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Clinical experiences of dental students and recent graduates in prosthodontic treatments: a cross-sectional study*

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ABSTRACT

Aims: The aim of our study is to determine the treatment, planning, and X-Ray evaluation skills of 4th and 5th year dental students at our university and newly graduated dentists from our faculty, as well as the procedures they find difficult in the clinical stages of fixed and removable prostheses.

Methods: A total of 140 dental students and dentists were included in the study, comprising 55 fourth-year students, 45 fifth-year students who had completed their prosthetic dentistry internships, and 40 recent graduates from our faculty. To evaluate the clinical internship experiences of the dentists, a 27-question survey form was created using Google Forms, and the survey link was shared with the participants. The survey included 5-point Likert-type questions and closed-ended questions. The data obtained were statistically analyzed using the Pearson Chi-square test and the Bonferroni-corrected Z test.

Results: Significant differences were found among groups in terms of single-tooth preparation time (p=0.001), the effect of patient anxiety (p=0.027), and the most challenging steps in complete and removable denture procedures (p=0.002 and p=0.027, respectively). Half of the graduates completed single-tooth preparation in 15 minutes, while most 4th- and 5th-year students required 15-30 minutes. Fifth-year students were most affected by patient anxiety. In complete denture treatments, occlusal adjustment was generally reported as the most difficult step, whereas try-in denture was the most challenging for 5th-year students. In removable partial denture planning, patient-specific design was the most difficult stage for all groups, though the specific areas of difficulty varied by experience level.

Conclusion: This study demonstrated that clinical experience shortens procedure times in prosthodontic treatments while enhancing empathy and patient management skills. Nevertheless, occlusal adjustment in complete dentures and treatment planning in removable partial dentures remain the most critical challenges, regardless of experience level. These findings suggest that emphasizing these steps in prosthodontic education may enhance clinical efficiency and contribute to improved patient satisfaction.

Keywords: Dental education, clinical competence, prosthodontics

*This study was presented as an oral presentation summary at the 28th Turkish Dental Association International Dental Congress on September 18-21, 2025.

INTRODUCTION

The focus of dental education is to provide students with the knowledge and skills necessary for effective oral health care and to encourage lifelong professional development so that they can face the challenges of dental practice.[1] All dental professionals are expected to demonstrate competence, empathy, and professionalism in clinical practice to ensure they can provide safe and effective clinical care.[2] Dental education programs worldwide require dental graduates to complete a certain period of clinical practice as part of their training.[3] Dental internships have various purposes and objectives. In particular, they aim to develop general dental knowledge and clinical skills under supervision and to foster greater responsibility among interns in patient care and clinical competence.[4] Dental students must achieve basic competencies during their undergraduate curriculum in accordance with professional standards. Competency in dental education integrates knowledge, skills, attitudes, and character for safe, ethical, and independent practice.[5] A successful prosthetic restoration can only be achieved with the correct diagnosis and treatment plan. The patient's biological systems, the mechanical design of the prosthesis, and the physical compatibility of dental materials play a key role in the success of prosthetic dental treatment.[6] Dental students may experience difficulties in learning prosthetic treatment procedures due to various reasons, such as the large number of treatment sessions and the need for collaboration with dental technicians. This situation can cause stress for both patients and students.[7,8] It is important for dental students to be aware that such situations are part of dental education and practice and to develop problem-solving skills in these situations.[9]

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Dental students complete their internships alongside research assistants in the Department of Prosthodontics. All dental procedures are subject to the approval of the research assistants and responsible faculty members. Dental students enhance their theoretical and practical knowledge by benefiting from the expertise and skills of both research assistants and faculty members in the field of prosthodontics.[10,11]

Fırat University's dental medicine undergraduate program includes three years of preclinical study and two years of clinical practice. This study aims to identify the treatment, planning, and X-Ray evaluation skills of 4th- and 5th-year dental students and newly graduated doctors from our faculty, as well as the procedures they find challenging in the clinical stages of fixed and removable prostheses. There are studies in the literature that examine the clinical competence and knowledge levels of dental students; however, studies evaluating prosthodontic internship experiences according to class level are quite limited.

It was hypothesized that increasing clinical experience would enhance procedural efficiency, confidence, and empathy in prosthodontic treatments, while specific stages such as occlusal adjustment and removable partial denture planning would remain challenging regardless of experience level.

