

# So, candidate 27, tell us about Mrs 'A'

*There comes a time, or indeed several times, or possibly many times in a dental career when one is faced with the viva on the 'patient'. And what a set-to that can be.*

**A**n inevitable part of any educational process with an end point that involves handling people must at some time require the student to prove that he or she is capable of dealing with the real thing; the living, breathing (however irregularly) very-present specimen of humanity. And so it is with dentistry too. We end up with that quaint shuffling, rather awkward game variously called a patient viva or a history taking exercise or a plethora of other terms, which actually provides a thin adjective of a veil over what is a slightly dubious form of parlour charades.

In some ways, approaching the viva patient has some slightly nostalgic echoes of the first patient we ever see and treat. The huge psychological build-up, our nervousness as the student far exceeding any slight apprehension that the patient has and the terribly British stiff-upper stuff to hide it all, as if it's so routine no one hardly notices that it's happening at all. Nobody ever believes me but the truth is that the very first patient allocated to me as a student was a man called Mr Coward. I swear it is true. More than that, I would love to still have his telephone number so that I could occasionally, when friends laugh in derision and disbelief and accuse me of making up some jolly jape of an anecdote, ask them to call him and prove that it's true. Well, I would love to but sadly I don't, and why? Because he never turned up – and I swear that that's true too.

The viva patient is something else though. Whereas your average, humdrum, workaday dental institution patient has at the very least some sort of notional screening, the viva patient has the full panoply of attention focussed on them. Not for them

the referral letter “please see and treat this woman with no ridges”, nor the excuse that their dentist moved away 16 years ago and they've been too busy since to find another one and now they've got terrible toothache, but instead the red carpet invitation to attend as a patient for the purposes of being assessed by an examination candidate. And why them? Because they have some 'signature' condition that promotes them to a higher status altogether, a rarity among the commoners that the sweating professional-in-waiting has to get to the bottom of in just twelve minutes flat. Ding. Time starts now.

This of course completely ignores the fact that it has probably taken a huge chunk of the patient's life to date for anyone to come up with the definite diagnosis. Yet we're supposed to get there in a mere dozen 'ding' minutes. Which is of course where the element of the party game comes in, but more of that later. As a child they were no doubt dragged out of school (no bad thing for them if it was a double maths lesson) to go to the dentist, the doctor, the hospital, another doctor, the specialist, two consultant clinics, a referral appointment, and back to the original dentist again. By which time to their delight they missed umpteen maths classes, to their slight irritation they were taken away from several geography sessions and to their absolute chagrin they were denied a field trip to Cheddar Gorge. And it was on a double maths day! Added to which still no one was any the clearer about what the heck was wrong with them. And you've now got ... seven minutes.

Now there are no such troubles for the patient though. Having fought through their appointment apprenticeship they have reached the ultimate accolade, the hospital special calling followed by tea and cakes in the staff common room AND five

pounds in book tokens. And all because they've got ...

You see, now here is the rub. How soon do they tell the slightly clammy looking student what it is that they have got? While everyone else has been concentrating on how the examinee is feeling, no one much has given time to think about the undeniably fine art of being a viva patient. The fact of the matter is that it can go either way. Some patients see it as a wonderful opportunity to say thank you for all the marvellous treatment they've had at the hands of the kindly people in the institution. Conversely, others represent a powder keg of seething, pent-up grievances against anyone in a white coat. Three minutes and counting.

By now it is very clear to you which end of the spectrum the patient before you belongs. The milk of human kindness variety has whispered 'ask me about hereditary haemorrhagic telangiectasia' the moment after you've introduced yourself. Whereas Mr Resentful is still looking at you through defiant eyes behind crossed arms refusing to even say if he bruises easily – which you hope he doesn't because you're likely to clout him one when he least expects it over his second scone in the staff common room in about ... thirty seconds.

The bell goes 'ding'. The patient's moment of glory fades and you are in front of a table opposite two or three reasonably learned-looking folk who smile and say “So, candidate 27, tell us about Mrs 'A'”.

“Well”, now it's your turn to enjoy the game too, stretch it out a bit, tease them, “I suspect that she has an inherited condition as her mother also suffered similar bleeding problems ...”.

“Good.” They nod and smile. What a treasure that 'Mrs A' is for days like today – and so sympathetic to the students too.

**Stephen Hancocks, Editor-in-Chief**