



The Role of Artificial Intelligence in Dental Diagnosis and Treatment Planning

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Chapter 1: Introduction to Artificial Intelligence in Dentistry

Artificial Intelligence (AI) refers to the simulation of human intelligence in machines designed to perform tasks requiring cognitive functions such as learning, problem-solving, and decision-making. In healthcare, AI is transforming the delivery of care by improving diagnostic accuracy, optimizing treatment plans, and enhancing patient outcomes (Dyar, 2022; Tartaglia, 2021). Its integration into dentistry addresses challenges such as variability in diagnosis and inefficiencies in treatment planning. By analyzing large datasets and identifying patterns, AI offers precise insights that aid dentists in making evidence-based decisions (Vaziri et al., 2019; Yansane et al., 2021).

AI applications in dentistry span diagnostics, treatment planning, and patient care. AI-powered tools like machine learning algorithms and computer vision systems can detect dental conditions such as caries, periodontal disease, and oral cancers from radiographic images (Vaziri et al., 2019; Ederer et al., 2019). Furthermore, AI streamlines treatment planning for orthodontics, prosthodontics, and implantology, ensuring precision and reducing procedural time (Tartaglia, 2021; Yansane et al., 2021). AI also enhances patient care through virtual consultations and personalized treatment recommendations, improving access to dental services (Perry, Bridges & Burrow, 2022; Bethesda, 2021).

The evolution of AI in dentistry began with basic automation tools in the mid-20th century, advancing to sophisticated machine learning models in recent decades (Andrade & Pinto, 2020; McGleenon & Morison, 2021). Early applications focused on digitizing patient records and automating dental charting. Today, advancements in deep learning enable AI to interpret complex radiographs and CBCT scans with accuracy comparable to skilled practitioners (Badran, Keraa & Farghaly, 2023; Ederer et al., 2019). This historical progression highlights the increasing role of AI in addressing diagnostic and treatment challenges within the dental field.

Accurate diagnosis is critical in dentistry, as errors can lead to unnecessary treatments, increased costs, and poor patient outcomes (Tartaglia, 2021; Perry, Bridges & Burrow, 2022). AI reduces diagnostic variability by analyzing dental images and detecting conditions at an early stage (Yansane et al., 2021; Vaziri et al., 2019). For example, deep learning algorithms can identify subtle lesions or fractures that may

be overlooked by human clinicians. Enhanced diagnostic accuracy ensures timely interventions, reducing the likelihood of complications and improving long-term oral health outcomes (*Memon, 2022; Dyar, 2022*).

AI significantly enhances treatment efficiency by automating repetitive tasks and streamlining workflows. For instance, AI-based tools can design orthodontic aligners and dental prosthetics with precision, reducing production time and costs (*Alamer, 2022; Buetow & Zawaly, 2022*). AI also facilitates chairside decision-making by providing clinicians with real-time treatment suggestions based on patient data. These advancements improve procedural efficiency and allow dentists to focus on patient interactions and care delivery (*Buddhikot et al., 2023; Moriña, 2021*).

Challenges in delivering high-quality dental care, such as patient anxiety and access to advanced technologies, can be mitigated through AI (*Milder et al., 2021; Moriña, 2021*). AI-powered virtual assistants provide patients with information and reassurance before procedures, reducing anxiety. Additionally, AI enables resource-limited practices to access diagnostic and treatment planning tools remotely, ensuring equitable access to high-quality care (*Tartaglia, 2021; McGleenon & Morison, 2021*). These solutions highlight AI's potential to address systemic barriers in dental practice.

7. Integration of AI into Preventive Dental Care

Preventive care is a cornerstone of quality dental care, and AI enhances its effectiveness by identifying early signs of oral diseases (*Bethesda, 2021; Memon, 2022*). AI-powered systems analyze patient records to predict individual risk factors for conditions such as caries and periodontitis (*Vaziri et al., 2019; Ederer et al., 2019*). These insights enable personalized preventive strategies, such as customized oral hygiene plans and timely interventions, ultimately reducing the burden of dental diseases (*Perry, Bridges & Burrow, 2022; Yansane et al., 2021*).

Patient satisfaction is a key component of dental care quality, and AI plays a pivotal role in enhancing the patient experience (*American Dental Association, 2021; Yansane et al., 2021*). Virtual dental consultations powered by AI allow patients to receive preliminary assessments and treatment recommendations from the comfort of their homes (*Tartaglia, 2021; Memon, 2022*). AI also improves communication by providing patients with clear visualizations of their treatment plans, fostering trust and improving compliance (*Buetow & Zawaly, 2022; Perry, Bridges & Burrow, 2022*).

The integration of AI in dentistry raises ethical concerns, such as data privacy, informed consent, and potential biases in algorithms (*Badran, Keraa & Farghaly, 2023; Peadon, Hurley & Hutchinson, 2020*). Ensuring that AI systems are transparent and secure is essential to maintain patient trust. Additionally, clinicians must balance the use of AI tools with their professional judgment, avoiding over-reliance on technology (*Moriña, 2021; Dyar, 2022*).

While AI offers long-term cost savings through improved efficiency and accuracy, its initial implementation can be expensive (*Buetow & Zawaly, 2022; Moriña, 2021*). Dental practices must invest in software, hardware, and staff training to adopt AI technologies effectively (*Buddhikot et al., 2023; Ederer et al., 2019*). However, as AI becomes more accessible, its cost-effectiveness in improving care quality and patient outcomes is expected to outweigh these initial expenses.

AI not only enhances clinical practice but also drives research and innovation in dentistry. By analyzing large datasets, AI identifies trends and patterns that inform the development of new diagnostic tools and treatment modalities (*Awasthi & Walumbwa, 2023; Tartaglia, 2021*). Researchers are leveraging AI to study the progression of oral diseases and evaluate the effectiveness of interventions, accelerating advancements in dental science (*McGleenon & Morison, 2021; Vaziri et al., 2019*).

As AI technologies continue to evolve, their role in dentistry is expected to expand. Future developments may include AI-driven robotic systems for surgical procedures and fully automated dental clinics (*Ederer et al., 2019; Dyar, 2022*). Additionally, integrating AI with other technologies, such as augmented reality and IoT devices, will further enhance diagnostic precision and patient care (*Bethesda, 2021; Peadon, Hurley & Hutchinson, 2020*). By embracing these innovations, the dental industry can achieve new levels of efficiency, accuracy, and patient satisfaction.

