

## APPENDIX 3.5B

### DESCRIPTION OF PBL SESSION

#### BDS 5 START CASE BASED DLP – SPECIAL NEEDS PATIENT

#### REPORT BACK SESSION

October 04 2007

#### **Fictitious names have been used throughout the lesson description**

Session started at 1402 and ends at 1534Hrs **though short of the allocated 2hours, they have utilised more time (1hr 30 mins) than at the first session. This is also a reflection of the manner of the learning session, where more elaboration of the learning issues happens and as they have researched topics they potentially / theoretically can speak for a longer time when they explain the concepts to the rest of the group.**

Verushka	Ibrahim		Themba	Sue		
Neo						Zola-absent
				Lukshana		Khotso -absent
Priscilla				Fatima		
	Nicky		Sandra			

#### **1402**

Dave walks in and jokingly says: ‘Sorry I’m early guys’ and with that he hands over the process to Verushka to start the report back session.

Verushka then proceeds to explain how the session will be conducted and gets affirmation from the rest of the group about the process to they will follow.

**1403**

Sue starts her presentation. She tells the group what learning issues she researched and therefore what she is going to concentrate the report back on. She is using the notes and reading off the script. The report back she gives is quite detailed and general. Most of the students appear to be actively engaged in the presentation, with Dave also listening. However, Themba, Fatima and Sandra appear to be reading their own notes. Themba actually flips through a stack of notes. Sandra then proceeds to jot down notes.

When Sue finishes off her presentation, Dave requests to ask a question, asking for clarity on a point raised during the presentation. Sue answers the question. Following this Dave uses this opportunity to introduce the concept of APPROPRIOTECH to the discussion to contextualise what has just been presented. He goes further to explain what he is involved in regarding the Delphi Questionnaire and brings the relevance of this to the learning issue just discussed. He emphasises the need for the students to keep the learning real and always bearing in mind the circumstances that they work in. **The facilitator input contextualises the learning and gives relevant examples of what is meant by relating these examples to the case under discussion. There is also an element of autobiography by the facilitator to in a way make the learning experience for the students more significant for them**

As the classroom door is open, there is a lot of noise disturbing the proceedings, and Themba goes out of the room to ask the students in the corridor to keep the noise levels down. Dave however, does not wait for Themba to get back, he continues the explanation. **In an attempt to control te external interferences, Themba inadvertently get left out of the lesson by the facilitator – is this intentional or an example of ineffective teaching? Maybe the facilitator does not want to create a break in the flow of his report /comment by not waiting for the student to return from the interruption.**

**1407**

Ibrahim is the next student to give his report back. His presentation style starts off effectively with him speaking / talking to the group and using his notes as prompter. He therefore is not reading off his script. However, within a short space of time, he starts reading off the script.

He says a point that is gender insensitive and Dave interrupts and tells him that he disagrees with what he has just said. Dave asks the group to tell him why they think he disagrees with Ibrahim. No one gives an answer, and this prompts Dave to ask Ibrahim to read the statement that he is referring to and this is on gender issues. When Dave points out the insensitivity of the statement just said, the group erupts in laughter. Dave then explains why gender sensitive language is important.

Ibrahim then continues with the rest of the presentation. He becomes gender sensitive with respect to the language that he uses. The rest of the group laugh jovially at this change in the presentation style. His phone rings in the middle of his presentation and Dave tells the group that they need to switch off their phones: ‘we should switch off our phones.’

In his presentation, Ibrahim explains a study that was conducted in the USA on rural attendance for dental management and draws on that to draw parallels with the South Africa reality. He seems to have all members of the group as a captive audience at this point. Dave gives encouraging affirmations regarding the presentation – ‘good, good’ he says.

More points are raised about the need to modify the management plan when treating a pregnant patient. He concludes his presentation and Dave gives him feedback. He applauds him on how he was specific with his presentation and referencing style. He encourages the rest of the group to adopt that habit especially when dealing with the scientific literature.

Sandra asks about the raised gender sensitive language issue especially relating to the use of ‘him and her’. Dave tells them that even though they need to be cognisant of the inherent gender issues, it should not be too cumbersome and they need to find a mechanism to address such.

