**GP 1**

**Dr. Brian Calhoon (2020)**

**What GP are you in? What is unique about your GP that you feel makes it better than the others?** \*

GP1 You will get really good at treatment planning and by the end nothing will phase you!

**If you were a D2 what advice would you have given yourself to better prepare you for clinic?** \*

Be open minded and don’t stress too much about doing something new. You have a lot of resources to try different things that you might not when you are on your own. Be organized and prepared and you will succeed.

**What is a trait that you believe is crucial for success in clinic? Why?** \*

Be organized and practice your time management! It will pay dividends as you work towards your clinic experiences.

**What was your first procedure? What went right? What went wrong? What would you have done differently? What did you learn from it? \***

You will most likely start out assisting and doing work ups on patients. Get into a good rhythm and learn how to work efficiently in your GP. It will be difficult when you first start and that’s ok. Just practice and speed will come with time.

**What has been the biggest lesson you learned reflecting back on your time in clinic at UMSOD?** \*

Dealing with people can be really difficult but also really rewarding. Be confident in yourself. You have been living and breathing teeth for the last few years. You will know more than your patients could imagine on the subject, but don’t be afraid to seek out more information when you don’t have all the answers.

**What would you have done differently from the time you started clinic to the time you finished clinic? Why?** \*

I would have worked harder to fill up my schedule more efficiently.

**What has been the biggest hurdle you have had to overcome in clinic? How did you overcome it and what did you learn from it? \***

Managing all the differing opinions on how to handle a treatment.

**What has been the best piece of advice you have received while in clinic?** \*

Learn as much as you can.

**How did you best manage the stresses of classes and clinic at the same time? How difficult was this transition for you?** \*

You learn to adapt. They both offer a reprieve from one another.

**Do you have any insight on how to best have access to chairs and make appointments? If you do, what advice would you give people who are seeking the most efficient way to obtain chairs?** \*

Book your appointment early. Try to learn your patients schedules as well as the faculty’s.

**What aspect of clinic did you find to be the most time consuming and how would you recommend a student go about being more efficient?** \*

All the red tape involved with the school. Try to figure out what needs to be done before hand so you are prepared at the time of the treatment.

**What resources did you use to prepare you for Boards Part II? \***

Mastery app and old test questions.

**What tips worked for you in getting patients to say “yes” to your proposed treatment?** \*

Be informed and relay this information to them.

**What skills/techniques for certain procedures did you find particularly helpful when beginning clinic?**

Ask your covering faculty for advice.

**Are you going into GPR or AEGD? If so, which one and why? What was the biggest contributing factor that led you to gaining admission to your program? What advice would you give someone with interest in gaining admission to that program?**

GPR because I need it to get a license. Reach out to people who went to the programs you are interested to best learn about them.

**Did you attend a clerkship? If so, which one and what has been the biggest benefit you had from being a part of it?**

Radiology taught me a lot about CBCT

**What did you do that you feel gave you an advantage in patient selection for boards?**

Find your patients early!

**What was something that you did differently from your peers that you feel benefited you in clinic and that you will be able to carry on in private practice/residency?**

I bounced around between specialty clinics a lot.

**Would you mind providing your e-mail/social media accounts for future students to follow/contact you if they may have any questions?**

bmcalhoon@gmail.com

**Jamaad Abdi (2021)**

**What GP are you in? What is unique about your GP that you feel makes it better than the others?** \*

1: You’re put into an environment where you have to work hard. Your GP directors notice very early on who has been in clinic often and who hasn’t so everyone usually shows up which translates into getting requirements fulfilled earlier

**If you were a D2 what advice would you have given yourself to better prepare you for clinic?** \*

Don’t be scared of the D4s! Ask us any and everything. Consider us as your big brothers and sisters. Closed mouths don’t get fed

**What is a trait that you believe is crucial for success in clinic? Why?**\*

Resilience. You have to be okay with criticism. People will tell you that your work could’ve been better. You will forget things. You will mess up. You have to be okay with that. Most importantly, you will succeed because you failed.

**What was your first procedure? What went right? What went wrong? What would you have done differently? What did you learn from it?** \*

Operative. I was scared to do my first local infiltration because honestly there’s really no way to practice giving injections besides just doing them. I did it with a D4 standing right next to me which made me feel more relaxed. It went smoothly because I had the support that I needed. I learned that it’s okay to ask for help. Don’t ever feel like you’re bothering us. The worst we could say is no (because we’re busy) and even then, we’d try and find someone nearby to help

**What has been the biggest lesson you learned reflecting back on your time in clinic at UMSOD?** \*

You have to do it all and do it all relentlessly. Someone said you pay $150 per day to be here. Wouldn’t you want to make the most out of it? If your patient cancels, assist someone. Enjoy endo or perio? Go up to the 4th floor and ask residents if they need help. This is a learning environment. Make the most out of it

**What would you have done differently from the time you started clinic to the time you finished clinic? Why?** \*

Understand how to translate things into layman’s terms. Patients are curious and they will ask questions. Be prepared to answer questions in a way that they can understand

**What has been the biggest hurdle you have had to overcome in clinic? How did you overcome it and what did you learn from it?** \*

Learning to accept criticism constantly. I felt like I wasn’t good enough at a certain point and I was trying very hard. You have to understand that your directors are all very different and you might not connect with everyone but that’s okay. They’re here to make you into the best clinician possible before you graduate and that’s the main goal. Think of it like hazing and leave your emotions outside before you start the clinic session. Always put a smile on and know that we went through it too.

**What has been the best piece of advice you have received while in clinic?** \*

It’s okay to feel lost and frustrated. Baby steps are key. As long as you learn from your mistakes, write down what you learned that day and keep a log of things to work on you will succeed. You are your only competition and as long as you’re doing better than you were yesterday, you’re going to succeed.

**How did you best manage the stresses of classes and clinic at the same time? How difficult was this transition for you?** \*

I kept in close contact with my friends back home. They keep me laughing and know the real me. They really kept me sane.

**Do you have any insight on how to best have access to chairs and make appointments? If you do, what advice would you give people who are seeking the most efficient way to obtain chairs? \***

Know what days your patients can come so you don’t have to waste time asking them repeatedly

**What aspect of clinic did you find to be the most time consuming and how would you recommend a student go about being more efficient? \***

Dentures. Make sure you do a Prosth consult at the TXP appointment to see if the patient needs an alveoplasty in addition to extractions

**What resources did you use to prepare you for Boards Part II?**\*

Study guides

**What tips worked for you in getting patients to say “yes” to your proposed treatment? \***

Keep it real. They like honesty

**What skills/techniques for certain procedures did you find particularly helpful when beginning clinic?**

For deep caries, start with high speed for enamel and when you break through to dentin, getting closer to pulp switch to slow to speed (5 rpm) with no water. Use light paintbrush strokes & you won’t hit the pulp. Not all dark dentin is carious. If it’s not catching on the explorer it’s most likely sclerotic dentin

**Did you attend a clerkship? If so, which one and what has been the biggest benefit you had from being a part of it?**

Peds. Exposure to more info about pediatric dentistry

**What was something that you did differently from your peers that you feel benefited you in clinic and that you will be able to carry on in private practice/residency?**

Figured out a way to bring them in whenever they needed to come in. When there’s a will, there’s a way. Take risks sometimes. People always cancel chairs last minute and chairs are left for emergencies

**Would you mind providing your e-mail/social media accounts for future students to follow/contact you if they may have any questions?**

jamaadya@gmail.com

**GP 2**

**Mimi Nguyen (2021)**

**What GP are you in? What is unique about your GP that you feel makes it better than the others?** \*

GP2- I think we are infamous for being a strict GP compared to others. However, that helps you learn the basics very well. You will always have to bring your A game. Our GP will definitely push you to be prepared and organized more than you realize.

**If you were a D2 what advice would you have given yourself to better prepare you for clinic?** \*

I would want to review operative concepts, dental anatomy, and dental materials well. It makes a difference to decide on prognosis of a treatment plan. In addition, learn to use Axium and practice writing visit notes. It seems abundant but definitely will help you navigate better and declutter your to-do list.

**What is a trait that you believe is crucial for success in clinic? Why?** \*

Resilience. Transitioning into clinic can be extremely frustrating. It's different from D1/D2 when your evaluation does not depend on your study skills alone. You would have to be prepared for situations like patient does not show up, appointments take longer, patient finances, or you don't have patients for the requirements. I know it's hard but keep pushing yourself to be open minded and be positive. Explore and utilize the school resources as much as possible. If you don't have patients, go assist D4/D3, OS, or postdoc. You always will learn something.

