



ROLE OF SOCIAL MEDIA AND AWARENESS ABOUT EVIDENCE BASED DENTISTRY AMONG PEDODONTISTS IN INDIA

Dental Science

Dr. Yash Bafna	Reader Department of Pediatric and Preventive Dentistry, Narsinhbhai Dental College and Hospital, S.P. Sahakar Vidyadham, Ambaji Gandhinagar Link Road, Near Kamana char rasta, Visnagar, Gujarat-384315
Dr. Priya Mishra	Post-Graduate Student Department of Pediatric and Preventive Dentistry, Narsinhbhai Dental College and Hospital, S.P. Sahakar Vidyadham, Ambaji Gandhinagar Link Road, Near Kamana char rasta, Visnagar, Gujarat-384315.
Dr. Harsh Mistry*	Post-Graduate Student Department of Pediatric and Preventive Dentistry, Narsinhbhai Dental College and Hospital, S.P. Sahakar Vidyadham, Ambaji Gandhinagar Link Road, Near Kamana char rasta, Visnagar, Gujarat-384315. * Corresponding Author
Dr. Shoba Fernandes	Professor and H.O.D. Department of Pediatric and Preventive Dentistry, Narsinhbhai Dental College and Hospital, S.P. Sahakar Vidyadham, Ambaji Gandhinagar Link Road, Near Kamana char rasta, Visnagar, Gujarat-384315.
Dr. Jayasudha Kalgudi	Professor Department of Pediatric and Preventive Dentistry, Narsinhbhai Dental College and Hospital, S.P. Sahakar Vidyadham, Ambaji Gandhinagar Link Road, Near Kamana char rasta, Visnagar, Gujarat-384315.
Dr. Hetal Patel	Senior Lecturer Department of Pediatric and Preventive Dentistry, Narsinhbhai Dental College and Hospital, S.P. Sahakar Vidyadham, Ambaji Gandhinagar Link Road, Near Kamana char rasta, Visnagar, Gujarat-384315.

ABSTRACT

Aim:- To examine Pedodontists attitudes towards professional behaviour on social media. The secondary aim is to establish the extent and nature of social media use and exposure.

Method:- Online questionnaire link was sent on WhatsApp to all the Pedodontists on the list. It consists of 15 closed end questions related to use of social media and its influence in Clinical Decision Making. Reminder message were sent.

Results:- A total of 41.3% Pedodontists responded. It showed majority of Pedodontist used more than one platform. Facebook was most commonly used platform (74.2%). 95.2% Pedodontist heard of term Evidence Based Dentistry Social Media is also used as marketing tool by Professionals.

Conclusion:- Majority participants experienced positive influence of social media on their professional work. Number of social platform used was used by Pedodontists for Upgrading themselves.

KEYWORDS

Social Media ;evidence Based Dentistry; Social Media Platforms.

BACKGROUND

Communication has changed beyond imagination over the past two decades. Internet can currently be widely accessed on all mobile phones and portable computing devices. They provide access to a wide variety of information and facilitate communication with people on a global platform.^[1] Social media consists of applications based on the internet.^[2] Any website is considered a social media site (including Social Networking Sites [SNSs] such as Facebook, Myspace, Twitter; video sites such as YouTube and Blogs) because it allows social interaction.^[3] Internet and its use has been increasing among children and adolescents of today.

Students of Academic institutions attracted by the SNSs, have become the fastest-growing device to exchange personal and professional information.^[4] They promote knowledge sharing within interconnected groups and improve knowledge creation among members of these groups.^[5] The most famous and the largest social media site is Facebook.^[6] Social media can be grouped by number of purposes and serves functions such as social networking (Facebook, Myspace, Google Plus, and Twitter). Professional networking (LinkedIn), Media sharing (YouTube), Microblogs (Twitter) & Knowledge/information-aggregation (Wikipedia).

Social media are part of the fabric of today's world, from which health care is not excluded.^[6] Guidelines to encourage proper and effective social media use in dental education should be the primary goal rather than enumerating abuses and proposing rules to stop them.^[7] The social media has become a way for businesses, including health care professionals, to communicate with consumers.^[8] Evidence suggests that social media is used extensively by health professionals, with up to 90% of practicing doctors report their use of Facebook accounts for professional or personal use.^[9] There appear to be two issues at play

related to the dangers of social media in any health care community. One is related to the content of what is posted, while the other is related to who has access to that content.^[10,11]

Evidence-based practice (EBP) is a widely accepted term in the medical fields across the globe, defined as "the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients."^[12] In dentistry, EBP can be defined as "the practice of dentistry that integrates the best available evidence with clinical experience and patient preferences in making clinical decisions".^[13] Dentistry can benefit from EBP by taking decisions on evidence rather than opinions, this would improve the quality and outcomes of treatment provided to patients after taking into account their values and preferences.^[14]