Verushka asks the rest of the group whether they have any comment regarding the presentation before they move to the next issue. However, she does not wait for anyone to comment before she moves the lesson on. She asks the next presenter to start.

## **1413**

Sue immediately delves into her presentation without so much as an introduction of what she is going to talk about. She talks about paedodontic issues that are relevant to the case. She

reads off her script. Priscilla seems to be taking notes and Themba seems to be concentrating on his notes. Dave seems to have been dozing off and his papers fall off his lap.

As Sue is talking, Dave interrupts her to point out a certain feature of child management. He asserts that he does not like being intrusive, as a way of explaining the interruption. He explains that it may also be appropriate to bring a child patient into the dental surgery not to actually undertake invasive treatment on the child, but to introduce the child to the environment by encouraging the child to sit on the dental chair, moving the chair about, letting the child to it themselves, getting the child to feel and touch the various instruments that are used etc. This he explains, is a way of reducing the historical fear that patients normally have with regard to visiting dentists, and as a way of breaking that habit from early on so that child patients are introduced to dentistry in a fun manner and that their first appointment is not a painful and anxious experience.

Sue then continues with her presentation, and takes up from where Dave ended and gives further management strategies when handling a child patient. Priscilla opens her bag to bring out a textbook which she consults and Themba gets pens from his bag. At this point, Sue is not reading her notes, she is rather explaining points to the group and there is a nice flow to her explanation, it does not seem forced or contrived. She also relates the points she introduces to her clinical experience in the Paedodontic clinic and how she handles her patients. Lukshana writes something in Fatima's script.

Sue comments that another student will handle one aspect (management of patients with congenital conditions) of the presentation and therefore she will not go into detail on that particular aspect.

As she has ended her presentation, Dave asks them if they have ever treated a patient with Trisomy 21 and explains that it is very difficult to get the patient to cooperate. One of the students responds that she has treated such a patient and confirms that it was very difficult and challenging to get a child patient with Trisomy 21 to follow the instructions given and that it made for a very frustrating clinical session for the student.

Dave asks them several questions, including whether they had ever done certain treatments – fluoride, whether they had managed a pregnant woman. He asks Verushka to stop him if she feels that he is taking over by asking too many questions, but she does not stop him.

Verushka decides to give her presentation following Sue's as she dealt with adolescents, which follows paediatric issues. She unpacks her points and gives pointers on what to look out for with such patients. She seems to be talking only to Dave and does not attempt to bring the other students into her presentation. This is made more apparent by Themba's apparent concentration on his own notes; Priscilla writing and Lukshana and Fatima's side conversation happening during the presentation.

When she presents on the geriatric issues, Verushka seems to be disinterested and she reads more from the script and there is little explanation of the issues raised. However, she does produce a neatly illustrated table as a summary of what issues she concentrated on. Dave commends this. She explains the relevance of the loss of elasticity with increase in age. The rest of the group laugh when she brings in contextualised examples of the point she raises to bring it home. She encourages her colleagues to be more gentle with geriatric patients and not 'roughly pull on the cheeks and lips when retracting the tissues during dental treatment', because of the loss of elasticity of the tissues.

Following her presentation, she quickly assumes the chair role and asks if anyone wants to comment or raise any question..

Dave comments about those patients, especially the elderly, who attend the dental clinic / hospital even when they do not have appointment, because they are lonely and use the opportunity to socialise. The students laugh at this. Dave suggests that one way of managing such patients would be to reassure them and talk gently with them to ease the loneliness. He asks them not to be dismissive of the patients, rather to have an understanding of the space that people find themselves in as they get older.

He also points out the need to look out for the malnourished geriatric patient, and urges the students to delve into the dietary habits of such patients. He explains that there will be instances where the elderly neglect their dietary requirements for various reasons, primary due to self neglect because of loneliness. He states that there is a need to monitor such when confronted with the elderly patient exhibiting such signs.

He gives Verushka feedback relating to her presentation and tells her that it was good presentation.

**1431**

Lukshana then presents on the teenage patient. However, she does not introduce her topic, she just delves straight into a point. She talks about certain management strategies on making teenagers more comfortable with dental treatment. Priscilla volunteers a point regarding the issue of 'age of consent' and brings in the point of smoking and how it affects dental health. She comments on how best to ask the teenage patient about this at the initial appointment, especially if a parent accompanies the child. She also points out that this issue will bring out issues relating to privacy and the ethical challenges that such presents.