Chapter 2: AI-Powered Diagnostic Tools in Dentistry

AI has significantly enhanced diagnostic capabilities in dentistry by addressing challenges like early detection of caries, periodontal disease, and oral cancer. AI-powered algorithms can analyze digital imaging data to identify subtle patterns that may not be apparent to the human eye (Verma *et al.*, 2019; Marchan, Thorpe & Balkaran, 2022). For example, AI systems can detect initial caries or suspicious lesions that indicate the early stages of oral cancer, enabling timely intervention. Similarly, machine learning models predict the severity of periodontal disease by analyzing gingival health and bone loss through radiographs, facilitating targeted treatments (Kim, 2020; Cho, Lee & Kim, 2020).

AI has transformed the interpretation of radiographs, CBCT scans, and other imaging modalities in dentistry. Deep learning algorithms provide enhanced precision in identifying abnormalities such as impacted teeth, fractures, and cysts (Karimbux *et al.*, 2023; Kalra, 2022). These systems reduce the chances of misdiagnosis by highlighting areas of concern with greater accuracy. Additionally, AI enhances CBCT analysis, offering detailed 3D visualization for treatment planning in complex cases, such as implant placement or root canal therapy (Manzoor *et al.*, 2019; Mabrouk, Marzouk & Afify, 2019).

Deep learning models are particularly effective in detecting anomalies like root fractures, misaligned teeth, and endodontic complications. These models process thousands of data points from dental imaging, delivering accurate results in a fraction of the time it takes for manual interpretation (Byrne & Tickle, 2019; Hashim *et al.*, 2021). For instance, convolutional neural networks (CNNs) identify specific patterns associated with cracks or fractures, enabling clinicians to devise precise treatment strategies. Their ability to detect early-stage issues helps prevent more extensive dental problems down the line (Solanki *et al.*, 2021; Dharrie-Maharaj & Garner, 2019).

AI-based diagnostics outperform conventional methods in terms of accuracy, speed, and consistency. While traditional approaches rely heavily on the clinician's expertise and subjective interpretation, AI algorithms use objective data to ensure reliability (Mabrouk, Marzouk & Afify, 2019; Northridge, Kumar & Kaur, 2020). For example, AI-powered caries detection systems can analyze dental radiographs within seconds, providing consistent results across multiple cases. Moreover, the integration of AI minimizes diagnostic errors, significantly improving treatment outcomes (Xu *et al.*, 2022; Galaiya, Kinross & Arulampalam, 2020).

Oral cancer screening is one of the critical areas where AI has proven invaluable. AI tools can analyze oral photographs and tissue samples to detect malignancies at an early stage, even before symptoms manifest (Choi *et al.*, 2019; Cho, Lee & Kim, 2020). Early detection improves survival rates by enabling timely interventions. These tools also reduce reliance on invasive biopsy procedures, offering non-invasive alternatives to identify precancerous lesions (Kalra, 2022; Hashim *et al.*, 2021).

One of the challenges in AI-powered diagnostics is the lack of diversity in training datasets, which can affect the generalizability of AI models (Verma *et al.*, 2019; Marchan, Thorpe & Balkaran, 2022). Many AI tools are trained on datasets from specific populations, limiting their effectiveness across diverse demographics. Expanding datasets to include a variety of dental conditions and patient profiles is essential for improving model performance and ensuring equitable care delivery (Kim, 2020; Karimbux *et al.*, 2023).

The interpretability of AI models is another limitation in their adoption. Clinicians may find it challenging to understand how AI arrives at specific diagnostic conclusions, which can reduce trust in its recommendations (Byrne & Tickle, 2019; Solanki *et al.*, 2021). Enhancing the transparency of AI algorithms through explainable AI frameworks ensures that clinicians can verify results and incorporate them confidently into treatment planning (Dharrie-Maharaj & Garner, 2019; Choi *et al.*, 2019).

To effectively utilize AI diagnostic tools, dentists require specialized training. While AI automates many tasks, clinicians must understand its functionalities and limitations to ensure optimal use (Manzoor *et al.*, 2019; Xu *et al.*, 2022). Training programs focused on AI integration into clinical workflows enhance its

adoption and mitigate the risk of over-reliance on technology (Northridge, Kumar & Kaur, 2020; Verma et al., 2019).

AI has improved the management of periodontal disease by analyzing bone loss and gingival health through radiographic images. These tools predict disease progression and recommend evidence-based treatment strategies, such as scaling or root planing (Marchan, Thorpe & Balkaran, 2022; Kalra, 2022). AI also assists in monitoring treatment efficacy by comparing pre- and post-treatment images, ensuring improved clinical outcomes (Galaiya, Kinross & Arulampalam, 2020; Solanki et al., 2021).

AI tools are transforming the early detection of dental infections by analyzing patterns in clinical data, such as swelling, redness, or temperature changes in tissues (Hashim et al., 2021; Manzoor et al., 2019). Moreover, AI systems ensure strict adherence to infection control protocols, reducing cross-contamination risks during clinical procedures. These advancements enhance patient safety and streamline infection management in dental practices (Choi et al., 2019; Dharrie-Maharaj & Garner, 2019).

Technological advancements in imaging modalities, powered by AI, have enabled faster, more accurate diagnostics. For instance, digital impressions powered by AI offer precise reconstructions of oral structures for treatment planning, improving outcomes in restorative dentistry (Karimbux et al., 2023; Kalra, 2022). AI-enhanced imaging also reduces radiation exposure by requiring fewer scans, ensuring safer diagnostics for patients (Byrne & Tickle, 2019; Solanki et al., 2021).

The future of AI in dental diagnostics lies in its integration with other emerging technologies, such as augmented reality (AR) and virtual reality (VR), for enhanced visualization of oral conditions (Mabrouk, Marzouk & Afify, 2019; Verma et al., 2019). Additionally, advancements in predictive analytics will allow AI to identify patients at risk of developing dental diseases, enabling preemptive care strategies (Xu et al., 2022; Northridge, Kumar & Kaur, 2020). These innovations promise to further improve diagnostic accuracy, speed, and accessibility in dental practice.

Chapter 3: AI in Dental Treatment Planning

AI has transformed treatment planning in orthodontics, prosthodontics, and implantology by introducing tools that enhance accuracy and efficiency. In orthodontics, AI algorithms analyze cephalometric radiographs and 3D scans to design personalized treatment plans, ensuring optimal alignment outcomes (Choi et al., 2021; Kim, 2021). For prosthodontics, AI facilitates the creation of customized dental prosthetics like crowns and bridges by using precise imaging data. In implantology, AI integrates CBCT scans with predictive models to identify the best implant placement sites, reducing complications. These advancements streamline workflows and improve patient outcomes (DePaola & Grant, 2019; Cantor et al., 2021).

