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Pediatri

cs Residency

Notes from the ADEA Residency Series

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.

Q: Why did you choose pediatric dentistry?
A: Residents find it rewarding to work with kids, and the procedures are relatively short. “Pediatrics allows you to work fast and be silly.” Working with children also allows you to have an impact on the entire family, not just the child. There are relatively few specialized skills to learn; most of the work is patient management. One panelist stated pediatrics allows one to practice a “full spectrum” of techniques including orthodontics, anesthesia, research, and gain experience in the operating room (OR) and various clinics (ER, transplant, etc.). Residents also enjoy positively influencing children’s first dental experiences, setting them up for success in oral health as adults.

Q: What is a typical day in the life of a pediatric resident?
A: The 1st year consists of coursework required for the master’s degree, including didactic and clinical management skills courses. The workload is about 35% didactic, with the rest of time in clinic. Each resident is on call for a full week about every 5 weeks. At the end of the 1st year there is a 1 month anesthesia rotation. In the 2nd year, residents complete their remaining master’s coursework and continue anesthesia rotations. They begin to treat patients under general anesthesia and to teach 3rd and 4th year dental students. They also do pediatric medicine rotations. 2nd year residents spend about 50% of their time with patients in clinic and the rest teaching, doing research, and/or working in the OR. 3rd year residents spend their time perfecting their skills (e.g. behavior management and oral sedation) and finishing 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 hectic at all. It is less busy than dental school. The stress level is high, especially in the first year, but it quickly turns into a 9AM – 5PM residency.

Q: How much orthodontics do you do?
A: Residents are in the orthodontics clinic every Friday during all 3 years of residency. They handle non-complex cases. By graduation residents report feeling relatively comfortable with simple cases. Intercept ortho is what pedo does, not whole mouth ortho. Residents also make the appliances. According to panelists, experiences in ortho make you a better candidate for a job. In addition, you can make better referrals if you have a good background.

Q: How did you choose between pediatrics residency programs?
A: One resident mentioned enjoying the San Francisco setting; “Residency is a huge time investment and you definitely don’t want to be somewhere you don’t want to be; it might start reflecting on your interaction with patients.” Another resident recommended talking to current residents to get a sense of the culture of the programs and the chemistry the applicant has with the residents and faculty; "See if it’s a fit”. One panelist shared, “It’s the residents who make the pediatric program - don’t worry - all programs will provide valuable experiences, as long as the participants are happy”.

Q: They say it takes a certain personality type to do pediatrics…is that true?
A: According to panelists, “It is all about personality”. You need to have lots of energy and you need to love kids. Communication is also very important because you will need to communicate with patients and their parents.
Q: What are the advantages and disadvantages of UCSF’s pediatrics program?
A: According to panelists, the residents and faculty are strong and proactive. Faculty challenge and support residents and the residents function as a team. In addition, access to assistants is improving. Oral surgery and pedo 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 3 years instead of 2. Residents get master’s degrees, but must wait an extra year to begin practice.

Q: What constitutes a competitive application for pediatric residency?
A: Unfortunately, Board scores are very important; “your numbers get you interviews”. According to panelists, your scores should be over 90, although applicants should not be discouraged by lower scores - “87 or above is okay.” Part I is more important than Part II. Panelists shared that personality factors, including communication skills and interactions with kids and coworkers, are more important than scores. Volunteer experience with kids (e.g. “Give Kids a Smile” or school teaching) is also useful. One panelist stated research is not a requirement, though it may help. Letters of recommendation are “key factors”; strong and personal letters from predoctoral faculty are not required but will hold high value. A site letter is 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 interested dental students learn more about pediatric dentistry?
A: Panelists recommend shadowing pediatric dentists and going on additional externships beyond students’ required rotations. Students should get involved in clinics or events that involve kids in order to determine whether they have the “will and desire” to work with that population. One panelist added, “try getting a 3-year-old child to sit still and open his or her mouth!” 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: Panelists recommended doing externships your 3rd and 4th year, the earlier the 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 outside experiences in pediatrics do panelists recommend?
A: There are limited pedo externships. USC has a hands-on externship, but there are not many spaces available. Dr. Linn has one in Oakland. Dr. Katsura has one in Berkeley. Do school externships where you see more kids. If you talk to the director of a program, he or she might be able to schedule you for all the pedo patients. Interviewers may ask how many procedures you have done.

Q: What advice do current residents have for applicants?
A: Get a lot of exposure through volunteering, going to clinic, and participating in pedo clubs. Having these types of experiences help on interview day to give you things to talk about. Get to know the residents and faculty. Consider whether you want a combination-program or hospital-based program. It’s good to apply to different programs so you can see how they are structured.

Q: When you interviewed, what schools stood out?
A: San Antonio, Michigan, Penn, USC, and Cincinnati.