Roadmap to Integrating Evidence Based Dentistry Concepts into Everyday Clinical Practice in India

“That which can be asserted without evidence, can be dismissed without evidence”

- Christopher Hitchens

In a developing country like India, it is the private clinical practice and dental hospitals, reaching every possible nook and corner of the country providing oral health care for the common man. Apart from academicians, very few practitioners update themselves to the proposed amendments to conventional methods. Most of the private practitioners are updated with the literature, techniques and guidelines issued at the time of their graduation which varies accordingly. ¹ For instance, PRF which was discovered by Choukron in 2001,² created a revolution in periodontal regenerative procedures, is seldom being used in day to day private clinical practice. Far too often, the gap between availability and application of the research products leads to a delay in the adoption of useful procedures along with the discontinuation of ineffective, or even the harmful. This becomes an impediment in providing gold standard care to the patient, which could be addressed adopting the protocol of Evidence Based Dental Practice (EBDP).

Evidence-based practice (EBP) was first appreciated in the medical literature by 1992 and Dr. David Sackett, an early pioneer of this Evidence Based Medicine, established Oxford Centre for Evidence-Based Medicine in 1995.³ The American Dental Association (ADA) defines Evidence Based Dentistry as “an approach to oral healthcare that requires judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient’s oral and medical condition and history, with the dentist’s clinical expertise and the patient’s treatment needs and preferences”.⁴ EBDP is an ideal and advised way of practicing dentistry,
which needs to be incorporated in day to day dentistry to provide optimal care to the patient who is the central stakeholder of treatment administered.

Integrating EBDP concepts into every day clinical practice, in India, could be achieved efficiently with the proposed roadmap of five RAPID steps. RAPID is an acronym involving Regulations, Awareness, Promotions, Inspection and Distillation. The aim of RAPID protocol is to invoke active participation of dentists in India and ensure the implementation of the EBDP principles into clinical practice. In India, the governing body of dentistry i.e. Dental Council of India (DCI), should take on the responsibility of incorporating the principles of EBDP in clinical practice.

**Regulations:** The DCI should bring regulations into the academic curriculum that would incorporate the basics of EBDP into the roots of dentistry right from the under graduate level. In India, a major proportion of dentists start practicing with bachelor’s degree, which could be attributed to the disproportionate seats available for the master’s programme. The curriculum of master’s degree inculcates the research and evidence based perspective, which is lacking in the under graduate course. Though teaching EBDP confined to classrooms may generate limited results, if taught as the first step of treatment planning would be fruitful.

**Awareness:** It would be implausible for practicing clinicians to analyse and evaluate overwhelming volume of research. Continuing Dental Education (CDE) programs, workshops, webinars and e-learning programmes should be regularly conducted by the respective dental councils by establishing e-councils in collaboration with the DCI. Involving subject experts, would help in understanding and updating evidence in a consolidated and assimilated manner, with theoretical and practical hand-on sessions. Formulation of certain guidelines and opinions for clinical decision making by these experts from latest evidence would be invitable.
**Promotion:** Promotional activities for awareness programmes, are ought to be encouraged by the subject wise societies. Dental council should recognize certain valid e-learning platforms and e-points offered by these councils for the awareness programmes. These programs, can utilize technology, and aid in integration of the dentists national wide onto a common ground at a given point of time. Statutory laws for periodical renewal of registration and memberships of societies, with mandatory minimum e-credit points gained in that period, can become a driving force for participating such programmes. Furthermore, collaborations with certain multinational companies for enhanced marketing of the evidence approved products would increase their availability and affordability for clinical use.

**Inspection:** All the registered dentists irrespective of private, corporate or institutional clinical practice, should be encouraged to attend the webinars, workshops and CDE programmes conducted by e-Councils. Amendments are to be made, regarding obligatory submission of e-credit points gained in these programmes along with the clinical data, to the respective registered councils, periodically. This is subjected to screening by the DCI to identify EBDP penetrance deficient areas. Further these deficit areas can be upgraded conducting targeted workshops to improve their potential. After all, as Einstein stated, “Once you stop learning, you start dying”.

**Distillation:** After inspections, the clinicians can be distilled into early and late adopters. Those who are reluctant to adopt the principles and protocols of EBDP are considered to be late and notified to change their practicing etiquettes. The early adopters are further refined and exceptional performers are acknowledged with certain monitory rewarding benefits like recognized positions at the regional councils, extra credit points, remission of revenue for certain period of time etc. Such rewards need to be reformed on a time honoured basis for encouraging a healthy competition.
The step by step implementation of the RAPID protocol would address the potential problems and inertia in dentists of our country to adopt EBDP. This protocol offers several benefits to the dental practice like standardized oral health care delivery irrespective of the clinical setting, proper storage of data for records, professional contentedness, outflow of outdated data, increased dialogue and cooperation amongst the peers, awareness to refer for expert care, defending a medicolegal situation, encouraging healthy competition with ethical practice.\textsuperscript{4,8} On the other hand, factors like time lag for implementation, cooperation of dentists, council authorities and societies might limit its application. However, if properly addressed, EBDP could be brought into action.

EBDP, need of the hour, can be just a five RAPID steps away from the Indian clinical practice for enhancing the future dentistry, evoking the clinicians not only for utilization but also providing evidence for upcoming generations.

As wisely stated by John Naisbitt “We Are Drowning In Information, But Starved For Knowledge”. 
REFERENCES:


