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Knowledge and Attitude Regarding Complete Denture Diagnosis and Fabrication among Dental Students of BPKIHS

Ashish Shrestha, Tarakant Bhagat, Santosh Kumari Agrawal, Ujwal Gautam, Lanka Budha, Bijay Kumar Sah , Arjun Rawat, Bibhash Khanal, Suveksha Pandey

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Suveksha Pandey
pandeysuveksha14@gmail.com

https://orcid.org/0009-0003-7299-7022

Department of Public Health Dentistry, B.P. Koirala Institute of Health Sciences

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Abstract

Background: Every future dental surgeon must be competent enough to diagnose and prepare a treatment plan for an edentulous patient. They must learn and improve their confidence in the essential clinical and laboratory procedures for complete denture fabrication. This study aimed to evaluate the knowledge and attitude toward complete denture diagnosis and fabrication among dental undergraduates and interns in B.P. Koirala Institute of Health Sciences.

Methods: A questionnaire- based cross- sectional study was conducted among dental undergraduate students (fourth year, final year and interns) of B.P. Koirala Institute of Health Sciences between February and March 2024. A self- administered questionnaire was used to assess the knowledge and attitude of complete denture diagnosis and fabrication. The scores obtained from each question were analyzed using SPSS version 26 for statistical analysis.

Results: Ninety participants were included in the study. About 80% of participants obtained consent before proceeding with the treatment. The majority (95.5%) knew the primary impression technique. Most of them (65.5 %) preferred sectional border molding and used a Fox plane for determining occlusion. All of them gave post-insertion instructions after inserting the denture.

Conclusion: The majority of students have developed an understanding of most of the important procedures and materials that are essential for successful denture therapy. However, they seem to lack knowledge about metal denture bases and recording the posterior palatal seal area.

Keywords: Complete denture; Dental students; Diagnosis; Fabrication; Nepal

Declarations

Ethics approval and consent to participate: This study was conducted with prior ethical approval from Institutional Review Committee of BPKIHS (IRC:3037/025) and informed consent has been obtained from participants prior to the enrollment.

Consent for publication: Informed consent was obtained from the patient for the publication of identifying features along with the manuscript.

Availability of data and materials: The full data set supporting this research is available upon request by the readers.

Competing interest: None

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Authors' contributions: AS and TKB contributed to the conceptualization of the study. SKA and UG designed the methodology of the study. BL, BKS, AR, BK contributed to data collection and data interpretation. Pandey S drafted the initial manuscript. All authors discussed and approved the final version of the manuscript.

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BACKGROUND

Edentulism is a major public health problem due to its high prevalence regardless of advancement in preventive oral care [1]. The number of edentulous patients is likely to rise globally as a consequence of an increase in life expectancy [2]. Therefore, the demand for complete denture is expected to increase in the coming years.

Dental students as future dental practitioners will be responsible for addressing the prosthodontic needs of the community. They should have a sound knowledge and experience in handling an edentulous patients [3]. Therefore, theoretical and clinical knowledge as well as a positive professional attitude toward complete denture are imperative. Complete denture prosthodontics is included in the undergraduate curriculum, yet variations in students' knowledge and confidence is seen globally 4-6. Several studies have shown the incompetency of students in fabricating a complete dentures [4,7,8], which can influence the quality of care provided by these students in the future.

B.P. Koirala Institute of Health Sciences (BPKIHS), an institution known for academic excellence throughout the years, lacks data evaluating how well the students have comprehended the theoretical and clinical concepts of complete denture prosthesis. The absence of assessment creates a gap in understanding the current approaches for education [9].

Hence, the aim of the study is to assess the knowledge and attitude regarding complete denture diagnosis and fabrication among dental students of (BPKIHS). The findings will provide insights into the potential areas for improvement in order to prepare competent dental surgeons for the future.

METHODS

A descriptive cross- sectional study was conducted at the College of Dental Surgery, B.P. Koirala Institute of Health Sciences (B.P.K.I.H.S), Nepal between February and March 2024. Institutional Review Committee of BPKIHS (IRC: 3037/025)

BDS students from the fourth year, final year and internship who were willing to participate were selected using a convenience sampling technique. The sample size was calculated using the percentage of dental students following the MM house classification for diagnosis in the study by Eswaran et al [10] which reported 63.6% of students following the classification. The following formula was used:

$$\frac{z^2_{1-\alpha/2}pq}{l^2}$$

Substituting the $z_{1-\alpha/2}$ value for 95% confidence level.

