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## COMPLETE DENTURE EDUCATION IN UNDERGRADUATE DENTAL STUDENTS: A NARRATIVE REVIEW

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### Abstract:

Complete denture prosthodontics is one of fundamental components in undergraduate dental education. The aim of this review is to provide an overview of evidence on complete denture education for undergraduate dental students, with emphasis on curriculum development, student competency, simulation-based learning, patient-centred teaching, and digital educational innovations. A narrative literature review was conducted by using Scopus and Web of Science (WoS) databases. The literature revealed a variation in curriculum structure, clinical case requirements, and competency assessment. Many dental institutions reported that their students had limited clinical exposure to edentulous patients. Simulation-based learning, standardized patient encounters, and patient-centred curricula were consistently associated with improvements in knowledge, clinical skills and preparedness for patient care. An educational model that combines competency-based assessment, real patient experiences, simulation, and digital technologies may enhance educational outcomes to prepare dental graduates to manage edentulous patients.

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**Keyword:**

Complete Denture Education, Current Trend, Dental Education, Prosthodontic Curriculum, Digital Dental Education, Undergraduate



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## Introduction

Complete denture prosthodontics remains a core competency in teaching undergraduate dental students. However, traditional curricula have relied heavily on passive, laboratory-based instruction, which may no longer adequately prepare graduates for the demands of contemporary clinical practice (Gebril & Whitney, 2025; Obrez et al., 2009). Multi-country studies reveal that the majority of institutions require students to fabricate only a limited number of complete dentures. This raises persistent concerns about the adequacy and quality assurance of dental education in this domain. (Clark et al., 2010; M. Lone et al., 2023; Montero et al., 2013).

Recent scholarship has responded to these concerns by revising the curriculum with more simulation-based, clinically oriented, and patient-driven approaches. For example, a patient-centred comprehensive denture module introduced for second-year students produced considerable improvements in written and practical performance compared to a conventional, laboratory-based curriculum. This suggests that early exposure to edentulous patient management gives educational benefits (Obrez et al., 2009). Similarly, simulated standardized-patient encounters and hybrid courses from the pandemic era which integrate asynchronous lectures, simulation laboratory work, and virtual workshops have showed positive feedback from students and are believed to improve their comprehension of the complete denture fabrication process (Bak et al., 2022; Johnson et al., 2017).

Alongside these developments, digital and technology-enhanced learning has flourished within prosthodontic education. Systematic reviews and institutional reports increasingly describe the adoption of e-learning, flipped classrooms, computer-assisted learning and virtual reality in prosthodontics, including complete denture education. However, this adoption is still heterogeneous, with generally positive student acceptance and promising effects on practical skills, motivation and perceived learning conditions (Arqub et al., 2024; Gebril & Whitney, 2025; Luo et al., 2024; Schlenz et al., 2020; Veerasamy et al., 2026; Zitzmann et al., 2020). The evidence is primarily limited to short-term outcomes, small cohorts, or the assessment of isolated tools, rather than encompassing comprehensive denture competency in undergraduate students as a standardised educational outcome (Arqub et al., 2024; Obrez et al., 2009; Veerasamy et al., 2026).

