

Dental students' OMFS-related experiences and interest in OMFS careers: An exploration

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Abstract

Purpose: While the numbers of oral maxillofacial surgery (OMFS) residents increased over time, women and residents from underrepresented minority backgrounds are still underrepresented. The objectives were to assess dental students' OMFS-related personal and educational experiences and attitudes and explore which factors correlate with their interest in future OMFS careers.

Methods: Data were collected from 493 dental students in 1 dental school and 206 students from 15 other US and Canadian dental schools.

Results: The students in the national sample were more likely to have experienced an OMFS procedure themselves (64.6% vs. 50.7%; $P = 0.001$), have shadowed an OMFS in an operating room (23.2% vs. 14.9%; $P = 0.009$) prior to coming to dental school and to be much/very much interested in an OMFS career (36.4% vs. 12%; $P < 0.001$) than the students at the home school.

While the majority of both groups rated their experiences with rotations in the OMFS department in the dental school (68% vs. 62.5%) and in the hospital (80.3% vs. 85.7%) as very interesting, the students in the national sample were more likely to agree/strongly agree that they were satisfied with their OMFS experiences (68.1% vs. 36.3%; $P < 0.001$) and had learned a lot from the OMFS faculty (57.9% vs. 30.8%) than the students in the home school. For both groups, the degree of interest in an OMFS career correlated with having had more personal OMFS experiences (home: $r = 0.28$; $P < 0.001$ /other: $r = 0.39$; $P < 0.001$), more interesting OMFS experiences in the dental school ($r = 0.23$; $P < 0.05$ / $r = 0.40$; $P < 0.001$) and the hospital ($r = 0.33$; $P < 0.05$ / $r = 0.50$; $P < 0.001$) and more positive attitudes toward OMFS faculty ($r = 0.26$; $P < 0.001$ / $r = 0.37$; $P < 0.001$).

Conclusions: Positive personal and educational OMFS experiences and positive attitudes toward OMFS faculty were associated with an interest in OMFS careers. These findings provide a basis for developing educational interventions aimed at increasing the percentage of women and residents from URM backgrounds in OMFS programs.

KEYWORDS

career choice, clinical skills/topics, oral and maxillofacial surgery, curriculum development/evaluation, dental specialties & sub-specialties, education, dental, gender, internship and residency, OMFS, oral and maxillofacial surgery, oral maxillofacial surgery, preclinical skills/topics, pre-doctoral dental education, professional interest, oral and maxillofacial dentistry, residents, residency programs, surgery, oral, underrepresented student

1 | INTRODUCTION

The Health Policy Institute of the American Dental Association (ADA) presented an overview of the trends in advanced dental education programs from 1975 to 2016.¹ Their findings were based on data from yearly surveys of accredited advanced dental education programs in the US that gathered information about admissions of applicants, enrollment numbers, graduation rates, tuition cost and stipends, and instructional methods used.¹ The number of residents in Oral and Maxillofacial Surgery (OMFS) graduate programs had gradually increased from 664 in 1975 to 1195 in 2016.² However, the percentages of women and residents from underrepresented minority (URM) backgrounds have been far from representative of the US population. Marti et al. (2017) showed that only 13% of OMFS residents in the academic year 2010/11 were women, while all other accredited dental specialty programs had significantly higher proportions of women, ranging from 26% in endodontics to 62% in pediatric dentistry and 67% in oral medicine.³ Most recently, the Health Policy Institute of the ADA showed that in the 2018/19 academic year only 16.2% of the OMFS residents were women, while the percentages of women in other accredited dental residency programs ranged from 35.8% in endodontics to 70% in oral medicine.¹ Concerning the percentages of OMFS residents from African American and Hispanic/Latino backgrounds, Aziz showed that 70.7% of the 991 OMFS residents in the 2007/08 academic year were white, 4.3% Black, and 4.2% Hispanic.⁴

Increasing the percentages of women and residents from URM backgrounds in OMFS graduate programs could have clear benefits for certain groups of patients⁵ as well as for academia. For example, research showed that providers from URM backgrounds were more likely than their white counterparts to serve in minority and medically underserved communities thus increasing access to care for patients from URM backgrounds.^{6–13} Benefits for academia could be that increased numbers of women and residents from URM backgrounds in OMFS programs might ultimately increase the numbers of OMFS faculty. This hypothesis was supported by Lanzon et al.¹⁴ These authors showed that OMFS residents who were interested in academia were more likely to be women (female: 29% vs. male: 8%; $P < 0.001$) and from non-European American backgrounds (37% vs. 20%; $P = 0.006$).

