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ORIGINAL ARTICLE

Diseño de una estrategia de capacitación en alfabetización informacional sobre inteligencia artificial dirigida a estomatólogos

Design of an information literacy training strategy on artificial intelligence aimed at stomatologists

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RESUMEN

Introducción: La incorporación de la Inteligencia Artificial, en Estomatología se desarrolla en un escenario internacional caracterizado por sus avances; pero condicionado por vacíos formativos y barreras tecnológicas. En Cuba, estas limitaciones expresadas en la insuficiente alfabetización informacional de los profesionales de la salud, esto restringe la integración crítica y responsable de esta en los procesos clínicos y docentes. **Objetivo:** Diseñar una estrategia de capacitación sobre Inteligencia Artificial en Estomatología, a partir de un diagnóstico del nivel de conocimiento y limitaciones de su integración. **Métodos:** Se realizó un estudio mixto, tipo investigación-acción, entre abril y diciembre de 2025. Se trabajó con una población de estudio de 22 estomatólogos. Se aplicó una encuesta digital validada en estudios internacionales sobre alfabetización informacional en salud, adaptada al contexto cubano, las variables estudiadas fueron: conocimiento, frecuencia de uso y barreras formativas; tecnológicas y organizacionales. **Resultados:** Sobresalió en el 45.45 % una marcada insuficiencia formativa, predominó la categoría ¨mal¨ y ausencia de uso en el 45.45 %. Las barreras formativas representaron el 40.91 %, las tecnológicas en 36.36 % y las organizacionales en 22.73 %. **Conclusiones:** Predomina un nivel bajo de conocimientos y una escasa frecuencia de uso de herramientas digitales en el personal asistencial. Las barreras principales encontradas son de carácter formativo y tecnológico. A partir de este diagnóstico, se diseña una estrategia

ABSTRACT

Introduction: The incorporation of Artificial Intelligence in Stomatology is developing in an international scenario characterized by its advances, but conditioned by training gaps and technological barriers. In Cuba, these limitations, expressed in the insufficient information literacy of health professionals, restrict its critical and responsible integration into clinical and teaching processes. **Objective:** To design a training strategy on Artificial Intelligence in Stomatology, based on a diagnosis of the level of knowledge and limitations of its integration. **Methods:** A mixed-methods, action-research study including a population of 22 stomatologists was conducted between April and December 2025. It was applied a digital survey validated in international studies on health information literacy, adapted to the Cuban context,; the variables studied were knowledge, frequency of use, and training, technological, and organizational barriers. **Results:** A marked training insufficiency stood out in 45.45 %, the category poor predominated, and absence of use was found in 45.45%. Training barriers accounted for 40.91%, technological barriers for 36.36 %, and organizational barriers for 22.73 %. **Conclusions**: A low level of knowledge and a low frequency of use of digital tools predominate among care personnel. The main barriers found are of a training and technological nature. Based on this diagnosis, a contextualized training strategy is designed, aimed at strengthening information literacy and promoting the critical adoption of Artificial Intelligen-

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de capacitación contextualizada, orientada a fortalecer la alfabetización informacional y promover la adopción crítica de la Inteligencia Artificial, en la práctica estomatológica.

Palabras clave: Inteligencia Artificial, alfabetización informacional, odontología, capacitación, educación médica
Descriptores: inteligencia artificial; alfabetización informacional; tecnológica de la información; educación médica; odontólogos

algorithms, affecting both equity in care
ce in stomatological practice.

Keywords: artificial Intelligence, information literacy, dentistry, training, medical education
Descriptors: information literacy; artificial intelligence; information technology; medical education; dentists

INTRODUCTION

The incorporation of Artificial Intelligence (AI) in Stomatology is developing in an international scenario characterized by advances in diagnostic precision, therapeutic planning, and clinical data management. The effectiveness of these applications depends on professionals' preparation to interact critically with digital tools and to avoid uncritical dependence on algorithms. [1-3]

In Latin America, where educational inequalities are marked and access to technology varies significantly between regions, it is essential to build an environment where Information and Communication Technologies (ICTs) and AI are not only incorporated as tools but also promote social justice and inclusion in training processes.[4] This limits the capacity to innovate in teaching and to produce scientific knowledge, leading to a situation in which AI is considered crucial to overcoming training gaps and improving clinical practice.

