

# Students' opinions on tutor-supported comprehensive care training in clinical dental education

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## Conflict of interest

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## 1 **Abstract**

2 Tutor-supported comprehensive care training at the University of Bern School of Dental  
3 Medicine (SDM) has been used for many years. Therefore, the aim of this study was to  
4 evaluate dental students' opinions on tutor-supported training to identify key aspects of future  
5 course organisation that are important for students to achieve the minimum requirements for  
6 their graduation. A digital survey was developed and distributed among all fourth- and fifth-  
7 year dental students enrolled in the SDM in 2014 and 2016. A total of 28 (41.2%) and 21  
8 (36.2%) students participated in the survey in 2014 and 2016, respectively. The average age  
9 of all respondents was 25.8 ( $\pm 4.0$ ) years. The proportion of females was 75% with no  
10 differences between groups, neither among classes nor years of the survey. The students felt  
11 well prepared following the bachelor's degree pre-clinical programme and a two-week  
12 introduction immediately preceding the clinical course. During clinical training, the students'  
13 experiences with their assigned tutors were positive even though waiting times for tutors  
14 during patient care as well as organisational efforts to manage attestations and logbooks were  
15 mentioned. For each discipline, patient assignment ( $\rho=0.54$ ,  $p<0.0001$ ) and frequently  
16 meeting with their tutors ( $\rho=0.56$ ,  $p<0.0001$ ) revealed the highest correlation with 1)  
17 achieving minimum requirements and 2) improving treatment planning skills in both fourth-  
18 and fifth-year dental students. In conclusion, tutor-supported comprehensive care training is  
19 well accepted by dental students while focusing on both patient assignment and frequent  
20 discussions with tutors may help students to better achieve minimum requirements in clinical  
21 dental education.

22

# 1 **Introduction**

2

3 Comprehensive dental care is defined as integrated treatment that addresses all dental needs of  
4 patients (ADIBI et al. 2012). In clinical dental education it enables students to provide dental  
5 care in a manner that is closely related to the dental practice in which they will work after  
6 graduation (Vining 1984). Today, efforts to provide comprehensive care training in clinical  
7 dental education aim to train patient-centred approaches, incorporating high-quality dental  
8 care services from all dental disciplines.

9       Traditional methods of undergraduate dental education were more focused on the  
10 educational needs of students and less on the dental needs of patients (HENZI et al. 2007,  
11 NADERSHAHI et al. 2010). The comprehensive care model, on the other hand, is described as  
12 more patient-oriented and it allows for comprehensive and timely dental care, while providing  
13 students with an enhanced educational experience (DEGHAN et al. 2015, EVANGELIDIS-  
14 SAKELLSON 1999). In addition, comprehensive dental care allows for long-term monitoring  
15 and supportive therapy for all patients (MCCONNELL et al. 1993).

16       The tutoring system has become another key element in undergraduate dental education.  
17 The tutors can very well understand the inner tension of the students in terms of meeting the  
18 minimum requirements necessary for graduation. Meetings between tutors and their assigned  
19 students help to build an interpersonal relationship that fosters compliance, reward, empathy  
20 and motivation in both students and tutors. Clinical training supported by tutors can therefore  
21 lead to quality of learning and education for dental students.

22       Only a few studies have been conducted to evaluate the benefits of tutor-supported  
23 training in undergraduate dental education. A study from the University of Tennessee in the  
24 USA found that students were satisfied with and supportive of the transition from a traditional  
25 departmental to a comprehensive care model at their dental school. The majority of students

1 (86%) reported that their educational model enabled them to achieve “more comprehensive  
2 dentistry with greater consistency of supervision from faculty in a more patient-centred  
3 environment than in the departmental model” (DEHGHAN et al. 2015). Moreover, another  
4 study of 21 North American dental schools revealed that junior, senior and graduate dental  
5 students consider constructive relationships with faculty as the most important aspect of their  
6 clinical education (HENZI et al. 2006). Therefore, in a comprehensive care model, tutors  
7 contribute to enhancing students’ clinical experience. Additionally, tutors have been reported  
8 to help reduce student stress by providing support and clinical guidance (SCHWARTZ et al.  
9 2014). In a study at the U.S. Harvard School of Dental Medicine involving dental students,  
10 they reported stress during the transition from pre-clinical to clinical year when there was no  
11 faculty member to tutor them (SUKOTJO et al. 2007). The administrative matters of the clinic  
12 could also be perceived as difficult and stressful (POLYCHRONOPOULOU & DIVARIS 2009). To  
13 achieve their goals, dental students should gain confidence in their abilities and understand  
14 when to ask for help (RADCLIFFE & LESTER 2003). Nowadays, the education system focuses  
15 on developing new strategies to support dental students during their studies in order to  
16 achieve high skills levels. Moreover, the competitiveness of the workforce places high  
17 demands on the knowledge of new dental techniques, without neglecting the role of dentistry  
18 in patient health care. For this reason, it is appropriate to investigate the students’ level of  
19 satisfaction and their opinion on improving various aspects of their education.

20 Therefore, the aim of this study was to evaluate the tutor-supported comprehensive  
21 dental care training from the students’ perspective. A questionnaire was used to identify  
22 possible links between the organisation of the course and the students’ ability to meet the  
23 minimum requirements necessary for their graduation.

# 1 **Materials and Methods**

2

3 The study of dentistry at the University of Bern, Switzerland, consists of three pre-clinical  
4 years of undergraduate education in the bachelor's programme and two clinical years leading  
5 to the master's degree in dental medicine. In the master's programme at the University of  
6 Bern School of Dental Medicine (SDM), the main focus is placed on clinical training.  
7 Students both learn and experience the various interrelated aspects of dentistry in a  
8 comprehensive care clinical course on patients. Students treat their assigned patients in the  
9 fields of oral surgery, periodontology, restorative dentistry, as well as fixed and removable  
10 prosthetic dentistry.

11 During the clinical work in the course, students are supported by tutors from the  
12 respective specialist clinics. This tutor-supported teaching is a significant part of the clinical  
13 training at the SDM. All students are assigned one tutor per semester and for each of the five  
14 subjects. Thus, all students have five contact persons who support them. Tutors, on the other  
15 hand, are assigned several students whom they supervise in their subject area.

16 The students discuss the clinical findings and the respective diagnoses of the assigned  
17 patients with their tutors, as well as the treatment plans and all course-related administrative  
18 work. In addition to this supervision of the students, the tutors have the task of formative  
19 assessment of the students' clinical performance. In each subject area, tutors are briefed  
20 before the start of the academic year on how to discuss treatment plans and conduct formative  
21 assessment with their students.

22

## 1 **Study design**

2 The present study was conducted with fourth- and fifth-year undergraduate dental students  
3 enrolled at the SDM in 2014 and 2016, respectively. A total of four classes were surveyed by  
4 means of an anonymised questionnaire (Supplement). All surveys took place at the end of the  
5 respective academic year. The study protocol was submitted to and approved by the Ethical  
6 Committee of the Canton of Bern (KEK), Switzerland (Req-2021-00323).

7 For the purpose of this evaluation, a digital questionnaire was developed using  
8 Microsoft Word (Microsoft Corporation, Redmond, WA, USA). The questionnaire consisted  
9 of a total of 27 questions divided into four sections asking the students about their experience  
10 with 1) the introduction to the clinical course, 2) the comprehensive care training, 3)  
11 collecting attestations and keeping logbooks, and 4) the tutor-supported training. Answers in  
12 the digital questionnaire were structured according to a five-point Likert scale.

