Research Article

Undergraduate Dental Students' Perceptions of Periodontics Training: A Cross-Sectional Questionnaire Survey

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ABSTRACT:

Background: Periodontal diseases are highly prevalent and require every dental graduate to be competent in their prevention and management. Understanding students' perceptions of undergraduate periodontics training is essential to align curricula with competency-based education.

Aim: To evaluate undergraduate dental students' perceptions of the adequacy of periodontics training in the Bachelor of Dental Surgery (BDS) programme.

Materials & Methods: A cross-sectional, questionnaire-based survey was conducted among 300 BDS students (third year, final year and interns). A structured, content-validated questionnaire assessed perceptions of theoretical teaching, clinical exposure, confidence in managing periodontal conditions and teaching methods. Data were analysed using descriptive statistics and Chi-square tests to explore associations between academic year and key perception variables.

Results: Approximately half of the respondents perceived the theoretical content in periodontics as sufficient and felt that the curriculum emphasized its importance in oral health. Fewer than half reported sufficient hands-on experience with non-surgical periodontal therapy, and only about one-third had assisted or observed periodontal surgeries. Confidence in diagnosing and managing basic periodontal conditions was moderate, with many students reporting a need to improve their knowledge and clinical skills. Most respondents expressed a desire for more workshops, additional clinical hours, and use of technology-enhanced teaching. Intention to specialize in periodontics, perceived need for technology, and viewing periodontics as essential for general practice showed significant associations with academic year ($p<0.05$).

Conclusion: Despite positive views of undergraduate periodontics teaching, notable gaps in clinical exposure and self-reported confidence persist, highlighting the need to strengthen competency-based, hands-on, and technology-supported training in periodontology.

KEY WORDS: Periodontics education, Dental students, Curriculum, Clinical competence

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INTRODUCTION:

Periodontal diseases represent one of the most prevalent chronic inflammatory conditions worldwide and are a leading cause of tooth loss in adults[1,2]. They contribute substantially to disability-adjusted life years and economic burden, and recent global estimates indicate that the prevalence and impact of periodontitis are either stable at high levels or increasing in many regions[1–3]. Beyond their local effects on the supporting tissues of the teeth, periodontal diseases have well-documented associations with major systemic

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conditions such as diabetes mellitus, cardiovascular disease and adverse pregnancy outcomes, underscoring their relevance to general health and wellbeing[2,4,5]. In this context, periodontics is a core component of the Bachelor of Dental Surgery (BDS) curriculum and forms a critical foundation for comprehensive oral healthcare and long-term treatment success.

Undergraduate periodontics training typically includes didactic teaching, preclinical exercises and clinical exposure to non-surgical and, to a more limited extent, surgical periodontal therapy. Ideally, this integrated training should equip students with sound theoretical knowledge, clinical decision-making skills, and confidence in performing essential periodontal procedures such as scaling and root planing, basic flap surgery, and maintenance therapy. However, in many institutions, students' clinical experience in periodontics is influenced by factors such as patient availability, competition for cases across departments, faculty-student ratios, and the organization and timing of clinical postings[6]. These structural constraints can create discrepancies between the competencies expected of new graduates and their actual preparedness for independent practice.

Globally, there has been a marked shift towards competency-based dental education, with increasing emphasis on clearly defined outcomes, workplace-based assessment, and the integration of knowledge, skills, and professional behaviours[6–8]. Within this framework, it becomes essential to periodically evaluate whether existing periodontics teaching and clinical training genuinely meet the needs of graduating dentists, rather than relying solely on curriculum documents and regulatory prescriptions. Student perceptions offer a particularly valuable lens through which gaps in curriculum design, teaching methods, clinical exposure, and assessment strategies can be identified. Recent surveys in different settings suggest that, despite reasonable levels of theoretical awareness, dental undergraduates often report limited confidence in periodontal diagnosis, treatment planning, and management, and express a need for more structured and intensive clinical training in periodontics[9,10]. However, systematic evidence from the Indian BDS context remains sparse, especially with respect to how students themselves perceive the adequacy and effectiveness of their undergraduate periodontics training. Understanding these perceptions is essential for informing evidence-based curricular refinement and ensuring that future graduates are confident and competent in delivering periodontal care as an integral part of general dental practice.

