end up getting treated any way

Coz what we've tried with the Fixed Pros side is to sift through the general waiting list and have a specific Fixed Pros list where the patients get allocated to students from. So those, the students

then get those patients that have been seen by the Fixed Pros staff and it's easier, you don't have to sift through patients

Yeah that's a good idea

Yeah, coz I was just thinking since we've been doing Fixed Pros like I've been looking at the patients and I've been trying to see you know 'what can I do here?' and it's hard to find somebody that you can cut that crown on, you know

But that's another way to look at it as well. You need to be identifying your fixed pros patients from the Restorative clinic in 3rd year you know - 3rd and 4th year. Ok 3rd year you really don't have much room, but 4th year you begin to get an idea, so you work them up so when you need them in final year they are ready. You don't have to still do restorations, you know, you can just go in

I haven't actually done we haven't actually done that

???

We have an actual idea of what's going on ??

Even if the technical part of it is not brought down, just to be made aware at the beginning of the year that you know, this is what you'll be needing to be look at towards the end of the year, so in your clinical practice start looking at these kind of things. So that when you start the technical part of it in the latter half of the year you know why you're doing it for the clinical part, so that when you're in the clinics already, you know, you're preparing your patients for the following year to start on

That also then allows you to treat the patients as a whole

Yeah, that would be nice to get the kind of patient where you do all the work, everything we need, you know

We don't ever do that!

Maybe we should introduce the comprehensive care patient or case presentation

Yeah, that would be wonderful. We have these multi – disciplinary clinics and the other thing that was different in Pretoria is that they have set clinics – Pros clinic, Rest clinic, but yet they do comprehensive care and so they'll take their one patient to everything and they have to give a write – up scenario, they have to do the costing for the entire treatment

??

We don't think about costing. The only time we ever do that is in Perio

Oh no! You are going to think about costing in Fixed Pros

That's good, that's good.

Coz it allows?? And your patients ask you: what is the price? And you don't know, you really don't know

I don't know still, when patients ask me I don't know

Laughter

But seriously, coz for me Ok where I'm at it's not important but I mean for a practitioner – private practitioner - it is important. But even for me it should be, but because it's not one of those priorities

And it makes them more aware and they and the costs are a huge part ?? they are able to say this patient, rather let's do this treatment it's big enough ??

But I know Dr Tollman, he always asks us to fill in the codes and the treatment and everything coz he says 'you should know that' you know. And that's, no one else asks us to do that

Dr Matlala asks that

We'll find out next ...

We haven't had her

And in Perio we also do that

I don't do that, coz I'm from a different school, so. Even though I know that costing is important because to get informed consent, especially for the non-H0, even for the H0 patients we do, because it's a cost to the Institution and it's our taxes. But you'll get to do that with the Fixed Pros patients where you source quotes, treatment quotes, from the Labs and the clinical part is added by Accounts and the patient gets given a global fee as to what that particular procedure will cost. Obviously it doesn't include incidentals, you know like infection control and other treatment from other departments. So you're in for that next year. You can't run away from it. I see you'll be geared for that

Well it would be nice to have an idea, you know

And then the supervisors, how has that penned out?

I haven't had any complaints with supervisors

But the rest of the class when you talk amongst yourselves?

But just that they'll say I'd ideally like this supervisor because she always helps or he always helps me and teaches me. Someone else would say that supervisor never teaches me

Yeah

Ok

I think. Like I've said before, when you have such a small little community of students or whatever you call it, you do tend to know each other better and you do tend to fall once and it's like we said, it is human nature you kind help but be nice to that person and want to help that person for. And I think that could be a problem but

But I don't think the supervisors who don't teach. No

Or have bad hair days,

Yeah

Or they really don't feel like engaging

I mean like I feel comfortable with, or I feel uncomfortable with a supervisor then I'm scared and I don't want to do anything wrong and nothing should go wrong and you know it's just if you're comfortable with someone that's half your battle won. You know, you can explain your treatment plan, you can breathe it's Ok to make mistakes, you know you learn from that I think

And also you also can tell when a supervisor wants to be there and wants to teach you and you can tell that the supervisor really doesn't want to be there

Oh is that right?