13

## 14 **Clinical course procedure and student assessment**

15 At the beginning of the fourth year of study, a two-week introduction to the clinical  
16 programme took place. In this introduction, the procedures for diagnostics, treatment planning  
17 and patient care were introduced, and the tutor-supported teaching was demonstrated. The  
18 formative assessments of students were also explained and the minimum requirements for  
19 achieving the course objectives were stated. It was also pointed out that the assigned tutors  
20 needed to be contacted regularly so that the intermediate steps of diagnostics and treatment  
21 procedures could be discussed.

22 At the beginning of each academic year in 2013 and 2015, students were assigned their  
23 patients for both examination and treatment. During the semesters, students were responsible  
24 for scheduling their patients' appointments and billing for the treatments performed during the

1 course. Patients who repeatedly did not show up for the agreed appointment had to be  
2 returned to the course instructors. If necessary, students could request new patients from the  
3 course instructors again. In order to meet the quantitative minimum requirements, the students  
4 had four half-days per week during the two-year master's programme to carry out the  
5 examinations and treatments in the respective semesters.

6 Formative assessments of the students' clinical performance took place directly in the  
7 student clinic. Intermediate steps were assessed in analogy to the quality assurance of the  
8 Swiss Dental Association (SSO) with grades A+, A, B and C, whereby both grades B and C  
9 were classified as insufficient. The grades were noted on attestation forms (A4 size sheets).  
10 Students were responsible for both receiving their assessments and managing the attestation  
11 forms. There were separate attestation forms for all patients and in all disciplines which the  
12 students had to manage personally. After completion of a respective treatment, an overall  
13 grade was entered by the tutors in a logbook (A4 size booklet). Students again had to keep  
14 and manage their own logbook showing the minimum requirements for all the disciplines per  
15 academic year. Summative assessments of the students took place at the end of each academic  
16 year. Upon achieving all quantitative minimum requirements, the specified European Credit  
17 Transfer System (ECTS) credit points necessary for graduation were awarded.

18

## 19 **Statistical analysis**

20 Statistical analyses were performed with RStudio (version 1.3.1093, RStudio Team, (2020).  
21 RStudio: Integrated Development Environment for R. RStudio, PBC, Boston, MA URL  
22 <http://www.rstudio.com/>). Means, percentages and standard deviations were calculated using  
23 descriptive statistics. Categorical data were analysed with Fisher's exact tests while non-  
24 parametric data were assessed with Kruskal-Wallis rank sum tests, respectively. Potential  
25 differences between the distributions of the five-point Likert scale data from different classes

1 (4<sup>th</sup> and 5<sup>th</sup> year dental students) and the respective survey year (2014 and 2016) were  
2 analysed using Kruskal-Wallis rank sum tests. Possible associations between various  
3 questions were evaluated using both Spearman rank and Pearson product-moment correlations  
4 and interpreted using the Cohen (1988) convention (COHEN 1988). P values <0.05 were  
5 defined as statistically significant.

## 1 **Results**

2

3 In the years 2014 and 2016, a total of 126 fourth- and fifth-year students from four classes  
4 were surveyed with an anonymised questionnaire (Table 1). The overall return rate per class  
5 ranged from 29.6% (min.) to 43.2% (max.) with a mean of 38.4%. A total of 49  
6 questionnaires were evaluated for the study (Table 1).

7

## 8 **Demographic data**

9 The mean age of the study participants was 25.8 ( $\pm 4.0$ ) years with no statistically significant  
10 difference between the fourth- ( $p=0.130$ ) and fifth-year students ( $p=0.525$ ) (Table 1). The  
11 mean percentage of female students was 74.8% with a minimum of 61.5% and a maximum of  
12 87.5%, again with no statistically significant difference between students from the fourth  
13 ( $p=0.192$ ) and fifth year of study ( $p>0.999$ ), respectively (Table 1).

14

## 15 **Survey data**

16 Distributions of the five-point Likert scale data from both fourth- and fifth-year dental  
17 students and the respective survey year (2014 and 2016) were compared and pooled if  
18 equality was found. In all the questions relating the students' experience with 1) the  
19 introduction to the clinical course, 2) the comprehensive care training, and 3) collecting  
20 attestations and keeping logbook, equal distributions were found with p-values reaching from  
21 0.086 (Figure 1) to 0.972 (Figure 3).

22

## 1 **Experience with course introduction**

2 The vast majority of all n=49 dental students felt well prepared following the bachelor's  
3 degree pre-clinical programme, albeit with minor differences between the individual subjects  
4 (Figure 1). Similarly, the students felt well prepared after the two-week introduction  
5 immediately before the clinical course.

6

## 7 **Experience with clinical training**

8 Overall, the dental students' experiences with their clinical training were positive even though  
9 their patients usually had high expectations (Figure 2). Furthermore, notable positive  
10 experiences were made especially with 1) high reliability, 2) rare short-term cancellations and  
11 3) good payment morale of patients. Even though students reported long waiting times for  
12 tutors during patient care, this issue seemed to be somewhat compensated by greater learning  
13 experiences.

14

## 15 **Experience with collecting attestations and keeping logbook**

16 Concerning the dental students' experiences with collecting attestations and keeping their  
17 logbook, almost equal distributions were found among all subjects ( $p>0.311$ ) (Figure 3).

18 Although the guidelines for both collecting attestations and transferring them to the  
19 logbook were predominantly perceived as very good, the time required and the organisational  
20 effort to obtain these attestations and keeping the logbook felt to be long or even very long  
21 (Figure 3).

22

## 1 **Experience with tutor-supported training**

2 Overall, the dental students' experiences with the tutor-supported training as part of the  
3 comprehensive care clinical training were often very good, although there were variations  
4 between different subjects. Students did not meet with their tutors equally often in all  
5 disciplines ( $p=0.013$ ) or fulfil the minimum requirements equally well ( $p=0.004$ ) (Figure 4).  
6 Hence, bivariate correlations were calculated both overall and for each discipline separately  
7 (Figures 5 and 6).

8 Achieving the minimum requirements during comprehensive care training in all the  
9 subjects correlated with positive experiences especially when patient assignment worked out  
10 well for the students (Spearman  $\rho=0.54$ , 95% Confidence Interval (CI) 0.443-0.632,  
11  $p<0.0001$ ). More specifically, a high positive correlation was found with the subject of fixed  
12 partial denture prosthetics with a Spearman  $\rho=0.62$  (95% CI 0.410-0.796,  $p<0.0001$ ) (Figure  
13 5). Moreover, the treatment planning skills improved when the students met with their tutors  
14 more often (Spearman  $\rho=0.56$ , 95% CI 0.443-0.632,  $p<0.0001$ ). Again, with the subject of  
15 fixed partial denture prosthetics, the highest correlation was found with a Spearman  $\rho=0.63$   
16 (95% CI 0.410-0.796,  $p<0.0001$ ) (Figure 6).

17

## 1 **Discussion**

2

3 The present study demonstrated that dental students felt well prepared for comprehensive care  
4 training following the bachelor's degree pre-clinical programme and a two-week introduction  
5 immediately preceding the clinical course. During clinical training, the students' experiences  
6 with their assigned tutors were positive and for all disciplines, patient assignment and  
7 frequent meetings with their tutors revealed the highest positive correlation with 1) achieving  
8 minimum requirements and 2) improving treatment planning skills, both reaching statistical  
9 significance. Therefore, it was concluded that tutor-supported comprehensive care training is  
10 well accepted by dental students while focusing on patient assignment by course instructors  
11 and frequent discussions with tutors may help students to better achieve minimum  
12 requirements in clinical dental education.

