

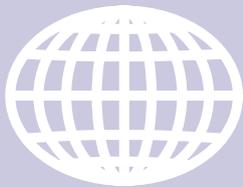


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THE "EXPERIENCE FACTOR" –  
AN ALTERNATIVE TO "PEER REVIEWS" AND "IMPACT FACTORS"  
IN ORAL IMPLANTOLOGY AND A METHOD TO ASSESS THE EXPERIENCE OF  
COURT EXPERTS AND AUTHORS IN THE MEDICAL FIELD  
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## The “Experience Factor” – an alternative to “Peer Reviews” and “Impact Factors” in oral implantology and a method to assess the experience of court experts and authors in the medical field

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**EF:** At the end of the year 2020 the cumulative **Experience Factor** of all authors compiles to more than 410.000 implant-observation-years with basal and Corticobasal® implants.

## Abstract

The quality of a scientific publication is presently still evaluated by looking at impact factors or listings of the journal in databases. This process contains a number of flaws and allows massive third-party influences.

The authors propose a simple way of experience-rating for the authors of a publication, which is applicable in oral implantology. The pros and cons of this simple system are discussed. One of the main advantages of the process is that "Universities" can be excluded from the process of evaluation in the future.

The article also explains in detail how theoretical training leads to knowledge, and how practical work leads to experience, and what is the significance of re-training and that even treatment providers with a lot of experience have to update their knowledge to fight the inevitable process of forgetting.

## Introduction

The literature in the field of oral implantology is published in journals of various quality, financing and dependencies.

"High ranking" journals have an "Impact Factor" others are "Peer Reviewed" and listed in databases like Pubmed® Central and Scopus®. All these efforts have not prevented that an assumed 70% of the publications are today considered false, blended or at least far away from the clinical reality. As already university teaching in our field is fully controlled by dental implant manufacturers, practitioners have difficulties to get an independent view and orientation. If a believe-driven science (actually a funding-driven science) dominates the scientific writing the system runs towards a collapse. That is what we see today in the western world.

Richard Horton<sup>1</sup> wrote regarding fake publications in 2015: "The bad news is that nobody is ready to take the first step to clean up the system".

The opposite happened: due to stricter and stricter "rules" in scientific publishing (as set up by the insiders) those practitioners which have most experience gave up publishing, because they don't want to be disqualified by "reviewers" (with typically much less experience).

The authors suggest that scientific articles should not be reviewed until they have all the same homogenous content, but instead the authors should reveal openly the amount of experience which they have with the topic about which they

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<sup>1</sup> Horton R., TheLancet.com, Vol 385, April 15, 2015, p 1380

write. In practical fields like in oral implantology this is quite easy to do and we suggest here a simple method of calculating the proposed “Experience Factor” (EF).

## Materials and methods

As practitioners in dental implantology gain experience over years, the number of implants placed and the observation time for these implants are decisive factors for their increase in experience. An **Experience Factor** (EF) can be calculated for the surgical work and for the prosthetic work. The following table shows a simplified example with only six timepoints:

Year (Timepoint)	Number of implants placed	Multiplication for years	Total
2000 (1)	100	20	2000
2005 (2)	100	15	1500
2010 (3)	100	10	1000
2015 (4)	100	5	500
2020 (5)	100	1	100
End of observation End of 2021 (6)	Total: 500		<b>Experience Factor: 5100</b>

**Table 1** A practitioner places (or equips prosthetically) 100 implants during the years 2000, 2005, 2010, 2015 and 2020. At the end of 2021 the observation years are multiplied with the implants placed per year and added up to the **experience factor**.

Year (Timepoint)	Number of implants placed	Multiplication for years	Total
2000 (1)	1000	0	0
2001 (2)	1000	0	0
2002 (3)	1000	0	0
2019 (4)	100	2	200
2020 (5)	100	1	100
2021 (6)	100	0	0
End of observation End of 2021 (7)	Total: 3.300		<b>Experience Factor: 300</b>

**Table 2** A practitioner places (or equips prosthetically) 1000 implants per year during the years 2000, 2001, 2002, then interrupts his career, and then continues placing in 2019, 2020, and 2021 100 implants each. At the end of 2021 the uninterrupted observation years are multiplied with the implants placed per year and added up to the **Experience Factor**. Due to the large interruption in the work 3000 implants placed in the years 2000, 2001 and 2002 are not considered when it comes to calculate the **Experience Factor**.

## Results

It becomes evident, that the same number of implants placed per year counts more depending on when the implants were placed. Even 100 implants placed e.g. in the year 2020 and counted at the end of the year 2021 result in low experience, whereas the same number placed in the year 2000 yields higher experience.

