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Self-assessment and level of knowledge of Dental students on Oral Pathology and Stomatology

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Abstract The aim of this study was to evaluate the knowledge of dental students on oral pathology and stomatology. This is a quantitative, exploratory and descriptive study, in which a questionnaire consisting of five student-related questions (sex, age, semester, self-assessment, confidence level) and 20 questions on oral pathology and stomatology was applied to 77 participants regularly enrolled in a dentistry course. Among the students, 50.6% were male and 49.35% were between 23 and 27 years old; 44.16% of the students rated their knowledge of oral pathology and stomatology as fair and 58.44% rated their level of confidence in diagnosing and managing oral lesions as fair. The mean score of the participants was 5.08, which was considered fair according to the criteria established in this study. According to the results, the students had a fair level of knowledge on the subject. This scenario suggests the importance of re-evaluating the learning process in order to improve students' knowledge on oral pathologies.
Descriptors: Pathology, Oral. Oral Medicine. Education, Dental.

Autoevaluación y nivel de conocimiento de los estudiantes de Odontología sobre Patología Oral y Estomatología
Resumen El presente estudio tuvo como objetivo evaluar los conocimientos de los estudiantes de Odontología sobre Patología Oral y Estomatología. Se trata de una investigación cuantitativa, exploratoria y descriptiva, en la que se aplicó un cuestionario con cinco preguntas sobre los estudiantes (sexo, edad, período del curso, autoevaluación, nivel de confianza) y veinte preguntas sobre Patología Oral y Estomatología a 77 participantes matriculados regularmente en un curso de Odontología. Entre los estudiantes, se observó que el 50,6 % eran hombres y el 49,35 % tenían entre 23 y 27 años de edad; El 44,16 % de los estudiantes autoevaluaron sus conocimientos en Patología Oral y Estomatología como regulares y el 58,44 % evaluaron como regular su nivel de confianza para realizar el diagnóstico y el tratamiento de alguna lesión oral. La media de las notas de los participantes fue de 5,08 puntos, lo que se considera regular según los criterios establecidos en esta investigación. Según los resultados obtenidos, el nivel de conocimiento de los estudiantes sobre el tema fue regular. Este panorama sugiere la importancia de reevaluar el proceso de aprendizaje, con el fin de capacitar a los estudiantes en el conocimiento de las patologías orales.
Descriptores: Patología Bucal. Medicina Oral. Educación en Odontología.

Autoavaliação e nível de conhecimento de estudantes de Odontologia sobre Patologia Oral e Estomatologia
Resumo O presente estudo teve como objetivo avaliar os conhecimentos de estudantes de Odontologia sobre Patologia Oral e Estomatologia. Trata-se de uma pesquisa quantitativa, exploratória e descritiva, em que um questionário contendo cinco questões referentes aos discentes (sexo, idade, período do curso, autoavaliação, nível de confiança) e vinte questões sobre Patologia Oral e Estomatologia foi aplicado para 77 participantes regularmente matriculados em um curso de Odontologia. Entre os estudantes observou-se que 50,6% eram do sexo masculino e 49,35% possuíam entre 23 e 27 anos de idade; 44,16% dos discentes autoavaliaram o seu conhecimento em Patologia Oral e Estomatologia como regular e 58,44% avaliaram como regular o seu nível de confiança para realização do diagnóstico e conduta de alguma lesão oral. A média das notas dos participantes foi de 5,08 pontos, sendo considerada regular, de acordo com os critérios estabelecidos nesta pesquisa. Conforme os resultados encontrados, o nível de conhecimento dos acadêmicos sobre o tema foi regular. Esse panorama sugere a importância de reavaliar o processo de aprendizagem, a fim de qualificar discentes no conhecimento das patologias orais.
Descritores: Patologia Bucal. Medicina Bucal. Educação em Odontologia.

INTRODUCTION

Dentistry is not limited to the care of teeth and their supporting structures but also comprises the prevention and diagnosis of diseases of the stomatognathic system. Alterations and lesions affecting the oral mucosa are influenced by and impact the overall health of the individual; thus, there is an increasing need for dentist's knowledge on stomatology and oral pathology, thereby strengthening their professional performance1.