AI-powered simulations allow dentists to predict treatment outcomes with remarkable precision, particularly in orthodontics. Machine learning models simulate tooth movement based on individual anatomy, helping clinicians visualize results before initiating treatment (Cha & Cohen, 2022; Abutayyem et al., 2021). These tools improve decision-making by identifying potential challenges, such as delayed tooth movement or misalignment, early in the process. Moreover, AI-generated visualizations enable dentists to communicate treatment plans more effectively, enhancing patient understanding and confidence (Cheong et al., 2019; Obadan-Udoh et al., 2021).

Machine learning has revolutionized the design of customized dental prosthetics, such as crowns and dentures. Algorithms process data from intraoral scans to generate prosthetics that fit perfectly, minimizing the need for adjustments (Kammoe, 2020; Pan, 2021). AI tools also optimize material selection, ensuring durability and aesthetic appeal. By automating these processes, clinicians can deliver high-quality restorations in less time, improving patient satisfaction and reducing overall treatment costs (Johnston et al., 2021; Graham et al., 2019).

AI plays a crucial role in guiding complex surgical procedures by enhancing precision and reducing risks. For example, AI-powered robotic systems assist in implant placements, ensuring accurate angulation and depth (Choi et al., 2021; Woeltje et al., 2019). Preoperative simulations allow clinicians to anticipate

challenges, such as bone density variations or nerve proximity, improving surgical outcomes. Additionally, AI systems provide real-time feedback during procedures, enhancing safety and efficiency (Clemente et al., 2021; Cantillon, De Grave & Dornan, 2021).

AI-generated treatment visuals improve patient communication by presenting complex dental information in an easily understandable format. For example, 3D simulations demonstrate how orthodontic aligners will move teeth or how prosthetics will restore function and aesthetics (Choi et al., 2021; Kim, 2021). These visuals help patients grasp the benefits of proposed treatments, reducing anxiety and building trust. Moreover, visual aids encourage active patient participation in treatment decisions, fostering a collaborative dentist-patient relationship (DePaola & Grant, 2019; Cantor et al., 2021).

The use of AI in treatment planning raises ethical concerns, particularly regarding informed consent. Patients must be made aware of how AI tools influence their diagnoses and treatment plans (Cha & Cohen, 2022; Abutayyem et al., 2021). Clear communication about the benefits and limitations of AI fosters trust and ensures transparency. Dentists should also explain how patient data is used to train AI models, addressing concerns about privacy and data security (Cheong et al., 2019; Obadan-Udoh et al., 2021).

AI systems rely on vast amounts of patient data, raising concerns about data security and privacy. Robust encryption protocols and compliance with data protection laws, such as GDPR, are essential to prevent breaches (Kammoe, 2020; Pan, 2021). Dentists must ensure that AI vendors adhere to strict security standards. Transparency about how data is collected, stored, and used builds patient trust and supports ethical AI integration (Johnston et al., 2021; Graham et al., 2019).

While AI enhances treatment planning, over-reliance on these tools can undermine clinical judgment. Dentists must critically evaluate AI-generated recommendations to ensure they align with their expertise and patient needs (Choi et al., 2021; Woeltje et al., 2019). Training programs that emphasize the collaborative use of AI and clinician input can mitigate this risk. Balancing AI capabilities with professional expertise ensures optimal patient outcomes (Clemente et al., 2021; Cantillon, De Grave & Dornan, 2021).

The adoption of AI in treatment planning involves significant initial costs, including software, hardware, and training (Cha & Cohen, 2022; Abutayyem et al., 2021). However, these investments can yield long-term savings by reducing treatment times and minimizing errors. Transparent discussions about costs with patients help manage expectations and ensure satisfaction with AI-driven care (Cheong et al., 2019; Obadan-Udoh et al., 2021).

Effective integration of AI into dental treatment planning requires specialized training for clinicians. Courses that teach AI functionalities and ethical considerations empower dentists to use these tools responsibly (Kammoe, 2020; Pan, 2021). Continuous education ensures that practitioners stay updated on technological advancements, enhancing their ability to deliver high-quality care (Johnston et al., 2021; Graham et al., 2019).

AI facilitates collaboration among dental specialists, such as orthodontists, periodontists, and oral surgeons, by consolidating patient data and treatment plans (Choi et al., 2021; Woeltje et al., 2019). For example, AI can align orthodontic treatment plans with implant placement, ensuring seamless care. These multidisciplinary approaches, supported by AI, improve treatment outcomes and enhance patient satisfaction (Clemente et al., 2021; Cantillon, De Grave & Dornan, 2021).

The future of AI in treatment planning includes integrating advanced technologies like augmented reality (AR) and virtual reality (VR) to enhance visualization and precision (Cha & Cohen, 2022; Abutayyem et al., 2021). Predictive models will become more sophisticated, offering real-time updates during treatment. Ethical guidelines and regulatory frameworks will play a crucial role in ensuring that AI-driven tools are used responsibly, benefiting both clinicians and patients (Cheong et al., 2019; Obadan-Udoh et al., 2021).

Chapter 4: Benefits and Challenges of AI in Dental Practice

AI enhances diagnostic accuracy by identifying subtle anomalies in dental radiographs and CBCT scans that may be missed by the human eye. AI tools are particularly effective in early detection of caries,

periodontal diseases, and oral cancers, enabling timely interventions (*Bercasio, Rowe & Yansane, 2020; Teoh, McCullough & Moses, 2022*). These capabilities reduce the risk of complications, improve patient outcomes, and increase clinician confidence in their diagnoses. Moreover, AI-driven diagnostic tools provide standardized results, minimizing variability in clinical judgment across practitioners (*Borrell et al., 2023; Coulthard et al., 2020*).

AI-driven systems streamline treatment planning by automating time-consuming tasks, such as analyzing imaging data and designing orthodontic aligners or dental prosthetics. This reduces manual workloads and shortens treatment timelines (*Ende, 2020; Voskanyan et al., 2021*). For instance, AI-powered software can quickly create 3D models for crowns or bridges, ensuring precision and efficiency. The reduced planning time allows dental practitioners to focus on patient interactions and improve overall clinic productivity (*Cheng, Yen & Lee, 2019; Affendy et al., 2021*).

