



UNIVERSITY OF LEEDS

This is a repository copy of *Opinions, knowledge and strategy towards occlusal dental caries diagnosis and its management among the undergraduate dental students in Tamil Nadu*.

White Rose Research Online URL for this paper:
<http://eprints.whiterose.ac.uk/113449/>

Version: Accepted Version

Article:

Sherwood, IA and Douglas, G orcid.org/0000-0002-0531-3909 (2017) Opinions, knowledge and strategy towards occlusal dental caries diagnosis and its management among the undergraduate dental students in Tamil Nadu. *Journal of Pierre Fauchard Academy (India Section)*, 31 (2-4). pp. 73-78. ISSN 0970-2199

<https://doi.org/10.1016/j.jpfa.2017.02.001>

© 2017 Published by Elsevier, a division of RELX India, Pvt. Ltd on behalf of Pierre Fauchard Academy (India Section). This manuscript version is made available under the CC-BY-NC-ND 4.0 license <http://creativecommons.org/licenses/by-nc-nd/4.0/>

Reuse

Items deposited in White Rose Research Online are protected by copyright, with all rights reserved unless indicated otherwise. They may be downloaded and/or printed for private study, or other acts as permitted by national copyright laws. The publisher or other rights holders may allow further reproduction and re-use of the full text version. This is indicated by the licence information on the White Rose Research Online record for the item.

Takedown

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.



eprints@whiterose.ac.uk
<https://eprints.whiterose.ac.uk/>

Opinions, Knowledge and Strategy towards Occlusal Dental Caries Diagnosis and its Management among the Undergraduate Dental Students in Tamil Nadu.

Abstract:

Objective:

The aim of the study was to assess the occlusal caries diagnosis and treatment strategies adopted by undergraduate dental students in dental colleges in Tamil Nadu, India.

Methods:

Randomly selected 7 dental institutions in Tamil Nadu state India were sent a pre-tested 12 items questionnaire designed to assess the opinion and strategy adopted for occlusal dental caries diagnosis and its management. Total of 420 undergraduate dental students whom have finished clinical postings in department of conservative dentistry and endodontics participated in the study. Chi square tests employed to test for the relationship between various years of students to their answers.

Results:

The results of this study show that there is disparity among the strategies adopted between third, fourth year and internship students for diagnosis and treatment for dental caries. More number of fourth year and intern students

answered correctly for the questions, which is to be expected as they have greater amount of clinical exposure than third year students.

Conclusions:

The results of this study show gap in caries education in our system, this is mainly because of relying on older and outdated method of caries detection and classification. Management strategy of caries lesion is also greatly towards only restoration of tooth, with very little emphasize on either caries risk assessment or remineralization strategy.

Keywords: Dental Caries, Visual and Tactile Criteria for Dental Caries Assessment, Remineralization

Introduction:

Dental caries assessment has undergone a lot of change and caries education needs also to be updated with these advancements^{1, 2}. Black's cavity preparation principles have long guided dentists' diagnosis and restorative strategies, but in recent years better understanding of the carious process has changed operative treatment philosophies: now, preventive strategies involving fluoride and remineralization are preferred, and operative treatments are undesirable unless the carious lesion has reached an advanced stage of cavitation³. Dental Caries education in India has only been studied and reported in very few studies^{4, 5}. Shortcomings in dental undergraduate students training like lack of training in managing a comprehensive treatment plan for a patient, lack of follow up of patient treatment care and lack of interdisciplinary approach to treatment planning to address entire needs of patients has been reported in these earlier studies⁴. Also with regard to restorative dentistry training traditional amalgam restoration is still standard of care in posterior teeth, while in other countries more recently introduced composite resin restorations have taken over⁵. Also 2013 the Minamata Convention on mercury committed to a worldwide reduction and elimination of products containing mercury, this has impacted restorative dentistry with global calling for phasing out of amalgam restorations. With this background and with changes in dental caries assessment and management

strategies which has evolved and changed in great deal from G.V. Black days, the present study was necessitated. No studies to date have been undertaken with regard to dental caries assessment and management strategy adopted among dental students of Indian institutions. Importance with regard to undergraduate students being exposed to recent advancements in dental caries assessment and management strategy cannot be overemphasized.