METHODS

The study was approved by the Fırat University Non-interventional Researches Ethics Committee (Date: 24.04.2025, Decision No: 2025/06-22). All procedures were carried out in accordance with the ethical rules and the principles of the Declaration of Helsinki. Participation in the study was voluntary. A total of 140 dental students and dentists participated in the study, including 55 fourth-year and 45 fifth-year students who had completed their prosthetic dentistry internships at Fırat University Faculty of Dentistry, and 40 recent graduates from our faculty. A 27-question survey form was created via Google Forms to evaluate the clinical internship experiences of the dentists, and the survey link was shared with the participants themselves. An informed consent question was added to the electronic survey, and each participant agreed to participate in the survey.

The form contained 5-point Likert-type questions that could be answered as "strongly disagree, disagree, undecided, agree and strongly agree" to assess whether students felt competent when planning treatment, evaluating X-Rays, selecting the correct porcelain shade, and performing metal-dentin trials. In addition, our survey included closed-ended questions about the most challenging clinical and laboratory procedures for fixed and removable prostheses, the duration of tooth preparation and impression taking, and the difficulties encountered during the trial phase. Furthermore, the form included comprehensive questions on the ideal treatment approach, patient-dentist communication, and anxious patient management.

Before distribution, the questionnaire was pretested on a group of 10 dental students to ensure clarity and comprehensibility. The collected data were analyzed using IBM SPSS Statistics for Windows, Version 22.0 (IBM Corp., Armonk, NY, USA). Chi-square test and Bonferroni correction were applied where appropriate, and a significance level of $p < 0.05$ was considered statistically significant.

RESULTS

A total of 140 participants were included in the study: 55 fourth-year students, 45 fifth-year students, and 40 recent graduates.

The time spent on single tooth preparation showed significant differences based on students' clinical experience levels (p=0.001, Cramer's V=0.38). Half of the graduates (50.0%) completed the procedure in 15 minutes, while the majority of 5th-year students (56.3%) and most 4th-year students (50.9%) chose the 15-30-minute range. While 30.9% of 4th-year students reported spending 30-60 minutes, this rate decreased to 8.3% among 5th-year students and 10.0% among graduates (**Table**).

There was also a significant difference in responses to the statement "The patient's anxiety affects me" (p=0.027, Cramer's V=0.26). The "strongly agree" response was highest among 5th graders (43.8%), while this rate dropped to 20.0% among 4th graders. The "undecided" (23.6%) and "disagree" (25.5%) responses were more common among 4th-year students, while graduates showed a more balanced distribution between these two extremes (**Table**).

The most challenging complete denture clinical procedure showed significant differences according to experience level (p=0.002, Cramer's V=0.42). Overall, occlusion adjustment was reported as the most frequently challenging step (34.3%). However, the most challenging procedure was reported as try-in denture (43.8%) among 5th-year students, occlusion adjustment was the most common procedure (30.9%) followed by a second impression with eugenol (23.6%) among 4th-year students and occlusion adjustment (50.0%) among graduates (**Table**).

The most common type of failure in metal substructure trials shows statistically significant differences between different clinical groups (p=0.020, Cramer's V=0.24). Fifth-year students most frequently encountered imbalance (41.7%), while fourth-year students most frequently encountered metal seating on the gingiva (32.7%), and graduates most frequently encountered marginal gaps (32.5%) (**Table**).

The most challenging part of removable partial denture planning showed significant differences between groups (p=0.027, Cramer's V=0.29). Although planning appropriate for the patient (rest, claps, etc.) was reported as the most challenging part in all groups, tooth arrangement (27.3%) was reported at relatively higher rates among 4th-year students, framework trial (18.8%) among 5th-year students, and the final session (22.5%) among graduates (**Table**).

The positive response (agree+strongly agree) to the statement "I can perform X-Ray evaluations considering prosthetic factors" was 89.6% (62.5+27.1) in the 5th grade, 85.0% (65.0+20.0) in graduates, and 85.5% (58.2%+27.3%) among graduates in the 4th grade, with no significant difference found between the groups (p=0.339) (**Table**).

Additionally, when examining their responses to the statement "I do not find it difficult to plan removable partial dentures," 43.8% of fifth-year students responded "I agree," the highest rate among graduates was 40.0% responding "I agree," and among fourth-year students, the highest rate was 43.6% responding "I am undecided." The chi-square analysis revealed no statistically significant difference between the groups (p=0.563) (**Table**).

