

Original Article

Effect of Mentors Training on the Quality of Mentoring and SWOT Analysis of the Program

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Abstract

Introduction: Prerequisites for a successful mentoring program include identifying its strengths, weaknesses, opportunities, and threats. Mentors' training is also an essential factor in promoting a mentoring program. Therefore, we investigated the effect of educating mentors on the quality of mentoring. Furthermore, internal and external analyses of the program (SWOT) were performed.

Methods: Data collection tools included SWOT and the quality of mentoring questionnaires. First, all mentees completed the SWOT questionnaire. The mentors were randomly divided into intervention (with training) and control (without training) groups. Two months after the intervention, the mentees completed the mentoring quality questionnaires. Data were analyzed using SPSS 20 software, and the Chi-square test, analysis of covariance, paired and independent t-test were carried out.

Results: SWOT questionnaire analysis showed that the mentoring program's most effective strengths were the mentee's honesty with the mentor and the mentor's extensive experience for guidance. The most critical weaknesses were the lack of communication with the mentor at the appointed time and the mentor's uncertainty about learning. The most important opportunities of the program were feeling comfortable with the mentor and the usefulness of the program. The mentors' concern about transferring the information to the other students threatened the mentoring program. The covariance test showed a significant difference in mentoring quality between the intervention and control groups.

Conclusion: Mentors' training with pamphlets and lectures increased the quality of the mentoring program. Considering the results of the SWOT analysis may improve the planning of mentoring programs in the future

Introduction

Dental students encounter stressful and different educational environments during their studies that require integrating knowledge and skills specific to those environments.¹ In a study of medical students, during the years of transition from pre-clinic to clinic, stress and feelings of inattention were reported due to the low number of mentors in the college.^{2,3} Studies have shown a direct relationship between a mentoring program and stress reduction.⁴

There are various definitions of mentoring, and one commonly accepted definition is "the process by which an experienced, reliable, and interested person guides another person for evolving ideas and personal and professional development."

Mentoring program increases active learning, satisfaction, and the ability to adapt to stressful situations, also improves the quality of patient care, self-confidence, and

performance of the students. However, in the mentorship program, the mentor student's self-confidence is enhanced by teaching the mentee, improving communication and leadership skills.⁵

Mentors are responsible for the emotional support of mentees, and they motivate them.⁶ Students with sufficient motivation in learning can make significant progress in their profession and pay attention with a deeper insight into their career issues.⁷

A successful mentoring program has many positive results, and vice versa. Decreased performance and low self-confidence are the results of unsuccessful communication.⁸ Slicker and Palmer, who examined the mentoring relationship based on the quality and duration of communication, concluded that students who had successful mentoring communications performed academically better than the control group. Furthermore, students whose relationships ended prematurely showed

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decreased self-confidence compared to those with no mentors.⁹ It should be noted that mentors' training improves the quality of the mentoring program.

Printed educational items such as brochures and pamphlets are used in many academic programs to increase the knowledge or skills of users, which can be quickly distributed among many individuals and convey a lot of information.¹⁰ In a study conducted by Sanada et al. to evaluate the effect of oral health education, the most significant impact was related to lectures with pamphlet distribution.¹¹

SWOT analysis of the mentoring program has been conducted once before in Canada to investigate the effect of the mentoring program on the third- and fourth-year dental students' performance. Most of the students stated that the program was well coordinated and aligned with the comprehensive care of their patients, and at the same time, their clinical experience was enhanced.¹² The present study aimed to investigate the strengths, weaknesses, opportunities, and threats of the mentoring program using SWOT analysis and evaluate the effect of mentors' training on the quality of the mentoring program in the Faculty of Dentistry of Tabriz University of Medical Sciences. By identifying the effect of mentors' training on the quality of mentoring and its strengths and weaknesses, opportunities and threats, some ways to improve the mentoring program were recognized.

