

quality and depth of the evidence-base of dentistry. Reviews that have been published to date have questioned the quality and reporting of dental research. This should also add pressure to the need to revisit some areas to ensure that our cherished beliefs and accepted good practice are not built on sand.

This bulletin is a very helpful starting point, however, it is not comprehensive and will date as new evidence emerges. The project team is encouraging readers to submit important overlooked studies and I encourage readers of this journal to do the same.

- 1 Welsh Health Planning Forum. Cardiff: Welsh Office NHS Directorate, Nov 1992
- 2 <http://www.uwcm.ac.uk/uwcm/lb/pep/method/>
- 3 Ellis J, Muligan, I, Rowe, J, Sackett DL. Inpatient general medicine is evidence based. A-Team, Nuffield Department of Clinical Medicine. *Lancet*. 346(8972): 407-10, 1995 Aug 12.
- 4 Geddes J R, Game D, Jenkins NE, Peterson L A, Pottinger GR, Sackett D L. What proportion of primary psychiatric interventions are based on evidence from randomised controlled trials? *Qual Health Care*, 1996; 5: 215-217.
- 5 <http://www.uwcm.ac.uk/wcm/lbpep/oralhealth/index.html>

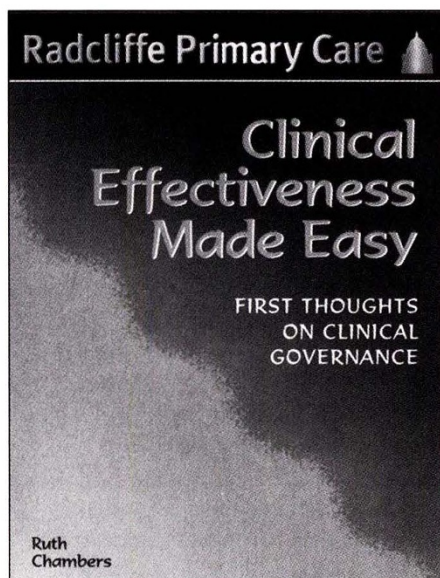
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The seeds of clinical governance

Clinical Effectiveness Made Easy

Ruth Chambers

1998 Radcliffe Medical Press Oxford
 122ps.



With the potential importance of clinical governance not yet being fully realised in all aspects of dental practice, this excellent book must be highly recommended to all practitioners.

It has been developed from the author's experiences of running workshops for primary care and community care practitioners with the expressed aim of increasing awareness of, and skills

in, the adoption of an evidence based approach to the practice and delivery of health care.

Although not specifically written for the dental practitioner, the portfolio based learning approach it adopts not only allows the readers to progress at their own pace, but also enables the adoption of education relevant to their needs. Whilst apparently simple in approach and style, with the occasional cartoon for emphasising points, it would be of equal benefit to those already conversant with the requirements of evidence based dentistry and to those wishing to develop their interest and demystify the subject. It has a very logical presentation moving through chapters dealing with: asking the right question, undertaking a library search, framing your own question and searching for the evidence, appraising the evidence and applying the evidence. These chapters culminate in developing thoughts around what clinical governance means.

These are suggested to include maintaining and improving clinical effectiveness, evidence based medicine, clinical audit, complaints management, clinical leadership development, continuing medical education and continuing

professional development.

The seeds of Clinical Governance are already sown in primary care. One of the major factors, it is suggested, will be to increase the importance of evidence based practice so that practitioners are more aware of recommended best practice, and either adopt it or alternatively justify why they are not doing so. Whichever course of action is taken

there will be a need to have appraised the evidence. This book can be highly recommended as a very useful guide to the approach. If used as intended, by working through the identified examples, it will serve as a sound basis for an evidence based practice approach. This would probably be through the development and introduction of evidence based guidelines and protocols.

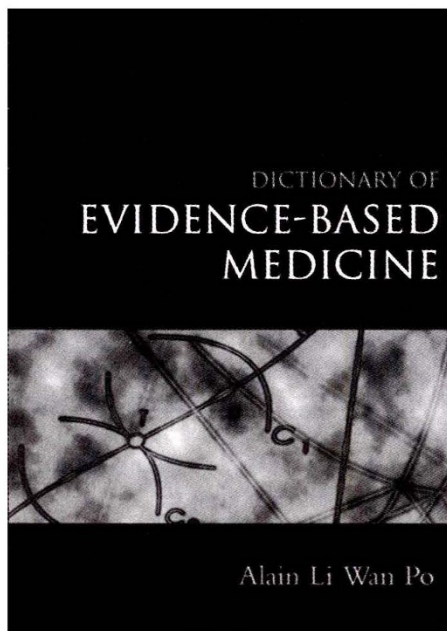
Derek Richards
Editor

Expert research definitions

*Dictionary of Evidence-Based
Medicine.*

Alain Li Wan Po

1998 Radcliffe Medical Press
ISBN 1 85775 305 4



This helpful little dictionary is the product of the Centre for Evidence-based Pharmacotherapy at the University of Nottingham. The evidence-based health care movement has produced a number of its own terms and ideas and also draws on other areas of health sciences. This dictionary aims to provide a helpful glossary of these terms which derive from epidemiology, biostatistics and health economics in addition to newly recognised terms from evidence-based health care. The dictionary is aimed at research students

and has a not unexpected bias towards pharmacological terms, and many of these would be of no direct interest to dental practitioners.

Most of the definitions are clear and concise. However a number of the definitions of economic and statistical terms are too concise, giving equations with little or no explanation. This results in technically correct definitions, which convey little illumination to the reader. For many readers this will necessitate turning towards more definitive specialist texts for further clarification. In this regard several of the definitions contain useful references and web links. There is one inclusion in the dictionary that I find intriguing; that for EFTA the European Free Trade Association, for which I cannot see a link with evidence-based medicine, and I imagine that there may be other inclusions with which others will disagree.

The bottom line of course is would I buy it. It is definitely a book for dipping in and out of, however, as many of its statistical and economic definitions are a little 'academic' it is probably a book for the larger library or the keener evidence-based practitioner to dig into for reassurance rather than the occasional or novice user. The novice may find one of several electronic glossaries which are freely available on the web more helpful, although more narrowly focused, than this dictionary.