Table. Comparison of responses by academic level for key clinical competencies and procedural challenges (n=140)

	4th year (%)	5th year (%)	Graduate (%)	p*
I have no difficulty planning prosthetic treatment for patients and can vary the treatment.				
I'm undecided	32.7	14.6	17.5	0.054
I agree	50.9	68.8	67.5	
I disagree	7.3	0	0	
I strongly agree	9.1	14.6	15	
I strongly disagree	0	2.1	0	
I can perform X-Ray evaluations, taking prosthetic factors into consideration.				
I'm undecided	12.7	4.2	12.5	0.339
I agree	58.2	62.5	65	
I disagree	1.8	6.3	0	
I strongly agree	27.3	27.1	20	
I strongly disagree	0	0	2.5	
In a single session, I can perform border molding for both maxillary and mandibular complete dentures and make final impressions using zinc oxide-eugenol.				
I'm undecided	30.9	2.1	12.5	0.000
I agree	47.3	58.3	40	
I disagree	16.4	10.4	15	
I strongly agree	3.6	29.2	32.5	
I strongly disagree	1.8	0	0	
How much time do you spend preparing a single tooth?				
15 minutes	18.2	35.4	50	0.001
15-30 minutes	50.9	56.3	35	
30 minutes-1 hours	30.9	8.3	10	
1-2 hours	0	0	5	
I know which parameters to evaluate in fixed prosthetic treatment trials.				
I'm undecided	12.7	4.2	2.5	0.378
I agree	70.9	79.2	82.5	
I disagree	1.8	0	0	
I strongly agree	14.5	16.7	15	
I strongly disagree	0	0	0	
I can solve the problems I encounter in fixed prosthetic treatment trials myself.				
I'm undecided	40	37.5	32.5	0.399
I agree	43.6	52.1	55	
I disagree	10.9	2.1	2.5	
I strongly agree	5.5	8.3	10	
I strongly disagree	0	0	0	
I can easily choose the right color tone.				
I'm undecided	10.9	27.1	20	0.206
I agree	76.4	52.1	67.5	
I disagree	1.8	2.1	2.5	
I strongly agree	10.9	18.8	7.5	
I strongly disagree	0	0	2.5	
I don't have any trouble planning removable partial dentures.				
I'm undecided	43.6	41.7	32.5	0.563
I agree	32.7	43.8	40	
I disagree	18.2	8.3	15	
I strongly agree	5.5	6.3	10	
I strongly disagree	0	0	2.5	
I come to the clinic after conducting preliminary research on pre-treatment procedures.				
I'm undecided	16.4	10.4	22.5	0.709
I agree	60	60.4	45	
I disagree	5.5	8.3	7.5	
I strongly agree	18.2	16.7	22.5	
I strongly disagree	0	2.1	0	

Table. Comparison of responses by academic level for key clinical competencies and procedural challenges (n=140) (continued)

	4th grade (%)	5th grade (%)	Graduated (%)	p*
I feel responsible for the patient I have started treating.				
I'm undecided	1.8	0	0	0.301
I agree	20	35.4	22.5	
I disagree	0	2.1	0	
I strongly agree	78.2	62.5	77.5	
I strongly disagree	0	0	0	
The patient's anxiety affects me too.				
I'm undecided	23.6	12.5	10	0.027
I agree	30.9	29.2	27.5	
I disagree	25.5	8.3	17.5	
I strongly agree	20	43.8	35	
I strongly disagree	0	6.3	10	
I know how to approach an anxious and excited patient.				
I'm undecided	18.2	29.2	30	0.263
I agree	69.1	50	50	
I disagree	3.6	2.1	0	
I strongly agree	9.1	18.8	20	
I strongly disagree	0	0	0	
I have difficulty communicating with patients.				
I'm undecided	14.5	14.6	17.5	0.845
I agree	5.5	10.4	10	
I disagree	67.3	60.4	55	
I strongly agree	0	2.1	0	
I strongly disagree	12.7	12.5	17.5	
I know what I need to do to communicate better with the patient.				
I'm undecided	12.7	14.6	25	0.513
I agree	70.9	64.6	62.5	
I disagree	1.8	0	0	
I strongly agree	14.5	20.8	12.5	
I strongly disagree	0	0	0	
My theoretical knowledge is sufficient for practical applications.				
I'm undecided	47.3	41.7	57.5	0.136
I agree	29.1	43.8	32.5	
I disagree	21.8	10.4	5	
I strongly agree	0	4.2	5	
I strongly disagree	1.8	0	0	
I can easily decide on a post and core indication for a tooth that has undergone endodontic treatment.				
I'm undecided	25.5	16.7	5	0.092
I agree	56.4	60.4	75	
I disagree	5.5	2.1	0	
I strongly agree	12.7	20.8	20	
I strongly disagree	0	0	0	
I can easily decide on the type of occlusion that is appropriate according to the treatment plan.				
I'm undecided	52.7	47.9	45	0.281
I agree	25.5	29.2	37.5	
I disagree	16.4	6.3	5	
I strongly agree	1.8	12.5	10	
I strongly disagree	3.6	4.2	2.5	
I have sufficient knowledge about the differences between the concepts of bilateral balanced occlusion and unilateral balanced occlusion.				
I'm undecided	29.1	16.7	37.5	0.423
I agree	52.7	52.1	42.5	
I disagree	9.1	10.4	5	
I strongly agree	5.5	16.7	12.5	
I strongly disagree	3.6	4.2	2.5	