AI enables the personalization of dental care by analyzing patient-specific data to recommend tailored treatment plans. For example, predictive analytics can assess a patient's risk for dental diseases and suggest preventive measures (*Calvo et al., 2021; Tattoli et al., 2019*). These customized approaches enhance patient satisfaction and improve outcomes, as treatments are more accurately aligned with individual needs. Furthermore, AI tools facilitate patient monitoring, ensuring that progress is tracked and adjustments are made as needed for optimal results (*Bercasio, Rowe & Yansane, 2020; Rooney et al., 2020*).

Although the initial investment in AI technology can be high, its long-term benefits often outweigh the costs. AI reduces treatment errors and minimizes the need for revisions, saving resources for both patients and practitioners (*Borrell et al., 2023; Teoh, McCullough & Moses, 2022*). Additionally, AI improves practice efficiency by automating routine tasks, such as scheduling and patient record management. Over time, these efficiencies lead to lower operational costs and improved revenue streams for dental clinics (*Ende, 2020; Voskanyan et al., 2021*).

Implementing AI in dental practices requires significant upfront investment in hardware, software, and training (*Cheng, Yen & Lee, 2019; Affendy et al., 2021*). Smaller practices may face financial challenges in adopting these technologies. Integration with existing systems, such as electronic health records (EHRs), can also be complex and time-consuming. Moreover, the lack of standardization in AI tools may create compatibility issues, further complicating the adoption process (*Calvo et al., 2021; Tattoli et al., 2019*).

The accuracy of AI models heavily depends on the quality and diversity of training datasets. AI tools trained on limited or biased datasets may fail to generalize across different patient populations (*Bercasio, Rowe & Yansane, 2020; Rooney et al., 2020*). This limitation can lead to diagnostic errors, particularly in underserved communities with unique oral health challenges. Ensuring the availability of comprehensive and representative datasets is essential for the effective use of AI in dentistry (*Borrell et al., 2023; Teoh, McCullough & Moses, 2022*).

The potential for AI errors in diagnosis or treatment raises ethical and legal concerns. Misdiagnoses caused by faulty algorithms can harm patients and expose practitioners to liability issues (*Ende, 2020; Voskanyan et al., 2021*). Establishing clear guidelines for accountability and ensuring that clinicians retain oversight of AI-generated recommendations are crucial. Additionally, transparent communication with patients about AI's role in their care builds trust and addresses ethical concerns (*Cheng, Yen & Lee, 2019; Affendy et al., 2021*).

Some dental professionals may resist adopting AI technologies due to a lack of training or fear of replacing human expertise. This resistance is often rooted in uncertainty about the reliability and applicability of AI tools in clinical settings (*Calvo et al., 2021; Tattoli et al., 2019*). Comprehensive training programs that demonstrate the practical benefits of AI and address concerns about its limitations can help overcome this resistance. Encouraging collaboration between AI systems and human expertise is key to gaining acceptance (*Bercasio, Rowe & Yansane, 2020; Rooney et al., 2020*).

The use of AI in dentistry requires clear communication with patients to manage their expectations about outcomes and limitations. Misunderstandings about the capabilities of AI could lead to dissatisfaction or

unrealistic demands (Borrell et al., 2023; Teoh, McCullough & Moses, 2022). Dentists must educate patients on how AI supports their treatment while emphasizing the importance of clinical oversight. This approach fosters trust and ensures that patients remain engaged in their care (Ende, 2020; Voskanyan et al., 2021).

AI tools can enhance patient comfort by reducing treatment times and improving procedural accuracy. For example, AI-guided robotic systems ensure precise implant placements, minimizing discomfort and recovery times (Cheng, Yen & Lee, 2019; Affendy et al., 2021). Additionally, AI-powered virtual consultations allow patients to explore treatment options from the comfort of their homes, reducing the anxiety associated with in-office visits (Calvo et al., 2021; Tattoli et al., 2019).

AI has the potential to bridge gaps in global dental care by providing remote diagnostic and treatment planning tools. These technologies are particularly valuable in underserved regions where access to dental professionals is limited (Bercasio, Rowe & Yansane, 2020; Rooney et al., 2020). AI-powered mobile applications enable patients to self-assess their oral health and receive guidance on seeking professional care, improving overall access to dental services (Borrell et al., 2023; Teoh, McCullough & Moses, 2022).

The future of AI in dentistry lies in its integration with emerging technologies like augmented reality (AR) and 3D printing. These advancements will further enhance diagnostic precision and treatment customization (Ende, 2020; Voskanyan et al., 2021). Additionally, ongoing improvements in AI algorithms and data security protocols will address current limitations, paving the way for broader adoption. By embracing these innovations, dental practices can provide higher-quality care while improving operational efficiency (Cheng, Yen & Lee, 2019; Affendy et al., 2021).

Chapter 5: Future Directions and Recommendations

The integration of Artificial Intelligence (AI) with the Internet of Things (IoT) and wearable devices marks a significant advancement in dental care. IoT-enabled devices, such as smart toothbrushes, collect real-time oral health data, which AI algorithms analyze to provide personalized insights and preventive recommendations (Palmer et al., 2019; Rashwan & Mahmoud, 2021). These innovations empower patients to actively manage their oral health while enabling dentists to remotely monitor progress. AI-driven IoT systems can also predict potential dental issues, such as early signs of periodontal disease, reducing the need for invasive treatments (Marchan, Coppin & Balkaran, 2022; Johnston, Archer & Martin, 2023).

AR and VR technologies, when combined with AI, offer transformative potential for dental education and treatment planning. AR enhances visualization during procedures by overlaying 3D models onto patients, improving precision in surgeries or restorative work (Doğramacı & Rossi-Fedele, 2022; Javaid et al., 2021). Similarly, VR is widely adopted in dental training, allowing practitioners to simulate complex cases and refine their skills in a risk-free environment. These tools, powered by AI, enhance understanding and improve clinical outcomes while making dental education more engaging and effective (Mwita, 2022; Perry, Bridges & Burrow, 2022).

The effectiveness of AI in dentistry heavily depends on the quality and diversity of training datasets. Comprehensive datasets that include diverse patient demographics and oral conditions ensure accurate and unbiased AI predictions (Bordonaba-Leiva et al., 2019; Osegueda-Espinosa et al., 2020). Current gaps in data diversity can result in diagnostic inaccuracies, particularly in underrepresented populations. Expanding global collaborations to pool anonymized data can enhance the generalizability and reliability of AI tools in dental practice (Enseldo-Carrasco et al., 2021; Afrashtehfar, Assery & Bryant, 2020).

