



The Newsletter of the Glasgow Dental School

Dental Mirror

Issue 6
February 2009

Annual Student Dental Ball

- a great success

Laura Bryce and Gayle McVicar,
GDSS Ball Conveners.

You can email them
direct for further
information at
graduation09
@live.co.uk
regarding
the Dinner.



Glasgow Dental Student's Society (GDSS) Committee members at the Annual Ball.

One of the main yearly events in the student calendar is the Dental Ball. It's held near the beginning of each year. This year was no different, Saturday 17th January 2009, city centre hotel, with over 300 students from 1st years to 5th years, and with some staff participation!

What made this event excellent was the good organization by the GDSS committee and the Ball Convenors in particular, Laura Bryce and Gayle McVicar. Dinner and raffle and then onto the ceilidh led by the tried and tested group Kilter and finishing off with a disco.

The time flew by from drinks reception at 7:00 to taxis at 1:30am. Monday morning came round far too quickly, with stories and photos in abundance, oh and clinics also! We would like to thank everyone who came to the GDSS Annual Ball 2009 at the Radisson SAS Glasgow.

It was a fabulous night, we both thoroughly enjoyed it and hope you did too! Many thanks to all our sponsors, Grant McDonald our piper, and those of you who helped us make the event possible. We would like to thank Bain's Dental who donated all the champagne for the bubbly reception, but could not be there on the night.

We look forward to seeing many of you at the Fairmont, St Andrews in May!

Glasgow Dental School organizes another successful Infection Control in Dental Practice Conference

Judging from recent press articles infection control still excites plenty of media attention! It is not surprising then that the 3rd National Conference on Infection Control generated a large number of attendees on November 21st at the Scottish Exhibition and Conference Centre.

The conference is the latest in a long line of infection control initiatives from the Infection & Immunity Research Group based on Level 9 in the Dental Hospital. The Infection Control Conference is usually held biannually on a theme that revolves around instrument cleaning and sterilization (or to use the more descriptive term “decontamination sciences” since it is now widely acknowledged that the process encompasses many facets).

The theme for the 3rd Conference was based on “Designing for Future Dental Surgeries” with the emphasis placed on designing Local Decontamination Units. The necessity for upgrading dental practice facilities for decontaminating dental instruments is based on the results of the National Survey of Instrument Decontamination in Dental Practice led by members of the Infection and Immunity Research Group during 2003 & 2004. The results of the survey demonstrated a number of shortcomings in the design and operation of instrument decontamination resulting in a number of recommendations to improve services from the Scottish Government Health Department.

As the Chair of the Conference Organizing Committee one of the aims of the day's events was for members of the dental team to gain an insight into some of the common pitfalls when undertaking redesign of decontamination units. These usually take the form of miscalculating the capacity of equipment for processing instruments, facilities required for machines, revenue costs and insufficient space. The format of the conference was a morning of short “theory” presentations followed by an afternoon of case studies by practitioners.

The morning session (Chaired by Professor Bagg) began with an overview of the history of surgery design and instrument decontamination by Dr Andrew Smith followed by an update on the design guidance issued by Health Protection Scotland called Scottish Health Planning Note 13 part 2 given by Alan Heatlie. This was followed by a series of short presentations presenting perspectives from around the UK – Dr Wil Coulter representing Northern Ireland, Dr Mike Simmons representing Wales and Dr Caroline Pankhurst representing England. The architect's perspective was provided by Jeremy Armitage from Glasgow.

Another two short presentations were given by Mr David Hurell on the key topic of process mapping (an essential pre-requisite if you are redesigning!) and a brief overview of Quality Management Systems by Fiona Kennedy (essential for maintaining the practice investment in the decontamination process!). The key presentation of the morning session was given by John Moodie from National Procurement, NHS National Services describing the work they had undertaken assessing different types of decontamination equipment

available to dental practices (the results of their assessments can be found at www.scottishdental.org).