MATERIALS & METHODS:-

Study design and setting:

This was a cross-sectional, questionnaire-based survey conducted among undergraduate Bachelor of Dental Surgery (BDS) students to assess their perceptions regarding the adequacy of Periodontics training in the undergraduate curriculum. The study was carried out in the Department of Periodontics of a dental teaching institution. Participation was voluntary and anonymous; no personal identifiers were collected apart from non-mandatory institutional details. Electronic or written informed consent was obtained from all participants before they completed the questionnaire. Confidentiality of the data was maintained throughout, and the information was used solely for research and academic purposes.

Participants and sampling:

The study population comprised undergraduate BDS students who had formal exposure to Periodontics as part of their curriculum. Students enrolled in the third year, fourth year, and internship of the BDS curriculum were invited to participate, as they would have completed or be undergoing clinical postings in Periodontics. First- and second-year students were excluded because they had minimal or no clinical exposure in Periodontics at the time of data collection. A total of 300 students who met the eligibility criteria and provided consent completed the questionnaire and were included in the final analysis. A convenience sampling approach was adopted, wherein all eligible students present during the data collection period were approached and invited to participate.

Inclusion and exclusion criteria:

Inclusion criteria were: (i) BDS students enrolled in third year, final year, or internship; and (ii) willingness to participate and provide informed consent. Exclusion criteria were: (i) first- and second-year BDS students; (ii) students who declined participation; and (iii) incomplete or blank questionnaires.

Questionnaire development:

Data were collected using a structured, self-administered questionnaire in English, specifically designed for this study based on a review of the literature and the learning objectives of the undergraduate Periodontics curriculum. The questionnaire comprised six sections:

1. general information (academic year, clinical rotations in Periodontics, intention to specialize);

2. curriculum and training content (sufficiency of theoretical content, emphasis on Periodontics within overall oral health care, additional topics required);
3. clinical experience (hands-on exposure to non-surgical therapy, observation/assistance in surgeries, confidence in diagnosis and management, referral decisions, exposure to complex cases and interdisciplinary management);
4. teaching methods and resources (usefulness of demonstrations, technology-enhanced learning, awareness of modern techniques, confidence with advanced instruments);
5. overall satisfaction; and
6. overall evaluation of Periodontics training.

Most items were close-ended, including dichotomous (yes/no), multiple-choice, and Likert-scale response formats. A few questions allowed multiple responses (e.g., topics needing more attention, perceived challenges, and preferred additional resources). Face and content validity of the questionnaire were established by senior faculty members in Periodontics and dental education, and minor modifications in wording and sequence were made based on their feedback to improve clarity and relevance.

Data collection procedure:

The questionnaire was administered as a self-completed survey either in electronic format (Google Forms) circulated through institutional academic channels (e-mail/WhatsApp groups) or as printed copies distributed during scheduled teaching sessions, depending on logistical feasibility. The first page of the form contained a brief description of the study and an informed consent statement. Students who agreed to participate proceeded to complete the questionnaire. Participation was voluntary, and no incentives were offered. To minimize response bias, students were instructed to complete the questionnaire individually without discussion with peers. Completed responses were compiled into a single database for analysis.

Data management and statistical analysis:

All responses were exported into a Microsoft Excel spreadsheet, checked for completeness and consistency, and then imported into Statistical Package for the Social Sciences (SPSS) software (version 26.0; IBM Corp., Armonk, NY, USA) for analysis. Categorical variables were summarized using frequencies and percentages. For questions with Likert-scale responses, distributions across response categories were similarly expressed as percentages. For items where comparisons across academic year (third year, final year, and internship) were relevant, associations between academic year and response categories were assessed using the Chi-square test. Where expected cell counts were small, Fisher's exact test was applied. A p-value of <0.05 was considered statistically significant.

RESULTS:

Participant characteristics and general information:

A total of 300 undergraduate BDS students participated in the survey. As per the inclusion criteria, all respondents were from the clinical years of training, with no first- or second-year students included. The sample comprised third-year (29.7%), final-year (35.3%), and internship (35.0%) students, with final-year students forming the largest subgroup (Table 1).

Less than half of the respondents (42.3%) reported that they had completed clinical rotations in Periodontics, indicating that a substantial proportion were either still undergoing or yet to begin formal clinical postings in this specialty. Only a small fraction (12.7%) expressed an intention to pursue specialization in Periodontics. While completion of clinical rotations did not show a statistically significant association with academic year (p=0.512), the intention to specialize in Periodontics varied significantly across years of study (p=0.002), suggesting that exposure and progression through the course may influence students' career preferences (Table 1).