Within this context, stomatology plays an important role in dental education since it is related to health promotion, focusing on the diagnosis and treatment of diseases of the maxillofacial tissues and structures, as well as disorders of the salivary glands, orofacial pain, and maxillofacial manifestations of systemic diseases2,3. Linked to this specialty is oral pathology, an area that integrates basic sciences with clinical practice through the histopathological study of alterations or lesions in an attempt to better understand them and to establish the correct diagnosis, which is essential for developing a treatment plan2-6.

Previous studies7,8 suggest an association between the absence of an early diagnosis and deficient undergraduate training of students regarding lesions that affect the oral cavity, with a high percentage of dental students not feeling confident in making the diagnosis. Knowledge on oral alterations and lesions is fundamental for an early diagnosis, preventing major and mutilating interventions, reducing morbidity and mortality, and providing a better quality of life6,8. Constant improvement in the quality of the teaching-learning process is therefore necessary, aligning curriculum content with the epidemiological conditions of the populations that students will attend5.

According to the Brazilian Ministry of Health, primary care providers are responsible for the diagnosis of oral lesions, including those with a suspicion of malignancy, and for the treatment of certain types of lesions such as non-neoplastic proliferative lesions, reactive lesions associated with denture use, and lesions caused by biological agents9. Performing complementary tests and requesting radiographic examinations are also responsibilities of primary care providers. Thus, monitoring oral lesions is necessary for the early diagnosis of these conditions7,9.

The National Curriculum Guidelines are guidelines aimed at organizing undergraduate courses, outlining the expected profile and skills of graduates, and guiding the evaluation process10. The National Curriculum Guidelines for dentistry establish that undergraduate programs train dentists capable of practicing dentistry in an integrated manner and of working within the public health system, performing the prevention, management, and treatment of oral health problems at different levels of care in order to ensure population health. Within this context, evaluations of the adequacy, relevance, and integrative capacity of oral pathology and stomatology contents must be understood as an integral part of an ongoing process of pedagogical replanning and improvement of undergraduate courses, developing new methodologies to enhance the teaching of these curriculum components5. However, despite the importance of the topic, studies addressing the level of students' knowledge on this subject are scarce.

Considering that knowledge on oral lesions and their risk factors contributes to appropriate and effective management, assisting in the prevention of oral diseases and patient prognosis, this study aimed to evaluate the knowledge of dental students on oral pathology and stomatology.

METHOD

The study was approved by the Ethics Committee on Research Involving Humans of the State University of Rio Grande do Norte (UERN) (opinion number 7.236.140) and was conducted in accordance with Resolution 466/12 of the National Health Council.

This was a quantitative, exploratory and descriptive study that used dental students enrolled UERN, municipality of Caicó, as the unit of analysis. During the study period, 93 students were enrolled in the dentistry course. Of these, 77 students answered the questionnaire; 12 students were not present at the time of application and 4 did not accept to sign the free informed consent form. All students were 18 years of age or older and were enrolled in even-numbered semesters of the course (2nd, 4th, 6th, 8th, and 10th) since student admission to the course occurs annually and only even semesters were offered during the period of data collection.

The municipality of Caicó, located in the Seridó region in the center area of the state, has 61,146 inhabitants according to the 2022 census conducted by the Brazilian Institute of Geography and Statistics[11]. The state of Rio

Grande do Norte currently has 10 active dentistry courses, half of them in the capital Natal[12]. This scenario highlights the importance of the dentistry course of UERN in the municipality of Caicó, located in the countryside of the state, for ensuring access to higher education.

Data were collected by face-to-face application of an individual questionnaire during visits to the classrooms of the dental students. The questionnaire consisted of closed structured questions, including five student-related questions and 20 multiple-choice questions on contents related to the curriculum components of oral pathology and stomatology. The questionnaire was validated by Vasconcelos *et al.*[3] and Souza *et al.*[5], with some adaptations for the present study. The volunteer was not allowed to consult books, the internet, or third-party data.