**What was your first procedure? What went right? What went wrong? What would you have done differently? What did you learn from it? \***

My first procedure was emergency core build-up. We did a quick evaluation with Xray and vital testing before proceeding. The appointment went well but it took a long time. Why? It was my first time working with "the tongue" on top of indirect vision. Retraction and angling the suction/mirror were challenging. I don't think there was anything I could change for the procedure but skill wise, I would have practiced more on indirect vision and find an angle to look at your mirror (try to get yourself comfortable)

**What has been the biggest lesson you learned reflecting back on your time in clinic at UMSOD?** \*

Keep an open mind and do not take things personally. It's a high stress environment with so many variables, however, your attitude can change anything. I'm not saying you always have to be positive/happy, but have a curious mind and a willingness to learn will make it more enjoyable. Don't view your mistakes as a failure. It's an opportunity to learn and improve.

**What would you have done differently from the time you started clinic to the time you finished clinic? Why? \***

I would want to organize myself a little better such as keeping a record of what my patients need on an excel document. It's just easier for me to follow up and check on their condition instead of opening Axium 1000 times per day and look for a specific info.

**What has been the biggest hurdle you have had to overcome in clinic? How did you overcome it and what did you learn from it? \***

The biggest hurdle for me was to get used to things not going as planned. There are certain requirements you have to fulfill for evaluation and patients don't show up. In those times, ask PCC (Patient Care Coordinator) or classmates for help if the deadlines are near. Sometimes, it's hard to control everything, so do not too fixate on certain mistakes/unexpected outcome. All faculty want to help you do well and graduate.

**What has been the best piece of advice you have received while in clinic? \***

Be present and ready. Do not waste your allotted clinic time even when you don't have patients. You won't have the opportunity to learn as much after you graduate.

**How did you best manage the stresses of classes and clinic at the same time? How difficult was this transition for you? \***

I'm not the best to answer this question because I'm on my constant "go" mode for stress. I balance it out by cooking on weekends and getting enough sleep. Classes were a little lighter compared to D1/D2 and some were relevant to what you are using in clinic.

**Do you have any insight on how to best have access to chairs and make appointments? If you do, what advice would you give people who are seeking the most efficient way to obtain chairs? \***

Chairs are open 2 weeks in advance, so basically you won't know your schedule for more than 2 weeks. For D3, Tues and Thursday clinic only available from 4:30-7 and you have to go to front desks and request those chairs. So, remember to ask our front desks staff to reserve those chairs as soon as your schedule opens up. This way, you can offer your patients more options in scheduling. In addition, you can ask your patients when they prefer to come in for appointments and how far do they live from our school. That way, you can navigate your schedule a little better. Finally, you can put patients on YOUR schedule without having a chair yet. You can obtain a chair quicker that way when it's available on the clinic chair chart.

**What aspect of clinic did you find to be the most time consuming and how would you recommend a student go about being more efficient?** \*

Writing visit notes. One trick a senior taught me was to write a standard visit note and save it in the notepad on Axium, then you only need to copy-paste and modify the details whenever you have to write one.

**What tips worked for you in getting patients to say “yes” to your proposed treatment? \***

Be their best alliance and advocate. Learn well why patients seek treatment and what they want. You need to know your treatment plan well from prognosis to finance to be able to explain to your patients. They will be more likely to say yes if you have confidence in the treatment plan as well.

**What skills/techniques for certain procedures did you find particularly helpful when beginning clinic?**

Working with indirect vision and posture. Practice whenever you can so it's easier for you to navigate with patients.

**Who were your faculty mentor(s)? What was the best advice they gave you? why did you choose them to be your mentor?**

My GP2 directors. Be present and ready! : )

**Do you listen to any dental related podcasts? What are your favorite ones and why?**

not in particular- but during quarantine, we utilize a lot of free resources online. One of them is Dawson occlusion course for dental students.

**Were you a Diamond Scholar? If so, how did you best organize yourself for success in attaining all requirements to achieve Diamond scholar status?**

Be present and ready in clinic.

**Would you mind providing your e-mail/social media accounts for future students to follow/contact you if they may have any questions? Please provide that info below.**

nmimi@umaryland.edu

**If you have any additional advice/tips you'd like to disclose please feel free to do so below and thank you so much for your participation.**

Start clinic by asking PCC (Patient Care Coordinator) if they have emergency cases ahead of time. They can schedule emergency patients to you in advance. Plus, it might be a little early but try to take record/pictures for your dental portfolio. It's also a way to keep track of your progress. Time will be a challenge in clinic, so you need to plan well.

**GP 3**

**Dr. Kaitlin Delaney (2020)**

**What GP are you in? What is unique about your GP that you feel makes it better than the others? \***

3- We are a cohesive family. It was so much fun to come to clinic and see other students and directors that felt like family.

**If you were a D2 what advice would you have given yourself to better prepare you for clinic? \***

Try to be present in clinic as much as possible. The only way you will learn is if you show up!

**What is a trait that you believe is crucial for success in clinic? Why? \***

Caring about your patients and working hard to make them comfortable, as patients are only going to return if you give them reasons to return!

**What was your first procedure? What went right? What went wrong? What would you have done differently? What did you learn from it? \***

TPW on my mom. I was incredibly nervous. I filled out her med hx form ahead of time, which was incredibly helpful as it saved time. I did not realize that I had to contact her old dentist for radiographs, so that ended up taking up way too much time during the appointment. I learned to do this step ahead of time for patients who had been seen at another dentist recently!

**What has been the biggest lesson you learned reflecting back on your time in clinic at UMSOD? \***

Learn from your mistakes! You will make lots of mistakes. That is okay. The important thing is to utilize them as opportunities to learn.

**What would you have done differently from the time you started clinic to the time you finished clinic? Why? \***

Nothing. I am happy that I did not have a perfect experience as it allowed me to learn.

**What has been the biggest hurdle you have had to overcome in clinic? How did you overcome it and what did you learn from it? \***

Not getting upset when patients cancelled or no showed. I had to develop thicker skin and learn to not take it personally. The patients we treat in the school are typically lower income and live difficult lives. I had to learn to understand that sometimes dental care is not high on their list of priorities.

**What has been the best piece of advice you have received while in clinic?** \*

To learn from your mistakes!

**How did you best manage the stresses of classes and clinic at the same time? How difficult was this transition for you?** \*

It was not difficult at all. 3rd and 4th years are much easier than 1st and 2nd just because you are doing what you have always wanted to do! Working on humans is a million times better than plastic mouths that you never develop a relationship with.

**Do you have any insight on how to best have access to chairs and make appointments? If you do, what advice would you give people who are seeking the most efficient way to obtain chairs?** \*

Be nice to the front desk!

**What aspect of clinic did you find to be the most time consuming and how would you recommend a student go about being more efficient?** \*

Lab work. Do it right the first time. Collect all the data as best as you can at the TPW. Take great pre-treatment photos and the best radiographs you can as this will save you time throughout the process and allow you to give your patient the best treatment plan.

**What resources did you use to prepare you for Boards Part II?**\*

The mastery app. It is all you will need!

**What tips worked for you in getting patients to say “yes” to your proposed treatment? \***

Developing a relationship with patients and gaining their trust is incredibly critical. This is so important for the rest of your career!!

**What skills/techniques for certain procedures did you find particularly helpful when beginning clinic?**

The clinic manual was helpful at first.

**Do you believe UMSOD prepared you well enough? How so?**

Yes! I feel well prepared for private practice and I am so excited to finally be a dentist.

**Do you listen to any dental related podcasts? What are your favorite ones and why?**

Yes. Dentistry Uncensored because he calls out all of the ridiculousness within our profession. I also like the Dental Guys for more clinical aspects.

**Did you attend a clerkship? If so, which one and what has been the biggest benefit you had from being a part of it?**

Yes!! Diamond scholars. This program is hands down the best thing this school has to offer. I got to treat so many more patients than I would have in the pre-doc clinic. The faculty in AEGD is incredible and allow you to push yourself to do a tremendous amount of clinical work. I have learned so much throughout the last year and I would absolutely recommend it to anyone planning on practicing general dentistry.

**Were you a Diamond Scholar? If so, how did you best organize yourself for success in attaining all requirements to achieve Diamond scholar status?**

Yes! I think the key was developing relationships with my patients early on and showing them that I am willing to go above and beyond for them. When you can motivate a patient and also change their negative perspective of dental visits, they will want to complete the treatment that they need.

**What did you do that you feel gave you an advantage in patient selection for boards?**

Being in Diamond Scholars because I saw so many more patients

**What was something that you did differently from your peers that you feel benefited you in clinic and that you will be able to carry on in private practice/residency?**

Be happy! Support one another and be a team.

**Would you mind providing your e-mail/social media accounts for future students to follow/contact you if they may have any questions?**

kdelaney@umaryland.edu

**If you have any additional advice/tips you'd like to disclose please feel free to do so below and thank you so much for your participation .**

Have fun!

