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# Questionnaire for the Evaluation of Knowledge and Attitudes of Undergraduate Dentistry Students Regarding the Use of CAD-CAM in Class 2 Inlay Restoration Applications

Diş Hekimliği Fakültesi Lisans Öğrencilerinin Sınıf 2 İnley Restorasyon Uygulamalarında CAD-CAM Kullanımına İlişkin Bilgi ve Tutumlarının Değerlendirilmesi Anketi

### ABSTRACT

**Objective:** This study aims to assess the knowledge and practices of undergraduate dental students regarding the use of CAD-CAM technology in inlay restorations for maxillary premolars affected by Class 2 caries.

**Methods:** The questions asked in this study were adapted from a previous survey and were translated into Turkish. The questionnaire, which consists of 17 questions related to CAD-CAM knowledge, preferences, and group characteristics, was distributed to 1<sup>st</sup>-, 2<sup>nd</sup>-, 3<sup>rd</sup>-, 4<sup>th</sup>-, and 5<sup>th</sup>-year dental students. Participants who volunteered and completed the entire questionnaire were included in this study, resulting in a total of 365 participants (272 preclinical and 93 clinical students). The Chi-square independence test was employed to test the independence between two categorical variables.

**Results:** In this study, 75% of the participants were preclinical students, and 25% were clinical students. The analysis of the number and percentage of responses to the questions in the questionnaire, grouped by preclinical and clinical years as well as the total number of students, indicated significant differences between the groups in all questions, except for S1 (Do you consider occlusion to be important?), S2 (What type of composite do you prefer for Class 2 restorations?) and S9 (In which cavities can indirect inlay restorations be preferred?).

**Conclusion:** The findings suggest that practical education in CAD-CAM technology has yet to be fully integrated into undergraduate dental education; however, there is an increasing awareness of its importance and a high level of interest among students for further education in this field.

Keywords: Inlay, CAD-CAM, Dental student

ÖZ

Amaç: Bu çalışmanın amacı, dişhekimliği lisans öğrencilerinin Sınıf 2 çürüklerden etkilenen üst küçük azı dişlerinin dolgu restorasyonlarında CAD-CAM teknolojisinin kullanımına ilişkin bilgi ve uygulamalarını değerlendirmektir.

Yöntemler: Bu çalışmada kullanılan sorular daha önce yapılmış bir anketten uyarlanarak Türkçeye çevrilmiştir. CAD-CAM bilgisi, tercihleri ve grup özelliklerine ilişkin toplam 17 sorudan oluşan anket, diş hekimliği eğitiminin 1., 2., 3., 4. ve 5. yılındaki öğrencilere dağıtıldı. Gönüllü olan ve anketin tamamını dolduran katılımcılar çalışmaya dahil edilerek toplam 365 katılımcı (272 klinik öncesi ve 93 klinik öğrencisi) elde edildi. İki kategorik değişken arasındaki bağımsızlığı test etmek için Ki-kare bağımsızlık testi kullanıldı. Bulgular: Çalışmamızda akademik yıllara göre dağılım şu şekildeydi: %75'i klinik öncesi öğrenciler, %25'i klinik öğrencileriydi. Klinik öncesi ve klinik yıllara ve toplam öğrenci sayısına göre gruplandırılan anketteki sorulara verilen yanıtların sayısı ve yüzdesinin analizi, S1 dışındaki tüm sorularda gruplar arasında anlamlı farklılıklar olduğunu gösterdi (Oklüzyonun bir hastalık olduğunu düşünüyor musunuz?) önemli mi?), S2 (Sınıf 2 restorasyonlar için hangi tür kompoziti tercih edersiniz?) ve S9 (İndirekt inlay restorasyonlar hangi kavitelerde tercih edilebilir?).

**Sonuç:** Bulgular, CAD-CAM teknolojisindeki uygulamalı eğitimin henüz lisans diş hekimliği eğitimine tam olarak entegre edilmediğini; ancak önemine ilişkin farkındalığın giderek arttığı ve öğrenciler arasında bu alanda ileri eğitime yönelik yüksek düzeyde ilgi olduğu yönündedir.

