

DENTAL SCHOOL INTERVIEW PREP

# The 100

The questions that come up again and again, what they're really assessing, and the trap that sinks most applicants.

# How to use this

**Reading this guide is not preparation.**Saying the answers out loud is. The applicants who interview well are not the ones who memorised the best responses — they are the ones who have already heard themselves answer badly, in a room alone, and fixed it before it counted.

**So use it in this order.**Read a category. Close the guide. Say each answer out loud, on a timer, without notes. Then reopen it and check yourself against the traps. If you skip the middle step, you are studying, not practising, and it will show in the first ninety seconds.

> One warning about scripts. Interviewers can hear a memorised answer, and a scripted delivery reads as someone performing rather than talking. The two example answers under each question are there to show you the difference between an answer that lands and one that doesn't — the shape of it, and the specificity. They are illustrations, not scripts. Reciting one would fail for exactly the reason the weak one fails. Take the structure and fill it with your own life.

**What each entry gives you.**What they're actually assessing is the real question underneath the question. How to structure it is the shape of a good answer. Hit these are the points that earn marks. A strong answer and a weak answer show the same question answered two ways. The trap is the specific mistake most applicants make — usually the answer that feels safest. Possible follow-up questions are what to expect next, because a strong first answer invites a harder second question.

**On timing.**Aim for roughly ninety seconds to two minutes on substantive questions, and fifteen to twenty-five seconds on small talk. Answers under forty seconds read as thin. Answers past three minutes read as someone who cannot self-edit, which is a genuine problem in a chair beside a patient.

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# Rapport & Small Talk

**6 questions · aim for about 0:25 per answer**

The doorway conversation. Faculty use it to read whether you're a person they'd want in a clinic.

## 1 Did you have any trouble getting here this morning — traffic, parking, anything like that?

### WHAT THEY'RE ACTUALLY ASSESSING

Whether you can hold a warm, unrehearsed conversation with a stranger. This is the first read on your chairside manner, and many faculty say they've already formed an impression before the real questions start.

### HOW TO STRUCTURE IT

Short positive answer → one specific human detail → hand the conversation back to them.

### HIT THESE

- Keep it to about 15–20 seconds
- Add one concrete detail so it doesn't sound clipped
- Stay light even if the morning was genuinely bad
- Return a question — it signals ease rather than nerves

### A STRONG ANSWER

> It’s been a nice morning. I used to work at a coffee shop, and I was the opener, so I had to wake up at 4:30 every day. Even though I don’t work there anymore, I’m still an early riser. I drove in this morning and parked in the lot across the street. Is that where most students park?
>
> One true detail about herself, a question handed back, done in twenty seconds.

### A WEAK ANSWER

> Honestly, it was a bit of a nightmare. There was construction on the interstate, so I got off and tried the surface streets, and then the garage they told us to use was full and I had to circle around to the one behind the building. I made it, though. I think I'm only a couple of minutes late.
>
> The whole morning gets narrated, and now she's managing your stress.

### THE TRAP

Two failure modes, both common. The one-word 'Nope, all good' kills the exchange dead. The three-minute saga about the highway shows you can't read a room. Neither person gets invited to treat patients.

### POSSIBLE FOLLOW-UP QUESTIONS

- *“Ha — and did you find the building okay, or were you wandering for a bit?”*

## 2 Where are you joining us from?

### WHAT THEY'RE ACTUALLY ASSESSING

Warmth, and whether you can make a stranger curious about you in a few seconds. It's also a gentle read on how far you traveled and whether you have any real tie to the region.

### HOW TO STRUCTURE IT

Name the place plainly → one specific, human detail about it → hand the conversation back.

### HIT THESE

- Say where you are clearly, and if you're on video, where that actually is
- Give one detail with a little personality in it — a street, a job, the view out the window
- If the honest answer is your childhood bedroom, say so lightly; it's human
- Turn it back with a question of your own

### A STRONG ANSWER

**In person:** I flew in from Tallahassee, Florida last night. I really enjoy living there, but I miss my sister, who lives here in New York City. If I attended this school, I could live with her, which would be wonderful.

**Virtual:** I'm joining from Ardmore, Pennsylvania, about 30 minutes west of Philadelphia. I love spending time in Philadelphia, and I'm excited about the possibility of attending dental school in a new city and getting to explore it.

Names the place, then gives a reason to care about it — a sister here, or a city worth exploring.

### A WEAK ANSWER

I'm joining from Phoenix. I've been here for about three years now, since I started my post-bacc. It's been good. It's a lot hotter than where I grew up, but I've gotten used to it.

Correct, polite, and finished; there is nothing for the interviewer to pick up.

### THE TRAP

Answering the literal question and stopping. 'Phoenix.' is accurate, and it leaves the interviewer to restart the conversation alone — the first sign you won't carry your half of a chairside chat.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Are you originally from that area?"*

## 3 Have you had a chance to look around the campus or the clinic yet? What did you think?

### WHAT THEY'RE ACTUALLY ASSESSING

Whether you're observant, engaged, and capable of a specific compliment rather than a generic one.

### HOW TO STRUCTURE IT

Yes/no honestly → one specific thing you noticed → what it made you think or feel.

### HIT THESE

- Name something concrete: the sim lab, a piece of equipment, a student you talked to
- Connect it to something you care about
- If you haven't seen it yet, say so honestly and ask what you should make sure to see

### A STRONG ANSWER

> During the tour this morning, we went through the sim lab. Seeing all those mannequin heads made this whole process more real, and it made me even more excited to start dental school.
>
> One concrete thing she stood in front of, and what it did to her.

### A WEAK ANSWER

> Yes, we had a tour this morning. It's a beautiful campus, honestly. Everyone has been so nice, and the students walking us around were great. You can tell people are happy here. I was impressed by the facilities too. It seems like a really supportive environment.
>
> Every applicant says this; it stops registering by nine in the morning.

### THE TRAP

'It's beautiful, everyone's so nice.' Every applicant says this. It is the conversational equivalent of white noise and they stop hearing it by 9am.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"What stood out most?"*
- *"Anything you'd want to see that you haven't yet?"*

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## 4 Is this your first time visiting our city?

### WHAT THEY'RE ACTUALLY ASSESSING

Ease with small talk, and a quiet read on whether you've made any effort to know the place you'd be living in for four years.

### HOW TO STRUCTURE IT

Answer honestly → one specific thing you've noticed or done here → a light question back.

### HIT THESE

- A first visit is fine — say so without apologizing
- Mention one real thing you saw, ate, or did, not a guidebook line
- If you've been before, say what brought you
- Keep it short and warm; this is still the doorway

### A STRONG ANSWER

> It’s actually my first time in the city! After the interview, I’m meeting up with my college roommate, who lives here. He’s going to show me around downtown, and we’re grabbing lunch at Bob’s Pizza, which he swears is the best pizza in the city. I’m looking forward to exploring!
>
> A real plan with a real person, and curiosity about the city rather than a rehearsed compliment.

### A WEAK ANSWER

> Yes, it's my first time here. I flew in last night. It seems like a really nice city from what I've seen, and I've read that there's a lot to do here and the people are really friendly. I'm excited to explore more.
>
> Nothing in it could only have been said about this city.

### THE TRAP

Pretending to know the city better than you do, or reciting its tourism page. Your interviewer probably lives there, the rehearsed version is obvious, and a genuine first impression is far more interesting.

### POSSIBLE FOLLOW-UP QUESTIONS

- *“What's your first impression?”*
- *“Did you get a chance to explore at all last night?”*

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## 5 How has your interview season been going so far?

### WHAT THEY'RE ACTUALLY ASSESSING

A professional opener that doubles as a soft probe — they learn how far along you are, and whether you can discuss a demanding process without complaining about it.

### HOW TO STRUCTURE IT

Answer briefly and evenly → one specific, positive observation about the process → turn it back toward being here today.

### HIT THESE

- Give a real sense of where you are without listing every school
- Speak about the process with perspective rather than exhaustion
- Mention something you've genuinely learned from interviewing
- Close by connecting it to this school

### A STRONG ANSWER

> It’s been a good experience. This is my third interview, and each one has helped me reflect on what I would bring to a dental school class. I am surprised to see so many applicants coming right from college. I worked as an accountant before pursuing dentistry. I’m excited to bring the attention to detail and teamwork I developed in that role into dental school, and I’m glad to be here today.
>
> Turns the season into something he has noticed about himself, not something that has worn him down.

### A WEAK ANSWER

> It's been okay. This is my fourth one, and I have two more in December, so there's been a lot of travel and a lot of hotels. I'm pretty tired, honestly. I'll be glad when it's over and I can just find out where I'm going and start planning my life.
>
> Honest, and it tells her you'd rather be finished than here.

### THE TRAP

Two failure modes. Treating it as a chance to name-drop every interview you've been offered, which reads as leverage. Or sounding worn down by it, which reads as someone who would rather be elsewhere.

### POSSIBLE FOLLOW-UP QUESTIONS

- *“What have you learned about yourself from the process so far?”*
- *“Has anything about it surprised you?”*
- *“How many schools did you apply to?”*
- *“How many interviews have you had?”*

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## 6 Do you have anything fun planned after this interview?

### WHAT THEY'RE ACTUALLY ASSESSING

Whether you can relax into a normal conversation, and whether there's a life outside the application — the kind of person classmates and patients would enjoy being around.

### HOW TO STRUCTURE IT

A short, honest answer → one specific detail that shows who you are → a light hand-back.

### HIT THESE

- Anything real counts: a meal, a friend, a long nap, the flight home
- One specific detail makes it human
- Keep it under twenty seconds
- If nothing is planned, say what you're looking forward to instead

### A STRONG ANSWER

> I do. My mom drove up with me. My mom and I are getting lunch at the Ramen place down the street before we head back. She knows this school is my top choice, so she'll be excited to hear about the interview day.
>
> A real plan, a real person, and the school named as the favourite without any pushing.

### A WEAK ANSWER

> Not really. I'm probably just going to head back to the hotel and go over my notes, since I have another interview on Friday and I want to make sure I'm prepared for that one too. Maybe I'll grab dinner somewhere nearby.
>
> Answers a question about fun with more preparation.

### THE TRAP

Turning it into another answer about dentistry — 'I'm going back to review my notes for Friday's interview.' It sounds like you never switch off, which is exactly the worry about students who burn out.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Oh, nice — how did you find that?"*
- *"Is that a tradition for you after these?"*
- *Motivation for Dentistry*

# Motivation for Dentistry

**11 questions · aim for about 1:50 per answer**

Why this field, why now, and whether your reasons survive follow-up.

## 7 Why do you want to be a dentist?

**WHAT THEY'RE ACTUALLY ASSESSING**

The single most important question in the interview. They're testing whether your reason is specific, personal, and durable — or borrowed from a website.

**HOW TO STRUCTURE IT**

Open with the specific moment or experience that started it → what you saw or did that confirmed it → the thesis of what actually pulls you to this work.

**HIT THESE**

- Anchor it in a real experience with a place and a person in it
- Name what specifically about dentistry, not 'helping people' — that's medicine, nursing, and social work too
- Include something about the hands, the autonomy, or the continuity of care
- Make sure it matches your personal statement

**A STRONG ANSWER**

My mom is a dental assistant, and when I was young, she would sometimes bring me to her office. I loved watching the dentist interact with his patients. He treated the same families year after year, and I could see how much they trusted him. I was also fascinated by the hands-on nature of dentistry. I watched him take patients who were in pain and provide treatment that made an immediate difference in their lives. And I admired that he ran his own practice and had the freedom to shape how he cared for his patients. What attracted me to dentistry was that it brought together three things I really value: building long-term relationships, working with my hands to help people, and having the opportunity to run my own business. Seeing all three of those things in one profession made me realize that dentistry was a career I could genuinely see myself enjoying for the rest of my life.

**OR**

I currently work as a registered nurse, where I've seen firsthand how often oral health is overlooked in the hospital, despite its importance to overall health. I became so passionate about this issue that I developed a project to improve oral hygiene among hospitalized patients. The project was successful, increasing oral hygiene compliance by 35%. That experience made me realize I wanted to do more than advocate for oral health; I wanted to be the person directly providing that care. Dentistry would allow me to combine my medical background with hands-on clinical skills, build long-term relationships with patients, and help prevent and treat oral disease. Nursing opened my eyes to the importance of oral health, but dentistry is where I see myself making a lasting impact.

Two answers that both work. One arrives at three named reasons from a specific room; the other comes through nursing, with a result attached.

**A WEAK ANSWER**

I've always loved science and I like working with my hands, so dentistry felt like a natural fit for me. I want a career where I can help people directly and see the results of what I do. Shadowing confirmed it. I really enjoyed being in that environment and seeing the difference the dentist made in people's lives.

> True for ten thousand applicants this year and memorable for none.

### THE TRAP

The trifecta of death: 'I like science, I like working with my hands, and I want to help people.' It's true for ten thousand applicants and memorable for none. Also fatal — contradicting your own personal statement, which is sitting open in front of them.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"You said you want to help people. So does a nurse, a teacher, a physician. Why specifically dentistry?"*
- *"Was there one moment where you thought — yes, this is it?"*

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## 8 Why dentistry and not medicine?

### WHAT THEY'RE ACTUALLY ASSESSING

Whether you chose dentistry actively or landed there by elimination. They can tell the difference instantly.

### HOW TO STRUCTURE IT

Affirm respect for medicine → name the specific structural differences that drew you → tie to something you observed firsthand.

### HIT THESE

- Speak positively about dentistry rather than negatively about medicine
- Name real distinctions: immediate visible outcomes, procedure-based care, long-term patient relationships, practice autonomy
- Ground it in shadowing you actually did in both, if you did

### A STRONG ANSWER

> As a freshman in college, I shadowed a family medicine physician and a general dentist. Both were great experiences. But with the dentist, I really loved what I saw. I watched her provide immediate pain relief with a hands-on dental procedure, a pulpotomy. I thought “how cool to help someone like that, get rid of their pain, immediately, with your hands”. And I saw her seat a crown that she had prepped three weeks earlier, on a man whose two kids she also treats. That shadowing experience confirmed that dentistry is a great fit for me.
>
> Chooses dentistry for two things he watched it do, not for anything medicine lacks.

### A WEAK ANSWER

> I have a lot of respect for medicine, but dentistry is a better fit for the kind of life I want to build. The hours are more predictable, and I like the idea of running my own practice one day rather than working inside a big hospital system. The patient relationships seem better too, since you see people regularly.
>
> Leads with the schedule, which reads as optimizing rather than choosing.

### THE TRAP

'Better lifestyle' or 'better hours' as your lead reason. It may be part of the truth, but leading with it tells them you're optimizing rather than committed. Equally bad: implying dentistry is medicine's easier cousin.

### POSSIBLE FOLLOW-UP QUESTIONS

- *“Be honest with me. Is lifestyle part of it?”*
- *“Did you ever seriously consider medicine, or was it always dentistry?”*

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## 9 When did you first become interested in dentistry, and what confirmed it for you?

### WHAT THEY'RE ACTUALLY ASSESSING

The arc of your commitment. Curiosity is common; confirmation through real exposure is what they're looking for.

### HOW TO STRUCTURE IT

The origin moment → what you did about it → the specific experience that turned interest into certainty.

### HIT THESE

- Separate the spark from the confirmation — they're different moments
- Show action taken between them: shadowing, assisting, research, volunteering
- Name what you saw that could have turned you off but didn't

### A STRONG ANSWER

Both of my parents are dentists. My mom is a periodontist, and my dad is a general dentist. Growing up, I often heard them talk about cases at the dinner table. I could tell how much they enjoyed solving problems, planning treatment, and working with their hands. Their enthusiasm was what first sparked my interest in dentistry. What really confirmed that interest was a mission trip to Ghana when I was 16. I went with my parents as they provided dental care in underserved communities, and it was the first time I had seen dental procedures up close. Watching them relieve someone's pain and make an immediate difference showed me what their work could mean to a patient. That trip helped me realize dentistry wasn't just something I had grown up around. It was something I genuinely wanted to pursue myself.

Separates the spark from the thing that confirmed it, and the confirmation is her own, not her parents'.

### A WEAK ANSWER

I broke my front tooth in a bike accident when I was fifteen, and the dentist who fixed it did such a good job that nobody could tell afterward. I remember looking in the mirror and being amazed that it just looked like my face again. That's when I knew I wanted to do this, and I've been working toward it ever since.

A good origin story that ends exactly where the answer should start.

### THE TRAP

Stopping at the origin story. 'I had braces and loved my orthodontist' is where the answer starts, not where it ends. Without the confirmation half, you sound like a fourteen-year-old.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"That's when it started. What confirmed it?"*
- *"Was there ever a point you doubted it?"*

## 10 What experiences have most prepared you for dental school?

### WHAT THEY'RE ACTUALLY ASSESSING

Self-assessment and evidence. They want to see you connect specific experiences to specific demands of the program.

### HOW TO STRUCTURE IT

Name two or three experiences → what each one built in you → how that maps to a real demand of dental school.

### HIT THESE

- Choose variety: something clinical, something academic or manual, something interpersonal
- For each, name the transferable capacity explicitly
- Include at least one thing that was genuinely hard

### A STRONG ANSWER

> Two experiences have prepared me in different ways. Taking ceramics classes on Sunday mornings taught me patience and how much practice it takes to make something both useful and precise. Working as an organic chemistry teaching assistant taught me to explain difficult ideas in ways other people can understand. I expect to draw on both skills in dental school, especially in the simulation lab and when talking with patients.
>
> Two experiences, each converted into something dental school will actually ask her to do.

### A WEAK ANSWER

> I majored in chemistry and taught high school for six years. I've also volunteered at a food bank, shadowed two different dentists, and tutored on the side. I was on the leadership team at my school and I ran our science fair three years running. I think all of that has prepared me for the workload and the responsibility of dental school.
>
> A list they already have, with no interpretation attached to it.

### THE TRAP

Reciting your résumé chronologically. They have your résumé. What they don't have is your interpretation of it.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Which of those was hardest, and what did it cost you?"*
- *"What are you still not prepared for?"*

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## 11 Tell me about your shadowing. What surprised you?

### WHAT THEY'RE ACTUALLY ASSESSING

Depth of exposure and whether you were actually paying attention or just logging hours.

### HOW TO STRUCTURE IT

Brief context on where and how long → the specific thing that surprised you → what it changed in your understanding.

### HIT THESE

- Name a real surprise, including an unglamorous one
- Show you watched the human dynamics, not just the procedures
- Mention something you saw the dentist handle badly or find difficult — it proves you were awake

### A STRONG ANSWER

> I've spent eighty hours shadowing a general dentist outside Bakersfield, mostly Tuesdays. Two things surprised me. He watched patients' hands more than their faces. He told me hands tell you somebody is about to panic a full minute before the eyes do. And he remade a crown at his own cost because the margin wasn't right, and he was genuinely irritated about it for the rest of the morning. I'd assumed that stopped happening once you had twenty years in. It doesn't.
>
> Watched the human dynamics, and watched the dentist have a bad morning.

### A WEAK ANSWER

> I shadowed a general dentist for about eighty hours last year. Honestly, the thing that surprised me most was how much I loved it. I thought I might find some of it repetitive, but every patient was different and the days went by fast. It really confirmed for me that this is what I want to be doing.
>
> That isn't a surprise; it's a compliment he's paying himself.

### THE TRAP

'I was surprised how much I loved it.' That's not a surprise, that's a compliment to yourself. Real surprises sound like: how much of the job is talking people down, how physically demanding the posture is, how often the ideal treatment plan loses to what a patient can afford.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"What did you see that you didn't like?"*
- *"How many hours, and over what stretch of time?"*
- *"What is your favorite dental procedure?"*

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## 12 What's the most rewarding thing you've watched a dentist do?

### WHAT THEY'RE ACTUALLY ASSESSING

Your values, revealed through what you noticed and remembered.

### HOW TO STRUCTURE IT

Set the scene in one sentence → what happened → why it stayed with you.

### HIT THESE

- Pick a specific patient and moment, not a category of work
- Include the human reaction, not just the clinical outcome
- Say plainly what it told you about the job

### A STRONG ANSWER

> The patient was actually my grandmother. My grandmother had a denture for years that never fit right. We took her to a new dentist, who spent a lot of time marking, grinding, and adding to the denture. Afterwards, it fit so much better. My grandmother ate a sandwich at lunch that day, instead of the usual pureed food. She was so happy.
>
> An unglamorous appointment, one specific person, and the reaction is the point.

### A WEAK ANSWER

> The most rewarding thing I saw was a full-mouth reconstruction. The patient came in with a lot of damage and after several long appointments the transformation was incredible. Seeing the before and after photos side by side really showed me how much of an impact dentistry can have on someone's confidence and quality of life.
>
> Impressive case, borrowed sentiment; the photographs are doing all the work.

