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 dental 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 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 Perigian Mahasiswa (Dental Clinic for University Students) and Bilk Ruwan Chatra (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 dental 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 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 circummandibular 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. Sometimes 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