The purpose of this study was to assess the occlusal caries diagnosis and treatment strategies adopted by undergraduate dental students in dental colleges in Tamil Nadu, India. The null hypotheses for this study was there could be no significant difference of strategy in caries assessment among different levels of students.

Materials and Methods:

Randomly selected 7 dental institutions picked up by lot from different regional zones in Tamil Nadu state, India were sent a pre-tested 12 items questionnaire designed to assess the opinion and strategy adopted for occlusal dental caries diagnosis and its management. Institutional review board approval and informed consent from participants were obtained. The questionnaire was designed in accordance to prescribed caries assessment and management strategy by ICDAS II and other authors ^{6, 7, 8}. Questionnaire was pre tested for validity and clarity on a sample 60 students prior to study procedure. Total of 420 undergraduate dental students whom have finished clinical postings in department of conservative dentistry and endodontics participated in the study, 20 students from each third, fourth year and interns participated from each individual college. In-complete answered questions will be taken as lack of knowledge pertaining to the item concerned. The questionnaire was administered to the students after a description of the survey, and the same was collected after a prescribed time of one hour for answering the questions. To preserve the anonymity of the participants no personal details were collected except for gender.

Since the questionnaires were administered through the dental college faculty to the students, hundred percent respondent rates was achieved. The

questionnaire had questions relating to two areas of dental caries, one about diagnosis strategy and classification of dental caries and second part about caries management strategy.

Questions 1 to 6 were designed to test about knowledge about basic dental caries assessment and diagnosis. Questions 7 to 9 were designed to know about the advanced level of caries assessment such as about differentiating between active and inactive carious lesion, caries classification or scoring system they are familiar with. Question item 10 was having colour illustrations of occlusal dental caries of varying stages from incipient to advanced stage and asked about the earliest lesion at which to be diagnosed and intervened by restoration. Question item 11 asked about the adequacy of visual and tactile method for dental caries evaluation. Question item 12 asked about the importance or risk of whether to restore all the teeth even though they are sound and leaving some teeth unfilled even if they have dental caries. Questions 13 and 14 were asking about the caries risk assessment and what system of caries risk assessment being employed.

In this study all the variables to be assessed were qualitative in nature, thus the data analysis were done with Chi square tests to evaluate for the relationship between various years of students to their responses. SPSS 11.0 (IBM Corp.,) statistical software was used for descriptive and statistical analysis of the data.

Results

Of the 7 dental institutions which have been selected for study 3 was from Chennai region (North Tamil Nadu), 2 were from Madurai region (Central Tamil Nadu) and 1 each from Erode region and Pondicherry (East and West Tamil Nadu respectively). Among the 420 participants, 290 (69 percent) were female and 130 (31 percent) were male students.

Tables 1, 2 and 3 show the frequency of students' responses to different questions and chi square test results of their selected options respectively. More number of students (73.10 percent) answered that they would opt for clean and dry tooth for dental caries diagnosis, with significantly ($p < 0.05$) higher fourth year students and least from third year students (Table 1). Of the method which they would prefer for cleaning the tooth vast majority of students opted for air syringe method (Table 2).

Slightly higher majority of students (58.33 percent) answered that they could be able to differentiate enamel caries and dentinal caries, with significantly ($p < 0.05$) higher number of fourth year students and least number of third year students (Table 1). For enamel caries visual and tactile criteria, higher number of students answered they would look for discolouration (59 percent) and catch with probe (69 percent) respectively (Table 2). In dentinal caries visual and tactile criteria, higher number of students answered they would look for

discoloured dentin (45 percent) and pain or sensitivity (62 percent) on probing respectively (Table 2). For both enamel and dentinal caries higher number of responses was for tactile criteria with probing.

Majority of students answered discolouration and cavitated lesion (89 percent and 69 percent respectively) will be helping for dental caries visual assessment (Table 3). And for dental caries tactile criteria majority of students answered catch with the probe and sensitivity on probing (73 percent and 57 percent respectively) as helping them identify caries lesion (Table 3).