### THE TRAP

Choosing the flashiest procedure. A full-mouth rehab is impressive; a dentist spending twenty minutes getting a terrified patient to sit down is more revealing about what you value.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Why did that one stay with you and not the others?"*
- *"What did the patient say?"*

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## 13 What do you think is the hardest part of being a dentist, and are you ready for it?

### WHAT THEY'RE ACTUALLY ASSESSING

Clear-eyed realism. Applicants who only see the upside worry admissions committees.

### HOW TO STRUCTURE IT

Name a real difficulty → evidence you've seen it up close → honest assessment of your readiness and what you're still building.

### HIT THESE

- Pick something substantive: patient anxiety, the physical toll, running a business, isolation, the weight of causing pain
- Show you've observed it, not just read about it
- Be honest that you're not fully ready — nobody is

### A STRONG ANSWER

> One challenge I take seriously is the physical strain of dentistry. My aunt is a dentist, and I've seen how persistent her back and neck pain has been, even after she stopped practicing. I know good posture can't eliminate every risk, but I want to build healthy ergonomic habits from the start, ask for feedback on how I work, and take the physical demands of the profession seriously.
>
> A real cost, seen up close in the family, and a habit he can start in first year.

### A WEAK ANSWER

> I think the hardest part is the workload. Dental school is demanding, and then you're running a business on top of treating patients all day. It's a lot of hours for a long time. I've always been a hard worker, though. I carried a full course load while working thirty hours a week, so I'm confident I can handle it.
>
> Names studying as the difficulty, then declares himself already finished.

### THE TRAP

Naming a fake difficulty like 'the long hours of studying.' Also, claiming total readiness. The confident answer here is the honest one.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Have you actually seen that happen? Tell me about it."*
- *"On a scale from one to ten, how ready are you for it?"*

## 14 Where do you see yourself in ten years?

### WHAT THEY'RE ACTUALLY ASSESSING

Whether you have a direction without being rigidly attached to a plan you can't yet make.

### HOW TO STRUCTURE IT

Paint a concrete picture → name what's flexible and what isn't → connect to the training you're asking for.

### HIT THESE

- Be specific enough to be real: setting, patient population, kind of practice
- Name the values driving it rather than just the job title
- Leave honest room for the field to change you

### A STRONG ANSWER

> I'll be working as a dentist, in a private practice that I own, in my hometown. We have a shortage of dentists in the area, especially dentists who accept Medicaid, so I would love to fill that void. For what kind of dentist I'll be. Like periodontist, endodontist, general dentist. That is still to be determined. I'm excited to learn more about each speciality in dental school.
>
> A concrete picture of the practice, and she says plainly which part is still open.

### A WEAK ANSWER

> In ten years I see myself as a practice owner with a well-established patient base, hopefully with an associate working alongside me by then. I'd like to be involved in my community and maybe mentor students coming up behind me. Mostly I want to be genuinely good at what I do and have a practice I'm proud of.
>
> A picture with no place in it; anyone here could have said it.

### THE TRAP

Either extreme. 'I have no idea' reads as drift; a rigid ten-year plan with revenue targets reads as someone who won't learn from the next four years.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"What would have to be true for that to happen?"*
- *"And what if it doesn't go that way?"*

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## 15 What will you do if you're not admitted anywhere this cycle?

### WHAT THEY'RE ACTUALLY ASSESSING

Resilience and commitment. Also a gentle stress test — some applicants visibly deflate.

### HOW TO STRUCTURE IT

Answer without flinching → concrete plan → what it says about your commitment.

### HIT THESE

- Have an actual plan: strengthen a specific weakness, gain clinical hours, retake the DAT
- Don't get defensive or treat the question as an insult
- Make clear you'd reapply, and say why

### A STRONG ANSWER

I'd continue working at the lab, while I make my dental school application stronger. I have a list of 10 dentists in the area, who I plan to visit and ask if they would allow me to shadow. I would study for the DAT with a different preparation tool, and plan to retake the DAT in the fall. And I'll apply to dental schools even earlier in the year next time. I'm determined to be a dentist, and I'll do what it takes to get there.

A plan with named steps — the shadowing list, a different DAT prep, an earlier application — and no flinching at the question.

### A WEAK ANSWER

That would be really disappointing, but I'd take some time to figure out what went wrong and then reapply. I'm committed to this. It's what I've been working toward for years and I honestly don't have a plan B. I'd do whatever it takes to come back as a stronger applicant next cycle.

Whatever it takes isn't a plan, and no plan B isn't resilience.

### THE TRAP

'I haven't thought about that.' It reads as either arrogance or avoidance. Committees like applicants who can face a hard scenario calmly — that's the same skill as facing a complication chairside.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"What specifically would you change about your application?"*
- *"How many cycles would you keep trying?"*

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## 16 If dentistry didn't exist, what would you do instead?

### WHAT THEY'RE ACTUALLY ASSESSING

What's underneath the choice. The answer often reveals your real motivation more honestly than 'why dentistry' does.

### HOW TO STRUCTURE IT

Name the alternative → the thread it shares with dentistry → back to why dentistry captures it best.

### HIT THESE

- Pick something you'd genuinely enjoy, not a strategic answer
- Identify the common thread explicitly
- Use it to reinforce rather than undercut your commitment

### A STRONG ANSWER

> If dentistry weren’t an option, I would likely become a dermatology physician assistant. Dermatology appeals to me for many of the same reasons as dentistry: it combines aesthetics, function, and hands-on patient care. Dentistry is more procedure-focused than dermatology, which really appeals to me and is one of the reasons dentistry is a better fit for me.
>
> Names a real second choice, says what the two have in common, and uses the difference to explain the first choice.

### A WEAK ANSWER

> That's a tough one. Honestly, I can't really picture doing anything else. Dentistry is the only thing I've seriously considered, and everything I've done for the last four years has been pointed at it. I guess if I absolutely had to pick something, maybe teaching or research, but it wouldn't be the same thing at all.
>
> Sounds devout, dodges the question, and tells her nothing about him.

### THE TRAP

Refusing to engage — 'I can't imagine doing anything else' sounds devout but dodges the question. They asked a hypothetical; answer it.

### POSSIBLE FOLLOW-UP QUESTIONS

- *“What do those two things have in common for you?”*
- *“Would you have been happy doing that?”*

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## 17 Who has most influenced your decision to pursue dentistry?

### WHAT THEY'RE ACTUALLY ASSESSING

Your capacity for mentorship, gratitude, and learning from other people.

### HOW TO STRUCTURE IT

Who they are and your relationship → the specific thing they did or said → what you took from it.

### HIT THESE

- One person, not a list
- One concrete moment rather than general admiration
- Name what you're carrying forward from them

### A STRONG ANSWER

My childhood orthodontist. I remember I did not want braces, I was scared of them. My orthodontist was great, he always told me what he was going to do first, then he would show me what he's going to do by demonstrating on himself, and then would do the actual work on me. Once I was less scared, I became interested in the science, and art, and planning of what he was doing. It inspired me to become a dentist.

One person, one habit described exactly, and what it turned into.

### A WEAK ANSWER

My grandfather was a dentist, so I grew up around it. I'd go to his office after school and he'd let me look at the models and hold the mirror while he explained things. He loved his job and his patients clearly loved him. Seeing that up close for years is a big part of why I want the same kind of career.

Explains how she was exposed to dentistry, not what changed her mind.

### THE TRAP

Naming a family member and stopping there. 'My uncle is a dentist' explains exposure, not motivation. The influence has to be something they did that changed how you think.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"What's one thing they said that you still think about?"*
- *"Do they know you're applying?"*
- *Specializing vs. General*

# Specializing vs. General

**5 questions · aim for about 1:40 per answer**

Where you think you're headed, and whether you understand what that path actually costs.

## 18 Do you want to specialize, or practice general dentistry?

**WHAT THEY'RE ACTUALLY ASSESSING**

Self-knowledge and honesty. Some schools are also quietly assessing fit with their program's strengths.

**HOW TO STRUCTURE IT**

Your honest current leaning → what's driving it → what would change your mind.

**HIT THESE**

- It's fine to be undecided if you say what you'd use school to decide
- If you have a leaning, ground it in a real experience
- Show respect for general dentistry regardless of your answer

**A STRONG ANSWER**

> I'm leaning towards orthodontics. I coordinated treatment at an orthodontic office for four years and I watched thirteen-year-olds change how they carried themselves over eighteen months. But I'm open to changing. Something I'm looking forward to as a dental student is learning about the other specialties and the varieties of procedures a general dentist can do.
>
> A leaning earned over four years, and an open mind stated as curiosity rather than hedging.

**A WEAK ANSWER**

> I'm leaning toward orthodontics. I've been drawn to it for a while and I like the focused scope and the patient population you work with. That said, I'm keeping an open mind through school, and if it doesn't work out I'd be perfectly happy practicing general dentistry.
>
> Makes general dentistry the consolation prize, in a room of general dentists.

**THE TRAP**

Dismissing general dentistry as a fallback. Most of the faculty in the room are general dentists, and the field's identity is built on it.

**POSSIBLE FOLLOW-UP QUESTIONS**

- *"What specifically draws you there?"*
- *"How much do you actually know about that specialty's training path?"*

## 19 If you were to specialize, which one — and what makes you say that?

### WHAT THEY'RE ACTUALLY ASSESSING

Whether your interest is grounded in real exposure or in prestige and income figures you read online.

### HOW TO STRUCTURE IT

Name the specialty → the specific experience that pointed you there → what about the work itself fits you → honest acknowledgment that it may change.

### HIT THESE

- Name one specialty rather than hedging across three
- Tie it to something you actually saw or did
- Talk about the nature of the work, not the salary or the schedule
- Say plainly that dental school may redirect you

### A STRONG ANSWER

> Periodontics, and it came from an odd direction. I worked in an optometry practice for three years. I didn't necessarily love optometry itself, but I did love that optometry involved the same patient coming back while something about their condition slowly changes. Then I shadowed a periodontist on Thursdays for four months, and I saw the parallels between optometry and periodontics. Perio involves managing a chronic disease with one person over years instead of fixing one thing once. That appeals to me. Plus implants are so exciting.
>
> Real exposure, and the appeal is the long relationship rather than the procedure.

### A WEAK ANSWER

> Probably oral surgery. I've always been drawn to the surgical side of medicine, and I like the idea of doing procedures that genuinely change someone's life. It also seems like the most challenging path, and I want to be pushed. That said, I'm keeping an open mind, because I know a lot can change once I'm actually in school.
>
> Prestige with nothing behind it. The obvious follow-up ends this in one move.

### THE TRAP

Naming oral surgery or orthodontics with nothing behind it but reputation. Faculty hear this constantly and the follow-up — 'what does a Tuesday look like in that specialty?' — ends it fast.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"What does a Tuesday look like in that specialty?"*
- *"Have you shadowed in it, or is this from reading?"*

---

## 20 Specialty programs mean two to six more years and often more debt. Are you prepared for that?

### WHAT THEY'RE ACTUALLY ASSESSING

Financial and time realism. Applicants who say 'specialist' without having done the arithmetic worry committees.

### HOW TO STRUCTURE IT

Show you know the actual length and cost → your honest assessment → how you'd decide it's worth it → flexibility if it isn't.

### HIT THESE

- Know real numbers: ortho and pediatrics roughly 2–3 years, OMFS 4–6 with an MD track
- Acknowledge some residencies pay a stipend and others charge tuition
- Be honest about compounding debt and delayed earning
- Say what would make you choose general practice instead

### A STRONG ANSWER

> I'm interested in oral and maxillofacial surgery, and I understand that residency would mean another four to six years of training after dental school. That is a serious commitment, especially with the possibility of additional debt and delayed earnings. I'd want to learn more about the day-to-day work and the finances before deciding. If I still love the work after meaningful exposure in dental school, I'd be willing to make that investment.
>
> Knows the length and the cost, and makes the commitment conditional on real exposure first.

### A WEAK ANSWER

> Yes, I've thought about it and I'm prepared for it. I know it's a longer road and more debt, but if that's what it takes to do the work I want to do, then it's worth it to me. I've never been someone who takes the shortest path anyway. I'd rather train longer and be genuinely good at what I do.
>
> Enthusiasm standing in for arithmetic; the trade-off never actually gets named.

### THE TRAP

Waving it off with 'it'll be worth it.' The strong answer names the trade-off out loud and still chooses — that's judgment, not enthusiasm.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Do you know how long that residency actually is?"*
- *"Would you still do it if it added two hundred thousand in debt?"*

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## 21 What do you actually know about the day-to-day of that specialty — not the highlights?

### WHAT THEY'RE ACTUALLY ASSESSING

Depth of exposure. It's the standard follow-up that separates genuine interest from a label.

### HOW TO STRUCTURE IT

Describe a real day → the unglamorous parts → what you'd find hard → why you still want it.

### HIT THESE

- Describe the routine volume, not the rare interesting case
- Name the difficult parts: repetition, referral dependence, on-call, running a business, working on frightened kids
- Say where you got this understanding — who you shadowed
- Show the appeal survives the reality

### A STRONG ANSWER

> I've spent 50 hours shadowing an endodontist. He did some really cool work. Root canals on molars with crazy curved canals. But a lot of his day to day work is not glamorous. It's repetition of the same procedure over and over, it's dependence on referrals from general dentists, it's taking call at night, it's running a small business where people call out of work, and it's working on frightened patients.
>
> Repetition, referral dependence, night call and the business side — and the appeal survives all of it.

### A WEAK ANSWER

> Orthodontics is incredible because you get to see a complete transformation. I shadowed an orthodontist and watched a patient get her braces off, and the way she looked in the mirror afterward is something I'll never forget. That long-term relationship with a patient, and being able to hand somebody that kind of confidence, is really what draws me to it.
>
> The debond moment — the one day in three years that isn't the actual job.

### THE TRAP

Describing only the exciting cases. Every specialty is mostly routine, and knowing which routine you'd happily do for thirty years is the actual question.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"What's the boring part of that specialty?"*
- *"What would you find hardest about it?"*

---

## 22 What if you get to third year and find you love general dentistry instead?

### WHAT THEY'RE ACTUALLY ASSESSING

Flexibility, and whether you respect general practice — which most of your interviewers are in.

### HOW TO STRUCTURE IT

Say honestly that it's possible → what you'd find appealing about general practice → how you'd decide → no disappointment in your tone.

### HIT THESE

- Treat it as a genuinely good outcome, not a consolation prize
- Name what's attractive about general dentistry: breadth, continuity, autonomy, ownership
- Show you'd let clinical experience inform the decision
- Keep enthusiasm in your voice

### A STRONG ANSWER

> I'd be excited about that. General dentistry offers a wide range of procedures and the chance to care for patients over many years. I'd use my clinical experiences in dental school to figure out which kind of work suits me best. Discovering that I love general dentistry would be a great outcome, not a backup plan.
>
> Treats general practice as a good outcome, naming the breadth and the long patient relationships.

### A WEAK ANSWER

> That would be completely fine with me. I'm going in with an open mind, and if I end up in general dentistry I'd be very happy — general dentists are the backbone of the profession. My real goal is just to be a good clinician wherever I land, so I think I'd make peace with it either way and do good work.
>
> 'Make peace with it' and 'backbone of the profession' both leak that it's second-best.

### THE TRAP

Any hint that general dentistry would be settling. It's the single fastest way to alienate a room of general dentists, and they will notice the hesitation before they notice your words.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Would you be disappointed?"*
- *"What's appealing about general practice to you?"*
- *Your Background & Path*

# Your Background & Path

**5 questions · aim for about 1:40 per answer**

Dental assisting, research, grad school, a career before this — what you've actually done and what it built.

## 23 Have you ever worked in a dental office? Tell me about your role.

**WHAT THEY'RE ACTUALLY ASSESSING**

Real exposure versus observation. Applicants who've assisted or worked front desk know things shadowers don't, and it shows immediately.

**HOW TO STRUCTURE IT**

The role and how long → what you were actually responsible for → the hardest part → what it taught you about the profession.

**HIT THESE**

- Be precise about the job: assistant, sterilization, front desk, lab, scheduling, insurance
- Say what you were trusted to do independently
- Name something difficult or unglamorous you handled
- If you haven't worked in one, say so plainly and describe your closest equivalent exposure

**A STRONG ANSWER**

> Front desk, then insurance coordinator, at a four-chair practice for two years. I was never chairside, I'm not certified and my state is specific about that. What I owned was verification, treatment plan estimates, and the recall list. Which is an important part of a dental practice.
>
> Precise about what she was not allowed to do, then concrete about what she owned.

**A WEAK ANSWER**

> Yes, I worked at a dental office for about a year. I did a little bit of everything — I helped with patients, assisted the doctor when she needed an extra pair of hands, and covered the front office too. It was a great experience and I learned so much about how a practice actually runs day to day.
>
> 'A little bit of everything,' and the assisting claim invites a question she can't survive.

**THE TRAP**

Inflating the role. Faculty know exactly what an unlicensed assistant is allowed to do in their state, and overclaiming is worse than a modest, honest answer.

**POSSIBLE FOLLOW-UP QUESTIONS**

- *"What were you actually allowed to do yourself?"*
- *"What was the hardest part of that job?"*

## 24 What did working in that office teach you that shadowing never could?

### WHAT THEY'RE ACTUALLY ASSESSING

Whether you understand dentistry as a business and a workplace, not just a set of procedures.

### HOW TO STRUCTURE IT

Name the insight → the specific situation that produced it → how it changed your view of the career.

### HIT THESE

- Go behind the clinical: scheduling pressure, insurance denials, no-shows, staff turnover, collections
- Describe how the dentist handled a bad day
- Mention what you learned about team dynamics and how staff get treated
- Connect it to the kind of practice you'd want to run

### A STRONG ANSWER

> The schedule is the whole business. If a patient cancels, or an assistant calls out, or a procedure goes longer than expected, that impacts everyone in the office. I learned clear communication with your team is the key to success.
>
> The insight is non-clinical and it is about the team, which is what the job actually runs on.

### A WEAK ANSWER

> Working there let me see so much more than shadowing did. I saw the full range of procedures, from cleanings all the way through root canals and extractions, and I got genuinely comfortable with the instruments and with the flow of an appointment. You just can't build that kind of familiarity standing in the corner for a few hours at a time.
>
> Still clinical observation — everything named here a shadower sees too.

### THE TRAP

Repeating clinical observations you could have gotten from shadowing. The whole value of having worked there is what you saw when the patient wasn't in the room.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"What did you see when the patient wasn't in the room?"*
- *"How did the dentist treat the staff?"*

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## 25 Have you done research? Walk me through the project and what was specifically yours.

### WHAT THEY'RE ACTUALLY ASSESSING

Whether you can explain technical work clearly to a non-expert — which is the same skill as explaining a treatment plan to a patient.

### HOW TO STRUCTURE IT

The question the project asked, in plain language → your specific contribution → what you found → what you'd do differently.

### HIT THESE

- Explain it as you would to a patient, with no jargon
- Be exact and honest about your own role
- State the finding, including if it was null
- Name a limitation of the study — it shows you understood it

### A STRONG ANSWER

> Yes. I worked on the impact of dental adhesives on longevity of restorations. We tested 5 different types of adhesives. My job for the first six months was cutting and mounting samples, about three hundred of them, and later I ran the machine that pulls until they fail. We found that one adhesive worked much better than the others. But I should say the research is funded by the company who makes the good adhesive, so you have to take the results with a grain of salt.
>
> An exact role, an honest result, and the limitation named before anyone has to ask for it.

### A WEAK ANSWER

> I worked in a biomaterials lab for about two years. We were investigating the shear bond strength of resin composites to dentin substrates under thermocycling conditions, using a universal testing machine and imaging the failure interface afterward. I was involved in the whole project from start to finish, and what we found was that the surface treatment made a significant difference in the results.
>
> Jargon a non-expert can't follow, and "involved in the whole project" hides the actual role.

### THE TRAP

Two failures. Drowning them in methodology so they can't follow, or overstating your role in someone else's project. If you washed glassware, say so and say what you learned watching.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Explain that to me like I'm a patient."*
- *"What was the limitation of the study?"*

---

## 26 You've done graduate work before this. Why come back for dental school now?

### WHAT THEY'RE ACTUALLY ASSESSING

Coherence of your path. They want a story that makes sense, not a series of pivots.

### HOW TO STRUCTURE IT

What drew you to the graduate work → what you gained → what was missing → why dentistry answers it → what you're bringing.