Lukshana points out that parents can also exacerbate issues when clinicians have to manage minors. She gives examples of her experiences in the MFOS clinic and how at times it is difficult to render treatment to child patients with the parent present. Dave asks her what she then did in such a situation, and she explains how she handled the situation with the assistance of the staff member. She reports that the staff member had to ask the parent to leave the surgery so that they could treat the child as he could realise that the parent was only making the child more uncooperative.

Verushka also adds that at times the parent being present may make it difficult to find out what is wrong. Dave picks up on this and ask her: 'what would you suggest?' however, he does not wait for her response and he states what he would do. He explains that sometimes the parent's behaviour is a reflection of how they (the parent) views dentistry and expose their anxiety. He therefore urges the students to see this as 'adults being big kids'. He warns them that they need to be psychologists and pick up on such subtle situations in order to make up for a pleasant appointment. The students seem to love this point.

**1434**

Verushka then alerts the group that Neo will present on the cultural issues.

Neo begins by stating that they looked at culture and explains how she will present the learning issue. She seems to be focusing her report to Dave and is not engaging the rest of the student group. Dave interrupts her asking if he could stop her for a minute and asks her to look at everyone when she talks and not just focus at him. At that point Fatima reports that

she is feeling left out and the rest of the group laugh lightheartedly. Neo further clarifies who will explain which aspects of the topic under discussion. Lukshana appears to write something in Fatima's script and the latter seems to read it.

In the presentation, Neo brings up an incident that happened with Themba's patient who was a sangoma and the challenge the students had when they tried to administer local anaesthetic agent in order to perform dental treatment on her. She gives further examples of cultural practices between different groups of people e.g., in certain communities where husbands speak for their wives; Chinese communities who believe that the number 4 is evil and that we (dental personnel) often throw around the word 'four' as part of our terminology describing the different side of the mouth and that we need to be sensitive to issues like these. The rest of the group is loving this judged by the laughter that emanates from this part of the presentation.

Neo concludes the presentation abruptly, which prompts Dave to ask: 'is that all?' when Neo tells the group that: 'that's all I have'. And Fatima seems to agree with Dave as she comments that they want more.

Dave then relates examples from when he worked in another province where he had huge language challenges. He explains how he managed to overcome the language barrier by learning some words in order to relate better with his colleagues and patients. He explains the bridging that normally follows when an outsider tries to learn a few words of the local language and the willingness of the people to include the outsider especially following an attempt at learning their language. He encourages the students to do similar when they go out to the different communities on starting their professional lives.

## **1441**

Sandra then takes up the rest of the cultural issues report back, and it directly follows on what Dave has brought up. She explains that she will be focusing her report on language and how it relates to dental fear. The students laugh at her comment about how her suggestions on how to handle this issue may be important for them as future dental practitioners in helping them manage their dental patients better.

She seems to be focusing her attention on Dave as she is looking at him and displaying minimal attempt at engaging with the rest of the students.

She also follows Neo's example in using examples that the other students can relate to – she gives Madonna as an example when she talks of the presence of a diatema and how that is seen in different communities.

When she expands on religious issues, she starts off by soliciting opinions from the rest of the group about their feelings relating to muslim women who wear veils and their preference for female dental practitioners. She contextualises the example by explaining that this issue is prevalent within the Dental School and more veiled muslim women are coming in as dental patients (and students, as she herself wears a veil). She explains the challenges such situations may present both for the student and the patient. However, she comments that it may be easier for students as they may place their training needs first and therefore be more amenable to treating all genders, but may be more difficult for such patients attending the Dental Hospital where they have minimal choice re influencing the dental practitioner they would be managed by. Another example she brings up is that of Jehovah's witnesses and their abhorrence or reluctance to accepting blood transfusions even when they need it urgently. At the end of it all, she informs the group that: that's about it'.

Dave tells them that as dental practitioners, we are not going to be administering blood transfusions and explains that we are also not equipped to deal with all medical emergencies.