**Dr. Maria Oei (2020)**

**What GP are you in? What is unique about your GP that you feel makes it better than the others?** \*

GP3/AGD-DS. I see GP3 as a place to do whatever you want. If you want to fly, you can fly. If you want to chill, you can chill. The GP directors are very good about understanding your goals and meeting you at your level to help you achieve them.

**If you were a D2 what advice would you have given yourself to better prepare you for clinic?** \*

Understand axiom. Practice clicking around and filling in the forms: med hx, visit notes, referrals, EPR, lab orders, etc. Know the order of perio charting and how to input treatment plans for restorations, extractions, bridges, dentures since there are so many different kinds and materials and therefore, codes. Know how to read the chairs and schedule patients with the right faculty. This will make you more efficient with patients, treatment plans, and faculty.

**What is a trait that you believe is crucial for success in clinic? Why?** \*

Be organized and manage your schedule so that it’s full with meaningful appointments/experiences. Having a full schedule of only prophies or denture adjustments for other people’s patients doesn’t expand your skills or patient pool. This doesn’t mean you need to recruit patients from the street, but until you have enough patients to book you 3 weeks in advance including enough patients to fill in cancellations, you should not be rejecting anybody. You can recruit from emergencies, specialty clinics, upperclassmen, etc.

**What was your first procedure? What went right? What went wrong? What would you have done differently? What did you learn from it? \***

#29 MO amalgam. I only found out about the procedure 15 minutes before the appointment started on the first day/session of clinic. I had a pretty good idea of axiom (struggled with consent and swipes for treatment approval/completion), when to get faculty checks (start, prep check, toffelmire check, final), and the procedure itself (least of my concerns even though I was nervous). Placing the rubber dam was difficult, even with an assistant (real contacts are a lot tighter than the typodont).

**What has been the biggest lesson you learned reflecting back on your time in clinic at UMSOD?** \*

If you ask 10 dentists for a treatment plan, you’d get back 20; everybody does everything differently. This doesn’t mean there’s a right or wrong answer, but present all treatment options and once the patient chooses, stand by it. You cannot please everybody. Sometimes, accidents happen and things fail so you need to have tough skin and know how to handle difficult situations and deliver bad news.

**What would you have done differently from the time you started clinic to the time you finished clinic? Why?** \*

I wish I worked more with different populations (Spanish speaking, peds, special care) and shadowed more in post grad to better understand complicated diagnosis or advanced procedures. I did as much as I could in D3 but when I moved to AGD for DS, I didn’t get as much of a variety in patients or freedom to shadow.

**What has been the biggest hurdle you have had to overcome in clinic? How did you overcome it and what did you learn from it?** \*

Find people in person to ask your question or get a swipe, etc. Unless someone specifies, sending emails or axiom messages is usually slower. Yes, it takes more time and energy to walk around the clinic and wait but you can listen and learn from other conversations or procedures happening around you.

**What has been the best piece of advice you have received while in clinic? \***

Be in clinic, physically and mentally. So many people sign in and leave, or they use clinic time to call patients or do lab work. If you can do something outside of clinic, do it later. Use clinic time for patient interaction. That’s what you’re paying tuition for. So many good things happen to people being in the right place at the right time. If you show up and you put in effort, that doesn’t go unnoticed. Your reputation among classmates and faculty is being built.

**How did you best manage the stresses of classes and clinic at the same time? How difficult was this transition for you?** \*

Dedicate your first summer in clinic to getting used to the flow and building your patient pool if possible. Use this time to come up with systems that work for you. For example, I spent way too long writing visit notes at first. I spent a few nights in the summer writing templates then I never spent longer than 5 minutes on a detailed and personalized visit note. As another example, I found it helpful to dedicate my Fridays to contacting all my patients for the following week. I lost that one hour of free time on Friday afternoons, but gained all the Monday to Thursday evening hours to study for exams. The transition was easy. Classes were pretty easy. Lots of repeat, which was a good review during clinic since you now have an immediate application, and lots of study guides.

**Do you have any insight on how to best have access to chairs and make appointments? If you do, what advice would you give people who are seeking the most efficient way to obtain chairs? \***

No idea how this changes with corona.

**What aspect of clinic did you find to be the most time consuming and how would you recommend a student go about being more efficient?** \*

Again, no idea how this changes with corona. In my time, prosth faculty was really limited so when chairs were released, I scheduled all my prosth patients first. Then any TXP or PEF chairs. Then C3’s because of less faculty coverage and fewer chairs. I always scheduled GD chairs last because that could be done in either GP or dean’s faculty could be added last minute; these were never as competitive.

**What resources did you use to prepare you for Boards Part II**? \*

Dental decks (I’m very old fashioned and still like paper) and study guides (el maestro is best because it’s organized by subject). The earliest you can take it is late August/early September so I wouldn’t even bother studying until the beginning of August, assuming you want to be super proactive.

**What tips worked for you in getting patients to say “yes” to your proposed treatment?**\*

Understand your patient’s CC, goal (healthy vs replace missing teeth vs Hollywood smile), time constraints (as long as it takes vs leaving for vacation in 2 weeks), and financial constraints (conservative vs unlimited, insurance vs none).

**What skills/techniques for certain procedures did you find particularly helpful when beginning clinic?**

I highly recommend almost everybody do an AEGD/GPR. Both are good/different for different people. AEGD is like a fifth year of dental school, get more practice at general dentistry. GPR is a year to see/do crazy procedures in a hospital and come out never afraid of anything ever again. The minimum clinical experiences in dental school are what you can accomplish in 2 weeks of private practice. In other words, after you graduate, you really don’t have that much experience or had that many opportunities to make mistakes and learn from them (because they will happen, even to the best of the best); yes, you can do more but even the number of procedures in the “A grade” threshold is pretty minimal. Residency gives you another year of working under somebody else’s license. It’s like a gap year before being a real dentist, playing it safe, having to look at long term goals of buying a practice, navigating vendors, learning what kind of dentist you want to become, etc. As DS, I was interested in GPR’s since I already had AEGD experience. Not all programs are created equal so think about quantity and types of procedures/skills you want to gain and do your research. Websites are vague so valuable info came from UMSOD alumni or ASDA connections. I thought narrowing down a program list was easy by either being location driven (“I only want to work in Philly”) or being program driven (“I don’t care if it’s AEGD or GPR as long as I get a lot of implant placing experience”).

**Do you believe UMSOD prepared you well enough? How so?**

I’m doing an associateship with Aspen Dental. Initially, I applied for GPR’s but I was location driven and very selective with programs since I had already done so much in DS and didn’t want to waste my time in a program that didn’t challenge me. In the end, I did not find a program that offered the diversity or quantity of procedures at a pace that I wanted to achieve. After deciding to work, I looked into DSO’s, which I know have questionable reputations, and private practices. Some DSO’s are rumored to have procedure quotas, hostile work environments, etc., but I realize it only takes one dentist to ruin the reputation of an entire organization. There will always be good dentists and bad dentists, it doesn’t matter if it’s a DSO or a private practice. For me, Aspen Dental offered me a wonderful mentor and resources that I could utilize and tailor to achieve my personal goals. I think I’m very lucky and UMSOD prepared me well, also because I chased after a lot of knowledge.

**Did you attend a clerkship? If so, which one and what has been the biggest benefit you had from being a part of it?**

Even though I was DS, I was very impressed with the OS and perio clerkships. With the oncology clinic in OS, it isn’t limited to difficult extractions and includes fixed and remo procedures.

**Were you a Diamond Scholar? If so, how did you best organize yourself for success in attaining all requirements to achieve Diamond scholar status?**

DS is a two-way relationship. If you’re interested in general dentistry and you’re looking for a challenge and willing to work hard, then this is the program for you! There are so many luxurious perks about it for the cost of what a lot of people can’t compromise on. For example, not having a chill D4 year even if you’ve finished all your requirements, waking up for 8am clinic, attending classes with residents, being isolated from your classmates, and having no vacation days (you make up sick days and have a 2 day spring break instead of 5 days). The DS application requires a personal statement, clinical portfolio, and recommendation letters. Through these, you’d want to showcase that you have the heart (I personally think this is so important) and the mind to handle it. Stats can vary, but overall, if you’re basically done the minimum clinical experiences in D3 year, you should be competent enough to handle more challenging cases. If you ask around, I’m sure you can find the cookie cutter checklist of what to do to be a good candidate, but if you reflect and get creative on your own to still come up with an amazing application, then you truly know you’re a good fit. Treat the DS application like a residency or job application—how can you make yourself stand out? And if you don’t get accepted, I think the application process is very valuable on its own and prepares you for your next steps regardless.

