EXPLORING Pediatrics

Q: Why did you choose pediatric dentistry?
A: Residents find the variability in one’s day to be both challenging and very rewarding. Depending on the age of the patient, the same dental ailments can vary tremendously. Working with children is especially fulfilling because of the ability one has to change their perspective and habits. With adults, it can be really difficult to get them to change their routine and conform to the instructions that you prescribe. Children, on the other hand, are more receptive to your teachings. As you continue to see your patients into adulthood, you develop a familial relationship with them which incorporates trust, growth, motivation, and mentorship.

Q: What is a typical day in the life of a pediatric resident?
A: This varies from school-to-school and depends on the type of program you enroll in. At UCSF, we have a three-year residency with different schedules depending on year in the program.

As 1st year residents, you are taking most of your didactic and clinical management skills courses that go towards to master’s degree component of the program. Most of your time is spent in the clinic, where you see roughly eight patients a day: four morning and four afternoon patients. Each resident is on call for a full week about every 5 weeks. There are rotations at the Children’s Hospital of Oakland and the Tenderloin clinic where you see patients during your entire shift with the help of dedicated assistants. At the end of the 1st year there is a 1-month anesthesia rotation spending two weeks in adult anesthesia and two weeks in child anesthesia. Additionally, 1st year residents are taught Phase I and II orthodontics where the kinds of cases they will likely encounter as well as how to treat those cases. Pediatric residents treat their own orthodontic cases from start to finish due to the longevity of the program.

During the 2nd year, residents spend less time at the UCSF dental clinic and more time in the Operating Room in Mission Bay. In our program, it is just you and your attending in the OR which means you are doing the majority of the operating. As a 2nd year, you also begin pre-doc instructions where you oversee 3rd and 4th year dental student procedures as they rotate through the pediatric department. Rotations are again spent at the Children’s Hospital of Oakland where you see pediatric and primary care patients in a hospital setting. General anesthesia rotations are done at the MB hospital where you work with a variety of different faculty and see a multitude of treatment plans.

3rd year residents spend their time refining their skills (e.g. practice management and oral sedation) and completing their master’s projects. All residents participate in literature review and case presentations every Tuesday.

Q: Is there any time off in a pediatric residency program?
A: The schedule is not at all hectic and is less demanding than dental school. Stress still exists, especially during your first year when you’re still adapting to the change in environment, but it quickly becomes routine.

Q: How do you choose between the different pediatric residency programs?
A: A good place to start is the American Academy of Pediatric Dentistry website (www.aapd.org). It gives you all the residency programs organized by state and descriptions of each program. Most residents on the panel chose programs based on where they saw themselves practicing following the completion of their program. Other factors that they took into account prior to applying was how many residents were accepted each year, how long the program was, whether a stipend was provided or not, the variability in day-to-day schedules, as well as how many full-time and part-time faculty members were available to the residents.

Q: Do you have to have a bubbly personality in order to become a pediatric dentist?
A: No! Every pediatric dentist has their own style. Not everybody sings or dances, but it is absolutely necessary to love kids and have the energy to be around them constantly. Communication is key because you are dealing with both children and their parents.

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Q: What are the advantages and disadvantages of UCSF’s pediatrics program?
A: By far, the knowledge that the residents and faculty provide are second-to-none. Faculty challenge and support residents and the residents function as a team. In addition, access to assistants is improving. Oral surgeons and pediatric dentists are making money even with the budget cuts. UCSF gets referrals from other pedo offices and is the only pedo program in Northern California that accepts DentiCal (80% of patients come from DentiCal). Funding, however, is tough and the number of sedation cases is low. Also, UCSF’s program is one of only two in the country that lasts three years instead of two. Residents receive master's degrees but must wait an extra year to begin practice.

Q: What constitutes a competitive application for a pediatric residency?
A: Personality plays a large role in your acceptance. As a resident, you will be working very closely with your co-residents and faculty, and it is crucial that your personalities align. Communication skills, as well as professional interactions with patients and coworkers, are a big determining factor. Volunteer and outreach experience with children (e.g. “Give Kids a Smile” or global outreach programs) is very useful. Though research isn’t a requirement, it can aid in the selection process; especially research presentations. Strong letters of recommendation from predoctoral faculty hold high value, and a site letter could also be a good idea. Other factors, such as personal statements, are similarly important as in other residency programs. It is important to match the position. Some programs are looking for students straight out of dental school and others value students who have already earned a master’s or PhD.

Q: How can applicants make best use of the PASS/match system?
A: Panelists recommended making a chart of pros and cons of different programs, and choosing only the school(s) you really want to attend. Not all positions are filled via the system; UCSF offers 5 positions, only 4 of which are matched.

Q: How can interest dental students learn more about pediatric dentistry?
A: Dr. Thuan Le, the Director of the Pediatric Dentistry Residency, suggests contacting him if you are interested in learning more about pediatric dentistry as well as visiting the pedo clinic on the third floor of the dental building. Students should get involved in clinics or events that involve working with kids in order to solidify whether they have the “will and desire” to work with that population. Working with children is not always “sunshines and lollipops” and some days can really test your drive. There are many volunteer and externship experiences available; applicants are encouraged to seek these out during breaks in the school year.

Q: When do you do externships in pediatrics?
A: It is recommended to do externships your 3rd and 4th years of dental school but earlier is better because some programs have early interviews. Start doing externships when you get into clinic and during breaks. Panelists encouraged applicants to do several externships at different programs and to consider going to private practices as well. Panelists agreed, “externships are an opportunity to network and can be key in getting into a program!”

Q: What advice to current residents have for applicants?
A: Get a lot of exposure through volunteering, going to clinic, and participating in clubs that focus around pediatric dentistry. Having these types of experiences develop talking points to use on interview days. Get to know the residents and faculty really well and consider whether you want a combination program or hospital-based program. It’s good to apply to a variety of different programs to get an idea of how structures vary from program-to-program. Furthermore, remember that on interview day, you are being interviewed from the moment you get there to the day you receive your decision. Plan on staying your entire day and making a good impression with the people that you meet.