Majority of students (82.38 percent) answered that they would use sharp probe for routinely detecting occlusal caries and with least number of students answering no for use of sharp probe for detecting catch (Table 1).

For the question which criteria you rely most upon for detecting caries majority of students (90 percent) answered they would rely on combination of visual and tactile criteria (Table 1). Statistically significant number of fourth year and intern students answered they would rely upon combination of criteria for caries evaluation than compared to third year students (Table 1). Statistically significant number of third year students answered they would rely mostly upon visual criteria than fourth year and intern students (Table 1).

Majority of students' (65 percent) answered that they will not be able to differentiate between active and inactive caries (Table 1). Statistically significant number of third year students answered they will not be able differentiate active and inactive caries than fourth year and intern students (Table 1).

Almost all of the students equally among all the years of study (98 percent) answered that they use G.V. Black classification for dental caries classification (Table 3). Next classification that was known to students was Mount and Hume classification (Table 3).

For question with picture illustrations about the earliest stage at which you will diagnose caries, it was seen that higher number of students answered for illustration A followed by B (58 percent and 38 percent respectively) (Table 1). Statistically significant number of third year students answered for earliest stage at which diagnose caries as illustration A, and higher number of intern students answered for illustration B (Table 1). For second sub question with illustrations for earliest stage at which you will opt for restoration, it was seen that higher number of students answered for illustration C (52 percent) followed by B (41 percent) (Table 1). Statistically significant number of fourth year students answered they will opt for earliest operative intervention in illustration B, than compared to third year and intern students (Table 1).

For the question whether visual and tactile criteria will be sufficient for coronal caries assessment, higher number of students (63 percent) answered it will not be sufficient (Table 1). Whereas higher number of intern students answered that visual and tactile criteria will be sufficient than compared to other years' students (Table 1).

For the question which is important with regard to caries management, it was seen that higher number of students (46 percent) answered that they would fill all teeth even if it means restoring some sound teeth (Table 1). Among the different years of students it was seen that statistically significant number of intern students answered they would fill all teeth, whereas least number of fourth year students answered for option filling all teeth and opted for option that both strategy are important (Table 1).

Almost all of students (86 percent) answered that they do not assess the caries risk of patient (Table 1). Among the students who answered yes for caries risk assessment it was seen that, higher number of students opted for oral hygiene, diet and saliva testing parameters for caries risk assessment (Table 3).

Discussion:

The results of this study show that there is disparity among the strategies adopted between third, fourth year and internship students for diagnosis and management of dental caries. More number of fourth year and intern students answered correctly for the questions, which is to be expected as they have greater amount of clinical exposure than third year students. Gentle blast of air from three – in – one syringe has been shown to be effective for making tooth dry prior to caries examination ⁶. The results of this study also show that students prefer air syringe for clean/dry tooth. Depth of caries penetration assessment is important with regard to reading of the severity of lesion, and also determining operative intervention ⁷. Dentinal invasion with cavitation is minimum stage at which operative intervention of caries lesion is recommended, as even full depth enamel lesion without cavitation has been shown to be able to remineralized ⁸. So assessment of depth to which caries lesion has penetrated needs to be done, but results of this study reveal more reliance on probing than visual criteria for differentiating enamel and dentinal caries lesion by students, might well lead to more number of non-cavitated early enamel lesions with subtle colour difference remaining undetected and higher number of sound teeth being restored; thus leading to erroneous assessment of depth of caries lesion. The results of this study reveal, that the caries assessment strategy adopted by students in

