



The Faculty of Dentistry Khon Kaen University

Presents this Certificate of Appreciation
To

Associate Professor dr.odont Asbjørn Jokstad

In Recognition of the Contributions as a Speaker
in

Evidence-Based Dentistry and Problem - Based Learning

October 11, 2001

Assistant Prof.Napa Sukjai

Chairman

(Assistant Prof.Niwut Juntavee)

Dean

Oral sciences in the rapidly changing society in an age of information

Asbjørn Jokstad
Institute of Clinical Dentistry
University of Oslo

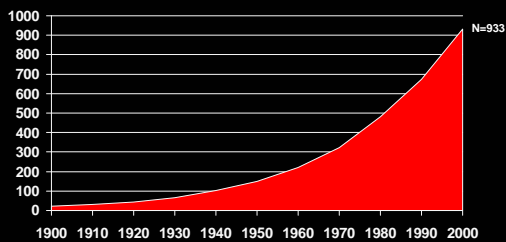
10.11.2001 <http://www.odont.uio.no/protetikkkhonkaen> 1

A rapidly changing society

- The production of new knowledge is at maximum in historical context
- Rapid changes of new ideas and paradigms
- The potential for information transfer to everyone has improved by the information technology
- Affects us all
 - Students and teachers
 - Patients
 - Researchers

2

Dental journals in circulation



Source: Ulrich's International Periodicals Directory

3

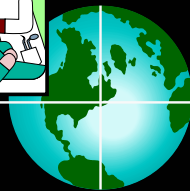
Who creates new knowledge in oral sciences?

10.11.2001

4



Clinical practitioners



- GPs/specialists; single handed/teams; secondary/tertiary care
- Great diversity of experience, interest and capacity
- Reporting draw on a panoply of experience
- Pragmatists: what works - what creates problems?

5


Researchers



- Creates "scientific evidence"
- Formulation of ideas, hypotheses, study design, data collection
- Peer review, internal/external validity, debates within paradigms
- Findings are reported in probabilities, not absolutes


6

Critical appraisers



- Appraisal of the evidence for clinical practice
- Epidemiologists, health economists, statisticians, social scientists, and clinicians
- Collect, abstract and appraise publications on various issues
- Debates are about values and balance between consensus and evidence, rigour of data and application of statistics

Guideline developers



- Creates guidelines, protocols and standards
- Local consensus, sometimes national guidelines; Delphi strategies
- Often clinical specialists seeking ways to influence peers

Advancement ↔ Good communication



Different educational backgrounds, evaluation of best practice
 Different pressures, priorities, terminologies, preoccupations
 BARRIERS: Ignorance Defensiveness Arrogance

How will this affect tomorrow's researchers ?

10.11.2001

10

GTR Attachment gain -traditional reviews

- Compared to open flap debridement = 2.7mm
Laurell L, Gottlow J, Zybutz M, Persson R. Treatment of intrabony defects by different surgical procedures. A literature review. J Periodontology 1998;69:303-313
- Incorporation of uncontrolled and unblinded studies
- Compared to open flap debridement = 1.6mm
Cortellini P, Tonetti M. Focus on intrabony defects: guided tissue regeneration. Periodontology 2000 2000;22:104-132.
- Unclear selection criteria for studies
- Inclusion of studies of short duration

12

GTR Attachment gain - systematic reviews

- A small benefit is apparent
 - Results of clinical trials are not consistent
 - Technically demanding treatment
 - Local biological factors uncertain
 - e.g. "critical size", endotoxin remnants, etc.
- Jokstad. Norwegian Periodontal Society. Oslo, Nov 1999.
Needleman et al. Cochrane Library 2001;3.
- Compared to open flap debridement = 1.1mm
(Needleman et al. Cochrane Library 2001;3)

13

Suggestion: Attention to methodological rigorousness of primary and secondary research

- CONSORT statement for RCT
- 75/318/EEC: Good Clinical Practice for trials
- ISO TC194: Biological evaluation of medical devices
- CEN TC055 / DIN: Clinical investigation standards
- Cochrane Collaboration Handbook

14

Example 1: Diagnostics

Rapid developments of emerging technologies
–e.g. caries diagnosis

15

Caries diagnosis

Traditional techniques

- Visual
- Tactile
- Radiological

Recently developed technologies

- Digital radiography - expert systems
- Laser fluorescence
- Electrical conductivity (EC)
- Fibre optic (FOTI)

Emerging technologies

- Quantitative laser-light induced fluorescence
- Ultrasonography
- Alternating current impedance spectroscopy

16

Example 1: Diagnostics

- Rapid developments of emerging technologies
 - e.g. caries diagnosis
- Danger of blinding by technology
- Validation in appropriate settings and populations?

