



A COMMITMENT TO BE ASSUMED BY CLINICAL LECTURERS

Recently, we published a study in which we interviewed 800 dentists on the use of scientific evidence in their daily practice.¹ The idea was trying to figure out if the dentists read scientific journals and used the information to review clinical procedures. The initial result was a positive surprise: 61% claimed to read articles with certain frequency, especially case reports and literature reviews. However, it was possible to observe that the information present in articles had little influence on their clinical decisions, for which the professionals reported to prefer conferences and short-term courses.

We live a fairly unique moment in the Brazilian dentistry. In spite of the immense contrasts and inequality, we are able to practice high quality clinical dentistry. The excellence involves the technical quality of professionals, laboratories and technological resources that are increasingly present. At the same time, and despite the difficulties in recent years faced by the national science, the Brazilian dental research is experiencing its deeper international presence. We have achieved a number of publications higher than almost all countries and we are improving the quality of the evidence generated here. Clinical studies are no longer rare and

several research groups perform scientific research with maturity similar to developed countries. However, communication between the academy and clinicians has never been so troubled, especially considering the role and strong insertion of social media and networks in the world nowadays.

The academy also suffers because we are facing a time when higher education is not valued in the same way and the dental education we practice has shown signs of degradation. Teachers have a hard time to communicate with the new generations of students, and the didactics of past decades is not effective. The number of dental schools and dentists in the country is excessive. The Southeast region, for example, has three times more dentists than recommended by the World Health Organization.² The result is that students are finishing school poorly prepared, especially in their capacity of clinical decision making. After graduation, the new dentists

find a highly competitive work environment, with technologies advancing fast. In this scenario, continuing education in dentistry, especially in short-term courses, never had so many opportunities and speakers.

If the academia has difficulty in reaching the dentist, who could serve as good vehicles for scientific information? In my opinion the best vehicles are the clinical speakers, who often lecture to dozens of dentists who are seeking for clinical tips and step-by-step protocols. These speakers use social networks efficiently in communicating with dentists to attract followers and prospective participants to their courses. They could aid in encouraging the practice of evidence-based dentistry. To do so, the speakers need to make a commitment to correctly use qualified literature in their lectures and for basing clinical directions. In the restorative dentistry, for example, many of the topics addressed in lectures today have qualified evidence available in the national and international literature. It would be difficult and even unfair to expect that the dentist, who needs to keep up-to-date in the technique and usually has no training for interpretation of articles, would read the hundreds of studies available, which use varied and complex methodologies and usually are published in a foreign

language. The professionals also should make a good reflection on their choices of courses and challenge the speakers to use scientific evidence.

The promotion of evidence-based dentistry may begin by understanding the evidence pyramid and how to use solid references. Quoting an author or an article at the end of the slide is not enough, as the quote may be incorrect or out of context. The speakers also should not simply say that they follow the philosophy of a group, the literature needs to be considered in a comprehensive fashion, avoiding selection of convenient articles or studies that only confirm our own point of view. The practice of an evidence-based dentistry might promote critical thinking about what it is actually clinically relevant in terms of materials and techniques, what is best for the patient and for the long-term performance of treatments. In addition, it might facilitate the translation and application of contents taught in the courses in different clinical conditions and to other populations of patients. It is worth reflecting on how to do our part to consolidate the Brazilian dentistry as one of the best in the world.

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