Anahtar kelimeler: İnley, CAD-CAM, Diş hekimliği fakültesi öğrencileri

## INTRODUCTION

It is very challenging to achieve esthetic results in dentistry, particularly with posterior teeth. Dental caries predominantly develops on the occlusal surfaces of posterior teeth. Manufacturers have recently developed composites that meet the needs of dentists and patients.<sup>1,2</sup> However, composites still have some minor drawbacks. They involve multiple steps, are technique-sensitive and time-consuming, and require excellent dental skills to achieve optimal esthetics and functional outcomes.<sup>3.4</sup> Completing restorations with composites takes more time when compared to amalgam.<sup>5</sup> Recently, computer-aided design, computer-aided manufacturing (CAD-CAM) technology, and intraoral digital scanners have gained popularity as alternatives to traditional impression-taking and casting methods. Inlay/onlay restorations represent a more conservative approach in comparison to full crowns and can be produced with less retention thanks to advancements in bonding procedures. Moreover, polymerization shrinkage for indirect restorations is limited to the cement area for composite resin restorations. The performance of CAD-CAM inlay/onlay restorations is satisfactory, with a success rate of 88.78% for ceramics over ten years and 84.78% for composite resin over 5 years. 6-12

Manually achieving an esthetic restoration requires the dentist to have knowledge of occlusal anatomy and excellent skills. One of the best techniques to achieve a perfect blend of both function and esthetics is CAD-CAM restoration production. Current materials used for CAD-CAM inlay/onlay restorations in dentistry include glass-ceramic blocks and composite resin blocks.<sup>13</sup>

In dentistry, the synergistic effect of the digital technologies and the evolution of materials with suitable mechanical and esthetic properties has caused a significant change in prosthodontic restorative dentistry. Many dentists are adopting computer-aided design/computer-aided manufacturing (CAD-CAM) chairside technology, and manufacturers are expanding the range of materials to reduce chairside working times while maintaining high precision and safety standards.

The null hypothesis of this study is that undergraduate dentistry students' knowledge and practice regarding the use of CAD-CAM in inlay restorations of Class 2 caries in posterior teeth is sufficient.

### **METHODS**

The Ethics Committee for Clinical Research of the Dentistry Faculty of Afyonkarahisar Health Science University approved the study protocol (06.02.2023, protocol number 2011-KAEK-2). The survey questions used in this study were adapted from a previous study's questionnaire developed by Reshawn et al.<sup>14</sup> The questionnaire was translated into Turkish and then modified and used in its final form in this study. The questionnaire consisted of 17 questions assessing CAD-CAM knowledge, preferences, and group characteristics. The survey was distributed to distributed to 1<sup>st.</sup>, 2<sup>nd.</sup>, 3<sup>rd.</sup>, 4<sup>th.</sup>, and 5<sup>th.</sup>-year dental students of Afyonkarahisar Health Sciences University. The principles of the Declaration of Helsinki were followed throughout the study process.

The survey questions were translated into Turkish by experts proficient in both languages (English and Turkish) and then backtranslated into the original language. Five expert dentists evaluated the appropriateness and understandability of each item. Based on expert opinions, all items were retained due to difficulty understanding or similarity. The survey was administered to participants in Turkish. Factor analysis was conducted using principle components analysis (PCA) with variable rotation. The Kaiser Meyer-Olkin measure was found to be

0.594 and the result of Barlett's test to be P<.001. The reliability of the survey was determined through Cronbach's alpha analysis, resulting in  $\alpha$ =0.684.

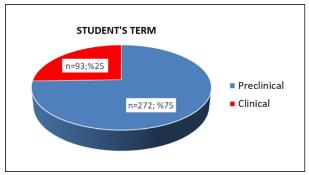
The study population comprised 462 undergraduate students (316 preclinical and 146 clinical students). The need for an answer using the formula  $n = N * t^2 * p * q / (d^2 * (N-1) + t^2 * p * q)$  was determined for a population of this size with a 95% confidence level (P=.5; q=0.5; t=1.96 and d=0.05). According to this calculation, a minimum of 210 students was targeted. Participants who participated in this study voluntarily and completed the survey were included in the analysis. A total of 365 participants (272 preclinical and 93 clinical students) were included in this study.

