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Social Media Integration in Dental Residency Training: A Cross-Sectional Study at the Faculty of Dental Medicine of Monastir

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Abstract:

- ***Background:***

Social media are increasingly woven into the learning habits of health-profession trainees, yet data on dental residents, who combine specialist education with unsupervised clinical decision-making, remain scarce, particularly in North Africa. Content on these platforms is heterogeneous in quality and may conflict with academic teaching.

- ***Objectives:***

To describe how dental residents use social media in daily life and during specialist training; to document how they assess the reliability of dental content; and to explore their professional use and expectations.

- ***Methods:***

We conducted a descriptive cross-sectional online survey among all residents enrolled at the Faculty of Dental Medicine of Monastir, Tunisia (n = 190). A 22-item anonymous, voluntary, self-administered questionnaire was distributed by e-mail and Messenger® and closed on 30 August 2026. Data were analyzed descriptively (counts and percentages).

- ***Results:***

Fifty-eight residents responded (response rate 30.5%; 72.4% women). Over half (51.7%) spent more than three hours per day on social media, almost exclusively on smartphones (89.7%). Sixty-nine percent consulted dental content at least daily, mainly on Instagram® (69.0%) and YouTube® (51.7%), and preferred short videos (41.4%). Main motives were updating scientific knowledge (24.1%) and discovering innovations (24.1%). Nearly all respondents (96.6%) had encountered content that contradicted academic teaching; to judge its reliability, they most often read other users' comments (42.9%), whereas only 14.3% compared the content with the scientific literature. Seventy-two percent had already applied a technique discovered on social media in clinical practice. Most respondents followed dentists' accounts (93.1%), and 69.0% followed professional accounts, which mostly shared clinical cases.

- ***Conclusions:***

Dental residents use social media as a routine, informal learning resource and often act on what they find there, relying on popularity-based cues to appraise it. Specialist programs should teach critical appraisal of online content and e-professionalism, and institutions should consider producing curated, evidence-based content on the platforms residents already use.

Keywords: *Social Media; Dental Education; Residency; Specialist Training; Digital Literacy; E-Professionalism; Cross-Sectional Study.*

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I. INTRODUCTION

Social media are digital platforms where users create profiles, produce and share content, and interact in virtual communities [1,2]. Their reach is now global and particularly dense among young adults,[3] who use them to find information, communicate with peers, and access specialized content. In health professions education, this has created a vast, unregulated, and always-available learning environment that runs alongside formal curricula [4–6].

Dentistry is especially suited to this environment because clinical learning relies heavily on visual material: photographs of cases, operative sequences and technique demonstrations. Dental students and practitioners use platforms such as YouTube®, Instagram® and Facebook® to access procedural videos, case presentations and exchanges with colleagues [4,7]. Dental residents, in a four-year specialization that combines theoretical teaching, clinical activity, and a progressive move toward professional autonomy, are likely the group for whom such informal learning has the most direct consequences. A technique seen on a short video can be tried on a real patient within days.

The same features that make social media attractive create risks. Clinicians, commercial actors, and industry produce content with varying expertise and incentives; it is rarely peer-reviewed and may be incomplete, promotional, or inconsistent with current evidence. Dental education has repeatedly raised concerns about misinformation, patient confidentiality, and professionalism [8–11]. Reviews also suggest that dental specialty programs seldom prepare trainees to use social media critically or professionally [7,9].

Most empirical studies in dental education have focused on undergraduate students [12–14]. Evidence on residents is limited, and, to our knowledge, no published data from Tunisia describe how residents use social media for learning, appraise what they see, or translate it into practice. Understanding these behaviors is essential to designing educational responses that neither ignore nor demonize platforms trainees already use daily.

We therefore conducted a cross-sectional survey of dental residents at the Faculty of Dental Medicine of Monastir, Tunisia. Our objectives were (1) to describe general social media use; (2) to characterize the platforms, formats and motives involved in consulting dental content; (3) to explore how residents deal with content that conflicts with academic teaching and which criteria they use to judge quality; and (4) to describe their professional use of social media and their expectations for future practice.

II. METHODS

➢ *Study Design and Reporting*

We carried out a descriptive, cross-sectional, questionnaire-based study. The report follows the STROBE statement for cross-sectional studies [15] and, for the web-based component, the CHERRIES checklist [16].