Table. Comparison of responses by academic level for key clinical competencies and procedural challenges (n=140) (continued)

	4th grade (%)	5th grade (%)	Graduated (%)	p*
I know what to do in case of imbalance with fixed prostheses.				
I'm undecided	18.2	8.3	15	0.470
I agree	69.1	64.6	67.5	
I disagree	1.8	2.1	0	
I strongly agree	10.9	25	17.5	
I strongly disagree	0	0	0	
I find the metal testing stage more challenging than the dentin testing stage.				
Yes	30.9	20.8	25	0.502
No	69.1	79.2	75	
I consider the dentin trial phase more challenging than the metal trial phase.				
Yes	52.7	66.7	62.5	0.332
No	47.3	33.3	37.5	
Mark the most challenging fixed prosthesis clinical procedures				
Metal and dentin try-in	25.5	29.2	30	0.068
To make a dental stone model	3.6	2.1	0	
Temporary crown fabrication	10.9	12.5	2.5	
Taking a bite registration	21.8	8.3	27.5	
Crown or bridge removal	16.4	20.8	17.5	
Placing retraction cord	7.3	6.3	10	
Taking impressions with silicone	9.1	0	0	
Color selection	0	0	0	
Mark the most challenging full denture clinical procedure				
Border Molding	9.1	16.7	12.5	0.002
Tooth arrangement	20	43.8	12.5	
Determining the vertical dimension	16.4	12.5	12.5	
Taking a second impression with eugenol	23.6	2.1	10	
Adjusting the occlusion	30.9	25	50	
Taking the first impression with alginate	0	0	2.5	
What is the most difficult stage in tooth preparation?				
Prepare parallel to each other in multiple member sections	32.7	31.3	37.5	0.129
Set the entry path	12.7	41.7	17.5	
Undercut-free cut	18.2	8.3	10	
To avoid damaging the gums	18.2	10.4	12.5	
Create the ideal convergence (conicity) angle	5.5	4.2	5	
Approximal area section	10.9	4.2	15	
Incisal occlusal reduction	1.8	0	2.5	
What is the most common failure you encounter in metal testing?				
Imbalance	20	41.7	25	0.020
Insufficient space for porcelain	27.3	27.1	20	
Rotation of the crown prosthesis	1.8	2.1	5	
Gap at the marginal edge	18.2	4.2	32.5	
Metal seating on the gum	32.7	25	17.5	
What is the most common error you encounter in dentin tests?				
Early occlusal contacts at closure	67.3	77.1	72.5	0.601
Prosthesis not fitting due to proximal contacts	5.5	4.2	5	
Aesthetic issues	9.1	2.1	10	
Inability to achieve gingival-prosthesis margin adaptation	12.7	14.6	5	
Prosthesis fitting due to swelling of the body bases	5.5	2.1	5	
What is the most challenging part of planning removable partial dentures?				
Plan the appropriate prosthesis for the patient (clasps, rest, etc.)	30.9	39.6	27.5	0.027
Tooth arrangement	27.3	16.7	20	
Adjust the vertical dimension	21.8	4.2	10	
Prepare the appropriate clasp seats on the abutment teeth for the removable prosthesis	3.6	12.5	12.5	
Framework trial	9.1	18.8	7.5	
Final fitting session	7.3	8.3	22.5	
Take an impression with alginate for the prosthesis framework	0	0	0	