In dentistry, the evidence-based movement is at a relatively early stage of development.^[15] Emphasis is currently being placed upon collecting and analysing the available evidence on a range of dental treatments and interventions. In addition to collating guidelines on effective care, it is critically important to understand what factors will influence dentists' ability to change their clinical practices to incorporate the evidence. Without an understanding of how dentists change their clinical practices, evidence-based dentistry will achieve little. Although considerable resources are spent on clinical research, little attention has been paid to the implementation of research evidence into clinical care. A range of different interventions have been used to change professional clinical practice through the dissemination of research findings.^[16] However, studies of Indian dental practitioners perceptions of EBD/EBP are limited. Although EBD/EBP has been accepted in Western countries, there is no evidence to indicate its acceptance among practitioners in India.

Therefore, the objectives of this study were to examine Pedodontists'

attitudes towards professional behaviour on social media and appraise Indian dentists' knowledge of Evidence-Based Dentistry, it's components and determine the extent of EBD. The secondary aim is to establish the extent and nature of social media use and exposure, using a self-report survey as the data collection method.

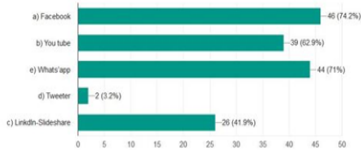
MATERIALS AND METHODS:-

This study utilized survey research techniques with a convenience sample. A list of 150 Pedodontists from all over India with contact numbers was gathered. An initial message on Whatsapp was sent out to all the Pedodontists on the list with a link to the survey. The survey consisted of 15 closed end questions related to use of social media and it's influence on clinical decision making and knowledge about Evidence Based Dentistry. One week later, all Pedodontists received a reminder message on Whatsapp to complete the survey. Further week later, a final reminder message was sent. Responses to the survey were collected through an electronic survey program (Google form).

RESULT:

This online questionnaire based survey enlisted 150 Pedodontists from India. A total of 62 responses were received (41.3%). The greatest number of responses received were from Pedodontists, who are both clinician and academician (46.8%), only academician responses (22.6%) and clinician responses (30.6%) respectively.

All Professionals reported use of social media while the majority used more than one platform. Facebook was the most commonly and regularly used platform (N = 46, 74.2%), followed by WhatsApp (N = 44, 71%), You Tube (N = 39, 74.2%) and Linked In (N = 26, 41.9%). Twitter was the least popular platform. (Graph-1) Over half of all (67.2%) respondents indicated that they surf the social media less than 2 hrs on daily basis

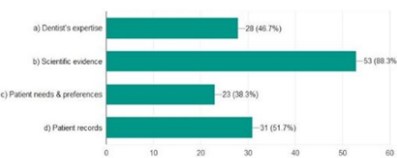


Graph 1: Illustrates the use of different social media platforms

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Most of them claimed their social media use was related to upgradation of their existing knowledge, information about materials and equipment and to learn clinical dental procedures. The information assisted them in their clinical decision making, majority of them declared. (55.7%)

Predominance of professionals (95.2%) affirmed comprehension of the term Evidence Based Dentistry (EBD) but very few had actual knowledge about EBD and its components. In questionnaire, we provide the components of EBD are the Dentist's Expertise, Scientific evidences and Patient needs & Preferences with one false component Patient's Records to check their actual knowledge about EBD. 31 out of 62 (50%) responses claimed that Patient's records are the component of EBD which shows the poor knowledge/ lack of understanding of an EBD. (Graph-2)



Graph 2: Illustrates the knowledge about an EBD component

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Among all, exclusive clinicians (30.6%) used social media as their marketing tool. Responses proved that of all the social platforms, Pediatric dentistry forum in Facebook was most dependable and frequently visited by them.

DISCUSSION

Use of social media has increased amongst health professionals. This has benefits for patient care but also introduces risks for confidentiality and professional fitness to practice.^[17] This study highlights the social media usage among Pediatric dental professionals. This includes awareness and practical knowledge sharing of professional standards, selecting appropriate behaviours, and managing professional risks online. Dental educators and administrators may explore opportunities to raise awareness of social media professionalism in their schools as use of this technology in education and professional practice continues to spread.

Henry R. et al have concluded that approximately 51% of General Practitioners used social media in practice. Similarly, present survey reveals that more than 80% of the individuals use social media for both personal and professional purposes. It was observed that sharing posts and pictures mostly helped in creating awareness.^[8]

Present study revealed that for the knowledge update about dental materials and equipments, Facebook (74.2%) was most predominantly used social site followed by Whatsapp (71%) and You Tube (62.9%). This result is in concordance with another study which showed Facebook (97%) was most popularly used followed by LinkedIn (38%) and Twitter (32%).^{[8][18]} Although the most common reasons for social media use by dentists was Marketing (91%), patient communication(73%) and better online presence (73%) were also listed.^[18] Current study evince 50% Pedodontist use Social media as Marketing tool. Similar findings in other studies among Orthodontists and General Practitioner demonstrated 76% and 77% respectively.^{[18][19]} The General Practitioners alleged that social media marketing is more efficient compared to traditional marketing.^[19] It is possible that these findings reflect widespread use of smart phones amongst professionals, as most access platforms such as Facebook through their mobile phones rather than Desktops/laptops as was the trend earlier.