Verushka asks the group if they have any questions for Sandra and Dave points out that Fatima has not said a word and Sue makes a note that Khotso is absent, to which Dave asks the group who will report on the learning issues that Khotso was tasked with.

However, none of the students raises a question.

## 1447

Verushka then announces that Lukshana will report on the 'physically challenged'. There is laughter amongst the group about a comment made in connection with the Oxford Handbook.

Lukshana proceeds to give her comments on the learning issue and speaks to those in front of her and Dave, with minimal engagement with those seated to her side. Themba seems to be



concentrating on his own script and Priscilla seems to be reading the front cover of Neo's DLP whilst Sandra is writing something down. The group laughs at something that Lukshana says (which I missed). Lukshana points out the need to address the physically challenged with RESPECT and even goes to explaining the need to have a degree of formality re the use of Miss, Mrs, Mr etc instead of 'you'. She gives practical management advice and introduces Fatima to elaborate on the topic.

### **1453**

Fatima explains that she will report on the 'handicapped children'. With her discussion, she mentions the author names for the articles she draws her deductions from. She speaks to the group and does little reading off her prepared script. She relates her presentation to the previous one on 'creating a friendly environment.

She talks about the need to use mirrors to demonstrate where plaque deposits are with child actively brushing teeth; using adjunctive aides such as electric toothbrushes to assist those clients who may find it difficult in developing the required manual dexterity to achieve effective manual tooth - brushing; actively engaging the caregivers during this process.

### **1456**

Lukshana then takes over the next phase of the presentation and elaborates on the 'sensory defects', discussing the issues related to patients who are blind, deaf etc and how they can be best managed. She brings in a point made by Verushka during the latter's presentation. She brings in other examples from the Oxford Handbook. Fatima interjects and makes a point re establishing guides with patients. Dave also gives an example of his own niece who uses sign language. He points out that sign language is not universal and that each language / region has its own sign vocabulary and hence the importance of the health care professional to be aware of such and possibly be knowledgeable about this so as not to be confused or in the dark when attempting to communicate with the audibly challenged patients.

Verushka asks for comments from the rest of the group following Lukshana's presentation. Sue remarks that it is important to prepare the surgery (operatory) before appointments for blind and deaf patients, though she does not explain why this is so and no one asks her to

elaborate. Priscilla then makes a point about COMMUNICATION and states the importance of effective communication between the clinician and patients. She brings up the point relating to Sue's patient who was deaf and how they had to use sms to communicate instead of verbally in scheduling appointments. Sue reinforces what Priscilla has stated and comments on the importance of finding out from each patient what works and thus developing strategies for each individual patient instead of using a 'one-size-fits-all' methodology.

## **1500**

Verushka then invites Themba to give his presentation. Themba informs the group that he is also going to present the work prepared by Khotso. He engages eye contact with members of the group, explaining how he is to present the material – break it down into two conditions and will start with the most common condition: DIABETES. He explains the different types / forms of diabetes and the need to ascertain which condition the patient presents with. He reiterates the special needs issue with respect to diabetes especially emphasising the issue of complications due to the medical condition. He also passes around written material to each member of the group. He elaborates on the associated anxiety and adrenal stress / insufficiency to dental care.

Several students – Priscilla, Sandra, Lukshana appear to be reading the notes that have just been passed around. Dave is also flicking through a stack of notes. Themba continues elaborating on the medical condition and how it is important to the delivery of dental care.

Neo summarises what Themba has presented and she stresses the importance to clinicians of getting a comprehensive medical history from patients.

## **1507**

Themba then goes to present the material prepared by Khotso and he explains that he has to read Khotso's prepared notes, which he does.

In the middle of the presentation, Dave reiterates the importance of updating the medical history of every patient especially in private practice care.

Lukshana suggests that instead of Themba reading Khotso's prepared material, they can all read it for themselves at their own leisure as each have a copy. Verushka asks if the rest of the group agree with Lukshana's suggestion, however no one answers her. She then suggests that they should just go through the material – giving Themba the go ahead to continue presenting.

At some point Themba tells the group that he is having difficulty reading Khotso's writing and Verushka intervenes and reads off what is problematic. There is elaboration on the cardiovascular conditions and their relevance to dentistry.

Fatima and Lukshana appear to be having a separate silent conversation between themselves, with Fatima at some point taking a pen off Lukshana and writing her a note.