Methods

Study design and participants

The Ethics Committee of Tabriz University of Medical Sciences approved the protocol of this quasi-experimental pre-test/post-test study with a control group. The sampling method was a total population sampling of mentees of Tabriz Dental School. The first- and second-year students of Tabriz Dental School were included as mentees, and the second, third-, and fourth-year students were the mentor members. Based on the number of mentors, the mentoring center of the faculty assigned mentors. Mentors were required to introduce themselves to their mentees and determine the means of communication and the appropriate time and place for counseling with each other.

Data collection and measurements

The data collection tool consisted of two SWOT analyses and quality of mentoring questionnaires. To determine the content validity, eight dental education faculty members assessed the appropriateness of the questionnaires for reaching the research objectives. Responses were on a three-point Likert scale: necessary, helpful, but not necessary, and not necessary. Content Validity Ratio (CVR) was calculated using the formula and adapted to the Lawshe table. Numbers above 0.75 were accepted. To determine Content Validity Index (CVI), the professors were asked to review each question based on a 4-part spectrum (unrelated, need for fundamental revision, relevant but need for revision,

entirely appropriate). CVI was calculated for each item by dividing the aggregated agreement scores, i.e., 'relevant but needs revision' and 'completely relevant', by the total number of specialists. In this study, the test-retest method was used to determine the reliability of the questionnaire. To calculate the reliability coefficient, the questionnaire was distributed to 10 students, and then, after a week, the test was performed on the same group in the same conditions. Cronbach's alpha and correlation coefficient obtained from the scores of two tests were calculated. The initial item pool for the SWOT questionnaire was adapted from Schwartz et al.¹², which evaluated a clinical dental mentoring program using a SWOT survey. SWOT analysis is a standard matrix and useful tool to quantify the feedback from students. This concept can be useful in medical education and has been efficiently used in dental education research.¹²⁻¹³ The components of SWOT analysis include weaknesses, strengths, opportunities and threats. To adapt the items to our local context, two focus groups with five dental students each (not part of the main study) were conducted to identify additional relevant barriers and facilitators. The final questionnaire comprised of 12 items: five items assessing strengths (e.g., "The mentoring program improves my self-confidence" and "My mentor has high experience to guide me"), four items for weaknesses (e.g., "Inadequate time allocated to work with my mentor" and "Inconsistency of information provided by my mentor"), two items for opportunities (e.g., "I feel comfortable talking to my mentor" and "The program is useful and I need to continue it"), and one item for threats ("I am concerned the mentor will share my information with other students"). The participants were not limited to the five points in Likert scale and every question had a chance to add comments.

At the first step, Mentees were asked to answer the SWOT questionnaire. The first part of the questionnaire consisted of 12 questions, including five questions about strengths, four about weaknesses, two about opportunities, and 1 question about threats.¹² The answers to the questions were completely agree/agree/disagree/completely disagree/have no opinion. The second part of the questionnaire was about ideas for discussion and exchange (focused discussion sessions), where prioritization was done. The most important factors were listed after assessing the internal and external elements.

After the mentees completed the SWOT questionnaire, the mentors were randomly divided into two intervention groups (with training) and a control group (without training). Random allocation of mentors into intervention and control groups was performed using a table of random numbers. Two months after the intervention, the mentees completed the mentoring quality questionnaire. The intervention group received pamphlet training with lectures, while the control group did not receive training and continued their usual mentoring activities as previously assigned by the faculty mentoring center. The training for the intervention group consisted of a 120- minute lecture held in a seminar room at the

Faculty of Dentistry. Lectures were delivered by two experienced faculty members in dental education and mentoring. The lecture was interactive, including 30 minutes of question-and-answer discussion and two brief case-based scenarios where mentors practiced responding to common mentee concerns. Lecture content covered: definition and goals of effective mentoring; roles and responsibilities of mentors; communication skills (active listening, providing constructive feedback); strategies for building trust and maintaining boundaries; common challenges in mentor-mentee relationships and problem-solving approaches; practical guidance on scheduling regular meetings and documenting sessions. A four-page color pamphlet was distributed to each mentor at the beginning of the lecture session. The pamphlet summarized key points from the lectures, included a checklist for successful mentoring sessions, and provided example scripts for difficult conversations. Mentors were encouraged to keep the pamphlet for future reference and to bring it to their mentoring sessions.