Gaining a better understanding of the factors that motivate dental students to choose OMFS as their future career could inform interventions aimed at increasing certain subpopulations of future OMFS residents. Research related to students' interest and attitudes toward OMFS programs is limited. In a study in a US dental school on students' perceptions of dental specialties and career choices, 5.1% of male and 0.7% of female students opted for OMFS.¹⁵

Gallagher et al. found in their research on career expectations of students in a dental school in the United Kingdom (UK) that 25% of respondents would opt for a "specialist" career or a "dentist with a special interest" career (27%).¹⁶ However, only 10% of the students who wanted to specialize chose OMFS as their specialty choice. In comparison, Aggarwal et al. showed that in an Indian dental school, 79.1% of the students were motivated to pursue a specialist career, and 33.9% of these students wanted to specialize in OMFS.¹⁷

One interesting question is which factors might determine students' career choices such as their decision to pursue an OMFS residency. Considering which predental school experiences might have influenced dental students' career choices, research showed that having a family member or family/friend who was a dentist or positive experiences with the family dentist played a role in these decisions.¹⁸ Shadowing experiences in dental practices, visits to dental offices and working in a dental practice also inspired students to choose dentistry as their career choice.¹⁹

In another study in a North American dental school, multiple factors influenced dental students' choice of a graduate program, with "clinical training and philosophy of training" ranked as the most important factor.²⁰ Specifically related to choosing OMFS as a career, Marciani et al. showed that applicants to OMFS programs included "oral surgery undergraduate courses," "relationship with an oral surgeon," and "a desire for specialty training" as reasons for their application to OMFS programs.²¹

In consideration of the scarcity of research on the motivational factors affecting dental students' choices of OMFS as a career, the objectives of this study were (a) to assess dental students' OMFS-related personal and educational experiences, (b) attitudes, and (c) interest in an OMFS career; and (d) to explore which factors were associated with students' interest in a future career in OMFS.

2 | METHODS

This study was determined to be exempt from Institutional Review Board oversight (IRB) by the Health Sciences and Behavioral Sciences IRB (IRB-HSBS) at the University of Michigan in Ann Arbor, Michigan (#HUM00157090). The research had a cross-sectional study design.

2.1 | Respondents

An a priori power analysis was conducted with the G3.1.3. Power Analysis Program (<http://www.psychoduesseldorf.de/abteilungen/aap/gpower3/>) to determine

TABLE 1 Overview of the background characteristics of the respondents in the home school vs. other dental schools

Background characteristics	Home school N = 493	Other dental schools N = 206	All respondents N = 699	P
Gender:				
- Male	244 (49.6%)	91 (44.2%)	335 (48.0%)	0.191
- Female	248 (50.4%)	115 (55.8%)	363 (52.0%)	
Age:				
- Mean / SD	24.77 / 2.879	25.89 / 3.421	25.10 / 3.091	<0.001
Ethnicity/race:				
- European American	66 (68.0%)	126 (62.4%)	192 (64.2%)	0.923
- Asian American	16 (16.5%)	35 (17.3%)	51 (17.1%)	
- Hispanic / Latinx	3 (3.1%)	12 (5.9%)	15 (5.0%)	
- Multiracial	4 (4.1%)	11 (5.4%)	15 (5.0%)	
- Arab American	4 (4.1%)	11 (5.4%)	15 (5.0%)	
- African American	3 (3.1%)	5 (2.5%)	8 (2.7%)	
- American Indian	1 (1.0%)	2 (1.0%)	3 (1.0%)	
Year in dental school:				
- D1	216 (43.8%)	33 (16.1%)	249 (35.7%)	<0.001
- D2	159 (32.3%)	55 (26.8%)	214 (30.7%)	
- D3	50 (10.1%)	68 (33.2%)	118 (16.9%)	
- D4	68 (13.8%)	49 (23.9%)	117 (16.8%)	
Class – graduation year / collection time: Response rate: N / total				
- D1 – Class of 2022	90.7%			All data were collected in the summer / Fall of 2019.
Collected in 10/2018:	98 of 108			
- D1 – Class of 2021	100%			
Collected in 2/2018:	109 of 109			
- D2 – Class of 2021	104.7%			
Collected in Fall 2018:	99 of 108			
Collected in 4/2019:	35 of 129 ^a			
- D3 – Class of 2020	42.7%			
Collected in Fall 2018:	50 of 116			
- D4 – Class of 2019	58.1%			
Collected in Fall 2018:	60 of 117			
Data were collected				
- Online	393 (56%)	206 (30%)	599 (86%)	
- With paper surveys	100 (14%)	0 (0%)	100 (14%) ^a	

^aIn the Winter Term of the D2 year of the Class of 2021 in January 2019, 20 internationally trained dentists joined the class of 2021 as ITD Program students, bringing the total number of students in this class to N = 129.

the sample size needed to have the power to test 1-sided hypotheses about the relationships between year in dental school and OMFS career interest and the respondents' OMFS-related experiences and attitudes. T-tests were used to test hypotheses concerning the significance of specific correlations. The a priori power analysis showed that 164 dental students would be needed to have the power to test 1-sided hypotheses, with an effect size of $\rho = .25$, an alpha error probability of .05, and a power of 0.95. Data were collected from 493 dental students at the home school.

In addition, emails were sent to the academic deans of the 78 dental schools in the US and Canada, asking them to forward a recruitment email to their predoctoral dental students. Thirteen of the 68 academic deans in the US (Response rate: 19%) and 2 of the 10 academic deans of dental schools in Canada (Response rate: 20%) forwarded this email. In response, 206 dental students responded. Table 1 provides an overview of the background characteristics and educational characteristics of the respondents in the 2 groups.

2.2 | Procedure

After the survey had been developed, pilot tested and finalized, it was posted on Qualtrics as an anonymous survey. Recruitment emails were then sent to the 78 academic deans of the dental schools in the US and Canada. The email informed these deans about the purpose of the study and asked them to forward a recruitment email to their students. The recruitment email for the students informed the students about the research and asked them to respond to an anonymous web-based survey by using a web link included in the email. A first recruitment email was mailed out in January 2019, and a follow up email was sent in late April 2019.