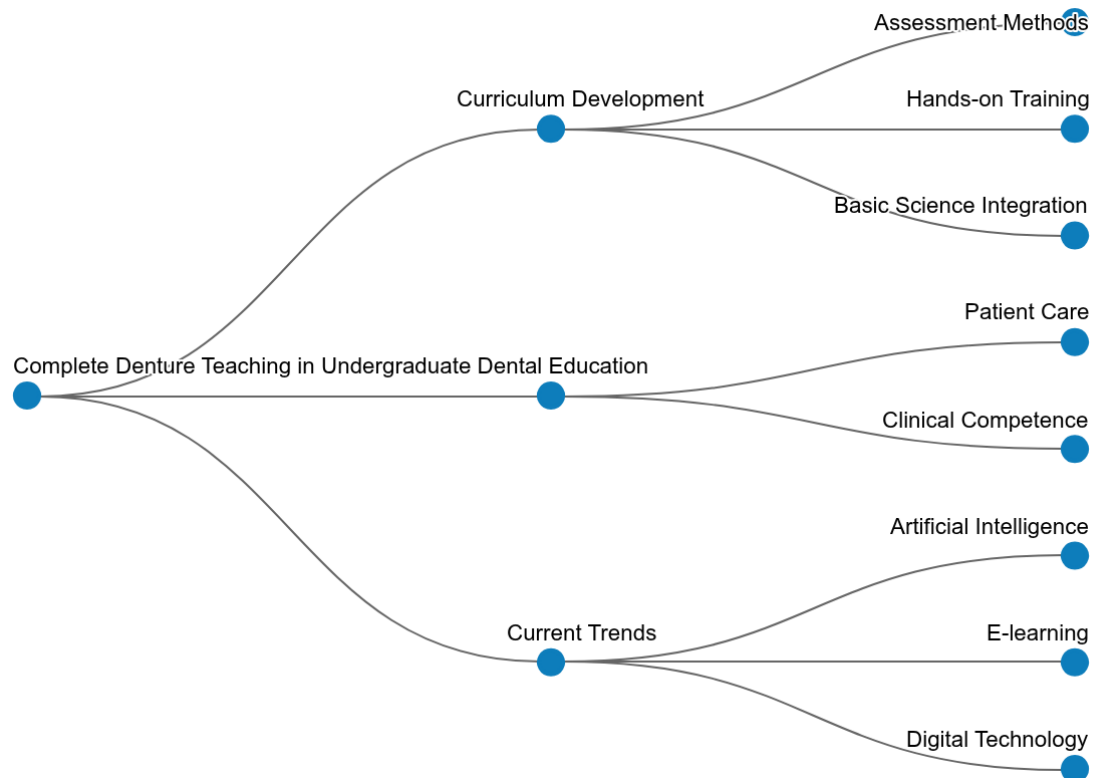
The national and regional surveys from Europe and Asia reveal significant variation in case requirements, teaching methods, and digital integration, with concerns that current exposure is inadequate to ensure competence in managing edentulism (Clark et al., 2010; Ishida et al., 2022; M. Lone et al., 2023; Montero et al., 2013; Veerasamy et al., 2026). The aim of this review is to summarise evidence regarding curriculum development, student competency, simulation-based and patient-centred teaching methods, to identify trends and discrepancies across various settings in complete denture education for undergraduate students.

## Literature Review

The teaching of complete denture for undergraduate dental students has significantly evolved reflecting the improvement in technology in providing clinical competence in students. The results of the surveys in the different universities show the diversity in instructional approaches, clinical exposure and the application of novel teaching approach. For example, in Pakistan all the dental schools have made it compulsory for the students to construct conventional complete dentures during their prosthodontics rotation. Most of the institutions also focus on live clinical demonstration and small group discussions. However, exposure to advanced techniques such as immediate or overdentures remains limited, with only 20% of universities include these in their curriculum (M. A. Lone et al., 2023). Likewise, in Spain and Portugal, although teaching is mainly practical, students produce on average only 1.8 complete dentures during their training, which brings into question the appropriateness of clinical experience to meet standard. (Montero et al., 2013).

The decline of edentulous cases in the UK has limited the opportunity for students to get practical experience. Most dental schools require students to build only 3-8 complete dentures, and other institutions report no specific clinical time for this element of prosthodontics. This has led to perceptions that students are poorly prepared to manage edentulous patients in general practice (Wieder et al., 2013a, 2013b). Moreover, the inclusion of implant-supported overdentures, the gold standard for mandibular edentulous cases, is rarely included in the undergraduate curriculum, putting UK students behind their international peers (Mather et al., 2018).

Digital enhanced teaching is promising in overcoming some of these challenges. The use of digital tools such as 3D simulations and blended learning can increase students' learning efficiency. For example, the integration of conventional and digital pedagogy in teaching jaw relation recording significantly improved students' knowledge and satisfaction compared to the traditional teaching alone (Zhang et al., 2025). Similarly, online learning tools were well accepted for their flexibility and accessibility but there are still gaps in clinical competency, indicating a need for a balanced teaching approach incorporating both conventional and digital methods (Luo et al., 2024).