In Cuban higher education centers, there are knowledge gaps among users of university libraries, especially regarding how to interact with scientific information, as well as a lack of services and tools that mediate this reality and transform it for the better.[3] Institutions such as the National Center for Information in Medical Sciences of Havana have proposed reference frameworks for the formation of informational competencies, highlighting their role in professional autonomy and research capacity.[1] However, difficulties persist that limit access to reliable information and the full integration of AI into clinical and teaching processes.

The need to design contextualized training strategies becomes evident when confirming that these training gaps increase the risk of diagnostic biases and uncritical dependence on and transparency in clinical decision-making. In the Cuban context, literacy in AI content is posed as an urgent challenge for universities; this strategic role in the formation of informational competencies strengthens both teaching practice and scientific research. [5]

In this scenario, the present study aims to: Design a training strategy on Artificial Intelligence in Stomatology, based on a diagnosis of the level of knowledge and limitations of its integration.

METHODS

A mixed-methods, action-research, applied and developmental study was conducted between April and December 2025 at the Stomatology Clinic of Santa Cruz del Norte, Mayabeque province, Cuba. The study population consisted of 22 stomatologists involved in care, teaching, and research functions at the institution, who expressed their willingness to participate by signing the informed consent form.

The following variables were studied:
-Main function.

- Care-related: for stomatologists who provided direct patient care.
- Teaching and research: for those who carried out teaching and research activities.

-Level of knowledge about AI.

- Good: when professionals demonstrated mastery of fundamental concepts and their application.
- Fair: when knowledge was partial or limited.
- Poor: when there was lack of knowledge or incorrect ideas about AI.

-Frequency of use of digital AI tools.

- Never: did not use the tools.
- Rarely: sporadic use.
- Sometimes: occasional use.
- Frequently: habitual use.

- Always: constant use.

-Type of barriers to its integration:
- Training-related: lack of training and knowledge.
- Organizational: absence of policies, time, or institutional support.
- Technological: limitations of equipment, connectivity, or software.

Information was obtained through a digital survey administered via Google Forms. The instrument was based on a proposal used in international studies on Information Literacy (ALFIN) and AI competencies in health, adapted to the Cuban stomatological context.[6] Closed questions, Likert-type items, and open-ended questions were included, allowing for quantitative and qualitative analysis.

In addition, a problem tree was developed to identify the causes, the central problem, and the consequences related to insufficient integration of AI into stomatological practice.

Data processing was performed using basic descriptive statistics and thematic content analysis. Results were organized in tables and figures prepared with spreadsheets and the Canva digital tool.

The research was conducted in compliance with the principles of the Declaration of Helsinki[7] and Cuban Medical Ethics,[8] guaranteeing informed consent, confidentiality, and approval by the institution's Ethics Committee and Scientific Council.

The study was adjusted to the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) statement to ensure transparency and reproducibility.

RESULTS

The level of knowledge about AI that stood out among stomatologists was the poor and fair categories, with 45.45% and 31.82%, respectively. In the care group, the poor category prevailed at 45.45 %, whereas in the teaching and research group no values were reported in this category; a greater presence was observed in the fair (13.64 %) and "good" (9.09 %) levels, Table 1.

Table 1. Level of knowledge about AI according to the main functions of stomatologists

Principal functiosn	Level of knowledge						Total	
	Good		Poor		Bad			
	No.	%	No.	%	No.	%	No.	%
Patient care	3	13.64	4	18.18	10	45.45	17	77.27
Teaching and research	2	9.09	3	13.64	0	0	5	22.73
Total	5	22.73	7	31.82	10	45.45	22	100

45.45 % of the stomatologists who never used these tools belonged to the care group, whereas the teaching and research group showed the opposite pattern, with a predominance in the frequent (13.64 %) and always (9.09 %) use categories, Table 2.

