

## **EDITORIAL**

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In recent years I have received some comments regarding research, its importance and utility, which have surprised and pleased me considerably. In general, professionals who follow postgraduate studies, Masters or PhDs, show a very positive attitude towards research. They are willing to invest a great amount of time and financial resources in postgraduate studies. The growth of postgraduate programs aims to improve the long-standing lack of human capital needed to boost research and development. However, there are other obstacles to the scientific development of dental practitioners. One of the biggest problems may be *disconnection*, that is, the gap between knowledge and practice.

If we look at how dentists and other health providers work, we see that they are a body of professionals who share a common expertise and refer to themselves as "clinicians". They work (partially) under the direction or supervision of another small group of professionals holding administrative posts, usually known as "directors", "bosses" and "managers", among other titles. But in dentistry there is a third group, "researchers", which is an even smaller group and generally disconnected from the first two. These researchers work almost exclusively in research institutions and universities. These researchers work almost exclusively in research institutions and universities, where they coexist with a fourth group, "teachers". At least in Chile, college teachers and professors are mostly a subset of the first two groups, clinicians and supervisors, and have little training in research methods.

When you see research as a way to achieve professional development and become a contribution to society, and you have the chance to talk with a clinician, a supervisor or someone holding administrative posts about how relevant research is to improve their work, they will give you answers like "No, no, no, I am exclusively

## A better attitude towards scientific evidence.

a clinician" "But what good will it do for me?" "What really matters is the patient" or the already classic phrase "This has always worked well for me". On the other hand, when you talk to researchers, they will probably strongly criticize the attitude of the first two groups. They will often dismiss what others do (or mostly what others do not do), and closing the gap between knowledge and practice becomes a very difficult task.

This disconnection ends up hurting one person: "you", and the whole set of "you" in our society, that is, all of us. But this situation has been changing a bit. A few days ago, a colleague told me that the educational intervention he has been conducting for a while had been strongly criticized because it did not have a specific, numerical support, or any other elements that may have been used to quantify its impact. However, instead of rejecting the criticism, he accepted it and now is looking for ways to continue his research and quantify its impact. Another colleague, who is taking specialization courses, recognized the importance of being updated regularly and more specifically, the importance of knowing what is being published in leading journals in his own field. Today that is an easy task thanks to simple and free platforms such as Feedly and CONICYT's CINCEL. For example, a group of fifth year dentistry students were able to identify an inconsistency between the officially reported postoperative complications rate and what that they had observed; and instead of focusing on the negative consequences, they conducted a research and developed a mechanism to reduce the number of complications.

Although dentistry based on experience of the dentist has had a long life (or painful agony), it seems that scientific evidence is gaining in popularity and that is a very good sign for everyone. As researchers, we have to take advantage of this opportunity and create a net-



work of clinicians, administrative staff and college teachers<sup>1</sup>. This will help close the gap between knowledge and practice from both ends: on the one hand, cooperation between these four groups will improve research and its relevance and validity for oral health providers and, on the other hand, it will help to include scientific evidence in the clinical, administrative and teaching fields.

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