The afternoon session chaired by Hew Mathewson, President of the GDC comprised a series of very informative presentations by workers in the front line. The session started with an overview of the work of the NES decontamination team led by Irene Black that focused on visiting dental practices to provide hands-on advice and training. This was followed by some erudite views (and liberal use of Billy Connolly quotes) from Lee Worthington (Postgraduate Dental Dean, Sheffield) on his experiences of designing and building local decontamination units over many years. There then followed what proved to be the highlights of the days proceedings with case studies of “how we did it” provided by Mark McCutcheon (a GDP and practice owner in Edinburgh), Stewart Rogerson (Decontamination Lead for NHS Grampian) and Alice Miller (GDP and practice owner, Borders).

The feedback from the days participants was very positive although there were some controversial areas debated in the “Question and Answer” session that ranged from the need for sterile instruments at point of use (requires a vacuum sterilizer), differences between a quality management system and the BDA good practice award and the latest guidance on decontamination for England (called HTM 01-05) which was robustly critiqued by a number of speakers.

The stress of conference organizing in the weeks and months leading up to the event was managed by an excellent organization team led by Carolyn Fraser, CPD Manager, Glasgow University (cf24f@clinmed.gla.ac.uk) and I would strongly recommend their services for any members of the Dental School considering organizing any future conferences.

The event was also generously sponsored by Schulke and Mayr under the management of Richard Musgrave. Lastly, I would like to acknowledge the speakers for the huge amount of effort that goes into preparing a talk (usually several hours) and in making the day a big success.

Dr Andrew Smith
Infection and Immunity Research Group



Staff Appointments

E-learning Systems Developer: Wendy Skinner.

Clinical Lecturer in Restorative Dentistry:
Douglas Robertson.

Dental Nurses:

Susan Johnstone, Nina Main, Collette Burke, Angela Adams, Emma McLaughlin, Debbie Smith, Stephanie McVicar, Nicola Donelly, Charlotte Curran, Janet Campbell, Michelle Hanlon, Claire Rae, Lesley Robb.

Clinical Support Workers:

Tracie Gilmartin, Stephanie Murphy, Margaret Warburton, Linda McDonald, Joe Barbour, Helen Forrest.

Dental Hygienist: Pamela Watson.

Receptionists:

Katherine Thomson, Joanne Dunbar, Alan Heath.

Sterilisation Test Engineer:

George McDonagh (*for undergraduate teaching*).

Resuscitation Officer:

Ian Robertson (*for undergraduate teaching*).

Dental Team Tutor:

Lezley Ann Walker (*for undergraduate teaching*).

Tutor Dental Hygienist/Therapist: Mary Jane Melrose.

Locum Consultants:

Dr Fiona Crawford, Mr Graeme Wright.

Congratulations

Dr Ailsa Nicol, appointed to the "Junior Committee" of the European Association for Osseointegration (EAO) as the UK Representative.

Student Advisors

We are delighted to have a replacement for Dr Hosey to complement the Dental School's Student Advisor team. The new Student Advisor is David Shaw and he joins Petrina Sweeney, Stuart McDonald and Mike Broad. They will provide an article for the next Dental Mirror on the role of a Student Advisor.

The Periodontology Department Journal Club 2009

The Periodontology Department Journal Club takes place monthly on eleven months per year from August to June. Currently, the meetings are held in L26, Level 9. The aim of each meeting is to explore a specific topic through the discussion of two or three original research articles or other scientific publications on the subject. The topics and papers are selected in advance, and members of staff give synopses of the articles assigned to them, prior to group discussion. The topics and dates for the first half of 2009 are as follows:

Thurs 15 January 2009: Prognosis versus actual outcome

A full list of papers and presenters is available on the notice board in the Periodontology Department corridor or can be obtained from the Secretary: susan.miller@ggc.scot.nhs.uk

BACS article

Staffing

- 1 After 43 years of service in the Oral Surgery Department of Glasgow Dental Hospital, Mr David Still has retired from his NHS duties. He has played a major role in delivering the undergraduate curriculum as well as delivery of the Oral Surgery service in the Dental School. Mr Still has been the BDS final year Coordinator and the Dental School Admissions Officer for many years.
- 2 Dr Christine Goodall has been appointed as Senior Lecturer/Honorary Consultant in Oral Surgery. There is no doubt that she will raise the profile of the department, both clinically and academically.
- 3 Dr Aileen Bell has completed the AACOMS training

programme and has passed the ISFE Examination in Oral Surgery.

Research Activities

The research profile is progressing from strength to strength; the team focus their research on the following three areas:

- 1 Three-dimensional imaging of craniofacial morphology
- 2 Bone-bioengineering
- 3 Alcohol-related facial injuries

Dr Bell and Professor Ayoub are about to complete their research project on 3D imaging of 10 year old children with cleft lip and palate. This project has been funded by the

Chief Scientist's Office (CSO) of Scotland. A novel method of quantifying lip scarring has been implemented. The relationship between residual deformity and the psychological profile has been investigated. In addition, the relationship between the subjective and objective assessments of the residual deformities following cleft repair, is currently under investigation.

Dr Goodall and Professor Ayoub are continuing their research on alcohol-related facial injuries. In collaboration with the Violence Reduction Unit (VRU) of Strathclyde Police, the team is investigating different methods of brief intervention to minimise alcohol abuse and control anger behaviour. We would expect the results of this project to be presented locally, nationally and internationally, next year.

Mr K Naudi has completed his study in bone bioengineering using bone morphogenetic protein (BMP) and tri-calcium phosphate scaffolding for reconstruction of mandibular defects in animal models. This study is in collaboration with Biomaterials and Biometrics at King's College, London. The team has provided evidence of the accuracy of a new face bow and a new orthognathic articulator for prediction planning of the surgical correction of dentofacial deformities. The principal investigator of this project, Mr Walker, Maxillofacial Technologist, has presented his findings locally and internationally, and succeeded in publishing the data in refereed journals. This has led to another two investigations in orthognathic surgical planning.

BACS publications for 2008 are listed below.

Publications 2008 - Part one

- Binnie VI. Addressing the topic of smoking cessation in a dental setting. *Periodontology 2000*. 2008, **48**: 170-178.
- Buduneli N, Biyikoglu B, Sherrabeh S, Lappin DF. Saliva concentrations of RANKL and osteoprotegerin in smoker versus non-smoker chronic periodontitis patients. *Journal of Clinical Periodontology*. 2008, **35**: 846-852.
- Bush H, Bissell V. The evaluation of an approach to reflective learning in the undergraduate dental curriculum. *European Journal of Dental Education*. 2008, **12**: 103-110.
- Clarkson JE, Turner S, Grimshaw JM, Ramsay CR, Johnston M, Scott A et al. Changing clinicians' behavior: a randomized controlled trial of fees and education. *Journal of Dental Research*. 2008, **87**: 640-644.
- Conway DI, McMahon AD, Smith K, Taylor JC, McKinney PA. Socioeconomic factors, selection and participation in a population-based case-control study of head and neck cancer in Scotland. *Journal of Clinical Epidemiology*. 2008, **61**: 1187-1193.
- Conway DI, Petticrew M, Marlborough H, Berthiller J, Hashibe M, Macpherson LMD. Socioeconomic inequalities and oral cancer risk: a systematic review and meta-analysis of case-control studies. [Review]. *International Journal of Cancer*. 2008, **122**: 2811-9.
- Culshaw S, Han X, Larosa K, Eastcott JW, Smith D, Taubman MA. Human immune response to mutans streptococcal Glucosyltransferase peptides selected by MHC Class II binding probability. *International Journal of Peptide Research and Therapeutics*. 2008, **14**: 525-531.
- Culshaw S, Millington OR, Brewer JM, McInnes IB. Murine neutrophils present Class II restricted antigen. *Immunology Letters*. 2008, **1**: 49-54.
- Erridge C, Burdess A, Jackson AJ, Murray CA, Riggio MP, Lappin DF et al. Vascular cell responsiveness to Toll-like receptor ligands in carotid atheroma. *European Journal of Clinical Investigation*. 2008, **38**: 713-720.
- Goodall CA, Ayoub AF, Crawford A, Smith I, Bowman A, Koppel D et al. Nurse-delivered brief interventions for hazardous drinkers with alcohol-related facial trauma: a prospective randomised controlled trial. *British Journal of Oral and Maxillofacial Surgery*. 2008, **46**: 96-101.
- Hashibe M, McKay JD, Curado MP, Oliveira JC, Koifman S, Koifman R et al. Multiple ADH genes are associated with upper aerodigestive cancers. *Nature Genetics*. 2008, **40**: 707-709.
- Henderson J, Granell R, Heron JE, Sherriff A, Simpson A, Woodcock A et al. Associations of wheezing phenotypes in the first six years of life with atopy, lung function and bronchial hyperresponsiveness in mid childhood. *Thorax*. 2008, **63**: 942-943.
- Henderson J, Sherriff A, Farrow A, Ayres JG. Household chemicals, persistent wheezing and lung function: effect modification by atopy? *European Respiratory Journal*. 2008, **31**: 547-554.
- Hung RJ, McKay JD, Gaborieau V, Boffetta P, Hashibe M, Zaridze D et al. A susceptibility locus for lung cancer maps to nicotinic acetylcholine receptor subunit genes on 15q25. *Nature*. 2008, **452**: 633-637.
- Jauhar S, Lyons MF, Banham SW, Cameron DA, Orchardson R. Ten-year follow-up of mandibular advancement devices for the management of snoring and sleep apnea. *Journal of Prosthetic Dentistry*. 2008, **99**: 314-321.
- Khambay BS, Nairn N, Bell A, Miller J, Bowman A, Ayoub AF. Validation and reproducibility of a high resolution 3D facial imaging system. *British Journal of Oral and Maxillofacial Surgery*. 2008, **46**: 27-32.