Demographic characteristics considered in this study included academic year (question 14), whether dentistry was their first choice of profession (question 15), and whether there were any dentists in their family (question 16).

IBM SPSS 25.0 software (IBM SPSS Corp., Armonk, NY, USA) was used for statistical analysis. Descriptive statistical methods, such as percentages and frequency, were used to evaluate the summarized data. The Chi-square independence test was employed to test the independence between two categorical variables. Relationships between categorized variables were investigated using Chi-square independence tests in 2x2 and 2x3 cross-tabulations. A p-value of *P*<.05 was considered statistically significant.

# **RESULTS**

Figure 1 illustrates the percentage distribution by academic year in this study. Seventy-five percent of the participants were preclinical students, while 25% were clinical students.



 $\textbf{Figure 1}. \ \ Percentage \ distribution \ of \ undergraduate \ students \ participating \ in \ the \ survey \ by \ academic \ year$ 

Table 1 describes the number and rate of answers to the questions given in the survey by preclinical and clinical years and the total number of students. In Table 1, the Chi-Square test results indicate whether there is a difference between the answers given by preclinical and clinical students. Except for questions S1 (Do you think occlusion is essential?), S2 (What type of composite do you prefer in Class 2 restorations?), and S9 (In which cavities can indirect inlay restoration production be selected?), there is a significant difference between the groups in other questions.

Table 2 shows the ratio of the questions given in the survey by whether dentistry is the student's first choice and whether there is a difference. Considering this variable, there was no significant difference between the answers given to the questions.