Dental professionals must embrace AI technologies by participating in continuous education (CE) programs that offer hands-on training in these tools. Workshops and certifications in AI applications help clinicians confidently integrate AI into practice while addressing ethical considerations and limitations (Trockel et al., 2020; Karimbux et al., 2023). Practitioners should also stay updated on advancements through online courses and interdisciplinary learning opportunities to remain competitive and deliver high-quality care (Javaid et al., 2021; Doğramacı & Rossi-Fedele, 2022).

The rapid adoption of AI in dentistry necessitates robust policy and regulatory frameworks to ensure its ethical and safe use. Clear guidelines on data privacy, algorithm transparency, and accountability are

essential to protect patient trust (Kalenderian et al., 2021; Foy et al., 2020). Regulatory bodies should mandate rigorous testing and certification of AI tools before their clinical deployment. Additionally, licensing requirements for dental practitioners could include AI-specific training to promote responsible adoption (Afrashtehfar, Assery & Bryant, 2020; Bordonaba-Leiva et al., 2019).

A fully integrated AI-driven dental ecosystem envisions seamless collaboration between technologies and dental teams to enhance diagnosis, treatment, and patient care. AI-powered tools could be integrated with EHRs and wearable devices, enabling real-time data exchange and personalized treatment plans (Palmer et al., 2019; Marchan, Coppin & Balkaran, 2022). This ecosystem would also prioritize patient education through interactive AI tools, fostering engagement and trust in dental care. Such advancements promise a future of more efficient, accessible, and patient-centered dentistry (Perry, Bridges & Burrow, 2022; Javaid et al., 2021).

Many dental practitioners remain hesitant to adopt AI due to unfamiliarity with the technology or concerns about its implications for patient care. CE programs that include practical AI training can help practitioners understand its benefits and limitations (Mwita, 2022; Johnston, Archer & Martin, 2023). Peer-led workshops and collaborative learning environments further facilitate confidence-building, allowing dentists to integrate AI responsibly and effectively into their practices (Karimbux et al., 2023; Rashwan & Mahmoud, 2021).

AI offers unique opportunities for interdisciplinary collaboration by bridging gaps between dental professionals and other healthcare providers. For instance, AI can identify systemic conditions linked to oral health, such as diabetes, improving holistic patient care (Enseldo-Carrasco et al., 2021; Perry, Bridges & Burrow, 2022). By fostering joint CE programs, dentists can work alongside physicians and specialists, leveraging AI insights for more comprehensive treatment planning (Palmer et al., 2019; Afrashtehfar, Assery & Bryant, 2020).

AI can significantly enhance patient-centered care by providing detailed visualizations of treatment outcomes and personalized health insights. AI-driven virtual assistants could answer patient queries, schedule appointments, and follow up post-treatment, improving satisfaction and compliance (Javaid et al., 2021; Bordonaba-Leiva et al., 2019). Additionally, AI tools empower patients by offering evidence-based recommendations for home care, fostering active engagement in their oral health journey (Osegueda-Espinosa et al., 2020; Palmer et al., 2019).

The next wave of AI innovation in dentistry includes advanced natural language processing (NLP) for improved patient communication and autonomous robotic systems for minimally invasive procedures. These technologies promise to further reduce human error and enhance clinical outcomes (Doğramacı & Rossi-Fedele, 2022; Karimbux et al., 2023). Ongoing research in neural networks and quantum computing is expected to push the boundaries of AI capabilities, shaping the future of dentistry into a more efficient, accurate, and patient-friendly field (Rashwan & Mahmoud, 2021; Foy et al., 2020).

References

1. **Abutayyem, H., Luke, A., Khan, Y. H., Muhammad, M., & George, B. T. (2021).** Significance of patient safety and safety culture in dental schools: A systematic review. *The Open Dentistry Journal*, 15(1).
2. **Affendy, N. N., Zol, S. M., Al-Jaf, N. A., Hassan, M. A., Ghani, H. A., & Noviaranny, I. (2021).** The impact of clinical teacher: The dental students' perception. *Compendium of Oral Science*, 8, 69-76.
3. **Afrashtehfar, K. I., Assery, M. K., & Bryant, R. S. (2020).** Patient Satisfaction in Medicine and Dentistry. *International Journal of Dentistry*.
4. **Al Hamid, A., Malik, A., & Alyatama, S. (2020).** An exploration of patient safety culture in Kuwait hospitals: A qualitative study of healthcare professionals' perspectives. *International Journal of Pharmacy Practice*, 28(6), 617-625.
5. **Al-Mahalawy, H., El-Mahallawy, Y., & El Tantawi, M. (2020).** Dentists' practices and patient safety: A cross-sectional study. *European Journal of Dental Education*, 24(3), 381-389.