differentiating enamel and dentin caries is old and with greater reliance on tactile criteria than compared to visual criteria. Contemporary usage of probe serves two purposes: first, to remove the bio film (using the side of the probe) to check for signs of demineralization and surface break and, secondly, to 'feel' the surface texture of a lesion, as sensed through minute vibrations of the instrument by the supporting fingers when moving the tip of the probe at an angle of 20–40 degrees across the surface ⁶. But results of this study show more proportion of senior students i.e., fourth year and intern students were more aggressive in their usage of probe for tactile evaluation of dental caries for catch and sensitivity, this might be because of peer influence as they progress towards senior years. Third year students are more reluctant with usage of tactile criteria and rely higher upon visual criteria for caries assessment. Traditional use of probe as answered by students in this study, to attack caries lesion by way of looking for "catch" with moderate to firm pressure has been shown to cause intact subsurface caries lesion into frank cavity and not improve the accuracy of diagnosis (Bergman and Linden, 1969, Ekstrand et al. 1987 and Lussi 1991) ^{9, 10, 11}. Eyes of dental operator has been documented to have remarkable ability to assess degree of mineral loss, lesion depth and activity, and studies have shown that assessing for non-cavitated lesion does not reduce examiner reliability provided examiners are thoroughly trained and calibrated ¹². But excluding out non-cavitated lesion

diagnosis from caries recording system as could happen here because of greater reliance on usage of probe, has been shown to missing out on half of total caries incidence.^{13, 14, 15} Also contemporary caries evaluation requires differentiating between active and inactive lesion, but results of this study shows that students are not able to differentiate active and inactive caries lesion¹⁶. According to Baelum et al. (2008) good caries diagnostic approach requires selection of visual and tactile method that incorporates appreciation of active and in-active caries lesion to determine management options¹⁷. G.V. Black classification was almost the universal classification adopted for caries categorization in this study, this has many drawbacks as usage of this classification does not allow for caries categorization into active or inactive lesions and per se it was classification for cavity design rather than caries lesion¹⁸. Most of caries diagnosis strategies answered by students in this study are because of greater reliance on G.V. Black caries classification.

For question with clinical pictorial illustrations, the results showed greater variation in answers among the three years of students. For question on earliest stage at which caries to be diagnosed, results showed that more intern students diagnose caries at a later stage than compared to third final year students. And more final year students opted for operative intervention at earlier stage of caries progression than third year and intern students, even though they opted for both

risks of restoring caries affected teeth and preserving sound teeth are equally important in the next question. This was in contrary to a study by Stéphanie Tubert-Jeannin et al. 2004 where more number of dentists who preferred for management of risk strategy of restoring all teeth, opted to intervene operatively for caries lesion confined to enamel than dentists who preferred for both risks to be equally important ¹⁸. This variation might be because of education system and relying greater upon tactile evaluation for caries assessment and subject samples being students in our study. And also because of reason that fourth year students in dental education system in Tamil Nadu are highly exam oriented, and students are highly driven to finish their quota number of patients for restorations leading to intervene caries lesion at an earlier stage ⁵. These answers by students combined with higher importance to strategy of restoring all tooth even if it means restoring sound teeth and not practicing caries risk assessment, shows very less emphasizes on early caries lesion detection and management of caries lesion by remineralization protocols. Baelum et al. (2008) emphasized that populations living in high-caries countries characterized by increasing caries incidence, dental clinicians should exercise diligence and meticulousness in the detection of signs of non-cavitated stages of caries lesion formation, to postpone the entry to the vicious cycle of re-restorations for as long as possible ¹⁶. But the results of this study show that students opted for restoration rather than

preservation of sound teeth, even though incidence and prevalence of dental caries in India has been reported to be on higher side ^{19, 20}. Visual and tactile examination of dental caries is quick, effective, and easy to perform and requires no expensive equipment ⁶. But contrary to this fact, higher percentage of students in this study believed that visual and tactile method of caries is not sufficient. Caries risk assessment has been shown to be very integral part of caries management for both operative, non-operative treatment, recall visits and also for formulating prevention strategy both at individual and community level ^{21, 22, 23, 24, 25, 26, 27, 28, 29}. But in this study show that almost all the students answered that they do not practice caries risk assessment.

Conclusions:

The results of this study show gap in caries education and evaluation strategy in our system, this is mainly because of relying on older and outdated method of caries detection and classification. Management strategy of caries lesion is also greatly towards only restoration of tooth, with very little emphasize on either caries risk assessment or remineralization strategy. It's high time that system of caries education here should be in tune with global standards of caries research, with greater emphasis on early caries detection, more importance for visual criteria evaluation in caries assessment, newer caries scoring systems and caries risk assessment.