### HIT THESE

- Speak positively about the earlier path, not as a mistake
- Name specifically what was missing for you
- Show dentistry was a considered decision, not a retreat
- Name concrete skills you're carrying over: research literacy, teaching, statistics, discipline

### A STRONG ANSWER

> I took the epidemiology master's because I wanted to know why two counties an hour apart had such different health outcomes, and I still care about that. Then I spent two years on a state oral health survey. Through the survey, I learned about lack of patient understanding when it came to dental hygiene. I became motivated to change that. Patient education is one of the things I am most excited in my future career as a dentist.
>
> Honours the earlier path, names what was missing from it, and carries the work forward into dentistry.

### A WEAK ANSWER

> I finished a master's in epidemiology and then worked as a data analyst for two years. It was fine, but I realized fairly quickly that sitting in front of a spreadsheet all day wasn't for me. I wanted to work with people and actually see the result of what I do, so I decided to apply to dental school.
>
> "Wasn't for me" frames the master's as a dead end and dentistry as an escape.

### THE TRAP

Framing the earlier path as failure or as time wasted. It reads as someone who might frame dentistry the same way in five years.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Was it a hard decision to leave?"*
- *"What are you bringing from it?"*

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## 27 You've had another career. What made you change course, and what are you bringing with you?

### WHAT THEY'RE ACTUALLY ASSESSING

Maturity and motivation. Career changers are often strong applicants, and committees want the reasoning to be forward-looking.

### HOW TO STRUCTURE IT

Brief honest account of the previous career → the turning point → why dentistry specifically → the transferable strengths you bring.

### HIT THESE

- Speak respectfully about your previous field
- Name a genuine turning point rather than a vague drift
- Show you tested the decision with real exposure before committing
- Be concrete about what you bring: managing people, handling clients, running a P&L, working under deadline

### A STRONG ANSWER

> I spent several years inspecting bridges, and I genuinely enjoyed the precision and responsibility involved. When my father got an implant, I attended three appointments and was fascinated by how the dentist planned around the bone available. The problem-solving reminded me of engineering, but the patient care added something I wanted in my career. I shadowed a periodontist twice a week for a year, talked through the decision with my wife, and decided dentistry was worth returning to school for.
>
> A real turning point, a year of exposure before committing, and the old job owned as an asset.

### A WEAK ANSWER

> I spent eight years as a structural engineer doing bridge inspections. It was a good job and I learned a lot, but after a while it just wasn't fulfilling anymore. I wanted something more hands-on where I could help people directly, and dentistry seemed like the right fit for me. I know I'm older than most applicants, but I don't think that's a problem.
>
> "Wasn't fulfilling anymore" is a drift, not a turning point, and the age gets waved past.

### THE TRAP

Vagueness about why you left, or bitterness about the old field. Also — not addressing the elephant. If you're older, own it as an advantage rather than hoping nobody notices.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"What was the turning point?"*
- *"Do you worry about being older than your classmates?"*
- *Hand Skills & Dexterity*

# Hand Skills & Dexterity

**5 questions · aim for about 1:40 per answer**

Dental schools screen hard for fine motor ability, and most applicants answer this badly.

## 28 Some Canadian dental schools require you to carve a piece of soap into a specific shape, as part of the interview process. We don't do that here. But if we did, how do you think you would do?

### WHAT THEY'RE ACTUALLY ASSESSING

An honest, evidence-based read on your own manual dexterity, and how you talk about a skill you haven't been tested on. Overconfidence and panic both show up here.

### HOW TO STRUCTURE IT

Give a straight prediction → back it with something you've actually done with your hands → name what would be hard → how you'd prepare or adjust.

### HIT THESE

- Commit to an answer — 'I think I'd do reasonably well' is fine if you can back it up
- Point to real hand work: an instrument, art, repairs, lab technique, models
- Name the specific difficulty, like following a template, controlling depth, or not rushing
- Show you'd practice rather than rely on talent
- A little humor is welcome; this one is meant to be lighter

### A STRONG ANSWER

> I think I'd do reasonably well. I've been playing piano for 10 years, which requires hand skills and patience. When I started playing piano, I was terrible. I stuck with it and took lessons every week. I slowly got better and better. And now I'm confident in my piano skills and my fine motor skills in general. I would approach the soap carving the same way. If you gave me a week, I'd practice on a few bars from the drugstore with a timer running. Then I'd give it my best shot with the real soap.
>
> A straight prediction, ten years of evidence behind it, and a plan for the week before.

### A WEAK ANSWER

> I think I'd do really well. I've always been good with my hands and I'm very detail-oriented, so I don't think it would be a problem. I'm a fast learner with anything hands-on.
>
> A confident claim with nothing an interviewer could believe it from.

### THE TRAP

Either extreme. 'I'd be great, I'm very good with my hands' with no evidence invites them to doubt you, and 'Oh no, I'd be terrible' tells them you haven't thought about the most physical part of the job.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"What part of that do you think would trip you up?"*
- *"Have you ever actually tried carving something like that?"*

## 29 Do you have any hobbies that demonstrate your hand skills?

### WHAT THEY'RE ACTUALLY ASSESSING

Direct evidence of dexterity. Dental schools screen for this explicitly, and it's one of the few questions with a genuinely right kind of answer.

### HOW TO STRUCTURE IT

Name one or two hobbies → describe the specific precision each demands → how long you've done it → the connection to operative work.

### HIT THESE

- Anything genuinely counts: knitting, model building, instruments, calligraphy, painting nails, fly tying, soldering, baking, woodwork, suturing practice, video game aim
- Describe the physical demand in real terms — scale, tolerance, steadiness, repetition
- Say how long you've done it and how you got better
- Offer to show work if you have photos or brought something

### A STRONG ANSWER

> Hand embroidery. I work with small needles on cotton. Some of our knots, like a French knot, finish at about two millimeters. If the tension is off by a hair it sits crooked and you can see it from across a room. I do it about 5 hours a week. I've been doing hand embroidery for 6 years, and I'm so much better now than when I started.
>
> A named stitch, a tolerance in millimetres, hours a week, and six years of them.

### A WEAK ANSWER

> I've always been fairly crafty. I do a lot of art, mostly drawing and some painting, and I've done some crochet on and off. I used to bake a lot too, which takes a steady hand in its own way. I think all of that has helped my hand skills, and I'm confident it translates to the kind of detailed work dentistry asks for.
>
> A list of categories with no scale, no tolerance, and no evidence under any of it.

### THE TRAP

Naming a hobby you barely do because it sounds relevant. They will ask what gauge, what tools, how long — and vagueness is worse than saying 'my dexterity is untested, here's how I know I can learn.'

### POSSIBLE FOLLOW-UP QUESTIONS

- *"How long have you been doing that?"*
- *"What's the hardest thing you've made?"*

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## 30 Dentistry requires strong fine motor skills. How do you know you have the dexterity for this? What's your evidence?

### WHAT THEY'RE ACTUALLY ASSESSING

Whether you can make an evidence-based claim about yourself instead of asserting confidence.

### HOW TO STRUCTURE IT

State your evidence directly → name who observed it and what they said → acknowledge what's untested → describe how you'd close the gap.

### HIT THESE

- Lead with external evidence: a dentist who let you try something, a teacher's assessment, work you produced
- Mention the DAT perceptual ability section if you did well
- Be honest that operative dentistry is unlike anything you've done
- Name what you'd do in the sim lab to catch up

### A STRONG ANSWER

> Playing guitar for six years has helped me develop coordination, fine motor control, and the patience to repeat a difficult movement until I improve. I've also learned some drums and flute, which challenged my hands in different ways. I know none of that is the same as preparing a tooth, so I expect a learning curve. I'd approach the simulation lab the same way I approach music: practice deliberately, get feedback, and keep improving.
>
> Six years of evidence, an honest line where it stops, and a plan for the sim lab.

### A WEAK ANSWER

> I've always been good with my hands. I'm the person my family calls when something needs fixing, and I've never really had trouble with anything detailed or delicate. I've been assisting for three years now and I've watched hundreds of procedures, so I feel confident that I'd pick up the clinical side pretty quickly once I got started.
>
> The most common answer in the pile, and there is nothing standing behind it.

### THE TRAP

'I've always been good with my hands.' It's an assertion with nothing behind it, and it's the most common answer in the pile. Evidence beats confidence every time.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Who else has said that about you?"*
- *"What haven't you tested yet?"*

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## 31 Tell me about a physical skill you were genuinely bad at when you started. How long did it take to get good?

### WHAT THEY'RE ACTUALLY ASSESSING

Learning curve tolerance. Almost everyone is bad at handpiece work at first — they want to know how you behave during the bad part.

### HOW TO STRUCTURE IT

The skill → how bad you were, honestly → what your practice actually looked like → how long it took → where you got to.

### HIT THESE

- Pick something you were truly poor at, not falsely modest about
- Describe the practice concretely — hours, repetitions, over what period
- Name the moment it clicked
- Show you kept going without external pressure

### A STRONG ANSWER

> I used to be a terrible runner. Freshman year, everyone in my dorm signed up for a charity 5K, and I decided to join them. I ran it without any training and finished dead last in the entire race! That experience motivated me to improve. For the next year, I ran the four-mile route from my dorm to a nearby bridge and back every morning. At first, I had to walk most of it, but each day I could run a little farther. After six months, I was able to run the entire four miles without stopping. It taught me that consistent effort and determination can turn a weakness into a strength.
>
> Genuinely bad at the start, a route and a timeline, and the improvement is measured.

### A WEAK ANSWER

> When I first picked up guitar I wasn't very good at it. My chord changes were slow and my fingers hurt, but I kept at it a few times a week and after a few months it started coming together. Now I play regularly and I can get through songs I never thought I'd manage when I started out.
>
> "Wasn't very good at first" is the polite version of being basically fine at it.

### THE TRAP

Picking something you were naturally decent at. The question is specifically about being bad, and dodging it suggests you haven't been bad at anything recently — which dental school will fix in about three weeks.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"How many hours did that take?"*
- *"What made it finally click?"*

## 32 You'll be working upside down, in a mirror, in a two-inch space, for hours. How do you think you'll handle that?

### WHAT THEY'RE ACTUALLY ASSESSING

Whether you've thought about the physical reality of the job rather than an abstraction of it.

### HOW TO STRUCTURE IT

Show you understand what indirect vision actually means → any experience you have with it → honest expectation of the learning curve → the physical toll and how you'd manage it.

### HIT THESE

- Name indirect vision specifically — mirror work reverses everything and it is genuinely disorienting
- Mention ergonomics, loupes, posture, and career-long back and neck injury in dentists
- Say honestly that you expect to be bad at first
- Describe your plan: repetition, feedback, early ergonomic habits

### A STRONG ANSWER

I expect indirect vision to be difficult at first. Working through a mirror changes how movements look, and maintaining good posture for long procedures takes practice too. Shadowing showed me how often dentists rely on the mirror. I'd start with careful repetition, ask instructors to correct my technique early, and build ergonomic habits before poor ones become automatic.

Expects to be bad at first, names what makes it hard, and knows the mirror is in every procedure.

### A WEAK ANSWER

I've thought about that, and honestly I think I'd be fine with it. I'm a patient person and I can focus for long stretches without getting restless. I'm sure there's an adjustment period at the start, but I'm not really worried about it. I think it's one of those things you just get used to after enough repetition.

Pure confidence about a skill that nobody on earth is naturally good at.

### THE TRAP

Answering with pure confidence. Nobody is naturally good at mirror work, and claiming you will be tells them you don't yet know what you're describing.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Have you ever worked in a mirror before?"*
- *"What's your plan when you're bad at it in week one?"*
- *Personal & Self-Awareness*

# Personal & Self-Awareness

**14 questions · aim for about 1:50 per answer**

Do you know yourself? Can you talk about weakness without spin?

## 33 Tell me about yourself.

**WHAT THEY'RE ACTUALLY ASSESSING**

Almost always the opener. They're assessing whether you can be interesting, organized, and human in ninety seconds under pressure.

**HOW TO STRUCTURE IT**

Three to five threads that paint a full picture — where you're from, what you do, what you love, something unexpected — then land on how it connects to dentistry.

**HIT THESE**

- Keep it to 90–120 seconds
- Lead with a person, not a credential
- Include at least one thing that isn't on your application
- Finish with the connection to dentistry — don't start there

**A STRONG ANSWER**

> I’m from Boston, I still live there with my boyfriend and our golden retriever. I am naturally curious and I love working with my hands. I’m passionate about cooking. I actually took a Thai cooking class last month, and I can now make a pretty great pad Thai at home! I currently work at the front desk of a dental office just outside the city. I’ve really enjoyed being part of the dental team, and I’m excited to take the next step toward working directly with patients.
>
> Threads that are actually hers — the cooking class, the dog, the front desk — with dentistry last.

**A WEAK ANSWER**

> Sure. I grew up in Sacramento and went to high school there, then studied biology at the state university. In college I joined the pre-dental club and did research for two semesters. After graduating I took a gap year to work and study for the DAT. I've wanted to be a dentist since I was about six years old.
>
> A resume read aloud, then the least memorable sentence in the room.

**THE TRAP**

Two classic wrecks. The chronological march from birth through college, which is a résumé read aloud. And opening with 'I've wanted to be a dentist since I was six,' which spends your most memorable moment on your least memorable sentence.

**POSSIBLE FOLLOW-UP QUESTIONS**

- *“Pick one of those and go deeper.”*
- *“What did you leave out?”*

## 34 What's your greatest strength?

### WHAT THEY'RE ACTUALLY ASSESSING

Self-awareness and whether you can support a claim with evidence.

### HOW TO STRUCTURE IT

Name one strength precisely → a specific story that demonstrates it → why it matters for dentistry specifically.

### HIT THESE

- One strength, named in plain words
- Prove it with an incident, not adjectives
- Connect it to clinical or patient work

### A STRONG ANSWER

One of my strengths is making people feel comfortable. As a dental assistant, I once worked with a patient who had avoided the dentist for 15 years because of severe dental anxiety. I started by making small talk and, more importantly, really listening to him. As he became more comfortable, he opened up about his fear and explained that needles were his biggest concern. With that understanding, I was able to be more mindful of his anxiety during treatment, particularly by keeping needles out of his line of sight. He ultimately received the dental care he needed, and I documented his concerns in his chart so the team could provide personalized care at future visits. That experience reinforced how much of a difference it can make when patients feel heard and understood.

One narrow strength, proved on a patient who had stayed away fifteen years, and written into his chart.

### A WEAK ANSWER

I'd say my greatest strength is my work ethic. I've always been the person who stays late and makes sure things get done properly, whether that's studying, working, or volunteering. I don't like leaving something unfinished. I think that's going to serve me well in dental school and later on in practice.

An abstraction, asserted and never proved; forgettable within about a minute.

### THE TRAP

Naming an abstraction — 'hardworking,' 'passionate,' 'dedicated' — and then not proving it. Assertion without evidence is the single most forgettable thing you can say in an interview.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Give me a specific time that strength actually mattered."*
- *"When has that strength gotten you into trouble?"*

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## 35 What's your greatest weakness, and what are you doing about it?

### WHAT THEY'RE ACTUALLY ASSESSING

Honesty and growth. They know the disguised-strength trick and they are tired of it.

### HOW TO STRUCTURE IT

Name a real weakness → a specific moment it cost you → the concrete thing you changed → honest status now.

### HIT THESE

- Choose something genuinely real but not disqualifying
- Give a specific instance where it caused a problem
- Describe a concrete corrective action, not an intention
- Say honestly whether it's fixed or still in progress

### A STRONG ANSWER

One weakness I've been working on is asking questions when I'm confused. I attend a large state university, and my chemistry lectures have over 300 students. Initially, I found it intimidating to raise my hand and ask questions. I went into my first chemistry exam with several unanswered questions and ended up earning a C. That was a wake-up call. I realized that asking questions wasn't a sign of weakness. It was an important part of learning. So I challenged myself to ask at least one question in class every week. It was nerve-racking at first, but over time, I became much more comfortable speaking up. I also joined a study group where we regularly worked through difficult concepts together. By the end of the semester, I had earned a B+ in chemistry. More importantly, I learned to seek clarification rather than let uncertainty hold me back. That's a habit I know will be essential in dental school.

A real weakness with a grade attached, a weekly fix, and where it ended up.

### A WEAK ANSWER

I'd say my biggest weakness is that I'm a perfectionist. I'll rewrite a lab report four times when it was honestly fine after the second pass, and it eats hours I don't really have. I'm working on setting time limits for myself so I don't get stuck on one thing.

A disguised strength dressed up as a confession, and the committee has heard it all morning.

### THE TRAP

'I'm a perfectionist' / 'I care too much' / 'I work too hard.' Every committee has heard these thousands of times and scores them as evasion. The opposite trap: naming something disqualifying like 'I get squeamish' or 'I struggle with fine motor tasks.'

### POSSIBLE FOLLOW-UP QUESTIONS

- *"That sounds a lot like a strength in disguise. Give me a real one."*
- *"Has that cost you anything recently?"*

## 36 If you moved here for school, would anyone be moving with you?

### WHAT THEY'RE ACTUALLY ASSESSING

Whether you've thought realistically about the life around dental school — a partner, children, a parent who depends on you — and planned for it. It isn't a screen against having people; they want to know you'll be supported.

### HOW TO STRUCTURE IT

Answer plainly → who, if anyone, and what the move means for them → how you've planned for it → what that support will mean for you.

### HIT THESE

- Share only what you're comfortable sharing — a short, honest answer is enough
- If someone is coming, show the logistics are thought through: work, school, childcare
- If you're coming alone, say how you'll build a life here
- Frame the people in your life as support, not as an obstacle

### A STRONG ANSWER

> My wife would. She's a nurse, so she can work almost anywhere, and she's already looked at the two hospitals near this campus. I feel lucky that at the end of a long day in dental school, I'll have someone to come home to.
>
> Answers directly, shows the move is already planned, and says what it will mean on a long day.

### A WEAK ANSWER

> Probably not. I'll most likely just come on my own. I haven't really thought that far ahead yet. I guess I'll figure it out once I know where I'm going, and I'm sure I'll meet people in my class.
>
> 'I haven't thought that far ahead' is the part they remember.

### THE TRAP

Apologizing for a partner or kids as if they were a liability, or giving a cagey non-answer that makes the move sound unplanned. Students with families succeed all the time; the ones who struggle are the ones who hadn't planned.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"How are they feeling about the move?"*
- *"What would a normal week look like for you all?"*

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## 37 What accomplishment are you most proud of?

### WHAT THEY'RE ACTUALLY ASSESSING

Your values. What you pick matters more than how impressive it is.

### HOW TO STRUCTURE IT

Name it → what made it hard → what you did → why this one over the others.

### HIT THESE

- Pick something you actually care about over something that sounds prestigious
- Explain the difficulty so the achievement has weight
- Say explicitly why this one
- Credit anyone who helped

### A STRONG ANSWER

One of my proudest accomplishments is founding the pre-dental club at my university. During my freshman year, I noticed there wasn't a club for students interested in dentistry. I spoke with our pre-health advisor and learned that several other students were also looking for resources and guidance. So I posted in our class Facebook group to see if anyone would be interested in starting a club, and 15 students responded! I took the initiative to register the club with the university, reserve a meeting space, advertise, and organize our first meeting. Four years later, I'm still the president, and we've grown to 40 members, with 10 of us applying to dental school this year. What makes me most proud isn't just that I started the club, but that I created a community where students can support one another in pursuing dentistry. Knowing that the club will continue helping future pre-dental students long after I graduate makes it especially meaningful to me.

Builds something that outlasts her, with the member count and the reason it matters to her.

### A WEAK ANSWER

Probably graduating with honors while I was teaching full time. I finished my prerequisites at night over four years and still kept my GPA above a 3.7, which took a lot of discipline and a lot of very late nights. It's the thing on my application I'd point to first.

The highest-status line on the file, offered with no feeling attached to it.

### THE TRAP

Choosing the highest-status item on your CV without any emotional connection to it. A small thing you fought for beats a big thing that came easily, every time.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Why that one over everything else on your application?"*
- *"Who helped you get there?"*

## 38 What do you like to do for fun?

### WHAT THEY'RE ACTUALLY ASSESSING

Whether you're a whole person. Committees actively worry about applicants with no life outside the pre-dental track — they burn out, and they make dull classmates. It also gives them something easy to talk to you about.

### HOW TO STRUCTURE IT

Name it without hedging → one specific detail that shows it's real → a flash of why you actually enjoy it.

### HIT THESE

- Answer like a person, not a candidate — this is the easiest question you'll get
- Pick something true, even if it seems trivial or unimpressive
- One specific detail does the work: how long, how often, the last time you did it
- Let genuine enthusiasm show in your voice
- Any connection to dentistry is optional; don't force it

### A STRONG ANSWER

> I enjoy restoring old bicycles. I bought a 1987 Schwinn at a swap meet for forty dollars, and I've been working on getting it roadworthy. Fixing the bottom bracket took most of a Saturday and some help from a friend's shop. I also ride to the lake with neighbors on Sundays. I like that the work requires patience, troubleshooting, and a result I can actually test.
>
> A price, a broken part and a Saturday. Nobody invents details in that shape.