In the home school, the research team handed out paper surveys at the end of regularly scheduled classes and 100 of these surveys were returned anonymously to the research team. In addition, the research team sent out a recruitment email to all 4 dental classes, explaining the purpose of the research and asking the students to use a web-link to respond to an anonymous Qualtrics survey.

2.3 | Materials

The survey was developed based on previous research concerning the factors that had motivated students to choose dentistry as a career and specifically the research by Shaikh et al.¹⁹ It was then pilot tested with 10 dental students. The dental students provided feedback about the types of questions asked, how the questions were asked and if any additional questions were needed. Based on their feedback, the survey was finalized and offered as an anonymous web-based survey on the Qualtrics Website as well as a paper-pencil survey in the home school.

The survey consisted of 4 groups of questions. Part 1 asked about the students' background such as their gender, age, and year in dental school. Part 2 inquired about their personal experiences with OMFS prior to dental school such as having been a patient that had an OMFS procedure done or having shadowed OMFS. Part 3 focused on respondents' dental school education about OMFS. It inquired which OMFS rotations the students had, whether they had a faculty mentor during their rotations, and how involved they had been with clinical OMFS activities. It also asked them how satisfied they were with their OMFS experience, if they would like an earlier exposure to OMFS, and if they would like more exposure to OMFS. Part 4 focused on dental students' evaluations of OMFS faculty members.

2.4 | Statistical analyses

The data collected with paper surveys were entered into an SPSS (Version 26) data file. The data collected with the web-based Qualtrics survey were downloaded as an SPSS file and merged with the SPSS file containing the paper-pencil survey-based data. In order to decide if the method of data collection at the home school affected the findings, the data from the 100 surveys that were collected from D2, D3, and D4 students with paper-pencil surveys at the home school were compared with the data collected from D2, D3, and D4 students at the home school with the web-based survey. No statistical differences were found and so the 2 sets of data from the home school were merged. In order to gain a better understanding of the factors that correlated with an increased interest in an OMFS career, the data from the home school and the data from the national sample were analyzed separately and the results were compared, allowing a replication of the findings found in the home school with the findings of the national sample.

Descriptive statistics such as means, standard deviations, percentages and frequency distributions were computed to provide an overview of the results for each of the 2 samples. In order to be able to reduce the data from single item responses to indices, 2 factor analyses were used to determine the underlying factors of (a) the educational items, and (b) the items related to the faculty evaluations (Extraction Method: Principle Component Analysis; Rotation Method: Varimax Rotation with Kaiser Normalization).

Cronbach alpha interitem consistency coefficients were computed with the items that loaded significantly over 0.4 on a respective factor to determine if the reliability was high enough to justify creating an index. All Cronbach alpha values were greater than 0.70 which indicated a good inter-item consistency.²² Indices were created by averaging the responses to the items loading on a given factor. Pearson correlation coefficients were used to correlate these indices with the year in dental school and the students' interest in becoming an OMFS. Given the relatively large number of correlations, a Bonferroni correction²³ was used by accepting only p -values of $P < 0.01$ as significant.

3 | RESULTS

Table 1 provides an overview of the respondents' background characteristics. A total of 699 predoctoral

TABLE 2 Overview of responses related to experiences with oral maxillofacial surgery (OMFS) of students in the home school vs. other dental schools

Students' experiences with OMFS prior to dental school	Home school N = 493	Other schools N = 206	All respondents N = 699	P
Student had OMFS procedure done: Yes	249 (50.7%)	133 (64.6%)	382 (54.8%)	0.001
If yes:				
- Third molar & other extractions	215 (90.3%)	114 (89.8%)	329 (90.1%)	0.861
- Other OMFS experiences	23 (9.7%)	13 (10.2%)	36 (9.9%)	
As an undergraduate student, did you shadow an OMF surgeon:				
- in an office setting? Yes	189 (38.5%)	84 (40.8%)	273 (39.2%)	0.573
- in an operating room? Yes	73 (14.9%)	46 (23.2%)	119 (17.3%)	0.009
Did you work in an OMFS practice? Yes	33 (6.9%)	15 (7.3%)	48 (7.0%)	0.837
Students' experiences with OMFS in dental school	Home school	Other schools	All respondents	P
Since starting dental school, did you have a rotation:	Yes	Yes	Yes	
- in your school's OMFS department?	115 (23.3%)	127 (61.7%)	242 (34.6%)	<0.001
- in OMFS in a hospital?	73 (14.8%)	72 (35.0%)	145 (20.7%)	<0.001
- in an OMFS community site?	8 (1.6%)	12 (5.8%)	20 (2.9%)	0.002
- as a volunteer in OMFS activities?	35 (7.1%)	41 (19.9%)	76 (10.9%)	<0.001
How interested are you in becoming an OMFS?				
1 = not at all	151 (3.9%)	56 (28.7%)	207 (33.0%)	<0.001
2 = a little	113 (26.1%)	29 (14.9%)	142 (22.6%)	
3 = somewhat	117 (27.0%)	39 (20.0%)	156 (24.8%)	
4 = much	24 (5.5%)	13 (6.7%)	37 (5.9%)	
5 = very much	27 (6.5%)	58 (29.7%)	86 (13.7%)	
Mean (SD)	2.23 (1.172)	2.94 (1.601)	2.45 (1.360)	<0.001

dental students from 14 different dental schools in the US and 2 dental schools in Canada responded to the survey. The 2 groups of students from the home school vs. the national sample did not differ in their gender and ethnicity / race distributions. Most students were from a European American background (64.2%), with only 2.7% being African American and 5% Hispanic/Latinx. Approximately equal percentages of male (52%) and female students (48%) responded.