Lockhart DEA, Smith AJ. At the sharp end of general dental practice. *Vital*. 2008, **5**: 40-43.

McMahon AD, CRP CHD Genetics Collaboration. Collaborative pooled analysis of data on C-reactive protein gene variants and coronary disease: judging causality by Mendelian randomisation. *European Journal of Epidemiology*. 2008, **23**: 531-540.

McMahon AD, The IONA Study Group. Effect of nicorandil on coronary events in patients with stable angina: the Impact Of Nicorandil in Angina (IONA) randomised trial. *Lancet*. 2008, **359**: 1269-1275.

Miguel JC, Abdel-Wahab Y, Green BD. Cooperative enhancement of insulinotropic action of GLP-1 by acetylcholine uncovers paradoxical inhibitory effect of beta cell muscarinic receptor activation on adenylate cyclase activity. *Biochemical Pharmacology*. 2008, **65**: 283-292.

Nicol AJ, Creanor SL, Hall AF, Macpherson LMD. A randomised, observer-blind, clinical study investigating the effect of fluoridated milk on artificially-created enamel caries using transverse microradiography. *Caries Research*. 2008, **42**: 305-311.

Nogueira RD, King WF, Gunda G, Culshaw S, Taubman MA, Mattos-Graner RO et al. Mutans streptococcal infection induces salivary antibody to virulence proteins and associated functional domains. *Infection and Immunity*. 2008, **76**: 3606-3613.

Oakey F, Ayoub AF, Goodall CA, Crawford A, Smith I, Russell A et al. Delivery of a brief motivational intervention to patients with alcohol-related facial injuries: role for a specialist nurse. *British Journal Of Oral and Maxillofacial Surgery*. 2008, **46**: 102-106.

Oliver RJ, Clarkson JE, Conway DI, Glenny AM, Macluskey M, Pavitt S et al. Interventions for the treatment of oral and oropharyngeal cancers: surgical treatment. [Protocol] *Cochrane Database of Systematic Reviews*. 2008, **4**: CD006205.

Polisecki E, Muallem H, Maeda N, Peter I, Robertson M, McMahon AD et al. Genetic variation at the LDL receptor and HMG-CoA reductase gene loci, lipid levels, statin response, and cardiovascular disease incidence in PROSPER. *Atherosclerosis*. 2008, **200**: 109-114.