### A WEAK ANSWER

> I've gotten into model kits, the little scale ones. I've built two of them so far. I think it's been good for my fine motor control, which obviously matters for dentistry, and it's relaxing after a day of studying. It's nice to do something with my hands that isn't schoolwork.
>
> Chosen to sound relevant, and two follow-up questions would empty it out.

### THE TRAP

Picking a hobby because it sounds relevant. Saying 'pottery, because it's good for hand skills' when you've thrown three pots is transparent — two follow-ups and it collapses. The other failure is going blank, which suggests there genuinely isn't anything.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"How long have you been doing that?"*
- *"When did you last actually get to do it?"*

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## 39 How do you handle stress?

**WHAT THEY'RE ACTUALLY ASSESSING**

Whether you have real coping infrastructure. Dental school is genuinely hard and they've watched students break.

**HOW TO STRUCTURE IT**

Acknowledge stress honestly → name specific strategies you actually use → an example of them working under real pressure.

**HIT THESE**

- Name concrete practices, not vague 'I stay positive'
- Include at least one social or support-based strategy
- Give a real example from a hard stretch
- Show you know your own warning signs

**A STRONG ANSWER**

> Exercise is one of my favorite ways to manage stress. I go to the gym about five days a week, and I make an effort to maintain that routine even when school or life gets busy. Working out gives me a mental break, helps me clear my head, and leaves me feeling more energized. It can also be a social activity, since my friends sometimes join me. During particularly stressful times, like finals week, it can be tempting to skip the gym to spend more time studying. But I've learned that those are actually the times when I benefit from exercise the most. Taking that time for myself helps me return to my work feeling refreshed and more focused.
>
> A routine with a frequency, and the honest part is that she protects it when it is hardest to.

**A WEAK ANSWER**

> Honestly, I work well under pressure. I've always been the person who gets calmer when things get busy, and I think that's a big part of why nursing suited me. Stress doesn't really throw me off. I put my head down and get through whatever's in front of me.
>
> A claim about outcomes with no method underneath it.

**THE TRAP**

'I work well under pressure' as the entire answer. That's a claim about outcomes, not a description of method — and it tells them nothing about whether you'll survive a bad semester.

**POSSIBLE FOLLOW-UP QUESTIONS**

- *"What does it actually look like when you're overwhelmed?"*
- *"Who do you call?"*

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## 40 What do you do to recharge?

### WHAT THEY'RE ACTUALLY ASSESSING

Sustainability. Same underlying concern as the stress question, asked more gently.

### HOW TO STRUCTURE IT

Name what genuinely restores you → be specific → show it's an actual habit rather than an aspiration.

### HIT THESE

- Be honest, even if it's unglamorous
- Specifics make it believable
- Show it's protected time you actually take

### A STRONG ANSWER

> Fishing is how I reset. Most Sunday mornings, I drive to a reservoir about forty minutes away with a thermos and leave my phone in the car. I'm not especially good at it, and sometimes I catch nothing. But the quiet gives me a chance to clear my head, and I usually come home feeling ready for the week.
>
> Unglamorous and protected — the phone stays in the car — and honest that some mornings it doesn't work.

### A WEAK ANSWER

> I recharge by reading up on the field, honestly. On my days off I'll go through dental journals or watch procedure videos, and it doesn't feel like work to me because I find it genuinely interesting. That's usually how I unwind after a busy week at the practice.
>
> That's more work with a bow on it, and it increases their worry rather than settling it.

### THE TRAP

Answering with something that's really more work — 'I recharge by reading dental journals.' Nobody believes you and it makes them worry about you more, not less.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"When did you last actually do that?"*
- *"Do you protect that time, or is it the first thing to go?"*

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## 41 Tell me about a book, podcast, or article that changed how you think.

### WHAT THEY'RE ACTUALLY ASSESSING

Intellectual curiosity and whether you engage with ideas beyond coursework.

### HOW TO STRUCTURE IT

Name it → the specific idea that landed → what it changed in how you think or act.

### HIT THESE

- Pick something you actually consumed and can discuss
- Focus on one idea rather than summarizing the whole thing
- Name the change in you, not just the content
- It doesn't have to be about dentistry or medicine

### A STRONG ANSWER

> I recently read *Being Mortal* by Atul Gawande. What stayed with me was the importance of asking people what matters to them instead of assuming we know. When my grandmother moved in with us, we focused so much on keeping her safe that we sometimes overlooked her independence. I started asking what she wanted to do for herself, even something as simple as making her own tea. It reminded me that good care starts with listening to the person receiving it.
>
> One idea, followed into a household, and turned into a habit of asking.

### A WEAK ANSWER

> I read Thinking, Fast and Slow and it really changed how I look at decision-making. It's about the two systems in our brains and how we're much less rational than we assume we are. I think about it a lot when I'm studying or when I have to make a call under pressure.
>
> A famous title summarized at book-jacket depth, with no change in her named.

### THE TRAP

Naming a prestigious book you skimmed. They will ask a follow-up. Getting caught here is worse than naming something modest and knowing it inside out.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"What specifically changed in how you think?"*
- *"What did you disagree with in it?"*

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## 42 Tell me about your biggest failure and what it taught you.

### WHAT THEY'RE ACTUALLY ASSESSING

Accountability. They want to see whether you can own something without deflecting, and whether you actually changed.

### HOW TO STRUCTURE IT

The situation briefly → what you did wrong, stated plainly → the consequence → what you changed → evidence it stuck.

### HIT THESE

- Own your part without hedging
- Name a real consequence to a real person
- Describe the specific behavioral change
- Show evidence the change held over time

### A STRONG ANSWER

> My biggest failure is that this is my 2nd year applying to dental school. Last year when I received zero acceptances to dental schools, I was sad for a week, and then I became motivated to get accepted the next year. I studied for the DAT every night for 2 hours. Four months later I retook the DAT and got a higher score. Also, I got a job assisting at a periodontics office on Saturdays. That job taught me a lot about dentistry and it made me realize I am interested in periodontics. When I do become a dentist, I may want to become a periodontist.
>
> A failure with nowhere to hide — a whole cycle — then the study hours, the rescore and the Saturday job.

### A WEAK ANSWER

> My biggest failure was probably a fundraiser I helped run in college that didn't hit its goal. We'd planned it as an outdoor weekend event, the weather turned on us, and turnout was low enough that we brought in less than half of what we'd hoped for. I learned to always build in a backup plan.
>
> The failure gets assigned to the weather, so nothing has actually been admitted.

### THE TRAP

Choosing a failure that was really someone else's fault, or a failure so minor it costs you nothing to admit. Both read as an unwillingness to be honest — which is exactly the trait that makes a dangerous clinician.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"What was your part in it — specifically yours?"*
- *"Has it happened again since?"*

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## 43 What's the weakest part of your application, in your opinion? Walk me through why it was hard and what you did about it.

### WHAT THEY'RE ACTUALLY ASSESSING

Self-awareness and accountability. They already know where the soft spot is — asking you to name it tests whether you can face it calmly instead of hoping nobody noticed.

### HOW TO STRUCTURE IT

Name it directly, no hedging → brief honest context, not an excuse → what you actually changed → the evidence that it worked.

### HIT THESE

- Pick the real weak spot, not a decoy — they can see your file
- Own it in the first sentence before you explain anything
- Keep the context short; long explanations start to sound like excuses
- Point to concrete evidence of recovery: a later GPA, a retake, sustained hours
- Stay calm — your tone is being read more closely than your reason

### A STRONG ANSWER

> My sophomore year. I finished that spring with a 2.4 gpa. The honest version is that I was working thirty hours a week at a grocery store after my dad was laid off, and I never adjusted how I studied. I just tried to do the same thing on less sleep. What changed is that I dropped to twelve credits, moved my studying to mornings, and asked my manager for a schedule I could actually hold. The four semesters after that are all 3.7 or better. I retook the DAT once as well.
>
> Says the real number first, owns her response rather than the circumstance, points at recovery.

### A WEAK ANSWER

> I'd say my weakest area is probably my shadowing hours. I have a little over a hundred and I know some applicants come in with far more than that, so I've been trying to add to it this year where I can. Other than that I think my application is reasonably balanced.
>
> A decoy. The soft spot is in the file and both of you can see it.

### THE TRAP

Naming something trivial to avoid the real issue, or getting defensive and blaming a professor, a job or an illness without owning your response to it. Committees forgive weak semesters constantly. They rarely forgive a defensive tone about one.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"What would you do differently if you were back there?"*
- *"How do you know it won't happen again?"*

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## 44 What makes you different from the other applicants we're interviewing today?

### WHAT THEY'RE ACTUALLY ASSESSING

Whether you know your own value proposition and can state it without arrogance.

### HOW TO STRUCTURE IT

Name the specific combination that's yours → prove it with evidence → what it means for their class.

### HIT THESE

- Claim a combination rather than a single trait — combinations are actually rare
- Prove each piece
- Frame it as contribution to their community
- Say it with confidence and no apology

### A STRONG ANSWER

> I'd bring experience working with my hands, communicating with people, and handling responsibility. As an HVAC technician, I learned to solve problems in tight spaces and explain repairs to customers who were worried about the cost. I also worked with many customers in Spanish. Those experiences taught me to stay calm, explain things clearly, and own my mistakes. I think that perspective would add something valuable to a dental school class.
>
> Claims a combination, evidences each piece, and states it without inflating it.

### A WEAK ANSWER

> I think what sets me apart is my work ethic. I've had to work for everything I have and I don't think anyone in this building today is going to outwork me. I'm also a strong communicator, and I genuinely care about the people I'd be treating.
>
> An unprovable superlative, which invites the committee to go looking for exceptions.

### THE TRAP

Two opposite failures — hedging ('I'm not sure I'm that different') and empty superlatives ('I'm the hardest worker you'll meet'). The first wastes the question, the second invites them to disprove you.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Prove it. Give me the evidence."*
- *"Say that again in one sentence."*

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## 45 If you could have dinner with three people, dead or alive, who would you pick?

### WHAT THEY'RE ACTUALLY ASSESSING

What you actually value, delivered sideways. Nobody has a rehearsed answer, so they hear you think — and the three names tell them more about you than a page of your application does.

### HOW TO STRUCTURE IT

Name all three up front → one real sentence on each → what the three of them have in common, if anything.

### HIT THESE

- Commit to three names quickly; the deliberating out loud is what eats the clock
- Give a reason that is yours, not the reason the person is famous
- At least one should be personal — a grandparent, a former teacher, someone who wouldn't mean anything to us
- Say what you'd actually want to ask them
- If there's a thread connecting all three, name it at the end

### A STRONG ANSWER

> My grandmother Maria, James Baldwin, and Rosalind Franklin. My grandmother sewed in a factory in Newark for thirty years and died when I was nine, so everything I know about her is secondhand. I'd want to ask her questions about herself and our family. Baldwin because I read Notes of a Native Son at sixteen in a waiting room and it rearranged me. Franklin because I want to know how you keep working when the credit is going down the hall. I suppose all three of them worked without much of an audience.
>
> One name nobody else could have said, and reasons that are hers rather than the encyclopedia's.

### A WEAK ANSWER

> I'd probably say Abraham Lincoln, Marie Curie, and Nelson Mandela. All three of them accomplished incredible things under really difficult circumstances, and I think it would be fascinating to sit with them and hear about the obstacles they faced and how they kept going anyway.
>
> Three safe names sharing one reason between them, which is no reason at all.

### THE TRAP

Picking three safe historical figures you have nothing to say about. Also: choosing dentists. It reads as an applicant who couldn't stop performing for two minutes, which is the opposite of what this question is testing.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Pick one of those three — what would you actually ask them?"*
- *"Which of them would you be most nervous to sit next to?"*

## 46 How would your friends describe you in three words?

### WHAT THEY'RE ACTUALLY ASSESSING

Self-awareness under a word limit. The constraint is the test — three words forces you to choose, and what you leave out is as visible as what you keep.

### HOW TO STRUCTURE IT

Say the three words cleanly → one short piece of evidence for each → stop.

### HIT THESE

- Actually give exactly three words, not a paragraph containing three words
- Choose words a friend would really use about you, not a personal statement's vocabulary
- Back each one with something concrete and brief — a moment, a habit, a thing people ask you to do
- One of the three can be gently unflattering; it makes the other two credible
- Keep the whole answer under a minute

### A STRONG ANSWER

> My friends would probably describe me as hardworking, upbeat, and an animal lover. They see how much effort I put into school and volunteering, but they'd also say I try to make people feel included, whether that's by telling a joke or listening when someone needs to talk. And they'd definitely mention my cat, Jonsey, because I talk about him all the time.
>
> Three plain words, each with a habit, a volunteer shift or a cat behind it.

### A WEAK ANSWER

> My friends would probably say I'm hardworking, dedicated, and passionate. I think they'd point to how much time I put into my classes and my volunteering, and how much I care about the people around me and about getting into this field in the first place.
>
> Three interchangeable virtues that describe everybody interviewing today.

### THE TRAP

Three interchangeable virtues — hardworking, dedicated, passionate — which describe every applicant they'll see today and so describe nobody. The other trap is drifting into a full personality essay and never landing the three words at all.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Which of those three would your friends argue with?"*
- *"What's a word they'd use that you left out?"*
- *Rigor & Work Ethic*

# Rigor & Work Ethic

**4 questions · aim for about 1:50 per answer**

Dental school is what you make of it. These test whether you'll do the unglamorous hours nobody assigns you.

## 47 Dental school is largely what you make of it. The students who come out genuinely good are the ones in the sim lab at nine at night, on their own time, drilling the same prep over and over. Are you prepared to do that?

### WHAT THEY'RE ACTUALLY ASSESSING

Whether you'll do unassigned work. This is the honest description of how dental school actually produces competent clinicians, and they want to see if you flinch.

### HOW TO STRUCTURE IT

Accept the premise fully → evidence you've done unassigned work before → what your version of that looks like → honest acknowledgment of the cost.

### HIT THESE

- Say yes and immediately back it with a time you did optional work nobody graded
- Describe what you'd actually be doing: repeating preps, self-critiquing against the ideal, asking for feedback
- Acknowledge the real cost to sleep and social life without complaining about it
- Name how you'd keep it sustainable rather than heroic

### A STRONG ANSWER

> Yes, and the closest thing I have to proof is ceramics. I took wheel throwing as an elective and the grade was settled after eight pots, but I threw somewhere around forty that semester because my walls kept coming out thick on one side. Nobody was grading those extra pots. In a sim lab I'd expect to practice the same prep over and over, held next to the ideal one, plus asking an instructor what I can't see myself. The cost is real. I'd lose most weekend mornings. And I'd rather do two sharp hours than five foggy ones.
>
> Ungraded work he actually did, a count, and a plan that stays sustainable rather than heroic.

### A WEAK ANSWER

> Yes, absolutely. I've never been afraid of hard work and I'll do whatever it takes to be good at this. If that means being in the lab at nine at night, then that's where I'll be. I've put in long hours before and I know what that kind of commitment feels like, so I'm fully prepared for it.
>
> Everyone says yes to this. Nothing at all is attached to the yes.

### THE TRAP

An enthusiastic 'absolutely, whatever it takes' with no evidence attached. Everyone says yes to this. The applicants who score are the ones who prove they already behave that way.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Give me a time you did work nobody asked you to do."*
- *"What would you give up to make room for it?"*

## 48 Most of our students were at the top of their college class. Here, half of them will be below average for the first time in their lives. How will you handle that?

### WHAT THEY'RE ACTUALLY ASSESSING

Ego resilience. This is a well-documented shock in professional school and a real predictor of who struggles.

### HOW TO STRUCTURE IT

Acknowledge it honestly → a time your relative standing dropped → how you responded → how you'd separate your worth from your rank.

### HIT THESE

- Admit it would be hard — denial isn't strength here
- Give an actual instance of being outperformed
- Show you can learn from stronger peers instead of resenting them
- Name where you'd get help early rather than hiding

### A STRONG ANSWER

> It would sting. I graduated first out of sixty-one in a town with one stoplight, and then I did a summer research program at a big university and I was plainly the weakest person on that floor. Two weeks of nodding along in group meeting like I followed it. Then I started writing down every term I didn't know and taking them to one of the grad students at lunch, and he was kind enough to break it down for me. I would use this same approach to succeed in dental school. I would be honest with myself with what material I don’t understand and I’d ask for help. Then we move on to the next lecture and do it all again.
>
> Admits it would sting, gives the summer it happened, and the fix is asking for help by name.

### A WEAK ANSWER

> Honestly, grades have never been the main thing for me. I just want to learn as much as I can and become a good dentist, so if I end up in the middle of the class, that's fine with me. I'd much rather be surrounded by people who push me than be at the top of a weaker group.
>
> Nobody who finished at the top of their class believes that, and the room knows it.

### THE TRAP

'Grades don't matter to me, I just want to learn.' Nobody who got here believes that about themselves. The honest answer — this will sting and here's what I'd do with it — is the one that lands.

### POSSIBLE FOLLOW-UP QUESTIONS

- *“Has that ever happened to you before?”*
- *“Where would you go for help?”*

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## 49 How do you respond when you put in the work and the result still isn't good enough?

### WHAT THEY'RE ACTUALLY ASSESSING

Persistence past the point where effort stops paying off — which describes most of preclinical lab work.

### HOW TO STRUCTURE IT

A specific instance → your honest emotional reaction → what you changed rather than just repeating → the eventual outcome, even if imperfect.

### HIT THESE

- Give a real instance with a real disappointment
- Show you changed method, not just intensity
- Name who you asked for help
- Be honest if it never fully came together

### A STRONG ANSWER

> There was a class where I studied harder than I ever had and still didn't get the grade I wanted. It was my biochemistry class junior year. It was discouraging, but I'm not somebody who gives up easily. I changed how I studied. Even though I loved the social aspect of my study group, I realized it wasn't the most efficient use of time, and I started studying more on my own in the library. Also I found a YouTube series that explained biochemistry in a way that made sense for me. My grades improved in the class. And I realized the importance of evaluating the systems you created and being brave enough to change them if they no longer serve you.
>
> Changed method rather than intensity, named who helped, and the outcome stays imperfect.

### A WEAK ANSWER

> There was a class where I studied harder than I ever had and still didn't get the grade I wanted. It was discouraging, but I'm not somebody who gives up easily. I put in even more hours going into the next exam and I ended up doing much better by the end. It taught me that persistence really does pay off eventually.
>
> More hours, same method, which is exactly what struggling students do.

### THE TRAP

Framing it as a story of pure grit. Repeating the same approach harder is what struggling dental students do. Getting feedback and changing technique is what the good ones do — say that.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"What did you change, exactly?"*
- *"Did it ever come together?"*

---

## 50 Dental school is equal parts memorizing an enormous amount of material and repeating a physical skill until it's right. Which of those do you find harder?

### WHAT THEY'RE ACTUALLY ASSESSING

Self-knowledge about how you learn, and whether you've thought about the two very different kinds of difficulty ahead of you.

### HOW TO STRUCTURE IT

Pick one honestly → why it's harder for you specifically → evidence from something you've already done → how you'd compensate.

### HIT THESE

- Actually choose one — the answer that says 'both equally' tells them nothing
- Give a real example from your own experience of struggling with that kind of learning
- Describe the concrete strategy you use, not just effort
- Show you know the physical skill can't be crammed the night before

### A STRONG ANSWER

> Memorization is harder for me than learning a physical skill. When I was a student athletic trainer, I learned to tape ankles fairly quickly, but remembering the origins and insertions of the muscles in anatomy class took much more work. I tried different approaches and found that digital flashcards and repeated review helped. I know dental school will require a lot of memorization, so I'm glad I've learned which study methods work for me.
>
> Picks one plainly, proves the other with taped ankles, and names the study method that worked.

### A WEAK ANSWER

> Honestly, I think I'd find them both challenging in different ways. Memorizing that much material is daunting, but repeating a physical skill until it's right takes a lot of patience too. I've always been a hard worker, so I'd make sure I put the time into whichever one was giving me more trouble that semester.
>
> Refuses to choose, which is the one thing this question actually asks for.

### THE TRAP

Claiming neither is hard for you. Everyone finds one of them harder, and saying otherwise reads as someone who hasn't done either at this scale yet.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Which one have you struggled with before?"*
- *"How would you handle the other one?"*
- *Behavioral (STAR)*

# Behavioral (STAR)

11 questions · aim for about 2:10 per answer

Past behavior as evidence. Specific incidents only — hypotheticals score near zero.