India is a country with vast population and increasing dental care demand. It is of paramount importance that dental graduates graduating should be able to meet this great demand in an efficient manner. The results of this study have revealed gaps in caries education in Indian dental education, which require revisiting of our cariology curriculum. And with increased globalization and more of our dental graduates opting for further opportunities in foreign countries, it becomes mandatory that both India and other foreign nations have a better understanding of the prevalent dental education system and areas that needs to be addressed and enhanced training be required.

The limitations of this study includes, it was conducted only among the students of Tamil Nadu state, a wider representation from across various other regions of India might be needed in the future to device or modify the existing dental education curriculum. Also representation from dental practitioners' perspective can add further information regarding the existing dental caries assessment and management strategy adopted and practiced.

Conflict of Interest:

The authors deny any conflict of interest with the study in any way.

Acknowledgement:

We want to thank Dr. Veerasathpurush Allareddy, Associate Professor, Department of Orthodontics, The University of Iowa College of Dentistry & Dental Clinics for kindly accepting to review the manuscript.

References:

1. Stephen. F. Rosenstiel. Clinical Diagnosis of Dental Caries: A North American Perspective. *J Dent Educ* 2001; 65 (10): 979 – 984.
2. A. G. Schulte et al. European Core Curriculum in Cariology for undergraduate dental students. *Eur Journ Dent Educ* 2011; 15 (Suppl. 1): 9 - 17.
3. Mount GJ, Ngo H. Minimal Intervention: a new concept for operative dentistry. *Quintessence Int* 2000; 31: 527 – 533.
4. Elangovan S, Alla Reddy V et al. Indian Dental Education in the New Millennium: Challenges and Opportunities. *J Dent Educ* 2010; 74 (9): 1011 – 1016.
5. Komobayashi T et al. Dental education in India and Japan: Implications for US dental programs for Foreign trained dentists. *J Dent Educ* 2005; 69 (4): 461 – 469.
6. Nyvad B, Fejerskov O and Baelum V. Visual – tactile caries diagnosis. Ed Fejerskov O and Kidd E. *Dental Caries: The disease and its management*. 2nd edn. Blackwell Munksgaard. Singapore. 2008. 49 – 68.

7. Baelum V and Fejerskov O. Caries diagnosis: 'a mental resting place on the way to intervention'? In: Fejerskov O and Kidd E eds. Dental Caries: The disease and its management. 1st edn. Blackwell Munksgaard. U K. 2003. 101 – 110.
8. Mc Coomb. Conservative operative management strategies. Ed Boston DW. Incipient and hidden caries. Dent Clin N Am 2005; 49: 847 – 865.
9. Bergman G and Linden L A. The action of the explorer on incipient caries. Svensk Tanalak Tidsk. 1969: 62: 629 – 34.
10. Ekstrand K, Qvist V, Thlystrup A. Light microscope study on the effect of probing in occlusal surface. Caries Res 1987; 21: 368 – 374.
11. Lussi A. Validity of diagnostic and treatment decisions of fissure caries. Caries Res 1991; 25: 296 – 303.
12. Kidd EA, Mejre I, Nyvad B. Clinical and radiographic diagnosis. In: Fejerskov O and Kidd E eds. Dental Caries: The disease and its management. 1st edn. Blackwell Munksgaard. U K. 2003. 111 – 128.
13. Pitts NB and Fyffe HE. The effect of varying diagnostic thresholds upon clinical caries data for a low prevalence. J Dent Res 1988; 67: 592 – 596.