Yes you know, well I can

Well I think you can, yeah

*You can tell and then and but the ones that want to be there and want to help you and want to teach them and obviously we all have bad hair days and all but like you just feel so safe with them. Like with some supervisors I just feel, I can do wrong and I can make a mistake and I have that person there to help me, you know. Other supervisors you feel just like I've got so much pressure on, I can't do this you know

But then that's not your problem because we can have lectures ad nauseum on restorative fillings and things like that, but I think every thing you have learnt is in clinic. I've learnt everything from my supervisors.

That's good I think if you have that rapport with the supervisors and the majority are willing then, like you said, it's half the battle won. And this is the only place like Dr Manana keeps on saying, it's the only place that you can afford to make mistakes. Coz once you're out there the mistakes are costly

And everything I've learnt is because I've made a mistake, you know

That's when you remember it

Yeah, and that's how you gain confidence coz you know, I was really nervous in the beginning such that I didn't want to do anything coz I was so nervous and I was I just thought: I don't have enough knowledge and

You can never

And then you get

Too scared

That's why PBL came in! But you've overcome that?

I have. And it's because of my supervisors because they said: you know what, let's just start at the beginning and let's just go slowly and you can do this, you know and if you make a mistake I'm here it's fine

I'll see you on Saturday!

No, but I can vouch for ?? you have something

And how have you guys managed the work – the test load - for the year?

Not very well

Almost everyone in our class had an issue with 1 course, even the hard workers and the straight A students. Everyone had a problem with at least 1 subject and it's not because

They don't know

They don't know, it's just that you don't have time to give everything your all! You then have to divide yourself so that you can pass everything, you know. If you don't ..

We were writing our final test and we were still here from 8 till 6. Some days you will have

We don't call them exams now (attempt at humour)

No, but I mean for Surgery –

Oh yeah, they are called exams

Their final exam

And those are once off ??

The only time we get time off is when we have exams. Like we had 1 day off coz we had a Medicine exam in the morning and another day off coz we had Surgery again the whole day ???

And then the rest of the day is in-between those ??? in patient exam, clinics, whatever you do, just do it!

And we even brought that up, we said is there anything, if the numbers are decreased maybe we can have, not have that 4 to 6 session because it kills us and we're the only institution that has that still. And to go home at 6 but firstly by the time you get home and you have to study for a test at 7 the next morning coz if we're writing at 7 often now just because we didn't have time. It's either at 7 o'clock or lunch and

With the test we wrote we came at quarter to, half past 6 or quarter to 7 early in the year

Coz there is no scheduled time

Yeah, and then when you sleep, you know it feels like honestly like we're working, it feels like that because

And ?? people like you know 4th years, Pharmacology and Oral Path, she'll concentrate on those subjects and then like, OK fine I'm writing a Restorative test you know, whatever, it's Restorative, so you'll get like 50 in the Restorative test when you should be getting higher – it's Restorative that you actually do every day! And you won't concentrate on it, it's just Restorative! And that's not the attitude we should be having, so, yeah

The time off is a real big issue I think

Do you get the test schedules at the beginning of the course?

In our yearbook it says that all the test dates have to be in 6 weeks from the time we get our yearbook in the beginning, but our supervisors in September were coming in and saying we really need to do a Paeds test, so just fit it in. We didn't even know for ?? component what we needed and

?? at least for the Oral Health Science components

*All our other components ?? Pharm we all know exactly what we're writing, what kind of test. Oral Health Sciences is just everywhere. And the supervisors complain that ?? we keep moving it, but we got to our last week we need to write a test I mean we have to just ?? and fit them. We asked at EDUCOM if from next year at least that a basic, a skeleton test schedule can be put, or at least ?? what we need

Coz I know for Pros I mean, in our department, what we've done, or what the department has done consistently is put down the types of assessments that you're going to do and when they need to be in, to be done by. They won't, stuff, Ok this year we haven't really given specific dates, but we'll say a particular assessment in the first teaching block, you know, this kind of assessment by the second teaching block and and and. So at least the students would know that in the year they will have say 4 assessments and 4 different types of assessments

*And even with that this year we had at the end of the year we needed to do for Pros, we had only done, we needed to do about 3 more and an OSCE and it was like the last 2 weeks of the year and ???

There's an OSCE you need to do – do it!