17

Example 2: Therapy

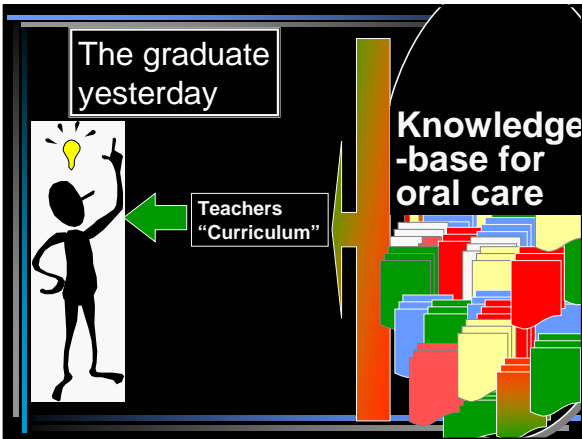
- Only small improvements can be anticipated
- Adequate study design, sample sizes and settings
- Need for RCTs, power calculations, international cooperation and multi-centre studies

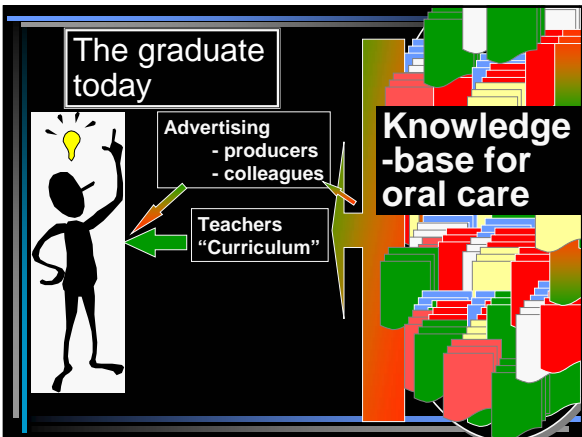
18

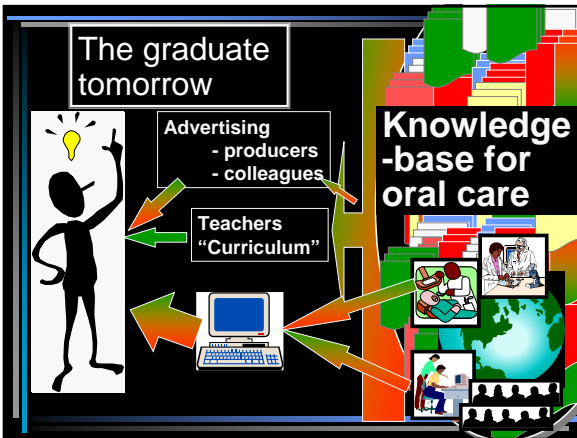
How will this affect tomorrow's teaching of dental students?

10.11.2001

19







- The graduate today and tomorrow**
- Has been taught and can perform many basic clinical procedures - not necessarily the most modern
 - No hands-on experience with many procedures common in modern dental clinics
 - How and from where should further professional training be obtained?
 - Theoretic knowledge at zenith, from now on less time for reading / question of priorities
 - Already from day 1 the oral sciences advances further - how to stay updated? 23

- Suggestion: Educational strategy**
- Premise: Politically difficult to expand curriculum and length of study
- Problem based learning - PBL
 - Focus on "why"s instead of "how to"s
 - Motivate on need for life-long learning
 - Teach critical appraisal of new information
 - Prepare how to meet tomorrow's knowledgeable patients' needs and requests
- 24

PBL- Problem based learning and teaching dentistry

10.11.2001 25

I hear and I forget;
I see and I remember;
I do and I understand

10.11.2001 26

Schools of Dentistry applying a PBL approach

- U. Liverpool, England; U. Malmö, Sweden; U. Oslo, Norway; Trinity U., Dublin, Ireland
- Hong Kong U.; National U. Singapore; U Thammasat, Thailand;
- U. of Adelaide, Queensland U.
- U. California, Colorado, Columbia, Harvard School of Dental Medicine, Indiana, Pennsylvania , U. Southern California, U. Southern Illinois,

27

MEETINGS

1st. International Symposium on Problem-Based Learning in Dental Education. Lake Arrowhead, USA, April 1998. *J Dental Education* 1998; 62: 629-732.