Themba finishes the presentation by elaborating on the relevance of taking paracetamol and NSAID.

## **1514**

Verushka then calls upon the last student to present – Priscilla, to which Fatima makes a comment: 'save the best for last' and Priscilla tells her to dampen her enthusiasm – 'don't be that enthusiastic'.

Priscilla then goes ahead to explain what she is going to talk on and how she is going to do it. She uses her notes to prompt the presentation as she engages the group.

She hands Themba a stack of notes, which he duly passes around to everyone. Dave asks for clarification on a point she has just made to do with whether something is a symptom of something. Priscilla then reassures him that she is going to cover that during the presentation – 'I am coming to that'.

Sandra then picks up some notes which are in front of Fatima and passes them to Neo, Verushka and Ibrahim. Priscilla does not break any of her presentation and continues, drawing attention to the importance of Hepatitis B relative to HIV regarding infection control in the practice of dentistry. She contextualises HIV to the local scene. She elaborates on the oral indications after having explained the general picture and goes through them systematically. Dave asks about the cervical implications generally, and Priscilla corrects her

earlier statement regarding the issue. Verushka and Sue are engaged in a side conversation, however when Priscilla asks them for the question, Verushka tells her to carry on with her presentation as they have no question.

Priscilla then expands on the issues of allergies and does a good job with this section. She gives common examples of known allergies and their impact on dental care. Dave then draws the groups attention to the potentially dangerous allergies and Ibrahim offers penicillin as a potentially dangerous allergen for dentistry. Dave gives the group an explanation of the aetiology of the penicillin allergen. Priscilla then goes into a discussion of terminal conditions and specifically outlines squamous cell carcinoma, explaining that 94% of all oral carcinomas are of this kind. At this point Lukshana takes out the Oxford Handbook and flicks through it, Priscilla asks her to explain several pictures on this carcinoma. Dave asks Priscilla on ORN (osteoradionecrosis) and its relevance to dental care to which Priscilla gives the correct response and Dave tells her so. Fatima and Lukshana are engaged in a side conversation. Priscilla explains the TNM classification of carcinomas and Ibrahim also silently mouths the different stages as Priscilla explains them. Priscilla explains the relationship of the classification system and survival rate related to the management and eventually brings it into the dental setting with respect to the EMOTIONAL STAGING and how this impacts on the provision of dental care.

At the end of Priscilla's presentation, Dave gives his feedback and tells her that even though it was large topic, she covered it well.

Verushka then asks for any questions or comments from the rest of the group. However, she does not wait for any response and immediately gives the floor over to Dave.

## **1528**

Dave starts with his feedback to the group of students by asking for responses to the issue of cultural/religious issues pertaining to 'burkha – clad' muslim females and provision of treatment by the opposite gender and uses himself as an example. He asks them what would be problematic with him wanting to treat such females and what the issues would be.

Verushka comments that issues like these have come a long way in terms of tolerance and understanding by both parties. Fatima adds that 'the greatest thing is that more time be spent

with each other (the different groups) so that we can start to appreciate and respect individual opinions'. Sue also adds that we can all learn from one another that we are essentially all the same. Priscilla brings in the issue of their own exposure at tertiary education level, whereby they have built friendships across diverse cultural lines and that the lessons learnt are that what is important to one is also important to the others and the fact that as students they are all going through the same issues especially educationally. Dave adds that it is also due to the fact that they as students, also work together and that this goes a long way towards understanding each other across the diverse groups. He also adds that they will also retain their friendships post qualification when they go through their professional careers. He ends his feedback of this note – 'that's all, we'll meet at the plenary'.

Verushka tells them that they will all present and reemphasises fact that each one of them should make copies of their sections for the rest of the group. At this point, Dave gives them a copy of the Facilitator Guide mindmap.

Verushka implores the group to work on their presentation in 2 weeks time and Sue suggests that they either meet again before the plenary or do what they did before. Verushka asks whether they should meet again at another time - so that they need to come up with the date and time and circulate the notes beforehand. Dave informs them they should pay attention to the gender noting – 'no him/her'.

Lukshana thanks Dave as he walks out of the room and the session comes to an end at 1534.