I suppose the challenge with 4th year - the 4th year Pros programme is it's still fragmented – it's removable and fixed and you start with the removable part and the fixed later on and technically the fixed part doesn't really need to give you the programme until two weeks is it 2 weeks into the start of the programme? And because they start in July they have all that time. So you won't necessarily have it in the year book, you know

We rarely had a problem with the fixed, it's

Yeah

As you said the removable in the yearbook it has scheduled things for the 2nd block, the 3rd and 4th block and we don't have the scheduled removable session and so now we must make our own time

You don't?

No we don't have a Removable Pros. For 3rd and 4th block there's nothing. It's only clinics, and yet there's 2 writtens, there's an OSCE

The time table has changed in a year!

Yeah

That there's no Removable Pros

?? We're having a test during break, so we literally have 8 to 6 days every day. It's ridiculous!

Coz last year they had a Pros session Tuesday afternoon and Wednesday afternoon for the whole year

We had that in the 1st block on a Tuesday, but in the 2nd block that fell away for Perio or something

We still have to write our tests but we ??

And that's why this addition of Oral Bio just irritates us

Yeah

Coz we can see the time being wasted

And another thing with PBL, what happened this year is that we have like the whole Wednesday afternoon scheduled for PBL, which is fine when we had our first PBL that was OK and again if you'?? you have PBL and then you waste the next session, the next week coz that's the research week, you know but I mean I say that's wasted – I could be in the clinic

But at the end of the year we really struggled and you think back Ok I had all that free time and it was great but

I mean in our next PBL we didn't have PBL in that session and that was more opportunities wasted coz it was a repeat of what we'd done in the previous year ??

Like this year. Like they've just picked another PBL and we'll do this, it's like they didn't research and say: Oh these guys did it last year let's do something else; coz it was the exact same scenario we had done

Same scenario??

Or before or something

The PBL I think

We realise that Ok ???

And we were like Ok we can't do the same PBL, I mean honestly, how do you guys expect us to take it seriously

Because all they had to do was to pick a case really, and you know what that was a mistake??

It was our cancer case

So we thought Ok cool maybe now we're going to do something different in the PBL or then it was exactly the same

Oooh, challenges. Year book are they helpful?

Do you read them?

I only read it because I try to get some idea of the tests and what's required, but very little is provided. Lots of the components say that more information will be provided during the course

And is more information provided during the course time?

Uhm, no

You get it a week before and you have ?? test

At least schedule a test when ???

Oh

They need to have a little bit more stuff; there need to be more definites and they need to tell us: this is when you're writing, this is what you're doing!

And I suppose this is what needs to be done and look at that

Ok. Because the University does give, they've actually given the final draft of the almanac for next year, so where we're at we know when the dates when we can't schedule tests because that's decided by University. So when we're supposed to be doing the year plan for the following year, we have to use that as a guide.

The thing is, for uh like Oral Path and Pharm, we're given the dates and what time we're tested and everything, in the beginning of the year, even if that is in the, it's really a hectic week for us, we hardly ever change those dates because those are dates you plan for and our own year plan is that it's on there and we've just, everything is structured we hardly move the dates that are set

No we didn't move any of the Path tests

Just the 1 Pharm

Oh but that was ??? work

Ok, coz you must give me your dates for next year now (I'm scheduling tests for next year now) – if we're writing the first week, that means one has to get a concrete schedule

I think that's really fair

I'm like telling the 4th years please really and think about where you're gonna put your tests

The past two weeks for us was really hectic, writing every day is no joke!

No it isn't

And it's not, and your clinic work is sitting on your head! You need to get that quota and then you have to book patients for the 4 to 6 session the day before you're writing like the final test, you know. It's like really hectic!

And then the booking of patients, is it problematic or is it Ok, in terms of having access to phones, having access to patients?

You wait forever for switchboard

Eventually it comes through?

Yeah

I think that's Ok actually

Yeah that's not a problem

Patient files?

There's apparently a 'file – monster' here

Files also ?? I don't understand what happens to them

And what's the advice that you get given from the department with regard to

That we're trying to computerise the system

But uh

And generally we tend to photocopy our work

We told Prof Essop that and we told Resto uh get lost ?? from Prof Francois because he keeps his own files??

Yeah and

No we can't ever keep the files

No we're not supposed to coz there are notices in the hospital that they belong to the hospital so nobody –I've got a file that I need to write a report on them

They need to go to accounts, they need ??