13

14 The origin of the idea to implement a comprehensive care training in clinical dental education  
15 emerged following a continuous decline in patient numbers attending University dental clinics  
16 throughout the late 1970ies (CASAMASSIMO & SEALE 2015). Due to the shortage of patients,  
17 the problem arose that the students treated patients not according to their needs but according  
18 to the gaps in the students' list of requirements. This critical issue called for fundamental  
19 changes in the curriculum of numerous University dental clinics. At the third U.S. Conference  
20 on Comprehensive Care in Clinical Dental Education in 1983, one of the issues addressed was  
21 how to provide a larger number of patients to undergraduate dental students (VING 1984).  
22 Various suggestions were elaborated in order to ensure a sufficient number of patients for the  
23 students to reach the quantitative minimum requirements necessary for their graduation. A

1 maintenance system including patients enrolled in supportive periodontal therapy, which was  
2 discussed for the first time during this workshop in 1983, represented a relevant innovation.

3 Earlier educational methods tended to focus on training students, while newer  
4 approaches to patient care considered more holistic and patient-centred treatments that could  
5 still be carried out by dental students (DEHGHAN et al. 2015, HENZI et al. 2007). In order to  
6 ensure high quality work, the range of patient care should be diverse and as similar as  
7 possible for all students. During clinical training, dental students should receive their expected  
8 experience while at the same time the patients should receive their treatment as indicated  
9 (ADIBI et al. 2012). Therefore, Universities keep trying to use different learning and training  
10 methods to educate students in their best possible way. These methods include problem-  
11 based-learning, as well as comprehensive care training supported by peers or tutors from  
12 University dental schools. Often, faculty members such as graduate students or dental  
13 hygienists are assigned tutoring and mentoring responsibilities in the student clinic (CROFT et  
14 al. 2005, LANNING et al. 2014). In European Dental Schools today, clinical curricula still do  
15 not always allow students to elaborate treatment plans and in such cases treatment procedures  
16 are assigned to students whose clinical expertise is sufficient to perform the treatment as  
17 indicated (ZELLER et al. 2022). As pointed out by Zeller and co-workers (2022), this approach  
18 resulted to fewer treatments in certain dental disciplines, again largely due to lacking patient  
19 numbers. Comprehensive dental care, on the other hand, allows the students to work with  
20 their tutors to develop and adjust treatment plans with fewer patients while enabling them to  
21 take responsibility from the beginning (DEHGHAN et al. 2015).

22 Moreover, the present study demonstrated that the better patient assignment worked out  
23 for students, the better they met the minimum quantitative requirements for graduation. The  
24 study conducted by Adibi and colleagues (2012) at the U.S. University of Texas School of  
25 Dentistry indicated that 29% of patients received comprehensive dental care and patients on

1 average discontinued treatment after the third or fourth visit. Their treatments were  
2 predominantly restorative and thus patient assignments for comprehensive dental care proved  
3 to be challenging (ADIBI et al. 2012). Zeller and co-workers (2022) additionally pointed out  
4 that Swiss dental students performed fewer fixed prosthodontic treatments compared to  
5 restorative therapies, which again was mainly due to the lack of fixed prosthodontics patients  
6 available for the student course (ZELLER et al. 2022).

7

8 The majority of reports in the literature on tutor-supported comprehensive care training are  
9 found in medical education and only a small number of studies could be identified in dental  
10 education. Even in these, it was found that in established tutoring programs, students had a  
11 contact person to support them with important issues. Support was provided with treatment  
12 planning, making diagnoses, preparing cost estimates and other administrative work. The  
13 personal interaction with the tutor allowed students to raise doubts and concerns that are less  
14 likely to be addressed in more open settings (HENZI et al. 2007).

15 Our study revealed strengths and weaknesses of the tutor-supported comprehensive care  
16 training in clinical dental education. In terms of course preparation and introduction, students  
17 were satisfied although differences were found among the two subjects of periodontology and  
18 fixed partial denture (FPD) prosthetics. However, no plausible reason for this situation could  
19 be found in the data of this study. Moreover, longer waiting times for tutors during clinical  
20 care and a high organisational effort in obtaining attestations and keeping their logbook were  
21 reported in all disciplines. At the SDM, meetings with tutors were face-to-face. As reported  
22 by other studies, the presence of a trusted person has a positive impact on the student's  
23 learning environment (HENZI et al. 2007). Being able to discuss cases with a confidant  
24 reduces students' internal stress and it also gives an ability to discuss both treatment plans and  
25 clinical cases in a calmer environment (GEORGE et al. 1987, SCHWARTZ et al. 2014). This was

1 further shown in a study by Henzi and co-workers (2007) where 81% of the students in their  
2 study confirmed being less stressed after talking to their tutor (HENZI et al. 2007).  
3 Additionally, it may be beneficial when students are not under supervision of a single tutor for  
4 a longer period of time. Working with multiple tutors gives students the opportunity to both  
5 effectively care for their patients and build professional relationships with faculty which not  
6 only impacts their clinical skills, but also provides them with personal connections that they  
7 may later benefit from professionally (DEHGHAN et al. 2015).

8 In their study, Murphy and colleagues (2009) have shown tutor-supported education to  
9 be a valuable investment for the future. In order to keep the tutors updated, the standard  
10 clinical protocols should be updated regularly so that tutors can pass on the same information  
11 to their students. Likewise, the tutors should frequently exchange information and calibrate  
12 among each other. This can be achieved with regular meetings and calibration sessions  
13 (MURPHY et al. 2009). In alignment with our study, according to Dehghan and co-workers  
14 (2015) reported that students reacted positively to the tutor-supported educational programme  
15 (DEHGHAN et al. 2015).

16 Our study has shown that, the more often students connected with their tutors, the more  
17 they felt that their treatment planning skills improved. In the end, however, it may be the  
18 qualitative aspect of a conversation rather than the quantitative which helps students improve  
19 their treatment planning skills. Nevertheless, our data revealed a statistically significant trend  
20 for the frequency of meeting with tutors and improvement of treatment planning skills with a  
21 Spearman  $\rho$  of 0.56 ( $p < 0.0001$ ) leading to the conclusion that the quantitative aspect of  
22 frequent meeting may play a significant role in comprehensive care training.

