Integration of Artificial Intelligence into Dental Education: Perspectives of Students and Academicians

Yapay Zeka'nın Diş Hekimliği Eğitimine Entegrasyonu: Öğrenci ve Akademisyenlerin Bakış Açısı

Mehmet Semih VELİOĞLU^a, Sinem ÖZDEMİR^a, Serkan POLAT^a, Nimet ÜNLÜ^a

^αSelcuk University, Faculty of Dentistry, Department of Restorative Dentistry, Konya, Türkiye

^αSelçuk Üniversitesi, Diş Hekimliği Fakültesi, Restoratif Diş Tedavisi AD, Konya, Türkiye

^βBolu Abant Izzet Baysal University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery, Bolu, Türkiye

^βBolu Abant İzzet Baysal Üniversitesi, Diş Hekimliği Fakültesi, Ağız, Diş ve Çene Cerrahisi AD, Bolu, Türkiye

ÖZ

Giriş: Yapay zekâ (YZ), son yıllarda sağlık eğitiminde giderek daha fazla yer edinmekte ve diş hekimliği alanında da çeşitli uygulamaları ile dikkat çekmektedir. Ancak, lisans düzeyinde YZ teknolojilerinin entegrasyonu ve kullanımı konusunda sınırlı sayıda çalışma bulunmaktadır.

Amaç: Bu çalışma ile diş hekimliği öğrencilerinin diş hekimliğindeki yapay zeka farkındalığı, uygulamaları ve kullanımında etik ve hukuk kurallarına ilişkin bilginin değerlendirmesi amaçlanmıştır.

Gereç ve Yöntem: Bu çalışma, yaşları 18 ile 60 arasında değişen 161 diş hekimliği öğrencisi ve akademisyen üzerinde, Google Forms anket platformu kullanılarak gerçekleştirilmiştir. Selçuk Üniversitesi Diş Hekimliği Fakültesi Girişimsel Olmayan Klinik Araştırmalar Etik Kurulu tarafından onaylanan bu çalışmaya, Türkiye genelindeki 3., 4. ve 5. sınıf diş hekimliği öğrencileri ile diş hekimliği akademisyenleri e-posta ve sosyal medya aracılığıyla davet edilmiştir. Katılımcıların kişisel bilgileri kaydedilmemiş, veriler anonim olarak analiz edilmiştir. Anket; demografik bilgiler (3 soru), YZ farkındalığı (3 soru), YZ uygulamalarının diş hekimliği eğitimine entegrasyon zorlukları ve etik zorluklar (6 soru) ile görüş ve öneriler (1 soru) olmak üzere 4 bölümden ve toplam 30 sorudan oluşmaktadır. Anket sonuçları Ki-Kare testi ve Kruskal-Wallis testi ile istatistiksel olarak değerlendirilmiştir.

Bulgular: Çalışmaya %12,4 u öğretim üyesi, %24,2 si 5.sınıf öğrencisi, %40,4 u 4. sınıf öğrencisi ve %23 u 3. sınıf öğrencisi katılım sağlamıştır. Katılımcıların %71,5 inin YZ ile ilgili bilgi seviyesi "kararsız", "hiç bilgi sahibi olmadıklarını" ya da "az bilgi sahibi olduklarını" belirtmişlerdir. Bununla birlikte katılımcıların 28'i (%17,5) konuya ilişkin eğitim ve seminere katılıma durumlarının az olduğunu da bildirmişlerdir. Kişilerin eğitim düzeyi ile diş hekimliği eğitiminde YZ farkındalığı ve YZ uygulamaları ile arasında istatistiksel olarak anlamlı bir farklılık görülmemistir (sırasıyla p=0,671 ve p=0,496). "YZ'nın klinik eğitim alanında kullanılması gerektiğini" 4. ve 5. sınıf öğrenciler tarafından istatistiksel olarak anlamlı oranda daha fazla belirtilmiştir (p=0,015). YZ 'nın hasta mahremiyeti, gizlilik ve veri güvenliği konularında 3. sınıf öğrencileri ile öğretim üyeleri arasında istatistiksel olarak anlamlı bir fark görülmüştür (p=0,01). Katılımcılar, YZ'nın diş hekimliğine entegrasyonundaki zorluklar konusunda 1. sırada teknolojik alt yapı eksikliği ve 2. sırada ise yeterli eğitim materyallerinin olmaması olarak belirtmişlerdir. YZ uygulamalarının eğitim müfredatında daha fazla yer alması konusunu katılımcılardan 126'sı (%88,8) tarafından desteklemiştir.