Table 2. Frequency of use of digital AI tools according to main functions

Frequency use	Principales funciones					
	Patient care		Teaching and research		Total	
	No.	%	No.	%	No.	%
Nunca	10	45.45	0	0	10	45.45
Rarely	3	13.64	0	0	3	13.64
Sometines	2	9.09	0	0	2	9.09
Frequently	Never	9.09	3	13.64	5	22.73
Always	0	0	2	9.09	2	9.09
Total	17	77.27	5	22.73	22	100

The main barriers to the integration of AI were training barriers at 40.91 % and technological barriers at 36.36 %, followed by organizational barriers at 22.73 %, Table 3.

Table 3. Main barriers to the integration of AI

Kind of Barriers	Frequency	%
Training-related	9	40.91
Organizational	5	22.73
Thecnoligicals	8	36.36
Total	22	100

The causal analysis showed that the insufficient integration of AI into clinical practice was related to training, technological, organizational, and contextual factors. The figure was created using the Canva digital tool, Figure 1.

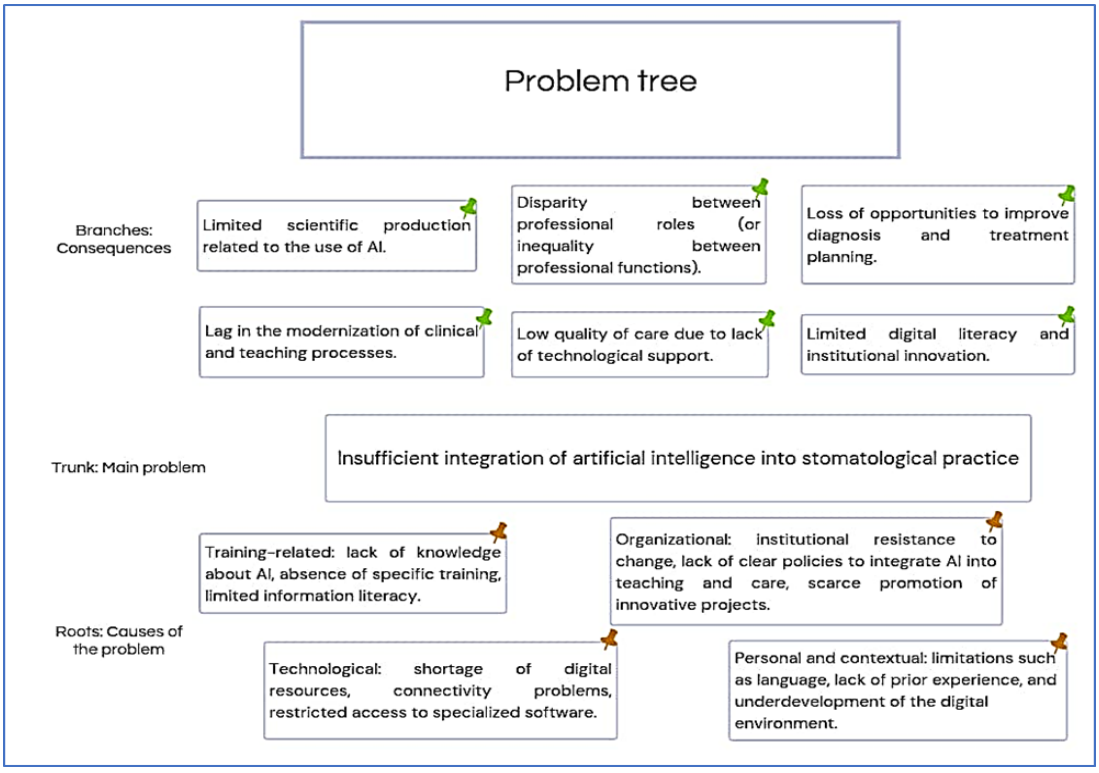


Fig. 1. Problem tree for the integration of AI in dental practice

This causal structure justified the need to design a contextualized training strategy that addressed the training and technological gaps and promotes a critical and responsible adoption of AI in Stomatology.

The training strategy for the integration of AI into stomatological practice had the following general objective:

To strengthen information literacy (ALFIN) and the use of AI tools in stomatologists through a contextualized training strategy that addressed the training, technological, and organizational gaps identified in the diagnosis.

