



We live in the Information Age. It is undeniable that technology and electronic resources have had a significant impact on the field of dental implant education. Clinicians, researchers, educators and students can access unlimited sources of information on the internet from almost any location and at their own convenience. It is estimated that scientific knowledge in dentistry doubles about every 5 years, so this platform provides a vital solution to keeping us updated. It also fuels the acceleration of clinical advancements.

Web 2.0 has provided a more interactive online experience for dental professionals. Most students and dentists of the Millennial and Centennial generations grew up with social media. They continue to be actively involved in social networking and value collaborative learning. Social media sites, such as Facebook, Instagram and YouTube, have also influenced the way we learn and share new information. YouTube provides a site where practitioners and educators can upload videos of clinical procedures and lectures for teaching. Specific topics can be easily searched and the content expands daily to keep up with the constant expansion of new modes of treatment. This format is invaluable for helping students and dental practitioners learn new techniques.

Facebook and Instagram are often used by clinicians to educate the public on procedures they provide in their practice. It can be personally fulfilling to present a well-executed case and this can inspire others toward the achievement of clinical excellence. These websites also encourage users to form groups with a themed topic or similar interests. The development of these online communities allows clinicians and students a forum to ask questions, share content, post clinical cases for interactive feedback and develop a collaborative network with colleagues.

In addition to these public websites, implant dentists have professional online networks such as the Osteology Foundation, DentalXP and Dentaltown. These platforms provide a global community for communication, interactive exchanges and learning. They also offer a unique opportunity for 'crowd sourcing', where the group can collaborate to find a solution to posed problems or even find experts to consult or refer for more complex treatment. Clinicians using these message boards may elect to remain anonymous so they may feel more comfortable asking questions or sharing case presentations.

This virtual format can overcome professional isolation for solo practitioners and clinicians who practice in rural settings or countries with fewer educational opportunities. I have frequently used many of these forums myself to research topics, post questions and share opinions. Social media can indeed increase awareness and knowledge, improve learning and enhance peer-to-peer communication.

Although social media offers dental professionals numerous opportunities for implant education it has also created unique issues. There is a concern that we are moving from 'evidence-based dentistry' to what I call 'Instagram-based dentistry'. Anyone can share content online and the material posted does not go through a peer-reviewed process, so there are concerns with the veracity and accuracy of the information. The author may have an underlying bias or conflict of interest in promoting a product or technique. Most of the time we find case reports posted, and often the final result is not shown. There can be a reluctance to show any complications so this gives the impression that everything performed was successful.

Social media influencers have become opinion leaders in dentistry. They may post impressive

clinical cases but we often know little about the outcome or their experience level, training or credentials. In the past we have emphasised the importance of a journal's impact factor, hierarchy of evidence and quality of citations. It seems today the virtual audience is more impressed with the number of likes on a posted case and how many followers they have. I have also noticed that in some social media platforms, constructive comments on a clinical case are not always appreciated as the poster is only looking for validation and likes for self-promotion.

Patients may be offended by graphic photographs of surgery so these images should be reserved for sites dedicated to viewing by dental professionals. In message boards, clinicians should be cautious of treatment recommendations as the advice may deviate from best practices. Anonymity on the internet forum can make it difficult to determine if the source has reputable knowledge and experience. Hopefully, any misinformation would be corrected by the group collaboration.

Content providers on the web need to be aware of possible copyright restrictions in using certain materials such as publications and images. Fair use is a legal provision of copyright law that may allow unlicensed use of protected works for comment, teaching and research. As health professionals we must also respect the privacy of our patients and protect their medical information. It is also important to obtain permission to use their images

in social media sites and we must remove any identifying information from radiographs, casts, digital images or documents. We should remember that every post we make on a social media site leaves a digital footprint that may not be erased.

This is a unique time in our history where we have unmitigated access to information, and social media has forever changed the sharing of knowledge in dentistry. The dental profession should embrace this powerful tool for education, but we must be aware of the potential pitfalls of this virtual platform. It is important that we continue to rely on high-level evidence to guide our clinical decisions and development of best practices. A refereed journal, such as the International Journal of Oral Implantology, provides dental practitioners, researchers, educators and students a verified source of unbiased information. As Editor in Chief, I intend to maintain the highest standards and deliver a reliable, peer-reviewed publication on dental implant therapies.



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