EBD — Everybody's Dentistry

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Earlier this year, it was with interest that I read Andy Toy's article in the BDJ.¹ The article was written from the qualitative perspective and had strong resonances with my understanding of what the evidence-based approach is all about. At the risk of becoming repetitive, this is "the integration of best research evidence with clinical expertise and patient values" (www.cebm.utoronto.ca/intro/whatis.htm). So there are three elements:

- best research evidence, which is clinically relevant, particularly patient-centred research;
- clinical expertise, by which we mean the ability to use our clinical skills and past experience to identify rapidly each patient's unique health state and diagnosis, their individual risks and benefits of potential interventions;
- the patients' personal values and expectations, their preference, concerns and expectations.

All three of these elements must be assessed in a critical manner if we are to provide the best care for our patients.

During the early days of the evidence-based approach, there was criticism of a bias towards randomised controlled trials. However, there has been recognition for some time that it is the research question that defines the research method that should be used not, to quote Sackett and Wennberg "tradition, authority, experts, paradigms, or schools of thought".²

While a strong believer in the value of randomised controlled trials, as they are the best method of determining treatment efficacy, it continues to disappoint that although Medline shows a four-fold increase in the numbers of randomised controlled trials published in dental

journals from 1100 per year in 1975 to 5087 in 2004, both the size and quality of these continue to disappoint. This can be seen by the number of systematic reviews that report a failure of trial reports to follow the CONSORT guidelines (www.consort-statement.org/). Since its original publication in 1996, the CONSORT statement has been endorsed by only four dental journals as listed on their website (The British Dental Journal, Journal of Endodontics, Journal of the Canadian Dental Association and Journal of Orthodontics).

So let me go back to the Toy article looking at two key quotes.

To achieve optimum care the skilled professional must apply his/her knowledge and experience to each individual patient's unique circumstances.

Many social researchers attempt to reveal the thoughts and feelings as well as the behaviour associated with the area under study. They must learn to take a 'critical' stance. The 'critical' researcher attempts an all encompassing viewpoint of a situation — including their own opinions and biases; sitting on their own shoulder and looking in, as it were. Finally, 'critical' researchers are always guided by the way their research relates to practice.

To me, the first is almost a restatement of the definition of the evidence-based approach and the second is an affirmation of critical appraisal or thought, one of the key skills required to practise in an evidence manner. This is recognition of the fact that whether people come from a qualitative or quantitative perspective there is a need to look at the quality of the research we produce. To do this, we need to give individuals the skills to look

at what we publish in a critical manner so that we can deliver the best and most appropriate treatments to our patients. There is also an argument that we need to conduct and report our research using appropriate methodologies in the first place. Pressure to do this can come from Journal editors, reviewers and their readers as well as the funders of research. While the Cochrane Collaboration (www.cochrane.org/) is doing a great deal of work in terms of advancing the quality of quantitative reviews, it is also pursuing a joint initiative with its sister organisation the Campbell Collaboration (www.campbellcollaboration.org/) to develop qualitative research methodologies. The Campbell Collaboration focuses on systematic reviews of studies of effectiveness of social and educational policies.

So in summary, an evidence-based approach is not just for quantitative researches or qualitative researchers but for all, as the key skills of identifying a question from a clinical problem, finding the best evidence and above all critical appraisal skills are required by all dentists, so EBD is in fact everybody's dentistry.

Acknowledgement

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1. Toy A. The reflective practitioner — another way of looking at primary dental care. *Br Dent J* 2005; **198**:67–68.
2. Sackett DL, Wennberg JE. Choosing the best research design for each question. *BMJ* 1997; **315**:1636.