$z_{1-\alpha/2} = 1.96$

l (acceptable margin of error) = 0.5%
p= 63.16% (0.63)
q (1-p) = 0.37

Putting the values in above formula, sample size (n0) becomes 369.

The total number of students (N) in fourth year, final year and interns is 118.

Therefore, applying finite population correction in above sample using the formula,

$$n = \frac{n0}{1+[\frac{n0-1}{N}]} = \frac{369}{1+[\frac{368}{118}]} = 90$$

All 118 students were approached for the study.

Written consent was obtained from all the participants prior to data collection. The self- administered structured questionnaire was distributed among participants in the classroom to collect the data. A standard structured questionnaire was adapted from the study conducted by Eswaran et al. [10], after obtaining permission from the author to use their questionnaire as a tool in our study. The questionnaire consisted of a total of 30 multiple-choice questions and 4 general questions (about name, year of study, age, and sex).

Data collection was done until the required sample size was met.

The data collected were entered into a Microsoft Excel Sheet and then transferred into SPSS (Statistical Package for Social Sciences) version 26 software for statistical analysis. Descriptive statistics such as frequency, percentage, mean and standard deviation were calculated.

RESULTS

Out of a total of 90 participants, 48 (53.33%) were females and 42 (46.67%) were males. Among the respondents, 38.9% were fourth year students, 35.6% were final year students and 25.6% were interns. The mean age of the participants was 24.09 ± 1.346 years.

Notably, 80% of the total students obtained patient informed consent before proceeding with treatment. Half of the participants conducted oral examinations only before proceeding with impressions, while the remaining half conducted both oral and radiographic examinations. In terms of diagnosing the mental status of the patient

using M.M. house classification, 41.11% of participants sometimes used and 35.5% always used the classification system. While 95.5% understood primary impressions, only 1.1% had experience with metal denture bases. Regarding pre-prosthetic procedures, more than two thirds, i.e., 71.11% of respondents recommended their patient undergo pre-prosthetic procedures only when required **(Table 1)**.

Sectional border molding was preferred by 65.5% of participants. All the interns (100%), 25.7% of fourth-year students and 84.3% of final-year preferred impression compound for the primary impression. Green stick was the material of choice for border molding among 71.4% students from fourth year, 96.8% of final-year students, and 95.6% of interns. In terms of final impressions, 73.3% preferred Zinc Oxide Eugenol paste **(Table 2)**.

Participants' preferences regarding occlusal plane determination, jaw relations, and denture fabrication techniques also showcased variations across academic levels. Regarding the jaw relation, 48.8% of participants always performed all three types (vertical, horizontal and orientation) for all cases. Notably, 94.4% considered centric relation ideal for determining occlusion. Most of the students (65.5%) determined the occlusal plane level with a Fox plane **(Table 3)**.

Post-insertion management was widely practiced (77.7%), particularly among final year students and Interns. Additionally, all participants (100%) reported informing post-insertion instructions after inserting the denture **(Table 4)**.