Concerning the respondents' experiences with oral maxillofacial surgery, Table 2 shows that over half of the students (home school: 50.7%; national sample: 64.6%; $P = 0.001$) had been patients who experienced an OMFS procedure, with the majority of these students (90.1%) having had their third molars or other teeth extracted. More than a third of the students (39.2%) had shadowed an OMFS surgeon in an office setting. While 23.2% of the students in the national sample had shadowed an OMFS in an operating room, only 14.9% of the students in the home school had had that opportunity ($P = 0.009$). Approximately 7% of students in each group had worked in an OMFS practice.

After entering dental school, a higher percentage of students in the national sample reported that they had had a rotation in the OMFS department in their dental school (61.7% vs. 23.3%; $P < 0.001$), in the OMFS department in the hospital (35% vs. 14.8%; $P < 0.001$), or at a community site (5.8% vs. 1.6%; $P = 0.002$), or had volunteered in OMFS activities (19.9% vs. 7.1%; $P < 0.001$) compared to the students in the home school. About a third (36.4%) of the students in the national sample vs. 12% of the students in the home school was much/very much interested in an OMFS career ($P < 0.001$).

While Tables 1 and 2 present the results based on the data from all students in both groups, Tables 3 and 4 only provide results based on data from those dental students in each group who had experienced OMFS rotations before. The follow up questions to the previous questions concerning OMFS rotations in different settings, asked how interesting these rotations had been. Table 3 shows that the majority of dental students in each group who had had these experiences found these experiences in all 4 settings very interesting. However, when they rated how much they had been involved in clinical activities, the 2 groups

TABLE 3 Percentages of responses related to clinical OMFS experiences of students in the home school vs. other dental schools

How interesting was it when you had a rotation:	Who?	1 = not at all	2 = some what	3 = very	P	Mean
- in the OMFS department in the dental school?	home	4.8%	32.7%	62.5%	0.682	2.58
	other	3.9%	28.1%	68.0%		2.64
- in the OMFS department in the hospital?	home	4.1%	10.2%	85.7%	0.560	2.82
	other	2.8%	16.9%	80.3%		2.77
- in a community based OMFS site?	home	0%	0%	100%	0.383	3.00
	other	0%	16.7%	83.3%		2.83
- as a volunteer in OMFS related activities?	home	8.3%	25.0%	66.7%	0.176	2.58
	other	0%	25.0%	75.0%		2.75
How involved were you with clinical activities:	Who?	1 = not at all	2 = some what	3 = very	P	Mean SD
- in the OMFS department in the dental school?	home	13.1%	25.3%	61.6%	0.042	2.48
	other	17.6%	37.6%	44.8%		2.27*
- in the OMFS department in the hospital?	home	29.3%	51.2%	19.5%	0.431	1.90
	other	23.6%	45.8%	30.6%		2.07
- in a community based OMFS site?	home	50.0%	50.0%	0%	0.141	1.50
	other	9.1%	54.5%	36.4%		2.27
- as a volunteer in OMFS related activities?	home	50.0%	40.0%	10.0%	<0.001	1.60
	other	2.9%	50.0%	47.1%		2.44***
When I had a rotation, I had a faculty mentor:	Who?	Yes	No	P		
- in the OMFS department in the dental school.	home	67 (67.0%)	33 (33.0%)	0.417		
	other	90 (72.0%)	35 (28.0%)			
- in the OMFS department in the hospital.	home	22 (51.2%)	21 (48.8%)	0.026		
	other	51 (71.8%)	20 (28.2%)			
- in a community based OMFS site.	home	0 (0%)	3 (100%)	0.012		
	other	8 (80.0%)	2 (20.0%)			
- as a volunteer in OMFS related activities.	home	4 (26.7%)	11 (73.3%)	0.024		
	other	21 (61.8%)	13 (38.2%)			

Note: *** = $P < 0.001$; * = $P < 0.05$.

differed in the degree to which they had been involved in the OMFS department in their dental school and as volunteers in OMFS related activities. While 61.6% of the students in the home school reported that they had been very much involved in clinical activities in their rotation in the OMFS department of their dental school, only 44.8% of the students in the national sample responded that this had been the case ($P = 0.042$). In contrast, 47.1% of the dental students in the national sample had been very much involved in clinical activities when they volunteered compared to 10% of the students in the home school ($P < 0.001$).

Table 4 provides an overview of the responses of the students in the 2 groups related to positive educational experiences. The data showed that a higher percentage of students in the national sample agreed/agreed strongly that they were satisfied with their previous OMFS experience (68.1% vs. 36.3%; $P < 0.001$), had learned a lot from OMFS

faculty (57.9% vs. 30.8%; $P < 0.001$) and felt comfortable working with OMFS instructors (52% vs. 27.5%; $P < 0.001$) compared to the students in the home school. When asked if they would like an earlier exposure or more exposure to OMFS activities during their dental education, the average responses of the 2 groups did not differ.

