A photo says a thousand words

Elaine Halley speaks about early mornings, comments, and those all-important clinical cases

Well – I guess this is the beauty of a distance learning course – I was planning a well needed trip to stay with friends in Malaysia over Easter when the deadline came in for the end of unit 4 assessment – right when the deadline came in for the assignment in two weeks early. The assignment involved treatment planning for a restored dentition, including discussing the rationale for direct composites versus the alternative.

I managed to do some early morning stints and get the assignment done in two weeks early. The assignment involved treatment planning for a restored dentition, including discussing the rationale for direct composites versus the alternative.

I was due back! So, the deadline is loomed and I have been finding it difficult to access... to the day in question. Some of the required reading had managed to do some early morning stints and get the assignment in two weeks early. The assignment involved treatment planning for a restored dentition, including discussing the rationale for direct composites versus the alternative.

The other thing I have missed since being away is all of unit 5 (Complex Treatment) – and it seems that the level of lectures has increased dramatically. Again, a criticism is the short notice of the exact dates and times of the lectures. I am sure that Smile-on will be on the phone! I have also ‘tested’ the system somewhat by sending in different case outcomes – some would be proud to present in a lecture, others that were a compromise in some form or another. Notably, my Class III composite case I sent in a phobic patient with a high caries rate where the result seemed to aesthetically perfect in the first attempt. My justification in the write-up was noted and I gained a good mark. The key, as in so many exam processes, is in the photography. Good photography is essential to allow the examiners to see every detail of the case.

The other thing I have missed since being away is all of unit 5 (Complex Treatment) – and it seems that the level of lectures has increased dramatically. Again, a criticism is the short notice of the exact dates and times of the lectures. I am sure that Smile-on will sort this out – but it is frustrating as time could be blocked out to watch and participate live – but less than a week and it is impossible!

Meanwhile, while I have been away, email alerts to tell me the remaining clinical cases from Unit 3 (Anterior Aesthetics) have been marked as I have been coming in thick and fast. This has been driving me mad as it costs me considerably in roaming charges to access the internet on my iPhone to log in and get the results. However, patience has never been my strong point and so I have succumbed to finding out. Luckily, all good so far. The examiners comments have been interesting and it again is probably a sign of my personality (control freak, used to being the boss etc) that it is just as well the examiners are anonymous, as I disagree with a few comments and if I knew who it was I would be on the phone! I have also ‘tested’ the system somewhat by sending in different case outcomes – some I would be proud to present in a lecture, others that were a compromise in some form or another.

Elaine Halley speaks about early mornings, comments, and those all-important clinical cases.

Meanwhile, while I have been away, email alerts to tell me the remaining clinical cases from Unit 3 (Anterior Aesthetics) have been marked as I have been coming in thick and fast. This has been driving me mad as it costs me considerably in roaming charges to access the internet on my iPhone to log in and get the results. However, patience has never been my strong point and so I have succumbed to finding out. Luckily, all good so far. The examiners comments have been interesting and it again is probably a sign of my personality (control freak, used to being the boss etc) that it is just as well the examiners are anonymous, as I disagree with a few comments and if I knew who it was I would be on the phone! I have also ‘tested’ the system somewhat by sending in different case outcomes – some I would be proud to present in a lecture, others that were a compromise in some form or another.

The other thing I have missed since being away is all of unit 5 (Complex Treatment) – and it seems that the level of lectures has increased dramatically. Again, a criticism is the short notice of the exact dates and times of the lectures. I am sure that Smile-on will sort this out – but it is frustrating as time could be blocked out to watch and participate live – but less than a week and it is impossible!

So I am looking forward on my return to some more early morning stints to catch up on hours of lectures on how to assess the complexity of a case, biological aspects of tooth loss, oral medicine update, diagnosis, treatment planning and letter writing plus consent, and those all-important clinical cases.

I disagree with a few comments and if I knew who it was I would be on the phone! I have also ‘tested’ the system somewhat by sending in different case outcomes – some I would be proud to present in a lecture, others that were a compromise in some form or another.

Notably, my Class III composite case I sent in a phobic patient with a high caries rate where the result seemed to aesthetically perfect in the first attempt. My justification in the write-up was noted and I gained a good mark. The key, as in so many exam processes, is in the photography. Good photography is essential to allow the examiners to see every detail of the case.

The other thing I have missed since being away is all of unit 5 (Complex Treatment) – and it seems that the level of lectures has increased dramatically. Again, a criticism is the short notice of the exact dates and times of the lectures. I am sure that Smile-on will sort this out – but it is frustrating as time could be blocked out to watch and participate live – but less than a week and it is impossible!

So I am looking forward on my return to some more early morning stints to catch up on hours of lectures on how to assess the complexity of a case, biological aspects of tooth loss, oral medicine update, diagnosis, treatment planning and letter writing plus consent, and medical emergencies. And I’m sure I saw something about an assignment due on the 7th May. Oh yes, and less than four weeks to go before I plan to run the Edinburgh Marathon – how many hours are in the day?”

About the author

Elaine Halley BDS
DGDP (UK) is the BACD Immediate Past President and the principal of Cherrybank Dental Spa, a private practice in Perth. She is an active member of the AACD and her main interest is cosmetic and advanced restorative dentistry and she has studied extensively in the United States, Europe and the UK.

A-dec 200


The latest addition to the A-dec range offers no compromise and real A-dec value.

Invest in reliability. Focus on the patient.

Express your style. From the people who build the most dependable dental equipment in the world, A-dec 200™ provides you with a complete system to secure a successful future.

Discover how you can gain assurance with A-dec 200. Contact your authorised A-dec dealer today.