The level of knowledge was measured based on the mean number of correct answers of the participants. A score of 0.5 was attributed to each question. The sum of points resulted in a score ranging from 0 to 10 based on the criteria proposed by Vasconcelos *et al*.[3]. The level of knowledge was classified based on these scores as follows: a score < 5.0 indicated a poor level of knowledge, a score between 5.0 and 6.5 indicated fair knowledge, and a score ≥ 7.0 indicated a good level of knowledge. The results were organized into spreadsheets and processed using the Statistical Package for the Social Sciences (SPSS), version 29.0. Descriptive analyses were applied.

RESULTS

Table 1 shows the sociodemographic profile of the participants (age group, sex, and semester enrolled). There was a predominance of participants aged 23 to 27 years (49.3%), males (50.6%), and participants enrolled in the 10th semester (29.8%).

Table 1. Distribution of participants according to age group, sex and semester enrolled.

Variable	n	%
Age group (years)		
18-22	28	36.4
23-27	38	49.3
28-32	8	10.4
33-36	3	3.9
Sex		
Female	38	49.4
Male	39	50.6
Semester enrolled		
2nd	15	19.5%
4th	13	16.9%
6th	13	16.9%
8th	13	16.9%
10th	23	29.8%

Regarding self-assessment of the level of knowledge on oral pathology and stomatology, most students (44.16%) considered themselves to have fair knowlege, mainly those in the 6th, 8th, and 10th semesters, as illustrated in Figure 1. On the other hand, most second-year students (80%) self-rated their level of knowledge as insufficient. As shown in Table 2, 58.44% of the students perceived their level of confidence in diagnosing and managing oral lesions as fair.

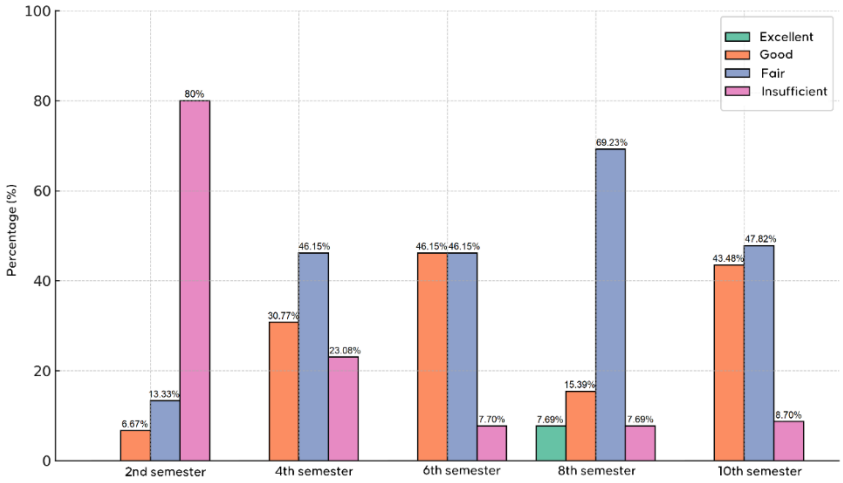

Figure 1. Distribution of students' self-assessment of knowledge by semester.

Table 2. Distribution of students according to self-assessment of knowledge on oral pathology and stomatology.

Variable	n	%
How would you rate your level of knowledge on oral pathology and stomatology?		
Excellent	1	1.30
Good	23	29.87
Fair	34	44.16
Insufficient	19	24.67
How is your level of confidence in diagnosing and managing oral lesions?		
High	1	1.30
Fair	45	58.44
Low	31	40.26

Regarding the level of knowledge assessed based on scores, the mean score of the 77 students was 5.08, a value classified as fair according to the criteria established in this study. Most participants (44.16%) had a poor level of knowledge, mainly including students from the 2nd and 4th semesters, 35.06% had a fair level of knowledge, and 20.78% had a good level of knowledge. Figure 2 illustrates the level of knowledge by semester. Table 3 summarizes the correct and incorrect answers to the questions of the questionnaire, as well as the most prevalent error.