## Discussion

There are a number of shortcomings to this approach:

1. The calculation does not take into account how many implants have failed or are not fully successful, or if patients do not turn up for control, nor if they die. We have to accept that our approach is solely looking on the experience and the years, hence it is not a success-meter.

2. The calculation does not take into account if the practitioner has changed the implant system or his personal method for patient/case selection, the methods of doing surgery, the methods of doing prosthetics and his scheme for maintenance and checkups. We can assume that if a practitioner changes the implant system or applies several such systems parallel in the clinic, he does this as a result of (newer) education and the personal experience.

The advantages of calculating the EF of a treatment provider and mentioning it in e.g. publications can be summarized as follows:

1. The introduction of the EF into the profession would reduce the strong and not justified influence of universities on our profession. We all are aware, that the typical professor has long ago investigated deep into a very selected topic for his research and the necessary publications. Very few professors which teach in the field of oral implantology have actually done their PhD in this field. Many professors e.g. in the field of periodontology have matured to become professors teaching oral implantology, and they do this either because they are under contract with some implant manufacturer, or because they earn money with private teaching of post-graduates, or both. Both can lead to a good income, but not to experience.
2. Conventional oral implantology is a field in academic dentistry, where myths, rumors and beliefs prevail severely over real knowledge

and experience. It has been rightfully named the "red light district" of dentistry. This problem could be eased, if all authors and teachers would self-reveal their (truthfully calculated) EF to the audience, together with conflicts of interest. This way the receiver of information would be able to evaluate how much they would trust the information.

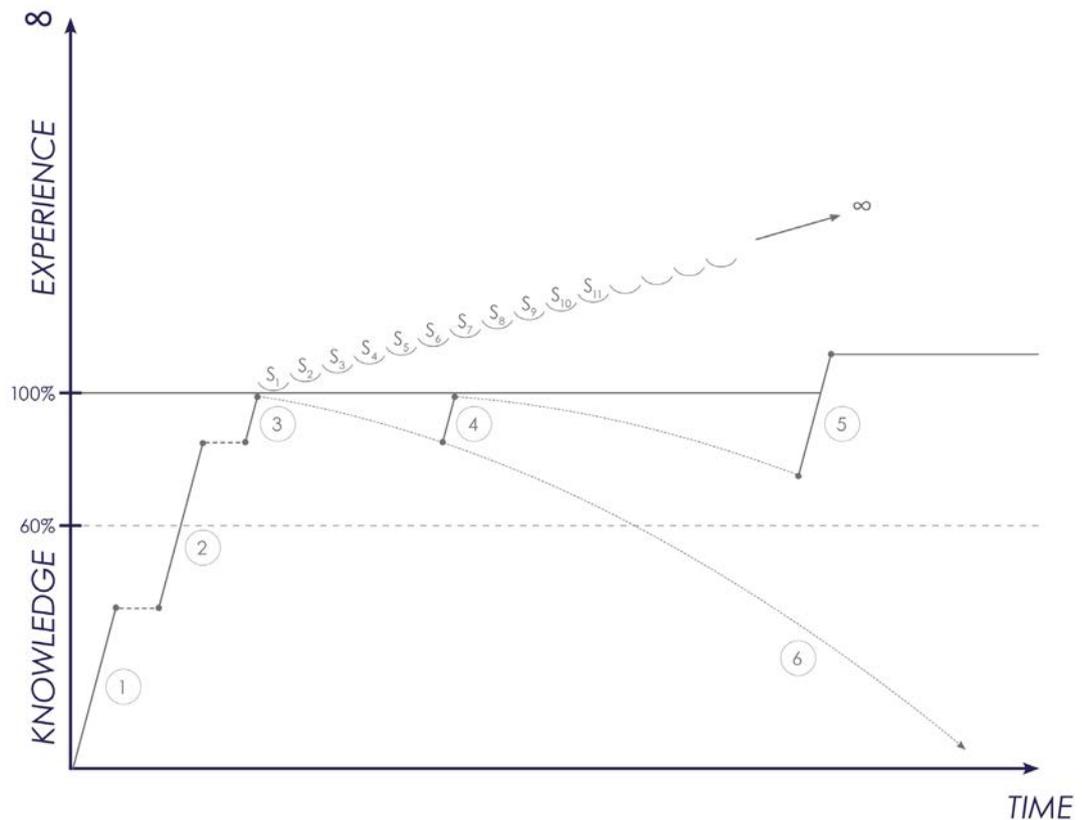
3. We propose that the EF can be attained by surgeons and prosthetic treatment providers in the same way, whereby the prosthetic treatment provider will count the implants which were equipped with prosthetics for every year.
4. The EF as it is proposed here, can only be used if the practitioner does not interrupt his implant-work significantly. Any longer interruption e.g. for 4 years or more would lead to a situation where both the knowledge but also the experience would be partly forgotten.
5. It is true that the EF is not a success meter, however we have good reasons to assume that the practitioner has at least some successes and that patients have recommended the clinic, otherwise this treatment provider would have stopped placing implants. If a treatment provider places implants for e.g. 20 years uninterruptedly, we can assume that he does at least something right. And if this person decides to publish, the publication is based on both knowledge and on experience. We should not forget that patients chose their treatment providers because they assume that he/she has experience, and not