Polisecki E, Peter I, Robertson M, McMahon AD, Ford I, Packard CJ et al. Genetic variation at the PCSK9 locus moderately lowers low-density lipoprotein cholesterol levels, but does not significantly lower vascular disease risk in an elderly population. *Atherosclerosis*. 2008, **200**: 95-101.

Ramage G, Wickes BL, Lopez-Ribot JL. A seed and feed model for the formation of *Candida albicans* biofilms under flow conditions using an improved modified Robbins device. *Revista Iberoamericana de Micología*. 2008, **25**: 37-40.

Riggio MP, Lennon A. Development of a novel PCR assay for detection of *Prevotella oris* in clinical specimens. *FEMS Microbiology Letters*. 2008, **276**: 123-128.

Riggio MP, Lennon A, Rolph HJ, Hodge PJ, Donaldson A, Maxwell AJ et al. Molecular identification of bacteria on the tongue dorsum of subjects with and without halitosis. *Oral Diseases*. 2008, **14**: 251-258.

Ruiz K, Robb ND, Tring IC, Terry D. Sedation for dental treatment. *Anaesthesia*. 2008, **63**: 798.

Saunders SA, Capell HA, Stirling A, Vallance R, Kincaid W, McMahon AD et al. Triple therapy in early active rheumatoid arthritis: a randomized, single-blind, controlled trial comparing step-up and parallel treatment strategies. *Arthritis & Rheumatism*. 2008, **58**: 1310-1317.

Shaw D. Crocodile tiers. [Editorial] *Journal of Medical Ethics*. 2008, **34**: 575.

Shaw D. Deaf by design: disability and impartiality. *Bioethics*. 2008, **22**: 407-413.

Shaw D. Dentistry and the ethics of infection. *Journal of Medical Ethics*. 2008, **34**: 184-187.

Shaw D. Moral qualms, future persons and embryo research. *Bioethics*. 2008, **22**: 218-223.

Smith K, Perez A, Ramage G, Lappin DF, Gemmell CG, Lang S. Biofilm formation by Scottish clinical isolates of *Staphylococcus aureus*. *Journal of Medical Microbiology*. 2008, **57**: 1018-1023.

Takagi T, Matsuda M, Abe M, Kobayashi H, Fukuhara A, Komuro R et al. Effect of pravastatin on the development of diabetes and adiponectin production. *Atherosclerosis*. 2008, **196**: 114-121.

Taylor RL, Bulad K, Verran J, McCord JF. Colonization and deterioration of soft denture lining materials in vivo. *European Journal of Prosthodontics and Restorative Dentistry*. 2008, **16**: 50-55.

Townsend G, Thomas R, Skinner V, Bissell V, Cohen L, Cowpe J et al. Leadership, governance and management in dental education - new societal challenges. *European Journal of Dental Education*. 2008, **12 Suppl 1**: 131-148.

Turner S, Sweeney MP, Kennedy C, Macpherson LMD. The oral health of people with intellectual disability participating in the UK Special Olympics. *Journal of Intellectual Disability Research*. 2008, **52**: 29-36.

Walker F, Ayoub AF, Moos KF, Barbenel J. Face bow and articulator for planning orthognathic surgery: 1 face bow. *British Journal of Oral and Maxillofacial Surgery*. 2008, **46**: 467-572.

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The medics will use their experiences of dealing with the victims of violence to show the short and long term effects of violent injury.

Members of MAV:
Jonny Gordon, Mark Devlin,
Christine Goodall, David Koppel
and Michael Murray



Medics against Violence is a Dental School led initiative which was launched on the 18th November at the Southern General Hospital by project leaders Christine Goodall, Mark Devlin and David Koppel together with Deputy First Minister and Cabinet Secretary for Health and Wellbeing Nicola Sturgeon and Cabinet Secretary Kenny MacAskill. Medics Against Violence (MAV) aims to raise awareness of the short and long term impact of violence-related injuries and prevent young people from becoming victims and future patients.