➢ *Setting and Participants*

The target population comprised all dental residents enrolled in postgraduate specialty training at the Faculty of Dental Medicine of Monastir in the 2025/2026 academic year. In Tunisia, dental residency lasts four years in either clinical or basic-science specialties. The eligible population was 190 residents across the four year groups. No sampling was performed (census approach); all residents were invited. The only exclusion criterion was refusal to consent.

➢ *Questionnaire*

Data were collected with an anonymous, self-administered questionnaire built in Google Forms®. The instrument contained 22 items in five sections: (i) informed consent; (ii) demographics (sex, year of residency); (iii) general social media habits (frequency of use of five platforms, daily time spent, main device); (iv) use of social media in specialist training (frequency of consulting dental content, preferred platforms, formats, motives, exposure to content conflicting with academic teaching, verification behaviour, following of professional accounts, membership of professional discussion groups, perceived contribution to training, clinical application of techniques discovered online, and criteria used to appraise content quality); and (v) professional use and expectations (ownership of a professional account, type and format of content published, and perceived usefulness of social media in future practice).

Most items were closed-ended, with an “Other” option when relevant. Three items used ordinal scales (perceived contribution to training; importance of quality criteria on a three-level scale; perceived usefulness in future practice on a five-level scale). Frequency of use was recorded on a four-level scale (never, sometimes, often, daily). Platforms offered were Facebook®, YouTube®, Instagram®, TikTok® and X® (formerly Twitter®). Messaging-oriented applications (WhatsApp®, Snapchat®) were not considered social media in this study because our focus was content that is consulted and shared with a broad community rather than private messaging.

➢ *Data Collection*

An invitation with the survey link was sent to residents by e-mail and Messenger®. Participation was voluntary, responses were anonymous, and no incentives were offered. Consent was obtained through a mandatory first item; no response could be submitted without it. The survey closed on 30 August 2026.

➢ *Ethical Considerations*

Participation was voluntary and anonymous, and no personal identifiers were collected. The study was approved by the Ethics Committee of the Faculty of Dental Medicine of Monastir.

➢ *Statistical Analysis*

Data were exported from Google Forms® and analyzed descriptively. Categorical variables are reported as counts and percentages. Percentages were calculated on the number of respondents to each item. For questions allowing several answers, percentages may exceed 100%. No inferential tests

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were performed because the study aimed to describe practices in a single institution and the sample was too small for stratified comparisons.

III. RESULTS

➢ *Participants*

Of 190 residents invited, 58 completed the questionnaire (response rate 30.5%), and all of them gave consent. Women represented 72.4% of respondents (n = 42) and men 27.6% (n = 16). Respondents were distributed across the four years of residency as follows: first year 20.7%, second year 31.0%, third year 27.6%, and fourth year 20.7%. The most represented specialties were oral medicine and oral surgery (37.9%), fixed prosthodontics (20.7%), conservative dentistry and endodontics (10.3%), and removable partial prosthodontics (10.3%); the remaining respondents were spread across complete-denture prosthodontics, pediatric dentistry and prevention, orthodontics, periodontology, and basic-science specialties *(*Table 1).

Table 1 Characteristics of Respondents (n = 58)

Characteristic	n (%)
Sex	
Women	42 (72.4)
Men	16 (27.6)
Year of residency	
1st	12 (20.7)
2nd	18 (31.0)
3rd	16 (27.6)
4th	12 (20.7)
Specialty	
Oral medicine and oral surgery	22 (37.9)
Fixed prosthodontics	12 (20.7)
Conservative dentistry and endodontics	6 (10.3)
Removable partial prosthodontics	6 (10.3)
Other specialties (complete-denture prosthodontics, pediatric dentistry, orthodontics, periodontology, basic sciences)	12 (20.7)

Counts are Derived from the Reported Percentages and the Denominator of 58.

➢ *General Use of Social Media*

Instagram® was the most intensively used platform, followed by Facebook®, whereas YouTube® was mostly used “often” rather than daily, and TikTok® and X® were used least; 65.5% of respondents never used X®. More than half of respondents (51.7%) spent over three hours per day on social media, 41.4% between one and three hours, and 6.9% less than one hour. Smartphones were the main access device (89.7%); the remainder used a tablet, and none reported mainly using a computer (Table 2).

