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. That is why this guide gives you structure, points to hit and traps to avoid — and deliberately does not give you model answers to recite. Memorised answers are audible. Structured ones are not.

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. *The trap* is the specific mistake most applicants make — usually the answer that feels safest. *If they push back* is the follow-up you should expect, 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.

What's inside

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

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.

IF THEY PUSH BACK

- *"Ha — and did you find the building okay, or were you wandering for a bit?"*
- *"Where'd you end up parking?"*

2 How was your drive in? Where are you coming from?

WHAT THEY'RE ACTUALLY ASSESSING

Social calibration and warmth. They're also quietly learning whether you traveled far, which tells them something about how much this school matters to you.

HOW TO STRUCTURE IT

Answer the logistics briefly → say something genuine about the place you came from or the trip → invite them in.

HIT THESE

- Name where you came from clearly
- Offer one detail with a little personality in it
- Do not complain about the trip, the city, or the weather
- Ask them something back if the energy allows

THE TRAP

Treating it as dead air before the 'real' interview. Your voice is being calibrated right now — if you mumble through this, the warm register never arrives.

IF THEY PUSH BACK

- *"That's a bit of a haul. Have you been out this way before?"*
- *"What's your hometown like?"*

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

> **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.

> **IF THEY PUSH BACK**
> - *"What stood out most?"*
> - *"Anything you'd want to see that you haven't yet?"*

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4 How's your morning going so far? Did you manage to get coffee?

WHAT THEY'RE ACTUALLY ASSESSING

Basic human ease. They want to see whether you can be a normal person under mild pressure.

HOW TO STRUCTURE IT

Honest, light answer → one small human detail → open it back up.

HIT THESE

- Be honest — nerves are allowed and admitting them lightly is charming
- Keep it warm and brief
- Don't perform enthusiasm you don't feel

> **THE TRAP**
> Over-answering. This is a five-second question and some applicants deliver a paragraph because they've rehearsed being impressive and can't turn it off.

> **IF THEY PUSH BACK**
> - *"Nervous at all? Everyone says no, and everyone is."*
> - *"What did you do last night — did you sleep?"*

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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

> **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.

> **IF THEY PUSH BACK**
> - *"What have you learned about yourself from the process so far?"*
> - *"Has anything about it surprised you?"*

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6 Before we start — tell me something about you that isn't anywhere in your application.

WHAT THEY'RE ACTUALLY ASSESSING

Whether there's a real person behind the file, and whether you can be spontaneous.

HOW TO STRUCTURE IT

One genuine thing → a short concrete story or detail → why it matters to you.

HIT THESE

- Pick something true and specific, not strategically impressive
- Give one vivid detail so it lands
- Keep it under 60 seconds
- It's fine if it has nothing to do with dentistry

> **THE TRAP**
> Reaching for something that's secretly on your application anyway, or something so calculated it's obviously a plant. Real beats polished here every time.

> **IF THEY PUSH BACK**
> - *"Say more about that — how did you get into it?"*
> - *"How long have you been doing that?"*

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

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.

IF THEY PUSH BACK

- *"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?"*

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

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.

IF THEY PUSH BACK

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

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

> **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.

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

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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

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

> **IF THEY PUSH BACK**
> - *"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

> **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.

> **IF THEY PUSH BACK**
> - *"What did you see that you didn't like?"*
> - *"How many hours, and over what stretch of time?"*

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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

> **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.

> **IF THEY PUSH BACK**
> - *"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

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

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

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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

> **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.

> **IF THEY PUSH BACK**
> - *"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

> **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.

> **IF THEY PUSH BACK**
> - *"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

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

> **IF THEY PUSH BACK**
> - *"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

> **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.

> **IF THEY PUSH BACK**
>
> - *"What's one thing they said that you still think about?"*
> - *"Do they know you're applying?"*

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

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.

IF THEY PUSH BACK

- *"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

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.

IF THEY PUSH BACK

- *"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

> **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.

> **IF THEY PUSH BACK**
> - *"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

> **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.

> **IF THEY PUSH BACK**
> - *"What's the boring part of that specialty?"*
> - *"What would you find hardest about it?"*

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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

> **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.

> **IF THEY PUSH BACK**
> - *“Would you be disappointed?”*
> - *“What's appealing about general practice to you?”*

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

> **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.

> **IF THEY PUSH BACK**
> - *"What were you actually allowed to do yourself?"*
> - *"What was the hardest part of that job?"*

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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

> **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.