Sonuç: Diş hekimlerinin ve diş hekimliği öğrencilerinin YZ ile ilgili bilgi eksikliğinin mevcut olduğu gözlenmiştir. Bu konuda hem eğitim hem de uygulama alanlarında YZ entegrasyonunun geliştirilmesi gerektiği ortadadır. Ancak veri güvenliği ve hasta mahremiyeti konularındaki kaygıların da giderilmesi için gerekli önlemlerin alınması önemli bir çalışma konusudur.

Anahtar Kelimeler: Yapay zeka, Diş hekimliği eğitimi, Farkındalık

ABSTRACT

Introduction: In recent years, artificial intelligence(AI) has increasingly gained prominence in healthcare education, attracting attention with its various applications in the field of dentistry. However, studies examining the integration and utilization of AI technologies at the undergraduate level remain limited.

Objective: This study aims to evaluate dental students' awareness of Al in dentistry, its applications, and their knowledge regarding the ethical and legal frameworks governing its use.

Materials and Methods: The study was conducted using the Google Forms survey platform with the participation of 161 dental students and academicians aged between 18-60. Ethical approval was obtained from the Non-Interventional Clinical Research Ethics Committee of Selçuk University Faculty of Dentistry. Third-, fourth-, and fifth-year dental students, as well as dental academicians from various institutions across Turkey, were invited to participate via email and social media. Personal data were not recorded, and responses were analyzed anonymously.

The survey consisted of four sections with a total of 30 questions:(1) demographic information(3 questions),(2) Al awareness(3 questions),(3) Al applications(17 questions),(4) challenges in integrating Al into dental education and ethical concerns(6 questions), and (5) opinions and recommendations(1 question). The survey results were statistically analyzed using the Chi-Square test and the Kruskal-Wallis test.

Results: Among the participants, 12.4% were academicians, 24.2% were fifth-year students, 40.4% were fourth-year students, and 23% were third-year students. A total of 71.5% of participants reported their level of Alrelated knowledge as "uncertain," "having no knowledge," or "having little knowledge." Additionally, 28 participants (17.5%) stated that they had limited experience attending Al-related training or seminars. There was no statistically significant difference between educational level and Al awareness or Al applications in dental education(p=0.671 and p=0.496, respectively). However, the perception that "Al should be utilized in clinical education" was statistically significantly higher among fourth- and fifth-year students(p=0.015). A statistically significant difference was observed between third-year students and academicians regarding concerns over Al's impact on patient privacy, confidentiality, and data security(p=0.01).

Participants identified the primary challenge in integrating Al into dental education as the lack of technological infrastructure, followed by the insufficiency of educational materials. Additionally, 126 participants (88.8%) expressed support for the inclusion of more Al-related content in the dental curriculum.

Conclusion: The findings indicate a knowledge gap among dental students and professionals regarding Al. The need for improved integration of Al into both education and clinical practice is evident. However, addressing concerns related to data security and patient confidentiality remains a critical area of focus in future research and implementation strategies.