23

24 With a response rate of 41.2% in 2014 and 36.2% in 2016, both our hypotheses were  
25 validated, i.e., that diligent patient assignments and more frequent meetings with tutors have a

1 positive impact on the learning environment of clinical dental education. However, a few  
2 limitations of this study need to be discussed. The sample size of only 49 dental students in  
3 total who had participated in two surveys prior to the COVID 19 pandemic (2014 and 2016)  
4 may be of concern. However, although response rates were only 41.2% in 2014 and 36.2% in  
5 2016, our pooled analysis yielded good estimates with high correlations between 1) students'  
6 experiences with patient assignments and meeting the minimum requirements, and 2)  
7 frequency of meetings with their tutor and improvement of their treatment planning skills,  
8 each of which were statistically significant. Moreover, these correlations could be reasonably  
9 generalised with their respective 95% confidence intervals. Moreover, the lack of a pre-post  
10 or parallel-group design could be criticised. However, according to the available literature,  
11 other studies used similar designs and neither a pre-post nor a parallel-group design were  
12 needed to evaluate the impact of tutor-supported education in comprehensive clinical care  
13 training in dental education (ADIBI et al. 2012, STENFORS-HAYES et al. 2011). An additional  
14 issue needs to be mentioned since between 2014 and 2016 the curriculum of the SDM may  
15 have changed and these changes might have affected the students' responses in the  
16 questionnaire. However, in the timeframe of the present study, no notable changes were  
17 implemented in the SDM curriculum which was reflected in the comparison of our data from  
18 all four classes surveyed in 2014 and 2016, respectively. For the vast majority of the  
19 questions, there were no statistically significant differences in the distribution of responses  
20 between the groups of fourth- and fifth-year students in 2014 and 2016. Finally, no control  
21 group of students with no tutors assigned was created in this study. A controlled study could  
22 effectively determine the effect of tutoring support. However, due to ethical considerations,  
23 such a study design would not be appropriate for undergraduate dental student education.

24

## 1 **Conclusion**

2 Within the limitations of this study, it may be concluded that tutor-supported comprehensive  
3 dental care training is well accepted by undergraduate students while focusing on both patient  
4 assignment by course instructors and frequent discussions with tutors may help students to  
5 better achieve minimum requirements in clinical dental education.

6

# 1 **Zusammenfassung**

2

3 **Hintergrund und Ziel:** An den zahnmedizinischen Kliniken der Universität Bern (zmk bern)  
4 wird seit mehreren Jahren eine tutoriell begleitete, synoptische klinische Ausbildung  
5 durchgeführt. Ziel dieser Studie war es daher, die Meinungen der Zahnmedizinierenden  
6 zur tutoriell unterstützten klinischen Ausbildung zu evaluieren, um Schlüsselaspekte der  
7 zukünftigen Kursorganisation zu identifizieren, die für die Studierenden wichtig sind, um die  
8 Mindestanforderungen für ihren Studienabschluss zu erreichen.

9 **Material und Methoden:** Es wurde eine digitale Umfrage entwickelt und an alle  
10 Studierenden der Zahnmedizin im vierten und fünften Studienjahr verteilt, die an den zmk  
11 bern im Jahr 2014 und 2016 studierten.

12 **Resultate:** Insgesamt 28 (41.2%) bzw. 21 (36.2%) Studierende nahmen 2014 bzw. 2016 an  
13 der Umfrage teil. Das Durchschnittsalter aller Befragten betrug 25.8 ( $\pm 4.0$ ) Jahre. Der Anteil  
14 der Frauen lag bei 75%, wobei es keine Unterschiede zwischen den Gruppen gab, weder  
15 zwischen den Klassen noch zwischen den Jahren der Befragung. Die Studierenden fühlten  
16 sich nach dem vorklinischen Bachelor-Studiengang und einer zweiwöchigen Einführung  
17 unmittelbar vor dem klinischen Kurs gut vorbereitet. Während der klinischen Ausbildung  
18 waren die Erfahrungen der Studierenden mit den ihnen zugewiesenen Tutoren positiv, auch  
19 wenn Wartezeiten für die Tutoren während dem Kursbetrieb sowie organisatorischer  
20 Aufwand bei der Verwaltung von Testatblätter und Masterjournalen genannt wurden. Für  
21 jedes Fachgebiet zeigten sowohl bei den Studierenden im vierten als auch im fünften Jahr die  
22 Patientenzuweisung ( $\rho=0.54$ ,  $p<0.0001$ ) und die häufigeren Treffen mit den Tutoren ( $\rho=0.56$ ,  
23  $p<0.0001$ ) die höchste Korrelation mit 1) dem Erreichen der Mindestanforderungen und 2)  
24 der Verbesserung der Fähigkeiten, Behandlungspläne zu erstellen.

25 **Schlussfolgerung:** Zusammenfassend lässt sich sagen, dass ein von Tutoren unterstützter  
26 synoptischer klinischer Unterricht von den Studierenden der Zahnmedizin geschätzt wird,

- 1 während die Optimierung der Patientenzuteilung und häufigere Gespräche mit den Tutoren
- 2 den Studierenden helfen kann, die Mindestanforderungen in der klinischen Ausbildung besser
- 3 zu erfüllen.

# 1 **Résumé**

2

3 **Contexte et objectif :** les cliniques de médecine dentaire de l'Université de Berne (zmk bern)  
4 dispensent depuis plusieurs années une formation clinique synoptique assistée par un tuteur.  
5 L'objectif de cette étude était donc d'évaluer l'opinion des étudiants en médecine dentaire sur  
6 la formation clinique assistée par un tuteur afin d'identifier les aspects clés de l'organisation  
7 future des cours qui sont importants pour les étudiants afin d'atteindre les exigences  
8 minimales pour leur diplôme.

9 **Matériel et méthodes :** Une enquête numérique a été développée et distribuée à tous les  
10 étudiants en médecine dentaire de 4e et 5e année qui ont étudié à la zmk bern en 2014 et  
11 2016.

12 **Résultats :** Au total, 28 (41,2%) et 21 (36,2%) étudiants ont participé à l'enquête en 2014 et  
13 2016. L'âge moyen de toutes les personnes interrogées était de 25,8 ( $\pm 4,0$ ) ans. La proportion  
14 de femmes était de 75%, et il n'y avait pas de différence entre les groupes, ni entre les classes,  
15 ni entre les années de l'enquête. Les étudiants se sentaient bien préparés après le baccalauréat  
16 préclinique et une introduction de deux semaines justes avant le cours clinique. Pendant la  
17 formation clinique, les expériences des étudiants avec les tuteurs qui leur ont été attribués ont  
18 été positives, même si les temps d'attente pour les tuteurs pendant le déroulement des cours  
19 ainsi que le travail d'organisation pour la gestion des feuilles d'examen et des journaux de  
20 master ont été mentionnés. Pour chaque spécialité, tant pour les étudiants de quatrième que de  
21 cinquième année, l'assignation de patients ( $p=0,54$ ,  $p<0,0001$ ) et les rencontres plus  
22 fréquentes avec les tuteurs ( $p=0,56$ ,  $p<0,0001$ ) ont présenté la corrélation la plus élevée avec  
23 1) l'atteinte des exigences minimales et 2) l'amélioration des capacités à élaborer des plans de  
24 traitement.

25 **Conclusion :** en résumé, un enseignement clinique synoptique soutenu par des tuteurs est  
26 apprécié par les étudiants en médecine dentaire, tandis que l'optimisation de l'affectation des

- 1 patients et des discussions plus fréquentes avec les tuteurs peuvent aider les étudiants à mieux
- 2 atteindre les exigences minimales dans leur formation clinique.
- 3

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2

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- 22

1 **Table 1:** Dental students' demographics from all the classes and their response rates to the surveys in 2014 and 2016.

