This is my evidence, but I have others...

Ken Harris discusses from the University of Manchester Research and Statistics module of the MSc in Restorative & Aesthetic dentistry

"Wow, just get a look at that bad boy!" It’s high fives all round as yet another successfully completed restoration is unveiled before a grateful and admiring patient. “I can’t even tell which tooth you’ve fixed” they purr. You feel your chest swell as you bask in the knowledge of a job well done.

Then it happens. They turn from the mirror, all smouldering menace and jaw-jutting attitude and as they deliver the immortal lines “How long is that going to last then?” and you degenerate into incoherent stammering. Sound familiar? How strange the change from major to minor.

However, as I write we’ve just reached the end of this latest phase of the MSc, namely the Research and Statistics module, so I’ve now got all the answers.

“Evidence”, a conjurer’s word of such power that the phantoms of those haunted late years in general practice can now be set to flight. I can now ditch the dull pragmatism necessary to survive the zany egg and spoon race that passes for dental practice these days, and really give it to them straight! Strange how potent the power of Evidence Based Dentistry; however did we cope before Dave Sackett et al?

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Thankfully there’s “evidence” to support just about any clinical claim. If I may plagiarise (for once) the late great Groucho Marx, “this is my evidence, and if you do not like it, I have other evidence”, and with industry sponsored trials four times likely to produce a “favourable” result there is almost an endless supply of “evidence” to choose from. However, some experts suggest more than 95 per cent of current evidence is frankly, useless; little more than a tale told by an idiot, full of sound and fury, signifying nothing. I have no evidence for this last statement, but what the hell?

Shockingly, it appears most research is poorly conducted or even worse, motivated by commercial advantage or for the advancement of researcher’s careers. There are so many types of research “bias” I’ve lost count. Consequently we have been involved in the fine art of trash-

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stops? Meanwhile the questions pile up unanswered.

This latest MSc unit was like the celebrated curates egg: good in parts. However, the parts which were not good really did plumb the depths.

Our familiar diet of learned papers liberally seasoned with hot and spicy webinar lectures was unceremoniously dropped for the cold antiseptic sting of the University of Manchester “Blackboard”, yes, you may well ask! It’s online teaching at its most online and impersonal.

I well remember late summer in London, when our tutors, those kooky, impulsive, femme fatales, gleefully promising we would grow to love research. Hmmmm, are we having fun yet??

I was until confronted with Clinical Heterogeneity, Odds Ratios, Confidence Intervals, Meta-analyses, Chi2 tests, Forest Plots, etc. and that’s just the tip of a very large iceberg. I felt like the captain of the Titanic.

If Sir Isaac Newton officially retired from mathematics aged 50 claiming it was a young man’s game, then I feel no shame struggling aged 54. Furthermore, my wife (who teaches A-level statistics) suggests there is no way on god’s good earth anyone can master the finer points of statistics in just 12 weeks, and that’s the problem with this particular module.

Statistics is a full time degree course in itself, there is no fast track, and we were left high and dry. The veneer has fallen off (metaphorically, not clinically) what has up to now been an enjoyable course. There … I’ve said it. Sorry to be the grit in the oyster folks. I await the inevitable twitter storm.

I’m inclined to agree with one learned author who suggests Evidence Based Practice is no more than “the tendency of a group of young, confident and highly numerate medical academics to belittle the performance of experienced clinicians using a combination of epidemiological jargon and statistical sleight of hand”. Hear, Hear!!

Remember, for those of us with long memories and for whom time hangs heavy, pre-mature extrapolation (from the data, tut tut!) remains a dim and distant memory; unlike the aforementioned youngsters! My generation require more than just intellectual Viagra to float our clinical boats, so don’t be too surprised if we stay stubbornly flaccid just for now.

As well as being totally flummoxed by the research module we have simultaneously been tasked to write up two more clinical cases. As usual I’ve struggled to stay within the 1,500 word count, with my sub-missions, far from being masterpieces of compression, remaining deftly long.

Now I like a spirited ride as much as the next girl, but this Research module has taken three months out of my life; it has even taken away my legendary sense of humour; roll on the next module!

Perhaps Voltaire was right; “Il faut cultiver notre jardin”. I’m off to mow the lawn.

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About the author

Ken Harris graduated from the dental school of the University of Newcastle upon Tyne in 1994 and passed MJDS (UK) in 1998. He maintains a fully private practice with branches in Sunderland and Newcastle upon Tyne specializing in complex dental reconstruction cases based upon sound treatment planning protocols. He is one of only two accredited Fellows of BACD, holds full membership of BDA and remains a sustaining member of AACD. He is currently UK Clinical Director for the California Center for Advanced Dental Studies and the only UK Graduate and Member of the Kois Center in Seattle.