Pamphlet and lecture contents were collected from the most up-to-date related articles.

The mentoring quality questionnaire included three questions about gender, age, and the number of mentoring sessions. There were eight questions about satisfaction, two about compatibility, and four about trust.¹¹ Responses to the questions used a 4-point Likert scale: never, rarely, sometimes, and often, with scores ranging from one to four. Satisfaction score was between 8 and 32, compatibility score was between 2 and 8, and trust score was between 4 and 16.

Data analysis

Data obtained from the study were reported using descriptive methods (frequency-percentage). Analysis of covariance, paired t-test, and independent t-test were used to assess satisfaction, compatibility, and failure of trust in pre-test and post-test groups. Data analysis was conducted using SPSS software version 20. A p-value of less than 5% was considered statistically significant.

Ethical considerations

This study was approved under the ethics code of IR.TBZMED.REC.1399.415. The research was performed with strict adherence to ethical considerations. Written informed consent was obtained from the participants. The students' personal information, such as name, student number, national code, etc., was not recorded, and a code was assigned to each volunteer. Participation in the research was optional, and the volunteers could leave the study whenever they wanted.

Results

A total of 55 mentees and 19 mentors participated in this study. Mentees were the first- and second-year students divided into two groups of intervention or training (n=28) and control (n=27). Mentors were the second, third-, and fourth-year students who were divided into

intervention (n=10) and control (n=9).

The CVR in this study was 0.78 for the SWOT questionnaire and 0.76 for the mentoring quality questionnaire. The CVI for the SWOT questionnaire was 0.85, and the mentoring quality questionnaire was 0.87. For reliability, Cronbach's alpha was 0.81 for the SWOT questionnaire and 0.78 for the mentoring quality questionnaire.

The results of the SWOT analysis (Table 1) indicated mentees perceived honesty and mentors' experience are the main strengths of the program, while poor scheduling of meetings and mentors' uncertainty about their role were the key weaknesses. Feeling comfortable with mentors and perceiving the program useful were highlighted as opportunities, whereas concerns about information being shared inappropriately were considered potential threats. Before the intervention, no significant differences were observed between intervention and control groups in mentoring quality. Mentees in the training group reported significantly higher satisfaction, compatibility, and trust compared to the control group. In the other words, mentors training increased quality of the mentoring program. Within-group analyses confirmed that scores in the control group remained stable over time, while the intervention group showed marked improvements across all subscales (Tables 2 and 3). These findings indicate that training intervention for mentors had a meaningful positive impact on the perceived quality of the mentoring program.

Discussion

Dental students have a heavy responsibility. They must apply new clinical knowledge and skills in a frequently stressful environment (dental clinic). Mentors in a mentoring program can reduce stress and increase mentee confidence while transferring their experiences.

In the present study, most mentees found this program useful, consistent with findings by Sultana et al. (2017) in the SWOT analysis of the mentoring program showed that most mentees consider the mentoring program very valuable and are eager to identify their strengths, weaknesses, opportunities and threats in the program.¹³

SWOT questionnaire analysis showed that the most effective strengths of the mentoring program were honesty with the mentor (63.6%), high experience of the mentor for guidance (63.6%), and the effect of the mentoring program on increasing self-confidence (56.4%). In addition to the questionnaire questions, such as "the possibility of asking questions and getting acquainted with how to study, how to take exams, etc. for new entrants", "obtaining information about the future of education and career", "providing solutions to problems", "Increased self-confidence", "How to work properly in the university", "Encourage further study and transfer of experience". Our finding that 'honesty with the mentor was key strengths aligns with a recent work on successful mentoring relationships. A 2024 study by Mukhtar et al. on a mentor-mentee relationship emphasized on