**How was your externship process? Which externships did you choose and why? What was the biggest takeaway from your externship experience?**

There are 2 externships you have to do: 1 local and 1 “random.” For the local one, you have a choice of 3: Frederick, Access Carroll, and Shady Grove (whenever that opens). This is 3 weeks long. For the random one, you have many choices, including specialties and “create your own” (although for these two, you’d probably only shadow and not do treatment). This is 2 weeks long. I went to Washington state to work for the Indian Health Service because I wouldn’t have another opportunity to work with that population. What a neat experience! Plus, it was a sneaky vacation for being in DS. Some choices are walking distance in the city so you don’t have to spend extra money on travel and housing. When planning your senior year, consider the timing for externships, NBDE2, CDCA (this might not be as stressful if it’s on the typodont and you’re not recruiting patients), and finishing requirements. I liked externship because it was a taste of private practice in the sense of seeing 5-6 patients/day with an assistant and no scheduling responsibility.

**Would you mind providing your e-mail/social media accounts for future students to follow/contact you if they may have any questions? Please provide that info below.**

You can email me ([moei@umaryland.edu)](mailto:moei@umaryland.edu)) or add me on Instagram (@doctor.oei).

**If you have any additional advice/tips you'd like to disclose please feel free to do so below and thank you so much for your participation .**

This is YOUR education, so take charge of it. Be a good person, do the right thing, but you will never have another chance to roam around and learn whatever you want, however you want. After you graduate, time is money so if you already paid the heavy tuition for dental school, get it for all it’s worth. Don’t settle for being competent, and give it 110%!

**GP 4**

**Dr. Seun Odutola (2020)**

**What GP are you in? What is unique about your GP that you feel makes it better than the others?** \*

GP4 (Dr.Cylus, is one to push you to your maximum potential clinically-wise and Dr.King will make sure you are very detail oriented in your med hx and all preliminary steps. The unique thing is that they both do it with kindness and sincerity only wanting the best for you and the patient. They were also very approachable and helpful.

**If you were a D2 what advice would you have given yourself to better prepare you for clinic? \***

Make sure you make a chart on Excel to organize your patient list based on the patient's name, number, day of availability, treatment needs, next visit time etc.

**What is a trait that you believe is crucial for success in clinic? Why?** \*

Organization!!!!!

**What was your first procedure? What went right? What went wrong? What would you have done differently? What did you learn from it? \***

First procedure was removing an old composite MOD on tooth number 19. I removed the composite eventually and filled the tooth with amalgam successfully. I had a hard time distinguishing the composite from the natural tooth surface. I learned to take my time use the air to make apparent the demarcations between the composite and the tooth.

**What has been the biggest lesson you learned reflecting back on your time in clinic at UMSOD?** \*

Be organized!!

**What would you have done differently from the time you started clinic to the time you finished clinic? Why?** \*

I would have been more organized, it makes everything else work better. It allows you to get the most out of the experience and it helps you to zero in on what you and the patient need so that you are not stressed out later down the road.

**What has been the biggest hurdle you have had to overcome in clinic? How did you overcome it and what did you learn from it?** \*

Having patients that did not necessarily want to or had the means to help you fulfill my requirements. I communicated often and early with faculty about my needs as it pertained to my graduation requirements.

**What has been the best piece of advice you have received while in clinic?**\*

Stay organized and plan ahead.

**How did you best manage the stresses of classes and clinic at the same time? How difficult was this transition for you?** \*

I tried to use my weekends very productively to study so that I was organized. It was a tricky transition because the time required for laboratory work was challenged by the need to study.

**Do you have any insight on how to best have access to chairs and make appointments? If you do, what advice would you give people who are seeking the most efficient way to obtain chairs? \***

Know well in advance your patient's needs and days of availability. It will guide you to which chairs (specialty i.e. Prosth, Perio, GD, TP etc) as well as which day.

**What aspect of clinic did you find to be the most time consuming and how would you recommend a student go about being more efficient? \***

Time management, stay organized knowing what you need, what your patients need and what is available.

**What resources did you use to prepare you for Boards Part II? \***

To study: Dental Decks, Mosby Mental Dental Notes To test knowledge: NBDE part II app, El Maestro and Study guides

**What tips worked for you in getting patients to say “yes” to your proposed treatment? \***

Having faculty come behind me to also explain the very thing that I just said using their credentials and expertise to my advantage.

**What skills/techniques for certain procedures did you find particularly helpful when beginning clinic?**

Making sure I used a dry angle for posterior maxillary restorations and I put two cotton rolls (one inside the buccal vestibule and one inside the lingual vestibule when doing mandibular posterior restorations).

**Are you going into GPR or AEGD? If so, which one and why? What was the biggest contributing factor that led you to gaining admission to your program? What advice would you give someone with interest in gaining admission to that program?**

GPR, I wanted more practice and hospital based-experience. The biggest contributing factor was their emphasis on fixed prosthodontics and how I personally fit in with the program director and current residents. I would suggest visiting programs prior to applying the spring or summer before the application cycle begins.

**Do you believe UMSOD prepared you well enough? How so?**

No

**Are you purchasing a practice after graduation? What resources did you use that you feel were crucial in making this decision?**

At some point potentially, not sure yet.

**Who were your faculty mentor(s)? What was the best advice they gave you? why did you choose them to be your mentor?**

Drs.Cylus, Faye, King, Koury, Morgan and Strassler. They all emphasized the importance of putting the patient first and making sure to be very thorough in clinical assessments and treatment planning. Also, they were always amenable to to talking about life after dental school and other important life topics.

**Do you listen to any dental related podcasts? What are your favorite ones and why?**

I began watching "The millenial dentist" "Un dentista en youtube" They are all high-energy and explain what the future of dentistry will look like, as well as evaluated clinical cases and discussed dental pop culutre.

**What did you do that you feel gave you an advantage in patient selection for boards?**

Bilingual

**What was something that you did differently from your peers that you feel benefited you in clinic and that you will be able to carry on in private practice/residency?**

It was helpful to learn Spanish and I would like to use that going forward.

**Would you mind providing your e-mail/social media accounts for future students to follow/contact you if they may have any questions?**

Sodutola@umaryland.edu

**If you have any additional advice/tips you'd like to disclose please feel free to do so below and thank you so much for your participation** .

Set a goal of what it is that you would like to do or see before you leave clinic. If you do this, even if you don't get to do it necessarily, you will get a chance to shadow/assist. Take pictures of your clinical cases as much as possible, for your own gratification and so that you can show residencies/employers what you have done.

**Dr. Kathy Ong**

**What GP are you in? What is unique about your GP that you feel makes it better than the others?** \*

4; Our GP is unique because there isn't a distinction between GP3 or GP4. We're one big family so you can easily share patients with each other and do comps with any director. You can also do prosth in our GP such as interim RPDs, crowns, and bridges if you ask the faculty beforehand. All of the directors are also approachable and willing to help.

**If you were a D2 what advice would you have given yourself to better prepare you for clinic? \***

I think I would've given myself advice to be more familiar with the different competencies for D3 so that I could be more aware of which patients I could possibly challenge them on instead of missing an opportunity. Taylor, our Class Secretary, is beyond awesome so she compiled an excel with all of our competencies that we could challenge in D3.

**What is a trait that you believe is crucial for success in clinic? Why?**\*

I believe being organized is crucial for success in clinic because it's very easy to get lost when you look at your Roladex or at the many competencies that we have between D3 and D4. I would make an excel for your patients with their initials, patient number, what appointments/steps you're on, and what you have to do next for that patient such as make an appointment, prepare for your TXP, bases and rims, etc. As well, you can keep track of who you've co-therapied, inactivated, or transferred. It's also helpful so you can pull it up on your phone via Dropbox if you're running errands for that patient without having to log in to Axium all the time. Another trait I think is important is being proactive. If a D4 co-therapies a patient with you, be proactive in contacting that patient because it delays that patient's treatment if you forget about them.

**What was your first procedure? What went right? What went wrong? What would you have done differently? What did you learn from it?** \*

My first procedure outside of TPWs, TXPs, and prophies was operative for my mom to restore a Class IV on #8. What went right: giving local anesthesia. What went wrong: it was hard for me to tell when I had finished removing the old composite and I was anxious about making the preparation bigger. As a result, the preparation took a long time before the restoration and I ended up going past the clinic session time. Dr. George and a D4 saved me! What would I have done differently and what did I learn from it: I would've asked my faculty for more specific help earlier in the session, such as informing them that it was my first filling on a live patient and that I didn't know how best to tell if I finished removing the old composite. I learned that it's important to tell your faculty what you're struggling with because otherwise, they won't know.

**What has been the biggest lesson you learned reflecting back on your time in clinic at UMSOD? \***

The biggest lessons I've learned reflecting back are to not compare myself to my peers and to ask for help if I'm deficient in certain clinical experiences. For example, it's easy to become discouraged your D3 year when you see others already starting dentures or crowns. However, you should focus on the needs that your current patients have and know that it's okay to start remo in the Spring or Summer. If by late Spring you find that you don't have any reliable patients for the minimum remo clinical experiences, reach out to your directors or your GP Facebook group and ask if anyone has patients they would be willing to share. Perhaps you will have something to share to someone too, such as operative or boards patients. Each person will run at different paces in clinic, but you all will make it to the same end goal.