Keywords: Artificial intelligence, Dentistry education, Awareness

INTRODUCTION

Artificial intelligence is defined as the development of computer systems that aim to mimic human intelligence $^{(1)}$.In recent years, AI has

been increasingly utilized in the fields of medicine and dentistry, integrating not only into clinical applications but also into educational processes⁽²⁾. Al algorithms contribute to more accurate diagnoses and the development of personalized treatment plans by analyzing dental

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Sorumlu yazar/Corresponding Author: Mehmet Semih VELİOĞLU E-mail: semiveli@gmail.com
Doi: 10.15311/ selcukdentj.1675815

imaging and patient records. Furthermore, the use of AI in dental education provides students with the opportunity to enhance their clinical skills through virtual simulations, eliminating any potential risks associated with real-patient interactions⁽³⁾.

Al is also employed to assess the knowledge levels of dental students, enhance knowledge retention, and offer personalized learning experiences⁽⁴⁾. Educational games, assessments, and intelligent tutoring systems increase student motivation while promoting the effective use of technological innovations in education⁽⁵⁾. However, the integration of Al into dental education presents certain ethical and practical challenges⁽⁶⁾. Over-reliance on Al may negatively impact students' critical thinking and problem-solving skills. Additionally, ensuring the accuracy and impartiality of Al algorithms is crucial to preventing erroneous diagnoses and treatment decisions⁽⁷⁾.

Another major concern regarding the use of AI in education relates to academic integrity. AI-powered tools may provide students with an unfair advantage in academic assessments, potentially undermining the credibility of the education system⁽⁸⁾. Therefore, universities must develop preventive policies within the framework of academic ethical standards to regulate the use of AI in educational settings⁽⁹⁾.

This study aims to assess the awareness of Al among dental students and academicians, examine its applications in dentistry, and assess their knowledge regarding the ethical and legal dimensions of these technologies.

METHODS

This study was conducted on 161 dentistry students and faculty members aged between 18 and 60, using the Google Forms survey platform. The study was approved(Ethics approval number 2025/21) by the Non-Interventional Clinical Research Ethics Committee of Selçuk University Faculty of Dentistry. Dental students in their 3rd, 4th, and 5th years, as well as dentistry faculty members from various institutions across Turkey, were invited to participate via email and social media. Participants' personal information was not recorded, and the data were analyzed anonymously.

The survey consisted of four sections with a total of 30 questions: demographic information (3 questions), Al awareness (3 questions), Al applications (17 questions), challenges in integrating Al into dental education and ethical concerns (6 questions), and opinions and suggestions (1 question). The survey results were statistically analyzed using the Chi-Square test and the Kruskal-Wallis test.

RESULTS

The sociodemographic distribution of participants were presented in Table1. An analysis of the data obtained from the study reveals that 81.1% of the participants were women aged between 18 and 24 years. Additionally, 86.5% of the participants were students.

Table 1. The sociodemographic distribution of participants.

Gender	Male	111 (%67,7)
	Female	52(%31,7)
	Not mentioned	1 (%0,6)
Age	18-24	133(%81,1)
	25-34	22(%13,4)
	35-44	4(%2,4)
	45 +	5(%3)
Title	Academician	22(%13,4)
	Class 3	37(%22,6)
	Class 4	66(%40,2)
	Class 5	39(%23,8)
	Class 3 Class 4	37(%22,6) 66(%40,2)

Three questions were asked to assess the participants' awareness of artificial intelligence. The questions and the distribution of responses are presented in **Table 2**. Accordingly, participants' levels of knowledge, seminar attendance, and awareness regarding Al applications were evaluated.

Table 2. The responses of participants regarding the awareness of artificial intelligence.