2nd. Int. Symposium on Problem-Based Learning in Dental Education. Malmö, Sweden, September 2000

Asian-Pacific Conference on PBL

South-East Asian Assoc for Dental Education

28

WEB-RESOURCES:

<http://www.usc.edu/hsc/dental/ccmb>

<http://meds.queensu.ca/medicine/pbl/PBLTitles.htm>

<http://www.samford.edu/pbl/how2.html>

29

Barriers

- Resources required
- First line teachers are instructors = GPs!
- Compartmentalisation
- Clinical disciplines versus basic sciences
- Clinical discipline

30

DLP – Dental learning package

g.g. University of Adelaide:
Keith's teeth


10.11.2001 31

Formulating answerable
problems – e.g. clinical
questions

10.11.2001 32

Problems? ...

a 32 y patient calls four hours
after a wisdom tooth has
been removed and complain
about bleeding, pain and
severe swelling.



She demands immediately some
analgetics, some antifebriles
and perhaps also antibiotics? ..

33

Problems? ...

A 66 year old woman comes to your clinic due to oral lichen planus. She wants to confer with you about a new treatment option described in the latest issue of 'Health & Fitness'



Problems? ...

Tooth coloured materials are acceptable alternatives for amalgam.



Where do clinical questions arise from?

1. Clinical findings - Gather and interpret findings
2. Etiology - Identify causes for disease
3. Differential diagnosis - Causes of patients' problem
4. Diagnostic tests - Select and interpret diagnostic tests
5. Prognosis - estimate clinical course and complications
6. Therapy- treatments that do more good than harm
7. Prevention - reduce the chance of disease
8. Self-improvement - keep up to date, improve skills

Why train students to form clearly formulated questions

1. Train to focus scarce learning time on evidence that is directly relevant to our patients' clinical needs
2. Focus scarce learning time on evidence that directly addresses our particular knowledge needs
3. Suggest high-yield search strategies
4. Suggest the forms that useful answers might take

37

Why train students to form clearly formulated questions

5. Can help us to communicate clearly when referring a patient (e.g. presenting patient situations)
6. Can help students to better understand the content of what we teach, while also modelling adaptive processes for lifelong learning.
7. When we answer our questions, our curiosity is reinforced, our cognitive resonance is restored.

38

Example: Problem / hypothesis

“Tooth coloured materials are acceptable alternatives for amalgam in the posterior teeth”

39

What is being discussed?

- Caries / Replacement ?
 - primary/secondary?
 - large/small?
 - proximal / gingival / occlusal?
- Intraoral location:
 - premolars /molars?
- Patient:
 - adults/children
 - » deciduous/permanent?

40

"Tooth coloured materials "

- Composite resin (macrofill, microfill, hybrid, "flowables" ?)
- Composite resin with glassionomer addition?
- Composite resin, cemented inlay (clinic, laboratory?)
- Ceramic, cemented inlay (sintered, cast, grinded?)
- Glassionomer (metal-reinforced, conventional?)
- Glassionomer with resin?
- "Polyglass", "ceromer", "crystal polymer", "polymer ceramic"?
- Ormocer? - "The flowable ceramic"
- Doxadent? - "The ceramic restoration that can be formed directly in the tooth"

41

For **adults** with **large primary caries** cavities in **the occlusal surface of molars** is
xxxxxxxxxxxx an acceptable alternative for amalgam