Table 1. Questions for strengths, weaknesses, opportunities and threats (SWOT)

Questions under SWOT categories	Agree %	Disagree%	undecided %
Questions under the category of strength			
1. The effectiveness of the mentoring program in improving the self-confidence of mentees	30.9	56.4	12.7
2. High experience of the mentor to guide the mentees	16.4	63.6	20
3. The progress of the mentees' educational status	34.5	45.5	20
4. Being a good example of the mentor for mentees	38.2	49.1	12.7
5. Honesty of mentees with their mentors	29.1	63.6	7.3
Questions under the category of weakness			
1. Inadequate time allocated to work with the mentor	50.9	38.2	10.9
2. The inconsistency of the information provided by the mentor to the mentee	52.7	38.2	9.1
3. Failure to communicate with the mentor at the appointed time	56.4	38.2	5.5
4. Ensuring the mentor learns from the mentee	54.5	27.3	18.2
Questions under the category of opportunity			
1. The mentee feels comfortable talking to the mentor	9.1	69.1	21.8
2. The usefulness of the mentoring program and the need to continue it	34.5	50.9	14.5
Questions under the category of threat			
1. The mentee's concern about the transfer of their information to other students by the mentors	43.6	49.1	7.3

Table 2. Comparison of mentoring quality in two groups before and after intervention

Cohen's d (after intervention)	P value**	Control		Intervention		Before/ after intervention
		Standard deviation	Mean	Standard deviation	Mean	
0.81	.262	4.71	35.89	4.83	34.93	Before intervention
	<.001	3.42	36.03	2.40	47.75	After intervention
		.668		<.001		P value*

P value*- Paired t-test for comparison at two times (Before and after intervention)

P value**- Independent t-test to compare two groups (control and intervention)

Table 3. Comparison of the subscales of mentoring quality in two groups before and after intervention

Effect size after intervention	P value**	Control		Intervention		Before/ after intervention	Subscales
		standard deviation	Mean	standard deviation	Mean		
0.69	.296	2.87	21.14	2.68	20.36	Before intervention	Satisfaction
	<.001	2.26	20.22	1.34	25.61	After intervention	
			.175		<.001	P value*	
0.61	.051	0.73	5.67	1.37	4.96	Before intervention	Compatibility
	<.001	0.85	5.77	0.69	7.54	After intervention	
			.100		<.001	P value*	
0.77	.924	1.92	9.55	2.06	9.61	Before intervention	Trust
	<.001	1.53	10.04	0.99	14.61	After intervention	
			.192		<.001	P value*	

P value*- Paired t-test for comparison at two times (Before and after intervention)

P value**- Independent t-test to compare two groups (control and intervention)

trust as the most valued attribute which creates a safe space for mentees seeking guidance. This consistency across different institutions underscores the universal importance of these relational factors.¹⁴

The main weaknesses of the mentoring program, according to the SWOT questionnaire, are insufficient time spent with the mentor (50.9%), mismatch in the content provided by the mentor (52.7%), and lack of communication with the mentor at the scheduled time (56.4%). Additionally, there is uncertainty from the mentor about the learning progress of the mentee (54.5%). Mentees also pointed out issues such as mismatch between

mentee and mentor, lack of cooperation, reduced need for a mentor after a few sessions, absence of face-to-face communication (due to COVID-19), and limited opportunities among mentors (due to their education).

According to the SWOT questionnaire, opportunities of the mentoring program also included feeling comfortable talking to the mentor (69.1%), usefulness of the program (50.9%), and assigning mentors with a minimum educational distance from mentees. Mentees' concern about the transfer of information by mentors to other students (49.1%), failure to provide a program in the first days of college, and failure to provide a coherent

program by the mentor were mentioned as threats to the mentoring program.