**Table 1.** Frequency, percentage rate and comparison of groups in the answers given to the questions

		Q14.Which period are you in?					Р	
		Preclinical (n=272) Clinic (n=93)			Total (n=365)		Value	
		N	Percent	N	Percent	N	Percent	$X^2$
Q1.Do you feel occlusion is important?	No	4	1%	2	2%	6	2%	
	Yes	263	97%	90	97%	353	97%	.802
	May be	5	2%	1	1%	6	2%	
Q2.What type of composite do you prefer	Flowable	18	7%	4	4%	22	6%	
for class 2 restoration?	Both	153	56%	60	65%	213	58%	.347
	Packable	101	37%	29	31%	130	36%	
Q3.Is indirect inlay restoration production using CAD-CAM a precise technique?	No	8	3%	а 4	4%	12	3%	
	Yes	136ª	50%	81 <sup>b</sup>	87%	217	59%	<.001
	I don't know	128ª	47%	8 8	9%	136	37%	
Q4.What are the difficulties that you face	Unable to mimic occlusal	94ª	35%	20 <sup>b</sup>	22%	114	31%	
while restoring a class 2 cavity with	Saliva contamination	59a	22%	40 <sup>b</sup>	43%	99	27%	<.001
composite?	Technique sensitive	119ª	44%	33ª	35%	152	42%	
Q5.Is indirect inlay restoration production	No	16ª	6%	а 3	3%	19	5%	
using CAD-CAM better than the	Yes	80a	29%	66 <sup>b</sup>	71%	146	40%	<.002
conventional method?	I don't know	176ª	65%	24 <sup>b</sup>	26%	200	55%	
Q6.What kind of material do you use for	Composite	90 <sup>3</sup>	33%	14 <sup>b</sup>	15%	104	28%	
indirect inlay restoration production as CAD-	Both	129 <sup>a</sup>	47%	51a	55%	180	49%	.002
CAM?	Ceramic	53ª	19%	28 <sup>b</sup>	30%	81	22%	
Q7.How much time do you consume in	Less than 5 min More than 10	37ª	14%	25 <sup>b</sup>	27%	62	17%	
Q7.How much time do you consume in finishing and polishing a posterior composite restoration done using conventional technique?	min 5 to 10 min	71 <sup>a</sup>	26%	22a	24%	93	25%	.012
	111111 3 to 10 111111	164ª	60%	46ª	49%	210	58%	.01
Q8.Is it possible to acquire restorations that	No	29 <sup>a</sup>	11%	13 <sup>a</sup>	14%	42	12%	+
are fully congruous with the cavity by fabricating indirect inlay restorations with the CAD-CAM method?	Yes	94ª	35%	59b	63%	153	42%	<.00
	I don't know	149ª	55%	21 <sup>b</sup>	23%	170	47%	
Q9.In which cavities can indirect inlay	Class 3 restoration	18	7%	4	4%	22	6%	
restoration production be preferred?	Class 2 restoration	133	49%	43	46%	176	48%	0.579
	Both	121	44%	46	49%	167	46%	0.57
Q10.What do you believe to be the	Need for additional sessions	111	41%	59	63%	170	47%	<u> </u>
restricting factor in producing indirect inlay restorations?	Technical precision during ementation	161	59%	34	37%	195	53%	<.00
Q11.Do you favor the manufacture of	Yes	104ª	38%	71 <sup>b</sup>	76%	175	48%	
indirect inlay restoration?	No	16ª	6%		5%	21	6%	<.00
		_		5 <sup>a</sup>				٧.٥٥.
	I don't know	152ª	56%	17 <sup>b</sup>	18%	169	46%	
Q12. How to achieve occlusion in composite restorations?	During intraoral direct composite processing In the finishing and	99ª	36%	42ª	45%	141	39%	<.00
	polishing stage with the	82ª	30%	43 <sup>b</sup>	46%	125	34%	
	With Cad Cam production method	91ª	33%	8 <sup>b</sup>	9%	99	27%	
Q13. Do you have any information about	No	72ª	26%	20a	22%	92	25%	
indirect inlay restoration production using	Yes	62ª	23%	46 <sup>b</sup>	49%	108	30%	<.00
the CAD-CAM method?	ı don't know	138ª	51%	27 <sup>b</sup>	29%	165	45%	
Q15.Was dentistry your first choice?	No	97	36%	51	55%	148	41%	.001
	Yes	175	64%	42	45%	217	59%	
Q16.Is there a dentist in your family?	No	238	88%	84	90%	322	88%	
	Yes	34	13%	9	10%	43	12%	.466
Q17.What kind of cement do you use during	Polycarboxylate cement	46a	17%	18a	19%	64	18%	
the cementation phase of CAD- CAM inlay	Resin cement	127ª	47%	67 <sup>b</sup>	72%	194	53%	<.001
restoration?				8 <sup>b</sup>				

Letters (a-b) indicate differences in rows  $X^2$  Chi square test of independence

Table 2. Comparison of the answers given to the questions according to frequency, percentage and first choice