	All	4 <sup>th</sup> year	5 <sup>th</sup> year	4 <sup>th</sup> year	5 <sup>th</sup> year	<i>p-values</i>	
						4 <sup>th</sup> year	5 <sup>th</sup> year
						2014 & 2016	2014 & 2016
Year of survey	N/A	2014	2014	2016	2016	N/A	N/A
n students per class	N/A	37	31	31	27	N/A	N/A
Response to survey 2014 (%)	28 (41.2)	16 (43.2)	12 (38.7)	N/A	N/A	N/A	N/A
Response to survey 2016 (%)	21 (36.2)	N/A	N/A	13 (41.9)	8 (29.6)	N/A	N/A
Mean age (SD)	25.8 (±4.0)	24.5 (±1.2)	26.3 (±3.3)	25.0 (±1.1)	28.8 (±8.7)	0.130 (§)	0.525 (§)
Gender (female, %)	37 (75.5)	14 (87.5)	9 (75.0)	8 (61.5)	6 (75.0)	0.192 (¥)	>0.999 (¥)

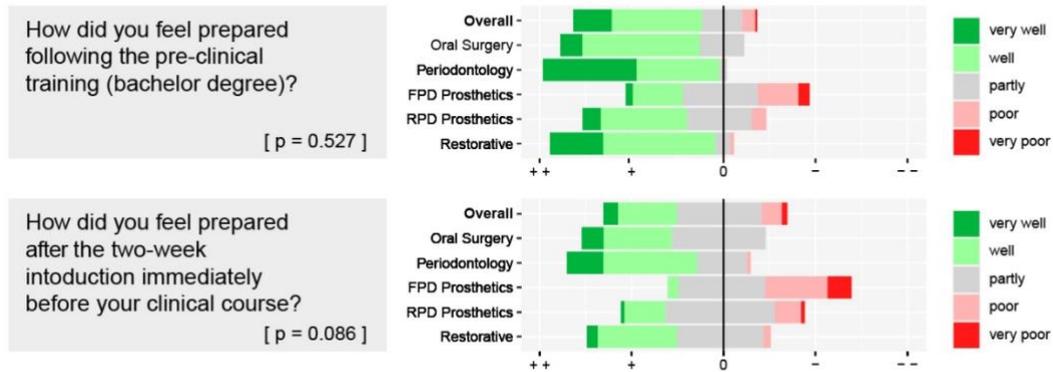
2 SD: Standard deviation; §: Kruskal-Wallis rank sum test; ¥: Fisher's exact test.

3

## Figures

Figure 1

### Experience with course introduction



### Legend:

Overall and subject-specific five-point Likert scale data from the students' answers (pooled) regarding their experience with the introduction to comprehensive care training. P values of  $\geq 0.05$  indicate similar distributions from different years (2014 and 2016) and classes (4<sup>th</sup> and 5<sup>th</sup> year dental students).

FPD: fixed partial denture, RPD: removable partial denture.

**Figure 2**

**Experience with clinical training**



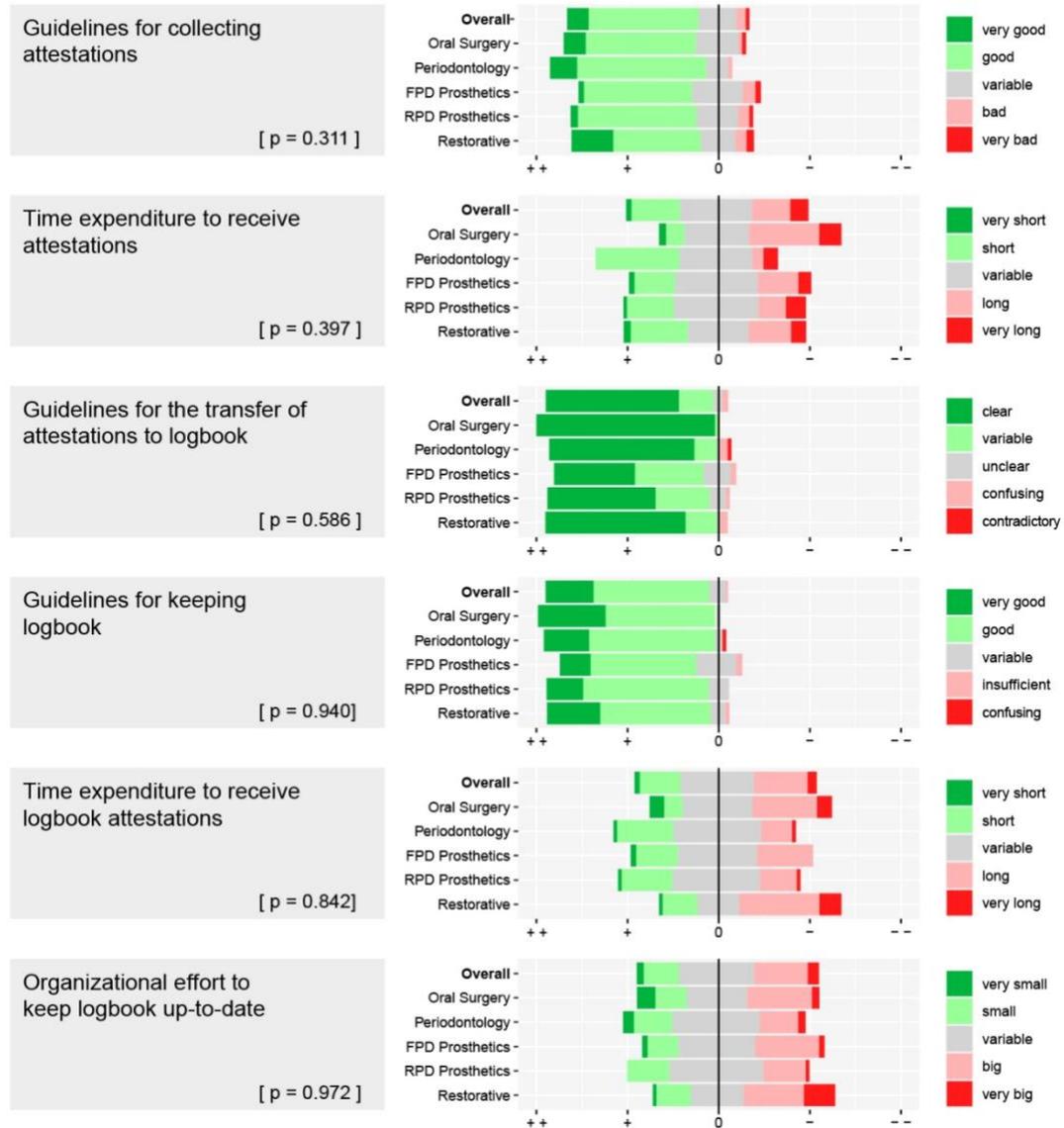
**Legend:**

Overall and subject-specific five-point Likert scale data from the students' answers (pooled) regarding their experience with the clinical training of comprehensive care education. P values of  $\geq 0.05$  indicate similar distributions from different years (2014 and 2016) and classes (4<sup>th</sup> and 5<sup>th</sup> year dental students).

FPD: fixed partial denture, RPD: removable partial denture.