How do you assess your level of knowledge about artificial intelligence?						
	No Knowledge	Limited Knowledge	Undecided	Have Knowledge	High level of Knowledge	
Class 3	4(%11)	13(%35)	14(%38)	6(%16)	0 (%0)	
Class 4	3(%5)	24(%36)	17(%26)	21(%32)	1 (%2)	
Class 5	4(%10)	16(%41)	7(%18)	11(%28)	1 (%3)	
Academician	2(%9)	7(%32)	4(%18)	8(%36)	1 (%5)	
Have you attended any training sessions or seminars on the use of artificial intelligence in dental education?						
		Yes		No		
Class 3	4(%11)			33(%89)		
Class 4	17(%26)			49(%74)		
Class 5	5(%13)		34(%87)			
Academician	5(%23)		17(%77)			
Are you knowledgeable about the applications of artificial intelligence in dental education?						
	No Knowledge	Limited Knowledge	Undecided	Have Knowledge	High level of Knowledge	
Class 3	9(%24)	15(%41)	10(%27)	3(%8)	0(%0)	
Class 4	11(%17)	21(%32)	16(%24)	17(%26)	1 (%2)	
Class 5	7(%18)	20(%51)	7(%18)	5(%13)	0(%0)	
Academician	1 (%5)	9(%41)	3(%41)	8(%36)	1 (%5)	

The analyses conducted for all these aspects revealed no statistically significant differences (p > 0.05). This indicates that, in general, participants possess a comparable level of knowledge concerning artificial intelligence.

In this study, various applications of artificial intelligence (AI) in dentistry (including clinical skill development, accuracy and efficiency, personalized treatment planning, early diagnosis and treatment, database creation, simulations and inactive learning tools, and performance monitoring) were evaluated. For this purpose, 17 questions were administered to the participants, and the distribution of the questions and their corresponding responses is presented in Table 3a. Statistical analysis revealed no significant differences in the evaluation of these AI application areas among third-, fourth-, and fifth-grade students and academicians (p>0.05). This finding suggests that participants hold similar views regarding the role of AI in dental education and professional practice.

Participants were asked about the areas in which artificial intelligence is currently being used, and the distribution of their responses is presented in **Table 3b**. Results indicated that the majority of participants agreed on the necessity of Al applications in diagnosis and treatment planning, dental imaging and analysis technologies, clinical training simulations, Al-assisted treatment applications (such as CAD/CAM and orthodontic aligner treatments), robotic surgery, and Al integration, patient management, and appointment systems, as well as data analysis and patient risk assessment methods. However, participants largely expressed that Al should not be used in student performance evaluation, forensic dentistry, and ethical-legal matters. Notably, in student performance evaluation, academicians supported the use of Al, whereas students predominantly opposed it, and this difference was statistically significant (p=0.042).

Table 3a. The responses of participants regarding artificial intelligence applications.

