

evidence of the studies used in the systematic review, allowing the reader to gain a practical aspect of how to use these tools.

Systematic reviews and meta-analyses should always be checked to ensure that all items included within the PRISMA checklist are accounted for within the paper and that there is no ambiguity in reporting these specific items. Using this checklist will enable the reader to dissect the paper into manageable portions to critically appraise, in a similar way to understanding and appraising a primary research paper. Stroup *et al.*¹³ also published a checklist for meta-analyses undertaken, called the 'Meta-analyses Of Observational Studies in Epidemiology' (MOOSE) group. The CASP website has also published a checklist, again which individuals can use to ensure that a systematic review has been conducted with a minimum risk of bias.¹⁴

Questions to consider when appraising a systematic review:

1. Does the systematic review fulfil the PRISMA checklist and include an appropriate flow diagram?
2. Has a clear search criterion been established?
3. Does the systematic review consider all the literature from appropriate databases?
4. Does the review make an effort to consider the grey literature surrounding the topic?
5. Has a risk of bias assessment been undertaken of all included studies using a validated tool?
6. Can a meta-analysis be carried out, and if so, has one been undertaken?
7. Are the conclusions drawn from the systematic review justified by the results?

Concluding remarks

EBD is an important part of our practice as dentists; it is something that should be done routinely as part of our continuing professional development. Hopefully this paper will have provided primary care practitioners with key information that can be utilised when reading published literature and research, with the ultimate aim of improving patient outcomes.

References

1. Sackett D, Strauss S, Richardson W *et al.* *Evidence-based medicine: how to practice and teach EBM*. 2nd ed. Edinburgh: Churchill Livingstone, 2000.
2. American Dental Association. Policy on Evidence-Based Dentistry. 2013. Available at <https://www.ada.org/en/about-the-ada/ada-positions-policies-and-statements/policy-on-evidence-based-dentistry> (accessed June 2020).
3. Gillette J, Matthews J D, Frantsve-Hawley J, Weyant R. J. The benefits of evidence-based dentistry for the private dental office. *Dent Clin N Am* 2009; **53**: 33–45.
4. Burls A. What is critical appraisal? 2009. Available at http://www.bandolier.org.uk/painres/download/whatis/What_is_critical_appraisal.pdf (accessed May 2020).
5. Harbour R, Miller J. A new system for grading recommendations in evidence based guidelines. *BMJ* 2001; **323**: 334–336.
6. BMJ Best Practice. What is GRADE? 2020. Available at <https://bestpractice.bmj.com/info/toolkit/learn-ebm/what-is-grade/> (accessed June 2020).
7. Cochrane Methods. Reporting biases. Available at <https://methods.cochrane.org/bias/reporting-biases> (accessed June 2020).
8. Sterne J A C, Savović J, Paje M J *et al.* RoB2: a revised tool for assessing risk of bias in randomised trials. *BMJ* 2019; **366**: 14898.
9. Sterne J A C, Hernán M A, Reeves B C *et al.* ROBINS-I: a tool for assessing risk of bias in non-randomised studies of interventions. *BMJ* 2016; **355**: 14919.
10. CASP. Critical Appraisal Skills Programme. Available online at <https://casp-uk.net/> (accessed May 2020).
11. PRISMA. PRISMA Statement. 2015. Available at <http://www.prisma-statement.org/> (accessed May 2020).
12. Hoyle P, Patel K, Benson P E. Does replacement of missing dental units with resin-retained bridges improve oral health-related quality of life? A systematic review. *J Dent* 2019; DOI: 10.1016/j.jdent.2019.103209.
13. Stroup D F, Berlin J A, Morton S C *et al.* Meta-analysis of observational studies in epidemiology: a proposal for reporting. Meta-analysis of observational studies in epidemiology (MOOSE) Group. *JAMA* 2000; **283**: 2008–2012.
14. CASP. CASP Checklist. 2018. Available at https://casp-uk.net/wp-content/uploads/2018/03/CASP-Systematic-Review-Checklist-2018_fillable-form.pdf (accessed May 2020).

Correction to: Acute endodontic and dental trauma provision during the COVID-19 crisis

The original article can be found online at <https://doi.org/10.1038/s41415-020-1920-0>

Author's correction note:

Clinical article *Br Dent J* 2020; **229**: 169–175.

When this article was initially published, panels B and C of Figure 7 were duplicates. The correct figure is presented here.

The authors apologise for any convenience caused.

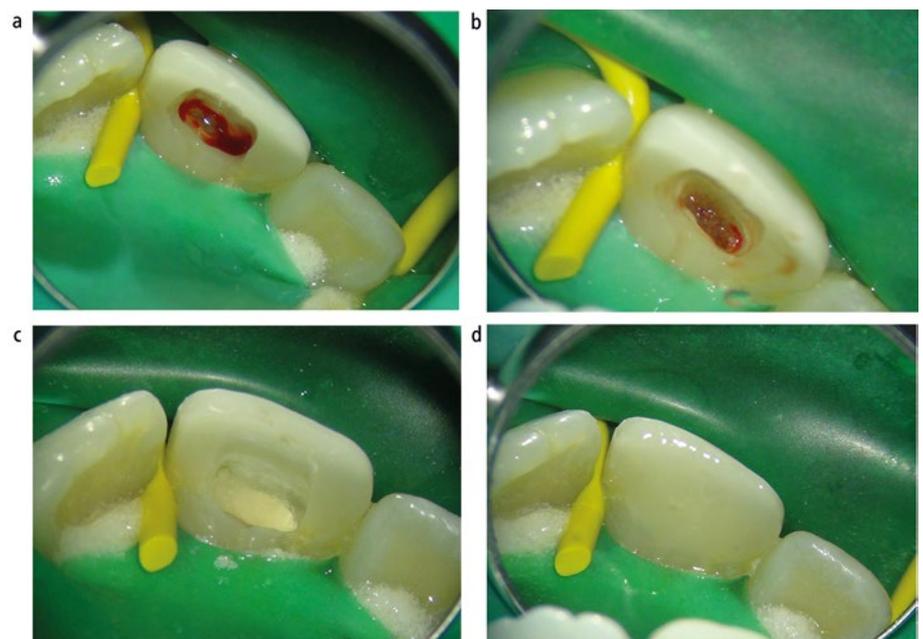


Fig 7 a) Inflamed pulp tissue in a maxillary central incisor. **b)** Cessation of bleeding and healthy pulp visible. **c)** Placement of bioceramic material over the pulp tissue - Biodentine (Septodont, Saint Maur des Fosses, France) was used in this instance. **d)** Cavity restored with composite resin