

This information is a result of the annual ADEA Residency Series, co-sponsored with the Office of Career and Professional Development and UCSF ADEA chapter. Faculty, residents and D4s shared their thoughts about the qualities of an outstanding candidate in their specialty, and gave advice to D1s, D2, & D3s about the application process and residency experience.

EXPLORING ORAL SURGERY

Q: What is a day in the life of an oral surgery resident like?

A: One resident described the experience as “hell - there is nothing that can prepare you for the transition from dental school to the program.” However, she also noted, “every day you are learning something. You are like a sponge.” Panelists described being scared and not knowing what to do, especially in the first few days watching emergency procedures. They had to learn quickly to deal with life-and-death scenarios. They reported being held to “unreasonable expectations” in terms of knowledge and preparation (e.g. being expected to know how to perform a CT scan and having to “wing it”), and being afraid to call on their superiors for help. One panelist noted, “If you get in trouble for not knowing, it’s for your own good”. Another panelist added, “even though you feel like you are on an island by yourself, there is always help that can arrive fast.”

According to panelists, a good chief will prep the resident on what is important and what support is available for residents. The work schedule is highly demanding, ~17 hours a day with extra work after-hours, plus research. One panelist stated, “When a patient doesn’t show up, or the chief is laid-back, you grab a paper - it becomes an exercise. Read about something, like Merkel cell carcinoma, when you have 5 minutes, and maybe they will ask you about it.” Residents may also be “burdened” with significant lecture preparation. Nonetheless, the community of residents makes up for the long hours and strenuous work. As one resident shared, “we are a big family. We spend more time with residents than family members. Yes, we work very hard, but we have a lot of fun as residents. We have fun sharing stories, tears, etc.”

Q: Is a dual degree necessary?

A: According to panelists, prospective applicants should ask themselves what they want to do at the end of their training. Residents often choose to complete a dual degree if they are not sure what they want to do; there are many single-degree practitioners that later go back for a second degree. A dual degree is not required to practice OS in the US, but is required in most of the world. Completing the MD takes 2 years and provides additional training and a more well-rounded didactic education.

The residents indicated that in the 4 year program you receive more surgical experience because of the extra time available from not being in medical school. The decision between the 4 year program and the 6 year program depends on your future goals. If planning on going to private practice the 4 year program without the MD is perfectly fine. However, if you want to pursue a fellowship or work in the hospital, the MD can give you an advantage.

Q: What is UCSF’s oral surgery residency program like?

A: UCSF is geared towards head and neck, craniofacial, trauma, aesthetic, and extraction surgeries. In the past 6 years, only 2 UCSF residents went into academia. OS Board Certification generally happens one year out of residency.

Q: What do you wish you had done differently in preparing for oral surgery?

A: Panelists mentioned wishing they had done more externships and learned more about different programs; a resident shared, “you learn more about OS during an externship than at a rotation.” According to panelists it is hard to know where to apply based on word-of-mouth alone; much of the decision may be based on where you want to live for the next 6 years. One resident recommended not applying to too many programs; “you’ll burn out after about 10 interviews and they’re expensive!” A second resident stated that programs will not look at an applicant as seriously if he or she has applied to too many programs, so she recommended being very selective. A third resident stated an applicant should be very committed; applicants should research other specialties and “have an honest self-dialogue”. According to the panelist, “You are biting into a huge pie; if you’re not sure, then it’s going to taste horrible.”

Q: Where do you see the field developing in the future?

A: Panelists mentioned development of titanium teeth, minimally invasive surgery with endoscopic navigation, more free tissue transfers, and significant headway into the head and neck realms. In addition, there will be more cosmetics,

reconstruction, revascularization, and face transplants. According to panelists, the field will not move forward unless more young people choose to go into academia.

PREPARING THE RESIDENCY APPLICATION

Q: What constitutes an ideal oral surgery residency applicant?

