





Clinicians versus researchers

Aloísio Oro **Spazzin**

I AM ADDRESSING ABOUT A TOPIC THAT MAY BE LITTLE uncomfortable for some professionals, but it is a constructive criticism for the great area of dentistry. I believe that, many of you see the existing gap, unfortunately, between the knowledge generated daily by researchers and its clinical application in dentistry. At certain times, I have the feeling there is a dispute, no confess, between clinician and researchers to show who is more important for dentistry. Some happenings, which generated this feeling, will be point. I remember a fact occurred some years ago during an immersion course, which I was a student. In an informal conversation during the coffee break, one of my classmates was asked about

what he was doing and then he reported being a university professor. My surprise was the answer of the other colleague, who suddenly asked “I am also a lecturer, but I am clinician professor”. Immediately after, the professor said, “I also have clinical activities ...” and then he reported his many clinical activities in his suggesting defense speech. After, the so-called “clinician professor” reported about his lack of time to get involved or conduct researches, however the classes were supported for clinical researches and whenever possible he read articles concerning the expertise area, and his speech seemed to be also justifying something. During this brief dialogue, a question quickly emerged in my mind “What am

I? Researcher or clinician?”, and I had very difficult at that moment to solve my doubt. At that time, I was working in undergraduate courses, short and specialized courses, and I was scientific editor of a recently created journal and finishing my post-doctoral study. For some time after I reflected about, and in my mind the big doubts were “Will I be able to be a good clinician professor working in post-graduate *lato-sensu* and continuing education courses, if I dedicate much time in research? ” or “Will I be able to make quality researches and work in a *stricto-sensu* graduate program if I dedicate long time in my private practice and clinical courses?”

Several other situations disturb me in this regard. Many times, when I talked about a research or a certain university professor to my colleagues who considered themselves to be clinicians, the first question was whether this professor worked assisting patients, as if the quality of the knowledge generated by researches depended exclusively on it. In other moments, I even heard pejorative nicknames from clinical colleagues which respect to researchers who had no contact with patients, which are not worth reporting here. On the other hand, I have always participated actively in meetings of groups, thus I have kept contact with research professors, besides

colleagues several friends, and in many times we talked about influent professors in dentistry, some standing out in the area or sometimes they have stood out for some time, and in many time criticism has often arisen as if these clinical professors were not worth of success or fame. This seemed to suggest that only those who write excellent articles in English and are publishing in high impact journals with high CAPES qualifications are worthy of respect and success. Overall, it is observed that the clinician professors usually are more known among the dentists and they have proud to say that they are clinicians, as if they did not have to worry about research, facts that seem to disturb research professors. On the other hand, there are researchers who judge many clinical professors as if the knowledge acquired with the daily practice has no relevance and they do not teach based in scientific evidence. I believe that the majority of lecturers, if not all, have already gone through similar situations, regardless of whether they are a researcher or a clinician.

Currently, in addition to the courses mentioned above and journal editor, I am an assistant coordinator and professor of a *stricto-sensu* graduate program. Therefore, I am aware that I obviously will not be able to be as good a

clinician professor as if I did this exclusively, and I will not be an excellent researcher as if I work with research every day, but I am sure that the clinical practice makes me a researcher better and research makes me a better clinician. My suggestion to reduce the gap is to create bridges between researchers and clinicians, improving the integration between them. You don't necessarily have to be a researcher and a clinician but knowing what is happening on the other side is essential, and not simply judging your colleague's activity considering that yours is more important. Dental research is among the best in the world and many of our clinical professors are highly respected worldwide. This is a way to combat this fad in dentistry, bring clinicians to the academy and bring researchers and science close to the clinic. Polarization is not the way to improve dentistry, but integration. Thus, the knowledge generated by our excellent Brazilian researchers can be presented to all dentists and the treatments are based on the best scientific evidence.

Another important point today is the impact of social networks on people's lives, and consequently, among dentists, in decision making to choose a course or in decision making for treatments, as environment to obtain more patients and recognition. The value of social networks is

immeasurable, not denying it, but as a side effect is this fad, which has spread at a frightening speed, much, but much faster than science. I am not generalizing but imagine how good it would be for dentistry or health as a whole, if every influencer had a good scientific basis in addition to speaking well and taking beautiful pictures. I hope I have sparked reflection among you, working together we will achieve these bridges whether you are a researcher or clinician.

ALOÍSIO ORO SPAZZIN

1. Assistant coordinator and professor of the post-graduate program in Dentistry, IMED (Faculdade Meridional).
2. Coordinator and teacher of the specialization in Dental Prosthesis, IMED.
3. Professor of Dentistry, IMED.
4. Editor of the *Journal of Oral Investigations*.
5. Treasurer of GBMD (Grupo Brasileiro de Materiais Dentários).

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