And uh do you have with, with respect to the photocopying of the records do you have access

We only have 1 photocopying machine –

In the Lab

Yeah, that's the only one and we have to provide our own paper for. That's the only one

If it's not broken half the time ???

Because all

Photocopying is our big problem because most of our lecturers will give us 1 copy of something and just say circulate it

*And I've looked, I've actually just got a print out of my fees and it charges you it charges you for notes and like I should not have to be paying for something that I'm already paying for. And besides that if you give a class, 4 copies of something for us to actually getting a hold of that, it's so slim

Is it?

Yeah, it's not that anyone is being selfish it's ??

And you make a note to yourself , you know what I get the set of notes from this person ?? you've forgotten about it and suddenly the test comes and you think Oh my word I didn't get those notes, you know

Ok. And then the arrangements in the departments – Ok I can't talk for the Medical departments – but for the Dental departments isn't there an arrangement that the departmental secretaries to to

No, we came here to do that, and they told us we're not allowed to. Then we asked our supervisors uh for those because if we're not allowed to make the copies if they can give us their code we'll I mean we'll make the time and we'll come and do it and that wasn't possible. So

You can't use their codes

But I mean it's ridiculous, sometimes you pay R50, for a set of notes and like all of us we live away from home. That's a lot of money for us, you know so yeah

Especially when you've paid for it already and it's supposed to be provided

Oh no globally the the ?? your PBL notes coz I remember towards the end of my tenure as the PBL person I just got so tired of making copies for the whole class and I'd just make a copy per group

That's generally how it works. You get 4 copies, the chair of each group gets a copy and you have to circulate it and you have to make sure that everyone gets it

And you have 20 sets of notes

You have to go to the library and you have to wait in the queue

We live there ???

?? It's like a photocopying shop, which is so

And even then we're running ???

So these are the kind of issues that then if the DSC meets regularly with management to bring up, because they are, it's not like hearsay and it's not like hairy-fairy issues, its issues that are happening where you pay for the resources on your own account and yet you have to use extra money to make copies for yourselves and the University is not providing that

We brought this up at EDUCOM and yet, OK fair enough they said it was not a curriculum issue so..We met with Prof Ibrahim once and we told him: Prof look ??

Maybe the way forward then for the DSC is when they bring the issue up, have thought of the possible solutions for them so when the issue is presented to management possible solutions are given so that they don't have to think out, because sometimes they are also bogged down

Sometimes ??

Like now we would come in and say this is what we think ??

Even with the photocopying, that's why we said can the secretaries, can we get a code, can we use the lab, we've tried everything ??

I guess it's the role of the DSC it's a bit underplayed now and we can make it much, and we can be a creative force than what we are. That's what we really did try to do this year, because usually people, even the students even the DSC OK it's for the Pub crawl, grad Ball, that's all we do. I even thought ??

I don't know! There's a lot of things that we do ??

The powers don't recognise that we do exist, they just

Yeah they don't

They just

Ideally I would like to meet with all the student representatives monthly, I would like to take that feedback and go to someone else on 8th floor monthly. That's ideally how it should work and everyone should recognise that the DSC is your method or your way to get

It's not like that

Because amongst the students it works. I mean we've met regularly with the class reps, we know exactly what's happening in every class, we know their problems, we know how their clinics are working

We know what they want everything working

We know what's working well and what's not working. Regularly we speak to the class reps and it works really well amongst the students and then ??

And then something like we wanted a room for students coz we don't have that. If you want something to eat you go up to Med School and we don't have time for that you know, so. And we told Prof Essop about that and he made time and he came down and he was looking at all the possible areas that we could have that. Now if he can spend so much time for something like that, you know, our bigger issues like the curriculum issues and our material issues those should have emphasis placed on them as well

Maybe also go back to the DSC constitution and see what powers you have as the DSC and use that avenue. Maybe management has forgotten that it is a properly constituted University required body

I think we actually need to rethink the constitution because we know the constitution it doesn't...

No, but under the SRC constitution it is properly

Yeah

And then just refresh management's memory that it is a formally constituted body that needs to be heard, that comes with valid issues that need to be addressed

?? We tell, we try and do that and when I'm sitting in your office right now, you're taking me seriously and you're listening to what I say, but as soon as I step out of the office it's over! It's just students, they'll be out of here in 5 years! That's how I feel some of them they just don't take us serious

No, but, even if you particularly will be out of here in a years time, there's another group of that's going to come, and it's still going to be there

Yes??