42

For adults with large primary caries cavities in the occlusal surface of molars is xxxxx an acceptable alternative for amalgam
For adults with small primary caries cavities in the occlusal surface of molars is xxxxx an acceptable alternative for amalgam
For adults with large secondary caries cavities in the occlusal surface of molars is xxxxx an acceptable alternative for amalgam
For adults with small secondary caries cavities in the occlusal surface of molars is xxxxx an acceptable alternative for amalgam
For adults with large primary caries cavities in the buccal surface of molars is xxxxx an acceptable alternative for amalgam
For adults with small primary caries cavities in the buccal surface of molars is xxxxx an acceptable alternative for amalgam
For adults with large secondary caries cavities in the buccal surface of molars is xxxxx an acceptable alternative for amalgam
For adults with small secondary caries cavities in the buccal surface of molars is xxxxx an acceptable alternative for amalgam
For adults with large primary caries cavities in the buccal surface of premolars is xxxxx an acceptable alternative for amalgam
For adults with small primary caries cavities in the buccal surface of premolars is xxxxx an acceptable alternative for amalgam
For adults with large secondary caries cavities in the buccal surface of premolars is xxxxx an acceptable alternative for amalgam
For adults with small secondary caries cavities in the buccal surface of premolars is xxxxx an acceptable alternative for amalgam
For adults with large primary caries cavities in the approximal surface of molars is xxxxx an acceptable alternative for amalgam
For adults with small primary caries cavities in the approximal surface of molars is xxxxx an acceptable alternative for amalgam
For adults with large secondary caries cavities in the approximal surface of molars is xxxxx an acceptable alternative for amalgam
For adults with small secondary caries cavities in the approximal surface of molars is xxxxx an acceptable alternative for amalgam
For adults with large primary caries cavities in the approximal surface of premolars is xxxxx an acceptable alternative for amalgam
For adults with small primary caries cavities in the approximal surface of premolars is xxxxx an acceptable alternative for amalgam
For adults with large secondary caries cavities in the approximal surface of premolars is xxxxx an acceptable alternative for amalgam
For adults with small secondary caries cavities in the approximal surface of premolars is xxxxx an acceptable alternative for amalgam
For children.....

xxxxx: Composite resin , Composite resin with glassionomer addition, Composite resin, cemented inlay , Ceramic, cemented inlay, Glassionomer, Glassionomer with resin, "Polyglass", "ceromer", "crystal polymer", "polymer ceramic" , Ormocer, Doxadent

Formulating good and clinically relevant questions

... that can be answered by searching the literature...

1. Needs to be directly relevant for the actual problem;
2. Must be formulated in a way that facilitates the search for precise answers;
3. Should focus on and precisely describe four essential components

44

Four essential components

1. The patient and / or problem that is addressed:
How do I describe a patient group similar to mine?
2. The main intervention or exposure considered:
Which treatment, diagnostic test, prognosis-factor or exposure am I contemplating?
3. Comparable intervention, if relevant:
Which main alternative can be used for comparison with the intervention?
4. The clinical outcome(s) of interest:
What do I hope to achieve, measure, improve or influence?

45

Example: Problem / hypothesis

“Tooth coloured materials are acceptable alternatives for amalgam in the posterior teeth”

- 1. Patient or problem that is addressed?
- 2. Intervention considered?
- 3. Comparable intervention considered?
- 4. The clinical outcome of interest

46

Tooth coloured materials are acceptable alternatives for amalgam in the posterior teeth.



For adults with small primary caries cavities in the approximal surface of premolars are (hybrid) composite resins acceptable alternatives for amalgam

- 1. Patient or problem that is addressed
- 2. Intervention considered
- 3. Comparable intervention considered

47

Tooth coloured materials are acceptable alternatives for amalgam in the posterior teeth.



For adults with small primary caries cavities in the approximal surface of premolars are (hybrid) composite resins acceptable alternatives for amalgam

What is meant by “acceptable”?

Patient criteria?

Dentist criteria? / caries? / longevity? / fracture risk? / prognosis? / etc.

48

Tooth coloured materials are acceptable alternatives for amalgam in the posterior teeth.

↓

For adults with small primary caries cavities in the approximal surface of premolars are (hybrid) composite resins acceptable alternatives for amalgam

↓

For adults with small primary caries cavities in the approximal surface of premolars do (hybrid) composite resins show comparable longevity to amalgam

1. Patient or problem that is addressed 2. Intervention considered
 3. Comparable intervention considered 4. The clinical outcome of interest

Formulating questions

1. Patient or problem that is addressed
2. Intervention considered
3. Comparable intervention
4. The outcome of interest

10.11.2001 50

Problem-solving clinical experience =/= problem based learning

- Goal is to arrive at an effective solution to a problem
- Learning process in which the answer or solution to the problem is largely irrelevant and the problem is used solely to provide the stimulus for self-motivating learning

51

How will this affect tomorrow's clinical practitioners ?