6. **Alamer, N. I. (2022).** *Trends and Disparities in Oral Health Outcomes, Dental Care Utilization and Out-of-Pocket Dental Expenditure Among Medicare Beneficiaries.* Harvard University School of Dental Medicine ProQuest Dissertations & Theses, 2022. 29168891.
7. **AlOlayan, R., Alahmad, A., Buali, D., Alonaizan, F., Alhareky, M., Alhumaid, J., & Nazir, M. A. (2021).** Patient safety culture amongst dental students and interns in Dammam, Saudi Arabia. *European Journal of Dental Education*, 25(1), 175-182.
8. **American Dental Association. (2021).** Dental Quality Alliance, Improving Oral Health Through Measurement.
9. **Andrade, F., & Pinto, R. (2020).** Factors Related to the Dissatisfaction of Users of Specialized Dental Care Centers in Brazil in 2014: A Cross-Sectional Study. *Epidemiol. Serv. Saude*, 29:1-10.
10. **Asgarian, A., Mahjour, P., Heidari, H., Khademi, N., Ghassami, K., & Mohammadbeigi, A. (2021).** Barriers and facilities in reporting medical errors: A systematic review study. *Advances in Human Biology*, 11(1), 17.
11. **Atakora, S.J. S., Quartey, J., & Kwakye, S. K. (2021).** Knowledge, perception, and attitude of patient safety amongst clinical year physiotherapy students in Ghana. *South African Journal of Physiotherapy*, 77(1), 1499.
12. **Awasthi, P., & Walumbwa, F. O. (2023).** Servant leadership theory and practice in government organizations. In G. E. Roberts (Ed.), *The Palgrave Handbook of Servant Leadership*. Palgrave Macmillan.
13. **Azyabi, A., Karwowski, W., & Davahli, M. R. (2021).** Assessing patient safety culture in hospital settings. *International Journal of Environmental Research and Public Health*, 18(5), 2466.
14. **Badran, A., Keraa, K., & Farghaly, M. M. (2023).** The impact of oral health literacy on dental anxiety and utilization of oral health services among dental patients: A cross sectional study. *BMC Oral Health*, 23(1), 146.
15. **Bailey, E., & Dungarwalla, M. (2021).** Developing a patient safety culture in primary dental care. *Primary Dental Journal*, 10(1), 89-95.
16. **Bastemeijer, C. M., Boosman, H., Ewijk, H., Verweij, L. M., Voogt, L., & Hazelzet, J. A. (2019).** Patient experiences: a systematic review of quality improvement interventions in a hospital setting. *Patient Related Outcome Measures, National Library of Medicine*, 10:157-169.
17. **Bercasio, L. V., Rowe, D. J., & Yansane, A.-I. (2020).** Factors associated with burnout among dental hygienists in California. *American Dental Hygienists' Association*, 94(6), 40-48.
18. **Bethesda, M. (2021).** Oral health in america: advances and challenges. *National Institute of Dental and Craniofacial Research*.
19. **Bordonaba-Leiva, S., Gómez-Durán, E. L., Balibrea, J. M., Benet-Travé, J., Martin-Fumadó, C., Bescos Atin, C., Maraque-Bueno, J., Arimany-Manso, J. (2019).** Twenty-four years of oral and maxillofacial surgery malpractice claims in Spain: Patient safety lessons to learn. *Oral and Maxillofacial Surgery*, 23(2), 187-192.
20. **Borrell, L. N., Reynolds, J. C., Fleming, E., & Shah, P. D. (2023).** Access to dental insurance and oral health inequities in the United States. *Community dentistry and oral epidemiology*, 51(4), 615-620.
21. **Braun, V., & Clarke, V. (2021).** One size fits all? What counts as quality practice in (reflexive) thematic analysis? *Qualitative Research in Psychology*, 18(3), 328-352.
22. **Buddhikot, C, Garcha, V., Shetty, V., Ambildhok, K., Vinay, V., Deshpande, U., & Pawar, A. (2023).** Bibliometric analysis of context, trends, and contents of digital health technology used in dental health. *BioMed Research International*, 2023(1), 5539470.
23. **Buetow, S., & Zawaly, K. (2022).** Rethinking researcher bias in health research. *Journal of Evaluation in Clinical Practice*, 28(5), 843-846.
24. **Byrne, M., & Tickle, M. (2019).** Conceptualising a Framework for Improving Quality in Primary Dental Care. *Br. Dent.J.*, 227, 865-868.
25. **Calvo, J. M., Kwatra, J., Yansane, A., Tokede, O., Gorter, R. C., & Kalenderian, E. (2021).** Burnout and work engagement among US dentists. *Journal of Patient Safety*, 17(5), 398-404.

26. **Cantillon, P., De Grave, W., & Dornan, T. (2021).** Uncovering the ecology of clinical education: A dramaturgical study of informal learning in clinical teams. *Advances in Health Sciences Education*, 26, 417-435.
27. **Cantor, J., McBain, R., Pera, M., Bravata, D., & Whaley, C. (2021).** Who is (and is not) receiving telemedicine care during the COVID-19 pandemic. *American Journal of Preventive Medicine*, 61(3), 434-438.
28. **Cha, A. E., & Cohen, R. A. (2022).** *Dental care utilization among adults aged 18–64: United States, 2019 and 2020*. National Center for Health Statistics [NCHS] Data Brief, No. 435.
29. **Cheng, H.C., Yen, A.M.F., & Lee, Y.H. (2019).** Factors affecting patient safety culture among dental healthcare workers: A nationwide cross-sectional survey. *Journal of Dental Sciences*, 14(3), 263-268.
30. **Cheong, M., Yammarino, F., Dionne, S., Spain, S., & Tsai, C. (2019).** A review of the effectiveness of empowering leadership. *The Leadership Quarterly*, 30(1), 34-58.
31. **Cho, I., Lee, M., & Kim, Y. (2020).** What are the main patient safety concerns of healthcare stakeholders: A mixed-method study of Web-Based text. *International Journal of Medical Informatics*, 140, 104162.
32. **Choi, E.M., Mun, S.J., Chung, W.G., & Noh, H.J. (2019).** Relationships between dental hygienists' work environment and patient safety culture. *BMC Health Services Research*, 19(1), 1-7.
33. **Choi, S. E., Simon, L., Basu, S., & Barrow, J. R. (2021).** Changes in dental care use patterns due to COVID-19 among insured patients in the United States. *The Journal of the American Dental Association*, 152(12), 1033-1043.
34. **Choi, S. E., Simon, L., Riedy, C. A., & Barrow, J. R. (2021).** Modeling the impact of COVID-19 on dental insurance coverage and utilization. *Journal of dental research*, 100(1), 50-57.
35. **Clemente, M. P., Moreira, A., Pinto, J. C., Amarante, J. M., & Mendes, J. (2021).** The challenge of dental education after COVID-19 pandemic–Present and future innovation study design. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*, 58.
36. **Collin, V., Toon, M., O'Selmo, E., Reynolds, L., & Whitehead, P. (2019).** A survey of stress, burnout and well-being in UK dentists. *British Dental Journal*, 226(1), 40-49.
37. **Coulthard, P., Thomson, P., Dave, M., Coulthard, F. P., Seoudi, N., & Hill, M. (2020).** The COVID-19 pandemic and dentistry: The clinical, legal, and economic consequences-part 2: Consequences of withholding dental care. *British Dental Journal*, 229(12), 801-805.
38. **DePaola, L. G., & Grant, L. E. (2019).** *Infection control in the dental office: A global perspective*. Springer Nature.
39. **Dharrie-Maharaj, G., & Garner, R. (2019).** What is black box dentistry? *BDJ In Practice*, 32(7), 16-17.
40. **Doğramacı, E. J., & Rossi-Fedele, G. (2022).** Patient-related outcomes and oral health-related quality of life in endodontics. *International Endodontic Journal*.
41. **Dyar, K. L. (2022).** Qualitative inquiry in nursing: Creating rigor. *Nursing Forum*, 57(1), 187-200.
42. **Ederer, C., König-Bachmann, M., Romano, I., Knobloch, R., & Zenzmaier, C. (2019).** Midwives' perception of patient safety culture-A qualitative study. *Midwifery*, 71, 33-41.
43. **Ende, J. (2020).** Illuminating shadows: The power of learning by observing. *Academic Medicine*, 95(1), 20-21.
44. **Enseldo-Carrasco, E., Sheikh, A., Cresswell, K., Bedi, R., Carson-Stevens, A., & Sheikh, A. (2021).** Patient safety incidents in primary care dentistry in England and Wales: A mixed-methods study. *Journal of Patient Safety*, 17(8), e1383-e1393.
45. **Foy, R., Skrypak, M., Alderson, S., Ivers, N. M., McInerney, B., Stoddart, J., Ingham, J., Keenan, D. (2020).** Revitalising audit and feedback to improve patient care. *British Medical Journal*, 368.
46. **Galaiya, R., Kinross, J., & Arulampalam, T. (2020).** Factors associated with burnout syndrome in surgeons: A systematic review. *The Annals of The Royal College of Surgeons of England*, 102(6), 401-407.
47. **Graham, C., Reid, S., Lord, T., & Taylor, K. (2019).** The evolution of patient safety procedures in an oral surgery department. *British Dental Journal*, 226(1), 32-38.