➢ *Consultation of Dental Content*

Consulting dental content on social media was a routine activity: 69.0% did so at least once a day and 20.7% weekly; no respondent never did (Table 2). Instagram® was the preferred platform for dental content (69.0%), followed by YouTube® (51.7%), Facebook® (27.6%), TikTok® (6.9%), and X® (3.4%). Four respondents (6.9%) added Google® as a source of dental content. Percentages exceed 100% because several answers were possible.

The most frequently preferred format was the short video (reel) (41.4%), followed by before-and-after photographs of clinical cases (17.2%), stories (13.8%), long videos (10.3%), educational slide presentations (10.3%), and live sessions (6.9%).

The most frequent motives were updating scientific knowledge (24.1%) and discovering innovations in dentistry (24.1%), followed by preparing clinical cases the resident had never performed before (17.2%). Complementing university training and entertainment, combined with learning, accounted for 13.8%, while expanding the professional network was the least frequent motive (6.9%).

Table 2 Use of Social Media and Dental Content (n = 58)

Variable	% (n)
General use	
>3 h/day on social media	51.7 (30)
1–3 h/day	41.4 (24)
<1 h/day	6.9 (4)
Smartphone as main device	89.7 (52)
Dental content	
At least daily	69.0 (40)
Weekly	20.7 (12)
Preferred platform: Instagram®	69.0 (40)
Preferred platform: YouTube®	51.7 (30)

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Preferred platform: Facebook®	27.6 (16)
Preferred platform: TikTok®	6.9 (4)
Preferred platform: X®	3.4 (2)
Preferred format: short video	41.4 (24)
Main motive: update knowledge	24.1 (14)
Main motive: discover innovations	24.1 (14)
Main motive: prepare unfamiliar clinical cases	17.2 (10)
Perceptions and practice	
Encountered content conflicting with academic teaching	96.6 (56)
Follow ≥1 dentist's professional account	93.1 (54)
Member of ≥1 professional discussion group	31.0 (18)
Applied a technique discovered on social media in clinical practice	72.0 (≈42)
Hold a professional account or page	69.0 (40)

Counts are Derived from Percentages and May Differ by Rounding.

➢ *Conflicting Content and Appraisal of Reliability*

Almost all respondents (96.6%) reported encountering social media content that differed from what they had been taught. Among those who described their reaction, the most common response was to read other users' comments and reactions (42.9%), followed by searching for further information online (25.0%), discussing the content with a teacher (17.9%), and comparing it with the scientific literature (14.3%) *(the denominator for these percentages, which corresponds to 28 respondents, is to be confirmed)*.

When asked to rate the importance of six possible quality criteria (not important, important, extremely important), respondents most often considered the quality of photographs and videos as important or extremely important, followed by the presence of bibliographic references, the presence of an audio or written description, and the author's number of followers. The number of "likes" and whether the post was in English were most often considered not important.

➢ *Perceived Contribution to Training and Clinical Application*

Perceived contribution of social media to specialist training was moderate for 34.5% of respondents, considerable for 31.0%, weak for 27.6%, and very large for 6.9%; no one considered it contributed nothing. Seventy-two percent reported already applying a technique or information discovered on social media in their clinical practice. Most residents (93.1%) followed at least one dentist's or specialist's professional account, but only 31.0% belonged to a professional discussion group on social media.

➢ *Professional Use and Future Expectations*

Sixty-nine percent of residents (n = 40) had a professional account or page. Among account holders, clinical cases made up most of the content published (80%), followed by research work (10%) and educational or scientific content (10%) *(denominator to be confirmed)*. Photographs were the most common format (40%), followed by videos and stories (30% each); no respondent published educational slide presentations or live sessions.

For future practice, respondents most often rated "very useful" and "indispensable" across the five proposed roles (continuing education, patient communication, promotion of the practice, seeking advice on clinical situations, and interaction between colleagues). Patient communication, promotion of the practice, and continuing education were the roles most often seen as very useful, whereas "not very useful" or "not at all useful" ratings were a minority for all roles.