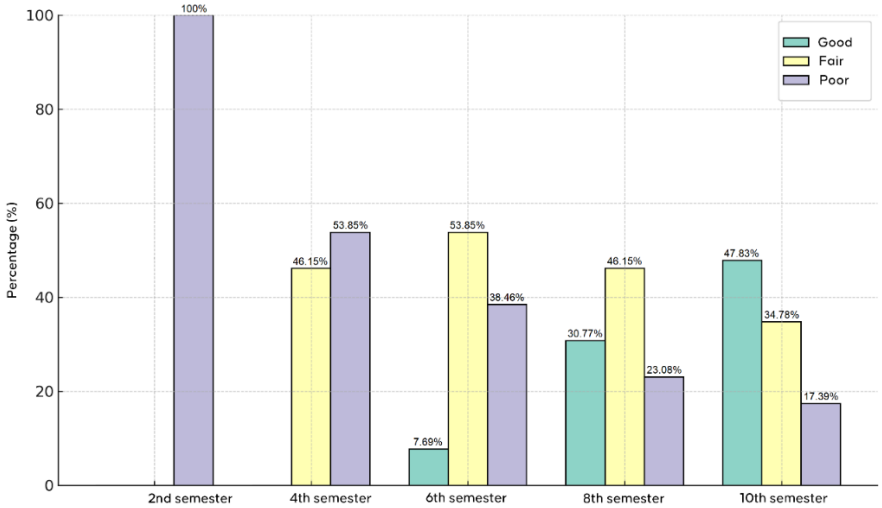

Figure 2. Students' level of knowledge assessed based on scores by semester.

Table 3. Distribution of correct and incorrect answers to the questions of the proposed questionnaire.

Question	Correct n (%)	Incorrect n (%)	Correct answer	Most prevalent incorrect answer
1. What is the most common malignant neoplasm affecting the oral cavity?	28 (36.36)	49 (63.64)	Squamous cell carcinoma	Mucoepidermoid carcinoma
2. If a malignant oral lesion is suspected, what is the correct management?	48 (62.34)	29 (37.66)	Incisional biopsy	Excisional biopsy
3. What age group is most affected by oral cancer?	64 (83.12)	13 (16.88)	Over 40 years	Between 31 and 39 years
4. Which of the following is not a potentially malignant lesion?	27 (35.07)	50 (64.93)	Peripheral giant cell lesion	Lichen planus
5. The patient underwent periapical radiography of tooth 25. Analysis of the radiograph revealed a cystic lesion at the apex of tooth 26. The patient did not report pain symptoms and pulp vitality tests were negative. What is your diagnosis?	22 (28.57)	55 (71.43)	Inflammatory cyst	Odontogenic keratocyst
6. Indicate a benign neoplasm of vascular origin whose differential diagnosis can be defined by vitropression:	54 (70.13)	23 (29.87)	Hemangioma	Papilloma
7. A mucocele is a lesion of which origin?	42 (54.54)	35 (45.46)	Traumatic	Benign neoplasm
8. At what stage of syphilis can white plaques appear on the oral mucosa?	49 (63.64)	28 (36.36)	Second stage	Third stage
9. What is the most common benign salivary gland neoplasm?	8 (10.39)	69 (89.61)	Pleomorphic adenoma	Mucocele
10. What is the most appropriate laboratory test for identifying patients with syphilis?	47 (61.04)	30 (38.96)	VDRL and FTA-ABS	EBV
11. Indicate a dental anomaly that hinders both tooth extraction and endodontic treatment:	35 (45.46)	42 (54.54)	Dilaceration	Hypercementosis
12. Indicate a tongue alteration that is characterized by an increase in filiform papillae:	55 (71.43)	22 (28.57)	Hairy tongue	Migratory glossitis
13. What is the most common oral fungal infection in denture wearers?	63 (81.82)	14 (18.18)	Candidiasis	Paracoccidioidomycosis
14. A lesion in the red gingival papilla that bleeds on touch and histologically exhibits a large number of capillaries is called:	40 (51.95)	37 (48.05)	Pyogenic granuloma	Irritation fibroma
15. As an example of a lesion related to human papillomavirus (HPV) we can cite:	54 (70.13)	23 (29.87)	Papilloma	Lymphangioma
16. The most common location of squamous cell carcinoma is:	36 (46.75)	41 (53.25)	Tongue	Buccal mucosa
17. The odontogenic tumor that forms enamel, dentin, pulp, and cementum but does not resemble a tooth is:	37 (48.05)	40 (51.95)	Complex odontoma	Compound odontoma
18. The odontogenic cyst with the worst prognosis after surgery is:	33 (42.86)	44 (57.14)	Odontogenic keratocyst	Nasopalatine duct cyst
19. As an example of a condition that can be confused with a radiolucent lesion of endodontic origin we can cite:	40 (51.95)	37 (48.05)	Periapical cemental dysplasia	Ossifying fibroma
20. Which reactive lesion occurs exclusively on the gingiva?	1 (1.3)	76 (98.7)	Peripheral ossifying fibroma	Gingivitis