## 51 Tell me about a time you faced a significant challenge. How did you handle it?

### WHAT THEY'RE ACTUALLY ASSESSING

Resilience, and whether you can tell a structured story about a real event.

### HOW TO STRUCTURE IT

STAR — Situation, Task, Action, Result. Weight it toward Action.

### HIT THESE

- Set the scene in two sentences maximum
- Spend most of the answer on what you specifically did
- Name a concrete result
- Close with what you'd carry into dental school

### A STRONG ANSWER

When I was seventeen, my mom's cleaning company stopped paying her for six weeks, and she wasn't sure what to do. Since I was the strongest English reader in our household, I took the lead.

I found the state labor board's complaint form, organized her pay stubs, and called the office three times because the first two calls got us nowhere. I also went with her to the hearing and helped translate. In the end, she recovered about four weeks of unpaid wages.

That experience taught me that persistence means more than just working hard. It means finding another way forward when your first attempt doesn't work. I'll bring that same mindset to dental school, especially in sim lab, where I know developing my clinical skills will take patience, repetition, and a willingness to keep improving.

Most of the answer is action: the form, the folder, the third call, the hearing.

### A WEAK ANSWER

The biggest challenge I've faced was moving here from Colombia when I was fifteen. I didn't speak much English, we moved in with my aunt, and I started tenth grade in a school where I didn't know a single person. My mother was working two jobs the whole time. It was a really hard couple of years, but I got through it and I think it made me stronger.

All setup and no action. The part that gets scored never arrives.

### THE TRAP

Living in the setup. Applicants spend ninety seconds on background and fifteen on their own actions. The Action section is the only part being scored.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"What did you personally do? Walk me through your actions."*
- *"What would you do differently now?"*

## 52 Tell me about a time you made a mistake. What did you do?

### WHAT THEY'RE ACTUALLY ASSESSING

Integrity under exposure. This is a near-perfect proxy for how you'll behave when you make a clinical error.

### HOW TO STRUCTURE IT

What happened → your error, stated plainly → how you disclosed it → how you repaired it → what changed.

### HIT THESE

- Disclose rather than discover — did you raise it yourself?
- Name the person affected and how you addressed them
- Describe the concrete system change you made
- Keep excuse-making at zero

### A STRONG ANSWER

> I was a vet tech and I mislabeled two blood draws, a beagle and a shepherd that came in twenty minutes apart. I caught it while I was logging them and I told the vet before the results came back, which meant telling both owners we needed to re-draw and that we'd cover it. One of them was not gracious about it, and she was entitled not to be. After that I read the label out loud with whoever is holding the animal, every single time, and the collection order goes on the whiteboard. I still say it out loud.
>
> Disclosed before discovery, a real person inconvenienced, a system change that stuck.

### A WEAK ANSWER

> I once studied the wrong chapter for an exam because I misread the syllabus. I ended up with a lower grade than I should have gotten and it was frustrating, but I learned to double-check the schedule and I put everything into one calendar after that. It hasn't happened again since.
>
> A mistake with no victim and no disclosure. Nothing was risked in telling it.

### THE TRAP

Picking a mistake nobody found out about, or one with no victim. The whole point of this question is whether you tell people when you've caused harm.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Did you tell anyone, or did they find out?"*
- *"How did the person affected respond?"*

---

## 53 Describe a time you worked as part of a team. What was your role?

### WHAT THEY'RE ACTUALLY ASSESSING

Whether you can collaborate. Dental school is four years of forced group work and clinic is a team sport.

### HOW TO STRUCTURE IT

The team and goal → your specific role → a moment where you adapted or supported someone → the outcome.

### HIT THESE

- Be specific about your actual role
- Include a moment where you deferred to someone else
- Give credit generously and genuinely
- Name what the team achieved

### A STRONG ANSWER

> I'm a tech in a plant genetics lab. Four of us on a drought-tolerance line, and my piece was the growth chamber runs and keeping the plates alive. Halfway through, an undergrad named Tess said our watering schedule was confounding the results. She was right, and I was the one who'd designed it. So we used hers. My contribution after that was mostly rebuilding trays over a weekend and not making it a thing. The paper's under review now and her name is second on it, which is correct.
>
> Specific role, defers to someone junior, credits her by name, names the outcome.

### A WEAK ANSWER

> I worked on a four-person research team and honestly I ended up carrying a lot of it. Two people weren't really pulling their weight, so I picked up their sections and made sure we hit the deadline anyway. We got the poster finished on time, and I learned that sometimes you just have to step up.
>
> The hero version, which tells them exactly how he'd behave in a lab group.

### THE TRAP

Making yourself the hero who saved a failing group. It's the most common team answer and it tells them you'd be difficult in a lab group.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"What did you contribute that nobody else did?"*
- *"Was there friction? How did you handle it?"*

---

## 54 Tell me about a time you led a group.

### WHAT THEY'RE ACTUALLY ASSESSING

Leadership style, not title. They care how you handled people, not what you were called.

### HOW TO STRUCTURE IT

The situation and what needed to happen → your specific leadership actions → how you handled resistance or a struggling member → the result.

### HIT THESE

- Leadership without a title counts and often scores better
- Show how you handled someone who wasn't contributing
- Include a moment you changed course based on feedback
- Name a measurable outcome

### A STRONG ANSWER

> No title, I just ended up running volunteer scheduling for a Saturday screening day at a free clinic. Fourteen volunteers, and one of them had signed up for four Saturdays and no-showed twice. Instead of cutting him I asked what was going on, and his shifts at work had changed, so he moved to Thursday setup and made every one. Two other volunteers told me my sign-in table was the bottleneck, which stung, so we split it in two. We saw ninety-one patients that day, up from about sixty in the spring.
>
> Treats the absent volunteer as a person, changes course on feedback, ends on a count.

### A WEAK ANSWER

> I was president of my school's pre-dental society for two years. I ran our monthly meetings, organized speakers, and grew the membership quite a bit while I was in the role. It was a lot of responsibility and it taught me a great deal about time management and working with different personalities.
>
> A title and a job description. No hard day, no person, no decision.

### THE TRAP

Describing the position rather than the behavior. 'I was president of the pre-dental society' is a fact, not an answer. What did you actually do on a hard day?

### POSSIBLE FOLLOW-UP QUESTIONS

- *"What did you do about the person who wasn't pulling their weight?"*
- *"Did anyone push back on you?"*

---

## 55 Tell me about a time you disagreed with a supervisor or someone with authority over you.

### WHAT THEY'RE ACTUALLY ASSESSING

Whether you can push back professionally. Critical in dentistry — you will one day disagree with an attending about a treatment plan.

### HOW TO STRUCTURE IT

The disagreement and what was at stake → how you raised it → how you handled the outcome, including if you lost.

### HIT THESE

- Show you raised it privately and respectfully
- Explain the reasoning you brought, not just the objection
- Describe accepting the final decision gracefully
- Say what you learned about how to disagree well

### A STRONG ANSWER

> I was a shift lead at a coffee shop and my manager wanted to put a new hire alone on Saturday opens after four training shifts. I thought that was too fast, so I asked to talk before the schedule posted, not in front of him, and I brought the specific things I'd still been fixing that week. Grinder settings and the till count. She heard me out and went ahead anyway, with a floater on call. It was fine, actually. What I took from it is that I'd rather be told no early than be right later.
>
> Raised privately with reasons, lost, accepted it, and says what losing taught her.

### A WEAK ANSWER

> Honestly, I've been lucky with my supervisors and I haven't really had a serious disagreement with one. I try hard to understand where they're coming from, and if I do see something differently I'll usually just adapt, because they have a lot more experience than I do and they're seeing the whole picture.
>
> Never having disagreed reads as passive, or as a question being dodged.

### THE TRAP

Two ditches. Claiming you've never disagreed with anyone reads as either passive or dishonest. Telling a story where you were right and they were an idiot reads as someone who'll be a problem in clinic.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"How did you raise it — what did you actually say?"*
- *"And when the decision went against you?"*

---

## 56 Describe a conflict you had with a peer and how you resolved it.

### WHAT THEY'RE ACTUALLY ASSESSING

Interpersonal maturity and whether you can see the other side.

### HOW TO STRUCTURE IT

The conflict, stated fairly → your contribution to it → what you did to resolve it → where it landed.

### HIT THESE

- Present their perspective fairly and in good faith
- Own your part in creating or worsening it
- Describe the specific resolving action
- Be honest if it only partly resolved

### A STRONG ANSWER

> I work in a chemistry stockroom with one other person, and for about a month he kept leaving the acid cabinet inventory for me. My part in it is that instead of saying something I mentioned it to our supervisor first, and he heard about that, which was worse than the original problem. When we finally talked it turned out he'd been switched into a class that ran until closing. We split it. He takes Mondays and Wednesdays, I take the rest. We're fine at work. We're not friends, and I don't think we were going to be.
>
> Owns the escalation, gives his side a real reason, admits it only partly healed.

### A WEAK ANSWER

> I had a partner in a lab course who kept missing our meetings and turning work in late. I tried to be understanding about it because I didn't know what was going on with him, but eventually I had to sit him down. We worked it out and finished the project, and I learned to set expectations earlier.
>
> He is blameless in his own story, which is the part they don't believe.

### THE TRAP

Telling it as a story in which you were entirely reasonable and they were entirely not. Nobody believes it, and refusing to own any part is itself the red flag.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"What was their side of it?"*
- *"What was your part in creating the conflict?"*

## 57 Tell me about a time you received difficult feedback. What did you do with it?

### WHAT THEY'RE ACTUALLY ASSESSING

Coachability. Dental school is four years of being corrected on things you thought you'd done well.

### HOW TO STRUCTURE IT

The feedback, quoted as directly as you can → your honest initial reaction → what you did → the outcome.

### HIT THESE

- Quote the actual feedback rather than softening it
- Admit the reaction stung if it did — that's human
- Describe the specific change you made
- Show the improvement concretely

### A STRONG ANSWER

> I started college pursuing a major in creative writing. I had always been good at writing, and I had gotten some acclaim in my local creative writing community. In my first actual writing class in college, Creative Writing 101, I got a “C” on my first paper. I was crushed. I stayed after class to ask the teacher for feedback. We went through my paper, line by line, and she showed me what could be improved to make it more clear to the reader. It was so helpful. I used what she taught me that day to help guide my writing for future papers, and I’m a better writer because of it. Last summer I won a national short story competition.
>
> A real sting, the reaction admitted, a line-by-line fix, and proof it worked.

### A WEAK ANSWER

> A supervisor once told me I could be a little more assertive in meetings. I took it on board and made a point of speaking up earlier rather than waiting until the end, and I think I've gotten much better at contributing since then. It was useful feedback and I was glad she said it.
>
> Sanded down until it stopped hurting. If it never stung, it wasn't feedback.

### THE TRAP

Sanding the feedback down until it's harmless. If the criticism doesn't sound like it hurt, the question hasn't been answered.

### POSSIBLE FOLLOW-UP QUESTIONS

- *“What were the exact words?”*
- *“How did you feel in that moment — honestly?”*

---

## 58 Tell me about a time you had to manage competing priorities.

### WHAT THEY'RE ACTUALLY ASSESSING

Whether you'll survive the workload. Dental school stacks didactics, lab, and clinic simultaneously.

### HOW TO STRUCTURE IT

The competing demands, specifically → how you triaged → what you sacrificed → the outcome and what you'd redo.

### HIT THESE

- Be concrete about the actual demands and timeline
- Show a real prioritization method
- Admit what got dropped — everything did not go perfectly
- Name what you'd change

### A STRONG ANSWER

> Currently, I am a full-time student, I work at a restaurant in the evenings, and I have two kids at home. I was making it work, but I wasn't excelling in any of the three things. So I decided to make a change. I cut my hours at the restaurant in half, because my husband and I decided the benefit of getting good grades and getting into dental school outweighs the benefit of the little bit of money coming in from my restaurant job. Also we had our family members watch the kids 3 days a week. Clear communication with loved ones, self-reflection, and following an organized schedule allow me to keep doing this. These are life skills I will bring with me to dental school, as a dental student managing course work, practicing for practical exams, and being a good mom.
>
> Three real loads, an honest admission she wasn't excelling, and a decision about what to cut.

### A WEAK ANSWER

> Last fall I was taking organic chemistry, working part time, and volunteering, and it was a lot to hold at once. I made a detailed schedule, prioritized carefully, and I managed to keep all of it going without letting anything slip. It was tough, but I got through it and my grades held up.
>
> Nothing slipped, which nobody believes and which demonstrates no judgment at all.

### THE TRAP

Claiming you did everything at full quality. It's not credible, and the honest version — 'I let X slip and here's how I decided that' — is what actually demonstrates judgment.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"What got dropped?"*
- *"How did you decide what mattered most?"*

---

## 59 Tell me about a time you helped someone who was struggling.

### WHAT THEY'RE ACTUALLY ASSESSING

Empathy in action, and whether your helping is about them or about you.

### HOW TO STRUCTURE IT

Who was struggling and how you noticed → what you did → their outcome → what it taught you.

### HIT THESE

- Emphasize that you noticed before being asked
- Describe what you did specifically
- Center them in the story rather than yourself
- Be honest if it didn't fully work

### A STRONG ANSWER

> I work the overnight counter at a pharmacy. There's a regular, Denise, who picks up insulin, and one night she asked me the copay twice and then just stood there. Turned out she'd been splitting doses for about a month. I couldn't fix that, I'm a tech. But I got the pharmacist over before she left and he found a manufacturer coupon that took most of it off. She still stretches it some months. I noticed because she asked the same question twice, and I pay attention to that now.
>
> She has a name, a real problem, and an outcome that stayed imperfect.

### A WEAK ANSWER

> I've always been the person people come to when they're having a hard time. There was a student in my anatomy class who was falling behind and I could tell she was stressed, so I offered to study with her a few times. I think it really made a difference for her, and honestly, helping people is a big part of why I want to do this.
>
> The person helped has no name, no words, and no outcome anyone can check.

### THE TRAP

Making it a story about how generous you are. The tell is when the person you helped has no name, no details, and no voice in your telling.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"What happened to them afterward?"*
- *"How did you know they were struggling?"*

---

## 60 Describe a time you worked closely with someone very different from you.

### WHAT THEY'RE ACTUALLY ASSESSING

Cultural humility and adaptability. Your future patient panel will look nothing like you.

### HOW TO STRUCTURE IT

The person and the difference → the specific friction or gap → how you bridged it → what you learned.

### HIT THESE

- Name a real difference: language, background, age, belief, ability
- Describe an actual moment of misunderstanding
- Show what you changed in your own approach
- Avoid treating them as a lesson rather than a person

### A STRONG ANSWER

> In my shop the newest guy, Renard, was twenty and deaf in one ear from a childhood illness. I kept talking to him over my shoulder with my back turned, and he kept nodding at things he hadn't heard, including a torque spec. He finally told me, embarrassed, after I got short with him about it. So I started walking around to his good side before I said anything, which took about two seconds and I should have asked in week one. He was better at hydraulics than I was.
>
> A real misunderstanding, a fix that cost two seconds, and no lesson-object treatment.

### A WEAK ANSWER

> I really value diversity, and working with people who see things differently is one of the best parts of any team. In the shop I was in, I worked alongside people from all over the country with completely different backgrounds and politics from mine. I learned that if you keep an open mind and stay respectful, you can almost always find common ground with someone.
>
> Values, not an incident. Nothing in it happened on a particular day.

### THE TRAP

Answering in abstractions about valuing diversity. They asked for an incident. Also — describing the other person as exotic or as a growth opportunity for you rather than as a colleague.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Where did you misunderstand each other?"*
- *"What did you change about your own approach?"*

## 61 Tell me about a time you had to stay patient with a difficult person.

### WHAT THEY'RE ACTUALLY ASSESSING

Emotional regulation. You will treat frightened, angry, and unreasonable patients for forty years.

### HOW TO STRUCTURE IT

The person and behavior → your internal reaction, honestly → what you did → the outcome.

### HIT THESE

- Be honest that it was hard
- Show you looked for the cause behind the behavior
- Describe your concrete de-escalation
- Name the outcome even if imperfect

### A STRONG ANSWER

> At a volunteer dental clinic, a patient became upset when we couldn't fit him in for an emergency visit. I felt nervous, but I reminded myself that he was acting this way because he was in pain. I listened, explained that our schedule was full, and offered the next available appointment at 9 a.m. the following day. I also directed him to appropriate urgent-care resources if his symptoms worsened. He came back the next morning, calmer. And he's still a regular patient at our clinic, he comes in every 6 months for cleanings. I learned that staying calm and offering realistic options can help de-escalate a difficult conversation.
>
> Admits the nerves, keeps the patient's pain in view, and offers a real next step.

### A WEAK ANSWER

> I'm a pretty calm person by nature, so difficult people don't really get to me. At the front desk I've had guests yell about things that weren't my fault, and I just stay professional and let them get it out until they calm down. I've never lost my temper with a guest, and I think that patience will serve me well with anxious patients.
>
> Claims she never got frustrated, which reads as either untrue or unexamined.

### THE TRAP

Claiming you never got frustrated. Committees want regulation, not sainthood — 'I was irritated and here's what I did with that' is the stronger answer.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Were you frustrated? Be honest."*
- *"What do you think was going on for them?"*
- *Ethics & Professionalism*

# Ethics & Professionalism

12 questions · aim for about 2:10 per answer

Not whether you know the rule — whether you can reason out loud without panicking.

## 62 A patient refuses a treatment you believe is essential for their oral health. What do you do?

### WHAT THEY'RE ACTUALLY ASSESSING

Whether you understand patient autonomy and can reason through a conflict without steamrolling anyone.

### HOW TO STRUCTURE IT

Clarify before deciding → explore their reasoning → educate without pressure → respect autonomy → document and keep the door open.

### HIT THESE

- Ask why first — cost, fear, past trauma, distrust, misinformation are all different problems
- Confirm they understand the consequences of declining
- Offer alternatives, including partial or staged treatment
- Respect a competent adult's refusal and document it
- Make clear they're welcome back

### A STRONG ANSWER

> First thing I'd do is ask why they don't want the treatment. I assisted for six years and the reason was almost never what I assumed. One man kept refusing a crown and it turned out his brother had died under general anesthesia for something unrelated, so the man was scared of all procedures. So: ask, listen, then explain the specific consequence in plain words, and offer the alternative version if there is one. If he's a competent adult and still says no, that's his choice to make, and as health care providers we have to respect autonomy. I reminded him if he changes his mind, we are happy to see him.
>
> Asks why first, finds a reason nobody would have guessed, and respects the answer.

### A WEAK ANSWER

> I'd explain why the treatment matters, show them the radiograph, and walk them through what happens if the decay keeps going, so they really understand the risk. A lot of the time people say no because nobody has taken the time to explain it in a way that lands. If they still refused after that, I'd respect it, but I'd want to be sure they had the full picture first.
>
> Starts persuading immediately. Not one question gets asked before the explaining begins.

### THE TRAP

Jumping straight to convincing them. The interviewer is watching for whether you ask a single question before you start persuading. Everything hinges on that.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"What if they still refuse after all that?"*
- *"Would you ask them why, or start by explaining the risks?"*

---

## 63 During a practical exam, you see a classmate cheating. What do you do?

### WHAT THEY'RE ACTUALLY ASSESSING

Professional integrity when it costs you socially. Every dental school has an honor code and this scenario is the live test of it.

### HOW TO STRUCTURE IT

Confirm what you saw → weigh the obligation → act, usually by speaking to the person and then reporting → acknowledge the difficulty honestly.

### HIT THESE

- Don't assume — say what you actually observed versus what you inferred
- Name why it matters: this person will treat patients
- Describe your action concretely, including reporting
- Acknowledge it's hard and you'd do it anyway

### A STRONG ANSWER

> If I had clear evidence that a classmate was cheating during a practical, I would report what I observed through the school's process. I wouldn't accuse someone based on a suspicion alone. It's uncomfortable to report a peer, but practical exams help establish whether we're developing skills we'll eventually use on patients. Patient safety and fairness have to matter more than avoiding an awkward conversation.
>
> Separates evidence from suspicion, reports through the proper channel, and says why it matters for patients.

### A WEAK ANSWER

> I'd talk to him privately after the exam. I wouldn't want to blow up someone's whole career over one bad decision without hearing him out first, because maybe he panicked, maybe something is going on at home. I'd tell him exactly what I saw and that he needs to make it right himself, and I'd hope that would be the end of it.
>
> Stops at the private conversation. A future patient never enters the answer.

### THE TRAP

Stopping at 'I'd talk to them first' and never getting to reporting. Talking to them is a fine first step; if that's your whole answer, you've signaled you'd protect a peer over a future patient.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Would you report it? Yes or no."*
- *"What if it were your closest friend in the program?"*

---

## 64 A patient clearly needs treatment but can't afford it. How do you handle it?

### WHAT THEY'RE ACTUALLY ASSESSING

Whether you grasp the real economics of dentistry — the field's single most common ethical bind.