We'd like to think that we all have the same issues again and again and again. But they say we're sorry about that

You know when we met with the SRC we were speaking to the different reps on other faculties like Law and Commerce, their classes are like 250 and things, and they said you know what we have an office that's set up with a computer and everything with the lecturers. We meet the lecturers we meet them regularly, we have so much input, we can talk about the assessments the type of assessments, we so well incorporated into the department and the running of the faculty. And they are huge, I mean they don't have to take them seriously and there's 250 of them and yet we're such a small department we can come up and see you regularly and talk about things and deal with things when they come up. And yet

And what's the Faculty Student Dean say?

We actually

Yeah

The Dean has

Twice

Yeah, twice. We had a problem with our DSC this year, he was very helpful with that

We had a problem and we came to Prof Essop first and he said

He said it's not his problem ??

Ok, so you took it to the Assistant Dean?

Yeah, Prof Munday and he met with us and he was very helpful

And we met with him again. That was

He was very helpful, yeah. But the thing is we don't think that it was appropriate to go and tell him: we don't have resources

But maybe the challenge would be if you've brought it up with the Institution's management and you got a sense that they're not listening to you or not taking you seriously and there is record of that's what you did and you tell them that you know, give them time – give the Institution's management a time frame that could they please look into giving you these kind of, addressing the issues by a certain date, if not you'll take it to Faculty, you know. And not bring it up in an antagonistic manner, just to say that maybe they don't have the resources to deal with the issues and Faculty might be able to assist

I think we've just been, and we haven't been able to ?? this year, because when we did have an issue Prof Patel made a meeting with us ??

And that was, he told us ?? and that was because Prof Munday had sent an email ?? Oh no that was ?? And then he told us 'You know Prof Munday has sent me this email, it's my own School and I don't know why you didn't come to me, what's happening' So we're just trying to keep things as internal as possible, but I think that

But I think that it's the wrong way to deal with this.

The thing which to do then is start off with getting a commitment from the office, from his office, that the DSC will meet with his office regularly and that the office honours that and it should not be changed unless there is an emergency, you know, but even if it's changed for an emergency an alternate should be given

Yeah, coz we really they need to make time for us coz we are just as

Very important

Yeah

We're a training institution??

But it's in the HPCSA's recommendations that and they're not taking it seriously

They don't..the other kind of evidence that you'd bring forth to say look we need this scheduled time because the HPCSA mandates it, Faculty mandates it, University requires it and you as a student body need it, you know. I mean it's not antagonistic, you're not fighting anybody, you're merely stating what needs to happen and if it doesn't happen you still have that avenue to go to Faculty and say look: this is what we did, this is what we tried it really hasn't worked, please come and assist

I think next year we must speak to the DSC because what's happening is every year it's a completely new DSC and so like this year they told us a few things and we tried to do it properly and then we tried to meet properly. Then it took the whole year

By the time you find it's like half the year gone

Yeah we do need to

And talking of 4th year with so many assessments and such a heavy work load it is too much

But I mean we started this year, we can carry it on and coz ??

And because it's an ongoing thing

So, uh you are a more committed bunch than last fifth years'

No, no the current fourth and fifth year classes have been very cooperative, you know. They haven't been an there hasn't been an antagonistic class, they have portrayed a more cohesive body, and willing to work and find solutions to the issues

Yeah, I can speak for our class and definitely we've been

Yeah

And the bottom line is we want to be doing this and we all want to be doing this

Which is a huge thing

And that's why we want to sort things out ??

But the challenges are big

And many of them

Uh and when one looks at them you know, it's easy to think that it can easily be rectified but if people don't have the energy, if the other parties don't have the energy to come to the table it's difficult

Also something can look very good on paper and really it can but putting it into practice then it sometimes doesn't translate as well

Uh

But there is a plan, I mean we know that the classes are big (chances are vague??) but even if we it's like we can't see anything being done not only that we can't see a plan of action or something, no one it seems, seems to be even be thinking about what we said last week and that's the problem. I mean we know that you can't just suddenly staff a department and. But I mean we need to see that you take us seriously, this is an important issue and this is the plan

Well I'm taking points on my own course.

Fourth year??

No seriously. And thinking how best to refine it and make it more student and staff friendly, coz it's the two parties that I mean, if the staff is unhappy you know the students are going to be unhappy. (Pause) Anyway, anything else?