					Academicians and Students
	Dia	gnosis and treatment planning			127(%77,4)
		e Technologies in Dental Imag			143(%87,2)
		I Training Simulations in Denti			117(%71,3)
	Artificial Intelligence in Treatm	135(%82,3)			
	Robotic Surgery an		82(%50)		
	Student	58(%35,4)			
		122(%74,4)			
Patient Management and Appointment Systems in Dentistry Data Analysis and Patient Risk Assessment Methods in Dentistry Use of Data Analysis and Artificial Intelligence in Forensic Dentistry Artificial Intelligence Applications in Ethical and Legal Issues in Dentistry					111(%67,7)
					67(%40,9)
					50(%30,5)
	3	Others	,,		1(%0,6)
	Completely disagree	Disagree	Undecided	Agreed	Completely Agreed
Class 3	0(%0)	2(%5)	8(%22)	17(%46)	10(%27)
Class 4	2(%3)	3(%5)	17(%26)	30(%45)	14(%21)
Class 5	0(%0)	2(%5)	9(%23)	16(%41)	12(%31)
Academician	0(%0)	0(%0)	3(%14)	13(%59)	6(%27)
	. ,	, ,		, ,	diagnosis. It also supports accuracy and efficiency.
7. uniolui intonigorioo	Completely disagree	Disagree	Undecided	Agreed	Completely Agreed
Class 3	0(%0)	1(%3)	7(%19)	20(%54)	9(%24)
Class 4	2(%3)	1(%2)	14(%21)	35(%53)	14(%21)
Class 5	0(%0)	3(%8)	8(%21)	18(%46)	10(%26)
Academician	0(%0)	0(%0)	3(%14)	12(%55)	7(%32)
Academician				ed on the specific needs of pa	
	Completely disagree	Disagree	Undecided	Agreed	Completely Agreed
Close 2					
Class 3 Class 4	0(%0)	1(%3)	7(%19)	21(%57)	8(%22) 16(%24)
	1(%2)	3(%5)	15(%23)	31(%47)	16(%24) 10(%26)
Class 5	0(%0)	3(%8)	8(%21)	18(%46)	10(%26)
Academician	0(%0)	2(%9)	3(%14)	10(%45)	7(%32)
Artificial ir	, , , , , , , , , , , , , , , , , , , ,		<u> </u>		revention, early diagnosis, and treatment.
Olean C	Completely disagree	Disagree	Undecided	Agreed	Completely Agreed
Class 3	1(%3)	1(%3)	7(%19)	18(%49)	10(%27)
Class 4	1(%2)	0(%0)	18(%27)	35(%53)	12(%18)
Class 5	0(%0)	4(%10)	6(%15)	19(%49)	10(%26)
Academician	0(%0)	1(%5)	1(%5)	15(%68)	5(%23)
Artificial intelligence of					s and practices that can be compared with outcomes.
	Completely disagree	Disagree	Undecided	Agreed	Completely Agreed
Class 3	0(%0)	2(%5)	5(%14)	18(%49)	12(%32)
Class 4	2(%3)	1(%2)	10(%15)	40(%61)	13(%20)
Class 5	0(%0)	0(%0)	4(%10)	24(%62)	11(%28)
Academician	0(%0)	0(%0)	3(%14)	12(%55)	7(%32)
	Al-based tools help studen	ts acquire practical skills in de	ntal education through simula	ations, interactive learning too	ls, and various scenarios.
	Completely disagree	Disagree	Undecided	Agreed	Completely Agreed
Class 3	0(%0)	0(%0)	9(%24)	16(%43)	12(%32)
Class 4	1(%2)	1(%2)	15(%23)	31(%47)	18(%27)
Class 5	0(%0)	2(%5)	4(%10)	23(%59)	10(%26)
Academician	0(%0)	0(%0)	4(%18)	13(%59)	5(%23)
	Artificial inte	lligence can provide feedback	by monitoring students' perfo	ormance, optimizing the learning	ng process.
	Completely disagree	Disagree	Undecided	Agreed	Completely Agreed
Class 3	0(%0)	0(%0)	11(%30)	19(%51)	7(%19)
Class 4	2(%3)	3(%5)	15(%23)	31(%47)	15(%23)
Class 5	1(%3)	1(%3)	10(%26)	19(%49)	8(%21)
Academician	0(%0)	1(%5)	5(%23)	10(%45)	6(%27)
				I work performed on patients,	and providing training experiences without the assoc
			dangers.		
	Completely disagree	Disagree	Undecided	Agreed	Completely Agreed
Class 3	0(%0)	2(%5)	15(%41)	16(%43)	4(%11)
Class 4	1(%2)	4(%6)	16(%24)	34(%52)	11(%17)
Class 5					11(/017)
Academician	0(%0)	3(%8)	7(%18)	21(%54)	8(%21)
Artifi	0(%0) 0(%0)			21 (%54) 10 (%45)	
		3(%8)	7(%18)	` '	8(%21)
		3(%8)	7(%18)	` '	8(%21)
Class 3	0(%0) cial intelligence helps students d	3(%8) 2(%9) evelop their skills and better p	7(%18) 6(%27) orepare for real patient interac	10(%45) tions by providing virtual patie	8(%21) 4(%18) ent feedback before clinical practice.
Class 3 Class 4	0(%0) cial intelligence helps students d Completely disagree	3(%8) 2(%9) evelop their skills and better p Disagree	7(%18) 6(%27) prepare for real patient interac Undecided	10(%45) tions by providing virtual patie Agreed	8(%21) 4(%18) ent feedback before clinical practice. Completely Agreed
	0(%0) cial intelligence helps students d Completely disagree 0(%0)	3(%8) 2(%9) evelop their skills and better p Disagree 3(%8)	7(%18) 6(%27) prepare for real patient interact Undecided 5(%14)	10(%45) tions by providing virtual patie Agreed 22(%59)	8(%21) 4(%18) ent feedback before clinical practice. Completely Agreed 7(%19)