**Figure 3**

**Experience with collecting attestations and keeping logbook**

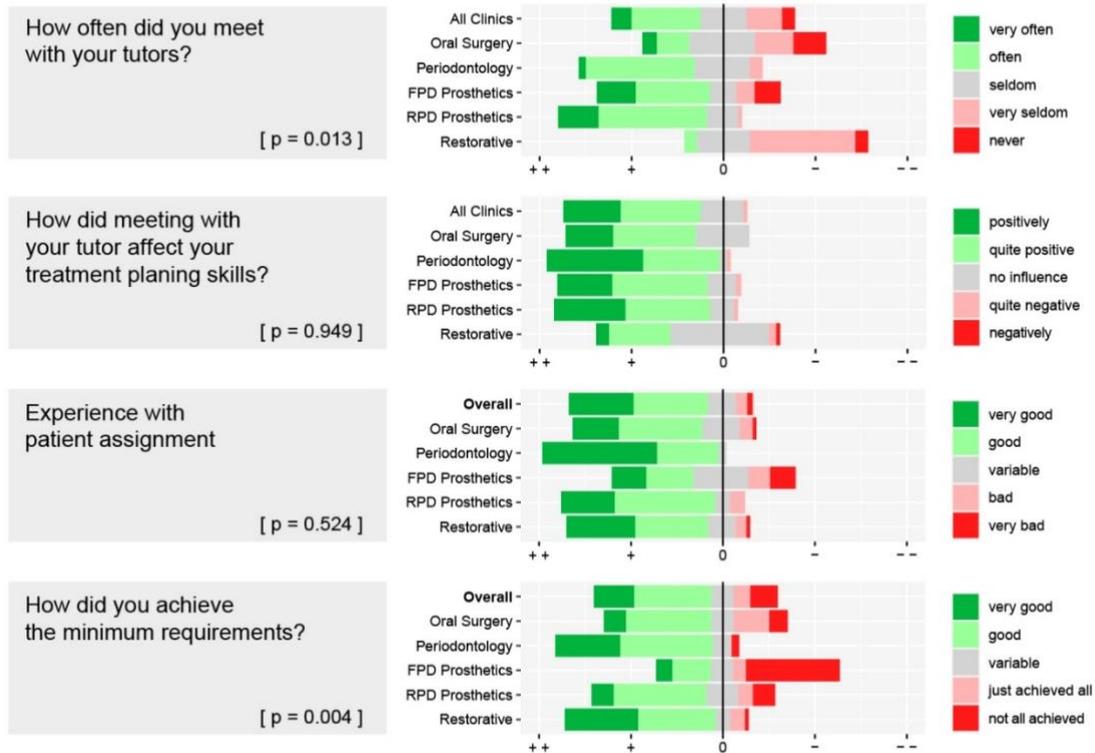


**Legend:**

Overall and subject-specific five-point Likert scale data from the students' answers (pooled) regarding their experience with collecting attestations and keeping their logbook during comprehensive care training. P values of  $\geq 0.05$  indicate similar distributions from different years (2014 and 2016) and classes (4<sup>th</sup> and 5<sup>th</sup> year dental students). FPD: fixed partial denture, RPD: removable partial denture.

**Figure 4**

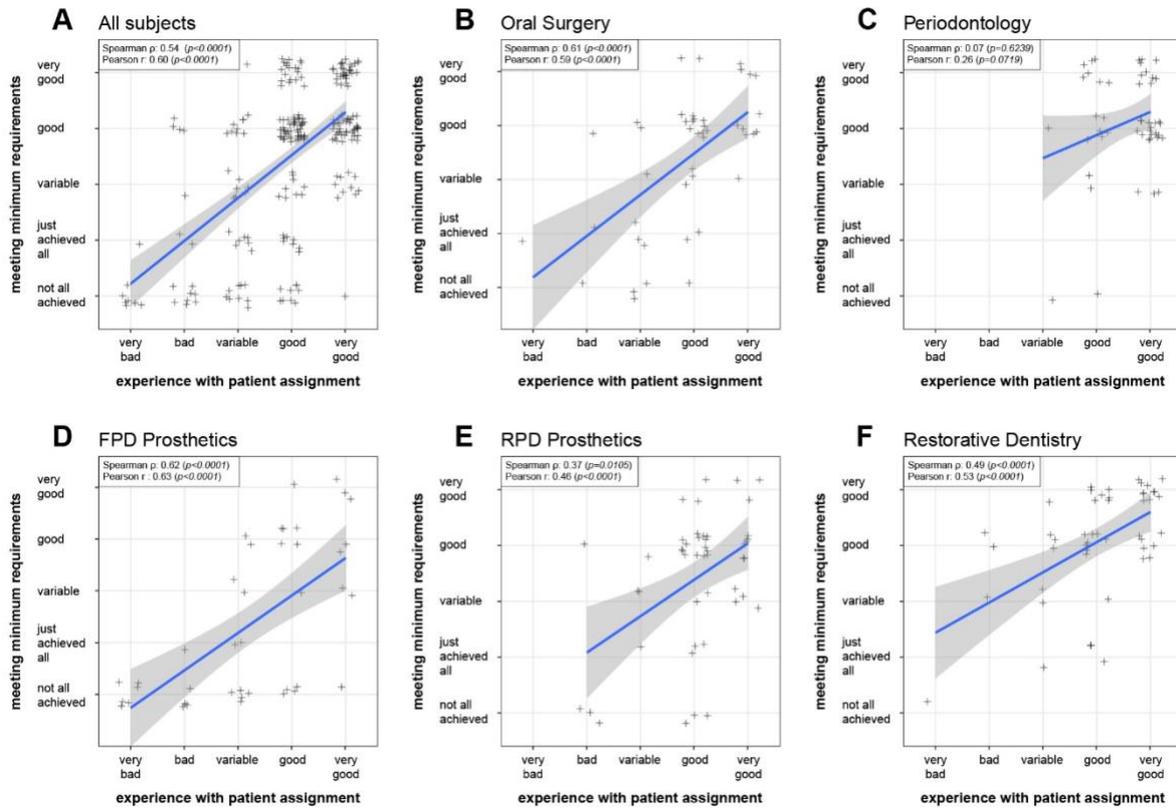
**Experience with tutor-supported training**



**Legend:**

Overall and subject-specific five-point Likert scale data from the students' answers (pooled) regarding their experience with the tutor-supported training during comprehensive care education. P values of  $\geq 0.05$  indicate similar distributions from different years (2014 and 2016) and classes (4<sup>th</sup> and 5<sup>th</sup> year dental students). FPD: fixed partial denture, RPD: removable partial denture.

