

Dentistry mock interview

A fifth dentistry circuit about the rest of the dental team, honest records and where the money should go. Interviewers do not need to be dentists.

MOCK INTERVIEW 5 MMI CIRCUIT 7 STATIONS 7 MINUTES PER STATION

BEFORE YOU START

How to run this mock

- 1 Set up seven stations, one room or clearly separated space each, with a door card from the back of this pack on the door and one interviewer holding the matching station page.
- 2 Run students round in order: 7 minutes in the station, 2 minutes to move on. Seven students fit in one 63 minute circuit, twenty one if you start three at different points.
- 3 Interviewers mark all four domains at every station on the 1 to 4 scale, and write one line of evidence before the next student comes in, while it is still fresh.
- 4 Collect the station pages, copy the marks onto the scoring summary, and give every student one strength and one thing to work on. The debrief is the part that changes results.

MARKED THE SAME WAY AT EVERY STATION

The four scoring domains

M Motivation and insight

Knows what a dentist does all day, the practical and repetitive parts included.

- 1 Reasons that would fit any health course.
- 4 Specific, and clear about the real job.

C Communication

Explains clearly to someone anxious or in pain, and listens to what worries them.

- 1 Talks at the listener, or hides in jargon.
- 4 Plain, warm, and checks it has landed.

R Reflection and self awareness

Learns from experience rather than listing it, and knows the limits of their skill.

- 1 Describes what happened, learns nothing.
- 4 Says what changed, and what needs practice.

V Professional values and ethics

Puts the patient's health before what is quickest, cheapest or most wanted.

- 1 Gives the patient whatever they ask for.
- 4 Weighs need against want, and says why.

MOTIVATION FOR DENTISTRY

Why dentistry rather than dental hygiene, dental therapy or dental technology?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- What can a dentist do that a dental therapist cannot?
- What appeals to you about the parts of those jobs you are giving up?

WHAT A STRONG CANDIDATE COVERS: A LISTENING AID, NOT A MODEL ANSWER. DO NOT READ IT OUT.

- Knows enough about each of the three to be specific, rather than treating them as lesser versions of dentistry.
- Gives reasons in terms of what they want to do: diagnose, plan a whole mouth, and carry the decision.
- Speaks about those careers with respect, because they would be working alongside them every day.
- Admits what they would enjoy about them, which makes the choice sound weighed rather than automatic.
- Does not claim to have known since childhood if the honest answer is that they compared.

NOTE FOR THE INTERVIEWER

Listen for respect as much as for reasons. A candidate who talks down a hygienist or a technician has told you something about how they will treat the team.

MARK ALL FOUR DOMAINS

	Little evidence	Some evidence	Clear evidence	Strong evidence
Motivation and insight	1	2	3	4
Communication	1	2	3	4
Reflection and self awareness	1	2	3	4
Professional values and ethics	1	2	3	4

EVIDENCE: ONE LINE, IN THEIR WORDS, BEFORE THE NEXT STUDENT COMES IN

WORK EXPERIENCE AND REFLECTION

What has a part time job, a volunteering role or a club taught you about dealing with the public?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- Tell us about the most difficult person you dealt with there.
- What do you do differently now because of it?

WHAT A STRONG CANDIDATE COVERS: A LISTENING AID, NOT A MODEL ANSWER. DO NOT READ IT OUT.

- A real setting described concretely, however ordinary: a till, a cafe, a club, a care home, a market stall.
- Something learned about people rather than about the task: how they behave when rushed, embarrassed or short of money.
- An example of them handling someone, with what they said or did, not only how it felt.
- Honest about a time it went badly, and what they would do now instead.
- Links it to a waiting room, where people arrive anxious, late or in pain.

NOTE FOR THE INTERVIEWER

This station is deliberately open so that no student is shut out by having no placement. Mark the reflection, not the prestige of the setting.

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	Little evidence	Some evidence	Clear evidence	Strong evidence
Motivation and insight	1	2	3	4
Communication	1	2	3	4
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ETHICAL REASONING

A patient asks you to record his treatment as a week earlier than it happened, so that his insurance will pay for it. What are the issues, and what would you do?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- What if the practice would otherwise be left unpaid?
- Does it matter that nobody would ever check?