14. Amarante E, Raadal M, Espelid I. Impact of diagnostic criteria on the prevalence of dental caries in Norwegian children aged 5, 12 and 18 years. *Community Dent Oral Epidemiol* 1998; 26: 87 – 94.
15. Machiulskiene V, Nyvad B, Baelum V. Prevalence and severity of dental caries in 12 year old children Kaunas,, Lithuania 1995. *Caries Res* 1998; 32: 175 – 180.
16. Baelum V, Nyvad B, Gröndahl H – G and Fejerskov O. The foundations of good diagnostic practice. In: Fejerskov O and Kidd E eds. *Dental Caries: The disease and its management*. 2nd edn. Blackwell Munksgaard. Singapore. 2008. 104 – 120.
17. Mount GJ. Defining, classifying and placing incipient caries lesion in perspective. In: Boston D W eds. *Incipient and hidden caries*. *Dent Clin N Am* 2005; 49: 701–723.
18. Tubert-Jeannin S et al. Restorative treatment strategies reported by French university teachers. *J Dent Educ* 2004; 68 (10): 1096 – 1103.
19. Murray CJL and Lopez AD. *The global burden of disease. A comprehensive assessment of mortality and disability from diseases, injuries, and risk factors in 1880 and projected to 2020*. Cambridge, MA: Harvard University Press, 1996.

20. Joshi N, Rajesh R, Sunitha M. Prevalence of dental caries among school children in Kulasekharam village: a correlated prevalence survey. *J Indian Soc Pedod Prev Dent* 2005; 138 – 140.
21. Summit JB. Conservative cavity preparations. Ed. Garcia – Godoy F. *Restorative dentistry. Dent Clin N Am* 2002; 46: 171–184.
22. Anusavice K. The maze of treatment decisions. In: Fejerskov O and Kidd E eds. *Dental caries: The Disease and its clinical management*. 1st edn. Blackwell Munksgaard. U K. 2003. 251 – 266.
23. Anusavice KJ. Present and future approaches for the control of caries. *J Dent Educ* 2005; 69 (5): 538 – 554.
24. Strassler HE, Porter J, Serio CL. Contemporary treatment of incipient caries and the rationale for conservative operative techniques. In: Boston DW ed. *Incipient and hidden caries. Dent Clin N Am* 2005; 49: 867 – 887.
25. Thompson VP and Kaim JM. Nonsurgical treatment of incipient and hidden caries. In: Boston DW ed. *Incipient and hidden caries. Dent Clin N Am* 2005; 49: 905–921.
26. Peter van Amerongen J, Cor von Loveren, Kidd EA. Caries management: Diagnosis and treatment strategies. In: Summit JB et al. eds. *Fundamentals*

of operative dentistry. A contemporary approach. 3rd edn. Quintessence publication. United States. 2006. 81 – 100.

27. Kidd EA, Nyvad B, Espelid I. Caries control for the individual patient. In: Fejerskov O and Kidd E eds. Dental Caries: The disease and its management. 2nd edn. Blackwell Munksgaard. Singapore. 2008. 487 – 504.

28. Twetman S and Fontana M. Patient caries risk assessment. In: Pitts NGM eds. Detection, assessment, diagnosis and monitoring of caries. Karger. Switzerland. 2009. 91 – 101.

29. Young DA and Featherstone JDB. Implementing caries risk assessment and clinical interventions. In: Young DA, Fontana M and Wolff MS eds. Current concepts in cariology. Dent Clin N Am 2010; 54: 495–505.