The initiative, which is being backed by the national Violence Reduction Unit and the World Health Organization as part of their Violence Prevention Alliance, is funded by the Scottish Government. MAV's first venture will be an educational program aimed at 14 year olds in schools around Glasgow. Nearly 70 senior medics have so far pledged their free time to take part in delivering the sessions, which will feature a short film focusing on the choices young people have to make in risky situations, with the emphasis being on the long term importance of making the right choices.

The medics will use their experiences of dealing with the victims of violence to show the short and long term effects of violent injury. The medics include a large variety of specialists ranging from A&E to psychiatry and everything in between. The film features real life testimonies, including one from Scott Breslin, who is now quadriplegic as a result of a knife attack. The session will be followed by a group discussion with the pupils. The program already has the support of Learning and Teaching Scotland and schools across Glasgow and Inverclyde have been approached to take part. It will be fully evaluated by the team in the Dental School.

Christine Goodall, Senior Lecturer, Honorary Consultant Oral Surgeon at Glasgow University Dental School, said: "Scotland's Health Service bears a significant burden from violence. Each year, an estimated £517m is spent on dealing with the consequences of violent attacks. "Healthcare workers see the outcomes of these attacks every day. We see how they can ruin lives, not only of the victims, but of their families and friends. Scars caused by knives and other weapons run much deeper than what we see on the surface – they imprint on every part of a victim's life, from personal relationships to getting a job, an imprint that will impact on them every single day."

Mark Devlin, Consultant Cleft and Maxillofacial Surgeon, said: "We have already had some very positive feedback about our program and several schools have already agreed to take part. If we can positively affect the choices that even a few young people make and steer them away from becoming victims or perpetrators of violence then we will consider this initiative a success."

Health Secretary Nicola Sturgeon said: "Few people know more about the real toll of knife crime than the clinicians who deal with its consequences on the frontline of our NHS. These dedicated men and women already contribute a huge amount to our communities, and to volunteer their own time free of charge shows just how committed they are to preventing future violence. "This problem has an impact on hospitals across Scotland, and not only in A&E departments. Helping educate our young people about the real cost of violence is an important step towards making us all safer."

The dedication of Medics Against Violence sets an example to all of us. I am very grateful to them and admire their commitment enormously." Justice Secretary Kenny MacAskill said: "There is no doubt that knives and violence scar too many individuals and communities in Scotland. To change this we need to change the culture that makes people look up to the heavy drinking hard man. We need to educate our young people about the dangers of violence and carrying a knife. "Medics Against Violence is exactly the kind of initiative that can help us to do this. They have direct experience of the horrors that knives can inflict and I'm grateful to all those involved who have agreed to donate their free time to help tackle the problem. I hope Medics Against Violence can reduce the number of young people who carry, use or are injured by a knife or a mindless violent attack, and help make Scotland Safer and Stronger."

Detective Chief Superintendent John Carnochan, Head of the Violence Reduction Unit, said: "More than anyone, our doctors see the outcomes of violent attacks everyday of their working lives, so they are well placed to speak to others about the impact they can have. Education is a vital part of violence prevention, and MAV has our full support."

If anyone would like more information or to volunteer for the MAV programme please contact Christine Goodall at c.goodall@ dental.gla.ac.uk

My year with the Florida Gators

In March 2007, I heard that my application to the ITI Clinical Scholarship program had been successful. I had been awarded one of 16 Scholarships awarded annually, in one of the 15 ITI Scholarship Centers around the world. They had invited me to spend a year in the sunshine state of Florida!

The ITI is the International Team for Implantology. It is a 'non-profit, academic organization of clinicians and researchers active in implant dentistry and related tissue generation research, development and education'. They have over 5000 members and fellows, in 83 countries around the world. Their Clinical Scholarship program was developed to help 'young clinicians who would like to further their training in implant dentistry and dental tissue regeneration, with an emphasis on case planning, implant surgery and prosthetic restoration'.