The final set of 14 items asked the respondents to rate their impressions of OMFS faculty members (See Table 5). A factor analysis of these items showed that they loaded on 3 factors. Ten items loaded on a first factor that can be described as a positive attitude toward faculty members. The mean "Positive attitude" responses of the 2 groups were positive and did not differ significantly (5-point scale with 5 = most positive: home school: 3.78 vs. national sample: 3.77; not significant). Two items loaded on a second factor that can be described as a "Faculty work life-balance" factor. Again, the average responses of the 2 groups did not differ significantly and were neutral to

TABLE 4 Percentages of responses concerning the quality of OMFS related educational experiences of dental students in the home school vs. in other schools

Positive educational experiences	Who?	1 ^a	2	3	4	5	Mean
a. I was satisfied with my previous OMFS experience.	home	0%	12.1%	51.6%	29.7%	6.6%	3.31
	other	2.0%	8.6%	21.2%	44.4%	23.7%***	3.79*
b. I felt comfortable approaching/working with OMFS instructors.	home	2.2%	8.8%	61.5%	24.2%	3.3%	3.18
	other	6.2%	18.6%	23.2%	30.9%	21.1%***	3.42**
c. I learned a lot from the OMFS residents.	home	0%	0%	82.4%	11.0%	6.6%	3.24
	other	5.7%	6.7%	39.2%	29.4%	19.1%***	3.49***
d. I learned a lot from OMFS faculty members.	home	1.1%	0.0%	68.1%	26.4%	4.4%	3.33
	other	1.0%	8.2%	32.8%	33.8%	24.1%***	3.72**
e. So far, I have had a lot of exposure to the field of OMFS	home	27.5%	27.5%	30.8%	12.1%	2.2%	2.34
	other	18.2%	30.8%	20.7%	18.2%	12.1%**	2.75***
Positive education Index ^b (Cronbach alpha / $\alpha = 0.790$)	home	Mean = 3.08			SD = 0.542		Range: 2-5
	other	Mean = 3.43***			SD = 0.810		Range: 1.2-5
Motivation for more OMFS education	Who?	1 ^a	2	3	4	5	Mean
f. I would like an earlier exposure to OMFS during my dental education.	home	0%	3.3%	26.1%	54.3%	16.3%	3.84
	other	1.5%	11.6%	21.7%	34.8%	30.3%**	3.81
g. I would like MORE exposure to OMFS.	home	0%	0%	19.6%	62.0%	18.5%	3.99
	other	0%	5.1%	19.2%	32.8%	42.9%***	4.14
Motivation for more OMFS education Index ^c ($\alpha = 0.767$)	home	Mean = 3.91			SD = 0.627		Range: 2.50-5
	other	Mean = 3.97			SD = 0.873		Range: 1.50-5

^aAnswers ranged from 1 = disagree strongly, 2 = disagree, 3 = neutral, 4 = agree to 5 = agree strongly.

^bThe “Positive education” Index was computed by averaging the answers to items a to e.

^cThe “Motivation for more OMFS education” Index was computed by averaging the answers to items f and g.

positive (3.39 vs. 3.48; not significant). Two items loaded on a factor that could be described as negative attitudes toward faculty members’ OMFS career. Those 2 statements were related to working long hours and having a high level of stress. Students in the home school had significantly more negative attitudes than students in the national sample (3.77 vs. 3.60; $P < 0.01$).

Table 6 addresses the question which constructs correlated with an interest in an OMFS career. In both groups, an interest in an OMFS career correlated positively with the number of personal experiences prior to coming to dental school (home school: $r = 0.28$; $P < 0.001$ / national sample: $r = 0.39$; $P < 0.001$) and with how interesting their rotation in the OMFS department in the dental school ($r = 0.23$; $P < 0.05$ / national sample: $r = 0.40$; $P < 0.001$) and in the hospital ($r = 0.33$; $P < 0.01$ / $r = 0.50$; $P < 0.001$) had been. In addition, the interest in an OMFS career also correlated positively for both groups with the “Positive attitude toward OMFS education balance” index ($r = 0.32$; $P < 0.01$ / $r = 0.50$; $P < 0.001$), the “Motivation for more OMFS education” Index ($r = 0.27$; $P < 0.05$ / $r = 0.49$; $P < 0.001$), the “Positive attitudes toward OMFS faculty” Index ($r = 0.26$; $P < 0.001$ / $r = 0.37$; $P < 0.001$) and the faculty work-life balance” Index ($r = 0.18$; $P < 0.001$ / $r = 0.35$; $P < 0.001$).

In summary, the consistency of results for the 2 groups concerning which constructs correlated with an interest in an OMFS career is noteworthy.

4 | DISCUSSION

These findings increase our understanding of the relationships between dental students’ interest in OMFS careers and their different OMSF-related experiences prior to and during their dental school education. Specifically, this is the first study in the US and Canada that examined the relationships between dental students’ interest in an OMFS career and their OMFS-related experiences during rotations and with OMFS faculty mentors. The analysis of the data from the home school separately from the data of the national sample allows first to provide information about the differences between the 2 groups and second to replicate the findings. The fact that the correlations between the constructs of interest and the degree of interest in an OMFS career were quite consistent provides support for generalizing the findings.