10.11.2001 52

More knowledgeable patients:

Realistic, white shades for special cosmetic needs

- ✓ Wish to stay sound, look healthyyoung
- ✓ Competitive health professions

✓ Patient communication!

53

Dentists' environment: An information overload

Advertising
- producers
- colleagues

Meetings/courses

Colleagues

WWW

Patients (& -groups)

Popular magazines & Media

Literature

Dental 'science'
700 journals:
25 000 articles/yr

We need to consider not only the amount of information, but also the quality of this information

55

Suggestion: Integrate best evidence-based practice in the clinic

- A practical aspect
 - A strategy for solving clinical problems on a daily basis.
- An ethical aspect
 - A strategy for being reasonably certain that advises and treatment are the best available to patients.

56

What would you answer be if ...

a 32 y patient calls four hours after a wisdom tooth has been removed and complain about bleeding, pain and severe swelling.



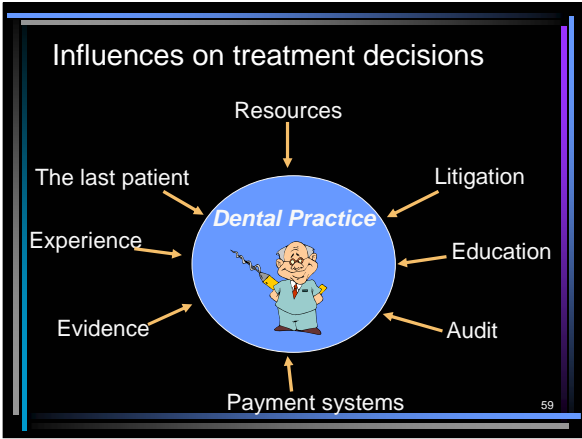
She demands immediately some analgetics, some antifebriles and perhaps also antibiotics?

.....

57

..or if ...
 a 66 year old woman comes to your clinic because she feels she hasn't received any help from her former dentist about oral lichen planus. She wants to confer with you about a new treatment option described in the latest issue of 'Health & Fitness'





- Approaches when we're uncertain**
- A patho-physiological appr.: this makes sense...
 - An expert / "how I was trained" approach: I learned this worked / didn't work...
 - An anecdotal appr.: this didn't work last time..
 - A consultant approach: maybe I can ask a few colleagues I work with....
 - A textbook approach: often outdated and no strong support.
 - Confess that you don't know - or - do something and pray...
 - or invent some combination of approaches

Where can I find relevant clinical information when I need it fast?

- Can I consult a colleague?
- Are my journals and textbooks organised and updated?
- Is a library nearby?
- Can answers be found on the Internet?

61

Dentist

A par

In spite of

... only a sma

appropriate for die

... we are ill equipped to dige

synthesize the information

Magazines & Media

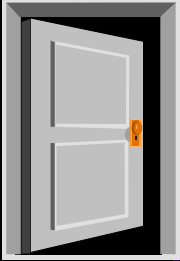
A busy practice + reimbursement pressure

The situation for many dentists today


1. We need new information every day, but most of our needs are never met
2. consequently, our clinical knowledge and performance in the clinic deteriorates
3. and traditional instructional continuing education courses do not improve our performance.

63

Maybe this new thing EBM can be of any help?




64



Evidence Based Dentistry?!

An increasingly fashionable tendency of a group of young, confident, and highly numerate medical academics to defame the performance of experienced clinicians by using a combination of epidemiological jargon and statistical manipulation.


65



Evidence Based Dentistry?!

Arguments, usually presented with near evangelistic zeal, that no health related action should ever be taken by a doctor, a nurse, a purchaser of health services, or a politician unless and until the results of several large and expensive research trials have appeared in print and approved by a committee of experts

66

 **Evidence Based Dentistry?!**

Replaces original findings with subjectively selected, arbitrarily summarised, laundered and biased conclusions of indeterminate validity or completeness.

It has been carried out by people of unknown ability, experience, and skills using methods whose opacity prevents assessment of the original data.

67

Evidence Based Dentistry?!

- A strategy for how to cope with changes - not about knowing all the answers.