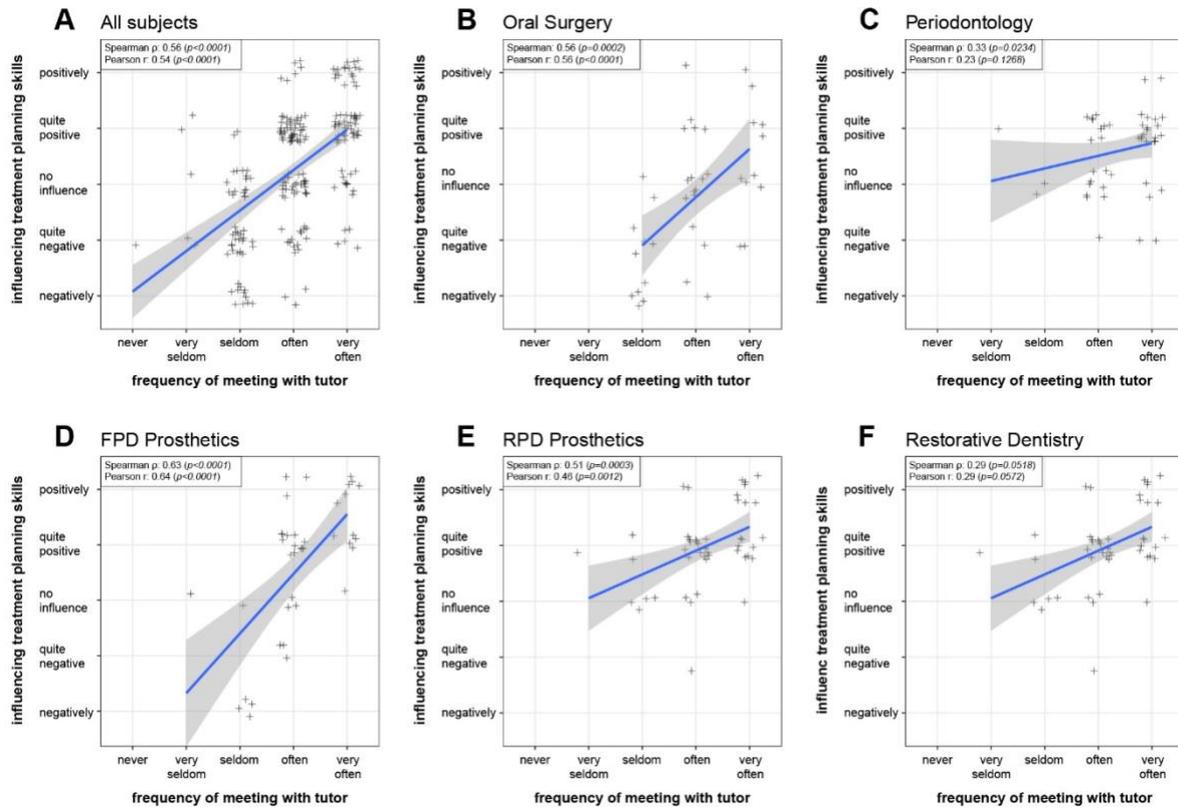
**Figure 5**



**Legend:**

Overall and subject-specific correlations between the students' experience of patient assignment and meeting the minimum requirements. Plots of regression lines and 95% confidence intervals obtained from data numerically converted for Pearson product-moment correlations. FPD: fixed partial denture, RPD: removable partial denture.

**Figure 6**



**Legend:**

Overall and subject-specific correlations between the students' frequency of meeting with tutors and their influence on treatment planning skills. Plots of regression lines and 95% confidence intervals obtained from data numerically converted for Pearson product-moment correlations. FPD: fixed partial denture, RPD: removable partial denture.

# Fragen zum Synopsiskurs

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Bitte alle zutreffenden Antworten ankreuzen. Vielen Dank!

Studienjahr:     4. Studienjahr         5. Studienjahr

## Kursvorbereitung

Wie hast Du Dich nach dem 3. Studienjahr für den Synopsiskurs vorbereitet gefühlt?

	sehr gut	gut	teils/teils	ungenügend	schlecht
Oralchirurgie	<input type="checkbox"/>				
Parodontologie	<input type="checkbox"/>				
Kro-Brü	<input type="checkbox"/>				
Prothetik	<input type="checkbox"/>				
Zahnerhaltung	<input type="checkbox"/>				

Wie hättest Du Dich für den Synopsiskurs besser vorbereiten wollen?

<b>mehr Vorlesungen</b>	<b>mehr PBL</b>	<b>mehr Selbststudium</b>	<b>mehr Bücher/Skripten</b>	<b>mehr Internet</b>
-------------------------	-----------------	---------------------------	-----------------------------	----------------------

Oralchirurgie	<input type="checkbox"/>				
Parodontologie	<input type="checkbox"/>				
Kro-Brü	<input type="checkbox"/>				
Prothetik	<input type="checkbox"/>				
Zahnerhaltung	<input type="checkbox"/>				

Ich hätte mich noch folgende Vorbereitungen gewünscht:

---

Wie hast Du Dich nach den zwei Wochen Einführung in der Klinik im 4. Studienjahr gefühlt?

	<b>sehr sicher</b>	<b>sicher</b>	<b>teils/teils</b>	<b>unsicher</b>	<b>sehr unsicher</b>
Oralchirurgie	<input type="checkbox"/>				
Parodontologie	<input type="checkbox"/>				
Kro-Brü	<input type="checkbox"/>				
Prothetik	<input type="checkbox"/>				
Zahnerhaltung	<input type="checkbox"/>				

## Patientenbehandlung

Wie hast Du die Termine mit Deinen Patienten vereinbart?

	sehr häufig	häufig	ab und zu	selten	sehr selten
In der Klinik	<input type="checkbox"/>				
Telefon zmk	<input type="checkbox"/>				
Handy (privat)	<input type="checkbox"/>				
SMS (privat)	<input type="checkbox"/>				
E-Mail	<input type="checkbox"/>				
Briefpost	<input type="checkbox"/>				

Wie schätzt Du die Ansprüche Deiner meisten Patienten pro Fachgebiet ein?

	sehr hoch	hoch	durchschnittlich	gering	sehr gering
Oralchirurgie	<input type="checkbox"/>				
Parodontologie	<input type="checkbox"/>				
Kro-Brü	<input type="checkbox"/>				
Prothetik	<input type="checkbox"/>				
Zahnerhaltung	<input type="checkbox"/>				

Wie schätzt Du die Zuverlässigkeit Deiner meisten Patienten pro Fachgebiet ein?

	sehr zuverlässig	zuverlässig	unterschiedlich	unzuverlässig	sehr unzuverlässig
Oralchirurgie	<input type="checkbox"/>				

Parodontologie	<input type="checkbox"/>				
Kro-Brü	<input type="checkbox"/>				
Prothetik	<input type="checkbox"/>				
Zahnerhaltung	<input type="checkbox"/>				

Wie oft haben Dir Deine Patienten einen Termin kurzfristig abgesagt?

	<b>sehr häufig</b>	<b>häufig</b>	<b>unterschiedlich</b>	<b>selten</b>	<b>sehr selten</b>
Oralchirurgie	<input type="checkbox"/>				
Parodontologie	<input type="checkbox"/>				
Kro-Brü	<input type="checkbox"/>				
Prothetik	<input type="checkbox"/>				
Zahnerhaltung	<input type="checkbox"/>				

Wie war die Zahlungsmoral Deiner Patienten?

	gut	meistens gut	teils/teils	meistens schlecht	schlecht
Oralchirurgie	<input type="checkbox"/>				
Parodontologie	<input type="checkbox"/>				
Kro-Brü	<input type="checkbox"/>				
Prothetik	<input type="checkbox"/>				
Zahnerhaltung	<input type="checkbox"/>				

Wie viele *effektive* Stunden pro Halbtage haben die meisten Deiner Patienten in der Klinik verbracht?

	weniger als 1 Stunde	1 Stunde	2 Stunden	3 Stunden	4 Stunden
Oralchirurgie	<input type="checkbox"/>				
Parodontologie	<input type="checkbox"/>				
Kro-Brü	<input type="checkbox"/>				
Prothetik	<input type="checkbox"/>				
Zahnerhaltung	<input type="checkbox"/>				

Wie gross waren die Wartezeiten auf Kursbetreuer in der Klinik (Assistenten, ext./int. OAs, DHs)?

	sehr kurz	kurz	unterschiedlich	lang	sehr lang
Oralchirurgie	<input type="checkbox"/>				
Parodontologie	<input type="checkbox"/>				
Kro-Brü	<input type="checkbox"/>				
Prothetik	<input type="checkbox"/>				
Zahnerhaltung	<input type="checkbox"/>				

Wie gross war Deine Lernerfahrung aus den Hilfeleistungen der Kursbetreuer?

