

TRAINING AS A TUTOR IN THE UNIVERSITY OF MALAYA

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INTRODUCTION

In Malaysia, there are various dental qualifications that are recognised by the government. These include Diploma in Dental Public Health, Master and Doctorate in Dental Sciences, Membership in Orthodontics and Fellowship in Dental Surgery of the Royal Colleges of Surgeons. In order to become a clinical specialist, one has to obtain a Fellowship in Dental Surgery (FDS) from any of the Royal College of Surgeons in the United Kingdom, Republic of Ireland or Australia. After obtaining a primary Fellowship, one has to undergo proper training in a recognised centre before one is allowed to sit for the final Fellowship in Dental Surgery. This can be done concurrently with a Master in Dental Surgery/Sciences in the United Kingdom.

In Malaysia, one can undergo training at the Faculty of Dentistry of the University of Malaya. This training programme is currently recognised by the Royal College of Surgeons of England and Edinburgh. This means that one does not need to go overseas in order to fulfill the requirement. This is the cheapest and easiest way for one to obtain a good training without having to leave the country. For the private practitioners, they may even be able to monitor the progress of their clinics as the training programme is flexible.

The training costs RM 5000 for a year's stint. It was a requirement that the tutors in the Dental Faculty undergo this training. I was lucky to have undergone this training programme and wish to give an insight experience of it to my Malaysian colleagues.

TRAINING

I was employed as a tutor by the Faculty of Dentistry of the University of Malaya on the 2nd. February, 1993. There were six departments in the Dental Faculty then as the Oral Biology Department had not started yet. The fellowship training programme was designed in such a way that a trainee would be assigned to each department for two months. The duration of the training was one year.

I worked for two months in the Klinik Pergigian Mahasiswa (Dental Clinic for University Students) and Bilik Rawatan Utama (Main Treatment Room) before starting my training on the 1st. April, 1993. I was assigned to the Department of Oral and Maxillofacial Surgery. I was required to supervise and assist the undergraduates teeth removal procedures. I also had to attend to the emergency and referral cases. I regularly did minor oral surgery as part of my training. Besides, I was given the opportunity to assist the surgeons in various types of surgery ranging from simple dentoalveolar surgery to major head and neck surgery. By the end of the training I was given the opportunity to operate on patients under supervision. There were many hands-on for the trainees.

It was a routine to reduce and fix fractured mandible using intermaxillary fixation method (IMF) under local

Ngeow Wei Cheong
BDS, FFDRCSI(0.S.), FDSRCS(Eng)
Faculty of Dentistry,
University of Malaya,
50603 Kuala Lumpur,
Malaysia.

Address for correspondence:
Ngeow Wei Cheong
130, Lorong Tiong Nam 5,
50350 Kuala Lumpur,
Malaysia.

anaesthesia. If the patient wanted to have the fractured sites plated, then they had to pay for the titanium plates themselves. Normally the patients or their relatives had to bring the required amount of money a day or two prior to the surgery. If they were unable to do so, then circumzygomatic and/or circummandibular wires would be used to suspend the fractured sites.

We had to go on-call at night and weekends for a continuous 7-days' stretch. We would be given a pager while on-call. This gave us some freedom to move around the Klang Valley but I normally stayed near the hospital as I had had an unpleasant experience while on-call. I still remember an incident where I went for dinner with my girlfriend. Unfortunately, as soon as the dishes had arrived, I was called back to the hospital. I had to respond fast and return to the hospital as the call was from the Resuscitation Room, indicating the victim sustained a very major craniofacial injury. Even though we might not be able to treat these patients immediately, our presence to review the situation was very important. It also gave a good impression that the dental team was efficient. Hopefully, we would not be looked down upon as the people who only knew how to extract teeth.

We were not given the day off following the night duties. It was sometimes very tiring especially when the tutors had to assist in supervising the clinical year students. Sometime the trainee had to spend the whole night attending to about three cases; each of which required about one to two hours of treatment. However, this was accepted as part of the training. We did not have higher surgical trainee at the Faculty of Dentistry. So, our lecturers, associate professors and even the Professor of Oral and Maxillofacial Surgery had to do second emergency call.

The majority of the maxillofacial patients were motorcyclists involved in road traffic accidents. The severity of trauma sustained was very wide ranging. In the resuscitation room, the trainee would diagnose the maxillofacial injuries sustained and initiate the appropriate treatment if the patient's condition permitted. Toilet and suturing of facial and oral lacerations under local anaesthesia was a routine. Dislocated temporomandibular joints and post-operative complications made up the rest of cases seen at the Accident and Emergency Unit.

A joint Oncology Clinic was held every Wednesday at

the University Hospital where consultants from various specialities namely, maxillofacial surgery, otorhinolaryngology, plastic surgery, oncology/radiotherapy and orthopaedic surgery met. Oral squamous cell carcinomas ranging from small early lesions to advanced tumours the size of a tennis ball were commonly seen. These tennis ball-sized tumours were even nicknamed "T20". Some of these patients were elderly Indian ladies who had chewed pan for years. Communication may be difficult as some of them did not speak English or Bahasa Malaysia. I hope that one day someone would start a campaign to discourage the habit of pan chewing.