because of the exam marks nor the amount of scientific publications.

- If a treatment provider does both surgery and prosthetics, every implant counts as one implant. If one treatment provider does surgery and another treatment provider does prosthetics on the same implant, one implant (placed and equipped) counts as one implant for each of the treatment providers. Nevertheless it makes no sense to distinguish a surgical EF from a prosthetic EF.

Knowledge is something that can be taught and learned, whereas experience requires practical work and observation of the work over time. Experience includes (automatically) that the treatment provider will do alterations to the standard procedures, if the subject is slightly different. Experience reaches far beyond the limits of knowledge and routines of work, Fig. 1. Knowledge must be kept available and topped up through regular re-training.

**Fig. 1** A treatment provider receives 100% of the available knowledge in the field, during three steps of education (1), (2), (3). Right after this this treatment providers starts with his/her own treatments S1 – Sx. With every treatment experience is gained. While this happens, the treatment provider forgets however some part of the knowledge which was acquired before and hence his picture on the field is not complete. In order to fill up the knowledge-gap more theoretical training is required (4). Would this not be done, the knowledge base would drop sooner or later below 60%, which must be considered as a minimal amount of knowledge (6). Without these 60%



of the knowledge mistakes will happen even especially in critical situation even to experienced treatment providers. If knowledge should increase after the basic training had finished, new knowledge can be picked up in a well designed continuous education program (5). But even this will not replace missing experience.

## Conclusion

Access to join into university teaching is typically limited by the university itself: the “insiders” build up hard walls which have to be taken, just as “PhD-studies” and the demand for impact factor publications. This demand for impact factor publications is nothing else than a perfected system to exclude competition for teachers from the real dental world in the dental schools. Dental schools should first of all should create knowledgeable dentists (without experience): it is their job to create a dentist out of a high-school leaver. The insiders in these schools are afraid that if experienced practitioners would be allowed to enter their sacred institutions, they would be exposed every day and the practitioners would make them look ridiculous. They would show them permanently that the textbooks are wrong and quite useless, and they would ignite a change towards real life dentistry which the university doesn't want.

The situation as it is now, where a 30 year old “PhD” with five impact factor (IF) publication counts more than a practitioner with an EF of 200.000 is unacceptable for the general public, who pays the (to some extend useless university show) with his/her tax payers money.

At least the journals in dentistry, regardless of their fame must be liberated from the burden of the “Impact Factor” which is nothing else than a measure on how often the content of one article is copied into other articles, means: how many

new authors have copied something out of old articles (instead of creating new knowledge which does not compare to old knowledge). And they are even proud of this.

If we want to involve experienced practitioners into the process of publishing and teaching we must think of defining means for their evaluation. The Experience Factor (EF) as it is proposed here could be one step into the right direction. An author with a high EF should be allowed (and even strongly motivated) to publish the views and experiences, and all obstacles should be removed out of such an author's way.

In other words: if members of the university teach high-school graduates, they have to base this on textbooks and existing knowledge. But everyone who publishes should not copy out of the textbooks, they should present real life experiences. A PhD or a professorship in a practical field like dentistry can hardly ever meet the true public expectations if the author is less than 50 years old and has performed thousands of relevant medical interventions. Regardless of the amount of their scientific publications.

The usage of the **Experience Factor** will also clarify to courts, how much experience an expert with a specific method of treatment has. It is clear, that for the work with different technologies, i.e. for the work with conventional dental implants (regardless of the brand and the manufacturer) and for Corticobasal® implants **sepa-**

**rate Experience Factors** must be calculated. Conventional implants and the Technology of the Strategic Implant® are not the same subject, although they are both working methods for fixing prosthetic constructions in the jaw bones.

Knowledge by itself is quite useless without experience. But even with a lot of experience knowledge must be revived and updated regularly.