**What would you have done differently from the time you started clinic to the time you finished clinic? Why?** \*

I would've told myself to be braver in challenging competencies even if you feel you aren't fully prepared for it or even if you're scared to fail. I would do so because you never know when you'll have the opportunity to challenge it again or if clinic will be closed because of a pandemic. For example, patients may change their mind and decide not to get a crown for your crown competency, or maybe there's not enough time for you to finish disease control to start the crown. Taking the step just to try challenging a competency is a big accomplishment already and if you fail, you're not the only one so learn from the lesson and try again.

**What has been the biggest hurdle you have had to overcome in clinic? How did you overcome it and what did you learn from it?** \*

I think the most tears that came out from me in clinic was when I was unsuccessful in one part of the mock boards. It was an existing Class III on my mom (my number one fan haha) and it became bigger than the ideal dimensions. After I had prepared to the ideal, I misunderstood the faculty's direction to then remove all of the remaining composite, when in fact the faculty wanted me to ask for modifications. I overcame the hurdle by clarifying the CDCA directions with Dr. Strassler afterwards, asking peers if they had non-existing composite lesions to share for reattempting the mock boards with, and becoming successful with the reattempt. I learned from it the importance of clarifying directions even if it means asking three times and that I would never do an existing composite lesion on real boards.

**What has been the best piece of advice you have received while in clinic? \***

"I would rather have a student who may be less confident, but who is willing to learn, than a student who thinks they already know everything. Confidence will come with experience." -Dr. Stanley Cohen Funniest advice: "Pretend your patient isn't real." -Mr. King before patient boards

**How did you best manage the stresses of classes and clinic at the same time? How difficult was this transition for you? \***

The transition was difficult for me because I felt so exhausted after a day of classes and clinic and then a lot of time was spent scheduling and planning for appointments than for studying for didactic exams. I best managed the stresses of classes and clinic by compromising, such as cutting down on volunteering, attending mainly the required 8am classes in order to catch up on sleep, and setting study goals such as determining which classes would take more time to prepare for and which I could review just a few days before the exam.

**Do you have any insight on how to best have access to chairs and make appointments? If you do, what advice would you give people who are seeking the most efficient way to obtain chairs? \***

Scheduling patients with the right faculty for the right day and time is a struggle for everyone, especially for TP or prosth chairs. Advice would be to know your patients' preferred appointment times, which patients can be more flexible, and which patients can come with shorter notice so when the chairs go out, you can book efficiently. You can also trade a chair with a friend if you feel you desperately need that session. As well, you can politely ask the front desk a week before for the chair that you would like or keep an eye on the schedule in case someone drops the spot. Lastly, you can ask the specific faculty if they would be willing to accept an overbook or not.

**What aspect of clinic did you find to be the most time consuming and how would you recommend a student go about being more efficient?** \*

For me, the most time consuming in D3 were TPWs and preparing for TXPs. TPWs were time consuming because you have a lot to do and you're trying to maximize the patient's time to finish the TPW in 1-2 sessions. I would recommend that you try to get at least these three done in the first session of a TPW: radiographs, impressions, and photos. With those three items, you can get a good idea of what kind of treatment plan to formulate and to review with your faculty before the TXP. You can check your findings again and finish perio charting at the beginning of your TXP, and if you know your patient may qualify as a perio case or if they may need any consults, you can ask to get that done during your TXP appointment. The most time consuming in D4 was dentures. To make your denture appointments more efficient, plan and review ahead so you have goals to accomplish during each session.

**What resources did you use to prepare you for Boards Part II?** \*

Mastery App, El Maestro, Tufts Pharmacology

**What tips worked for you in getting patients to say “yes” to your proposed treatment? \***

I would recommend finding out your patients' goals and presenting risks/benefits/prognoses of each option in layman's terms. Sometimes it would also help to relate my own dental experiences or one of my family member's, such as why I got orthodontic treatment or how implants helped replace missing teeth for my mom.

**What skills/techniques for certain procedures did you find particularly helpful when beginning clinic?**

At the beginning of clinic, you'll often find yourself without an assistant so it was helpful to get a computer with the keyboard close to my side so I could perio chart on my own. As well, I used to dread putting on dental dams and had gotten used to the technique of placing the clamp on the tooth and then the dam in pre-clinic. However, I learned from my classmate to place the winged clamps on the dam before placing it on the tooth, so that made it a lot easier and quicker. Bite blocks can also be your best friend.

**Are you going into GPR or AEGD? If so, which one and why? What was the biggest contributing factor that led you to gaining admission to your program? What advice would you give someone with interest in gaining admission to that program?**

I'm going to a GPR at Christiana Care because I heard a lot of great things about the program from my friends who went there and hope to gain more experience in working with medically complex patients in a hospital setting as well as mentorship from faculty. Also, you have an opportunity to sit for the Delaware licensing exam as a resident. I think it helped me to speak to previous residents about the program to learn what the program offers and ask specific questions during the interview based on what they experienced. If interested in the program, I would ask past residents about their experiences or perhaps schedule a visit to the program.

**Who were your faculty mentor(s)? What was the best advice they gave you? why did you choose them to be your mentor?**

My mentors would be my GP directors because I worked the most with them during clinic and greatly look up to each of them for different qualities. The best advice that Dr. King gave me was when I was nervous for patient boards and she said, "Take a deep breath and look at how far you've come. This is just another thing to check off the list so relax and do your best."

**Do you listen to any dental related podcasts? What are your favorite ones and why?**

I haven't listened to podcasts, but I've been watching dental seminars through the Pankey Institute, Dawson Academy, and Aspen Dental websites.

**Did you attend a clerkship? If so, which one and what has been the biggest benefit you had from being a part of it?**

I was part of the pediatric dentistry clerkship. I think the biggest benefit was being able to assist residents on complex cases in mornings where no one else was on block except for the clerks. Observing the residents helped me to learn strategies in approaching kids and their parents.

**What did you do that you feel gave you an advantage in patient selection for boards?**

I helped screen D1s and D2s in searching for boards lesions and was able to find one during the screening that would help another classmate for the boards exam. In the end, I was lucky that my patient for Class III came through and was grateful to my friends who shared their patients with me for Class II and perio.

**What was something that you did differently from your peers that you feel benefited you in clinic and that you will be able to carry on in private practice/residency?**

Unfortunately, I didn't know about this during clinic, but during the time off due to the pandemic, Dr. Cylus exposed our GP to occlusion seminars through the Dawson Academy. I feel that every dental student should watch these seminars so you can apply the principles during clinic as you check occlusion after almost every appointment. The seminars helped me to better understand what we should be looking for when checking occlusion, what exactly is canine guidance and group function, and the consequences of occlusal disease, all of which I will carry on to residency and beyond.

**Would you mind providing your e-mail/social media accounts for future students to follow/contact you if they may have any questions? Please provide that info below.**

kat.ong@umaryland.edu

**If you have any additional advice/tips you'd like to disclose please feel free to do so below and thank you so much for your participation .**

Hope this helps a little and best of luck!!

**GP 5**

**Tess Moran (2021)**

**What GP are you in? What is unique about your GP that you feel makes it better than the others?** \*

I am in GP5! Our directors are very involved in the progression committee and practicing in general dentistry, so I think that we get a really great idea of the state of the world and dentistry as it is right now! We also have one of the nicest and most collaborative cultures in all the GPs – looking at you, new D3s, to carry that same torch moving forward!

**If you were a D2 what advice would you have given yourself to better prepare you for clinic?** \*

Be patient with yourself. Everything comes at a different time for different people. Be aware that not everyone will always be rooting for you, but it isn’t anything against you personally! It is just the nature of clinic, and know that anyone would give a hand in a heartbeat if they have the time!

**What is a trait that you believe is crucial for success in clinic? Why?**\*

Flexibility. Our clinic is very much based on students having an ability to be flexible in their scheduling, thinking, and problem solving. If you can do backward bends mentally, you’ll kill it in clinic.

**What was your first procedure? What went right? What went wrong? What would you have done differently? What did you learn from it?** \*

My first procedure was a prophy! I think that trying to understand that you don’t actually have to scrape the cementum, and it’s all about tactile feedback, is really important. But it’s OK if you don’t get that until after you’ve done 20 cleanings!!!

**What has been the biggest lesson you learned reflecting back on your time in clinic at UMSOD?** \*

Reflecting back, I realized that everyone is going through their own personal struggles. The patients, the professors, and your fellow students. Even the assistance, the front desk staff, and the CMS staff. If you can give a smile and a friendly word, you really just might make someone’s day!