Table 1: Responses of study participants on complete denture diagnosis

Questions		4th yr (n = 35)		Final yr (n = 32)		Intern (n = 23)		Total (N = 90)	
		n	(%)	n	(%)	n	(%)	n	(%)
Q1. Do you always get a patient informed consent form before proceeding with treatment?	Always	31	(88.6%)	25	(78.1%)	16	(69.6%)	72	(80.0%)
	Never	1	(2.9%)	3	(9.4%)	1	(4.3%)	5	(5.6%)
	Rarely	0	(0.0%)	1	(3.1%)	0	(0.0%)	1	(1.1%)
	Sometimes	3	(8.5%)	3	(9.4%)	6	(26.1%)	12	(13.3%)
Q2. According to you, before proceeding with Impression which of the following must be done thoroughly?	Oral examination along with radiographic examination	9	(25.7%)	21	(65.6%)	15	(65.3%)	45	(50.0%)
	Oral examination only	26	(74.3%)	11	(34.4%)	8	(34.7%)	45	(50.0%)
Q3. How often do you consider M.M. House classification for proper identification of a patient's mental attitude?	For all cases	3	(8.6%)	18	(56.3%)	11	(47.8%)	32	(35.6%)
	Sometimes	16	(45.8%)	11	(34.4%)	10	(43.5%)	37	(41.2%)
	Never	8	(22.8%)	1	(3.1%)	0	(0.0%)	9	(10.0%)
	Rarely	8	(22.8%)	2	(6.2%)	2	(8.8%)	12	(13.4%)
Q4. How often will you recommend your patient to undergo pre-prosthetic procedures before complete denture prosthesis?	Always recommend	7	(20.0%)	7	(21.8%)	4	(17.4%)	18	(20.0%)
	For required patients	24	(68.6%)	21	(65.6%)	19	(82.6%)	64	(71.1%)
	Not recommend	2	(5.7%)	4	(12.6%)	0	(0.0%)	6	(6.7%)
	Rarely	2	(5.7%)	0	(0.0%)	0	(0.0%)	2	(2.2%)
Q5. Have you ever advised for making a complete denture without primary impression?	No	32	(91.5%)	31	(96.8%)	23	(100%)	86	(95.6%)
	Yes	3	(8.5%)	1	(3.2%)	0	(0.0%)	4	(4.4%)
Q6. Which of the following material is often preferred by you for making a primary impression?	Alginate	25	(71.4%)	5	(15.6%)	0	(0.0%)	30	(33.3%)
	Elastomeric putty	1	(2.8%)	0	(0.0%)	0	(0.0%)	1	(1.1%)
	Impression compound	9	(25.8%)	27	(84.4%)	23	(100%)	59	(65.6%)
Q7. Do you think one must consider flabby tissue management before making custom trays?	No	2	(5.7%)	0	(0.0%)	0	(0.0%)	2	(2.2%)
	Yes	33	(94.3%)	32	(100%)	23	(100%)	88	(97.8%)
Q8. Which type of relief is commonly preferred for flabby tissue management?	Relief holes in tray	16	(45.7%)	5	(15.6%)	5	(21.7%)	26	(28.9%)
	Spacer on the cast	16	(45.7%)	5	(15.6%)	5	(21.7%)	26	(28.9%)
	Tray selectively reduced	3	(8.6%)	4	(12.5%)	0	(0.0%)	7	(7.8%)
	Window in tray	0	(0.0%)	18	(56.3%)	13	(56.6%)	31	(34.5%)

