

## Information uptake

I believe that those of us in private practice often use the wrong sources when making decisions on new techniques and materials to be used in our offices. I have come to this conclusion after years of listening to colleagues and observing how they make decisions. My concern is that their sources of information are often highly biased and frequently wrong.

We may make these decisions after talking to a friend, or going to a lecture presented by a guru on the subject. These learned souls wax poetic about the wonderful properties of a new material, technique, or device and how it will change our lives or that of our patient forever.

Some of our information comes from journals that we all receive free of charge every month; some from the nice sales representatives that call on all of us; some from company-sponsored, continuing education courses. None of these sources is inherently bad. In fact, I occasionally look through the material that I receive unsolicited and have gone to and given many company-sponsored presentations. Are these the best ways to learn about technological advances? I don't think so. My point is that there is a much better source for information: refereed journals.

Why? Those reading this editorial already know the answer. It is because the material contained herein, and in similar journals, has been filtered and strained by reviewers blinded to the authors of the material.

But subscribing to and reading these journals is costly and requires time and effort, commodities that few of us have in abundance. Why don't we routinely rely on this superior source of information? I can think of two reasons: one is the type of people that enter dentistry, and the second is our lack of exposure to these sources while in dental school.

Most of us learn better by seeing than by reading. We like to go to courses with lots of clinical

material and few text slides. "Don't bore me with the literature; just show me how to do this on Monday." There is not much we can do to change this except to understand that it can lead to less than scientifically based judgments. Once understood, we can work to overcome the problems that this trait can create.

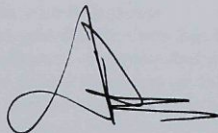
Second is the lack of emphasis on the literature that most of us found in dental school. Granted I went to school in the Stone Age, but I do not remember ever having heard the name of a journal until I was in graduate school. How many of us had really comprehensive courses in dental school on the importance of the scientific literature, much less on how to critically evaluate the material presented? How many continuing education courses are offered each year on the subject? Not enough in my opinion.

This second problem can be dealt with by establishing an emphasis on the literature while still in school. When your professor routinely relies on evidence-based material, you are more likely to do the same.

Now, before my academic compatriots tell me that they have too much to teach and too little time to teach it, I would like to emphasize that I am not talking about major changes in curriculum, just a difference in emphasis.

I am sure that now that I have brought this to your attention, the problem will be solved quickly.

On behalf of the profession, I thank you.



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Editor-in-Chief