Class 4	0(%0) cial intelligence helps students d Completely disagree 0(%0) 2(%3)	3(%8) 2(%9) evelop their skills and better p Disagree 3(%8) 1(%2)	7(%18) 6(%27) prepare for real patient interac Undecided 5(%14) 20(%30)	10(%45) tions by providing virtual patie Agreed 22(%59) 31(%47)	8(%21) 4(%18) ent feedback before clinical practice. Completely Agreed 7(%19) 12(%18)
Class 4 Class 5	0(%0) cial intelligence helps students d Completely disagree 0(%0) 2(%3) 0(%0) 0(%0) 0(%0)	3(%8) 2(%9) evelop their skills and better p Disagree 3(%8) 1 (%2) 1 (%3) 1 (%5)	7(%18) 6(%27) prepare for real patient interac Undecided 5(%14) 20(%30) 7(%18) 3(%14)	10(%45) tions by providing virtual patie Agreed 22(%59) 31(%47) 24(%62)	8(%21) 4(%18) ent feedback before clinical practice. Completely Agreed 7(%19) 12(%18) 7(%18) 6(%27)
Class 4 Class 5	0(%0) cial intelligence helps students d Completely disagree 0(%0) 2(%3) 0(%0) 0(%0) 0(%0)	3(%8) 2(%9) evelop their skills and better p Disagree 3(%8) 1 (%2) 1 (%3) 1 (%5)	7(%18) 6(%27) prepare for real patient interac Undecided 5(%14) 20(%30) 7(%18) 3(%14)	10(%45) tions by providing virtual patie Agreed 22(%59) 31(%47) 24(%62) 12(%55)	8(%21) 4(%18) ent feedback before clinical practice. Completely Agreed 7(%19) 12(%18) 7(%18) 6(%27)
Class 4 Class 5	0(%0) cial intelligence helps students d Completely disagree 0(%0) 2(%3) 0(%0) 0(%0) Artificial intelligence predicts	3(%8) 2(%9) evelop their skills and better p Disagree 3(%8) 1(%2) 1(%3) 1(%5) an individual's age by analyzir	7(%18) 6(%27) prepare for real patient interac Undecided 5(%14) 20(%30) 7(%18) 3(%14) ng dental development and en	10(%45) tions by providing virtual patie Agreed 22(%59) 31 (%47) 24(%62) 12(%55) osion in the fields of forensic	8(%21) 4(%18) Int feedback before clinical practice. Completely Agreed 7(%19) 12(%18) 7(%18) 6(%27) medicine and anthropology.
Class 4 Class 5 Academician	0(%0) cial intelligence helps students d Completely disagree 0(%0) 2(%3) 0(%0) 0(%0) Artificial intelligence predicts Completely disagree 0(%0)	3(%8) 2(%9) evelop their skills and better p Disagree 3(%8) 1(%2) 1(%3) 1(%5) an individual's age by analyzir Disagree 3(%8)	7(%18) 6(%27) orepare for real patient interact Undecided 5(%14) 20(%30) 7(%18) 3(%14) org dental development and er Undecided 11(%30)	10(%45) tions by providing virtual patie Agreed 22(%59) 31(%47) 24(%62) 12(%55) osion in the fields of forensic of the state of the	8(%21) 4(%18) ent feedback before clinical practice. Completely Agreed 7(%19) 12(%18) 7(%18) 6(%27) medicine and anthropology. Completely Agreed 8(%22)
Class 4 Class 5 Academician Class 3	0(%0) cial intelligence helps students d Completely disagree 0(%0) 2(%3) 0(%0) 0(%0) Artificial intelligence predicts Completely disagree 0(%0) 1(%2)	3(%8) 2(%9) evelop their skills and better p Disagree 3(%8) 1 (%2) 1 (%3) 1 (%5) an individual's age by analyzir Disagree 3(%8) 2 (%3)	7(%18) 6(%27) prepare for real patient interac Undecided 5(%14) 20(%30) 7(%18) 3(%14) ng dental development and er Undecided 11(%30) 21(%32)	10(%45) tions by providing virtual patie Agreed 22(%59) 31 (%47) 24(%62) 12(%55) cosion in the fields of forensic in Agreed 15(%41) 33(%50)	8(%21) 4(%18) Int feedback before clinical practice. Completely Agreed 7(%19) 12(%18) 7(%18) 6(%27) medicine and anthropology. Completely Agreed 8(%22) 9(%14)
Class 4 Class 5 Academician Class 3 Class 4	0(%0) cial intelligence helps students d Completely disagree 0(%0) 2(%3) 0(%0) 0(%0) 0(%0) Artificial intelligence predicts Completely disagree 0(%0) 1(%2) 1(%3)	3(%8) 2(%9) evelop their skills and better p Disagree 3(%8) 1(%2) 1(%3) 1(%5) an individual's age by analyzir Disagree 3(%8)	7(%18) 6(%27) orepare for real patient interact Undecided 5(%14) 20(%30) 7(%18) 3(%14) org dental development and er Undecided 11(%30)	10(%45) tions by providing virtual patie Agreed 22(%59) 31(%47) 24(%62) 12(%55) osion in the fields of forensic of the state of the	8(%21) 4(%18) ent feedback before clinical practice. Completely Agreed 7(%19) 12(%18) 7(%18) 6(%27) medicine and anthropology. Completely Agreed 8(%22) 9(%14) 7(%18)
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Table 5. Opinions of participants about the role of artificial CONCLUSION intelligence in the educational curriculum.