Table 2: Responses of study participants on complete denture fabrication

Questions	Responses	4th yr (n = 35)		Final yr (n = 32)		Intern (n = 23)		Total (N = 90)	
		n	(%)	n	(%)	n	(%)	n	(%)
Q9. According to you, to prevent distortion of custom tray one must fabricate it ---------- procedure	A day before	16	(45.7%)	15	(46.9%)	12	(52.1%)	43	(47.8%)
	Few days before	7	(20.0%)	4	(12.6%)	1	(4.4%)	12	(13.4%)
	Few hours before	11	(31.5%)	6	(18.7%)	10	(43.4%)	27	(30.0%)
	None of these	1	(2.8%)	7	(21.8%)	0	(0.0%)	8	(8.8%)
Q10. Which technique is most often preferred by you for border moulding?	Others	1	(2.8%)	1	(3.2%)	0	(0.0%)	2	(2.3%)
	Sectional	16	(45.7%)	25	(78.1%)	18	(78.3%)	59	(65.5%)
	Simultaneously recorded	7	(20.1%)	6	(18.7%)	4	(17.3%)	17	(18.8%)
	Single step technique	11	(31.5%)	0	(0.0%)	1	(4.4%)	12	(13.4%)
Q11. Which of the following material is most often preferred for border moulding the final impression?	Elastomers	2	(5.7%)	0	(0.0%)	1	(4.3%)	3	(3.4%)
	Green stick	25	(71.5%)	31	(96.8%)	22	(95.6%)	78	(86.6%)
	Polyether	5	(14.3%)	1	(3.2%)	0	(0.0%)	6	(6.6%)
	Polyvinylsiloxane	3	(8.5%)	0	(0.0%)	0	(0.0%)	3	(3.4%)
Q12. Which is the most ideal technique for making final impression?	Minimal pressure	7	(20.0%)	1	(3.1%)	4	(17.4%)	12	(13.3%)
	Pressure (mucocompressive)	18	(51.4%)	9	(28.2%)	2	(8.7%)	29	(32.3%)
	Selective pressure	10	(28.6%)	22	(68.7%)	17	(73.9%)	49	(54.4%)
Q13. Which material is most often preferred for making final impression?	Alginate	11	(31.5%)	0	(0.0%)	1	(4.3%)	12	(13.3%)
	Polysulphide	0	(0.0%)	0	(0.0%)	1	(4.4%)	1	(1.1%)
	polyvinyl sulphide	8	(22.8%)	3	(9.4%)	0	(0.0%)	11	(12.3)
	Zoe paste	16	(45.7%)	29	(90.6%)	21	(91.3%)	66	(73.4%)
Q14. Have you ever advised your patient to remove their dentures 24 hrs prior to final impression procedure?	No	15	(42.8%)	22	(68.7%)	13	(56.5%)	50	(55.5%)
	yes	20	(57.2%)	10	(31.3%)	10	(43.5%)	40	(44.5%)
Q15. Which technique do you use to determine the depth of posterior palatal seal?	Arbitrarily	17	(48.6%)	20	(62.6%)	7	(30.4%)	44	(48.8%)
	Fluid wax technique	10	(28.6%)	3	(9.3%)	4	(17.3%)	17	(18.8%)
	Intraorally with T burnisher	8	(22.8%)	8	(25.0%)	11	(47.8%)	27	(30.1%)
	others	0	(0.0%)	1	(3.2%)	1	(4.5%)	2	(2.3%)

Table 3: Responses of study participants on jaw relation

Questions	Responses	4th yr (n = 35)		Final yr (n = 32)		Intern (n = 23)		Total (N = 90)	
		n	(%)	n	(%)	n	(%)	n	(%)
Q16. Which type of jaw relation is commonly preferred by you for complete denture?	Horizontal	7	(20.0%)	3	(9.3%)	2	(8.7%)	12	(13.3%)
	Orientation	9	(25.7%)	11	(34.4%)	2	(8.7%)	22	(24.4%)
	Vertical	19	(54.3%)	18	(56.3%)	19	(82.6%)	56	(62.3%)
Q17. How often do you perform all the three types of jaw relation?	For all cases	16	(45.7%)	15	(46.8%)	13	(56.5%)	44	(48.8%)
	Never	1	(2.8%)	6	(18.7%)	0	(0.0%)	7	(7.8%)
	Rarely	1	(2.9%)	3	(9.4%)	2	(8.7%)	6	(6.7%)
	Sometimes	17	(48.6%)	8	(25.1%)	8	(34.8%)	33	(36.7%)
Q18. How do you determine the occlusal plane level?	Anatomical landmark	24	(68.6%)	1	(3.1%)	2	(8.7%)	27	(30.0%)
	Arbitrarily	3	(8.6%)	1	(3.1%)	0	(0.0%)	4	(4.5%)
	Fox plane	8	(22.8%)	30	(93.8%)	21	(91.3%)	59	(65.5%)
Q19. Which method do you prefer in sealing the occlusal rim to transfer into articulator?	Nick and notch method	11	(31.5%)	1	(3.1%)	4	(17.4%)	16	(17.7%)
	others	3	(8.5%)	0	(0.0%)	0	(0.0%)	3	(3.4%)
	Staple pin	20	(57.2%)	30	(93.7%)	18	(78.2%)	68	(75.5%)
	Swallowing method	1	(2.8%)	1	(3.2%)	1	(4.4%)	3	(3.4%)
Q.20 Do you think centric relation is the ideal one in which occlusion is determined?	No	3	(8.5%)	0	(0.0%)	2	(8.7%)	5	(5.6%)
	Yes	32	(91.5%)	32	(100%)	21	(91.3%)	85	(94.4%)
Q.21 How do you record centric relation?	Excursive method	4	(11.4%)	1	(3.2%)	0	(0.0%)	5	(5.6%)
	Retruding mandibular method	19	(54.2%)	7	(21.8%)	9	(39.1%)	35	(38.9%)
	Swallowing method	5	(14.3%)	17	(53.2%)	13	(56.5%)	35	(38.9%)
	Tongue tip to soft palate	7	(20.1%)	7	(21.8%)	1	(4.4%)	15	(16.6%)
Q22. Do you use a face bow for record transfer to the articulator?	No	17	(48.5%)	25	(78.2%)	15	(65.3%)	57	(63.3%)
	Yes	18	(51.5%)	7	(21.8%)	8	(34.7%)	33	(36.7%)
Q23. Which type of articulator is commonly preferred by you for complete denture?	Fully-adjustable	8	(22.8%)	1	(3.2%)	1	(4.3%)	10	(11.1%)
	Non-adjustable	4	(11.5%)	10	(31.2%)	1	(4.3%)	15	(16.7%)
	Semi-adjustable	23	(65.7%)	21	(65.6%)	21	(91.4%)	65	(72.2%)
	No	0	(0.0%)	0	(0.0%)	0	(0.0%)	0	(0.0%)