Perceptions of theoretical training and teaching approaches:

Just over half of the respondents felt that the theoretical component of Periodontics in their curriculum was adequate, with 50.3% indicating that the theoretical content was sufficient. However, only 40.0% agreed that the curriculum clearly emphasized the importance of Periodontics in overall oral health care, suggesting a possible gap between content volume and its perceived positioning within the broader framework of dental education. These perceptions did not differ significantly across academic years (p=0.981 and p=0.781, respectively), indicating a relatively consistent experience of theory across the clinical years.

With regard to the quality and delivery of teaching, most students reported that lectures on periodontal diseases had prepared them reasonably well for clinical practice, with the largest proportion rating them as "adequate" or "very well" preparatory. Similarly, the balance between theoretical and clinical

Table 1: Participant characteristics and general information (N = 300)

Variable	Category	n	%	*p-value**
Academic year	Third year	89	29.7	-
	Final year	106	35.3	
	Internship	105	35.0	
Completed clinical rotations in Periodontics	Yes	127	42.3	0.512
Plan to pursue specialization in Periodontics	Yes	38	12.7	0.002†

* *p*-value for association with academic year (Chi-square test) ; † Statistically significant ($p < 0.05$)

Table 2: Perceptions of theoretical training and teaching approaches in Periodontics (N = 300).

Domain	Item	Response category	n	%	*p-value**
Theoretical adequacy	Theoretical content in Periodontics is sufficient	Yes	151	50.3	0.981
		No/Maybe	149	49.7	
Curriculum emphasis	Curriculum emphasizes importance of Periodontics in overall oral health care	Yes	120	40.0	0.781
		No/Not sure	180	60.0	
Practical demonstrations	Practical demonstrations/simulations are helpful	Yes	150	50.0	1.000
		No/Somewhat	150	50.0	
Technology in teaching	There should be more use of technology to teach periodontal procedures	Yes	260	86.7	0.003 †
		No	40	13.3	
Awareness of modern techniques	Aware of modern techniques such as laser-assisted periodontal therapy	Yes	174	58.0	0.813
		No	126	42.0	
Lecture effectiveness	Lectures on periodontal diseases have prepared you for clinical practice	Very well	77	25.7	N/A
		Adequately	121	40.3	
		Not sure	90	30.0	
		Not adequate	12	4.0	
Theory–clinical balance	Balance between theoretical and clinical training in Periodontics	Excellent	59	19.7	
		Very good	55	18.3	
		Good	129	43.0	
		Fair	47	15.7	
		Poor	10	3.3	

* *p*-value for association with academic year (Chi-square test) where applicable ; † Statistically significant ($p < 0.05$)

training in Periodontics was predominantly rated as "good" to "excellent," although a non-negligible minority considered this balance only "fair" or "poor," pointing to scope for further integration of theory with clinical exposure. Half of the respondents perceived practical demonstrations or simulations as helpful in their training, and a large majority (86.7%) expressed a clear desire for greater use of technology,

Table 3: Perceived gaps in Periodontics curriculum and additional topics desired (N = 300*).

Domain	Item	n	% of students
Topics requiring more attention in current curriculum	Diagnosis of periodontal diseases	128	42.7
	Non-surgical periodontal therapy	80	26.7
	Periodontal surgery techniques	123	41.0
	Management of advanced periodontitis	110	36.7
	Periodontal maintenance and patient follow-up	69	23.0
	Link between periodontal disease and systemic health	121	40.3
	Instrumentation and basics of Periodontics	59	19.7
Additional theoretical topics desired	Periodontal–systemic health connections	53	17.7
	Basics of periodontal regeneration	30	10.0
	Gingival aesthetics and smile design	39	13.0
	Introduction to laser and digital Periodontics	38	12.7
	Periodontal risk assessment	37	12.3
	Minimally invasive periodontal therapies	35	11.7

* Multiple responses allowed; percentages do not sum to 100%.

such as videos and simulation software, in teaching periodontal procedures. This preference for technology-enhanced learning showed a statistically significant association with academic year (p=0.003), reflecting evolving expectations and learning styles as students progress through the course. Awareness of modern techniques such as laser-assisted periodontal therapy was reported by 58.0% of students, with no significant variation across years of study (p=0.813), indicating moderate but not universal familiarity with contemporary periodontal modalities (Table 2).