48. **Hashim, R., Mathew, L. S., Rustom, S., Amer, F., & Odeh, R. (2021).** Emergency medical care in dentistry: A cross sectional analysis of competencies for undergraduate students. *International Journal of Critical Illness and Injury Science*, 11(1), 33.
49. **Javaid, M., Haleem, A., Singh, R. P., & Suman, R. (2021).** Dentistry 4.0 technologies applications for dentistry during COVID-19 pandemic. *Sustainable Operations and Computers*, 2, 87–96.
50. **Johnston, C., Sunil, V., Service, D., Holt, A. M., Garber, G., Macdonald, L., Kristjanson, E., Mazzuli, T., Olsha, R., Ryding, D., Noseworthy, A. L. (2021).** A public health response to a newly diagnosed case of hepatitis C associated with lapse in infection prevention and control practices in a dental setting in Ontario, Canada. *Canada Communicable Disease Report*, 47(7/8).
51. **Johnston, L., Archer, N., & Martin, K. (2023).** 5 empowering oral health in the community: Leadership lessons learnt from redeployment. *BMJ Leader*, 7(1), 1-3.
52. **Kalenderian, E., Obadan-Udoh, E., Maramaldi, P., Etolue, J., Yansane, A., Stewart, D., White, J., Vanderhobli, R., Kent, K., Hebballi, N.B., Delattre, V., Kahn, M., Tokede, O., Ramoni, R.B., Walji, M.F. (2021).** Classifying adverse events in the dental office. *Journal of Patient Safety*.
53. **Kalra, R. (2022).** *Dental value-based models and a proposed revision of metrics for New York state's quality assurance of preventive dental care*. Columbia University.
54. **Kammoe, F. (2020).** *Examining a dynamic leadership approach that influences job satisfaction in dynamic and stable environments* Walden University ProQuest Dissertations & Theses, 2020. 28095715.
55. **Karimbux, N., Mike, J., Stern, A., Mazanec, M. T., D'amour, A., Courtemanche, J., & Rabson, B. (2023).** Measuring patient experience of oral health care: a call to action. *Journal of Evidence-Based Dental Practice*, 23, (1).
56. **Khanna, R., & Mehrotra, D. (2019).** The roadmap for quality improvement from traditional through competency based (CBE) towards outcome based education (OBE) in dentistry. *Journal of Oral Biology and Craniofacial Research*, 9(2), 139.
57. **Kim, N. Y. (2020).** Novice and advanced beginner nurses' patient safety management activities: Mediating effects of informal learning. *Journal of Korean Academy of Nursing Administration*, 26(5), 542-549.
58. **Kim, N.Y. (2021).** Nursing students' informal learning of patient safety management activities. *Healthcare*, 9(12), 1635.
59. **Kong, L.N., Zhu, W.F., He, S., Chen, S.Z., Yang, L., Qi, L., & Peng, X. (2019).** Attitudes towards patient safety culture among postgraduate nursing students in China: A crosssectional study. *Nurse Education in Practice*, 38, 1-6.
60. **Kui, A., Popescu, C., Labuneț, A., Almășan, O., Petruțiu, A., Păcurar, M., & Buduru, S. (2022).** Is teledentistry a method for optimizing dental practice, even in the post-pandemic period? An integrative review. *International Journal of Environmental Research and Public Health*, 19(13), 7609.
61. **Lee, S. E., & Dahinten, V. S. (2021).** Using dominance analysis to identify the most important dimensions of safety culture for predicting patient safety. *International Journal of Environmental Research and Public Health*, 18(15), 7746.
62. **Lin, Y., Hong, A. Y., Henson, B. S., Stevenson, R. D., Hong, S., Lyu, T., & Liang, C. (2020).** Assessing patient experience and healthcare quality of dental care using patient online reviews in the united states: mixed methods study. *Journal of Medical Internet Research*, 22(7), e18652.
63. **Mabrouk, M., Marzouk, S., & Afify, H. (2019).** Investigation of quality improvement strategies within egyptian dental clinics. *Biomed. Eng. Appl. Basis Commun*, 30:1950006.
64. **Manzoor, F., Wei, L., Hussain, A., Asif, M., & Ali Shah, S. I. (2019).** Patient satisfaction with health care services; an application of physician's behavior as a moderator. *Int J Environ Res Public Health*, 9;16(18),3318.
65. **Marchan, S. M., Coppin, E., & Balkaran, R. (2022).** Unmet dental treatment needs and barriers to dental care of patients with special needs attending a dental teaching hospital. *Portuguese Journal of Public Health*, 40(1), 1-6.