Artificial intelligence applications should have a more prominent role in the educational curriculum.					
	Completely disagree	Disagree	Undecided	Agreed	Completely Agreed
Class 3	0(%0)	2(%5)	9(%24)	16(%43)	10(%27)
Class 4	1(%2)	1(%2)	13(%20)	30(%45)	21(%32)
Class 5	1(%3)	1(%3)	4(%10)	27(%69)	6(%15)
Academician	0(%0)	0(%0)	2(%9)	15(%68)	5(%23)

DISCUSSION

As in other fields, artificial intelligence (AI) used in the healthcare sector has rapidly gained momentum. In this context, the level of consideration and awareness of AI applications in dentistry among faculty members and students is of significant importance⁽¹⁰⁾. Shortly, dental students and practicing dentists are expected to play key roles not only in the utilization but also in the development of Al technologies. The literature includes several studies aimed at assessing the knowledge levels of dental students about the applications of artificial intelligence in dentistry(11, 12).

In the survey study conducted by Taşsöker and Akyüz with the participation of 259 students, 76.8% of the respondents answered "no" to the question, "Are you aware of the topics of artificial intelligence and deep learning discussed in radiology?"(13). Similarly, in a study conducted by Özel and Büyükçavuş on 236 dental students, 76.27% of the participants responded "no" to the question, "Are you aware of developments related to artificial intelligence in the field of radiology?"(14). In our study, 72.34% of students and 52.63% of faculty members stated that their knowledge about artificial intelligence was insufficient. These findings are consistent with the results reported in the literature.