Perceived gaps in curriculum content:

Students identified several domains within Periodontics that they felt required greater emphasis in the undergraduate curriculum. The most frequently cited areas were diagnosis of periodontal diseases and periodontal surgery techniques, followed closely by the link between periodontal disease and systemic health and management of advanced periodontitis. Topics such as periodontal maintenance and patient follow-up and instrumentation and basics of Periodontics were also selected, though by comparatively fewer students, indicating that while core diagnostic and surgical aspects are seen as priority areas, supportive and basic skill domains are not perceived as fully addressed either.

When asked about additional theoretical content they would like incorporated, students expressed clear interest in more contemporary and advanced topics. Notably, periodontal-systemic health connections and gingival aesthetics and smile design were frequently requested, alongside introduction to laser and digital Periodontics, periodontal risk assessment, and minimally invasive periodontal therapies. The desire for content covering periodontal regeneration further reflects students' expectations that the curriculum should better align with current scientific advances and evolving clinical practice in Periodontics (Table 3).

Clinical exposure and self-reported confidence:

Students' clinical exposure to Periodontics was variable and, in many respects, limited. Fewer than half of the respondents (44.0%) felt that they had received sufficient hands-on experience with non-surgical periodontal therapy such as scaling and root planing. Only one-third (33.3%) reported having had the opportunity to assist or observe periodontal surgeries, and just 38.7% had participated in interdisciplinary discussions or case studies involving Periodontics and other specialties. None of these exposure variables showed a statistically significant association with academic year (all p> 0.05), indicating that the perceived limitations in clinical experience were relatively consistent across the clinical phases of training. In terms of patient load, only about one-quarter of students (26.3%) reported that they frequently treated patients with periodontal diseases during clinical postings, while the majority described such encounters as only occasional, rare, or absent, suggesting that authentic clinical exposure to periodontal cases may be insufficient for many undergraduates (Table 4).

Table 4: Clinical exposure and self-reported confidence in Periodontics (N = 300*).

Domain	Item	Response category	n	%	*p*-value†
Clinical exposure	Sufficient hands-on experience with non-surgical periodontal therapy	Yes	132	44.0	0.683
		No	168	56.0	
	Opportunity to assist/observe periodontal surgeries	Yes	100	33.3	0.265
		No	200	66.7	
	Participation in interdisciplinary discussions/case studies	Yes	116	38.7	0.588
		No	184	61.3	
	Frequency of treating patients with periodontal diseases during postings	Frequently	79	26.3	–
		Occasionally	128	42.7	
		Rarely	48	16.0	
		Never	45	15.0	
Confidence – basic management	Confidence in diagnosing and managing basic periodontal conditions	Highly confident	40	13.3	–
		Moderately confident	102	34.0	
		Needs improvement in knowledge	111	37.0	
		Needs improvement in skills	47	15.7	
Confidence – referral decision	Confidence in determining which patients can be managed vs referred to specialist	Yes, I am confident	67	22.3	–
		I am somewhat confident	106	35.3	
		I am unsure	53	17.7	
		No, I am not confident	74	24.7	
Complex case management	Preparedness to handle complex interdisciplinary periodontal cases	Confident	86	28.7	–
		Under-confident	150	50.0	
		No confidence	64	21.3	
Advanced instruments	Confidence using advanced instruments/techniques (e.g., ultrasonic scalers)	Very confident	106	35.3	–
		Under-confident	119	39.7	
		Not confident	75	25.0	

Challenges encountered and perceived resource needs:

Students reported several barriers that impeded their learning and clinical skill acquisition in Periodontics. The most frequently cited challenge was a lack of hands-on practice, indicating that many students felt they did not have adequate opportunity to perform periodontal procedures themselves, even

Table 5: Reported challenges and suggested resources for improving Periodontics training (N = 300*)

Domain	Item	n	% of students
Challenges faced	Lack of clinical exposure	85	28.3
	Limited access to diverse cases	143	47.7
	Inadequate faculty support	51	17.0
	Lack of hands-on practice	177	59.0
	Other	0	0.0
Resources suggested	Workshops	198	66.0
	Additional clinical hours	153	51.0
	Seminars	64	21.3

* Multiple responses allowed; percentages do not sum to 100%.

when they were exposed to clinical postings. This was closely followed by limited access to diverse cases, reflecting concerns that the range and complexity of periodontal presentations encountered during training were insufficient to build comprehensive clinical competence. A notable proportion of respondents also reported lack of clinical exposure more generally, suggesting that both the quantity and quality of clinical encounters may be suboptimal. Fewer students identified inadequate faculty support as a challenge, but this still represents an important organizational factor that can influence supervision, feedback, and confidence-building in clinical settings. No respondents indicated any additional challenges beyond the predefined categories, implying that these four domains captured the main perceived obstacles in clinical Periodontics training.