It is not so much what you have read in the past, but about how you go about identifying and meeting your ongoing learning needs, and applying the new knowledge appropriately and consistently in new clinical settings.

68

Evidence Based Dentistry?!

The practice of a process of life-long, problem-based learning in which caring for our own patients creates the need for evidence about the cutting edge knowledge concerning diagnosis, prognosis, therapy, and other clinical and health care issues.

69

Evidence Based Dentistry?!

The aim of evidence-based medicine is to eliminate the use of ineffective, expensive, or even dangerous medical decision-making

(Rosenberg & Donald, BMJ, 1995)

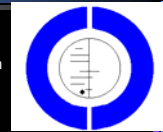
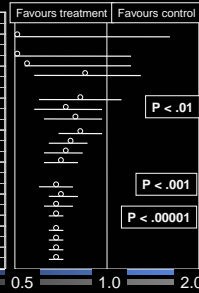
70

Ethical reasons?

COCHRANE: Corticosteroids and premature birth

Lau et al. Streptokinase and myocardial infarction
N Eng J Med, 1992.

Year	Cumulative RCTs	PTIs
1960	1	23
1965	2	65
1970	3	149
1975	4	316
1980	7	1793
1985	10	2544
1990	11	2651
1995	15	3311
2000	17	3929
2005	22	3492
2010	23	5767
2015	27	6125
2020	30	6346
2025	33	6571
2030	43	21059
2035	54	22051
2040	65	47185
2045	67	37593
2050	70	48154



Textbook / review recommendations			
Year	S	F	U
1960	0	0	0
1965	0	0	0
1970	0	0	0
1975	0	0	0
1980	0	0	0
1985	0	0	0
1990	0	0	0
1995	0	0	0
2000	0	0	0
2005	0	0	0
2010	0	0	0
2015	0	0	0
2020	0	0	0
2025	0	0	0
2030	0	0	0
2035	0	0	0
2040	0	0	0
2045	0	0	0
2050	0	0	0

71



How can evidence-based dentistry be integrated in daily clinical practice?

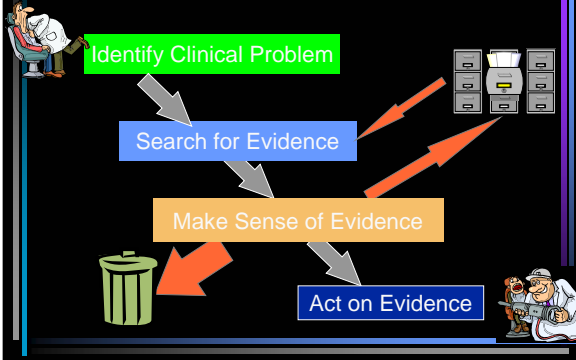
72

How is EBD practiced?

1. Generate focused clinical questions
 - Questions for articles on therapy, diagnostic tests, prognosis, harm, etc.
2. Efficiently find the evidence
 - Database searching: tools and techniques
 - Locating appropriately focused clinical studies
3. Determine validity, results, applicability
 - [User's Guide to the Medical Literature](#)
4. Apply the results of appraisal in clinical practice / teaching
5. Evaluate performance

73

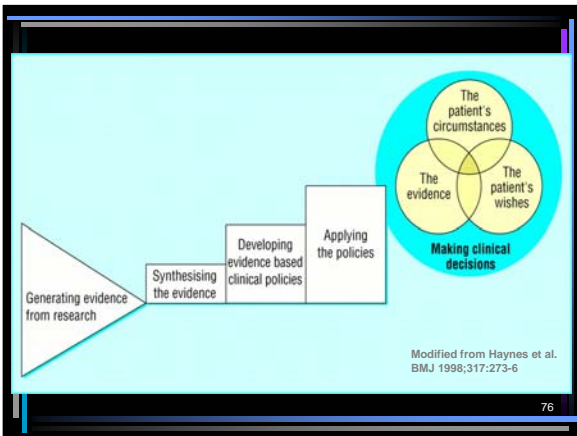
Practice of Evidence-based Dentistry



How can we apply EBD in our daily practice?