**What would you have done differently from the time you started clinic to the time you finished clinic? Why?** \*

I wouldn’t change anything. Well, maybe I would try a little bit harder to make my articulated casts look nicer... but it seems like the pros department doesn’t hate me yet!

**What has been the biggest hurdle you have had to overcome in clinic? How did you overcome it and what did you learn from it? \***

My biggest hurdle was probably the first time I do any procedure. It’s hard to get over that learning curve. But once you’ve done it a few times, you feel like a pro! Once you can give advice to your friends, you feel like an absolute superstar. So it’s all worth it in the end!

**What has been the best piece of advice you have received while in clinic? \***

Go with the flow! Also, if a patient comes in with a bag of dentures, don’t tell them that you’re going to make them another denture pair. It’s likely that it won’t work, and the patient will leave angry after all of the hours you put in

**How did you best manage the stresses of classes and clinic at the same time? How difficult was this transition for you?** \*

You manage! All of your friends are right there with you, and the year before did it as well. So, it really isn’t as bad as it feels. Some days you’ll have to choose between doing the best by a patient, or canceling their appt and doing the best by your didactic class.

**Do you have any insight on how to best have access to chairs and make appointments? If you do, what advice would you give people who are seeking the most efficient way to obtain chairs?** \*

I honestly think that we can’t answer this right now with everything up in the air.

**What aspect of clinic did you find to be the most time consuming and how would you recommend a student go about being more efficient?** \*

Prosth. There’s no way around it, no way for it to be more efficient! Honest. It’s just long hours of hard work.

**What resources did you use to prepare you for Boards Part II? \***

I’m using dental mastery app.

**What tips worked for you in getting patients to say “yes” to your proposed treatment? \***

There’s no good answer here. You could go to hours and hours of classes on this, it’s called case acceptance, and he still wouldn’t know. It’s all about your personal style, what your strengths are as a communicator and as a clinician, and playing those up for the patient!

**What skills/techniques for certain procedures did you find particularly helpful when beginning clinic?**

Honestly, just ask your supervising faculty every single time before the appointment starts for their pointers, or just bring them over, and they’ll tell you anyways, unbutton!

**Would you mind providing your e-mail/social media accounts for future students to follow/contact you if they may have any questions?**

@tess\_moran

**If you have any additional advice/tips you'd like to disclose please feel free to do so below and thank you so much for your participation .**

Hmu

**Amanda Amaro (2021)**

**What GP are you in? What is unique about your GP that you feel makes it better than the others?** \*

GP5

**If you were a D2 what advice would you have given yourself to better prepare you for clinic?** \*

Network with seniors so you can co-therapy upon entering clinic.

**What is a trait that you believe is crucial for success in clinic? Why?** \*

Courage to push yourself outside your comfort zone.

**What was your first procedure? What went right? What went wrong? What would you have done differently? What did you learn from it? \***

My first week of clinic, I was assigned Urgent Care. To prepare, I interviewed rising seniors and made a step-by-step "cheat sheet" of what to do.

**What has been the biggest lesson you learned reflecting back on your time in clinic at UMSOD? \***

Don’t be bashful in clinic! This is your chance to get as much experience as possible without liability. There's no need to be perfect, no stupid questions, you’re there to learn!

**What would you have done differently from the time you started clinic to the time you finished clinic? Why?** \*

I would have inactivated flaky patients sooner!

**What has been the biggest hurdle you have had to overcome in clinic? How did you overcome it and what did you learn from it?** \*

Confidence!

**What has been the best piece of advice you have received while in clinic? \***

Iddings: "Never say bite!" (Instead, say "close!")

**How did you best manage the stresses of classes and clinic at the same time? How difficult was this transition for you? \***

I tried to schedule patients around exams. If I needed extra study time, I purposefully avoided scheduling patients the day before an exam.

**Do you have any insight on how to best have access to chairs and make appointments? If you do, what advice would you give people who are seeking the most efficient way to obtain chairs? \***

Regularly go through your rolodex to prioritize patients. Have the planned treatment swiped. Know what days and times your patients are available. That way, when chairs open up, you are ready to book! Reserve chairs with integrity. Ghost booking is not necessary for clinical success.

**What aspect of clinic did you find to be the most time consuming and how would you recommend a student go about being more efficient?** \*

Managing/prioritizing patients. Be sure to inactivate patients on a regular, rolling basis.

**What resources did you use to prepare you for Boards Part II?** \*

Mental Dental, Mosby, Mastery App

**What tips worked for you in getting patients to say “yes” to your proposed treatment? \***

I think patients appreciate that (1) students have no financial stake in their treatment plan and (2) patients have access to multiple specialists for consultation. I tried to highlight these benefits to help build trust in my recommendations.

**What skills/techniques for certain procedures did you find particularly helpful when beginning clinic?**

Believe it or not, using a rubber dam was particularly helpful early on! It helps you avoid any soft tissue/tongue with the bur, you don't have to worry about aspiration, isolation, etc.

**GP 6**

**Dr. Lauara Rojas (2020)**

**What GP are you in? What is unique about your GP that you feel makes it better than the others? \***

GP6 - Our directors are honestly the best. They teach us without yelling. We learn from our mistakes without punishing grades like "U"s. It’s the best. Plus Dr Brilhart and Dr Desai are always available to talk to us.

**If you were a D2 what advice would you have given yourself to better prepare you for clinic?** \*

Invite a D3 for lunch, bring a pencil and a notebook. Write down all the things they will tell you, bring questions to them. Ask them what is an EIT, what is an APE, How long do you wait to do an EIT/APE? What is the difference of a Prophy/Perio Maintenance? Also, DO read the syllabus of EACH class. Make sure you know how many points, units, procedures do you need each semester to keep your grades high.

**What is a trait that you believe is crucial for success in clinic? Why?** \*

Organization. BE organized with your patients. Make sure you call them 3 days, 2 days AND 1 day before their appointment. I did that with my patients to make sure they did not forget about the appointment. (because of this I had a very low rate of no-shows/cancellations). If you do a long/involved procedure, make sure you call them the day after to check up on them. It not only builds rapport, but it is also a good opportunity to tell them the next step of the treatment plan and get them excited for their next visit (kinda). I like to remind them about the final result too. Something like: "I hope your re feeling okay. As we spoke in yesterday, you can take medications for pain if you feel you need to. Any complications I am just one call away. Please do not hesitate to contact me. I am here for you. Next appointment, we will continue to work in the treatment plan. We are in a good path and making progress to a stable oral health. I am very excited we have been able to keep some teeth from extractions" - Something like that…

**What was your first procedure? What went right? What went wrong? What would you have done differently? What did you learn from it?** \*

A prophy (like the majority of us). But my first real procedure was a #5MO. It went smoothly. One tip which is very controversial among students, but I do believe in the purpose of a DENTAL DAM, some believe it is a waste of time. I've always used (almost always) and it makes me think all the fillings I have placed will have a better bonding and longevity.

**What has been the biggest lesson you learned reflecting back on your time in clinic at UMSOD?** \*

Enjoy the journey but work hard, really hard. Do not take the easy route. Now is the time for you to learn and make mistakes.

**What would you have done differently from the time you started clinic to the time you finished clinic? Why? \***

Stop doing so many tpw and tpu.

**What has been the biggest hurdle you have had to overcome in clinic? How did you overcome it and what did you learn from it?** \*

Getting Prosth and TP chairs. Most of the time they were busy but I would constantly check and wait until another student would drop their chair. I would check very, very frequently.

**What has been the best piece of advice you have received while in clinic? \***

**Give the HO bands a try. I started using HO bands more and more to the point I would** prefer the HOs rather than Garrisons. Also be kind with your assistants, prep dispense guys, and everybody.

**How did you best manage the stresses of classes and clinic at the same time? How difficult was this transition for you? \***

Never managed it. I was stressed all the time, but the feeling of being stressed always makes me work harder and makes me feel that I need to do more. So I KINDA learned to enjoy it.

**Do you have any insight on how to best have access to chairs and make appointments? If you do, what advice would you give people who are seeking the most efficient way to obtain chairs? \***

Keep checking. Chairs get dropped the day before or the day of.

**What aspect of clinic did you find to be the most time consuming and how would you recommend a student go about being more efficient? \***

Every procedure is time consuming if you are not prepared. Make sure you watch videos or read ahead of time. Set up your chair ahead of time if possible. Assist a D4 in a procedure. The first time I had to do a Post and Core build-up I was terrified. I wasn't sure if the materials I read in the power point were available in clinic. what I did was, the day before, in my free time, I checked the schedule to see which D4 was doing a post and core (because they are the experts, right?) and then I assisted her. She walked me through all the process, gave me tips, told me which burs are better. Told me that I had to get a few materials from the 4th floor endo clinic. etcetera… Highly recommend doing this. Not only for post and come but for everything that you are going to do for the first time. Even a filling.