This comparative approach was possible because the number of respondents in each of the 2 groups exceeded

TABLE 5 Responses concerning impressions of OMFS faculty members of students in the home school vs. on other dental schools

Positive attitudes: OMFS faculty members:							
	Who?	1 ^a	2	3	4	5	Mean
a. – are compassionate providers.	Home	0.9%	3.2%	36.1%	38.8%	21.1%	3.76
	Others	2.1%	7.5%	25.1%	48.7%	16.6%**	3.70
b. – respect their patients.	Home	0.9%	1.4%	32.7%	43.5%	21.5%	3.83
	Others	0.5	4.9%	22.7%	49.7%	22.2%*	3.88
c. – enter a profession that allows them to make a difference in pts' lives.	Home	0%	0.7%	27.5%	40.7%	31.1%	4.02
	Others	0%	3.2%	11.8%	48.4%	36.6%***	4.18*
d. – respect dental students.	Home	1.4%	3.2%	37.9%	41.6%	16.0%	3.68
	Others	3.2%	12.4%	27.6%	40.5	16.2%***	3.54
e. – are good role models.	Home	0.2%	2.3%	33.9%	42.6	21.0%	3.82
	Others	1.1%	5.4%	24.3%	46.5	22.7%	3.84
f. – actively participate in students' education.	Home	0.2%	2.3%	36.2%	43.5	17.8%	3.76
	Others	1.1%	5.9%	22.0%	47.8	23.1%**	3.86
g. – encourage students to pursue OMS.	Home	0.2%	4.8%	42.3%	35.9	16.7%	3.64
	Others	5.9%	12.4%	39.8%	29.0	12.9%***	3.31***
h. – respect other physicians.	Home	0.2%	1.1%	33.9%	43.7	21.1%	3.84
	Others	1.1%	2.7%	21.1%	51.4	23.8%	3.94
i. – are interested in collaborating with others.	Home	0.5%	3.0%	37.3%	42.3%	16.9%	3.72
	Others	1.6%	6.5%	29.2%	47.6%	15.1%	3.68
j. – are content with their career choices.	Home	0.7%	0.9%	36.9%	47.2%	14.4%	3.74
	Others	0.0%	1.1%	23.1	54.3%	21.5%**	3.96***
"Positive attitudes toward faculty" Index ^b ($\alpha = 0.952$)	Home	Mean 3.78		SD = 0.678		Range: 1.8 to 5	
	Others	Mean = 3.77		SD = 0.697		Range: 1.8 to 5	
Lifestyle related attitudes: OMFS faculty							
	Who?	1 ^a	2	3	4	5	Mean SD
k. – have a well-balanced lifestyle.	Home	1.1%	8.9%	49.0%	31.2%	9.8%	3.40
	Others	0.5%	8.6%	35.5%	48.4%	7.0%**	3.53
l. – have time for their families / friends.	Home	1.1%	8.2%	50.1%	31.7%	8.7%	3.38
	Others	0.5%	10.3%	40.5%	42.2%	6.5%	3.44
Faculty work-life balance Index ^c ($\alpha = 0.898$)	Home	Mean = 3.39		SD = 0.776		Range: 1 to 5	
	Others	Mean = 3.48		SD = 0.744		Range: 1 to 5	
Negative attitudes: OMFS faculty members:							
	Who?	1 ^a	2	3	4	5	Mean SD
m. – work long hours.	Home	0.0%	1.4%	35.1%	43.1%	20.5%	3.83
	Others	0.5%	7.5%	35.5%	40.9%	15.6%**	3.63**
n. – have a high level of stress.	Home	0.2%	1.1%	42.9%	39.0%	16.7%	3.71
	Others	0.5%	8.6%	37.6%	40.9%	12.4%***	3.56*
Negative attitudes toward OMFS faculty Index ^d ($\alpha = 0.801$)	Home	Mean = 3.77		SD = 0.711		Range: 1.5 to 5	
	Others	Mean = 3.60**		SD = 0.738		Range: 1 to 5	

^aAnswers ranged from 1 = disagree strongly, 2 = disagree, 3 = neutral, 4 = agree to 5 = agree strongly.

^bThe "Positive attitude toward OMF faculty" Index was computed by averaging the answers to items a to j.

^cThe "Faculty work-life balance" Index was computed by averaging the answers to items k and l.

^dThe "Negative attitudes toward OMFS faculty members" Index was computed by averaging the answers to items m and n.

the number of respondents needed according to an a priori power analysis. This fact assured that the sample size was sufficient to test the hypotheses of interest. Additionally, the gender, age, and ethnic/racial composition of the 2

groups roughly reflected the dental school student population in the US and Canada where male and female students begin to be equally represented, while students from URM backgrounds are still strongly underrepresented.²⁴

TABLE 6 Correlations between the year in dental school and being interested in an OMFS career and OMFS-related personal and educational experiences and attitudes of students in the home school vs. other dental schools