In parallel, students indicated clear preferences for strategies and resources that could help strengthen their training. Workshops were the most commonly suggested intervention, reflecting a desire for focused, skill-based sessions that allow intensive practice and interaction. More than half of the students felt that additional clinical hours would enhance their learning, aligning with their perception of limited hands-on experience and case diversity. A smaller, though still relevant, proportion of respondents expressed interest in seminars, which may support deeper theoretical understanding, case-based discussions, and updates on emerging concepts. Collectively, these responses underscore that students are not only aware of existing gaps but also proactive in identifying practical, experience-oriented solutions to improve Periodontics training (Table 5).

Overall satisfaction and global evaluation of Periodontics training:

Global perceptions of Periodontics training were generally positive, although a substantial students expressed only moderate enthusiasm or uncertainty. In terms of overall satisfaction, just over half of the respondents reported being either very satisfied or satisfied with their Periodontics training, while almost two-fifths described themselves as neutral. Only a small minority were dissatisfied or very dissatisfied. Similarly, when asked to rate the current Periodontics training in their dental program, the majority of students graded it as good, very good or excellent, with relatively few assigning a fair or poor rating. These findings suggest that, despite perceived gaps in specific domains such as hands-on experience and exposure to complex cases, students still view their Periodontics teaching in broadly favorable terms at an overall program level.

However, when the focus shifted from satisfaction to perceived preparedness, a more cautious pattern emerged. Fewer than half of the students felt prepared to manage periodontal cases at the start of independent clinical practice, and approximately two-thirds believed that their training had equipped them to address real-world challenges. Notably, a very high proportion of students considered Periodontics to be an essential foundation for general dental practice, and this perception showed a statistically significant association with academic year ($p = 0.006$), indicating that appreciation of the discipline's importance increases as students advance through the course. Taken together, these results highlight a nuanced picture: students generally rate their training and are satisfied with it, yet many remain unsure about their readiness to manage periodontal care independently, underscoring the need to translate positive perceptions into stronger competence and confidence (Table 6).

DISCUSSION:

The present study explored undergraduate dental students' perceptions of the adequacy of periodontics training across theory, clinical exposure, confidence, and overall satisfaction. Overall, about half

Table 6: Overall satisfaction, global rating, and perceived preparedness in Periodontics (N = 300).

Domain	Item	Response category	n	%	*p-value**
Perceived preparedness	Feel prepared to manage periodontal cases at start of practice	Yes	141	47.0	0.784
		No/Unsure	159	53.0	
	Training has prepared you to address real-world challenges	Yes	186	62.0	0.214
		No	114	38.0	
Perception of importance	Consider Periodontics an essential foundation for general dental practice	Yes	256	85.3	0.006 †
		No	44	14.7	
Overall satisfaction	Overall satisfaction with Periodontics training	Very satisfied	62	20.7	–
		Satisfied	100	33.3	
		Neutral	118	39.3	
		Dissatisfied	16	5.3	
		Very dissatisfied	4	1.3	
Global rating of training	Overall rating of current Periodontics training	Excellent	66	22.0	–
		Very good	64	21.3	
		Good	123	41.0	
		Fair	40	13.3	
		Poor	7	2.3	

* *p*-value for association with academic year (Chi-square test) where applicable ;; † Statistically significant ($p < 0.05$)

of the respondents felt that the theoretical content in periodontics was sufficient and that the curriculum broadly emphasized its importance in oral health care, and a large majority regarded periodontics as an essential foundation for general dental practice. At the same time, many students expressed only moderate confidence in diagnosing and managing periodontal conditions, reported limited hands-on experience, particularly with surgical procedures, and frequently highlighted a lack of opportunities to treat diverse periodontal cases. This pattern suggests a disconnect between awareness of the discipline's importance and students' perceived readiness to independently manage periodontal care.

