



**Dental Scholarships and Awards Report Template**

Please use typescript or CAPITAL LETTERS when filling out this form

**SECTION 1 PERSONAL DETAILS**

<b>Title (please circle):</b> Mrs Other _____	<b>PID:</b>
<b>Surname:</b> BURNS	
<b>Forename(s):</b> BETH C.	

**SECTION 2 PROJECT DETAILS**

<b>Scholarship(s) Awarded:</b> TC WHITE TRAVEL SCHOLARSHIP	<b>Amount Awarded:</b> £__2000__
<b>Project Name:</b> CLINICAL RESIDENCY MALO CLINIC	<b>Project Location:</b> MALO CLINIC, LISBON, PORTUGAL

<b>Project Aims and Objectives:</b>  AIMS: BUILD ON EXISTING KNOWLEDGE OF IMPLANT TECHNIQUES, IN PARTICULAR ‘ALL ON 4’	<b>OBJECTIVES:</b>  - ATTENDANCE AT SMALL GROUP TUTORIAL SESSIONS ON PLANNING, SURGERY AND RESTORATIVE STAGES OF ‘ALL ON 4’ CASES  - ATTENDANCE IN THEATRE DURING SURGERY AND PROSTHETIC TREATMENT  - DISCUSSION WITH DENTAL TECHNICIAN IN LABORATORY REGARDING PROSTHESIS DESIGN AND CONSTRUCTION
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**Summary of Visit/Project (including pictures, methodology, results and conclusion if applicable):**

DAY 1:  
8.30am-12PM ATTENDANCE IN THEATRE. TREATMENT OF 2 PATIENTS WITH ‘ALL ON 4’ SURGICAL  
PROTOCOL (2 MAXILLARY ‘ALL ON 4’). IMPLANT PLACEMENT AND IMMEDIATE IMPRESSION TAKING  
FOR PROSTHESIS CONSTRUCTION.



2-4PM LECTURE 'FULL ARCH REHABILITATION WITH IMMEDIATE LOADING, 'ALL ON 4' SURGICAL PROTOCOL-MALO CLINIC PROTOCOL. QUESTION AND ANSWER SESSION DR. PALO MALO

4-8.30 PM CLINICAL PROSTHETIC TREATMENT OF PATIENTS WHO HAD UNDERGONE IMPLANT PLACEMENT EARLIER THAT DAY. OPPORTUNITY TO DISCUSS TECHNIQUES USED THROUGHOUT; JAW REGISTRATION STAGE ; TOOTH TRIAL; DELIVERY OF IMMEDIATE PROSTHESIS. PATIENTS ARE KEPT AS IN-PATIENTS FOR THE DAY DURING THEIR TREATMENT. PRE-MEDICATION OF DIAZEPAM, OMEPRAZOLE, PREDISOLONE, CLONIXIN, AMOXICILLIN + CLAVULANIC ACID GIVEN TO EVERY PATIENT. ALL PATIENTS ARE CARED FOR BY DEDICATED NURSING TEAM AND BROUGHT TO THE CLINIC FROM SPECIAL RECOVERY SUITES AS SOON AS THE LABORATORY WORK IS COMPLETED, DURING EACH STAGE OF PROSTHESIS CONSTRUCTION. PATIENTS LEAVE WITH IMMEDIATE PROSTHESIS THE SAME DAY AS IMPLANT PLACEMENT HAS TAKEN PLACE.

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**DAY 2:**

8.30AM -12.30PM LIVE SURGERY AND IMPRESSION TAKING FOR IMMEDIATE PROSTHETIC REHABILITATION IN CLINIC FOR ONE FULL MOUTH AND 1 MAXILLARY 'ALL ON 4' CASE.

2-3PM LECTURE ON PLANNING FOR 'ALL ON 4 TECHNIQUE'