		Q15.Was dentistry your first choice?				P value
		Yes (n=217)		No (n=148)		•
		N	Percent	N	Percent	$X^2$
Q1. Do you feel occlusion is important?	No	3	1%	3	2%	.795
	Yes	211	97%	142	96%	
	Maybe	3	1%	3	2%	
Q2. What type of composite do you prefer for class 2	Flowable	14	6%	8	5%	.892
restoration?	Both	125	58%	88	59%	
	Packable	78	36%	52	35%	
Q3. Is indirect inlay restoration production using CAD-CAM a	No	4	2%	8	5%	.173
precise technique?	Yes	131	60%	86	58%	
	I don't know	82	38%	54	36%	
Q4. What are the difficulties that you face while restoring a	Unable to mimic occlusal	74	34%	40	27%	.335
class 2 cavity with composite?	Saliva contamination	55	25%	44	30%	
	Technique sensitive	88	41%	64	43%	
Q5. Is indirect inlay restoration production using CAD-CAM	No	11	5%	8	5%	.545
better than the conventional method?	Yes	82	38%	64	43%	
	I don't know	124	57%	76	51%	
Q6. What kind of material do you use for indirect inlay	Composite	65	30%	39	26%	.718
restoration production as CAD-CAM?	Both	106	49%	74	50%	
	Ceramic	46	21%	35	24%	
Q7. How much time do you consume in finishing and	Less than 5 min	37	17%	25	17%	.285
polishing a posterior composite restoration done using	More than 10 min	49	23%	44	30%	
conventional technique?	5 to 10 min	131	60%	79	53%	
Q8. Is it possible to acquire restorations that are fully	No	21	10%	21	14%	.401
congruous with the cavity by fabricating indirect inlay	Yes	94	43%	59	40%	
restorations with the CAD-CAM method?	I don't know	102	47%	68	46%	
Q9. In which cavities can indirect inlay restoration	Class 3 restoration	15	7%	7	5%	0128
production be preferred?	Class 2 restoration	112	52%	64	43%	
	Both	90	41%	77	52%	
Q10.What do you believe to be the restricting factor in	Need for additional sessions	99	46%	71	48%	.658
producing indirect inlay restorations?	Technical precision during cementation	118	54%	77	52%	
Q11.Do you favor the manufacture of indirect inlay	Yes	97	45%	78	53%	.321
restoration?	No	13	6%	8	5%	
	I don't know	107	49%	62	42%	
Q12. How to achieve occlusion in composite restorations?	During intraoral direct composite processing	86	40%	55	37%	
·	In the finishing and polishing stage with the	66	30%	59	40%	.134
	With Cad Cam production method	65	30%	34	23%	
Q13. Do you have any information about indirect inlay	No .	59	27%	33	22%	.567
restoration production using the CAD-CAM method?	Yes	62	29%	46	31%	.507
restoration production doing the Grap Gran method:	I don't know	96	44%	69	47%	
Q17.What kind of cement do you use during the	Polycarboxylate cement	36	17%	28	19%	.442
cementation phase of CAD- CAM inlay restoration?	Resin cement	112	52%	82	55%	2
comentation phase of Grap Crist inay restoration:	Glass ionomer cement	69	32%	38	26%	

Letters (a-b) indicate differences in rows  $X^2$ Chi square test of independence

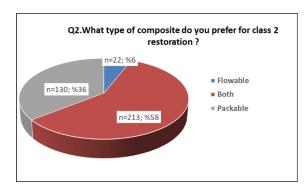
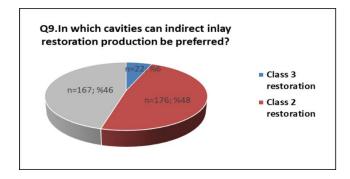


Figure 2. Graphic representation of the answers to questions about which type of composite is preferred for class 2 restorations



**Figure 3.** Graphical representation of the answers to the question of which cavities' indirect inlay restoration production can be preferred

Table 3. Comparison of answers according to frequency, percentage and whether there is a dentist in the family