These findings are consistent with emerging literature on undergraduate perceptions of periodontology. Lande et al., in a recent review, reported that while undergraduates generally recognize the central role of periodontics in maintaining oral function and supporting other restorative and implant procedures, they often view it as a vast and conceptually demanding subject and do not consistently see it as an attractive career option[11]. A preliminary survey from Tamil Nadu similarly showed that a majority of interns found periodontal terminology difficult, had not observed key procedures such as periodontal surgeries or laser therapy, and were uncertain about choosing periodontology as a postgraduate specialty[12]. The relatively low proportion of students in our study who expressed interest in specializing in periodontics mirrors these reports and underscores the need to improve how the subject is taught and positioned within the curriculum[11,12].

The tension between "adequate teaching" and "insufficient confidence" is also reflected in international work on periodontal education. Mofidi et al. found that Canadian dental students demonstrated acceptable knowledge in periodontal diagnosis and treatment planning when benchmarked against expert answers, yet still reported a lack of confidence and identified specific pedagogical issues in both preclinical and clinical teaching[13]. Our respondents likewise reported that lectures were generally adequate, but a substantial proportion felt they needed improvement in knowledge and especially in hands-on

skills. The relatively modest exposure to non-surgical and surgical periodontal procedures, and the high proportion of students who felt under-confident in managing complex or interdisciplinary cases, suggest that case volume, case mix, and structured supervision during clinical postings may be limiting factors. This contrasts with the very high satisfaction levels reported in a recent Saudi study where students described well-organized clinical periodontics courses with ample opportunities to practise skills, clear learning objectives, and a supportive learning environment, highlighting how program design and resources can markedly influence student perceptions[14].

Students in the present study strongly endorsed the need for more workshops, additional clinical hours, and better use of technology such as videos, simulations, and digital tools. This aligns with European consensus recommendations on undergraduate periodontal education, which call for integrating modern learning approaches, small-group activities, simulation, and structured clinical assessment, alongside traditional lectures to build procedural competence and professional behaviours[15]. The high demand for additional content on periodontal–systemic links, regeneration, minimally invasive techniques, and digital/laser periodontics suggests that curricula may lag behind contemporary practice, a gap also noted in multi-country surveys on periodontal education and in reviews advocating more exposure to advanced procedures earlier in training[11,16,17]. Recent commentaries on competency-based periodontal education further emphasise mapping clear competencies, aligning assessments with those competencies, and incorporating reflective feedback and OSCE-style evaluations, directions that dovetail with the enhancement areas identified by our respondents[17].

This study has some limitations that should be considered when interpreting the findings. Its cross-sectional design captures perceptions at a single time point and cannot establish how confidence or satisfaction evolve as students progress through training. The sample was drawn from a limited number of institutions and relied on voluntary participation, which may introduce selection and response bias and limit generalizability to all Indian dental colleges with differing infrastructure, patient flow, and teaching philosophies. Self-reported measures of confidence and preparedness may not directly reflect objective competence, and although the questionnaire covered key domains of theory and clinical training, more detailed psychometric validation and triangulation with performance data (e.g., OSCE scores, logbooks) would strengthen inferences. Future work should therefore include multi-centre, longitudinal studies that correlate students' perceptions with objective outcomes, explore faculty perspectives, and evaluate the impact of targeted interventions, such as simulation-based modules, structured surgical observation, and competency-based assessments, on students' readiness to deliver independent periodontal care.

CONCLUSION:

Findings of the present study indicate that while undergraduate dental students generally value periodontics and rate their training favourably, many do not feel sufficiently confident or clinically exposed to manage periodontal conditions independently, especially complex or interdisciplinary cases. Perceived gaps centred around limited hands-on experience, restricted case diversity, and insufficient coverage of advanced and contemporary topics such as regeneration, minimally invasive approaches, and digital/laser-assisted periodontics. At the same time, students clearly articulated practical solutions, including more workshops, extended clinical hours, and greater use of technology-enhanced teaching. Strengthening competency-based periodontal education by addressing these areas may help bridge the gap between theoretical understanding and clinical preparedness, ultimately producing graduates better equipped to deliver comprehensive periodontal care in general dental practice.

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Conflicts of Interest

There are no conflicts of interest.

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