OMFS-related personal experiences	Who?	Year in dental school	Interest in OMFS career ^a
Sum of personal OMFS experiences prior to coming to dental school ^b	Home	-0.05	0.28***
	Other	-0.22**	0.39***
OMFS-related educational experiences		Year in dental school	Interest in OMFS career ^b
Sum of educational OMFS experiences since entering dental school ^c	Home	0.60***	0.07
	Other	0.70***	0.18*
If you had a rotation in the OMFS Department in the dental school:		Year in dental school	Interest in OMFS career ^b
- how interesting was it? ^d	Home	-0.11	0.23**
	Other	-0.11	0.40***
- how involved were you with clinical activities? ^d	Home	0.17	0.05
	Other	0.32***	0.26**
- did you have a faculty mentor? ^e	Home	-0.09	-0.06
	Other	-0.16	-0.15
If you had a rotation in the OMFS department in the hospital:		Year in dental school	Interest in OMFS career ^b
- how interesting was it? ^d	Home	-0.06	0.33*
	Other	-0.11	0.50***
- how involved were you with clinical activities? ^d	Home	-0.34*	0.47**
	Other	0.04	0.31***
- did you have a faculty mentor? ^f	Home	-0.30*	0.17
	Other	-0.05	-0.06
OMFS-related attitudes		Year in dental school	Interest in OMFS career ^b
Positive attitude toward OMFS education Index ^f	Home	0.11	0.32**
	Other	0.30***	0.50***
Motivation for more OMFS education Index ^g	Home	-0.03	0.27**
	Other	-0.24**	0.49***
Positive attitudes toward OMFS faculty Index ^h	Home	0.08	0.26***
	Other	0.10	0.37***
Faculty work-life balance Index ⁱ	Home	-0.02	0.18***
	Other	0.19**	0.35***
Negative attitudes toward faculty OMFS career Index ^j	Home	0.19***	0.16**
	Other	0.03	0.03

Pearson correlation coefficients were computed when continuous variables were considered. When relationships with the variable "Having had a faculty mentor" were determined, chi square coefficients were computed.

Note: ** = $P < 0.01$; *** = $P < 0.001$.

^aAnswers ranged from 1 = not at all to 5 = very much.

^bThe "Sum of personal OMFS experiences Index" was computed by adding 1 point for (a) having had an OMFS procedure done, (b) having shadowed in an OMFS office, (c) in an OMFS operating room and (d) having worked in an OMFS practice.

^cThe "Sum of educational OMFS experiences Index" was computed by adding 1 point for having had an OMFS rotation in the OMFS department (a) of the dental school, (b) of a hospital, (c) of a community-based education site, and for (d) having volunteered in an OMFS site.

^dThe answers ranged from 1 = not at all, 2 = somewhat to 3 = very much.

^eThe answers were 0 = no and 1 = yes.

^fThe "Positive attitude toward OMFS education Index" was computed by averaging the responses to the items a-e in Table 4. The answers ranged from 1 = least to 5 = most positive.

^gThe "Motivation for more OMFS education Index" was computed by averaging the responses to the items f and g from Table 4. Answers ranged from 1 = least to 5 = most motivated.

^hThe "Positive attitudes toward OMFS faculty Index" was computed by averaging the responses to the items a-j from Table 5. The answers ranged from 1 = least to 5 = most positive.

ⁱThe "Faculty work-life balance Index" was computed by averaging the responses to the items k and l from Table 5. The answers ranged from 1 = least to 5 = most balanced.

^jThe "Negative attitudes toward faculty OMFS career Index" was computed by averaging the responses to items m and n from Table 5. The answers ranged from 1 = most positive to 5 = least positive.

The outcome variable of central interest in this study was the percentage of students who were much or very much interested in OMFS as a career. A total of 12% of the respondents at the home school and 36.4% of the students in the national sample were much or very much interested in this specialty choice. The percentage of students in the national sample with an interest in an OMFS career was quite high, especially when considering that in 2010, only 31.7% of the 5003 dental school graduates entered a specialty graduate program, with an additional 20% entering a GPR and 12.2% an AEGD.²⁵ This percentage was also higher than the results of study published in 2008 that found that 9% of the graduating students had chosen OMFS as their specialty choice.²⁰ However, this percentage increased over time at this dental school to 22%²⁶ which is closer, but still not in line with the percentage of students in the national sample who were either much or very much interested in an OMFS career. This fact shows that the 2 samples were likely to represent a typical dental school population (when considering the home school group) and a more selective group of dental students with higher interest in an OMFS career in the national sample. The question then is what can be concluded based on the comparisons of the results of these 2 groups.

The main focus of this research was to explore the relevance of 4 sets of OMFS-related experiences for students' interest in OMFS. The first group of experiences dated back to the students' time prior to entering dental school. More than half of the students in each group had experienced OMF surgery themselves, 4 out of 10 students in each group had shadowed an OMFS in an office setting and about 7% of students in each group had worked in an OMFS office. The sum of these early exposures to OMFS was significantly correlated with both groups' interest in an OMFS career. This finding was not unexpected because research concerning the factors affecting a dental school career choice found similar results. For example, in a study in the US, the majority of dental students reported that their family dentist was the professional who had most influenced their decision to pursue a career in dentistry.²⁷ Internationally, Du Toit et al. found that dentists play an important role for dental students' career choices when they analyzed data from dental students in 13 countries on 6 continents in 2011-12.²⁸

The second set of OMFS-related experiences focused on OMFS-related educational experiences in dental school. These experiences were primarily rotations in the OMFS department of their dental schools, in an OMFS department in a hospital setting, or at a community site, or shifts as a volunteer. While the correlations between the number of OMFS-related educational experiences the students in the 2 groups had and the degree of interest in

an OMFS career were not significant, the quality of the educational experiences did indeed correlate significantly with the interest in an OMFS career. The more interesting their rotation in the school's OMFS department and in a hospital setting had been and the more the students in each group were involved with clinical activities in the hospital setting, the higher was their interest in an OMFS career. This finding is informative for dental educators in these settings. Involving students in OMFS-related clinical activities seemed to be one crucial determining factor for increasing interest in an OMFS career.

