



What is digital professionalism?

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The dental landscape has shifted beyond anything any of us have ever seen the likes of before. Beyond the practice and the practise of dentistry, the workforce found itself at a bit of a loose end for a sustained period of time. *In lieu* of hands-on, practical learning, step forward Zoom, GoTo Meeting and Microsoft Teams. Instagram live went crazy, with dentists sitting at home in an array of outfits, ranging from extremely casual to probably over the top considering you're in your study or living room.

This digital environment created a whole host of new issues to consider, not least the need to be digitally professional. But what does that mean? I asked specialist oral surgeon, **Sami Stagnell**, whether there was such a thing as 'too much social'.

Do dentists place too much importance on their social media presence?

SS I wouldn't necessarily say there's too much importance placed upon it, but I do see a generational trend developing. If you aren't across social media – and I'd highlight Instagram as the growing source of profession/patient interaction – you can't reach out directly to patients and build the 'brand you'.

If you think about it, 20 years ago patients would have a Yellow Pages to flick through and find a dentist. No Google, no social media, and no personal brand to entice them.

But is this a good thing?

SS It is, but when used in the right way. Some have a great online following. Take

Twitter, for example. You can have an anonymous alias to amplify your own political views and opinions relevant to dentistry, and if you have a large number of followers then even better. There are some very successful accounts that do just this.

When you put something on social media, it's out there and isn't coming back, so you have to develop a strategy. Ask yourself why you are setting up social media channels, what you want to achieve from them, how you intend to do that and who you want to speak to. It's about being digitally professional and having a strategy to match.

Where do you think the desire to appear across all channels has come from?

SS There's an element of 'if you aren't there you're invisible'. It is normal for people to want to stand out and express an extension of their personality. You also need to factor in the way we behave these days – if we don't know something, the first thing we do is pick up a phone and search.

Where do key opinion leaders fit into this discussion?

SS Those of us in the profession lucky enough to be key opinion leaders for brands – and I am fortunate enough to be one – have to remember they are not exempt from Advertising Standard Authority rules. A number of years ago there was a crackdown on bloggers who did not disclose they have been paid to review and/or promote certain brands. There has been a huge rise in the number of paid promotional activity I have seen, and I am slightly concerned some of the basics are being overlooked.

If you're speaking at a conference, one of the first things you do in your presentation is declare your affiliates or conflicts of interest. In some cases, that isn't happening on social media. Products are being presented as the answer to a problem with no room for discourse or discussion, let alone scrutiny of whether the owner of the account it is appearing on has been paid to promote the product. I struggle with some of the dubious research being touted. As dental professionals we know there is not always clear-cut research or evidence available where we'd like it, and in the absence of that we have to guard against finding unchallenged and weak evidence simply to back up our own beliefs. You only need to look at research

relating to COVID-19 – 'more evidence is needed' wraps up nearly all of the research I have seen, simply because the situation is evolving at such a pace. We have to be very wary of taking results as gospel.

Lockdown created a situation where webinars and online consultations were the new norm. Is that a good thing, especially given what you've just said?

SS The pendulum swings both ways. We tend to favour reactions rather than pre-planned responses. Lots of what I have heard has been fear of missing out (FOMO). It is easy to feel like you're not keeping up and need to get CPD done because there's a gap and an opportunity to do so. The over-availability of CPD by the time restrictions were beginning to lift meant people could choose. The reality of it is sitting and watching multiple online meetings isn't what our life is. Most of us work in clinics and hospitals. Online and video consultations still require the same levels of professionalism as face-to-face ones, and that is something we will need to consider. It is obviously far more difficult for an anxious patient to be put at ease by our body language on a digital platform than next to us in the practice. If they're here to stay, we need to be mindful of these changes.

What I do have a problem with is many of the opinion panels I saw on webinars. 'Manels', all-male self-professed expert panels appeared to be a popular choice. They don't represent the diversity of the profession. With many people suggesting this could be the end of the face-to-face conference, that has to change.

Is there a chance of digital burnout if it persists?

SS Yes, absolutely. We've already seen articles on Zoom burnout and associated mental health issues. There is obviously a necessity to it at the moment, and digital learning is done with the best intent, but you cannot replicate a face-to-face meeting. You can't take your cue from facial expressions, from body language or from the general feel of the room. There's a hidden tension to many of the meetings, due in large part to lags in connections. If you're the chair of the meeting and working from home when your children are playing away in the background, that's not an un-stressful situation. The longer it persists, the more

chance vast swathes of the profession will burnout.

Would excessive screentime be a concern then, too?

SS Possibly, yes. We're being urged to be productive for longer. Self-measurement often gives a false impression of how much we're doing. Lockdown changed the way we had to manage patients, and the work/home separation many of us had simply disappeared overnight. Trusts have managed to action things in three weeks it would ordinarily take three years to do, which is a positive step.

How can practitioners support their own mental health and wellbeing when it comes to digital and social?

SS The principles of healthy practise remain the same. Keep to standards, keep to guidelines and manage the conversations you want to have. We have unfortunately seen a rise in the number of suicides throughout lockdown, and we need to remember there are people available and groups do exist to help us when we need it. We've all been sat around for weeks on end mulling over the future, and it occurs to me that there is no safety net available for those who find it too much. They are very specific circumstances I know, but more needs to be done to tackle mental health, the stresses of social media and how the two can be intertwined.

Is there too much pressure on young dentists to constantly be 'on it'?

SS For some, being incredibly active on social media is very important, and they can feel a strain and stress if they aren't or don't post in a few days. For others, it's less so, and for me it comes back to my earlier point about a strategy. Underpinning everything is professionalism – don't produce misleading figures, evidence or statements. We'd be very quick to highlight if a patient did that, so we have to recognise when we're doing it too.

The threshold for stress during the pandemic is so much lower than at any other time I can remember, so we should be constantly assessing what we're doing and how we behave. Most of all, it's important to remember you're always in control – of what you watch, of what you listen to, of what you put on social channels – and to not be 'on it' isn't always a bad thing. ♦

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