IV. DISCUSSION

➢ *Principal Findings*

In this first survey of dental residents in Tunisia, social media were part of everyday life and of specialist training. Residents consulted dental content daily, preferred visual and short formats on Instagram® and YouTube®, used the platforms mainly to update knowledge and discover innovations, and most had already applied what they saw in clinical practice. At the same time, almost all had encountered content that contradicted their teaching, yet the most common way they judged reliability was by reading other users' comments, and fewer than one in six respondents who reported their reaction compared the content with scientific literature. These findings define both the educational opportunity and the vulnerability of this learning route.

➢ *Social Media as an Informal Learning Space*

Intensive social media use (more than half spent over three hours daily, almost entirely on a smartphone) is consistent with the pervasive digital engagement of young adults [3] and with reports on dental and health sciences students [14,17,18]. Such constant, mobile access allows "just-in-time" learning: a resident preparing a procedure can search for a demonstration in minutes, something formal resources cannot easily provide. This aligns with literature describing social media as a flexible, informal learning tool in dental education [4,5,12].

The preference for Instagram® and YouTube® matches dentistry's visual nature. Instagram® offers brief, image-driven clinical content consumable between clinical tasks, while YouTube® hosts longer procedural demonstrations; previous studies have documented the use of YouTube® by dental students to learn clinical procedures [19,20] and of Instagram® for structured learning, for instance in anatomy [21]. Our residents appear to combine platforms according to

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need and available time. The low use of X® and TikTok® for dental content may reflect their text-centered and entertainment-centered designs, respectively, but platform popularity changes quickly, so these findings should be monitored. The fact that four respondents named Google® suggests that some residents do not distinguish social media from general web searching, which is relevant to training in information literacy.

The predominance of short videos (41.4%) and before-and-after photographs deserves comment. These formats are immediately accessible and can convey one targeted message, but they leave little room for indications, contraindications, alternatives, complications, and follow-up, all of which are essential to clinical reasoning. Before-and-after images in particular show outcomes without the decision process and are subject to selection bias. Educational slide presentations and live sessions, formats best suited to structured explanation, were rarely used either for consumption (10.3% and 6.9%) or for production (none). This points to a gap between what the platforms can offer for rigorous teaching and what residents use.

Motives were instructive. Residents used social media not only to keep up to date, but also to prepare clinical cases they had never performed (17.2%), a use close to the point of care. Combined with the 72% who applied a technique discovered online, this suggests social media may influence clinical decisions, not merely knowledge. Because our design cannot tell whether such application was appropriate, supervised, or beneficial, this finding should neither be read as evidence of benefit nor as evidence of harm; it nevertheless supports the need for supervisory structures around informal learning. Interestingly, only 6.9% cited networking as a motive, and fewer than a third belonged to professional discussion groups, suggesting that residents mainly consume rather than interact.

➢ *Exposure to Conflicting Content and Appraisal Skills*

A central finding is that 96.6% of residents had encountered content that contradicted their teaching. Disagreement does not necessarily mean the online content is wrong. Techniques and materials evolve faster than curricula, and social media may expose trainees to emerging practices early. However, novelty, opinion, and evidence are not equivalent, and residents cannot easily tell them apart without appraisal skills. Calls for institutional policies, content regulation, and teaching of critical appraisal in dental programs [9,22] and the documented risk perceptions of the dental community [10,11] are in line with this concern.

The strategies reported are of particular interest. Reading users' comments, the most frequent response is a social heuristic: popularity and consensus are not evidence. Online searching without a defined strategy may yield information of equally variable quality. Approaches that embed information within an evidence-based process, such as discussing with a teacher or comparing with the literature, were less common (17.9% and 14.3%). Respondents' own quality criteria showed the same limitation. They prioritized image and video quality, references, and explanations, and gave little weight to "likes" and language, which is reassuring for popularity metrics. However, visual quality and the mere presence of references poorly proxy scientific validity, since polished images can illustrate unproven techniques and references can be irrelevant, outdated, or misrepresented. Teaching should thus move residents from superficial credibility cues (aesthetics, number of references) to substantive ones (author's qualifications and conflicts of interest, study design and level of evidence, consistency with guidelines, and reported complications). These findings are limited by self-report and by the unclear denominators noted in the Results; they are best viewed as hypothesis-generating.