DISCUSSION

The findings of the present study reveal the need for studies that assess students' knowledge in order to contribute to the improvement of essential curriculum components during academic training. The study identified weaknesses in teaching from the perspective of both students and researchers, a fact that contributes to a broader understanding of the difficulties that must be overcome.

The present study reports a discussion that is still scarce in the literature. Studies that assess the skills and capacity of dental students to diagnose lesions affecting the oral cavity are extremely important since the early detection of such lesions can significantly contribute to a better quality of life of the patient[1,2,4,6,7,13-15]. Within this context, the university experience is important for giving students the opportunity to improve their knowledge and shape their skills that will serve as a reference for their professional performance, providing a holistic view of the patient[2,4,16].

Regarding the level of confidence in diagnosing and treating oral lesions, the results showed that most students had a fair level of confidence. This finding is a matter of concern since dentists play a fundamental role in the diagnosis of lesions that can lead to mutilating treatments. This observation agrees with the literature[3,5-8], confirming the relevance of this finding. It is worth noting that among the classes involved in clinical practice, a fair level of confidence was more expressive among sixth-, eighth- and tenth-semester students, while the level of confidence was low among second- and fourth-semester classes.

Evaluating the performance of the participating classes, second-semester students achieved the expected performance, with 80% of the students self-rating their knowledge on oral pathology and stomatology as insufficient, corroborating the poor level of knowledge obtained with the answers to the questionnaire and evaluation based on scores. This poor level of knowledge regarding the curriculum components addressed in this study can be explained by the fact that students at the beginning of the course had not yet taken the aforementioned subjects. This finding is consistent with the study by Oliveira *et al*. (2025)[17], which revealed more discrepant responses regarding knowledge on oral cancer when compared to more students in higher semesters.

Regarding the performance of fourth-semester students, the level of knowledge was also found to be poor. During the period when the questionnaire of this study was applied, i.e., at the beginning of the 2025 academic year, the fourth-semester students were still completing the first unit of the oral pathology and stomatology curriculum components. This fact explains the poor performance since the students had only covered a small part of the content.

Analysis of sixth-semester students showed a level of knowledge that ranged from fair to poor, indicating a knowledge deficit since the aforementioned subjects had already been taken. One explanation for this scenario is the current curriculum of the course at the institution, which offers components of oral pathology and stomatology only in the 4th semester. Since these are extensive contents covered in only one semester, they are difficult to recall. This situation underscores the need for and importance of changes in the curriculum, which is already in the final stages at UERN. Similar results have been reported by Souza *et al*. (2017)[14] who observed the need for continuous content reinforcement as the course progresses.

Eighth- and tenth-semester students exhibited adequate performance, with most participants showing fair to good levels of knowledge. This finding might be related to the greater clinical experience of these students since they have participated in supervised internships in the Integrated Clinic for a longer period of time and have completed a large part of the curriculum components. These data agree with Souza *et al*. (2017)[14], who found that students in higher study semesters had a better level of knowledge due to the constant practical activities at the end of the course, and with Oliveira *et al*. (2013)[15], who reported that the diagnostic performance of students increases as the course progresses. In addition, the improved performance of graduating students may be associated with greater professional preparation of these students aimed at acceptance into multiprofessional residency programs and approval in public service exams.