The Evidence based dental process is instituted on the abilities and skills of the clinician. Evidence-based care is a global movement in all the health science disciplines. It represents a philosophical shift in the approach to practice- a change that emphasizes evidence over opinion and at the same time, judgment over blind adherence to rules. This approach provides a bridge between research and everyday patient care. Failure or success of EBD will affect dental researchers implied contract to improve the oral health of the public. The quest in health care is, and will continue to be, to provide the best care. However, best care demands the best evidence, which is the least biased in terms of design, analysis or interpretation.

Studies among professionals by Nader N. *et al.*^[20] among Iranian dentists showed 70% of the individuals had heard of EBD. Similarly, current study depicted that most of the Indian Pedodontists claimed that they are aware about EBD as a term (95.2%) but didn't possess in-depth knowledge about its components. This is an important finding because EBD not only allows clinicians to apply research findings to solve everyday patient care problems but also serves as a methodology to improve their knowledge and clinical skills and helps monitor the quality and effectiveness of clinical treatments. Haron M. *et al.*^[21] concluded the level of knowledge amongst dentists working in the public sector in Kuwait about EBD was poor, and 13% felt that knowledge about statistical tools was not relevant.

A further study by Rathod S. et al. determined the perception of dental professionals towards EBD in dental institutes in India. And they concluded Positive attitudes toward EBD were significantly lower among post graduate students than the Staff members. The staff believed that patient care can be improved by EBD whereas the post graduate trainees thought that EBD is of limited value in general practice and places an extra demand over loaded practitioners.^[22] In a study by Rajagopalachari S. et al. among Dentists in Bengaluru city, they found most of the dentists (76%) thought that EBD is based on expert opinions and agreed that the practice of EBD helps in making accurate diagnosis and treatment plans for the patient. Preponderance of the dentists (90.2%) relied on their own judgment for clinical decisions concerned with their practice.^[23] In 2008, a study by Yusof Z.M. et al. among Malaysian Dental Practitioner depicted more than two-thirds of the respondents were aware of EBP. However, 45 percent of the respondents who had heard of EBP reported that they continued treatment based on their own judgment and experience despite being uncertain.^[14]

Elangovan S. et al. suggested that for the dentists of tomorrow to efficiently integrate EBD into Clinical Decision Making (CDM), they must become lifelong learners armed with the tools of logical reasoning, critical thinking, and problem solving. The ability to assess and synthesize literature is equally important and much needed to create an effective future dental workforce. To a substantial extent, the slow translation of information from research to dental practice reflects the traditional ways in which dentists have acquired and used evidence when making decisions.^[24]

Although many clinical guidelines in developed countries such as the United States, Canada, Australia, New Zealand and Europe are evidence based^[25], in most developing countries, this may not be the case and the lack of information about the level of EBP being implemented has been recognised as a major issue in healthcare delivery^[26]. Further, whilst guidelines improve dentists' knowledge, they did not improve their clinical decision-making skills.^[27,28] It is evident that an important aspect that requires research attention, is the process of knowledge translation of available evidence into best practice^[29]. While EBD may seem to intrude on dentists' autonomy, the benefit of this practice model is that it protects dentists from legal liability by fully disclosing all information that has been critically reviewed by dentists and methodologists.

Several studies have been conducted on EBP in both dental and medical field. However, to the best of our knowledge, this study is the first to assess awareness about EBD term and EBD components among Indian Pedodontists.

CONCLUSION

From this study, we can arrive at the following conclusions:

- Majority participants experienced positive influence of social media on their professional work.
- Facebook is most commonly used for updating knowledge about material and equipment and 50% Pedodontists utilize it for marketing.
- Most of the Pedodontists have superficial awareness of EBD terminology though unfamiliar with EBD components. This displays a concrete need for EBD awareness programmes targeting dental practitioners/ specialists.

RECOMMENDATIONS:

EBD/ EBP is a relatively new paradigm in dentistry and thus may not be a concept well known to every Indian dentist. It is highly recommended that EBD / EBP be introduced into the dental Undergraduate curriculum and as a component of continuing professional education. This would facilitate the translation of EBP from the seminar room to the clinic. The present study has demonstrated that awareness among specialist (Pedodontist) about EBD is low and we could anticipate that it could be limited among General practitioners in the Indian setting.

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