DISCUSSION

This survey-based project aimed to gain insight into dental students' confidence in performing prosthetic treatments and to evaluate their perceptions of the quality of prosthetic education. The literature contains numerous studies on dental students' clinical competence and knowledge levels. There are also studies in which students evaluate their own treatments and compare clinical education.[12-18] However, studies evaluating prosthetic internship experiences by class are rare. In studies on similar topics conducted by others, methodological approaches vary, making it difficult to compare results. Furthermore, since each institution has specific disciplinary content and learning styles, it is not possible to generalize the findings of a particular dental school. The majority of graduates reported completing a single tooth preparation in "15 minutes." In the fourth year, "30 minutes to 1 hour" was the most frequently reported time, while the "15 minutes" option was rarely mentioned. These results demonstrate that clinical experience significantly affects the duration of the procedure. These findings are supported by studies conducted by Altan et al.[14] and Maskey et al.[19] to increase experience, it may be beneficial to extend the duration of dental preparation procedures during the preclinical phase for students. Additionally, it is recommended that students be monitored and supervised more frequently by faculty members and research assistants during prosthetic procedures they find challenging (**Figure 1**).

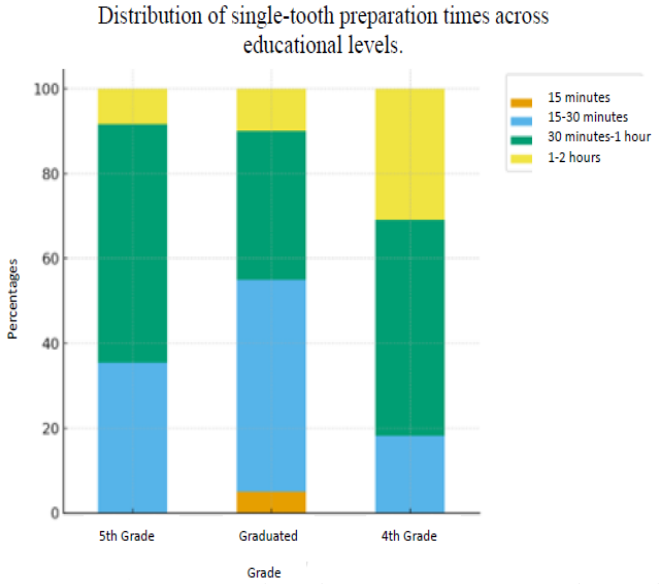

Figure 1. Distribution of single-tooth preparation times across educational levels

Fifth-grade students overwhelmingly agreed with the statement "The patient's anxiety affects me too," while fourth-grade students' responses to this statement showed a wide range of answers. Fourth- and fifth-grade students' perceptions of patient anxiety reflect different stages of their professional development. The lack of clinical experience among fourth graders leads to patient anxiety being perceived as less of a stress source, while increased experience and responsibility among fifth graders strengthens the perception of patient anxiety as a significant stress factor. This situation shows that as students develop their clinical skills, their empathetic responses also increase, and this empathy affects their stress levels (**Figure 2**).

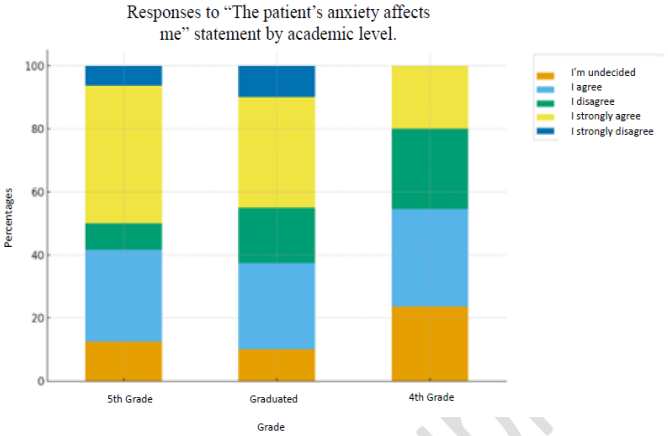

Figure 2. Responses to "the patient's anxiety affects me" statement by academic level

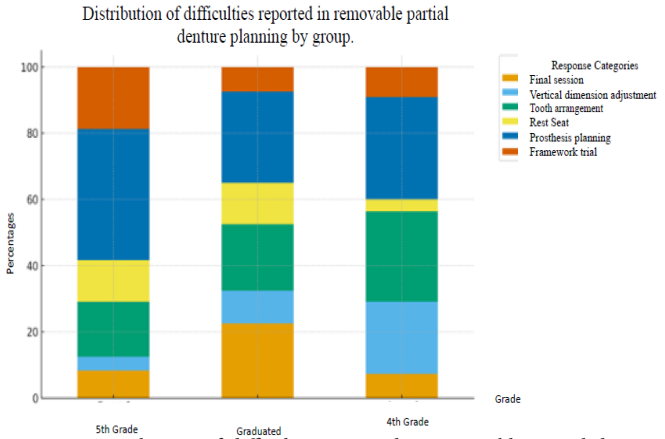

Figure 4. Distribution of difficulties reported in removable partial denture planning by group