My Scholarship year was to start in October 2007 at the Center for Implant Dentistry, in the Department of Oral and Maxillofacial Surgery, College of Dentistry at the University of Florida. The next few months were spent organising a Visa, attending Occupational Health to have vaccinations, blood tests, chest X-rays etc and packing up, to put my possessions into storage for a year.

One of my first challenges was to find accommodation for when I arrived. Little did I know, the weekend I was traveling, was a 'Gator football' weekend! This was not football as we know it, but American College Football; literally hundreds of thousands of fans descended on Gainesville, to support the 'Florida Gators', the University of Florida American Football Team. The stadium holds over 90,000 supporters, and is full for all of the main fixtures. Those that can't obtain a ticket to enter the stadium, known as 'the swamp', park in the University car parks and 'tailgate' i.e. have a party/barbecue on the back of their truck (with the tailgate down). It was an amazing atmosphere.

The University of Florida (UF) is based in the city of Gainesville, which is in North Central Florida. Gainesville, is a University town, about 2 hours drive North West of Orlando, 1-hour drive East of the Gulf Coast, and 1½ hours West of the Atlantic Coast. UF is a state-funded University (rather than Private) and has approximately 50,000 students. It is situated in the heart



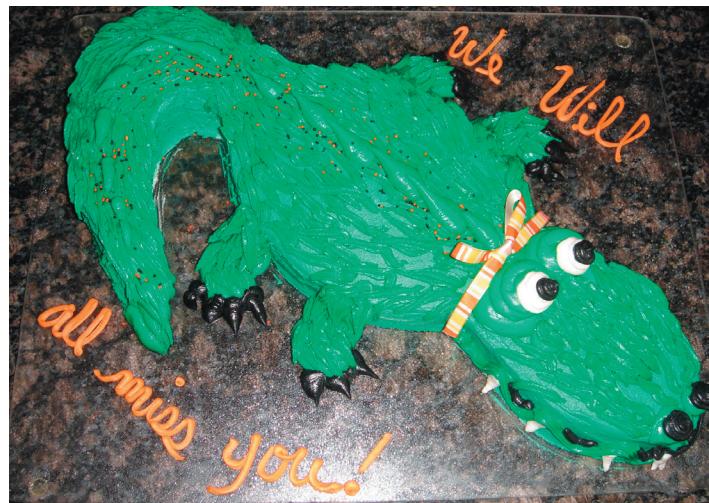
College of Dentistry – look; almost no windows!

of the city and is the major employer in the area. The College of Dentistry is in a large, almost window-less, red brick tower. The dental students are all graduates, their course is 4 years in length and there are approximately 90 students in each year. It is situated adjacent to 'Shands' Hospital, which contains the University of Florida Medical School, and is a 'Level 1 Trauma Center', meaning it accepts patients with every kind of injury. Over 28,000 people work there; almost a mini-town in itself!

The Center for Implant Dentistry is situated in the Department of Oral and Maxillofacial Surgery. The Director of the Center is an Australian Prosthodontist, Dr Dean Morton. The other faculty included Dr James Ruskin and Dr Emma Lewis (both Oral and Maxillofacial Surgeons) and Dr Will Martin (Prosthodontist). We were supported by three Dental Nurses; Cecilia Donofrio, Deanna Walker and Mindy Register. Everyone made me feel so welcome and there was a great team spirit. We had 5 dental surgeries, a surgical suite with sedation facilities, a dental laboratory and full radiographic facilities including a Conebeam CT Scanner, just along the corridor. The Implant Center functioned almost as a separate unit within the school.

Administrators collected fees for treatment from the patients, and monthly accounts were submitted to the faculty, who were supposed to contribute towards the funds to pay their salary. As the Scholar, I worked with the team, assessing and treating patients. For some of the time there was another ITI Scholar present, initially, an Australian Periodontist, latterly a Mexican (US trained) Prosthodontist. The rest of the time, I was the only post-graduate attached to the department – it was an enviable position.