### HOW TO STRUCTURE IT

Acknowledge it as routine, not exceptional → present the full honest picture → triage to what's urgent → find every option → maintain the relationship.

### HIT THESE

- Name that this is a daily reality in practice
- Separate urgent from ideal treatment and phase it
- List real options: payment plans, dental schools, FQHCs, Medicaid, sliding scale
- Never let inability to pay end the relationship
- Be honest about the limits of pro bono work

### A STRONG ANSWER

> I grew up interpreting for my mom at appointments, so I've been the kid explaining a treatment plan she couldn't pay for. So this isn't unusual, it's most days. I'd separate urgent from ideal out loud: the abscess gets handled now, the two crowns get a sequence and a date. Then the real list, payment plan, the dental school clinic, whether they're Medicaid-eligible and don't know it, the health center across town. I'd be honest that I can't do it all free, because the office has staff with paychecks. Nobody gets discharged for being broke.
>
> Phases the treatment, names real options, and holds the business tension without flinching.

### A WEAK ANSWER

> That's a hard one, and honestly I'd probably just find a way to do it. If someone is sitting in front of me in pain and I have the skills to help them, I don't think I could send them away over money. I'd write it off or work something out quietly. I'd rather lose a little income than watch someone walk out with an infection.
>
> Generous, and it doesn't survive contact with payroll. Practices close.

### THE TRAP

'I'd just do it for free.' It's generous and it isn't a sustainable answer — practices close. The mature version acknowledges the tension between running a business and serving people, and holds both.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Your practice has rent and staff to pay. How do you square that?"*
- *"What's the first thing you'd treat?"*

## 65 A colleague asks you to sign off on a procedure they didn't actually complete. What do you do?

### WHAT THEY'RE ACTUALLY ASSESSING

Whether you'll hold a line under social pressure. There is a correct answer here and they want to see you reach it without wobbling.

### HOW TO STRUCTURE IT

Decline clearly → understand why they asked → offer legitimate help → escalate if it's a pattern or patient risk.

### HIT THESE

- Say no plainly and early in your answer
- Explain the reasoning: it's fraud and it endangers patients
- Show concern for the colleague — are they overwhelmed?
- Offer a legitimate alternative
- Escalate if it repeats

### A STRONG ANSWER

> I wouldn't sign a chart entry for a procedure that hadn't been completed. An inaccurate record could mislead the next clinician and create an improper bill. I'd explain that calmly and ask whether my coworker needs help catching up with the work or speaking with a supervisor. If the request continued, I'd raise it through the appropriate channel. I can support a teammate without signing something untrue.
>
> Says no first, gives the reason in patient terms, then offers the colleague a legitimate way out.

### A WEAK ANSWER

> I'd be really uncomfortable with that. I'd want to talk to her about it and understand where she's coming from, because most people don't ask for something like that unless they're under a lot of pressure. I'd suggest we find another way to handle it, and I'd hope she'd drop it once she saw I wasn't comfortable signing.
>
> The refusal never actually arrives. Hoping she drops it isn't a no.

### THE TRAP

Softening the refusal to seem agreeable. Interviewers watch specifically for hedging here. Warm delivery, unmovable answer, is what a good clinician sounds like.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"They're a friend and they're drowning. Still no?"*
- *"What if they said everyone does it?"*

---

## 66 You notice signs that a patient may be a victim of abuse. What's your responsibility?

### WHAT THEY'RE ACTUALLY ASSESSING

Awareness that dentists are mandated reporters and often the first professionals to see facial and oral trauma.

### HOW TO STRUCTURE IT

Recognize it as a duty, not a choice → document objectively → talk to the patient privately and without leading → follow mandated reporting law → keep them safe in the room.

### HIT THESE

- State that dentists are mandated reporters in every state
- Document objectively — photos and description, not conclusions
- Speak to them alone, away from any accompanying person
- Know reporting requirements differ for minors, elders, and competent adults
- Prioritize immediate safety

### A STRONG ANSWER

I'd take the concern seriously and follow the reporting requirements that apply to my role and location. I'd document what I observed objectively, avoid leading questions, and involve the appropriate supervisor or safeguarding resource without delaying a required report. I wouldn't promise confidentiality I couldn't keep. My priority would be the patient's immediate safety and getting the concern to people trained to respond.

Duty first, objective notes, no leading questions, and no promise she can't keep.

### A WEAK ANSWER

I'd be very gentle about it. I'd let them know they can talk to me, that whatever they say stays between us, and I'd ask directly whether someone is hurting them. The most important thing is that they feel safe and not judged. If they told me something, I'd help them think through what to do next and make sure they weren't alone in it.

Promises confidentiality she can't keep, and may ask with the abuser present.

### THE TRAP

Confronting the patient with your suspicion in front of whoever brought them in, or promising confidentiality you can't legally keep. Both can make things materially more dangerous for that person.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Their partner is in the room and won't leave. Now what?"*
- *"What if the patient asks you not to report it?"*

## 67 You realize you've made a clinical error that harmed a patient. What do you do?

### WHAT THEY'RE ACTUALLY ASSESSING

Disclosure ethics. Nothing separates applicants faster than this question.

### HOW TO STRUCTURE IT

Address immediate harm → disclose to the patient promptly and plainly → apologize → correct the harm at your cost → report and analyze → change the system.

### HIT THESE

- Patient safety first, disclosure second, everything else after
- Disclose fully — the evidence says patients sue less when told honestly
- Apologize genuinely without hiding behind jargon
- Bear the cost of correction
- Follow institutional reporting and change the process that allowed it

### A STRONG ANSWER

I'd stop working, make sure the patient was safe, and tell the supervising dentist immediately. I would be honest with the patient about what happened, document it accurately, and help arrange any assessment or corrective care needed. I'd also take part in reviewing how the error occurred so we could reduce the chance of it happening again.

Safety first, then honesty with the patient, accurate records, and a look at how it happened.

### A WEAK ANSWER

I'd feel awful. I'd want to understand exactly what happened first, talk to my supervisor and go back through the chart and get the full picture, so I wasn't giving the patient wrong information or scaring them unnecessarily. Then I'd make sure it got addressed properly and that I learned enough from it that it wouldn't happen to me twice.

Investigates before disclosing. That pause is exactly what gets marked down.

### THE TRAP

Any answer that starts with liability, insurance, or 'I'd check whether they noticed.' Even one beat of hesitation on disclosure gets marked. Lead with the patient.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Would you tell the patient if they'd never find out?"*
- *"What's the first thing you do — for the patient or the chart?"*

---

## 68 A patient with restorable teeth demands you extract everything and give them dentures. What do you do?

### WHAT THEY'RE ACTUALLY ASSESSING

The classic dental ethics scenario. It sits exactly on the line between autonomy and non-maleficence.

### HOW TO STRUCTURE IT

Explore why they want it → educate on consequences → offer alternatives → weigh autonomy against harm → know where your own line is → refer if you can't proceed.

### HIT THESE

- Ask what's driving it: cost, fatigue with dental work, fear, a family member's experience
- Be concrete about consequences — bone loss, function, irreversibility
- Offer alternatives including phased treatment
- Acknowledge autonomy has limits when harm is severe and irreversible
- You may decline and refer; that's a legitimate ethical position

### A STRONG ANSWER

First, I would ask the patient why they want all their teeth extracted. I'd want to understand their concerns, whether they're experiencing pain, are unhappy with the appearance of their teeth, or are frustrated with ongoing dental problems. I would listen to their concerns and explain that while dentures may seem like a simple solution, they come with their own challenges, including changes in chewing ability, comfort, and fit. I would also explain the benefits of preserving natural teeth whenever possible. Then, I would discuss alternative treatment options tailored to their specific needs and goals, making sure they understand the benefits and limitations of each. Ultimately, I would respect the patient's autonomy, but I would not perform irreversible treatment that I believe is clinically unnecessary. If the patient wanted a second opinion, I would fully support that decision and let them know they're always welcome to return to discuss their options.

Finds the reason, explains what dentures really cost, and knows where the line sits.

### A WEAK ANSWER

At the end of the day that's the patient's decision. I'd tell him honestly that I don't think it's the right choice and explain what he'd be giving up, but if he's an adult who has heard the risks and still wants it, it's his mouth and his body. I'd rather he have it done by someone who treats him respectfully than go somewhere worse.

Picks autonomy immediately and skips the reasoning the station is actually grading.

### THE TRAP

Picking a side immediately. 'It's their body, I'd do it' and 'I'd refuse, that's malpractice' both score poorly. The point of the station is the reasoning between those poles.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"They're 34 years old and completely certain. Do you do it?"*
- *"Where exactly is your line?"*

## 69 Do dentists have an obligation to serve underserved communities?

**WHAT THEY'RE ACTUALLY ASSESSING**

Your view of the profession's social contract, and whether you can hold a nuanced position.

**HOW TO STRUCTURE IT**

Take a clear position → acknowledge the real constraints → describe what obligation looks like in practice → connect to your own record.

**HIT THESE**

- Know the landscape: roughly 60 million Americans live in dental health professional shortage areas
- Acknowledge debt loads that make rural and public practice financially hard
- Describe realistic forms: Medicaid acceptance, volunteer days, mentoring, one day a week
- Ground it in something you've actually done

**A STRONG ANSWER**

I think dentists have a responsibility to contribute to their communities, though that can take different forms. Some work in community health centers full-time, others volunteer on Saturdays, mentor students, or support prevention programs. I've volunteered at a free clinic for six months, where we see about twenty patients a day for care such as fillings and extractions. That experience has shown me how meaningful access to basic dental treatment can be, and I'd like community service to remain part of my career.

Takes a position, allows it more than one form, and points at six months already served.

**A WEAK ANSWER**

I do think we have an obligation. Dentistry is a privilege, and whether you can get care shouldn't depend on your zip code. I want to give back throughout my career, whether that's volunteering, mission trips, or just treating people regardless of their circumstances. If everybody in the profession did a little, the access problem in this country would look very different than it does.

Idealism with no mention of debt, and no personal record behind it.

**THE TRAP**

Pure idealism with no acknowledgment of student debt, or pure pragmatism with no acknowledgment of duty. Hold both — that's the answer they're waiting for.

**POSSIBLE FOLLOW-UP QUESTIONS**

- *"You'll graduate with substantial debt. Does the obligation still hold?"*
- *"What have you personally done about it?"*

---

## 70 How do you feel about treating patients whose own choices caused their disease?

### WHAT THEY'RE ACTUALLY ASSESSING

Whether you carry judgment into the operatory. It leaks, and patients feel it.

### HOW TO STRUCTURE IT

Name the honest human reaction → reframe toward causes → describe your actual approach → connect to outcomes.

### HIT THESE

- Admit the frustration is human rather than pretending it doesn't exist
- Reframe: access, education, addiction, xerostomia from medication, food environment
- Describe how you'd talk to them — motivational interviewing rather than lecturing
- Note that shame reliably makes people avoid care

### A STRONG ANSWER

> I think it could be frustrating at times, especially early in my career, to see a patient continue behaviors that negatively affect their health. But I also recognize that what looks like a personal choice may be influenced by factors we don’t immediately see. For example, a patient may struggle with access to dental care, limited health literacy, addiction, medication-related dry mouth, or a lack of assistance with oral hygiene in a nursing home. Rather than making assumptions, I would ask thoughtful questions and listen to understand their circumstances. I would use motivational interviewing instead of lecturing, helping the patient identify their own reasons for making changes. I would also explain the risks and benefits of their options in clear, understandable language and work with them to develop realistic goals and routines. Ultimately, my responsibility is to provide compassionate, nonjudgmental care, give patients the tools to make informed decisions, and respect their autonomy, even when their choices differ from what I would recommend.
>
> Admits the frustration, then looks for what sits underneath the choice.

### A WEAK ANSWER

> I don't judge patients. Everybody has their own story and it isn't my job to decide how someone ended up in my chair, it's my job to treat what's in front of me. I'd focus on where they are now and what we can do going forward, and I'd try to educate them gently about prevention so it doesn't keep getting worse.
>
> Denies the reaction entirely, which reads as rehearsed rather than settled.

### THE TRAP

Sounding morally superior, or the opposite — pretending you'd feel nothing. The strong answer admits the reaction and shows what you do with it.

### POSSIBLE FOLLOW-UP QUESTIONS

- *“Do you think they can tell when you're judging them?”*
- *“What would you actually say to them?”*

---

## 71 Is there ever a situation where a dentist should refuse to treat a patient?

### WHAT THEY'RE ACTUALLY ASSESSING

Whether you know the difference between legitimate limits and discrimination.

### HOW TO STRUCTURE IT

Yes, with clear categories → name legitimate reasons → name illegitimate ones firmly → the duty that survives refusal.

### HIT THESE

- Legitimate: beyond your competence, abusive or threatening behavior, non-adherence making treatment unsafe
- Illegitimate: race, religion, sexual orientation, disability, HIV status, ability to pay
- Know that refusing on HIV status is illegal discrimination under the ADA
- Emergency care and appropriate referral obligations remain either way

### A STRONG ANSWER

I once heard a saying that really stuck with me: 'A good surgeon knows when to cut. A great surgeon knows when not to cut.' I think the same principle applies to dentistry. There are situations where declining to perform a procedure is the most responsible decision. For example, if a treatment is beyond my level of competence, I should refer the patient to a specialist. Similarly, if a patient requests a procedure that is not clinically indicated, I have an ethical responsibility to decline it. But declining a procedure doesn't mean abandoning the patient. I would explain my reasoning, discuss appropriate alternatives, and help the patient access the care they need.

Draws the line at competence and indication, and makes declining mean referral rather than abandonment.

### A WEAK ANSWER

Yes, in some situations. If a patient is threatening the staff or being abusive, I don't think you're obligated to keep treating them, and if something is outside your training you should refer instead of attempting it. Past that, I'd want to treat anyone who walks through the door. Personal feelings about a patient aren't a good reason to turn someone away.

Gets the easy categories and never reaches discrimination law or HIV status.

### THE TRAP

Missing that the question is really testing discrimination law. Getting to HIV status and disability unprompted is what separates a strong answer here.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"What about a patient who's HIV positive?"*
- *"What about one who can't pay?"*

## 72 Your supervising dentist recommends treatment you believe is unnecessary. What do you do?

### WHAT THEY'RE ACTUALLY ASSESSING

Whether you can navigate hierarchy without abandoning a patient. Overtreatment is a real and discussed problem in dentistry.

### HOW TO STRUCTURE IT

Assume good faith first → ask privately to understand the reasoning → escalate if genuinely concerned → protect the patient throughout.

### HIT THESE

- Start by assuming you may be missing something — you're the student
- Ask privately and curiously rather than accusingly
- Frame it as learning: 'help me understand the indication here'
- If genuinely convinced of harm, escalate to a course director or ethics channel
- Never undermine them in front of the patient

### A STRONG ANSWER

> In the room, nothing. I'd never do that in front of a patient. Afterward, privately: can you walk me through the indication on eight and nine, I was reading those as watchable. I spent three years in a lab making crowns and I've seen prescriptions come in for teeth I'd have left alone, and I've also been wrong about that, because I never saw the radiographs. So I ask first, genuinely. But if he explains it and I still think we're cutting healthy tooth, it goes to the course director. I'd rather be the annoying student.
>
> Asks privately and curiously first, with escalation actually named as the next step.

### A WEAK ANSWER

> I'd keep it to myself in the moment, because you never undermine your supervisor in front of a patient, and as a student I'm probably missing something clinically. Afterward I'd try to learn from it. And I'd file it away as a note about how I want to practice differently once I'm the one making the call.
>
> The private inquiry never happens. Silence plus a mental note isn't an action.

### THE TRAP

Going straight to confrontation or straight to silence. The graded skill is the middle path — private inquiry first, escalation held in reserve.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"You're a student and they're your attending. Do you still say something?"*
- *"What if they brush you off?"*

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## 73 A 16-year-old patient asks you not to tell their parent something they've disclosed. How do you handle it?

### WHAT THEY'RE ACTUALLY ASSESSING

Confidentiality with minors — genuinely complex, jurisdiction-dependent, and a good test of intellectual honesty.

### HOW TO STRUCTURE IT

Don't promise confidentiality before hearing it → understand what it is → apply the actual legal framework → involve them in any disclosure → preserve trust.

### HIT THESE

- Never promise blanket confidentiality up front
- Distinguish safety risks from private matters that can be held
- Know minors' confidentiality varies by state and by topic
- If you must disclose, tell the patient first and let them participate
- Prioritize keeping them willing to come back

### A STRONG ANSWER

I would listen, but I wouldn't promise absolute secrecy before knowing what the student wants to share. I'd explain in age-appropriate language that I respect their privacy, but there are situations involving safety or required reporting when I may need to involve someone else. If a disclosure raised a concern, I'd follow the relevant rules and seek guidance from the appropriate professional. I want a young patient to feel heard without making a promise I can't keep.

Sets the limit before hearing the secret, and keeps the patient heard.

### A WEAK ANSWER

I'd tell him that what he says to me stays with me and he can trust me. Teenagers won't tell you anything real if they think it's going straight to a parent, and I'd rather hear the truth so I can actually be useful. If I thought his mom needed to know, I'd work on convincing him to tell her himself.

Promises blanket confidentiality first, which is the trap this question is built on.

### THE TRAP

Promising 'of course, I won't tell anyone' before knowing what's coming. It's the instinctive kind answer and it can trap you into either breaking a promise or concealing a danger.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"What if what they told you involves their safety?"*
- *"Would you promise confidentiality before hearing it?"*
- *School Fit, Location & Closing*

# School Fit, Location & Closing

11 questions · aim for about 1:40 per answer

Did you do the homework, could you actually live here for four years, and can you close well?

## 74 Why did you apply to our school?

**WHAT THEY'RE ACTUALLY ASSESSING**

Whether you did real homework or mass-applied. They can spot a recycled answer in one sentence.

**HOW TO STRUCTURE IT**

Two or three distinctive features → why each matters to you specifically → what you'd do with them here.

**HIT THESE**

- Name specifics: a clinic model, a community rotation, a research center, a named faculty member, curriculum structure
- Connect each to something concrete in your own history
- Mention a person you spoke with if you did
- Say what you'd participate in on campus

**A STRONG ANSWER**

I applied to your school for three main reasons.

First, the strong clinical experience. I spoke with a student who told me she sees about six patients a day, compared to two at her friend's dental school. I want as many repetitions as possible because I believe that's how you become a great clinician. I learned that firsthand playing the clarinet. Years of practice made me a great clarinet player, and I want to bring that same dedication to dentistry.

Second, I love that your school has all of the major specialty clinics. Prosthodontics, oral medicine, endodontics, orthodontics, periodontics, oral surgery, pediatrics. I want exposure to every specialty so I can understand what they do and become a more well-rounded dentist.

Finally, I'm excited about the Honors Esthetics Program. I worked for a general dentist who did beautiful full-mouth esthetic cases with bonding, veneers, and crowns. That's something I'd love to do in my own career, and this program would help me build that foundation.

Three named reasons, each with something behind it: a student's number, the specialty clinics, and a program he would actually use.

**A WEAK ANSWER**

The program has an excellent reputation and really strong clinical training, which is what I'm looking for most. I've heard great things about the faculty, and the patient population is diverse, so I'd see a wide range of cases before I graduate. It also seems like a supportive environment, and from what I can tell I'd fit in well with the culture.

Survives a find-and-replace of the school name, which is the test it fails.

**THE TRAP**

Anything that would be true of forty schools — 'strong clinical training,' 'great reputation,' 'diverse patient population.' If your answer survives a find-and-replace of the school name, it's not an answer.

#### POSSIBLE FOLLOW-UP QUESTIONS

- *"That's true of a lot of schools. What's specific to us?"*
- *"Who have you spoken to here?"*

---

## 75 What will you contribute to our class?

#### WHAT THEY'RE ACTUALLY ASSESSING

What you add beyond a seat filled. They're building a class, not ranking individuals.

#### HOW TO STRUCTURE IT

Two or three specific contributions → evidence you've done each before → the concrete form it'd take here.

#### HIT THESE

- Be specific: a language, a background, a skill, a perspective, a track record of organizing
- Prove each with something you've already done
- Name the actual campus outlet — a clinic, an org, a program

#### A STRONG ANSWER

> Three things. I speak Vietnamese, so if anyone needs translation for a Vietnamese-speaking patient, put me on it. Second, I organize. I ran a free screening day at a community center with two hygienists and about sixty people through the door. I kept a clean, tight schedule and an organized workspace, which helped the team. Third, I'm a few years older, and I'll be the one who says the group's plan isn't working. That last one isn't always welcome.
>
> Three contributions, each with something he already did standing behind it.