		Q15.Was dentistry your first choice?				P Value
		Yes (n=322)		No (n=43)		X <sup>2</sup>
		N	Percent	N	Percent	
Q1.Do you feel occlusion is important?	No	4	1%	2	5%	
	Yes	312	97%	41	95%	.174
	May be	6	2%	0	0%	
Q2.What type of composite do you prefer for class	Flowable	16	5%	6	14%	
2 restoration?	Both	190	59%	23	53%	.670
	Packable	116	36%	14	33%	.070
Q3.Is indirect inlay restoration production using CAD-	No	10	3%	2	5%	
CAM a precise technique?	Yes	187	58%	30	70%	.231
	I don't know	125	39%	11	26%	.231
Q4.What are the difficulties that you face while	Unable to mimic occlusal	98	30%	16	37%	
restoring a class 2 cavity with composite?	Saliva contamination	87	27%	12	28%	.546
	Technique sensitive	137	43%	15	35%	.540
25 I- i- dit i-l				_	7%	
Q5.ls indirect inlay restoration production using CAD- CAM better than the conventional method?	No Yes	16 127	5% 39%	3 19	7% 44%	663
	l don't know	127 179	56%	21	44%	.663
Q6.What kind of material do you use for indirect inlay restoration production as CAD-CAM?	Composite	89	28%	15	35%	
	Both	163	51%	17	40%	.387
	Ceramic	70	22%	11	26%	
Q7.How much time do you consume in finishing and	Less than 5 min	54	17%	8	19%	
polishing a posterior composite restoration done	More than 10 min	81	25%	12	28%	.849
using conventional technique?	5 to 10 min	187	58%	23	53%	
Q8.Is it possible to acquire restorations that are fully	No	35	11%	7	16%	
congruous with the cavity by fabricating indirect	Yes	136	42%	17	40%	.580
inlay restorations with the CAD-CAM method?	I don't know	151	47%	19	44%	
Q9.In which cavities can indirect inlay restoration	Class 3 restoration	16	5%	6	14%	
production be preferred?	Class 2 restoration	159	49%	17	40%	.054
	Both	147	46%	20	46%	
Q10.What do you believe to be the restricting factor	Need for additional sessions	151	47%	19	44%	
in producing indirect inlay restorations?	Technical precision during mentation	171	53%	24	56%	.738
Q11.Do you favor the manufacture of indirect inlay restoration?	Yes	155	48%	20	47%	
	No	20	6%	1	2%	.531
	I don't know	147	46%	22	51%	
Q12.How to achieve occlusion in composite	During intraoral direct composite	131a	41%	10 <sup>b</sup>	23%	
restorations?	processing					
	In the finishing and polishing stage	104 <sup>a</sup>	32%	21 <sup>b</sup>	49%	.049
	with the	87 <sup>a</sup>	27%	12 <sup>a</sup>	28%	
	With Cad Cam production method					
Q13. Do you have any information about indirect	No	80	25%	12	28%	
inlay restoration production using the CAD-CAM	Yes	96	30%	12	28%	.905
method?	I don't know	146	45%	19	44%	
Q15. Was dentistry your first choice?	No	136	42%	12	28%	
	Yes	186	58%	31	72%	.072
Q17.What kind of cement do you use during the	Polycarboxylate cement	59	18%	5	12%	
cementation phase of CAD- CAM inlay restoration?	Resin cement	169	52%	25	58%	.546
cementation phase of CAD- CAM inlay restoration?			JZ/0		3070	.570

Letters (a-b) indicate differences in rows  $X^2$  Chi square test of independence

Table 3 shows whether there is a significant difference in other questions, such as whether there is a dentist in the family or not. There was a significant difference in Q12 (How do you achieve occlusion in composite restorations?) (P=.049). Participants who had a dentist family member indicated that the occlusion of the composite restoration was achieved through the finishing and polishing stages. Conversely, participants who did not have a dentist in their family reported that occlusion was achieved during the direct intra-oral composite processing phase.

Figure 2 shows the overall percentage distribution of the type of composite used; 6% gave the answer "flowable", approximately 36% gave the answer "packable", and the remaining 58% gave both answers.

Figure 3 shows the percentage distribution of the question asking in which cavity inlay restorations are used; 48% gave the answer "class 2", 6% gave the answer "class 3", and 46% gave both answers.

The null hypothesis of this study was rejected because undergraduate dentistry students' knowledge and practices regarding the use of CAD-CAM in inlay restorations of Class 2 caries in posterior teeth needed to be revised.

# **DISCUSSION**

Recently, a global effort has been made to integrate CAD-CAM applications into dental undergraduate curricula. 15-17 These initiatives are thought to affect both dental education institutions and students positively, and it is emphasized that the results will be beneficial in the long term despite the challenges encountered. 15

Given the results of the survey conducted in this study, there is already an awareness of CAD-CAM technology among dentistry students in Afyonkarahisar Health Sciences University. This finding is consistent

with those reported in previous studies. Brownstein et al. <sup>18</sup> developed a 19-item survey to determine the penetration of 12 dental practice technologies into the US dental curriculum. He administered these questions to 62 dental schools in the USA. As a result, they found that dental faculty who were 60 years old or older were less interested in adopting new technological advancements.