Specific objectives:
1.To increase the level of knowledge about the fundamentals and applications of AI in Stomatology.
2.To develop practical skills for the use of digital AI tools in clinical care, teaching, and research adapted to the Cuban context.
3.To promote favorable attitudes toward technological innovation and the integration of AI into clinical and teaching processes.
4.To reduce technological barriers through training in available resources and connectivity strategies.
5.To foster ethical and organizational reflection on the responsible use of AI in the Cuban context.

Implementation plan

Educational section topic	Date	Place	Participatory method	Teaching aids	Expected results
Fundamentals of AI and information literacy (ALFIN) in health	Tuesday afternoon	Clinic classroom	Interactive lecture	PowerPoint blackboard)	To introduce basic concepts and level knowledge
Clinical, teaching, and research applications of AI	Tuesday afternoon	Clinic classroom	Practical workshop	PowerPoint slides	To reflect on AI applications
Use of accessible software and digital resources	Tuesday afternoon	Clinic classroom	Practical workshop	Computers / Software available in Cuba	Develop skills in digital tools on Tuesday afternoon
Technological barriers and connectivity strategies	Tuesday afternoon	Clinic classroom	Reflective debate Brainstorming	Question cards blackboard)	Identify solutions adapted to the Cuban context
Ethics and responsibility in the use of AI	Tuesday afternoon	Clinic classroom	Sociodrama Digital portfolio	Posters Videos Digital portfolio (collective creation)	Foster critical and ethical attitudes toward AI

Transversal result:
To consolidate information literacy (ALFIN) on AI as a professional competency in Stomatology, integrating knowledge, practical skills, and critical attitudes in clinical care, teaching, and research.

The educational strategy, aimed at stomatologists at the Stomatology Clinic of Santa Cruz del Norte, was implemented over a total of three hours and 45 minutes, distributed as 45 minutes per session, once a week for five weeks. This schedule was established to favor the progressive assimilation of contents and reflection between sessions, so that participants could integrate what they learned into their clinical and teaching practice before advancing to the next module.

-First week: An interactive lecture was held on the fundamentals of AI and information literacy (ALFIN) in health, with a total duration of 45 minutes. The presentation was supported by a PowerPoint presentation and the whiteboard to illustrate key concepts. During the first 35 minutes, the basic principles of AI and their relationship to ALFIN in the stomatological field were explained. In the final 10 minutes, participants' questions and concerns were addressed, complemented by comprehension questions to assess understanding of the contents.

-Second week: A practical workshop was conducted on clinical, teaching, and research applications of AI, supported by slides and a PowerPoint presentation. The presentation lasted 35 minutes, followed by 10 minutes of evaluation to verify what had been learned.

-Third week: A practical workshop was carried out on the use of accessible software and digital resources, using computers and programs available in the country. The activity consisted of 35 minutes of guided practice and concluded with 10 minutes of reflective discussion on what was learned during the workshop.

-Fourth week: A 30-minute reflective debate was held to highlight the technological and organizational barriers present at the institution. In the final 15 minutes, a brainstorming session took place in which participants presented different connectivity strategies and solutions adapted to the Cuban context.

-Fifth week: A brief 25-minute sociodrama was held addressing ethical and responsibility issues in the use of AI, supported by posters and videos as educational resources. The dramatization focused on representative situations in stomatological practice, with the purpose of stimulating critical reflection and collective analysis, without extending beyond what was necessary. In the remaining 20 minutes, the stomatologists created a digital portfolio documenting what they had learned during the training.

DISCUSSION

The results obtained in this research show that, according to the level of knowledge and the frequency of use of AI tools, there is deficient training among stomatologists at the Stomatology Clinic of Santa Cruz del Norte. The care group concentrates the greatest deficiencies, with a predominance of low levels of knowledge and absence of frequent use of AI, whereas the teaching and research groups present a more favorable pattern, with a significant presence in the fair knowledge and frequent use categories. This distribution evidences differences in the professional preparation of both groups.

The findings suggest the existence of a training gap that limits the homogeneous integration of AI into stomatological practice. This situation coincides with what has been reported in the Cuban context, such as the studies conducted in Holguín province and in other institutions of the National Health System, where similar difficulties are identified in the incorporation of digital technologies into teaching and stomatological practice.[9,10] This correspondence allows us to consider that professional training constitutes a relevant component for the critical use of these tools.