WHAT A STRONG CANDIDATE COVERS: A LISTENING AID, NOT A MODEL ANSWER. DO NOT READ IT OUT.

- Sees straight away that the record would be false, whatever the reason and however small the change.
- Understands that a dental record is a clinical document as well as a bill, and that other people rely on it later.
- Declines without humiliating the patient, and finds out whether there is a real money problem behind the request.
- Suggests what can honestly be done instead, such as a written note of the facts or a conversation about paying.
- Says plainly that this is raised with a senior colleague rather than handled quietly.

NOTE FOR THE INTERVIEWER

This one should be clear cut, so mark how they decline rather than whether they do. A candidate who says no and leaves the patient their dignity is scoring well.

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DENTISTRY AND THE PUBLIC

If more money became available for dentistry, would you put it into prevention or into treating the problems people already have?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- Who loses out under the choice you have just made?
- How long before anyone could tell whether it had worked?

WHAT A STRONG CANDIDATE COVERS: A LISTENING AID, NOT A MODEL ANSWER. DO NOT READ IT OUT.

- Sets out what each option actually buys: brushing schemes, fluoride and check ups against fillings, extractions and pain relief.
- Recognises that prevention pays back slowly, and that people in pain cannot wait for it.
- Notices that the two compete for the same staff and the same chairs, not only for the same money.
- Makes a choice, and says who it falls hardest on.
- Knows where their information came from, and does not invent numbers.

NOTE FOR THE INTERVIEWER

There is no right answer and candidates often try to have both. Press gently for a choice, then mark whether they can name the cost of the one they picked.

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COMMUNICATION ROLE PLAY

Your friend has had an ulcer in her mouth for over a month and keeps putting off getting it looked at. Speak to her now.

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- What if she says she has no dentist and would not know where to go?
- How would you follow it up next week?

BRIEF FOR THE PERSON PLAYING THE PART

Your part	You are the candidate's friend. The ulcer has been there since the summer and it hurts when you eat. You are busy, you have no dentist, and underneath you are worried it is something serious. You brush it off until someone is kind and specific.
Open with	It is only an ulcer. Everyone gets them. It will go on its own.
If handled well	Admit you have been worried about it, and agree to ring somewhere this week.
If handled badly	Say you will sort it at some point, and change the subject if they frighten you.

WHAT A STRONG CANDIDATE COVERS: A LISTENING AID, NOT A MODEL ANSWER. DO NOT READ IT OUT.

- Says why a month matters, without frightening her into avoiding it.
- Asks what has stopped her going so far, and listens to the answer.
- Gives a route that exists: a dentist, a doctor, or a practice taking new patients.
- Gets agreement on something specific, and offers to go with her.

NOTE FOR THE INTERVIEWER

Two people run this station: one marks, one plays the friend. Mark the balance between urgency and calm, not the medical detail.

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DATA AND PROBLEM SOLVING

Look at the table. Which region would you worry about most, and what would you need to know before saying so?

GETTING A FIRST APPOINTMENT, FIVE REGIONS, ONE INVENTED MONTH

Region	Practices taking patients	Seen in two weeks	Average wait (weeks)
A	64	71%	3
B	22	34%	11
C	48	62%	4
D	31	45%	8
E	18	29%	14

These figures are invented for this exercise. They are not data from any real region and should not be quoted as such.

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- Is the region with the most practices necessarily the best served?
- What would you want counted here that is not?

WHAT A STRONG CANDIDATE COVERS: A LISTENING AID, NOT A MODEL ANSWER. DO NOT READ IT OUT.

- Reads the table accurately, including which column is a count and which is a share.
- Notices that the region with the longest wait also has the fewest practices taking new patients.
- Sees that a regional average hides the difference between a city centre and a village twenty miles out.
- Asks about the population of each region before comparing counts of practices.
- Names what the table cannot say, including how far people travel and how many gave up trying.

NOTE FOR THE INTERVIEWER

Print this page so the candidate can see the table. Mark careful reading and honest uncertainty. The regions are lettered because the figures are invented.

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PERSONAL INSIGHT

Tell us about something you have practised until it became automatic. What was it like before it clicked?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- How long did it take, and did you ever nearly stop?
- What does it feel like now when you do it badly?