The third set of factors was closely related to the importance of dental students' experiences during their rotations. Having positive OMFS-related educational attitudes and wanting to have more and earlier OMFS experiences correlated significantly with an increased interest in OMFS careers in both groups of students. These findings showed the importance of dental education and the power of dental educators in shaping dental students' professional attitudes and behaviors which has been shown in other contexts as well. For example, the better dental students²⁹⁻³¹ and residents³²⁻³⁴ in different dental specialty programs had been educated about treating underserved patients, the more positive their attitudes were concerning these patients and the more likely they were to actually treat these patients.

The fourth set of characteristics of interest in this research was related to OMFS faculty mentors. Interestingly, merely having a mentor while being in a rotation either in the OMFS department in the dental school or in the hospital did not correlate with being interested in OMFS as a career in either of the 2 groups. Instead, the students' perceptions of OMFS faculty members' characteristics in general and their beliefs that OMFS had a well-balanced lifestyle were the 2 characteristics that correlated positively with an interest in an OMFS career in each of the 2 groups. Again, this finding was consistent with research concerning dentistry related career choices. In this study, first-year dental students most often reported as their first choice of reasons for pursuing a career in dentistry that they were inspired by their dentist, and that they had considered that dentists had enough time for their family.²⁸

In summary, if we want to increase dental students' interest in an OMFS, recommendations would be (a) to start early and engage students in OMFS-related activities prior to admitting them to dental school, (b) to assure that dental students have interesting and clinically engaging experiences during their OMFS rotations, (c) offering positive educational interactions with OMFS instructors, residents and faculty mentors in general, and (d) informing dental students about the positive characteristics of

the OMFS profession and the possibility of having a well-balanced life-style.

Returning to the issue of faculty shortage in OMFS, a recent publication showed that the increase in retirement and the demand for more academic faculty will require vacancies in oral surgery programs to be filled at a faster rate than seen previously.³⁵ In consideration of Lanzon et al.'s finding that women and OMFS from historically underrepresented minority backgrounds expressed more interest in academic OMFS careers, it is worthwhile to consider whether these recommendations above will also apply to increasing women's interest in OMFS careers.¹⁴ The data showed that gender did not correlate with any of the 4 groups of factors considered in this research. This finding implies that these recommendations above can be applied to recruiting women as well as men into OMFS careers. Assuring that male and female students have the same early OMFS experiences, the same opportunities during OMFS rotations and the same access and experiences to mentors will positively affect women's interests in OMFS careers. Gender-biased behavior, on the other hand, will not be helpful and is instead likely to turn women away from this rewarding career.

Unfortunately, the number of respondents' from underrepresented minority backgrounds was so small, that no analyses can be conducted to explore whether these recommendations might also apply to dental students from URM backgrounds. Future research should explore this question.

4.1 | Limitations

This study had several limitations. First, while questions concerning experiences with clinical activities were included, no more detailed information was collected concerning (a) the types of OMFS experiences and (b) educational experiences with other types of modalities. Previous research showed that predoctoral dental students primarily learned about extractions.^{36,37} Inquiring in future research whether clinical activities and shadowing of more complex clinical cases would increase dental students' interest in an OMFS career would be of interest. Concerning the teaching modalities utilized, recent research showed the value of utilizing digital information sources for self-study of OMFS-related content.³⁸ Future research should explore which digital resources dental students with interest in OMFS might utilize.

A second limitation was that the number of students from URM backgrounds was too small to allow subgroup analyses. While this can be expected, given the underrepresentation of these students in dental schools,²⁴ future research should centrally focus on recruiting these stu-

dents into a study to allow gaining a better understanding of best practices concerning recruiting these students into OMFS careers. Finally, convenience samples of survey respondents always raise the question whether the sample might be biased. In this study, comparisons of the responses of students in 2 separate convenience samples were used to test the hypotheses concerning relationships between dental students' OMFS-related experiences and attitudes and interest in OMFS careers. The consistency of the findings in the 2 groups provides a more solid basis for generalizing the findings. However, future research should explore more in depth and concretely which specific educational experiences would be most helpful to increase dental students' interest in OMFS careers.

5 | CONCLUSIONS

The following conclusions can be drawn based on the results of this study:

Overall, positive experiences prior to dental school were significantly correlated with a greater interest in OMFS careers. While the sum of educational experiences did not correlate with an interest in OMFS careers, the quality of the educational experiences did indeed correlate with OMFS-related career motivation. Assuring that rotations in OMFS settings are interesting and offer opportunities for the students to be involved in clinical activities is crucial.


While having a faculty mentor during OMFS-related rotations did not correlate with a greater interest in an OMFS career, having positive attitudes toward OMFS faculty and toward the work-life balance of OMFS faculty were indeed related to positive OMFS career motivation.

Finally the majority of respondents expressed that they would like more exposure to OMFS and an earlier exposure to OMFS activities during their dental education. We consider that as an important issue for both the leadership of oral surgery departments as well as for predoctoral dental education administrators. Serious consideration should be given in the future concerning the timing and extent of predoctoral education in oral surgery.

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