Thanks to artificial intelligence, which enhances diagnostic accuracy, personalizes treatment approaches, and organizes data more efficiently, dentistry is undergoing a significant transformation (15, ¹⁶⁾. Various branches of dentistry benefit from AI tools in numerous ways, such as enabling earlier detection of diseases. However, for the successful integration of artificial intelligence into dental practice, challenges related to data management, processing capacity, and ethical considerations must be addressed⁽¹⁷⁾.

In our study, no statistically significant difference was observed among participants regarding the impact of artificial intelligence applications in dentistry on clinical skill development, accuracy and efficiency, personalized treatment planning, early diagnosis and treatment, database creation, simulations, inactive learning tools, and performance monitoring (p > 0.05). This result indicates that participants hold similar views on the role of artificial intelligence in dental education and professional practice.

Participants were asked in which areas of dentistry artificial intelligence is most commonly used. The responses revealed that they shared largely similar opinions regarding the necessity of AI utilization in areas such as diagnosis and treatment planning, dental imaging and analysis technologies, clinical education simulations, Al-assisted treatment applications (e.g., CAD/CAM systems, orthodontic clear aligner treatments), robotic surgery and AI integration, patient management and appointment systems, and data analysis for patient risk assessment. Based on these findings, there appears to be a consensus that artificial intelligence should be utilized as a supportive tool in nearly all areas of the dental profession excluding primarily surgical and operative procedures. Nonetheless, our study also revealed that participants expressed concerns regarding bias and privacy about artificial intelligence. In a study conducted by Kim et al., it was emphasized that ethical, impartial, responsible, and clinically validated algorithms are crucial for maximizing the benefits of artificial intelligence while minimizing the risks it poses to both patients and practitioners(3). The same study also highlighted that artificial intelligence curricula should not only teach students how to interact with, use, and manage AI programs (18). Still, it should also encourage critical thinking by guiding dental educators to train students in making visual estimations before consulting AI to interpret results correctly and avoid potential errors(19). Additionally, it was suggested that curricula should include aspects related to data protection, privacy, and potential third-party interference $^{\!(20)}\!.$

Today, artificial intelligence has become an indispensable part of the healthcare system, promising higher quality healthcare services while also providing high efficiency and rapid access to information. Within the field of dentistry, Al-driven applications are transforming clinical practice, diagnosis, treatment planning, and patient management. Yet, the integration of Al into dentistry education requires a proactive and strategic approach to ensure its safe, ethical, and effective implementation. This study highlights that while AI awareness is growing among students and academicians, concerns regarding bias, data privacy, and ethical considerations persist. Addressing these concerns is crucial to fostering a learning environment where future dental professionals can harness Al's potential while maintaining patient safety, professional integrity, and equitable healthcare delivery.

For AI to be successfully integrated into dental curricula, it is essential to provide structured educational programs that not only enhance technical proficiency but also encourage critical thinking and ethical decision-making. Dental educators must guide students in understanding Al's capabilities and limitations, ensuring they can interpret Al-generated data effectively and avoid over-reliance on automated systems. Furthermore, curricula should incorporate modules on data protection, algorithmic transparency, and thirdparty interventions to equip students with a comprehensive understanding of Al-related challenges. By adopting a forwardthinking approach, dental education can align itself with technological advancements, preparing future professionals to leverage AI responsibly and ethically for the benefit of both patients and practitioners.

Değerlendirme / Peer-Review

İki Dış Hakem / Çift Taraflı Körleme

Etik Beyan / Ethical statement

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This study was presented as an "oral presentation" at the UDEG 3rd International Dentistry Education Congress held at Bolu Abant İzzet Baysal University on 20-22 February 2025.

It is declared that during the preparation process of this study, scientific and ethical principles were followed and all the studies benefited are stated in the bibliography.

Benzerlik Taraması / Similarity scan

Yapıldı - ithenticate

Etik Bildirim / Ethical statement

dishekimligidergisi@selcuk.edu.tr

Çıkar Çatışması / Conflict of interest

Cıkar catısması beyan edilmemistir.

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