**What resources did you use to prepare you for Boards Part II? \***

Anki, Mosby, DD, Mental Dental, Tufts Pharm (There is this webpage called Udemy.com that goes through all the tufts pharm questions but it has mnemonics for everything- Basic Pharmacology Mnemonics Online Course- Part 1)

**What tips worked for you in getting patients to say “yes” to your proposed treatment? \***

Many, I like to build Rapport with them first so they know that your opinion is coming from an honest part. Draw for them, make sure they understand. Another thing that helped me a lot was to help them go through the Financial discount that the school offers for people who qualify. IF they qualify, they would get majority of procedures 30% off. Some people think it is hard but in the contrary it is so easy to apply! It helps your patient stick to all the treatment. Maybe 60% of my patients qualified for it. All they need to do is to bring a proof of income of their last 4 weeks of work, so pay stubs or the taxes from last year. Once they come for their TXP appointment, you can sit down with them and help them fill out the form that is in the front desk. (they are more likely to fill it out if they are doing it with you as opposed to, you handing them the form and they take it home and then forget to fill it out). The form takes 10 minutes max to fill out, you don't even have to fill all the information. Then you take the form with the proof of income they brought to Tiffany or Mil and if they qualify, they apply 30% to all the treatment plan. (most of it). You only do it once every year for each patient.

**Who were your faculty mentor(s)? What was the best advice they gave you? why did you choose them to be your mentor?**

Dr Stanley Cohen - I would even go for every day life advice to him. No wiser doctor than him

**Would you mind providing your e-mail/social media accounts for future students to follow/contact you if they may have any questions? Please provide that info below.**

llrojasn@gmail.com

**If you have any additional advice/tips you'd like to disclose please feel free to do so below and thank you so much for your participation .**

Best of luck. I am not the best at typing since english is not my first language. But if you have any other questions, do not hesitate to contact me! :)

**GP 7**

**Dr. Janine Taira (2020)**

**What GP are you in? What is unique about your GP that you feel makes it better than the others? \***

Gp7/AGD. GP 7 is a blend of realistic, but firm and practical. You will be put through the spin cycle sometimes, but still love the directors.

**If you were a D2 what advice would you have given yourself to better prepare you for clinic?** \*

Go and assist any chance you get. Learn about the clinic flow and where materials are. Things are 10x easier if you know where to find stuff and how to work Axium.

**What is a trait that you believe is crucial for success in clinic? Why? \***

Mental toughness. Things get rough sometimes and you have to adapt.

**What was your first procedure? What went right? What went wrong? What would you have done differently? What did you learn from it? \***

Actual procedure? #18MOD. What went right: it was a beautiful filling. What didn’t go right: patient claimed she was allergic to epinephrine and profound anesthesia was a struggle bus.

**What has been the biggest lesson you learned reflecting back on your time in clinic at UMSOD? \***

Stay humble so you don’t eat your words later.

**What would you have done differently from the time you started clinic to the time you finished clinic? Why?** \*

More perio before I went to AGD because it’s hard to come by

**What has been the best piece of advice you have received while in clinic?** \*

CYA.

**How did you best manage the stresses of classes and clinic at the same time? How difficult was this transition for you?** \*

I don’t sleep much the night before an exam....my secret is caffeine.

**Do you have any insight on how to best have access to chairs and make appointments? If you do, what advice would you give people who are seeking the most efficient way to obtain chairs?** \*

Don’t ghost book. Have a short call list! Be in constant contact with your patients. I guilt tripped them for being late/no showing unless there’s a good reason.

**What aspect of clinic did you find to be the most time consuming and how would you recommend a student go about being more efficient? \***

Denture lab work. There’s no way to make it better.

**What resources did you use to prepare you for Boards Part II?**\*

Only the app

**What tips worked for you in getting patients to say “yes” to your proposed treatment? \***

Be honest because they can tell when you’re lying. If you don’t believe it’s the best, they won’t either. You have to be convinced that you’re doing the best for the patient.

**What skills/techniques for certain procedures did you find particularly helpful when beginning clinic?**

IAN blocks: if it didn’t work, aim higher.

**Do you believe UMSOD prepared you well enough? How so?**

Yes. I have a mentor (dad) to lean on. I feel prepared, but I was able to work in AGD.

**Who were your faculty mentor(s)? What was the best advice they gave you? why did you choose them to be your mentor?**

Gorman, Sanit, Eisner. I relate to Dr. Sanit and hope to be living a life like her later.

**Did you attend a clerkship? If so, which one and what has been the biggest benefit you had from being a part of it?**

AGD: additional clinic time and experience closer to a private practice experience

**Were you a Diamond Scholar? If so, how did you best organize yourself for success in attaining all requirements to achieve Diamond scholar status?**

Hi. Yes. Organize early. Plan, plan, plan. Network and get patients in. If you don’t have a patient, be doing something else productive. Take the comp as soon as you’re eligible, not when you think you’re ready (that’s a GP7 philosophy). Be nice and don’t step on anyone.

**What did you do that you feel gave you an advantage in patient selection for boards?**

Bring them in for mock boards to test their reliability

**Would you mind providing your e-mail/social media accounts for future students to follow/contact you if they may have any questions?**

@janinerneener, @tairadentistry

**Caitlin Montgomery (2021)**

**What GP are you in? What is unique about your GP that you feel makes it better than the others?** \*

GP7. Directors are really protective over what we need and I feel comfortable asking for help.

**If you were a D2 what advice would you have given yourself to better prepare you for clinic? \***

It's a learning process - "Rome wasn't built in 1 day" - so be easier on yourself if you're struggling.

**What is a trait that you believe is crucial for success in clinic? Why?** \*

perseverance + flexibility because each case is different. You will prepare for a procedure, but then the patient might end up needing something else, so just be flexible and open to doing something new every day.

**What was your first procedure? What went right? What went wrong? What would you have done differently? What did you learn from it?** \*

I had O.S. block the first week of clinic, so just learning how O.S. was different from regular GD clinic, etc... and how to set up, assist for extractions.

**What has been the biggest lesson you learned reflecting back on your time in clinic at UMSOD? \***

Set up as early as you can before procedures, and make sure the unit 100% works - test the water, hand piece, suction - especially before restorative cases. Also, isolation is KEY. I wish I had viscostat or hemodent readily available rather than trying to struggle without heme control.

**What would you have done differently from the time you started clinic to the time you finished clinic? Why? \***

Nothing, it's all a learning process, and I have learned the most from my mistakes.

**What has been the biggest hurdle you have had to overcome in clinic? How did you overcome it and what did you learn from it?** \*

Timing: I started out very slow. I still am on the slower side, so trying to improve skill and speed at the same time is a huge hurdle for a lot of people. It will come with more experience, but I think I overcame it by also believing in my abilities and that the faculty won't let you do something stupid.

**What has been the best piece of advice you have received while in clinic? \***

Always check findings in your patient with YOUR OWN EYES. Even if something is written in the chart, make sure to document what you saw yourself.

**How did you best manage the stresses of classes and clinic at the same time? How difficult was this transition for you? \***

It was difficult, but still making time to go to the gym a few days a week helped with stress.

**Do you have any insight on how to best have access to chairs and make appointments? If you do, what advice would you give people who are seeking the most efficient way to obtain chairs? \***

Book at the end of your appointments if possible while the patient is still in the chair, or at least ask what days they are readily available and write it down so you remember.

**What aspect of clinic did you find to be the most time consuming and how would you recommend a student go about being more efficient? \***

Tracking faculty down for swipes and getting x-rays approved, so try to get them done at the end of clinic.

**What tips worked for you in getting patients to say “yes” to your proposed treatment? \***

Providing a print-out of all the treatment options.

**Would you mind providing your e-mail/social media accounts for future students to follow/contact you if they may have any questions?**

CMontgomery@UMaryland.edu

**If you have any additional advice/tips you'd like to disclose please feel free to do so below and thank you so much for your participation .**

Don't be afraid to ask questions and assist D4s in procedures that you will be doing soon!

**GP 8**

**Dr. Jake Miller (2020)**

**What GP are you in? What is unique about your GP that you feel makes it better than the others?** \*

GP8 - The best combination of GP7/8 faculty. D4 year in AEGD.

**If you were a D2 what advice would you have given yourself to better prepare you for clinic?** \*

I think the most important thing is to take all lab work and lab courses in D1/D2 seriously and understand WHY you do each thing (especially in dentures!) - this will prepare your hand skills. As a D2, it is good to spend time in OS working on your local anesthesia so that it is something you aren't nervous about when you start clinic.

**What is a trait that you believe is crucial for success in clinic? Why?** \*

Perseverance and Preparation - There can be some long days in clinic especially on Tuesdays and Thursdays - The more prepared you are the more effective you will be.