**Figure 1: Concept Map Illustrating the Key Themes in Complete Denture Teaching in Undergraduate Dental Students.**

The figure 1 shows three important subject areas in complete denture education: curriculum development, clinical training outcomes and new educational trends. These elements show the gradual shift of complete denture education toward a digitally enriched, competency-based and patient-centred teaching approach.

Despite the use of digital tools in complete denture education, significant problems remain. Persistent challenges include lack of clinical exposure, inadequate incorporation of contemporary approach, and inadequate emphasis on practical proficiency. To address these challenges, dental schools need to develop a more comprehensive curriculum that integrates conventional with digital innovations. This approach will improve graduates' readiness to address the complex demands of the edentulous population

## Methodology

This narrative review was conducted to summarise current evidence on complete denture education in undergraduate dental programs. A literature search was conducted on electronic databases such as Scopus and WoS to identify publications related to complete denture education, prosthodontic curriculum, simulation-based learning, patient-centred education and digital dental education. Only peer-reviewed articles published in English were included. The articles were then narratively synthesized to identify major themes in undergraduate complete denture education.

## Discussion

### *Curriculum Evaluation, Student Competency, and Educational Quality Assurance*

There is significant variation in complete denture curricula among dental schools, especially in teaching hours, clinical exposure, laboratory training, and graduation criteria. Clark et al., (2010) documented wide variation between British dental schools in the number of complete denture cases allocated to students. Some schools required only one or two cases, while others required up to six complete denture cases. Wieder et al., (2013a) also discovered significant differences in lecture hours, laboratory activities, and clinical quotas between the UK universities. Some schools did not provide any specialized clinical experience in complete denture care. Montero et al., (2013) also reported variation in teaching methodologies and clinical experiences among dental schools in Spain and Portugal.

One of the common problems reported in the literature is the sufficiency of clinical experience and its impact on the development of students' competency. Clark et al., (2010) indicated that most course directors were concerned about graduates' ability to manage complete denture patients independently. Similarly, Wieder et al., (2013a) determined that proficiency in complete denture care was often below the expected professional standards, mainly due to lack of practical training and limited patient access. Montero et al., (2013) stated that completion of fewer than two complete denture cases was insufficient to gain good clinical experience. The findings indicate that limited experience with complete denture patients may hinder the acquisition of important patient-management skills for complete denture practice (Clark et al., 2010; Montero et al., 2013; Wieder et al., 2013a).

The efficacy of quality assurance measures was also evaluated. Clark et al., (2010) expressed concerns among educators about the efficacy of external examiner systems, teaching quality assessments, and regulatory inspections in correctly validating student competency in complete denture fabrication. The apparent gap between certification procedures and actual clinical readiness suggest that current quality assurance systems may not reflect educational outcomes satisfactorily. Montero et al., (2013) found that while competency-based assessments were extensively adopted, new educational methods like problem-based learning were hardly used, thereby limiting students for better clinical reasoning and reflective learning. Overall, the findings suggest that quality assurance should include not just curriculum documentation but also direct assessment of student competencies and clinical performance outcomes (Clark et al., 2010; Montero et al., 2013).

A comprehensive complete denture module is an essential element of undergraduate dental education, even with evolving prosthodontic treatment trends. However, significant variation in curriculum design, restricted clinical exposure, inconsistent competency outcomes, and quality assurance problems persistently impede educational efficacy. The summarised findings highlight the need for further standardization of learning outcomes, clinical experience opportunities and competency-based assessment methodologies. This is to guarantee that graduates acquire the fundamental knowledge, technical skills, and professional confidence essential for the management of edentulous patients (Clark et al., 2010; Montero et al., 2013; Sowmya et al., 2021; Wieder et al., 2013a).