A typical day started about 7.30am with first patients at 8am, lunch, if we managed it, was from 12-1 then we continued until 5pm. Fridays were 'Gator' days, so all of the staff and students were encouraged to wear blue and orange (Gator colours) to work! Our patients, the majority of whom traveled for hours to attend the Implant Center, all paid for their Implant Treatment. Our Faculty fees were approximately 50% of what a patient would typically be charged in Private Practice, outside the University system. If patients or dental students required implant treatment, they paid 50% less than the Faculty fees



Farewell cake from Florida

(\$450 for the surgical placement of one implant). Usually, the students assisted me treating their patients; though the majority of the time I saw my own patients or those of my supervising Faculty.

The departmental philosophy was 'Restorative driven, implant placement and restoration'. Initial consultation was always Restorative-led. Once we had taken a history, performed a clinical examination, and decided on our treatment plan at the same visit, one of our Maxillofacial surgeons would consult with the patient. We all then decided on how we were to proceed, with the patient, to achieve the optimum result. Frequently, the treatment would involve bone grafting. Patients were offered three options: 1. their own bone; 2. Cadaveric bone or 3. a bone substitute such as Bio-Oss®. Surprisingly, the majority of patients requested the Cadaveric bone. To use their own bone required them to have a second surgical 'harvesting' site, and therefore this was additional discomfort and expense!

The next stage of implant treatment was 'Data collection'. This comprised multiple study models, clinical photographs, further radiographs or Conebeam CT, if required. Diagnostic set ups, radiographic templates and grafting/surgical templates would then also be constructed by the Restorative/Prosthodontist involved in the case. The surgeon would then place the implants (sometimes that was me). Restorative was then involved in constructing fixed provisional restorations, supporting and shaping the tissues, prior to impressions and delivery of the definitive restoration. We also had various CAD/CAM tools, a Sirona lab scanner and an Etkon machine. We used these to design Zirconia abutments and crown and bridge copings.

From a teaching perspective, I had the opportunity to teach on the UF student implant practical course. I was also involved in Postgraduate teaching of implants, both surgical and restorative at UF, in Orlando, and at the Straumann US Head Office, north of Boston, MA. In February 2008, my Prosthodontic colleagues were invited to speak at the Canadian ITI Meeting, in Whistler. I attended the conference

with them and we managed to squeeze a days skiing in Whistler!

While in the US, I did manage to do some travelling at weekends, I visited New York and Boston but spent most of my time exploring Florida. Florida has so much to offer, that doesn't involve Mickey Mouse. I loved natural Florida, the freshwater springs, the Everglades, the reef and tropical fish seen scuba diving in the Keys. I did appreciate the sunshine too (but not the Hurricanes)!

It really was a privilege to be the ITI Scholar at the University of Florida. It was an experience on both a professional and personal level. I learned new technique skills, but was also reassured to know my knowledge and skills were current and comparable to those of my American colleagues.

My experience would not have been possible without the support of Professor Jeremy Bagg, Dr Vincent Bissell, Professor Fraser McCord and the Restorative staff at the University of Glasgow. In addition I was supported by Dr Jim Rennie and Dr David Felix of NHS for Education Scotland (NES); my NHS colleagues at Glasgow Dental Hospital and School, and the SAC in Restorative Dentistry.

Dr Ailsa Nicol



Real wild Gators – this is no 'Theme Park'

Editorial comment

This first issue in 2009 has once again some standard features of note, and some new and informative articles that we are sure will interest the readers of Dental Mirror. Professor Richard Welbury (Paediatrics) has stood down as co-editor and David Shaw (Ethics) has accepted the role in Richard's place. Welcome on board – David. We are grateful for RW's vision and insight in establishing this dental newsletter and his interest in getting both the news and a wide variety of

staff to participate within the GDH&S. Thanks for your time and enthusiasm Richard, which you gave willingly to this new venture thus enabling it to make a positive contribution to the way interesting information is disseminated within and out-with this establishment. I know you were delighted by the comments you received from far and near to this newsletter. We wish you all the very best, for your work in other activities.

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Web address at Greater Glasgow
& Clyde Health Board –
Link is: www.nhsogg.org.uk/content/