#### A WEAK ANSWER

> I'd bring hard work and dedication. I'm someone who shows up, supports the people around me, and takes the work seriously, and I think I'd be a positive presence in the class. I'm also a good team player. I've always been the one making sure everybody is included and that the group actually finishes what it started.
>
> Hard work is the entry requirement, not a contribution to a class.

#### THE TRAP

'Hard work and dedication.' Everyone admitted will work hard; it's not a contribution, it's the entry requirement.

#### POSSIBLE FOLLOW-UP QUESTIONS

- *"Give me evidence you've done that before."*
- *"Where here would you do that?"*

---

## 76 If we admitted you, what would you want to get involved in here?

### WHAT THEY'RE ACTUALLY ASSESSING

Whether your interest survives contact with detail, and whether you'll be an active member of the community.

### HOW TO STRUCTURE IT

Name specific organizations or programs → why each → what you'd bring to it.

### HIT THESE

- Name real groups by name — ASDA chapter, specific outreach clinics, research labs
- Connect to what you've already done elsewhere
- Include one thing you'd start or improve

### A STRONG ANSWER

> Two, honestly, because I'd rather do two well. The ASDA chapter, since I ran a campus food pantry for two years and the part I was actually decent at was the boring part, the budget and the volunteer schedule, and chapters always need that person. And the outreach clinic days, especially anything going into schools. One thing I'd want to start: the pantry taught me people stop coming back when hours are unpredictable, so a standing monthly date instead of one big event a year.
>
> Two commitments, prior evidence behind each, and one specific improvement he'd bring.

### A WEAK ANSWER

> I'd want to get involved in as much as I could, honestly. Student government, the pre-dental mentoring, research if there's an opening, the outreach clinics, maybe a specialty club or two. I've always been the kind of person who takes advantage of everything available, and I'd want to make the most of the four years and be part of the community.
>
> Lists everything, which reads as having committed to nothing.

### THE TRAP

Naming things that don't exist there, or listing so many it's obvious you'd do none. Two or three, well-justified.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Do you know the names of any of our student organizations?"*
- *"What would you start that we don't have?"*

---

## 77 What other schools are you considering? If we accepted you today, would you come?

### WHAT THEY'RE ACTUALLY ASSESSING

Yield probability, and your honesty under a slightly uncomfortable question.

### HOW TO STRUCTURE IT

Be honest without listing everything → speak genuinely about what draws you here → be sincere about your enthusiasm.

### HIT THESE

- It's fine to say you're considering several strong programs
- Don't promise you'd commit if that isn't true
- Do say specifically what makes this school compelling
- Warmth matters more than the literal answer

### A STRONG ANSWER

> Yes. This school is my top choice, and I'd be excited to attend if offered a place. My brother's experience here has helped me picture myself as part of the community. I'm also interested in the mobile dental van's work with Chinese communities and the opportunity to learn more about Dr. Jones's salivary-flow research. Those are specific opportunities that make this school feel like a strong fit for my interests.
>
> A clear yes, a family tie, and two named opportunities that only exist here.

### A WEAK ANSWER

> Honestly, this is my top choice. If you accepted me today I'd cancel the rest of my interviews on the drive home. This is where I've wanted to be since I started the process, and everything I've learned about the program since then has only confirmed it for me. I'd sign whatever you put in front of me right now.
>
> An overclaim they've heard before and can't verify. It costs credibility.

### THE TRAP

An obvious lie in either direction. Overclaiming 'you're my only choice' when they know you applied broadly damages your credibility more than an honest 'this is among my top choices, and here's exactly why.'

### POSSIBLE FOLLOW-UP QUESTIONS

- *"If we made you an offer today, would you take it?"*
- *"What would make the decision for you?"*

---

## 78 What concerns do you have about dental school?

### WHAT THEY'RE ACTUALLY ASSESSING

Realism and self-awareness. An applicant with no concerns hasn't looked closely.

### HOW TO STRUCTURE IT

Name a real concern → why it's real for you specifically → what you're doing to prepare for it.

### HIT THESE

- Pick something genuine: debt, the pace, hand skills, the clinical transition, being far from support
- Explain why it's specifically yours
- Describe your concrete preparation
- Show it's a concern, not a fear that would stop you

### A STRONG ANSWER

> I am mostly concerned about the clinical transition. I have never provided direct patient care to patients, so it will be challenging to touch a patient for the first time and to give my first injection. I have, however, shadowed an excellent dentist, and I plan to copy a lot of the things that she does to make patients feel at ease. Also, I will study hard in didactic courses and lab courses, so I can walk into appointments with confidence that I know what I'm doing.
>
> A specific concern, what she is already doing about it, and the person she is learning from.

### A WEAK ANSWER

> Honestly, I'm mostly just excited. I know it's going to be hard, and people keep telling me the first year is brutal, but I've wanted this for a long time and I work well under pressure. If anything, my concern is that I'll be impatient waiting to get to the clinical part, because that's the part I've been picturing for years.
>
> 'No real concerns' plus a disguised strength. Nothing here can be checked.

### THE TRAP

'None, I'm just excited.' It reads as either unserious or unreflective. The applicants who admit a real concern and show they've thought it through score higher, consistently.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"What are you doing to prepare for that?"*
- *"Is that enough to stop you?"*

---

## 79 Is there anything we haven't asked that you'd want us to know?

### WHAT THEY'RE ACTUALLY ASSESSING

Preparation and closing skill. This is a gift and most applicants waste it.

### HOW TO STRUCTURE IT

Yes, always → one substantive thing not covered → why it matters → thank them warmly.

### HIT THESE

- Prepare this answer in advance — never wing it
- Choose something genuinely uncovered rather than a repeat
- Keep it to about 60 seconds
- End with real warmth and a clear closing line

### A STRONG ANSWER

> Yes. On Saturdays I run a forty-minute oral health session at my church, mostly for parents of young kids. We're on our ninth session. Attendance is small, eight or nine people, and the main thing I've had to learn is to stop lecturing and just answer what they actually asked. It's the closest thing to chairside teaching I've done. I'm excited to continue educating patients in my new role as a dental student. Thank you for today, this was a better conversation than I expected.
>
> Spends the open door on something genuinely uncovered, with numbers she'd have to defend.

### A WEAK ANSWER

> I think you've covered it pretty thoroughly. You asked about my research and my shadowing and my gap year, and I feel like I got to say most of what I wanted to say. I guess I'd just add that I'm really excited about this school and I hope I get the chance to come here. Thank you for your time today.
>
> Declines the one moment she controls, then fills it with warmth and nothing else.

### THE TRAP

'No, I think we covered everything.' You've just declined the only moment of the interview where you fully control what they hear last.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Anything else? Take your time."*
- *"Why did you want us to know that?"*

---

## 80 Why should we pick you over an applicant with the same GPA and DAT score?

### WHAT THEY'RE ACTUALLY ASSESSING

Confidence without arrogance. Deliberately pointed to see if you get flustered.

### HOW TO STRUCTURE IT

Accept the premise calmly → name what the numbers don't capture → prove it → tie to their class.

### HIT THESE

- Don't get defensive or dismiss the numbers
- Name specific non-numeric strengths
- Prove each with evidence
- Land it as contribution rather than competition

### A STRONG ANSWER

> Due to my work experience. I spent four years teaching high school chemistry, which means explaining one hard idea nine different ways in a single period until it lands for the last kid. I had a student, Dev, who failed the first two units and passed the state exam in May. That's what I'd bring to a partner in preclinic who can't get a prep right, and to a patient who's scared and isn't saying so.
>
> Names a strength the numbers can't show, proves it with one student, and brings it back to the chair.

### A WEAK ANSWER

> That's a fair question. I'd say I'm a really hard worker and I'm genuinely passionate about dentistry. I don't know anything about the other applicant's story, so I don't think I can really compare the two of us. But I know how badly I want this, and I don't believe anyone in your class would work harder than I would.
>
> Deflects, then asserts effort — the two things every other applicant also claims.

### THE TRAP

Disparaging the hypothetical other applicant, or deflecting entirely with 'I can't speak to anyone else.' They asked you to advocate for yourself. Do it.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Say it in one sentence."*
- *"What can you do that they probably can't?"*

---

## 81 What questions do you have for us?

### WHAT THEY'RE ACTUALLY ASSESSING

Depth of interest and quality of thinking. Your questions are scored as much as your answers.

### HOW TO STRUCTURE IT

Two or three prepared, specific questions → follow up genuinely on their answers → close by thanking them.

### HIT THESE

- Ask things the website cannot answer
- Good ones: what surprises students in third year, how the school supports someone who's struggling, what they'd change
- Ask them something personal — why they teach here
- Actually listen and follow up rather than moving down a list

### A STRONG ANSWER

> I have two questions. First, what surprises your students most in third year, when they go from typodonts to actual people? Everyone tells me that transition is the hard part, and I'd like to know what exactly makes it hard. Second, and this one's more personal: you've been teaching here a long time. That's great. What made you stay?
>
> Questions the website can't answer, one of them personal, each with a reason attached.

### A WEAK ANSWER

> I did have a couple. Could you tell me a little about the class size, and how the curriculum is structured across the four years? I'd also be curious what your board pass rates have looked like recently. I just want to make sure I really understand the program before I have to make a decision.
>
> Every one of those answers is on the school's website, and they know it.

### THE TRAP

Asking anything whose answer is on the school's website. Class size or tuition tells them you didn't look. And 'I don't have any' ends the interview on a flat note.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Good question — and what made you ask that one?"*
- *"Anything you've been afraid to ask?"*

---

## 82 Can you see yourself living here for four years? What would that actually look like day to day?

### WHAT THEY'RE ACTUALLY ASSESSING

Retention risk. Schools genuinely worry about students who are miserable in the city and disengage or transfer.

### HOW TO STRUCTURE IT

Yes, concretely → what you know about living here → what your daily life would look like → what you'd look forward to.

### HIT THESE

- Show you've looked into practical life: neighborhoods, rent, transit, commute, weather, cost of living
- Name something you'd actually enjoy here — a scene, an outdoors thing, a food culture, a community
- Describe a realistic weekday and weekend
- Acknowledge an adjustment honestly if it's a big change

### A STRONG ANSWER

> Yes, and I spent a decent amount of time thinking about it. I spent a Saturday looking at apartment rental listings online and there's a neighborhood about twenty minutes north of campus where a one-bedroom runs roughly what I pay now, on a bus line, so I wouldn't need a car to get to school here. Weekdays would be class, then the climbing gym by the river three nights a week. I already found it. The honest adjustment is January. I've only lived in warm places, so I will have to get used to the snow.
>
> Rent, transit, a routine and a gym already found, plus one honest adjustment.

### A WEAK ANSWER

> Yes, definitely. I've heard great things about the area and I'm pretty adaptable, I've been happy everywhere I've lived so far. Honestly, if I get into dental school I think I'd be happy anywhere. I'd be so focused on my studies that I don't think the location would matter all that much to me either way.
>
> "Happy anywhere" tells them she hasn't pictured four years of her actual life.

### THE TRAP

Answering about the school when they asked about the city. And empty enthusiasm — 'I'd love it anywhere' tells them you haven't thought about the four years of your actual life this decision commits.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Have you spent any real time in this city?"*
- *"What would you do on a Saturday here?"*

---

## 83 Have you talked to any dental students who go here?

### WHAT THEY'RE ACTUALLY ASSESSING

Whether your interest in the school goes beyond its website. A conversation with a current student is the best evidence of real homework, and what you took from it tells them what you care about.

### HOW TO STRUCTURE IT

Yes or no, honestly → who, and how you connected → one specific thing you learned → how it shaped your interest.

### HIT THESE

- One real conversation beats a vague 'I've talked to a few'
- Say how you found them: a pre-dental club, an alum, social media, the tour today
- Share something you learned that isn't on the website
- If you haven't yet, say who you plan to talk to, and ask them about it

### A STRONG ANSWER

> One, properly. Priya, a second-year who was in my pre-dental club at State. We talked for about forty minutes last month. What stuck was that she said the sim lab staying open until ten isn't a perk, it's how people get through the first practical, and the upperclassmen run informal sessions there on Tuesdays. I also asked what she'd change, and she said the commute from the cheaper housing. That's why I'm looking at the neighborhood by the light rail.
>
> A real person, a detail the website wouldn't mention, and a decision it changed.

### A WEAK ANSWER

> Yes, I've talked to a few students and they all said really positive things about the school. They said the faculty are very supportive and the clinical experience is great. That really made me want to come here.
>
> Unnamed students saying the brochure out loud.

### THE TRAP

Claiming conversations you didn't have, or naming a student and a detail you can't back up. Interviewers often know their students, and a thin story falls apart at the first follow-up.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"What did they say they'd change about the program?"*
- *"What surprised you in that conversation?"*

---

## 84 What have you done to learn about this school, beyond reading the website?

### WHAT THEY'RE ACTUALLY ASSESSING

Effort. Anyone can skim a homepage the night before — they want to know whether you cared enough to talk to a human being.

### HOW TO STRUCTURE IT

Name what you actually did → what you learned that surprised you → how it changed your view of the school → what you still want to know.

### HIT THESE

- Best answers involve a person: a current student, an alum, someone you met at an open day
- Mention anything you attended — a virtual info session, a tour, a webinar
- Say something you learned that isn't marketing copy
- Be honest if your research was limited, and say what you'd want to ask today

### A STRONG ANSWER

I emailed four students off a student organization page and two of them wrote back. One, a third-year, gave me 20 minutes on the phone and told me the thing I couldn't have found anywhere, which is that chasing clinic requirements makes third year feel like a scavenger hunt, and she wished somebody had told her to get to know the front desk staff early. That was worth more than the whole site. I also sat in on the virtual info session in October. What I'd still want to ask is how supported a busy clinic afternoon actually feels.

A real person, a real conversation, something unmarketable learned, and a question still open.

### A WEAK ANSWER

I've read a lot about the program. I know the clinical curriculum is strong and that students start seeing patients early, and the community outreach opportunities really appeal to me. The faculty are well regarded and I've been impressed by the research coming out of the school. From everything I've seen it looks like a great fit for me.

Every sentence could have come off the admissions page in ninety seconds flat.

### THE TRAP

Reciting facts anyone could find in ninety seconds. If everything you say could have come from the admissions page, you've answered the question badly no matter how accurate you are.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Who did you speak to?"*
- *"What surprised you?"*
- *Knowledge of the Profession*

# Knowledge of the Profession

**14 questions · aim for about 1:50 per answer**

Are you entering dentistry with your eyes open about debt, access, technology, and where it's headed?

## 85 What qualities make a good dentist?

**WHAT THEY'RE ACTUALLY ASSESSING**

Your model of the profession, which reveals what you'll prioritize as a student.

**HOW TO STRUCTURE IT**

Three or four qualities → why each matters concretely → an example of seeing it done well or badly → which you're still building.

**HIT THESE**

- Balance technical, interpersonal, and character qualities
- Ground each in something you observed
- Include something unexpected: business judgment, humility about your own limits, stamina
- Name honestly which one you're weakest in

**A STRONG ANSWER**

> I'd say three qualities matter: precise hands, calm communication, and sound judgment. Dentists need technical skills to deliver treatment, but they also need to help anxious patients feel safe and make thoughtful decisions when a plan changes. If they own or help run a practice, they also need to understand the business without letting it override patient care.
>
> Three qualities, each tied to what the job actually asks, including the business.

**A WEAK ANSWER**

> I think a good dentist has to be compassionate, detail-oriented, and a strong communicator. You're working in a tiny space, so precision matters enormously, and patients are often anxious, so putting them at ease is huge. And I'd add lifelong learner, because the field keeps changing and you can't stop at graduation.
>
> A list of virtues anyone could recite, with nothing observed standing behind it.

**THE TRAP**

A generic list of virtues with no evidence. Also — leaving out communication. Most patient complaints and most malpractice claims trace to communication, not clinical error.

**POSSIBLE FOLLOW-UP QUESTIONS**

- *"Which of those are you weakest at?"*
- *"Have you seen a dentist do that badly?"*

## 86 What do you see as the biggest issue facing dentistry today?

### WHAT THEY'RE ACTUALLY ASSESSING

Whether you follow the field. Many applicants have no idea what's happening in the profession they're joining.

### HOW TO STRUCTURE IT

Name one issue → show you understand its mechanics → discuss it from more than one side → where you'd fit.

### HIT THESE

- Have a real one ready: access to care, student debt versus practice economics, DSO consolidation, oral-systemic health integration, workforce shortages, Medicaid reimbursement
- Show mechanism, not just headline
- Acknowledge the legitimate view on the other side
- Be honest about complexity

### A STRONG ANSWER

> One issue I'm concerned about is the cost of dental education and how students can finance it. High debt can affect who can afford to enter the profession and what options graduates feel they have afterward. I understand that training dentists is expensive, but I think it's important to look for ways to keep education accessible while maintaining the quality of clinical training.
>
> Names the mechanism, concedes the cost of training, and keeps the aim practical.

### A WEAK ANSWER

> I'd say access to care. There are a lot of people in this country who can't get to a dentist, whether that's cost or because there simply aren't providers where they live, and I think the profession has a real responsibility to address that. It's honestly a big part of why I want to go into dentistry in the first place.
>
> A real issue named and then abandoned — headline with no mechanism, no second side.

### THE TRAP

Having no answer, or a shallow one. This question is where prepared applicants separate from unprepared ones, and it's entirely fixable with two hours of reading.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"What's driving that issue underneath?"*
- *"What's the argument on the other side?"*

## 87 Corporate dental offices — DSOs — are becoming more popular. Do you think they're good or bad for dentistry?

### WHAT THEY'RE ACTUALLY ASSESSING

Whether you understand the economics you're walking into, and whether you can take a position on a contested question without sloganeering. A large share of new graduates start their careers in a DSO.

### HOW TO STRUCTURE IT

Show you understand the model → the genuine case for → the genuine case against → your own position, with reasons.

### HIT THESE

- Know why new graduates join: no startup capital, built-in mentorship, immediate patient volume, admin handled for you
- The case for: access in areas a solo practice couldn't survive in, and a softer landing for a new grad carrying debt
- The case against: production quotas, pressure on treatment decisions, less clinical autonomy
- Note the range across DSOs is enormous — some are excellent, some are not
- Land on an actual answer rather than 'it depends'

### A STRONG ANSWER

I see potential benefits and concerns with DSOs. They may offer new dentists patient volume and administrative support. But DSOs' financial targets may influence clinical decisions, which is not good. I'd want to learn how a particular organization supports independent clinical judgment and patient care before deciding whether it would be right for me.

Sees both sides, names where the pressure comes from, and says what she'd check first.

### A WEAK ANSWER

I have some real concerns about them. When corporate ownership gets involved there's always a risk that profit starts coming before patient care, and I'd rather be somewhere the dentist is the one making the decisions. I know a lot of new graduates go that route out of necessity, but I'd want a private practice where I could build long relationships with my patients.

A sweeping verdict delivered to a room that may include people who work with DSOs.

### THE TRAP

Condemning DSOs outright. Some of your interviewers own practices, some consult for DSOs, and many of their graduates work in one. A sweeping verdict reads as someone repeating a talking point rather than thinking.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Would you work for one yourself?"*
- *"What would you look for before signing with one?"*

## 88 How is technology changing dentistry? Where does AI fit in?

### WHAT THEY'RE ACTUALLY ASSESSING

Forward-thinking and comfort with change over a forty-year career.

### HOW TO STRUCTURE IT

Name specific technologies → what they actually change → the limits and risks → your posture toward learning them.

### HIT THESE

- Be specific: intraoral scanners, chairside CAD/CAM, cone beam CT, 3D printing, AI caries and bone-loss detection on radiographs, teledentistry
- Explain what changes for the patient, not just the dentist
- Name real limits: AI as a second reader rather than a decider, liability, access gaps
- Show enthusiasm for continuous learning

### A STRONG ANSWER

Technology is changing dentistry by making care more efficient, precise, and comfortable for patients. For example, I shadowed at an office that used an intraoral scanner. Patients appreciated not having to deal with traditional impressions, which can trigger gagging, and the dentist benefited from having digital scans that could be stored and accessed later. I think AI is another exciting development. It has the potential to assist dentists with tasks like analyzing radiographs, identifying possible areas of concern, and supporting treatment planning. However, AI should be a tool that supports clinical judgment, not replaces it. I believe dentists have a responsibility to be lifelong learners and stay informed about emerging technologies. But adopting new technology shouldn't mean embracing every new product. Dentists need to critically evaluate its accuracy, safety, clinical benefits, cost, and potential liability before incorporating it into patient care.

