Unmasking unconstructive online feedback in orthodontics

Akriti Tiwari; Miguel Hirschhaut; Arnaldo Perez-Garcia; Carlos Flores-Mir

The increased use of social media by health care professionals creates new challenges for interprofessional communication. E-professionalism, or digital professionalism, refers to the intersection of professionalism and social media.[1] Specifically, it involves professionals using social media platforms for purposes related to their area of practice and professional growth. Inappropriate use of social media by health care professionals is broadly recognized as digital unprofessionalism, including unconstructive feedback.

Orthodontists frequently share pre- and posttreatment photos of improvements in orthodontic patients, showcasing their work to large audiences via social media. Peer feedback on shared content is common across social media platforms. Unfortunately, some feedback on social media has been unconstructive, including mocking treatment plans, describing clinical procedures performed as "unscientific," and making fun of treatment modalities used. This commentary aims to highlight the issue of unconstructive digital feedback directed to orthodontists by their colleagues.

Unconstructive feedback may include derogatory remarks, personal attacks and insults, defamation, offensive language, unsubstantiated criticism, inappropriate images such as memes and certain emojis, forms of online bullying, and disparaging remarks about personal integrity and professionalism.[2] This feedback may adversely affect three groups: orthodontists who share their work, those intending to share it, and those seeking to benefit from peer-to-peer interactions. Orthodontists who share their cases or treatment outcomes on social media usually hope to receive constructive feedback, recognition, or even potential collaboration opportunities with peers. Unconstructive feedback can be emotionally distressing, deter orthodontists from further engagement, damage their professional reputation, or even lead to self-doubt. In extreme cases, it could also affect the mental well-being of orthodontists exposed to insensitive comments. Being vicariously exposed to unconstructive digital feedback may deter some orthodontists from sharing their work. They may fear receiving similar unconstructive feedback and choose to keep potentially valuable experiences and cases private. Unconstructive feedback can lead to confusion, misinformation, and mistrust among those seeking to benefit from peer-to-peer interactions. They may find it challenging to discern credible advice from unhelpful or biased comments. Thus, unconstructive feedback can potentially foster a harmful, fruitless online environment by undermining an individual's well-being, discouraging knowledge sharing, and obstructing meaningful clinical learning.

Acknowledging the seriousness of unconstructive digital feedback is an important first step in taking individual and collective action to minimize its impact. Partially because little has been documented and discussed on professional feedback in social media,[3] some professionals may underestimate or underplay the impact of their comments on a colleague's mental health, reputation, and continued learning.[4] The learning environment that insensitive comments in social media create should be replaced by constructive, evidence- and practice-based dialogue by which orthodontists can benefit from one another and grow together as dental care professionals.

Effective peer feedback, whether offline or online, can improve clinical performance by fostering personal strengths, highlighting areas for improvement, and offering concrete actions to achieve desired outcomes.[5] When individuals receive valuable feedback from a credible and trusted colleague, they are more likely to consider the feedback positively, affecting clinical performance and, ultimately, patient care.[6] Tenets of peer learning suggest that professional colleagues who discuss areas for improvement with their peers safely and collaboratively may enhance their performance while creating a supportive environment for further learning.[7] Adopting a peer learning approach to online interprofessional communication, including peer posting and feedback, can provide numerous benefits

Akriti Tiwari is a graduate student in the Faculty of Graduate and Postdoctoral Studies at the University of Alberta, Edmonton, Alberta, Canada.

Miguel Hirschhaut is an orthodontist in private practice in Caracas, Venezuela.

Arnaldo Perez-Garcia is a clinical associate professor in the Faculty of Medicine and Dentistry at the University of Alberta, Edmonton, Alberta, Canada.

Carlos Flores-Mir is a professor in the Faculty of Medicine and Dentistry at the University of Alberta, Edmonton, Alberta, Canada. He is an associate editor of The Angle Orthodontist *and a member of the North Atlantic Component of the Edward H Angle Society of Orthodontists.*

to orthodontists seeking, providing, and receiving feedback to improve clinical practice. Such benefits may include increasing awareness of areas for clinical improvement, promoting clinical learning, fostering behavioral change through observation and meaningful interaction, improving group camaraderie, and enhancing patient care.[8]

Due to the subjective nature of peer feedback, this feedback could be inaccurate, general, judgmental, nonrelevant (eg, actions to achieve desired outcomes may not be specified), and decontextualized.[8–10] Developing evidence-based "guidelines" for online interactions between health care professionals, including digital feedback on clinical performance, is paramount.[4] Such guidelines are important because the use of social media among health care professionals is relatively new, and the potential consequences of these interactions, including the content shared, remain to be understood.[2] Guiding principles for developing these guidelines may include professional growth, well-being, mutual respect and benefit, and patient privacy. Guidelines informed by these principles are expected to foster an environment that promotes the sharing of meaningful clinical experiences and content, the provision of constructive feedback, and the utilization of valuable feedback to enhance clinical practice.

In addition, participants in online professional discussions and group administrators have important roles to play. For example, participants can call out, as they often do, the use of inappropriate remarks to describe or judge the work of their colleagues. Similarly, group coordinators can address this issue privately with those making unconstructive comments or, if necessary, remove them from the online group. Although the line between unconstructive feedback and constructive criticism may sometimes be blurred, a reliable indicator of the former is how a given remark makes others feel.

In summary, this commentary attempts to raise awareness of unconstructive digital feedback among health care professionals. Individual and collective actions, including developing guidelines for online professional interactions, are important to minimize the negative impact of unconstructed digital feedback on well-being, professional growth, and clinical practice.

ACKNOWLEDGMENTS

REFERENCES

1. Chretien KC, Tuck MG. Online professionalism: a synthetic review. *Int Rev Psychiatry.* 2015;27:106–117.
2. Ventola CL. Social media and health care professionals: benefits, risks, and best practices. *P T.* 2014;39:491–520.
3. Meira TM, Prestes J, Gasparello GG, Antelo OM, Pithon MM, Tanaka OM. The effects of images posted to social media by orthodontists on public perception of professional credibility and willingness to become a client. *Prog Orthod.* 2021;22:7.
4. Galea G, Chugh R, Luck J. Why should we care about social media codes of conduct in healthcare organisations? A systematic literature review. *Z Gesundh Wiss.* 2023;1–13.
5. Gielen S, Peeters E, Dochy F, Onghena P, Struyven K. Improving the effectiveness of peer feedback for learning. *Learn Instr.* 2010;20:304–315.
6. Scheepers RA, van den Goor M, Arah OA, Heineman MJ, Lombarts KMJMH. Physicians' perceptions of psychological safety and peer performance feedback. *J Contin Educ Health Prof.* 2018;38:250–254.
7. Larson DB, Broder JC, Bhargavan-Chatfield M, et al. Transitioning from peer review to peer learning: report of the 2020 peer learning summit. *J Am Coll Radiol.* 2020;17:1499–1508.
8. McDaniel CE, Singh AT, Beck JB, et al. Current practices and perspectives on peer observation and feedback: a national survey. *Acad Pediatr.* 2019;19:691–697.
9. Rosenthal MA, Sharpe BA, Haber LA. Using peer feedback to promote clinical excellence in hospital medicine. *J Gen Intern Med.* 2020;35:3644–3649.
10. Winslow W. Peer feedback still a challenge for many. *Nurs BC.* 2006;38:21–22.