➢ *Implications for Dental Education*

Three implications follow. First, social media should be addressed in residency curricula, not prohibited. Reviews indicate that dental specialty programs seldom include formal training on this topic [7,9]. A short, practical module (for example, a journal-club style exercise in which residents appraise a viral clinical video against the literature) could target the appraisal gaps shown here. Such training should cover how to identify an author's qualifications and conflicts of interest, trace claims back to primary sources, grade the level of evidence, and discuss a technique with a supervisor before using it on a patient.

Second, institutions can occupy a larger place on these platforms. Previous work has noted that universities use social media only partially, and much of the available content is produced by individual practitioners, companies, and training providers [4,9]. Residents already use Instagram® and YouTube® daily, and short reels, case-based posts, or curated reading lists produced or endorsed by faculty could offer an evidence-based alternative. Such content should complement and not replace teaching or the primary literature, and should respect patient confidentiality and data protection.

Third, e-professionalism must be emphasized, as 69% of residents already run professional accounts, mostly publishing clinical cases and photographs. Publishing patient images raises issues of consent, identifiability, and professional secrecy, and the results shown are mostly successful. Residency is a logical time to teach the ethical and deontological framework for digital presence, as professional online identities form during training [23].

➢ *Strengths and Limitations*

To our knowledge, this study is the first to describe social media use among dental residents in Tunisia. It covered a complete institutional cohort rather than a convenience sample and explored use across learning, appraisal, practice and professional presence.

Several limitations must be considered. First, the response rate (30.5%) was low, and residents more interested in social media or digital learning may have been more likely to respond, likely overestimating its role in training; with 58 respondents, estimates are imprecise. We could not compare respondents with non-respondents. Second, the study was conducted in a single institution, which limits

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generalisability, although it may reflect residents in comparable settings. Third, the data are self-reported and subject to recall and social desirability bias; time spent on social media was reported as a single global figure and could not be separated into personal, professional, and educational use. Fourth, the descriptive design cannot show causal relations or evaluate social media's effect on knowledge, skills, or patient care; the 72% who applied techniques learned online cannot be interpreted as beneficial or harmful. Fifth, some items allowed ambiguous interpretation (for example, "preferred" platform could be answered with several choices), and the questionnaire was not formally validated. Finally, we did not conduct subgroup analyses by year or specialty because of the small sample.

Future research should include multi-institutional samples and analyses of factors associated with use and with verification behavior (year of residency, specialty, professional account ownership). Longitudinal designs could follow residents over the four-year program, and interventional studies could test whether curricular modules on appraisal improve verification behavior. Mixed-methods work, such as interviews or focus groups, could explain why residents rely on comments and how they decide whether to apply a technique.

V. CONCLUSIONS

Dental residents in Monastir use social media as a routine, informal learning resource daily to update knowledge, discover innovations, and even prepare for unfamiliar clinical cases, mostly via Instagram® and YouTube® in short visual formats. Exposure to content that contradicts academic teaching is almost universal, but residents' appraisal strategies still rely largely on popularity and visual cues rather than the scientific literature. Dental specialty programs should therefore integrate teaching in critical appraisal, evidence-based practice and e-professionalism, and institutions should consider providing curated, evidence-based content on the platforms residents already use. The aim should not be to restrict use, but to help residents turn a ubiquitous, unregulated resource into a safe complement to formal training.

DECLARATIONS

- Conflicts of interest: The authors declare no conflicts of interest.
- Funding: This study received no specific funding.
- Author contribution: Conceptualization: Naima Ayari, Sarra Azzez; Methodology: Sarra Azzez, Naima Ayari; Investigation: Naima Ayari; Formal analysis: Ghada Ayari; Writing – original draft: Sarra Azzez, Ghada Ayari; Writing – review and editing: Sarra Azzez, Chiraz Baccouche; Supervision: Chiraz Baccouche
- Ethics approval and consent to participate: Participation was voluntary and anonymous, and electronic consent was obtained before access to the questionnaire. The study is approved by the Ethics Committee of the Faculty of Dental Medicine of Monastir.
- Data availability: The anonymized dataset and the questionnaire are available from the corresponding author on reasonable request.

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