WHAT A STRONG CANDIDATE COVERS: A LISTENING AID, NOT A MODEL ANSWER. DO NOT READ IT OUT.

- Names a skill they have genuinely drilled, whether that is an instrument, a sport, a craft or a language.
- Describes the awkward stage honestly, including having to think about every separate step.
- Knows what moved it along: repetition, feedback, breaking it down, or someone watching them do it.
- Understands that automatic does not mean careless, and that they still check themselves.
- Connects it to learning a procedure with the hands, without claiming to be ready to do one.

NOTE FOR THE INTERVIEWER

Dental training is built on repetition under supervision. Mark whether the student has lived through the slow part of learning a skill and can describe it.

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Scoring summary

One row per student. Copy each mark across from the station sheets, then total the row. Every station is marked out of 16, so the circuit totals 112.

M Motivation and insight C Communication R Reflection and self awareness V Professional values and ethics

[illegible]

THE SCALE, AT EVERY STATION

- | | | |
|---|-----------------|---|
| 1 | Little evidence | Barely addressed, or addressed in a way that raises a concern. Would need substantial work before a real interview. |
| 2 | Some evidence | Touched on it, but thinly or only when prompted. The material is there and the answer is not. |
| 3 | Clear evidence | Covered it well and unprompted. The kind of answer that does the candidate no harm at a real interview. |
| 4 | Strong evidence | Covered it with insight and specifics, and made the interviewer want to hear more. Rare, and should stay rare. |

Briefing for interviewers

Read this once before the circuit starts. It takes about three minutes, and it is the difference between a mock that flatters everyone and one that tells a student something they can act on.

You do not need to be a dentist to interview

You are not judging dental knowledge. You are judging whether a seventeen year old can think out loud, listen, reflect honestly and hold more than one side of a problem, which is what a dental school is looking for too. Everything you need is on your station page, and the four domains mean the same thing at every station in the circuit.

Before the circuit starts

- Read your station page twice, including the two follow up prompts, and check the door card outside matches your station.
- Have the page, a pen and a watch or a phone timer in front of you. Someone will call the changeover, but keep your own eye on the time.
- Decide with the coordinator who calls time if you are running the role play station, because that station needs two people.

Running your station

- Ask the question exactly as written, so every student gets the same station.
- Then stop talking. Let a silence run for a good five seconds before you prompt: thinking time is not a fault.
- Use a follow up only if the candidate has stalled or has finished early. Two prompts is the maximum.
- Do not teach, correct or react. Nodding along warmly to one student and sitting stony faced with the next is the most common way a circuit becomes unfair.
- Keep the listening aid beside you, not in front of the candidate. It is there to help you hear a thin answer, and it is not a checklist to tick off or read aloud.

Marking

- Mark all four domains, every time, even at a station that leans on two of them. A candidate who communicates beautifully and says nothing can score 4 and 1 on the same answer.
- Mark immediately, before the next student walks in. Marks written at the end of the afternoon are memories of the strongest and the weakest, and nothing in between.
- Write one line of evidence per student, in their words if you can. That line is what makes the debrief useful, and it is the part students remember.
- Use the whole scale. If everyone gets a 3, the circuit has told the student nothing.

Afterwards

- Hand your station pages to the coordinator with every mark and evidence line filled in.
- Flag anything that worried you, for example a student who was very distressed or an answer that raised a safeguarding concern, to the member of staff running the day rather than to the student.
- If you can stay for ten minutes, the students get far more from hearing one strength and one improvement from you directly than from a score.

Why dentistry rather than dental hygiene, dental therapy or dental technology?

Take a moment to think before you answer. The interviewer may ask you more.

**What has a part
time job, a
volunteering role
or a club taught
you about dealing
with the public?**

Take a moment to think before you answer. The interviewer may ask you more.

A patient asks you to record his treatment as a week earlier than it happened, so that his insurance will pay for it. What are the issues, and what would you do?

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**If more money
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Your friend has had an ulcer in her mouth for over a month and keeps putting off getting it looked at. Speak to her now.

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**Look at the table.
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Tell us about something you have practised until it became automatic. What was it like before it clicked?

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