Table 4: Responses of study participants on clinical management of dentures.

Questions	Responses	4th yr (n = 35)		Final yr (n = 32)		Intern (n = 23)		Total (N = 90)	
		n	(%)	n	(%)	n	(%)	n	(%)
Q24. Which type of material do you prefer for teeth selection?	Acrylic	19	(54.2%)	29	(90.7%)	19	(82.6%)	67	(74.5%)
	All ceramic	5	(14.3%)	0	(0.0%)	1	(4.3%)	6	(6.7%)
	Porcelain	11	(31.5%)	3	(9.3%)	3	(13.1%)	17	(18.8%)
Q25. Which technique do you use to construct the denture base?	Dough technique	12	(34.2%)	22	(68.7%)	15	(65.2%)	49	(54.4%)
	Shellac base plate	3	(8.6%)	1	(3.1%)	0	(0.0%)	4	(4.4%)
	Sprinkle on	20	(57.2%)	9	(28.1%)	8	(34.8%)	37	(41.2%)
Q26. Do you prefer suction cups/discs for maxillary denture retention?	Always	4	(11.4%)	1	(3.2%)	0	(0.0%)	5	(5.5%)
	Never	0	(0.0%)	15	(46.8%)	10	(43.5%)	25	(27.8%)
	Rarely	9	(25.8%)	6	(18.7%)	3	(13.0%)	18	(20.0%)
	Sometimes	22	(62.8%)	10	(31.3%)	10	(43.5%)	42	(46.7%)
Q27. Have you done any metal denture base for complete denture fabrication?	May be	1	(2.8%)	1	(3.2%)	0	(0.0%)	2	(2.2%)
	No	34	(97.2%)	31	(96.8%)	22	(95.6%)	87	(96.7%)
	Yes	0	(0.0%)	0	(0.0%)	1	(4.4%)	1	(1.1%)
Q28. Are You Aware of Various Denture Cleaning Aids Available?	No	11	(31.5%)	6	(18.7%)	2	(8.7%)	19	(21.2%)
	Yes	24	(68.5%)	26	(81.3%)	21	(91.3%)	71	(78.8%)
Q29. Have you ever managed post insertion denture problems?	No	18	(51.4%)	2	(6.3%)	0	(0.0%)	20	(22.3%)
	Yes	17	(48.6%)	30	(93.7%)	23	(100%)	70	(77.7%)
Q.30 Do you inform your patients about post insertion instructions after inserting denture?	Yes	35	(100%)	32	(100%)	23	(100%)	90	(100%)
	No	0	(0.0%)	0	(0.0%)	0	(0.0%)	0	(0.0%)

DISCUSSION

The present study highlighted the knowledge and attitude regarding complete denture diagnosis and fabrication among dental students. It is imperative for medical and dental practitioners to obtain the consent prior to the procedure [11]. Majority (80%) of participants in our study obtained consent before treatment. This indicates that the students have proper knowledge related to ethics.

Successful complete denture therapy requires appropriate diagnosis of the physical and mental state of a patient [12]. Most participants in our study performed radiographic examination along with oral examination and assessed the mental status of patients using the M.M. House classification. In cases where any patient required alteration of hard or soft tissues, most of them recommended undergoing pre- prosthetic procedures. This ensures that the patients will have proper supporting structures for the prosthesis [13].