One technology seen in use, what the patient noticed, and a clear limit on AI.

### A WEAK ANSWER

Technology is changing dentistry incredibly fast, and I think the dentists who thrive will be the ones who stay adaptable. AI especially is going to change how we diagnose things over the next decade. I've always picked up new tools quickly, so I'm excited to keep learning and to stay current with the field as it evolves.

Pure futurism. No technology is actually named, so nothing is demonstrated.

### THE TRAP

Vague futurism. 'Technology is advancing rapidly and dentists must adapt' says nothing. Naming three actual technologies puts you above most of the applicant pool.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Name a specific technology."*
- *"What are the limits of that?"*

## 89 What do you know about access to care and dental deserts in this country?

### WHAT THEY'RE ACTUALLY ASSESSING

Awareness of the field's largest structural problem.

### HOW TO STRUCTURE IT

Show factual grounding → explain the causes → name what's been tried → what you'd do.

### HIT THESE

- Know the scale: tens of millions in dental health professional shortage areas
- Causes: geographic maldistribution, low Medicaid reimbursement and participation, no adult dental benefit in many states, transportation and time off work
- Interventions: loan repayment programs, FQHCs, mobile clinics, teledentistry, dental therapists
- Connect to something you've personally done

### A STRONG ANSWER

> Access to dental care is shaped by more than whether someone wants an appointment. Cost, insurance coverage, transportation, time away from work, and where dentists practice can all create barriers. My grandfather had to drive two hours for dental care in rural Texas, which made the geographic issue personal to me. I'd like to learn more about community-based care and ways dentists can make treatment easier to reach.
>
> Barriers beyond wanting care, and a two-hour drive that made it personal.

### A WEAK ANSWER

> It's a huge problem. So many people in this country don't have access to basic dental care, and it falls hardest on low-income and rural communities, which I don't think most people realize. It's something we all have a responsibility to address, and I hope to be part of the solution and give back to underserved communities however I can.
>
> Sympathy standing in for substance — nothing here explains why the gap persists.

### THE TRAP

Sympathy without substance. Caring about access is assumed; knowing why it persists is what earns the score.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Why has it stayed unsolved?"*
- *"What have you personally done about it?"*

---

## 90 What's the role of a dentist in a patient's overall health?

### WHAT THEY'RE ACTUALLY ASSESSING

Whether you see dentistry as isolated from medicine or integrated with it.

### HOW TO STRUCTURE IT

Frame the mouth as part of the body → give specific systemic links → describe the dentist as often the first detector → the collaboration that follows.

### HIT THESE

- Name specific connections: periodontal disease and diabetes, cardiovascular associations, adverse pregnancy outcomes, oral manifestations of HIV and eating disorders and reflux
- Note dentists often see patients more regularly than physicians do
- Include screening: oral cancer, hypertension, undiagnosed diabetes
- Describe referral and shared care

### A STRONG ANSWER

> Dentists care for one part of the body, but oral health doesn't exist separately from overall health. For example, there are connections between gum disease and diabetes, heart disease, and Alzheimer's. Some medical conditions or medications can change what care a patient needs. Dentists can recognize oral findings that deserve further evaluation and communicate with other healthcare professionals. That connection is one reason I find dentistry meaningful.
>
> Specific systemic links, and the referral that has to follow when something is found.

### A WEAK ANSWER

> Dentists play a really important role in overall health. Oral health is connected to the rest of the body, and problems in the mouth can be a warning sign of bigger issues going on elsewhere. A dentist can catch things early and refer the patient to a physician if something looks wrong, so they're a key part of the overall care team.
>
> Says the mouth is connected to the body without naming one actual connection.

### THE TRAP

Sticking to teeth. The whole question is an invitation to show you see a patient rather than a dentition.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Give me a specific systemic link."*
- *"How would you actually act on that in practice?"*

---

## 91 How do you feel about the level of debt dental students take on?

### WHAT THEY'RE ACTUALLY ASSESSING

Financial realism. Committees worry about students who haven't confronted the number.

### HOW TO STRUCTURE IT

State that you know the actual figures → your honest assessment → your plan → why it's still worth it to you.

### HIT THESE

- Know real numbers — average dental school debt commonly runs well into six figures, higher at private schools
- Don't minimize it or pretend it's fine
- Have a plan: repayment strategy, practice type, loan repayment programs, living costs
- Be honest that it constrains early career choices

### A STRONG ANSWER

> It's a lot, and I won't pretend it isn't intimidating when I think about it. That was actually a big factor in me deciding to join the Navy. The Navy pays for my dental school education, and I'll work for them after graduation. I view it as a very worthwhile investment in my career.
>
> Admits it is intimidating, and shows a plan already in place for paying it.

### A WEAK ANSWER

> It's a lot, and I won't pretend it isn't intimidating when I think about it. But I've made my peace with it — it's an investment in a career I'll have for forty years, and dentistry is a stable profession with real earning potential. I'd rather carry the debt doing something I love than avoid it and end up somewhere I don't want to be.
>
> Reassurance without a number; they can't tell whether he's actually looked.

### THE TRAP

'I haven't really thought about it' or 'I'll figure it out.' Both alarm the people who watch students struggle with this every year. Knowing the number is the answer.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"What's the number, roughly?"*
- *"Does it change what kind of dentistry you'd practice?"*

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## 92 What does professionalism mean to you?

### WHAT THEY'RE ACTUALLY ASSESSING

Your working definition, and whether it extends past dress code into behavior nobody sees.

### HOW TO STRUCTURE IT

Define it in your own words → break into concrete behaviors → an example you witnessed → how you fall short and work at it.

### HIT THESE

- Go beyond appearance and punctuality
- Include what you do when nobody is watching
- Include how you treat staff, not just patients or faculty
- Name your own gap honestly

### A STRONG ANSWER

> Professionalism means being prepared and dependable. It includes treating patients and every member of the dental team with the same respect. Especially when nobody is watching. I've never worked in a dental office, so I know I'll have a lot to learn about professionalism in that specific setting. I want to build good habits from the beginning.
>
> Defines it by behaviour when nobody is watching, extends it to the whole team, and is honest about what she has not done yet.

### A WEAK ANSWER

> To me professionalism means showing up on time, being prepared, dressing appropriately, and treating everyone with respect. It's about representing yourself and your institution well. In a dental setting that means being reliable for your patients and your colleagues and taking the responsibility seriously, because people are trusting you with their health.
>
> Dress and punctuality — the entry-level definition, and the one everybody gives.

### THE TRAP

Reducing it to dress and timeliness. Those are entry-level. How you treat the people who aren't interviewing you — the front desk, the student guide, the person who took your coat — is the real test. Professionalism is measured in the hallway, not the interview room.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"What does that look like when nobody's watching?"*
- *"How do you treat the front desk staff?"*

---

## 93 Dental therapists and other mid-level providers are becoming more common in rural areas. How do you feel about that?

### WHAT THEY'RE ACTUALLY ASSESSING

Whether you can weigh a contested professional issue on the merits instead of defending turf reflexively.

### HOW TO STRUCTURE IT

Show you know what they are and where → the access case for → the profession's concerns, stated fairly → your reasoned position.

### HIT THESE

- Know the basics: a defined scope under dentist supervision, authorized in a number of states and in tribal health systems, with Alaska's program the longest-running
- The case for: care reaching people who currently get none, and evidence from those programs on quality
- The concerns: scope creep, supervision in practice at distance, whether it treats the symptom rather than maldistribution
- Take an actual position and give your reasons

### A STRONG ANSWER

> I spent a year with a school sealant program across two rural counties and met kids whose nearest dentist was an hour each way. So my starting point is that the comparison isn't therapist versus dentist. It's therapist versus nothing. They work a defined scope under a dentist's supervision, they're authorized in a number of states and in tribal health systems, and the Alaska program has the longest track record to look at. The concern I take seriously is what supervision actually means at ninety miles. I'm for it, with a cap on how many a supervising dentist can carry.
>
> Knows the model, states the objection fairly, and takes a position with a condition attached.

### A WEAK ANSWER

> I understand the intent behind it, and access really is a serious problem. But I do think patients deserve to be treated by someone with a full dental education. Drilling on a tooth is irreversible, and I'd worry about the quality of care coming from someone with less training. I'd rather see us find ways to get more dentists out to those areas.
>
> Protects the profession before weighing the alternative, which is often no care at all.

### THE TRAP

Reflexive protectionism, which reads as tribal rather than thoughtful. Equally weak: not knowing the debate exists. Note that 'a dentist is always better' is not an argument when the real alternative is nobody at all.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Would you support it in this state?"*
- *"What's the strongest argument against your position?"*

## 94 What are the actual barriers keeping people in underserved areas from getting dental care?

### WHAT THEY'RE ACTUALLY ASSESSING

Whether your understanding of access goes beyond 'there aren't enough dentists.'

### HOW TO STRUCTURE IT

Name several distinct categories of barrier → explain the mechanism of each → note which are hardest to fix.

### HIT THESE

- Financial: no adult dental benefit in many state Medicaid programs, low reimbursement, few dentists accepting it
- Geographic: tens of millions in dental health professional shortage areas, long drives, no transit
- Structural: no paid time off, no childcare, appointment hours that require missing work
- Cultural and experiential: past painful or humiliating care, language, distrust, dental anxiety
- Workforce: new graduates carrying large debt gravitating toward higher-income areas

### A STRONG ANSWER

I ran the front desk at a community health center for two years, so I watched these stack. Money first: our state's adult Medicaid dental benefit covered emergency extractions and not much else, so a woman with a restorable molar lost it because that's what was payable. Then geography, shortage areas, ninety-minute drives, no bus. Then the one nobody counts, which is that our morning slots were the ones people missed, because you can't lose a shift or find childcare. Then fear, usually from being shamed at some earlier visit. Fix any single one and she still doesn't come.

Four distinct mechanisms seen firsthand, plus the point that clearing one changes nothing.

### A WEAK ANSWER

The biggest issue is that there just aren't enough dentists in those areas. A lot of rural counties don't have anyone practicing nearby, so people either drive a long way or go without entirely. Cost matters too, since plenty of people don't have any dental coverage. I think we need more dentists willing to go and practice there.

One cause with a second bolted on, and no mechanism underneath either of them.

### THE TRAP

Reducing it to one cause. Access is a stack of independent barriers, and clearing only one changes almost nothing — that insight is what a strong answer demonstrates.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Which of those is hardest to fix?"*
- *"Have you seen any of that firsthand?"*

## 95 Would you be willing to practice in an underserved or rural area? Be honest with me.

### WHAT THEY'RE ACTUALLY ASSESSING

Honesty under a question with an obvious 'right' answer. They can tell when you're performing.

### HOW TO STRUCTURE IT

Answer honestly → the reasoning behind it, including the constraints → what you have actually done → what would make it possible.

### HIT THESE

- If the honest answer is 'I don't know,' say that and say what would decide it
- Name the real factors: debt, family, spouse's career, isolation, professional support
- Point to what you've already done rather than what you'd like to do
- Know the mechanisms if you're interested: NHSC loan repayment, FQHCs, state programs, IHS

### A STRONG ANSWER

> Yes. For two summers I volunteered at a free clinic in a farming county on Saturdays, mostly extractions. I liked that work more than anything else I've done. I'd like to work in a setting like that as a dentist. But the constraints are real. My girlfriend has two years left on a PhD, so we'd need to be within range of a university. And I'll be carrying a lot of debt, which is why I've been reading about the National Health Service Corps repayment program.
>
> A yes with named constraints, past behavior behind it, and the mechanism that makes it possible.

### A WEAK ANSWER

> Absolutely, yes. That's honestly a big part of why I want to do this in the first place. I've always wanted to work with underserved populations and I think that's where dentists are needed most right now. I'd love to end up somewhere rural where I could really make a difference for a community that doesn't have many options.
>
> The obvious right answer, delivered without a single constraint or commitment behind it.

### THE TRAP

An unqualified 'absolutely, that's my dream' with nothing behind it. Faculty have heard it from hundreds of applicants who went straight to the suburbs. A qualified honest yes beats an unqualified hollow one.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"What would actually have to be true for you to do it?"*
- *"Have you worked in one already?"*

---

## 96 What role does social media play in a dentist's career today?

### WHAT THEY'RE ACTUALLY ASSESSING

Whether you understand the modern business and professional reality of the field.

### HOW TO STRUCTURE IT

Name the legitimate roles → the professional risks → where you'd draw your own line → your posture toward it.

### HIT THESE

- Legitimate uses: patient education, practice marketing, building trust before a first visit, professional community and CE
- Risks: HIPAA, patient consent for images, unverified clinical claims, before-and-afters that overpromise
- Note dental boards do discipline practitioners for online conduct
- Say how you'd use it, or why you wouldn't

### A STRONG ANSWER

> I ran social for a small dental office for three years before this, so I'll say the useful part plainly. For a new associate with no patient base, social media postings are how somebody decides whether they're scared of you before they ever walk in. A ninety-second explainer on what a root canal actually feels like does more than any ad we ever bought. The way to do it well is to make posts that are educational and boring. Once you post patient photos, things get tricky. HIPAA, a face in a photo the patient didn't specifically agree to, before-and-afters promising a result you can't repeat.
>
> Names the business function precisely, then the specific risks — HIPAA, a face in a photo nobody cleared, a before-and-after promising too much.

### A WEAK ANSWER

> I think it can be useful for marketing, but honestly I'd rather put my energy into being a good clinician. A lot of what I see online feels more like self-promotion than patient care. If you do good work, patients tell their friends, and word of mouth is the kind of practice I'd want to build for myself.
>
> Dismisses a real part of the job, and word of mouth alone won't fill a new schedule.

### THE TRAP

Dismissing it as unprofessional noise. For a new graduate building a patient base it's now a real part of the job — and treating it as beneath you signals you haven't thought about practice-building at all.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Would you use it yourself?"*
- *"What's the risk you're most worried about?"*

---

## 97 Would you post clinical content online? Where's the line for you?

### WHAT THEY'RE ACTUALLY ASSESSING

Professional judgment applied to a genuinely gray area, plus your grasp of consent and privacy.

### HOW TO STRUCTURE IT

State your position → the rules that constrain it → the specific line you'd draw → the reasoning behind that line.

### HIT THESE

- Written, specific, revocable patient consent for any identifiable image — a signed general form is not enough
- Distinguish education from advertising from entertainment
- Name what you'd never post: identifiable minors, anything mocking a patient, staged or misleading results
- Consider how a patient in your chair would feel seeing it

### A STRONG ANSWER

> I'd use social media carefully and primarily to educate patients. I would protect patient privacy, follow applicable rules, and obtain appropriate permission before using any patient images or stories. I'd also avoid making promises about treatment results or posting content that could embarrass someone. Building trust matters more to me than getting attention online.
>
> Education first, privacy and permission non-negotiable, and trust over attention.

### A WEAK ANSWER

> I'd be careful with it. I wouldn't post anything that violates HIPAA, and I'd make sure I had consent from the patient before anything went up. As long as it's legal and they've signed off, I don't really see a problem with sharing cases. A lot of that content is genuinely educational and patients seem to find it interesting.
>
> Stops at legal, and treats one signature as if it were the whole of consent.

### THE TRAP

Focusing only on whether it's legal. The stronger frame is whether a patient would feel respected — and any answer that treats patients as content is a serious professionalism flag.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Would you post a before-and-after of a real patient?"*
- *"What consent would you need?"*

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## 98 Do you see yourself owning your own practice one day?

### WHAT THEY'RE ACTUALLY ASSESSING

Whether you've thought past graduation. Ownership is the traditional path in dentistry and it's changing fast — your answer says a lot about how realistically you're planning.

### HOW TO STRUCTURE IT

Give your honest current answer → what draws you to it or away from it → what you know about the practical side → what would help you decide.

### HIT THESE

- It is fine to say you don't know yet, if you say what would decide it
- If yes: acknowledge the business reality — a practice loan on top of student debt, hiring, payroll, marketing
- If no: give real reasons, like wanting to focus on clinical work or valuing flexibility early on
- Show you know associateship is where nearly everyone starts
- Mention what you'd want to learn first — most schools teach almost no practice management

### A STRONG ANSWER

> I'd like to own a practice eventually, but my first priority after graduation would be becoming a capable clinician. I'd want time as an associate to gain hands-on experience and learn from mentors. Once I felt confident in my clinical judgment, I'd explore ownership more seriously.
>
> Wants ownership eventually, and puts becoming a capable clinician first.

### A WEAK ANSWER

> I'd like to eventually, yes. Owning a practice gives you a lot more autonomy, and you're not answering to somebody else about how you want to treat your patients. It also seems like the stronger path financially over a career. I'd probably associate for a couple of years first and then start looking at buying something.
>
> Autonomy and money, with no sense that ownership means running a small business.

### THE TRAP

Answering as though ownership is automatic. Running a practice is running a small business, and applicants who talk about it as a lifestyle upgrade rather than a job reveal they haven't looked at it closely.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"What would you want to learn before taking that on?"*
- *"Do you know what a practice loan actually looks like?"*
- *Curveball & Stress*

# Curveball & Stress

**2 questions · aim for about 1:15 per answer**

Designed to knock you off script. They're scoring your recovery, not your answer.

## 99 Teach me something in two minutes. Anything you know well.

### WHAT THEY'RE ACTUALLY ASSESSING

Communication ability, which is the core clinical skill. Every day as a dentist is explaining something complex to someone anxious.

### HOW TO STRUCTURE IT

Pick something you know cold → check what they already know → explain simply with an analogy → check understanding → close.

### HIT THESE

- Choose depth over impressiveness
- Start by asking what they already know — that's the clinical instinct they're watching for
- Use one clear analogy
- Watch their face and adjust
- Check understanding at the end

### A STRONG ANSWER

> Can I ask first, have you ever made bread, or just eaten it? Okay. So most people think the yeast pushes the dough up. It doesn't push anything. The yeast eats sugar and gives off carbon dioxide, and the gluten you built by kneading is a net of stretchy strands that traps the bubbles. No net, the gas walks out and you get a brick. I opened a bakery at four a.m. for two years, and almost every failure I saw was the net, not the yeast. So if your kitchen is cold, what happens? Right, slower, because the yeast eats slower. Same net.
>
> Checks prior knowledge, one clear analogy, then checks understanding at the end.

### A WEAK ANSWER

> Sure. I'll do the Krebs cycle. So it's an eight-step process in the mitochondrial matrix, and it starts when acetyl-CoA combines with oxaloacetate to form citrate. Each turn yields three NADH, one FADH2, and one GTP, and those carriers go on to the electron transport chain, which is really where the bulk of the ATP actually gets made, so if we go back to the first step...
>
> Impressive-sounding, never checks whether the listener is following, and won't finish.

### THE TRAP

Choosing something too complex and running out of time, or lecturing without ever checking whether they're following. The checking is the whole point of the exercise.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"Assume I know nothing. Start over."*
- *"Do you think I understood that?"*

## 100 You have sixty seconds. Convince me you belong in this class.

### WHAT THEY'RE ACTUALLY ASSESSING

Whether you can advocate for yourself concisely under time pressure — a proxy for handling pressure generally.

### HOW TO STRUCTURE IT

Open with your single strongest claim → two pieces of evidence → close with what you'd add to the class.

### HIT THESE

- Lead with your strongest point, not a windup
- Two concrete proofs maximum
- Finish inside the time
- Land a clear final sentence — don't trail off

### A STRONG ANSWER

I'm good with people at their worst, and I've proven it somewhere harder than a clinic. Five years of working as a flight attendant, and the job isn't just handing out drinks, it's the woman in 14C having a panic attack at cruise while two rows back somebody's furious about a delay, and you handle it with your voice. Second: I did my prerequisites on layovers. I got my physics A at five a.m. in a crew hotel in Denver, so I don't need ideal conditions. What I'd add is somebody who has already been the calm person in a small metal room with a frightened stranger. That's most of chairside.

Strongest claim first, two concrete proofs, and a closing line that actually lands.

### A WEAK ANSWER

Thank you. So, a little about me — I graduated in 2021 with a biology degree, and it took me a while to find my way to dentistry. I worked a few different jobs, did some shadowing, and over time I realized this was what I actually wanted. I've always been someone who cares a lot about people, and I think that matters in this field more than...

Thirty seconds of windup; the strongest claim never arrives before the time does.

### THE TRAP

Warming up for thirty seconds before saying anything. With sixty seconds you have no runway. First sentence carries the whole answer.

### POSSIBLE FOLLOW-UP QUESTIONS

- *"That's your best case? Give me one more piece of evidence."*
- *"In one sentence — why you?"*

# Now go say it out loud.

Admitted runs the whole interview for you — a faculty voice asks the questions, your camera records, and it scores your pace, filler words and answer length.

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