1. By accepting and applying practice protocols, policies and guidelines based on evidence-based principles

75

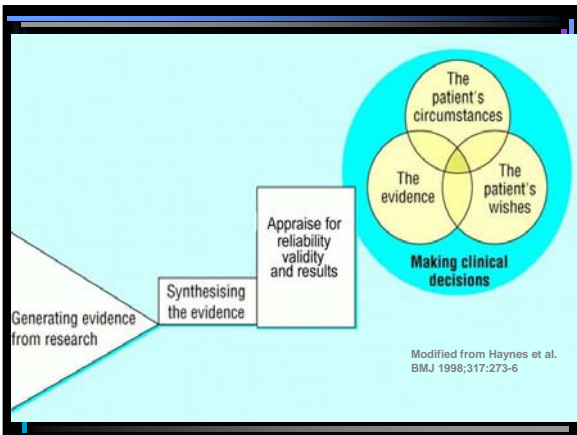


How can we apply EBD in our daily practice?

2. By seeking and applying evidence-based dentistry summaries generated by others

- Journals that critically appraise primary studies
- Systematic reviews

77

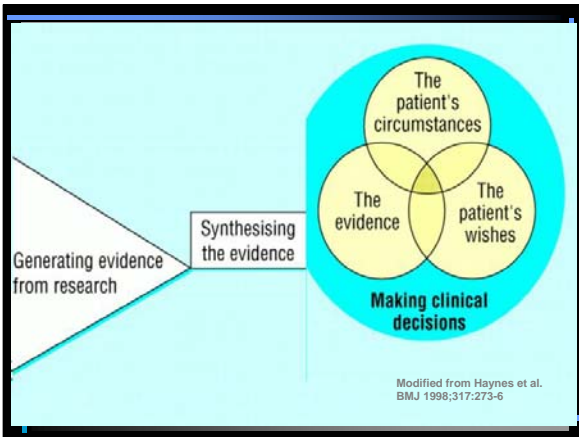


How can we apply EBD in our daily practice?

3. By learning how to practice evidence- based dentistry ourselves

- Books
- Seminars
- Internet
 - Courses
 - Articles
 - Link banks

79



Where to look for best evidence-based practice?

10.11.2001

81

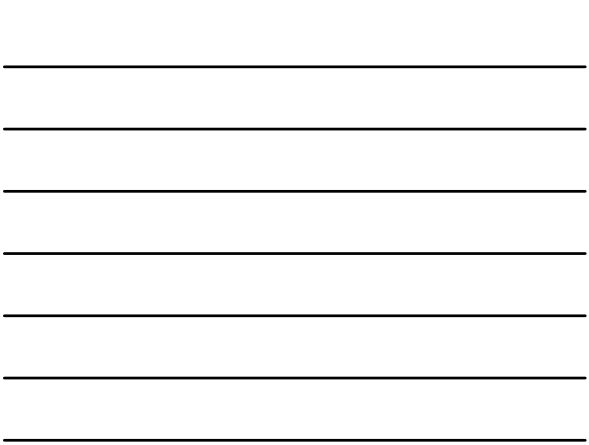
FDI National and International Guidelines & Statements, Position papers, Proceedings, Systematic reviews, Meta-analyses

[Patient issues](#)
[Public health issues](#)
[Precautions in the dental office](#)
[Materials, techniques & procedures](#)
[Specialised procedures](#)
[Education & Scientific issues](#)
[Dentists' world](#)

Patient issues
 Endocarditis [World](#) [ECG](#)
 Dental erosion [World](#) [ECG](#) [ECUstatement](#)
 Disabled patients [World](#) [ECG](#)
 Emergency treatment [World](#) [ECG](#)
 Odontophobia, psychology, fear [World](#) [ECG](#)
 Oral mucosal problems [World](#) [ECG](#)
 Saliva and oral health [World](#) [ECG](#)
 Temporomandibular dysfunction [World](#) [ECG](#)
[Public health issues](#) [Top](#)