### ***Simulation Based, Experiential, and Patient Centred Teaching Approaches***

Currently, there is a shift from traditional lecture-based and laboratory-focused complete denture education to more experiential and patient-centred educational paradigms. Traditional preclinical curriculum have often faced criticism for prioritizing technical laboratory techniques while offering insufficient opportunities for students to understand the clinical progression of complete denture treatment and patient management. Johnson et al., (2017) showed that standardized patient encounters allowed students to engage in the complete sequence of complete denture appointments within a realistic clinical setting, thus enhancing their understanding of clinical procedures beyond the scope of lectures and laboratory exercises alone. Obrez et al., (2009) developed a clinically focused curriculum that change the training focus from discrete laboratory activities to the holistic management of edentulous patients. Maheshwari et al., (2024) further showed that direct exposure to clinical demonstrations during the preclinical phase facilitated students in correlating theoretical concepts with actual patient care scenarios, thereby enhancing a comprehensive understanding of complete denture treatment (Johnson et al., 2017; Maheshwari et al., 2024; Obrez et al., 2009).

Simulation based teaching has been an effective method for enhancing clinical readiness prior to direct patient care. Johnson et al., (2017) found that majority of students regarded standardized patient sessions as the most effective way to learn the complete denture fabrication process. Bukhary & Alshali, (2021) also reported that simulation training significantly improved students' performance in post-insertion flange modification procedures compared to traditional education alone. There were improvements noted across various competency categories including knowledge, cognitive and specific psychomotor capabilities. Maheshwari et al., (2024) also documented significant improvement in post-intervention knowledge scores following early clinical exposure activities. The findings collectively suggest that simulation and experiential based teaching create a structured environment for understanding procedural concepts prior to clinical application, thus bridging the gap between theoretical knowledge and patient management (Bukhary & Alshali, 2021; Johnson et al., 2017; Maheshwari et al., 2024).

A real clinical exposure will enhance students' competence and confidence. Obrez et al., (2009) documented statistically significant improvements in written examinations, practical assessments, and objective structured clinical examinations following to the adoption of a patient-centred curriculum. Puryer et al., (2018) reported similar findings, noting that confidence levels significantly increased during the undergraduate program as students gained more expertise in managing prosthodontic patients. Students recognized clinical exposure as a more important factor in the enhancement of confidence than supplementary laboratory teaching. Maheshwari et al., (2024) observed favourable attitudes among students and teachers concerning early patient-based experiences, suggesting that direct observation of clinical procedures aids in a good transition from preclinical training to patient care.

The evidence further underscores the increasing significance of patient-centred educational philosophies in complete denture. Obrez et al., (2009) highlighted that educational success was obtained through a curriculum centred on the holistic management of edentulous patients rather than on isolated laboratory techniques. Johnson et al., (2017) also demonstrated that virtual patient contacts allowed students to comprehend the sequence of appointments and communication mechanisms which are important for comprehensive denture treatment. Puryer et al., (2018) discovered that students regarded enhanced clinical experience with patients as

the most efficient method to cultivate their preparedness for prosthodontic clinic. The findings collectively suggest that patient-centred learning environments enhance comprehension of management of edentulous patients, transcending mere technical skills in denture fabrication (Johnson et al., 2017; Obrez et al., 2009; Puryer et al., 2018).

While the use of simulation and experiential learning is educationally beneficial, a few implementation issues were identified. Maheshwari et al., (2024) highlighted issues with insufficient faculty availability, scheduling limitations, and challenges in incorporating early clinical exposure into current dental curricula. Johnson et al., (2017) noted the standardized patient program required the coordination of many simulated clinical interactions to overcome logistical concerns in order to run the clinic. Obrez et al., (2009) also reported that the implementation of patient-centred models requires significant institutional resources and curriculum reorganization. However, the positive outcomes observed in simulation exercises, standardized patient interactions, and early clinical exposure initiatives indicate that the educational benefits outweigh the logistical implications, provided that sufficient planning and support systems are in place (Johnson et al., 2017; Maheshwari et al., 2024; Obrez et al., 2009).

