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FACT OU FAKE



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WE LIVE IN A TIME OF INTENSE DISSEMINATION OF KNOWLEDGE. Regardless of profession, area or specialty. We have never had so much access to information.

I begin this first column, leaving here my sincere thanks to Editor **Ronaldo Hirata** and **Dental Press International**, for allowing this space for me to write my point of view on a certain topic, dilemma, doubt or conflict of ideas. I could write about anything, because currently, the channels of broad sharing of knowledge and information allow us to do this. I can use, for example, my pages on the social network or sharing groups to express opinions on politics, religion, music. As much as I am not highly competent in

any of the 3 topics I just mentioned, nothing prevents me from expressing or writing my opinion on them.

However, 3 questions about my opinion may arise: **“who is going to read?”** Or, **“How will it be interpreted?”** Or, **“What is the real impact of it on readers?”** There are environments where these last 3 questions are not relevant, while in other environments, yes, they are highly relevant. There are environments to **“train”** and environments to **“inform”**. In environments where the objective is to **“form”** the 3 questions are more important than the opinion. In environments where the main objective is to **“inform”**, opinions are more important than the 3 questions I mentioned.

Much empirical information is disguised as scientific knowledge. And believe me, unfortunately, due to the lack of filter or quality control in open environments, most of this information is just: opinions. This same line of reasoning can be applied to Hints or Suggestions. The challenge for the reader or “follower” is to separate Knowledge, Education, Information, Opinion, Tips, Suggestions. If I, Paulo Vinícius, do not have high competence to write about music, politics or religion, let’s talk about Dentistry. This journal is read by and directly impacts dentists, dental students or the dental market. It doesn’t mean I’m highly competent, but it’s where I feel safe to write about something.

I’m going to ask you another question: **“What do you really need to achieve success in a given Dental procedure?** (you can only choose 2 alternatives):

- Knowledge
- Information
- Training
- Tips
- Opinions

Where do dentists or prospective dentists seek knowledge?

What is the main source of knowledge for the formation of a concept, a clinical conduct or a path to treatment?

Do information environments really form?

And if I tell you that: part of the knowledge applied in current clinical Dentistry is not one obtained through scientific basis.

And if I tell you that: not all scientifically based knowledge can be applied clinically?

I consider these to be the biggest challenges in the dental teaching process (it is my opinion).

Some examples:

1. Environments that should form, just inform.
2. Environments that are made to inform, are used for training.
3. Public or private resources, human and mental, are spent daily on the generation of scientific knowledge with **low or zero impact for society or professionals** (reflect the third question here).
4. Overvaluation of the environment, and little appreciation of knowledge.

If you've made it this far, you must be thinking that I'm going to conclude like this: I want you to use less of the social network to gain knowledge and value less quick courses. Or, I wish you to read many scientific articles and take long-term courses. Well, I confess that I already believed in this conversation, but in all sincerity, time is showing me that: not every scientific article can be considered for training, and not every digital channel should be neglected to obtain knowledge. I believe that, more important than the environment, more important than the level of knowledge or the wealth of details of the information, it is the mind that plans these actions. And the best way forward is to try to answer the 3 questions mentioned above.

Based on this line of reasoning, I will lead the column "Fact or Fake". I will dedicate as much as possible to writing each column ranking the levels of scientific relevance, clinical relevance, evidence-based knowledge, information without evidence and science produced without clinical impact.

THEMES OF THE NEXT COLUMNS:

"Use of fiberglass pins reduces the rate of root fracture." This phrase impacts, for example, your decision to maintain or remove a molded and molten metal core.

"The dam isolation of the operative field is a longevity factor for adhesive procedures" This statement impacts, for example, the formation of an opinion about "always isolating" or "never isolating".

"Replacing amalgam restoration with composite resin increases the longevity of the dental element" This statement impacts, for example, your decision to maintain or remove amalgam restoration.

"The use of high-power light curing devices causes pulp damage due to high heat generation" This statement impacts, for example, on your decision on the best method for light curing adhesive restorations on vitalized teeth.

Peace and good,

PV.

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