Year	Original title	Type	Country	Specialist	Publication	Authors	Web	Topic	Ref
2011	Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States	Review/Guideline	USA	CDC, Centers for Disease Control and Prevention	MMWR 59 (RR-14): 1-14		Centre for Disease Control	Fluoride	
2011	Core Knowledge in oral health education	Ongoing project	International	FDI Commission project 07-08	1st Dec 7 2009; No. 13; 138-74	Clarkson J, Liu H, Sheehy JM, King K	FDI website	Fluoride prophylaxis and other	
2011	Development and implementation of prophylaxis and polish for the prevention of oral disease	Research	USA	Association of State and Territorial Dental Directors (ASTDD)	Consensus Report		Centre for Disease Control	Prophylaxis fluoride	
2011	Fluoride: Best Oral Care Prescription. Workshop held on various topics related to fluoride in the light of changing conditions Nov 2009, Amsterdam	Proceedings	International	Consensus Report	2011-08 supplement 1		FDI website	Fluoride	
2011	Fluoride in restorative materials	Ongoing project	International	FDI Commission project 07-08	Project in progress	Clarkson J, Ma Connell M, Budge P	FDI website	Restorative fluoride	
2011	Typical fluoride for preventing dental caries in children and adolescents	Systematic Review	International	Cochrane Collaboration Library		Adair GM, Clarkson J, Logan T, Nugent ZPT	Cochrane Collaboration FDI website	Fluoride prophylaxis	
2011	Water Fluoridation	Research	USA	National Center for Fluoridation Plans & Research			FDI website	Fluoride	
2011	Optimal status of fluoride	Ongoing project	International	FDI Commission project 08-09	Project in progress	Clarkson J	FDI website	Fluoride	
2010	Fluoride and Dental Caries	Statement	International	FDI General Assembly 2009	FDI World 2010; 10(2)		FDI website	Fluoride	
2009	ECG Statement on Fluoridation	Statement	Canada	ECG Canadian Dental Association			ECG website	Fluoride	
2009	Oral Health in America: A Report of the Surgeon General	Review	USA	NHS, National Institutes of Health	NHS Publication No. 09_4753	Secher D	NHS website	Oral health fluoride	
2009	International Collaborative Research on Fluoride	Proceedings	USA	NHS, National Institutes of Health	J Dent Res 2009; 79(2): 390-394	Clarkson JJ, Harrison X, Barnes G	J Dent Res	Fluoride balance prophylaxis	
2009	Fluoridation of Drinking Water: A Systematic Review of Its Efficacy and Safety	Systematic Review/Guideline	United Kingdom	NHS, Centre for Reviews and Dissemination	CRD Report 18		NHS website	Fluoride	
1999	Mitigation of fluor (due to fluoride) recommended by European Academy for Paediatric Dentistry (EAPD). Status of fluoride in children: recommendations of the European Academy for Paediatric Dentistry	Statement	International	EAPD, International Association for Dental Research			EAPD website	Fluoride	
1999	Fluoridation of water supplies	Statement	International	IADC, International Association for Dental Research			IADC website	Fluoride	
1994	Fluoride supplements and fluoride mouth rinses	Meta-analysis	USA	University of Michigan	Community Dent Oral Epidemiol 1994; 22: 46-50	Tomal A, Baskarak AA	J Dent Res	Fluoride	
1993	Fluoridation	Review/Guideline	Canada	English Regional Health Authority			ECG website	Fluoride	
1988	Advancements in Public Health, 1982-1988: Fluoridation of Drinking Water to Prevent	Review	USA	CDC, Centers for Disease Control and Prevention	MMWR 36(1): 823-840		Centre for Disease Control	Fluoride	



Specialist Journals | Nature | Nature Publishing Group | Members | Publications Reference

[Home](#) | [Information](#) | [Subscribers](#) | [Requests](#) | [Search](#) | [Help](#)

Journal home

- For authors
 - Submit
 - Search content
 - Track journals
- For editors
 - Check for contributions
 - View and edit
- For subscribers
 - Subscribe
 - Order sample copy
 - Order reprints
 - Request permissions
 - Contact us

1125 1462 8888
2011 Volume 7 Published quarterly

Copyright © Nature Publishing Group 2011

Evidence-Based Dentistry

View tables of contents

A central resource for the most cutting-edge and relevant issues concerning the evidence-based approach in dentistry today. A British Dental Journal and Nature Publishing Group publication.

Audience

Evidence-Based Dentistry is aimed at general dental practitioners to help them keep abreast of the best available evidence on the latest developments in various aspects of clinical dentistry. In addition, it is an invaluable tool for the specialist practitioners needing to maintain an awareness of new approaches outside their branch of dentistry.





Thank you
for your
kind
attention

10.11.2001 <http://www.odont.uio.no/protetikk/khonkaen>

85