I think we've covered everything

Share it, share it

What else ??

But the interesting part though is, the students that I have talked with have come up with really good things, issues you know and how to go about reforming and what's happening. Coz half the time

We keep thinking about them all the time coz we're living them

Yeah, you know

Yeah, I mean one case in point is the yearbooks you know, I think, or I thought that the yearbooks were being utilised by the students you know the information needs to be there and you need to have it. Now you telling me that some of it is not there you know, you don't get it until very late you know and I'm asking myself then what is the point if the staff, if the School is not coming to the table with providing that information and yet the curriculum stipulates that that needs to be given, why are we not doing it?

Having the class reps read the yearbook towards the end of the year to check you know, but it's in the, you have to do this and sorry about ???

Coz I know that what Prof Green does with her course is that she reads through the requirements when she first meets with the class she reads through the requirements of that particular course with the students so that she knows that everybody who was there knows that this is what is required of them

With certain subjects you know exactly what you have to do, and in others then you don't know. Especially if you compare different subjects and you say you know what, in this subject we really are clueless we don't know anything. Some courses are really great and you know exactly what

And to be clueless at this stage it's not on

At this stage

Yeah

It should be easy, it should be easy. I mean the difficulty here should be in 2nd year where you're starting your techniques programmes, you're starting seeing patients and you're starting real dentistry, you know. Coz all that heavy work load but by 4th year, I mean 5th year should be a cruise coz there should not be anything new

That's what it's like in MEDUNSA, 5th year is a purely clinical year

But we do

But they start, they start Orthies like they started Orthies in 3rd year

Yeah

They start all their clinical subjects

We started half-way through this year

We started Orthies, was it half way through this year?

But still there's just observing we start Orthies properly next year,

Max Fac

We start Oral Med, Anaesthetics, and it's all like suddenly

Suddenly, the clinical load is so much

And the quota

Yeah

Next year we get a tough year

Ok. I need to change my mindset coz I've kept on thinking that 5th year there's nothing new

No. no

4th year is just that it's all everything new

Everything new

I think that 2nd and 3rd year, normally like for removable pros like full / full like in 2nd year we were like every Monday every Friday we were in the Lab doing it. In 3rd year you do 3 cases. In 4th year you do 2 cases. That's a lot. I mean in 5th year you're going to be doing more of full / fulls. That's a lot of full / fulls. Then it comes to partial dentures, you really don't know anything you know and suddenly you have to be doing partial dentures, how do you do a rest prep – we don't know

Is it?

So, yeah. Like I can do full / fulls in my sleep with my eyes closed without even thinking about it, and that's how confident I am about it and yet I think about something like Orthies which I'm only going to be starting next year, Oral Med I'm only going to be it next year, you know. So, yeah, I'm a bit ..

And then you still have to contend with Pros next year with the tongue and the lips there

Yeah

But I thought that was nice, our course it was nice, yeah, yeah

Coz also like Pretoria was telling us they did it in 5th, well someone we know who's graduated, they did it 5th year and it wasn't nice

That's Ok so then it's concentrated

No, but I like doing it in 4th year. I particularly liked that uh Dr Matlala really did, or you guys didn't have to give us that extra week of your time and you guys made that sacrifice but at the same time the class didn't have to agree either you know and we also said Ok let's do this for our own sakes and together we did that extra week and it worked. And I thought that's cool, we're all together, we did it

I think that we're giving you too much time for techniques and that's just my own personal coz I think because some of you guys demonstrate that after about 3 procedures you were able to cut a prep in less than an hour, less than a session, you know

It gets easier

The provisionals take longer

Oh no the provisionals do take long, but I just did a provisional now in 30 minutes??

(laughter)

No No ?? It's not experience even with prosthodontists it still provisionals are our bane, so

??We got the Cerec machine

Yeah, I guess

But that's 900 000

You don't feel that that's what you're doing you don't feel that it's prosthodontics, I don't get a sense

I don't get a sense that it's prosthodontics ??

?? Not just scan it

Ok Thanks guys. Hopefully... What happens now is once my interviews are over I'll analyse the data and I have, I do give feedback to the department or those colleagues that I talk with with respect to what I'm finding, you know. So I hope that the data holds so that something concrete comes out of it.

(Ended at 3:35:29)