**What was your first procedure? What went right? What went wrong? What would you have done differently? What did you learn from it? \***

A TPW of course! It took the whole appointment time even though my wife's teeth were perfectly healthy and I had a classmate helping me.

**What has been the biggest lesson you learned reflecting back on your time in clinic at UMSOD?** \*

You have to learn to be somewhat comfortable with being uncomfortable - this is when you grow.

**What would you have done differently from the time you started clinic to the time you finished clinic? Why?** \*

I would have put an "OHI" code in every prophy/perio maintenance/SCRP so that I would get those perio points.

**What has been the biggest hurdle you have had to overcome in clinic? How did you overcome it and what did you learn from it?** \*

In general the biggest hurdle was stress - how to manage it so that it doesn't keep you from succeeding. Clinic can be fun, but there will always be stressors that you need to be able to handle in stride.

**What has been the best piece of advice you have received while in clinic? \***

"Good things happen when you show up to work" - Dr. Gorman

**How did you best manage the stresses of classes and clinic at the same time? How difficult was this transition for you?** \*

I prioritized clinic preparation over classes and relied on my good study habits from D1/D2 to make it through D3 didactic.

**Do you have any insight on how to best have access to chairs and make appointments? If you do, what advice would you give people who are seeking the most efficient way to obtain chairs? \***

Know your patients well and communicate well so that when chairs become available you know who a good fit would be to utilize them. At the end of appointments make the next appointment right away - or get the patients availability 3-4 weeks ahead of time so that you know when they can come in when you get new chairs.

**What aspect of clinic did you find to be the most time consuming and how would you recommend a student go about being more efficient?** \*

Waiting for checks from faculty can take a long time - this is not avoidable but can be minimized by doing your best work (the less times you have to revise a prep, the less time waiting in line to get it checked) and gaining the trust of the faculty (so that you could do two preps at a time or do more of any procedure before being checked)

**What resources did you use to prepare you for Boards Part II? \***

Dental decks - I don't recommend any more than 1-2 weeks of studying.

**What tips worked for you in getting patients to say “yes” to your proposed treatment? \***

I always just try to educate the patient, show them pictures, and let them understand what their options are so they can make the best choices. If they understand what they are signing up for then they will follow through.

**What skills/techniques for certain procedures did you find particularly helpful when beginning clinic?**

Local anesthesia is huge for gaining patients trust - also clear communication so they know what to expect from each procedure.

**Are you going into GPR or AEGD? If so, which one and why? What was the biggest contributing factor that led you to gaining admission to your program? What advice would you give someone with interest in gaining admission to that program?**

GPR - York PA - I want more surgical experience and pediatric dental experience. I don't know why they chose me, but my advice is to visit all of the programs you are interested in before you apply. You may find that there are some places you don't want to go. Also, the places you like will know your face and know that you are seriously interested.

**Who were your faculty mentor(s)? What was the best advice they gave you? why did you choose them to be your mentor?**

Dr. Platia, Dr. Freundlich, AEGD Faculty - I benefited from all these faculty by working with them directly in clinic.

**Do you listen to any dental related podcasts? What are your favorite ones and why?**

I listen to the Dental Guys and Dentistry Uncensored sometimes, but don't love podcasts as a medium for learning. I do enjoy a lot of the guests they have on podcasts and see it as a good way to feel out what other people are thinking about dental topics.

**Did you attend a clerkship? If so, which one and what has been the biggest benefit you had from being a part of it?**

Diamond Scholar - the biggest benefit was the ability to see more patients and do more procedures.

**Were you a Diamond Scholar? If so, how did you best organize yourself for success in attaining all requirements to achieve Diamond scholar status?**

Yes, "Good things happen when you show up to work". I tried my best to have a patient in the chair as often as possible - always be ready to take an emergency!

**What did you do that you feel gave you an advantage in patient selection for boards?**

Try to have a sister with a class II lesion.

**What was something that you did differently from your peers that you feel benefited you in clinic and that you will be able to carry on in private practice/residency?**

It's a hard question to answer because you don't always know what your peers are doing.

**How was your externship process? Which externships did you choose and why? What was the biggest takeaway from your externship experience?**

I'm interested in working in public health settings, so I found my experience at Access Carroll and my extramural externship at a FQHC very helpful in giving me an idea of what that might be like.

**Would you mind providing your e-mail/social media accounts for future students to follow/contact you if they may have any questions? Please provide that info below.**

jakemiller@umaryland.edu

**If you have any additional advice/tips you'd like to disclose please feel free to do so below and thank you so much for your participation.**

Try to get good sleep and eat well - your patients deserve for you to be at your best.

**Rowan Kubeluis (2021)**

**What GP are you in? What is unique about your GP that you feel makes it better than the others?** \*

GP 8. My GP has directors that are very dedicated to helping us learn how to be efficient and practical dentists in the real world. They talk to us about how everything relates to private practice, and they really push us to excel.

**If you were a D2 what advice would you have given yourself to better prepare you for clinic?** \*

Relax- it will be okay. You will learn everything it just takes time to adjust to all the intricacies clinic involves.

**What is a trait that you believe is crucial for success in clinic? Why? \***

Confidence is important because there are days where you will make mistakes but having the confidence to keep going and not get down on yourself or your worth as a dentist is what will help you learn and become even better.

**What was your first procedure? What went right? What went wrong? What would you have done differently? What did you learn from it? \***

My first procedure was a denture adjustment. I spent a lot of time running back and forth finding the supplies, and I also took the appointment in PROS. I would have done it in GP if I could go back and would have researched the materials I needed ahead of time to be prepared. Other than that, it went well. My patient was difficult and was falling asleep in the chair. This experience taught me that sometimes you have to be strict with patients and tell them when behavior is unacceptable.

**What has been the biggest lesson you learned reflecting back on your time in clinic at UMSOD? \***

I learned to be confident in myself and my knowledge. I have learned how to be in control of the appointment and not be a push over to the patient while still having the patient's respect.

**What would you have done differently from the time you started clinic to the time you finished clinic? Why? \***

I would jump at more opportunities to challenge competencies or take emergencies/screenings the first time the arise and not let fear hold me back.

**What has been the biggest hurdle you have had to overcome in clinic? How did you overcome it and what did you learn from it?** \*

In the beginning fear of not doing something correct held me back. I overcame this by seeing more and more patients and ultimately building my experiences and rapport with patients which gave me the confidence to take on more and challenge myself.

**What has been the best piece of advice you have received while in clinic?** \*

Make yourself busy!

**How did you best manage the stresses of classes and clinic at the same time? How difficult was this transition for you? \***

Don't take on more than you can handle. Maintaining a healthy balance is important. This transition was not too difficult for me because I am good at recognizing how much I can handle before getting stressed out and I tried to not overwork myself.

**Do you have any insight on how to best have access to chairs and make appointments? If you do, what advice would you give people who are seeking the most efficient way to obtain chairs? \***

Book ahead of time, confirm appointments, and if you’re looking for something last minutes chances are a chair will open up within 24 hours of when you need. DONT GHOST BOOK! This ruins it for everyone else

**What aspect of clinic did you find to be the most time consuming and how would you recommend a student go about being more efficient? \***

Pros appointments are very time consuming because there is a lot that of forms and codes that must be completed before you can begin. Follow the ppts and ask for help and guidance when needed.

**What resources did you use to prepare you for Boards Part II? \***

Haven't taken yet- will be using mastery

**What tips worked for you in getting patients to say “yes” to your proposed treatment? \***

Be genuine and explain to them why it would benefit them. Show them you care by using phrases such as "If you were my family, I would want you to get this"

**What skills/techniques for certain procedures did you find particularly helpful when beginning clinic?**

Time management, organization, and preparation are all important for every procedure you complete as well as managing your rolodex as a whole.

**Who were your faculty mentor(s)? What was the best advice they gave you? why did you choose them to be your mentor?**

Dr. Freundlich because he is so dedicated to helping us become great dentists by constantly working in lessons about the real world and private practice into school. He pushed me from the beginning to do better, work faster, and be more efficient.

**Did you attend a clerkship? If so, which one and what has been the biggest benefit you had from being a part of it?**

No- applied for OMFS

**What was something that you did differently from your peers that you feel benefited you in clinic and that you will be able to carry on in private practice/residency?**

Built really great relationships with my patients because I became genuinely invested in them as people and not just as "numbers" to help graduate.

**Would you mind providing your e-mail/social media accounts for future students to follow/contact you if they may have any questions? Please provide that info below**.

rkubeluis@gmail.com

**If you have any additional advice/tips you'd like to disclose please feel free to do so below and thank you so much for your participation .**

Be confident and stay relaxed in the beginning. The patients will come and you will not fall behind! Just keep yourself busy and work towards learning as much as you can and you'll do great.