> **IF THEY PUSH BACK**
> - *"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

> **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.

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

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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

> **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.

> **IF THEY PUSH BACK**
> - *"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

> **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.

> **IF THEY PUSH BACK**
> - *"What was the turning point?"*
> - *"Do you worry about being older than your classmates?"*

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 Tell me about something you've done that required real precision with your hands.

WHAT THEY'RE ACTUALLY ASSESSING

Manual dexterity evidence. Dental schools screen for this and most applicants answer it badly.

HOW TO STRUCTURE IT

The activity → the specific precision it demanded → how you developed the skill → an honest read on your ability.

HIT THESE

- Anything counts: instruments, art, repair, cooking, suturing, nails, models, surgery on a stuffed animal
- Describe the actual precision demand in physical terms
- Show the learning curve, including early failure
- Connect it to fine motor work under magnification

THE TRAP

Two problems. Claiming a hobby you barely have — they'll probe. Or being so modest you give them nothing to write down. Describe the physical difficulty concretely and let it speak.

IF THEY PUSH BACK

- *"Describe the actual physical difficulty of that."*
- *"How long did it take you to get good at it?"*

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29 Dentistry requires strong fine motor skills. 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

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.'

IF THEY PUSH BACK

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

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30 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

> **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.

> **IF THEY PUSH BACK**
> - *"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

> **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.

> **IF THEY PUSH BACK**
> - *"How many hours did that take?"*
> - *"What made it finally click?"*

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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

> **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.

> **IF THEY PUSH BACK**
>
> - *"Have you ever worked in a mirror before?"*
> - *"What's your plan when you're bad at it in week one?"*

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

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.

IF THEY PUSH BACK

- *"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

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.

IF THEY PUSH BACK

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

---

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

> **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.'

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

---

36 How would your closest friend describe you? How would someone who doesn't like you describe you?

WHAT THEY'RE ACTUALLY ASSESSING

The second half is the real question. It tests whether you can hold an unflattering view of yourself without collapsing or getting defensive.

HOW TO STRUCTURE IT

Friend's version with a supporting example → the critic's version, honestly → what's fair in the criticism.

HIT THESE

- Give the critic's view real teeth
- Concede what's legitimately true in it
- Show what you've done with that awareness
- Keep your tone light rather than wounded

> **THE TRAP**
> Making the critic's version another compliment — 'they'd say I'm too driven.' You've just declined to answer the question, and they noticed.

> **IF THEY PUSH BACK**
> - *"Now the critic. And be fair to them."*
> - *"Is any of that criticism true?"*

---

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

> **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.

> **IF THEY PUSH BACK**
> - *"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

> **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.

> **IF THEY PUSH BACK**
> - *"How long have you been doing that?"*
> - *"When did you last actually get to do it?"*

---

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

> **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.

> **IF THEY PUSH BACK**
> - *"What does it actually look like when you're overwhelmed?"*
> - *"Who do you call?"*

---

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

> **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.

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

---

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

> **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.

> **IF THEY PUSH BACK**
> - *"What specifically changed in how you think?"*
> - *"What did you disagree with in it?"*

---

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

> **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.

> **IF THEY PUSH BACK**
> - *"What was your part in it — specifically yours?"*
> - *"Has it happened again since?"*

---

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

> **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.

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

---

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

> **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.

> **IF THEY PUSH BACK**
>
> - *"Prove it. Give me the evidence."*
> - *"Say that again in one sentence."*

---

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

> **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.

> **IF THEY PUSH BACK**
> - *"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

> **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.

> **IF THEY PUSH BACK**
> - *"Which of those three would your friends argue with?"*
> - *"What's a word they'd use that you left out?"*

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

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.

IF THEY PUSH BACK

- *“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

> **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.

> **IF THEY PUSH BACK**
> - *"Has that ever happened to you before?"*
> - *"Where would you go for help?"*

---

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

> **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.

> **IF THEY PUSH BACK**
> - *"What did you change, exactly?"*
> - *"Did it ever come together?"*

---

50 Dental school is equal parts memorising 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

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.

IF THEY PUSH BACK

- *“Which one have you struggled with before?”*
- *“How would you handle the other one?”*

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

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.

IF THEY PUSH BACK

- *"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

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.

IF THEY PUSH BACK

- *"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

> **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.

> **IF THEY PUSH BACK**
> - *"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

> **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?

> **IF THEY PUSH BACK**
> - *"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

> **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.