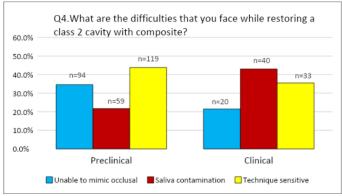
It was observed in this study that CAD-CAM education at the undergraduate level needs to be more present in practice. Therefore, almost all faculties will be inadequate in preparing their graduates to use this technology, and they will need to address these gaps through postgraduation training. Current literature data also indicate a global resistance to integrating CAD-CAM technology into fundamental dental education.<sup>19</sup>

The results achieved in this study showed that reproducing occlusal anatomy using the CAD-CAM method is accurate and less time-consuming. These results indicate that participants in all groups need more knowledge and awareness of using CAD-CAM production techniques in regular clinical practice.

When asked about the material used in Class II restorations, approximately 6% reported using flowable composite, 36% reported using packable composite, and 58% reported using both.

Regarding the materials used during CAD-CAM production, 28% mentioned using composite, 22% mentioned using ceramic, and 49% indicated using both materials.

Tambake et al.<sup>21</sup> stated that it takes less time to recreate occlusal anatomy using the CAD-CAM production technique, which reduces chairside time and material consumption. Figure 4 illustrates the significance of the challenges encountered in composite restorations among preclinical and clinical students (Table 1). Most clinical students find saliva contamination challenging, while preclinical students consider it time-consuming. The p-value indicates statistically significant results.



**Figure 4.** Graphical representation of the answers given by preclinical and clinical students to the question, "What difficulties did you encounter while restoring a class 2 cavity?"

In a study carried out by Patil et al.<sup>22</sup>, the CAD-CAM production technique prevented primary occlusal trauma, leading to functional restoration and accurate occlusal anatomy. Alshehadat et al.<sup>23</sup> reported quickly achieving a good fossa relationship with opposing teeth and using the CAD-CAM production technique in intensive dental practices. However, in the present study, approximately 39% of the students reported that occlusion could be achieved during intraoral direct composite processing, approximately 35% during intraoral finishing and polishing, and 27% using the CAD-CAM fabrication technique in composite restorations. This result indicates that undergraduate

students need more opportunities and awareness regarding the use of CAD-CAM.

It was expected that participants would rank shortened treatment duration and the opportunity for standard production with minimal errors as the essential advantages of CAD-CAM since Fernandez et al.<sup>19</sup> highlighted similar features as distinct advantages of the technology in a study on US dental schools. Current dental education should reflect the level of advancement digital dentistry has reached worldwide<sup>17</sup>. While it is known that CAD-CAM is covered in the undergraduate level theoretical curriculum, <sup>17</sup> it needs to be integrated into the curriculum in practical applications, given that practical applications are an integral part of dental education. It is difficult to make significant changes to the fundamental dental curriculum; many educational institutions will be reluctant about adding new practices to the curriculum until evidencebased results emerge, and it takes a long time for new applications to produce evidence-based outcomes. 15 However, once positive evidence is achieved, institutions should be more open to changing the established curriculum and disrupting the well-functioning system. 18,19 Thus, it is easier to integrate new technologies into the curricula of institutions during the development phase.18

This study's limitations include geographical restrictions and sample size. Future studies should expand the geographical scope, increase the sample size, and enhance awareness and knowledge of CAD-CAM use in inlay cavities in undergraduate curricula.

## **CONCLUSION**

The development of new technologies in the field of dentistry and their utilization by dentists require a specific educational process. Postgraduate courses are often provided to help dentists keep up with rapidly evolving innovations. On the other hand, educational institutions must provide their students with curricula that are up-to-date with current knowledge. During their undergraduate years, students should have the opportunity to learn the practices they will frequently use in their profession after graduation. This study aimed to investigate the extent to which CAD-CAM technology is incorporated into undergraduate dental curricula in Turkish dental faculties. The results suggest that CAD-CAM has yet to be included in undergraduate applied education. The level of awareness is still increasing, and there is a high level of interest in this regard.

**Ethics Committee Approval:** The Ethics Committee for Clinical Research of Afyonkarahisar Health Science University Faculty of Dentistry approved the study protocol on 02.06.2023, under protocol number 2011-KAEK-2.

**Informed Consent:** Written consent was obtained from all participants participating in this study.

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