A: According to panelists, an OS residency applicant should like the “surgical way of life” and have a clear idea of what he or she can bring to the field. Ideal candidates should be organized, fastidious, intrinsically motivated, independent thinkers, team players, and demonstrate humility, initiative, teamwork, and vision. Applicants should know where they want to be in 10 and 20 years. Panelists shared that residents must give 110%, should “desire work” and be able to “get the job done—no excuses.” The biggest factors in having a strong application is scoring high on the CBSE which is >70 and going on ideally 4 or 5 externships. Letters of recommendation are also significant and building rapport with oral surgery faculty and residents is crucial in obtaining good letters. According to panelists, interviewers typically decide whether or not to accept an applicant within the first 30-60 seconds of an interview; panelists recommended that applicants practice interview skills by taping themselves answering questions and listening to the answers.

Q: Aside from Board scores, what can an applicant do to improve his or her application?

A: Panelists shared several pieces of advice. Applicants can emphasize that the Pass/No-Pass system at UCSF encourages cooperation and teamwork among classmates. Applicants need 3 letters and some programs accept more. If possible, obtain excellent letters of recommendations from program directors and research PIs. However, it is better to get a letter from someone who knows you well than from a “big name” who may not be familiar with your work or abilities.

Applicants can also conduct externships at programs they hope to attend. In an externship, be proactive and show enthusiasm; “don’t come in jeans - always present yourself smartly.” A student can do multiple externships at the same site. According to panelists, residents’ opinions count very little in the overall decision-making process for residency spots. However, if you do an externship, then resident’s opinions will matter a lot. One panelist shared, “you’ll will be watched constantly - remember that.” Applicants can also approach a surgery department and ask to follow current residents or faculty, or do research with faculty members. In addition, it may help to participate in school politics serving as a class or school representative.

Panelists recommended, “if you don’t get in the first time, do not give up!” Panelist also mentioned that PASS has a search feature that allows applicants to look at program overviews and what each program wants in the application. Panelists recommended double-checking the information on PASS with the school websites to confirm the information. Certify all mail and call the school or program to make sure they’ve received all materials. If applicants are planning on doing an externship after they apply, just write “planned 00/00 to 00/00” in the PASS application and on the CV.

Q: What types of interview questions should applicants expect?

A: Panelists mentioned that U. of Michigan conducts group interviews with standard questions, such as “Why are you interested in OS?” and “Why are you interested in this program?” UCLA had nine 30 minute interviews. Some interviewers asked what applicants liked the most and least about the specialty. At Harvard, an applicant was asked, “Who is the most evil man in the world, and why?” At Massachusetts General Hospital, a panelist was asked about the clotting cascade and to interpret a radiograph. Panelists encouraged applicants to talk to 4th year dental students about the interview process in order to prepare. In general, applicants should be well prepared to explain why they are interested in OS, where they expect to be in 10 years, and why they are choosing a single or dual degree. One panelist suggested applicants ask, “What can I do to be a good resident?” during the interview. One of the residents mentioned that for the most part all the schools he interviewed at asked the same set of questions with slight variation.

Q: How did you “get a feel” for the individual programs?

A: According to residents, “the vibe” you get from the director and residents may be the best way to determine whether or not you’ll like a particular program. One panelist shared that “program directors and residents can put up a facade during an interview, so you won’t really get to know what kind of program it is unless you do an externship there or speak with residents before the interview”. In addition, “the feel” of a program may depend on whether it is more academic, clinical or research oriented.

Oral Surgery Residency

Notes From the ADEA Residency Series

Q: Is it possible that doing an externship could hurt me as an applicant?

A: Panelists shared that externships can work for or against you. They recommended doing an externship at your top choice program toward the end of your externship rotations, so that you can draw on your previous experience and make a favorable impression. One panelist added that it is good to go on externships all around the country because it shows the admissions committee that you are flexible in attending a program that is not from your home state like California.

Q: What were some of the things you liked/disliked about other programs you visited?

A: According to panelists, Columbia is in a great location and geared toward private practice, however, the scope is less broad. Loma Linda has a broader scope and offers more clinical experience, but residents are in charge of 3 hospitals which means a great deal of driving and a significant amount of time taking call from all 3 hospitals. UCSF has a supportive and “women-friendly” environment, strong didactics and good research. UCSF does not have a big clinical component and there is a lack of focus on cosmetic procedures. Panelists stated that the intern year is tough and you have to pay for 3-4 years of medical school.

Q: What do you do during your intern year?

A: Interns do pre-op, take calls, do presentations, and do a lot of paperwork. They do not do much surgery. One panelist stated he slept about 4 hours per night during the intern year.