The training and technological barriers identified—lack of knowledge, scarcity of digital resources, and connectivity problems—reinforce the need for differentiated training strategies. These obstacles are related to what has been pointed out in previous studies, where digital literacy is highlighted as a critical factor for the adoption of AI,[11] it is emphasized that the sustainability of oral care depends on professional preparation,[12] and it is warned that the absence of specific training limits the positive impact of these tools in Stomatology.[13]

These problems are observed in research, particularly in the Cuban context of health sciences, where emphasis is placed on the need to improve skills in the use of information, based on institutional reference frameworks and training interventions aimed at Stomatology students.[1-3]

Internationally, a study conducted by the International Iberoamerican University of Mexico [14] indicates that technological and organizational problems constitute important drawbacks for the use of AI in Stomatology, which coincides with the results of this study.

However, some of the findings of the present research differ from those reported in contexts with advanced technology, such as European and Asian countries with a high level of digital health development, where rapid adoption of AI in stomatology is observed and where training and organizational problems are fewer. [15,16] This difference is attributed to the specific conditions of Cuba, characterized by limitations in connectivity and digital resources, as well as by a technological infrastructure that is still in the process of modernization.

Likewise, the results diverge from those indicated in studies concluding that barriers can be overcome quickly through management strategies, such as those carried out in environments with more flexible organizational models; [17] as well as from those highlighting that in Asian countries innovation and infrastructure have allowed a more fluid integration of AI in Stomatology,[18] in contrast to the institutional resistance and connectivity limitations observed in Cuba.

In this sense, the integration of AI in Stomatology does not depend solely on technological availability, but also on pedagogical and organizational preparation. The research confirms that the insufficient integration of AI in stomatological practice is the result of multiple interrelated factors and that the solution requires a comprehensive and ongoing training strategy. This aligns with what recent research proposes—that AI training should be comprehensive, continuous, and adapted to the specific needs of each professional context, based on reviews focused on student opinion.[19]

The results obtained in this study coincide with international findings highlighting the need to implement AI training programs in health and education, where it is noted that the incorporation of AI into medical training requires teaching workshops and modules addressing ethics, as stated in scoping reviews on the use of AI in medical education.[20]

This research and the results obtained confirm that the insufficient integration of AI in stomatological practice responds not only to technological shortcomings but also to a web of training, organizational, and contextual factors that require differentiated attention. It is considered that information literacy (ALFIN) on AI should be assumed as an essential professional competency in Stomatology, capable of transforming clinical care as well as teaching and

research. The training strategy designed constitutes an adequate and necessary response to overcome the identified gaps, foster responsible innovation, and guarantee the sustainability of clinical and teaching processes in the Cuban context.

The diagnosis of the level of knowledge, frequency of use, and barriers has made it possible to substantiate the design of a contextualized training strategy for stomatologists at the Stomatology Clinic. Based on the training and technological gaps identified, the proposal is structured over five weeks and integrates lectures, practical workshops, reflective debates, and sociodramas, adapted to the resources and technological conditions available in the country. In this way, the strategy responds directly to the needs detected in the diagnosis and contributes to the professional development of stomatologists.

The designed strategy has as its central axis the strengthening of information literacy (ALFIN) on AI and the promotion of a critical and responsible adoption of these tools in stomatological practice. Its comprehensive nature addresses not only technical aspects but also ethical and organizational ones, favoring the transformation of clinical care, teaching, and research. By integrating theoretical and practical contents, the proposal seeks to overcome the training and technological barriers identified while fostering favorable attitudes toward innovation and the conscious use of Artificial Intelligence in the Cuban context.

It is concluded that there is a low level of knowledge and a low frequency of use of digital tools among care personnel. The main barriers found are of a training and technological nature. Based on this diagnosis, a contextualized training strategy is designed, aimed at strengthening information literacy and promoting the critical adoption of Artificial Intelligence in stomatological practice.

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Authorship Contribution.
Participation according of the order agreed upon by each of the authors of this work.

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