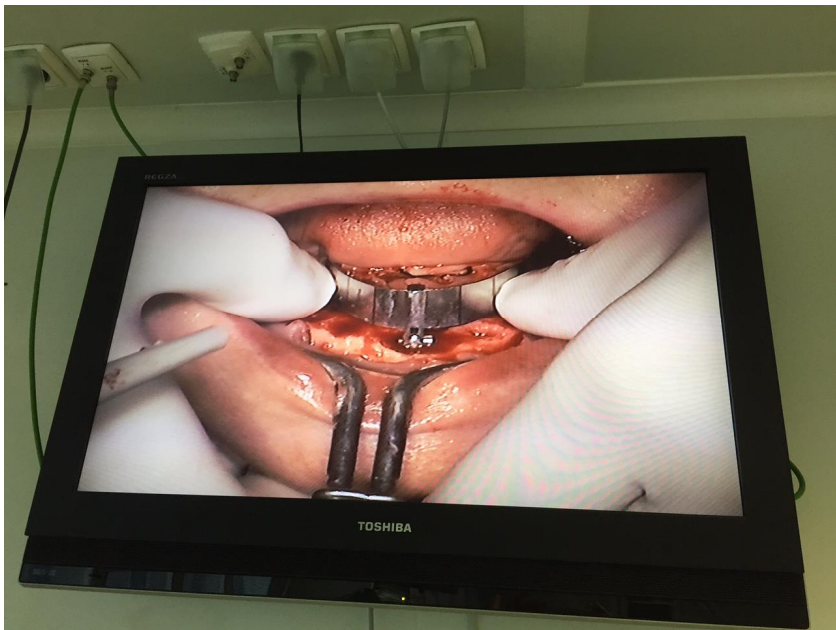
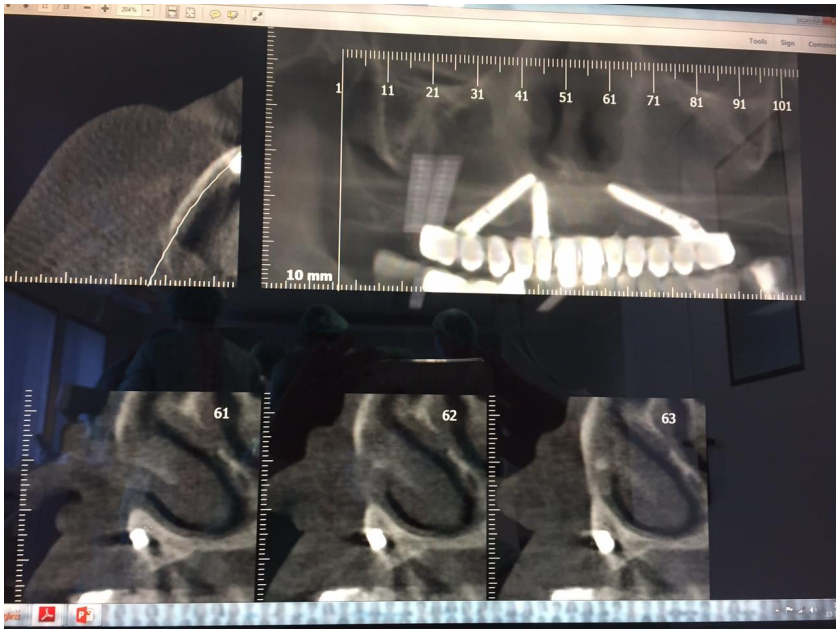
3-5PM HANDS ON SESSION USING 'MALO GUIDE' AND PLACING IMPLANTS INTO PROSTHETIC MANDIBLES. PRACTICING ANGULATION AND CALCULATING IMPLANT POSITIONS ON CBCT SCANS

5PM TOOTH TRIAL-FINISHING STAGES FOR IMMEDIATE PROSTHESIS FOR PATIENTS TREATED THAT DAY. HANDS ON IN LABORATORY WITH TECHNICIANS WORKING ON THE CASES FOR THAT DAY.

8.30PM DELIVERY OF IMMEDIATE PROSTHESIS TO PATIENTS TREATED THAT DAY.

**DAY 3:**

8.30AM-12.30PM LIVE SURGERY 2 MAXILLARY AND 1 MANDIBULAR 'ALL ON 4' CASE. TREATMENT OF ONE FAILING CASE (PERI-IMPLANTITIS) BY EXPLANTATION AND PLACEMENT OF ZYGOMATIC IMPLANTS.





12.30-3PM LECTURE MALO BRIDGE, PROSTHESIS DESIGN AND REHABILITATION, FOLLOW UP AND MAINTENANCE REQUIREMENTS.

3-8.30PM CLINICAL AND LABORATORY STAGES OF IMMEDIATE PROSTHETIC RECONSTRUCTION.

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**Learning Outcomes (*how aims and objectives were met*):**

Increase knowledge and experience of case assessment for 'All on 4'

Improve experience of treatment planning for 'All on 4'

Improve knowledge of Surgical and Prosthodontic Techniques for 'All on 4'

Improve knowledge of Prosthodontic Technical stages for 'All on 4'

Increase awareness of follow up requirements for 'All on 4' cases

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**Evaluation (*including description of the impact of the project/award on your clinical and/or NHS practice*):**

This was a valuable course which has greatly increased my knowledge and experience of the 'all on 4' technique. I now feel able to identify patients most suitable for treatment via this protocol and correctly assess and plan their treatment. This is a treatment modality which would greatly benefit many of the Maxillofacial oncology patients I see, for whom conventional implant treatment is often unsuitable, due to proximity of anatomical structures, &/or lack of alveolar bone. It would also be beneficial for many of the fixed and removable prosthodontic patients I see struggling to wear conventional prosthesis, due to severe atrophy of the alveolus.

I am able to recognise many patients now, whom I would have previously ruled out of implant treatment, whom may benefit from this placement protocol. This is definitely a technique I will endeavour to gain more experience of, with careful case selection.

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**Please e-mail the completed report and supporting information to:**

Dental Team Administrator

Royal College of Physicians and Surgeons of Glasgow

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