Table 1 Dental Students responses to closed choice questions

		Year of study						P - Sig
		3rd bds		final bds		intern		
		Count	Column N %	Count	Column N %	Count	Column N %	
Clean and Dry Tooth	no	63	45.0%	20	14.3%	30	21.4%	.000
	yes	77	55.0%	120	85.7%	110	78.6%	
Difference between enamel and dentin caries	no	68	48.6%	47	33.6%	60	42.9%	.000
	yes	72	51.4%	93	66.4%	80	57.1%	
Which Criteria use	visual criteria	19	13.6%	0	0.0%	2	1.4%	.000
	tactile criteria	8	5.7%	6	4.3%	7	5.0%	
	combination of both	113	80.7%	134	95.7%	131	93.6%	
Usage of probing	no	13	9.3%	3	2.1%	0	0.0%	.000
	yes	103	73.6%	114	81.4%	129	92.1%	
	occasionally	24	17.1%	23	16.4%	11	7.9%	
Difference between active and inactive caries	no	110	78.6%	85	60.7%	81	57.9%	.000
	yes	30	21.4%	55	39.3%	59	42.1%	
Sufficient visual and tactile criteria	not sufficient	99	70.7%	93	66.4%	72	51.4%	.000
	sufficient	41	29.3%	47	33.6%	68	48.6%	
Earliest caries diagnosis	A	101	72.1%	81	57.9%	65	46.4%	.000
	B	39	27.9%	53	37.9%	70	50.0%	
	C	0	0.0%	5	3.6%	5	3.6%	
	D	0	0.0%	1	0.7%	0	0.0%	
	E	0	0.0%	0	0.0%	0	0.0%	
Earliest operative intervention	A	3	2.1%	7	5.0%	5	3.6%	.000
	B	45	32.1%	82	58.6%	47	33.6%	
	C	86	61.4%	49	35.0%	86	61.4%	
	D	1	0.7%	0	0.0%	2	1.4%	
	E	5	3.6%	2	1.4%	0	0.0%	
Importance regarding caries management	fill all teeth	64	45.7%	52	37.1%	77	55.0%	.000
	not to fill all teeth	36	25.7%	18	12.9%	22	15.7%	
	both important	40	28.6%	70	50.0%	41	29.3%	
Use of caries risk assessment	no	109	77.9%	124	88.6%	128	91.4%	.000
	yes	6	4.3%	7	5.0%	1	0.7%	
	occasionally	25	17.9%	9	6.4%	11	7.9%	

Table 2: Dental Students responses to multiple responses questions

Year of Study		Method of Cleaning		Enamel Caries Visual Criteria		Enamel Caries Tactile Criteria		Dentin Caries Visual Criteria		Dentin Caries Tactile Criteria	
		air syringe	cotton	discoloration	cavitations	catch with probe	texture	discolor dentin	cavity dentin	Sensitivity on Probing	catch probe dentin
Third BDS	Count	45	20	53	27	28	21	45	0	47	5
	Percent within Year	58.4%	26.0%	77.9%	39.7%	60.9%	45.7%	62.5%	.0%	77.0%	8.2%
Final BDS	Count	84	49	67	27	67	9	54	55	70	25
	Percent within Year	70.0%	40.8%	72.0%	29.0%	72.8%	9.8%	58.1%	59.1%	75.3%	26.9%
Intern	Count	74	48	75	26	76	2	55	44	72	22
	Percent within Year	67.3%	43.6%	93.8%	32.5%	96.2%	2.5%	68.8%	55.0%	90.0%	27.5%
Total		203	117	195	80	171	32	154	99	189	52
Percent		55.2 %	31.8 %	55.7 %	22.9 %	69.5 %	13 %	45.2 %	29 %	62.6 %	17.2 %

Table 3: Dental Students responses to multiple responses questions

		Dental Caries Visual Criteria		Dental Caries Tactile Criteria		Active Caries Criteria		Inactive Caries Criteria		Caries Classification		Caries Risk Assessment		
		Discoloration	Cavity Presence	Catch with probe	Sensitivity on probe	Pain or sensitivity	Saliva testing	Oral hygiene	Diet	G.V.Black	Mount and Hume	Saliva testing	Oral hygiene	Diet
Third BDS	Count	104	105	84	79	13	8	12	5	138	13	8	12	5
	Percent within Year	74.3%	75.0%	60.0%	56.4%	43.3%	25.8%	38.7%	16.1%	98.6%	9.3%	25.8%	38.7%	16.1%
Final BDS	Count	131	89	107	84	31	5	11	11	138	11	5	11	11
	Percent within Year	93.6%	63.6%	76.4%	60.0%	56.4%	31.3%	68.8%	68.8%	98.6%	7.9%	31.3%	68.8%	68.8%
Intern	Count	140	98	118	80	23	11	0	5	138	8	11	0	5
	Percent within Year	100.0%	70.0%	84.3%	57.1%	39.0%	91.7%	.0%	41.7%	98.6%	5.7%	91.7%	.0%	41.7%
Total		375	292	309	243	67	64	24	23	21	32	24	23	21
Percent		52.2 %	40.7 %	48.3 %	38 %	32.1 %	30.6 %	25 %	24 %	21.9 %	6.4 %	25 %	24 %	21.9 %