	<b>sehr gross</b>	<b>gross</b>	<b>teils/teils</b>	<b>gering</b>	<b>sehr gering</b>
Oralchirurgie	<input type="checkbox"/>				
Parodontologie	<input type="checkbox"/>				
Kro-Brü	<input type="checkbox"/>				
Prothetik	<input type="checkbox"/>				
Zahnerhaltung	<input type="checkbox"/>				

Bemerkungen:

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Wie hat die Zuteilung der Patienten für Dich geklappt?

	sehr gut	gut	teils/teils	schlecht	sehr schlecht
Oralchirurgie	<input type="checkbox"/>				
Parodontologie	<input type="checkbox"/>				
Kro-Brü	<input type="checkbox"/>				
Prothetik	<input type="checkbox"/>				
Zahnerhaltung	<input type="checkbox"/>				

Wie hast Du die im Masterjournal pro Studienjahr geforderten Leistungen erreicht?

	sehr gut erreicht	gut erreicht	teils/teils	knapp alle erreicht	nicht alle erreicht
Oralchirurgie	<input type="checkbox"/>				
Parodontologie	<input type="checkbox"/>				
Kro-Brü	<input type="checkbox"/>				
Prothetik	<input type="checkbox"/>				
Zahnerhaltung	<input type="checkbox"/>				

Welche erweiterten Lernmethoden im Kurs würdest Du gerne in Anspruch nehmen?

	mehr Demos am Patienten	mehr Assistenz am Patienten	Zuteilung von mehr Patienten	Zuteilung von weniger Patienten	Keine Änderungen
Oralchirurgie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parodontologie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kro-Brü	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prothetik	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Zahnerhaltung	<input type="checkbox"/>				
---------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Welche erweiterten Veranstaltungen für den Kurs würdest Du gerne in Anspruch nehmen?

	<b>Workshops (Praxis)</b>	<b>Seminare (Theorie)</b>	<b>Fallplanungs- übungen</b>	<b>Kommunikations- übungen</b>	<b>Keine Änderungen</b>
Oralchirurgie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parodontologie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kro-Brü	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prothetik	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zahnerhaltung	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bemerkungen:

---

## Testatblätter

Wie ist die Vergabe der Testate auf den Testatblättern pro Fachgebiet geregelt?

	sehr gut	gut	teils/teils	ungenügend	verwirrend
Oralchirurgie	<input type="checkbox"/>				
Parodontologie	<input type="checkbox"/>				
Kro-Brü	<input type="checkbox"/>				
Prothetik	<input type="checkbox"/>				
Zahnerhaltung	<input type="checkbox"/>				

Geben die Testatblätter eine Reihenfolge der Behandlungssequenz vor?

	immer	meistens	teils/teils	selten	nie
Oralchirurgie	<input type="checkbox"/>				
Parodontologie	<input type="checkbox"/>				
Kro-Brü	<input type="checkbox"/>				
Prothetik	<input type="checkbox"/>				
Zahnerhaltung	<input type="checkbox"/>				

Wie beurteilst du den Zeitaufwand, die Testate einzuholen?

	sehr gering	gering	teils/teils	gross	sehr gross
Oralchirurgie	<input type="checkbox"/>				
Parodontologie	<input type="checkbox"/>				

Kro-Brü	<input type="checkbox"/>				
Prothetik	<input type="checkbox"/>				
Zahnerhaltung	<input type="checkbox"/>				

Wie ist die Übertragung der Testate von den Testatblättern in das Masterjournal geregelt?

	klar	unterschiedlich	unklar	verwirrend	widersprüchlich
Oralchirurgie	<input type="checkbox"/>				
Parodontologie	<input type="checkbox"/>				
Kro-Brü	<input type="checkbox"/>				
Prothetik	<input type="checkbox"/>				
Zahnerhaltung	<input type="checkbox"/>				

Bemerkungen:

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## Masterjournal

Wie ist die Vergabe der Testate im Masterjournal geregelt?

	sehr gut	gut	teils/teils	ungenügend	verwirrend
Oralchirurgie	<input type="checkbox"/>				
Parodontologie	<input type="checkbox"/>				
Kro-Brü	<input type="checkbox"/>				
Prothetik	<input type="checkbox"/>				
Zahnerhaltung	<input type="checkbox"/>				

Wie beurteilst du den Zeitaufwand, die Testate im Masterjournal einzuholen?

	sehr gering	gering	teils/teils	gross	sehr gross
Oralchirurgie	<input type="checkbox"/>				
Parodontologie	<input type="checkbox"/>				
Kro-Brü	<input type="checkbox"/>				
Prothetik	<input type="checkbox"/>				
Zahnerhaltung	<input type="checkbox"/>				

Wie beurteilst du den *organisatorischen* Aufwand, die Testate im Masterjournal einzuholen?

	sehr gering	gering	teils/teils	gross	sehr gross
Oralchirurgie	<input type="checkbox"/>				
Parodontologie	<input type="checkbox"/>				

Kro-Brü	<input type="checkbox"/>				
Prothetik	<input type="checkbox"/>				
Zahnerhaltung	<input type="checkbox"/>				

Bemerkungen:

---

Wie stehst Du zu den folgenden Aussagen?

	ja	teilweise	nein
Ich finde die Vergabe von Testaten im Masterjournal sinnvoll	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ich finde das Führen des Masterjournals hilfreich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Das Masterjournal ist gut gegliedert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Im Masterjournal gibt es inhaltliche Überlappungen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Im Masterjournal gibt es inhaltliche Widersprüche	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Fragen zum Tutorensystem

---

Wie haben die Tutorengespräche Deine Fähigkeiten zur Diagnosestellung, der Erstellung des Behandlungsplans sowie zur Durchführung der synoptischen Behandlung gefördert?

	positiv	eher positiv	nicht beeinflusst	eher negativ	negativ
Oralchirurgie	<input type="checkbox"/>				
Parodontologie	<input type="checkbox"/>				
Kro-Brü	<input type="checkbox"/>				
Prothetik	<input type="checkbox"/>				
Zahnerhaltung	<input type="checkbox"/>				

Wie oft hast Du Dich mit Deiner Tutorin / Deinem Tutor getroffen?

	sehr oft	oft	selten	sehr selten	nie
Oralchirurgie	<input type="checkbox"/>				
Parodontologie	<input type="checkbox"/>				
Kro-Brü	<input type="checkbox"/>				
Prothetik	<input type="checkbox"/>				
Zahnerhaltung	<input type="checkbox"/>				

Wann hattest Du Dich mit Deiner Tutorin / Deinem Tutor zum Gespräch vereinbart?

vor 8.00 Uhr	über Mittagszeit	nach 17.00 Uhr	gemäss Zeit im Stundenplan	während Vorlesungen
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Oralchirurgie	<input type="checkbox"/>				
Parodontologie	<input type="checkbox"/>				
Kro-Brü	<input type="checkbox"/>				
Prothetik	<input type="checkbox"/>				
Zahnerhaltung	<input type="checkbox"/>				

Wie sollte das Tutorensystem verbessert werden?

	mehr Gespräche	mehr Zeit pro Sitzung	nicht verändern	weniger Gespräche	abschaffen
Oralchirurgie	<input type="checkbox"/>				
Parodontologie	<input type="checkbox"/>				
Kro-Brü	<input type="checkbox"/>				
Prothetik	<input type="checkbox"/>				
Zahnerhaltung	<input type="checkbox"/>				

Vielen herzlichen Dank für das Beantworten unserer Fragen!