In the present study, the weaknesses in the Swat program indicated that basic planning should be implemented for issues like adaptation and innovation in the content provided to mentees, the timing and manner of mentor-mentee interactions, and tracking and ensuring mentee learning. Additionally, mentors should be selected based on their level of interest, availability, and minimal semester differences. The strengths of the mentoring program identified in this study can be leveraged for program development and increasing student interest. With sufficient satisfaction from the program, more clinical experience, and increased self-confidence, mentees can become effective mentors in the future.

Additionally, the results of this study on threats indicated that the mentoring program should be introduced to students at the start of university to prevent wasting time and confusion, while also engaging their interest in the program. This study also found that training mentors with pamphlets and lectures increased scores in satisfaction, adaptation, and trust within the intervention group. Similar outcomes have been reported by Safari et al. (2018) by comparing the learning rate of midwifery students in the two methods of lecturing and peer education, showed no significant difference between the learning rate and the grade point average at the end of the course in the two methods, suggesting that even simple instruction formats may be effective.¹⁵ Emami et al. (2011) also observed that due to the fact that people are often reluctant to participate in volunteer training classes, the use of an appropriate educational pamphlet has a significant impact on improving the prescription performance of general practitioners and can be used for training.¹⁶ Mohammadkhah et al. (2013) showed that the two educational methods of lecturing and showing videos can be effective methods to improve the level of awareness and attitude of oral health.¹⁷ Willirord et al. Also reported that educational lectures significantly improved the oral health of adults.¹⁸ Mohammadkhah and Willirord et al.¹⁷⁻¹⁸ both confirmed the effectiveness of lecture. Likewise, Mangeli et al. (2009) demonstrated the level of marital satisfaction in pregnant women increased after training with pamphlets.¹⁹ Our findings aligns with a recent study by Keinänen et al. (2021) that concluded every mentor working with oral healthcare students should receive mentoring training.²⁰

Our results on improved communication quality after mentor training are consistent with Slicker and Palmer, who concluded that duration and quality of mentoring communication directly affect students' self-confidence.⁹ In the present study, training mentors with pamphlets and lectures increased self-confidence in mentees.

In the light of useful insights of our findings, we suggest future studies include larger sample sizes, multi-center samples, longer-term follow-up periods, and multi-center participation to confirm findings across diverse populations. Identification of specific objects may also

optimize mentoring protocols. Considering the relatively small sample size of the study, further studies are suggested for confirming generalizability of the findings.

Conclusion

In the current study, the weaknesses in the SWOT program showed that basic planning should be done for consistency and innovation in the subjects presented to the mentees, when and how the mentors communicate with the mentees, as well as follow-up and ensure the mentees' learning. Also, mentors should be determined based on the level of interest, having enough time, and a minimum semester difference. With sufficient satisfaction from the program and gaining more clinical experiences and self-confidence, mentees can be suitable mentors in the following years. Also, the results of the present study regarding the threats showed that the mentoring program should be planned for students at the beginning of the university to avoid wasting time and confusion for students and to make them interested in this program.

By examining the results of various studies and the present study, paying attention to points such as the age difference between mentors and mentees, selecting available and persistent mentors, appropriate matching, appropriate training of mentors, and setting proper expectations between mentors and mentees, and teaching this to mentors and mentees to improve the quality of the mentoring program in the future.

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Competing Interests

Authors declare no conflict of interest.

Data Availability Statement

Data available from the corresponding author upon reasonable request.

Ethical Approval

This study was approved under the ethics code of IR.TBZMED. REC.1399.415. The research was conducted with strict adherence to ethical considerations. Written informed consent was obtained

from the participants, and their information was kept confidential. Participation in the research was optional, and the volunteers could leave the study whenever they wanted.

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