66. **Marchan, S. M., Thorpe, M., & Balkaran, R. (2022).** The knowledge of clinical dental students on the oral effects and consequences of cannabis use: Implications for curricular modification. *Academic Journal of Health Sciences*, 37(5), 81–86.
67. **McGleenon, E. L., & Morison, S. (2021).** Preparing dental students for independent practice: A scoping review of methods and trends in undergraduate clinical skills teaching in the UK and Ireland. *British Dental Journal*, 230(1), 39-45.
68. **Memon, S. I. (2022).** A retrospective analysis of near-miss incidents at a tertiary care teaching hospital in Riyadh, KSA. *Journal of Taibah University Medical Sciences*.
69. **Milder, M. J., Roser, S. M., Austin, T. M., & Abramowicz, S. (2021).** Does burnout exist in academic oral and maxillofacial surgery in the united states? *Journal of Oral and Maxillofacial Surgery*, 79(8), 1602-1610.
70. **Moriña, A. (2021).** When people matter: The ethics of qualitative research in the health and social sciences. *Health & Social Care in the Community*, 29(5), 1559-1565.
71. **Mwita, K. (2022).** Factors to consider when choosing data collection methods. *International Journal of Research in Business and Social Science*. 11(5), 532-538.
72. **Northridge, M. E., Kumar, A., & Kaur, R. (2020).** disparities in access to oral health care. *Annual Review of Public Health*, 41: 513-535.
73. **Obadan-Udoh, E. M., Gharpure, A., Lee, J. H., Pang, J., & Nayudu, A. (2021).** Perspectives of dental patients about safety incident reporting: A qualitative pilot study. *Journal of Patient Safety*, 17(8), e874-e882.
74. **Omer, A. A. A. (2020).** The importance of theory to inform practice-theorizing the current trends of clinical teaching: A narrative review. *Sudan Journal of Medical Sciences*, 15(4), 383-398.
75. **Osegueda-Espinosa, A. A., Sánchez-Pérez, L., Perea-Pérez, B., Labajo-González, E., & Acosta-Gio, A. E. (2020).** Dentists survey on adverse events during their clinical training. *Journal of Patient Safety*, 16(4), e240-e244.
76. **Palmer, J. C., Blanchard, J. R., Jones, J., & Bailey, E. (2019).** Attitudes of dental undergraduate students towards patient safety in a UK dental school. *European Journal of Dental Education*, 23(2), 127-134.
77. **Pan, T. P. (2021).** Work burnout among dental nurses in Songkhla province. *Thai Dental Public Health Journal*, 26, 24-36.
78. **Peadon, R., Hurley, J., & Hutchinson, M. (2020).** Hierarchy and medical error: Speaking up when witnessing an error. *Safety Science*, 125, 104648.
79. **Perry, S., Bridges, S. M., & Burrow, M. F. (2022).** A conceptual model for clinical psychomotor skill development in an era of simulated and virtual reality. *European Journal of Dental Education*, 26(2), 263-276.
80. **Rashwan, N., & Mahmoud, M. R. (2021).** Application of competency-based education in dentistry. *International Journal of Dental Sciences and Research*, 9(2), 23-26.
81. **Rooney, D., Barrett, K., Bufford, B., Hysten, A., Loomis, M., Smith, J., Svaan, A., Harold, P., Sweier, D. (2020).** Data collection for adverse events reporting by US dental schools. *Journal of Patient Safety*, 16(3), e126-e130.
82. **Solanki, C., Geisinger, M. L., Luepke, P. G., Al-Bitar, K., Palomo, L., Lee, W., Blanchard, S., Shin, D., Maupome, G., Eckert, G. J., & Vanchit, J. (2021).** Assessing readiness to manage medical emergencies among dental students at four dental schools. *Journal of Dental Education*, 85(9), 1462-1470.
83. **Tartaglia, K. M. (2021).** What medicine can teach law enforcement. *Journal of General Internal Medicine*, 36(5), 1415-1415.
84. **Tattoli, L., Dell'Erba, A., Ferorelli, D., Gasbarro, A., & Solarino, B. (2019).** Sepsis and nosocomial infections: The role of medico-legal experts in Italy. *Antibiotics*, 8(4), 199.
85. **Teoh, L., McCullough, M., & Moses, G. (2022).** Preventing medication errors in dental practice: An Australian perspective. *Journal of Dentistry*, 104086.
86. **Trockel, M. T., Menon, N. K., Rowe, S. G., Stewart, M. T., Smith, R., Lu, M., Kim, P. K., Quinn, M. A., Lawrence, E., Marchalik, D., Farley, H., Normand, P., Felder, M., Dudley, J. C., Shanafelt, C. D.**

- (2020). Assessment of physician sleep and wellness, burnout, and clinically significant medical errors. *Journal of the American Medical Association Network Open*, 3(12), e2028111-e2028111.
87. **Vaziri, S., Fakouri, F., Mirzaei, M., Afsharian, M., Azizi, M., & Arab-Zozani, M. (2019).** Prevalence of medical errors in Iran: A systematic review and meta-analysis. *BMC Health Services Research*, 19(1), 1-11.
 88. **Verma, M., Wilson, N. H., Lynch, C. D., & Nanda, A. (2019).** Leadership in academic dentistry. *Journal of Dentistry*, 87, 2-6.
 89. **Voskanyan, Y., Shikina, I., Kidalov, F., Musaeva, S., & Davidov, D. (2021).** Latent failures of the individual human behavior as a root cause of medical errors. Antipova, T. (Ed) *Advances in Digital Science*. Springer.
 90. **Williams, V., Boylan, A.-M., & Nunan, D. (2020).** Critical appraisal of qualitative research: Necessity, partialities and the issue of bias. *BMJ Evidence-Based Medicine*, 25(1), 9-11.
 91. **Woeltje, K. F., Olenski, L. K., Donatelli, M., Hunter, A., Murphy, D., Hall, B. L., & Dunagan, W. C. (2019).** A Decade of Preventing Harm. *The Joint Commission Journal on Quality and Patient Safety*, 45(7), 480-486.
 92. **Xu, M., Wang, Y., Yao, S., Shi, R., & Sun, L. (2022).** One-year prevalence of perceived medical errors or near misses and its association with depressive symptoms among Chinese medical professionals: A propensity score matching analysis. *International Journal of Environmental Research and Public Health*, 19(6), 3286.
 93. **Yansane, A., Lee, J., Hebballi, N., Obadan-Udoh, E., White, J., Walji, M., Easterday, C., Rindal, B., Worley, D., Kalenderian, E. (2020).** Assessing the patient safety culture in dentistry. *JDR Clinical & Translational Research*, 5(4), 399-408.
 94. **Yansane, A., Tokede, O., Walji, M., Obadan-Udoh, E., Riedy, C., White, J., & Kalenderian, E. (2021).** Burnout, engagement, and dental errors among US dentists. *Journal of Patient Safety*, 17(8), e1050-e1056.