Participants in their final year and internship preferred impression compound for making primary impressions. However, 71% of participants in the fourth-year preferred alginate. This could be due to the ease of manipulation of alginate [14]. Alginate was the material of choice in a study conducted by Alquatan et al as well [15].

There are different materials and techniques available for the final border impression, but the most commonly preferred material globally is green stick compound for border molding followed by impression with zinc oxide eugenol (ZOE) paste. This is because of their easy handling, fast setting and dimensional stability of these materials [16]. Most of our participants also preferred green stick compound and ZOE paste for secondary impression procedures. However, studies have shown preference for the use of elastomers in border molding [16] and final impressions [17,18]. Elastomers allow proper recording of undercuts, which is lacking in impression with ZOE paste, so the choice of elastomers is in increasing [17].

The selective pressure impression technique is the most commonly preferred technique for final impressions [17]. More than half of the participants from the final year (68.7%) and internship (73.9%) have knowledge that selective pressure impression technique is the most ideal technique for primary impression. However, most participants from the fourth year believe that the mucocompressive method is the most ideal method. The difference could be due to varying levels of exposure and concepts among junior and senior classes.

This study reveals that the majority of participants used the arbitrary scrapping technique for posterior palatal seal (PPS) recording. Similar findings were observed

among general dentists in Pakistan [17]. In contrast to this study, participants in Chennai used T-burnisher for determination of PPS [10]. The arbitrary method is not an appropriate method for recording PPS and may lead to a less retentive and defective prosthesis [17]. This highlights the need of proper training and education for budding dentists regarding PPS.

The most common method for determination of the occlusal plane is the use of a Fox plane [19]. Most of the participants in our study also used a Fox plane for determining the occlusal plane level.

Recording of the maxillomandibular relationship in centric and eccentric relations is essential to maintain the harmony of the muscles of mastication and the temporomandibular joints [20]. Our participants (48%) recorded the maxillomandibular relations in all three planes, i.e., horizontal, vertical and orientation. Almost all (95%) believed that centric relation is the ideal reference in which the relation is determined and recorded centric relation using the retruded mandibular (38%) method and the swallowing method (38%).

Almost three- fourths of participants (72.2%) reported that a semi- adjustable articulator was preferred for complete dentures. Participants in our study demonstrated proper knowledge about articulators, as the semi- adjustable articulator is appropriate and adequate for complete denture patients [21].

Around 74 % of participants in our study preferred acrylic teeth for complete dentures. A similar finding was reported in a study by Eswaran et al. [10]

Only one student in our study had ever fabricated a metal denture base for a complete denture. This suggests a lack of knowledge regarding different materials for fabrication of complete denture base.

The analysis revealed that 78.8% were aware of denture cleaning aids. Similarly,61% of the participants were aware of them in the study by Pasricha et al [22]. A study by Hong et al. reported that 76% of Chinese dentists and 62% of the Indonesian dentists were unaware of denture cleansers [23]. Knowledge about denture cleaning aids is essential to reduce the incidence of denture stomatitis and candida infections among complete denture wearers [22]. Post-insertion issues are typically unavoidable and require attention. Therefore, understanding how to handle post-insertion issues is a crucial skill that all dentistry students should acquire [24]. In the present study more than three-fourth of participants (77.7%) managed post insertion problems. All participants (100%) gave post- insertion instructions to the patients. A similar study conducted in India revealed that more than two-third of participant managed post-insertion problems and provided post-insertion instructions [10].

The strength of the study is that it employed a sturdy tool for assessing the knowledge and attitudes of the students as it includes all the steps in complete denture fabrication starting from diagnosis to fabrication of the denture and post- insertion management of the problem. As it is a questionnaire-based survey, the possibility of reporting bias always exists. Furthermore, it included participants from a single college, so the findings cannot be generalized to other universities in the country.

CONCLUSION

The present study showed that the majority of students have developed an understanding of most of the important procedures and materials that are essential for successful denture therapy. However, they seem to lack knowledge in specific areas, such as the use of metal denture bases and the recommended method of determining the posterior palatal seal, highlighting the need for improved training in this area.

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