Regarding specific knowledge on oral pathology and stomatology, the percentage of correct answers to the question addressing the age group most commonly affected by oral cancer (> 40 years) was high, reaching 83.12%. This good level of knowledge among the participants is a positive finding considering that it contributes significantly to

the early detection of oral cancer. Similar results have been reported by Souza *et al*. (2017)[14] who observed a significant number of correct answers regarding the age group most affected by oral cancer. Delvecchio *et al*. (2022)[7] also highlighted the higher incidence of this malignancy after 40 years of age. This finding is promising since the National Cancer Institute (INCA) estimates the number of new cases of oral cavity cancer in Rio Grande do Norte for the three-year period (2023-2025) at 260 per 100,000 inhabitants, with a male preference. This fact highlights the importance of qualified professionals for the early diagnosis of this condition to improve patient prognosis[18].

Analyzing the distribution of incorrect answers of the students to the questions of the proposed questionnaire, the highest percentage of incorrect answers (98.7%) was observed regarding the question on the reactive lesion occurring exclusively on the gingiva, which is peripheral ossifying fibroma. This finding is relevant since reactive lesions are a common group of lesions in the oral cavity, second only to caries and periodontal disease. It is interesting to note that gingivitis was the most frequently selected incorrect alternative, suggesting that students may have confused the exclusive location of the lesion on the gingiva with gingivitis. The latter is an inflammatory lesion that occurs in the gingiva and is limited to the tissues surrounding the teeth; however, it is not included in the group of reactive lesions, as requested in the 20th question[19].

It is important to note that, during application of the questionnaire, there was significant complaint from sixth-, eighth- and tenth-semester students that the assessments of the supervised internship in Integrated Clinic do not include questions regarding oral pathology and stomatology contents, which impairs review of the diagnosis and treatment of oral lesions and alterations and discourages study of these contents. This fact highlights the importance of continuous evaluation that encompasses the knowledge acquired throughout academic training[13].

Interestingly, after application of the questionnaire, there was a high demand among students for the answer key, indicating that the questionnaire motivated the students to review the contents of these curriculum components, which proved to be a learning stimulus. Furthermore, the selection process of the institution for teaching assistantships in oral pathology and stomatology was found to be an effective tool for encouraging learning and preparing students for their academic future. Despite the limited number of available positions in the semesters when the curriculum components are offered, student assistants benefit from this opportunity to review the contents and improve their diagnostic skills, as well as to develop and encourage the role of teaching[20].

Regarding the new curriculum that will take effect at UERN, the oral pathology and stomatology components will be compiled into two new subjects: Diagnostic Process I and Diagnostic Process II offered in the 4th and 5th semesters, respectively. There will also be another opportunity to review these curriculum components in the 8th semester, in the Stomatology Clinic. These changes reflect the institution's responsibility and care to ensure that these essential components of academic training are addressed sequentially, increasing the effectiveness of the teaching-learning process. This scenario is in line with the study by Sousa *et al*. (2016)[13] that highlights the role of educational institutions in encouraging students to dedicate themselves to clinical examination, so that they can diagnose oral lesions and propose appropriate managements.

According to the criteria used in this study, the students evaluated possess an average level of knowledge. A significant percentage achieved only average performance, indicating the need to evaluate the adequacy of the teaching-learning strategies adopted in these curriculum components and to implement a continuous learning process throughout the undergraduate program in order to produce the professional skills necessary for qualified clinical performance in this field. Updating the course curriculum, along with encouragement to review contents throughout the course, including integrated clinic, are essential components of the academic training of qualified and trained dentists to diagnose and treat lesions effectively[3].

Limitations of this study include the lack of external validation and variations in adherence across the different semesters analyzed, which restricted the sample size and representativeness of the sample. Thus, further studies are needed to comprehensively assess the knowledge of these students, especially after implementation of the new curriculum at the institution. However, the present study provides information that can serve as a basis for reflection on the topic and support future research.

CONCLUSON

The results of the present study show a fair level of knowledge of students on the subject. Nevertheless, the students acknowledge this fact and there is still a way to go to achieve better results.

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