### ***Digital and Technology-Enhanced Learning in Complete Denture Education***

There are increasing incorporation of digital technologies into complete denture teaching. From the evidence, technology-enhanced learning was introduced to overcome the limits of traditional teaching approaches, especially the reliance on passive lectures and laboratory-oriented tasks. In a study by Luo et al., (2024), dental interns were found to be very receptive to online learning due to their flexibility, accessibility, and facilitation of personalized learning. Faraone et al., (2013) similarly proved that a blended learning approach, integrating electronic educational resources with traditional teaching, effectively improved both theoretical and practical skills. Tuil et al., (2023) noticed same findings when digital games were utilized as supplementary educational materials during limited clinical exposure. These findings suggest that digital materials are increasingly seen as valuable supplements to traditional complete denture education rather than direct substitutes for conventional teaching methods (Faraone et al., 2013; Luo et al., 2024; Tuil et al., 2023).

A recurring topic in the studies is the beneficial effect of digital technologies on student learning outcomes and conceptual comprehension. Porcherot et al., (2024) discovered that students who had digital training prior to conventional laboratory exercises showed better performance in manual custom tray construction. Flottes et al., (2025) observed comparable results, indicating that initial digital training improved student performance in both custom tray manufacture and teeth placement. Tuil et al., (2023) noted higher in knowledge scores among students who engaged with digital games and lectures compared to those students receiving solely conventional education. These findings indicate that digital technologies can enhance conceptual learning by allowing students to visualize processes, reinforce theoretical concepts, and gain a clearer comprehension of complete denture workflows prior to performing manual clinical tasks (Flottes et al., 2025; Porcherot et al., 2024; Tuil et al., 2023).

Digital enhanced learning is also able to cater to different learning styles and degrees of manual dexterity. Flottes et al., (2025) reported that students with moderate perceptual and motor skills often excelled in digital exercises compared to traditional laboratory tasks. These findings suggest that digital learning environments may reduce the dependence on manual dexterity for academic success and thus enable a more independent assessment of conceptual competencies.

Luo et al., (2024) emphasized the importance of online learning in providing personalized educational experiences because students can learn at their own speed and revisit difficult topics as needed. Collectively, the findings suggest that digital platforms may enhance individualized and inclusive learning in complete denture education.

There were limitations and obstacles related to digital learning in complete denture. Luo et al., (2024) discovered that while interns demonstrated considerable endorsement for online learning, their confidence and perceived preparedness for complete denture rehabilitation were still inadequate, indicating that digital education alone may not sufficiently cultivate clinical competence. Flottes et al., (2025) similarly showed limited levels of student satisfaction with specific digital training activities, despite observable enhancements in educational achievement. Porcherot et al., (2024) also observed that digital tools shown limited efficacy in recognizing all learning challenges faced by students. These findings indicate that although technology-enhanced learning can augment theoretical knowledge and procedural understanding, it cannot fully replace direct clinical experience and real patient treatment. Thus, successful curriculum design requires careful integration of digital and traditional educational components (Flottes et al., 2025; Luo et al., 2024; Porcherot et al., 2024).

The overall available evidence demonstrates that digital and technology-enhanced learning approaches provide a beneficial contribution to complete denture education through improving conceptual comprehension, promoting self-directed learning, improving academic achievement and complementing traditional laboratory training. Online learning platforms, blended learning curriculum, digital design exercises and games are all educationally valuable tools. The results also indicate that digital technologies are more successful when integrated with hands-on laboratory activities and clinical experiences, which leads to a comprehensive development of conceptual knowledge, practical competence and patient-care skills necessary for complete denture rehabilitation (Faraone et al., 2013; Flottes et al., 2025; Luo et al., 2024; Porcherot et al., 2024; Tuil et al., 2023).

## Conclusion

Complete denture education remains an essential component of undergraduate dental curriculum. Nonetheless, wide variations in curriculum design, clinical exposure, and competency assessment continue to challenge the achievement of consistent graduate readiness. Current evidence demonstrates that simulation-based, patient-centred, and technology-enhanced teaching approaches promote student learning, clinical confidence, and conceptual understanding when integrated with real clinical experiences. A balanced educational model that incorporates adequate patient exposure, competency-based assessment, and digital innovation is important for delivering comprehensive complete denture education. Future curriculum standardization and longitudinal evaluation of educational outcomes are needed to ensure graduates are equipped to meet the prosthodontic standard in managing edentulous population.

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