Malaysia has two radiotherapy centres for a population of about 18 millions. Therefore, patients had to wait for about six to eight weeks before receiving radiotherapy. By then, sometimes we were not sure whether the planned radiotherapy should be started at all as the tumours had grown twice or thrice their original size.

As part of the academic staff, I had to help to screen and clerk patients for clinical examination. I was also requested to present the cases to the external examiner and lecturers-in-charge as part of our training on public speaking.

My next appointment was at the Department of Oral Pathology, Oral Medicine and Periodontology. This was yet another busy department as it was and still is one of the main facial pain referral centre in the country. I had to do on-call during office hours, attending to patients with painful face and temporomandibular joints. I was trained to diagnose and treat complicated facial pain. Sometimes, I had to give Bupivacaine nerve block to control trigeminal neuralgia. I was given some tutorials on how to diagnose pathology under the microscope, something that I found very useful in my preparation for the English Final FDS examination.

I have also been fortunate to come across a wide range of benign and malignant pathologies. I have seen some uncommon lesions like phlebolith, florid osseous dysplasia, fibrous histiocytoma, pemphigus and malignant ameloblastoma. Leukoplakia and submucous fibrosis were some of the premalignant lesion/condition commonly seen.

Two months later, I was assigned to the Department of Prosthetic Dentistry. Part of my duty included supervision of the clinical year students. I was required to check some of their work like impressions and bite registration. The senior lecturers were very helpful whenever I was in doubt.

I was encouraged to make obturators for patients undergoing maxillectomy because of my interest in the speciality of Oral and Maxillofacial Surgery. I would be assisting the surgeons in theatre and when it came to inserting obturators, I was given the honour to do so. I would also make the more permanent prostheses post-operatively.

I was posted to the Department of Conservative Dentistry two months later. As part of the training requirements, I had to do some projects on models, something that I did while I was a second year dental student but with more depth this time. Root canal treatment for molar teeth was not part of my technical training during my undergraduate years and I was fortunate enough to have the opportunity to catch

up with it.

I had to prepare root canals, crowns and bridge on extracted teeth and then do so for my patients. The schedule was hectic because besides treating routine patients and practising on models, I had to help with the clinical supervision of the students.

I was posted to the Department of Children's Dentistry and Orthodontics from the 1st December, 1993 to 31st January, 1994. I was given a task to help in the management of routine and medically compromised paediatric patients. However, being dentally trained, I had to rely a lot on my medical colleagues' assistance and advice. I had to help with the day case extractions and fillings of carious teeth under general anaesthesia.

There were many paediatric patients with rampant dental caries. They were given appointment to have their teeth removed under general anaesthesia if they were found to require multiple injections. The only problem encountered was that the waiting list for general anaesthesia could be a few weeks long. So, by the time the appointments were due, some of the patients failed to turn up. Sometimes out of 5 patients being listed for the procedure, only one would turn up. Perhaps they were no longer in pain by then. I also had to be on-call during office hours to offer relief for the young patients with dental infection and abscesses.

My orthodontic training had been very enjoyable. I had the opportunity to observe an orthodontist at work. I would help to screen patients who requested orthodontics treatment every Friday. These were very useful sessions as I picked up a few tips on how to assess patients orthodontically. I had helped with the preparation of several patients for orthognatic surgery and was given the opportunity to assist in the surgery as well.

There was a Cleft Lip and Palate Clinic held on the first Thursday of each month at the University Hospital. The specialities involved include plastic surgery, oral and maxillofacial surgery, orthodontics and speech therapy. I was encouraged to attend the clinic even though it was not compulsory.

I was last assigned to the Department of Community Dentistry. The training in this department was rather different because of the emphasis on prevention and epidemiology of dental disease. I was required to prepare posters on behalf of the department for the Oral Health Day celebration. This was done with the use of a camera and a computer; both of which were vital tools for preparing posters. I was taught to use the computer as I was practically computer-illiterate.

I was sent to visit the Ministry of Health, Paediatric Institute and the Hospital Orang Asli (Hospital for the Aborigines) in Gombak to further expose me the dentistry apart from that practice at the University and general practice. These were very interesting trips and it gave me a whole new sight of what dentistry covers. Moreover, it was a change from the routine.

I was required to carry out a mini research project on dental caries and periodontal disease in students in a school

in Petaling Jaya. I was taught the methodology. Then I had to prepare my own survey forms. I was taught to analyse the data and present a report out of it. I was also required to write a report describing my training experience at the Department of Community Dentistry.

I also had the opportunity to practise forensic dentistry when I had to help a lecturer train in Forensic Dentistry to identify a burnt victim. Besides clinical training, I had to attend a series of lectures on various dental specialities. As part of my training, I was also encouraged to write papers for journals; this paper being one of them.

Summary

I must thank former Dean, Professor Dr. Ishak Abdul Razak, current Dean, Professor Dato' Dr. Hashim b. Yaacob and all the staff of the Faculty of Dentistry for providing me a good training. It was a very good training programme and prepared me well for my Final FDS examination.

Note: For those who are interested to undergo this training programme, please contact Professor Dato' Dr. Hashim B. Yaacob, the Dean of the Faculty of Dentistry of the University of Malaya.