The difficulties encountered in complete denture fabrication show significant differences depending on the level of clinical experience (p=0.002). Our study reveals that inexperienced fourth-year students struggle more with impression techniques and occlusion adjustment, while fifth-year students experience more problems in the stages of tooth arrangement and aesthetic adaptation. However, the fact that occlusion adjustment stands out as the most challenging step in a high percentage of 50% among graduate dentists emphasizes that this stage remains difficult even with experience and is one of the most critical and persistent challenges in complete denture treatment. These findings indicate the need for greater focus on occlusion and functional adaptation in prosthodontic education (**Figure 3**).

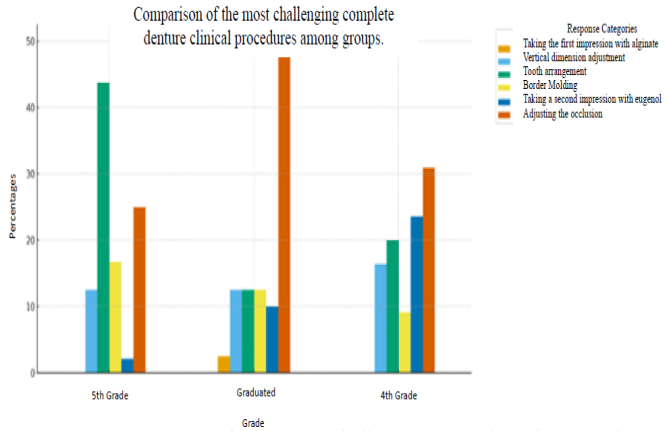

Figure 3. Comparison of the most challenging complete denture clinical procedures among groups

The challenges in planning removable partial dentures vary with clinical experience (p=0.027), but overall, planning that is appropriate for the patient stands out as the most challenging step. As supported by the study by Batak et al.,[16] students are particularly deficient in identifying critical components such as indirect retainers and minor connectors. This situation, combined with difficulties in stages such as tooth arrangement in 4th-year students and framework trials in 5th-year students, shows that each experience level struggles with a different focus. The fact that the final session is a relatively high source of difficulty for graduates emphasizes that the final fit and patient satisfaction stage of the prosthesis remains important even with experience. These findings highlight the importance of planning details and the clinical completion stage in removable partial denture education (**Figure 4**).

Limitations

In this study, certain limitations should be acknowledged. The cross-sectional design of the study limits the interpretation of a causal relationship between experience level and competence. Additionally, the sample was obtained from a single institution, which may restrict the generalizability of the results to other dental schools. Moreover, due to the scarcity of comparable studies in the literature, the scope of discussion-based comparisons was limited. Future multi-center and longitudinal studies with objective performance assessments are recommended to validate these findings and to explore in greater depth the factors influencing clinical competence in prosthodontics.

CONCLUSION

This study revealed that increasing clinical experience among dental students leads to shorter procedure times, improved clinical confidence, and enhanced empathy in prosthodontic practice. However, certain challenges particularly occlusal adjustment in complete dentures and treatment planning in removable partial dentures persist regardless of experience level. To address these difficulties, prosthodontic education should place greater emphasis on occlusal analysis and planning exercises within both preclinical and clinical training. Providing greater guidance during complex clinical procedures and emphasizing case-based applications in clinical training may contribute to the development of students' clinical competence, communication, and decision-making skills.

ETHICAL DECLARATIONS

Ethics Committee Approval

The study was carried out with the permission of the Fırat University Non-interventional Researches Ethics Committee (Date: 24.04.2025, Decision No: 2025/06-22).

Informed Consent

All participants signed an open and informed consent form.

Referee Evaluation Process

Externally peer-reviewed.

Conflict of Interest Statement

The authors have no conflicts of interest to declare.

Financial Disclosure

The authors declared that this study has received no financial support.

Author Contributions

All of the authors declare that they have all participated in the design, execution, and analysis of the paper, and that they have approved the final version.

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