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Identifying Interventions that are known to be Beneficial

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Editorial

Zim Sackett, a prosthodontist at the University of New york, received a year of leave of absence in 1996 to pursue clinical epidemiology studies. He integrated his expertise in epidemiology and biostatistics to create a strategy for clinical intervention as well as for assessing the calibre and validity of scientific publications. The title has been conferred to him. One of his students gave him the title "Father of Evidence-based Medicine," and his department expanded to such size that it was referred to as "the department that ate a medical school." It is Canada's largest medical school department even in 2017. Despite being a professor, decided to retake a five-year hospital residency because he didn't think he was a very competent doctor. One of his students gave him the title "Father of Evidence-based Medicine," and his department expanded to the point where it was known as "the department that ate a medical school" due to its size [1].

It still holds the title as Canada's largest medical school department in 2017. They completed a 5-year hospital residency again in 1995 because, despite being a professor, he didn't think he was a very competent doctor. A nationwide conference on 21st-century prosthodontic education, research, and education was sponsored by the Federation of Prosthodontic Organizations in 1989 and held at the Mayo Clinic in Rochester, Minnesota. George Zarb, who created the foundation for implementing Toronto educatiaonal project, presided over the section report on research. The next 2 provide details on study design and measurement issues that are important for assessing the quality of results and the strength of the evidence. Following these articles, readers might find out the reliability and value of publications to support clinical decision-making by reading core evidence-based articles [2,3].

These foundational pieces were labelled as diagnosis. The Academy of Prosthodontics dedicated a half-day of its annual scientific sessions from 1999 to 2002 to the ideas of EBD. During the half-day, there were guest presenters and breakout groups using EBD to examine various clinical concerns and the literature that was accessible. Alan Carr, Rhonda Jacob, Sree Koka, and Steven Eckert, academy fellows served on the organising committee and led the sessions as facilitators. The Journal of Evidence-Based Dental Practice was initially published in 2002, and the American Dental Association Center for Evidence-Based Dentistry was founded in 2007. Many dental schools and dental organizations have implemented EBD in their curricula. Problem/patient/population, intervention/indicator, comparison, outcome (PICO) questions and critical appraisal topics drive literature searches in the clinic and in seminars [4].

The commitment of prosthodontics to the implementation of evidence-based decision-making is demonstrated by the fact that EBD education is now a prosthodontic standard for all dental schools in the United States according to the Commission on Dental Accreditation. Educated audiences demand more quality of research design and validity of assessment of outcomes from speakers at scientific sessions. The principles of evidence-based medicine can be used in all medical specialties as well as other fields. For instance, Evidence-Aid (www.evidenceaid. org), which Cochrane helped to create following the 2004 tsunami in the Indian Ocean, compiles and uses information from systematic reviews to "educate agencies and people planning for, or responding to, disasters." No matter the application, identifying interventions that are known to be beneficial, are known to be harmful, or have outcomes which are not yet well understood relies upon being able to find and understand the evidence. In dentistry, collation of evidence is often challenged by the length of time it can take for outcomes to become apparent. All medical specialties as well as other fields can use the principles of evidence-based medicine.

For instance, Evidence-Aid (www.evidenceaid. org) was developed with Cochrane's help during the 2004 Indian Ocean tsunami in order to compile and use knowledge from systematic reviews to "educate agencies and people planning for, or responding to, disasters." Whichever the application, the evidence tree has changed as well, making it easier for doctors to obtain and apply the research to their practises. The majority of doctors are familiar with the evidence tree's hierarchy, which starts with case reports and expert opinion at the base and culminates with systematic reviews at the top. In 2009, the 6-S hierarchy of evidence-based resources was created, recognising the need for more evidence than just systematic reviews [5].

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Conflict of Interest

The Author declares there is no conflict of interest associated with this manuscript.

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