> **IF THEY PUSH BACK**
> - *"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

> **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.

> **IF THEY PUSH BACK**
> - *"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

> **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.

> **IF THEY PUSH BACK**
> - *"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

> **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.

> **IF THEY PUSH BACK**
> - *"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

> **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.

> **IF THEY PUSH BACK**
> - *"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

> **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.

> **IF THEY PUSH BACK**
> - *"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

> **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.

> **IF THEY PUSH BACK**
> - *"Were you frustrated? Be honest."*
> - *"What do you think was going on for them?"*

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

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.

IF THEY PUSH BACK

- *"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

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.

IF THEY PUSH BACK

- *"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

> **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.

> **IF THEY PUSH BACK**
> - *"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

> **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.

> **IF THEY PUSH BACK**
> - *"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

> **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.

> **IF THEY PUSH BACK**
> - *"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

> **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.

> **IF THEY PUSH BACK**
> - *"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

> **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.

> **IF THEY PUSH BACK**
> - *"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

> **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.

> **IF THEY PUSH BACK**
> - *"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

> **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.

> **IF THEY PUSH BACK**
> - *"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

> **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.

> **IF THEY PUSH BACK**
> - *"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

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

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

---

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

> **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.

> **IF THEY PUSH BACK**
> - *"What if what they told you involves their safety?"*
> - *"Would you promise confidentiality before hearing it?"*

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

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.

IF THEY PUSH BACK

- *"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

THE TRAP

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

IF THEY PUSH BACK

- *"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

> **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.

> **IF THEY PUSH BACK**
> - *"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

> **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.'

> **IF THEY PUSH BACK**
> - *"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

> **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.

> **IF THEY PUSH BACK**
> - *"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

> **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.

> **IF THEY PUSH BACK**
> - *"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

> **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.

> **IF THEY PUSH BACK**
> - *"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

> **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.

> **IF THEY PUSH BACK**
> - *"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

> **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.

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

---

83 If you moved here, what would your support system look like?

WHAT THEY'RE ACTUALLY ASSESSING

Whether you'll be okay. Isolation is one of the strongest predictors of struggling in professional school, and they've seen it.

HOW TO STRUCTURE IT

Honest account of who and what you'd have → how you'd build more here → your track record of building community somewhere new.

HIT THESE

- Be honest if you'd be starting from nothing — that's common and not a weakness
- Name who you'd stay connected to remotely
- Describe concretely how you'd build here: classmates, organizations, a gym, a faith community, a team
- Point to a time you moved somewhere new and made it work

> **THE TRAP**
> Brushing it off with 'I'm independent, I'll be fine.' Committees hear that from the students who later struggle in silence. Naming a plan reads as self-aware, not needy.

> **IF THEY PUSH BACK**
> - *"Would you be starting from scratch here?"*
> - *"Who would you call on a bad week?"*

---

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

> **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.

> **IF THEY PUSH BACK**
>
> - *"Who did you speak to?"*
> - *"What surprised you?"*

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

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.

IF THEY PUSH BACK

- *"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

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.

IF THEY PUSH BACK

- *"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'

> **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.

> **IF THEY PUSH BACK**
> - *"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

> **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.

> **IF THEY PUSH BACK**
> - *"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

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

> **IF THEY PUSH BACK**
> - *"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

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

> **IF THEY PUSH BACK**
> - *"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

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.

IF THEY PUSH BACK

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

---

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

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.

IF THEY PUSH BACK

- *"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

> **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.

> **IF THEY PUSH BACK**
>
> - *"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

> **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.

> **IF THEY PUSH BACK**
>
> - *"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

> **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.

> **IF THEY PUSH BACK**
> - *"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

> **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.

> **IF THEY PUSH BACK**
> - *"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

> **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.

> **IF THEY PUSH BACK**
> - *"Would you post a before-and-after of a real patient?"*
> - *"What consent would you need?"*

---

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

> **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.

> **IF THEY PUSH BACK**
> - *"What would you want to learn before taking that on?"*
> - *"Do you know what a practice loan actually looks like?"*

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

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.

IF THEY PUSH BACK

- *"Assume I know nothing. Start over."*
- *"Do you think I understood that?"*

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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

THE TRAP

Warming up for thirty seconds before saying anything. With sixty seconds you have no runway. First sentence carries the whole answer.

IF THEY PUSH BACK

- *"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.

admitted.dental

Written by a dentist · NYU College of Dentistry, Class of 2024