Dentistry began its voyage as an experience-based clinical practice and has been traversing upon its dynamic path since then. Learning concepts of dental practice in Indian scenario is essentially from our gurus, or from the published literature that we read during schooling. Additionally, other sources for post school learning include active interactions with experienced clinicians, lectures at workshops, conferences, meetings etc. The decisions that we make in daily clinical practice rely on our own clinical experience or from the knowledge obtained from all these sources, which are most often filtered and not “scientifically valid”. In most fields of dentistry, this is the general trend in clinical practice which is being followed since ages and even today. Times are changing and so are the ways in which we learn. The dogmas and traditions of experience based learning and practice are now slowly metamorphosing into the ones which are evidence based.

Although delved by Sir Albert Einstein, the concept of evidence based learning did not come into light until Archie Cochrane interrogated the long standing clinical interventions and raised concerns that the treatment decisions were not based on scientific evidence but were experience based.\(^1\) The revolution which had then begun was pioneered into clinical education at McMaster University, Ontario, Canada. This emerging tide of evidence based learning had embraced every scientific community and dental profession was no exception to this paradigm shift. Evidence based dentistry(EBD) concepts are now welcomed by the global governing bodies (American Dental Association and the Commission on Dental Accreditation) in their new mandates for dental education. This is also being welcomed by the Dental Council of India and other national governing institutes.

**Evidence based practice in the Indian scenario: the revolution has begun!**

The practice of EBD in India is in its budding state. This revolution has not kept its pace, where many clinicians welcome the potential opportunities while others are skeptical. Although this concept sounds scientifically rational, it is daunting to an individual clinician especially in Indian scenario to implement it into everyday practice because of certain hurdles.

The potential road blocks include

1. Lack of awareness about EBD: Clinicians as well as patients are unaware about the EBD concepts.
2. Lack of access to internet and research journals is another obstacle amongst both clinicians and patients. Furthermore, many of the systematic reviews are published in journals which are not freely accessible; hence the literature, even though present, remains unutilized.

3. Research dross: A vast amount of literature is being published every day, bulk of which is either repetitive or not related to the routine clinical practice. It becomes difficult to search and evaluate the best available evidence from such enormous amount of literature available.

Moreover, there are still many unaddressed issues of everyday clinical practice for which quality evidence is lacking.

4. Old school of learning: The tradition of learning from textbooks and practicing conventional techniques is still followed in majority of Indian dental schools and clinics.

5. Resistance to change: Even today, many clinicians consider implementing EBD as an incongruous conspiracy against clinical freedom and prefer practicing the age old clinical skills.

6. Lag time between research and publication: A significant amount of time is lost until the evidence is shared with the scientific community via publication, delaying its implementation into clinical practice.

7. Monetary issues: A recent nationwide survey evaluating the barriers for dental research reported lack of funding as one of the major hurdles despite the availability of many funding agencies in our country.²,³

Implementing EBD concepts in everyday clinical practice: Overcoming the roadblocks. (Fig1)

The following measures can help implementing EBD in everyday clinical practice

1. Changing the paradigm of teaching

A sliver of knowledge of EBD along with the conventional learning, spiced up with zeal of updating to current trends can make the future clinicians take more rational clinical decisions. EBD should be an essential part of curriculum right from the undergraduate level. The Dental Council should make sure that these concepts are comprehensively taught and practiced during the dental training so that there is an early imbibition of concepts of EBD amongst the budding dentists.
2. Promoting EBD concepts:

Another important element in implementing EBD is to regularly promote these concepts amongst the clinicians by the medium of continuing education programs, workshops, conferences etc.

3. Research prioritization:

A periodic national assessment of the prevailing and unaddressed issues on dental health and practice by means of survey of patients and practitioners is the need of the hour. This should be followed by prioritization and promotion of research topics which are clinically relevant. This would help to minimize the issues of clinical practice and also decrease the research waste.

4. Funding EBD:

Researchers should be educated about the funding authorities [ICMR (Indian Council for medical research), UGC (University grants commission) etc.] and effective utilization of these funds should be done for proposals which could solve the current issues in clinical practice.

Figure 1: Roadmap to integrating EBD concepts into clinical practice in Indian scenario
5. Separating the grain from chaff

Searching the focused question, evaluating the literature for relevant evidence and ranking it in the order of quality is the spirit of EBD. By doing so, one skims out the cream of quality evidence that is formed by systematic reviews and meta-analysis. However, understanding their complex conclusions and implementing into everyday practice can be a difficult task for a busy clinician. To overcome this problem, our scientific community has introduced certain systematically developed statements referred as “evidence based guidelines”\(^4\). These are based on systematic reviews, the evidence from which is then blended with clinical experience to develop a recommendation which ultimately enhances the clinical judgment. In addition to these, reports of the World Workshops and Conferences which are held to solve the current issues also form a source of high quality evidence. Some of such links related to EBD are pinned in the table 1.

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<th>Table 1</th>
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<td>SOURCES OF EVIDENCE BASED GUIDELINES</td>
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**OTHER SOURCES RELATED TO EBD**

1. Cochrane Oral Health Group: www.ohg.cochrane.org\  
2. Evidence-Based Dentistry (Journal): www.nature.com/ebd  
3. Journal of Evidence-Based Dental Practice: http://www.jebdp.com/

**SOURCES RELATED TO EVIDENCE BASED PERIODONTICS**

1. Periodontology 2000(Journal) : Volume 59  
2. Specialty based national and international journals

Preprocessed, straight forward, jargon free short reviews on current evidence can also become an essential source for quality evidence and hence should be promoted.
Conclusion:

Implementing EBD concepts in Indian scenario could be a difficult and daunting task but not insurmountable. EBD though an ideal mantra today, may not be a permanent fixture in clinician’s repertoire. Better things may appear in the clinician’s radar making today’s passion being destined to tomorrows recycle bin. It is left to the wise clinician to choose what is best and is always prudent here to remember Kalidasa when he said,

“All that is old is not necessarily good and all that is new is true. Wise men sort out and adore what is good in both.”

If the clinicians and governing authorities join hands towards implementing EBD, the future of Indian clinical practice promises to be bright.

References: