

PEDIATRIC RESIDENCY

Notes from the Pediatric Residency Series - Updated February 2024

This information is a result of the annual ADEA Residency Series, co-sponsored with the Office of Career and Professional Development and the UCSF ADEA chapter. Residents from the 2 and 3-year pediatric dental residency programs shared their thoughts about pediatric dentistry on a panel and gave advice to D1s, D2, & D3s about the application process and residency experience.

EXPLORING PEDIATRICS

1. Why did you choose pediatric dentistry?

Residents find the variability in one's day to be both challenging and very rewarding. They also appreciated how pediatric dentistry involves many other aspects like special needs, orthodontics, and hospital dentistry. 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 perspectives 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 that incorporates trust, growth, motivation, and mentorship. Several residents already had an interest in pediatric dentistry due to experience working with kids prior to dental school.

2. What is a typical day in the life of a pediatric resident?

This varies from school to school and depends on the type of program you enroll in. At UCSF, we have both a three-year and two-year residency with different schedules depending on the year in the program.

For the three-year residency program, as 1st year residents, you are taking most of your didactic and clinical management skills courses that go towards the Master's degree component of the program. Most of your time is spent in the clinic, where you may see 5-10 patients a day. Residents are paired with another resident to be on call about every 5 weeks at Mission Bay and Oakland. 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 which involves spending two weeks in adult anesthesia and two weeks in child anesthesia. Additionally, 1st year residents are taught Phase I and II orthodontics on Friday afternoons, where they learn to make orthodontic appliances and learn about the kinds of cases they will likely encounter, as well as how to treat those cases. Besides clinical experience, residents also have didactics and attend seminars on Tuesdays and are expected to keep up with the literature. Residents also spend time working on their MPH in the 1st and 2nd years of residency.

During the 2nd year, residents spend less time at the UCSF Parnassus dental clinic and more time rotating at FQHCs in Oakland and Petaluma. 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 also 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). All

residents participate in literature reviews and case presentations every Tuesday.

For the two-year residency program, the 1st year is primarily spent at La Clínica rather than at the UCSF Parnassus clinic. In the 2nd year, residents go through more rotations. On Tuesday mornings, 2nd year residents have a sedation session where they work with 3 sedation patients each session. The 2-year residency program is more clinically heavy than the 3-year program because residents have more experience coming into the program, and they can see 15-30 patients a day while running multiple columns at FQHCs.

3. Is there any time off in a pediatric residency program?

Particularly in the first year, it can be challenging to balance all the different obligations. Weekends are often consumed by didactics and keeping up with literature.

4. How do you choose between the different pediatric residency programs?

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 factors like location, stipend, the culture of the program, and whether they thought they got along well with the current residents at the time. Residents took into account whether the location was a place where they saw themselves practicing following the completion of their program. Other factors that they considered were how many residents were accepted each year, how long the program was, the variability in day-to-day schedules, how well-rounded programs were, as well as how many full-time and part-time faculty members were available to the residents.

5. Do you have to have a bubbly personality in order to become a pediatric dentist?

No! Every pediatric dentist has their own style. Not everybody sings or dances, but it is 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.

6. What are the advantages and disadvantages of UCSF's pediatrics program?

By far, the knowledge that the residents and faculty provide is second to none. Faculty challenge and support residents and the residents function as a team. Residents say that thanks to the good learning environment and great faculty, they never feel ashamed to ask questions. UCSF gets referrals from other peds offices and accepts DentiCal. Residents also stated that they appreciate the well-roundedness of UCSF's program and how they get experience in things like sedation, public health, orthodontics, working in the OR, and being on call. Residents stated that it can be challenging when they see kids and aren't able to fully help them with all their needs. For example, they don't do endodontic treatment on adult teeth.

7. What constitutes a competitive application for a pediatric residency?

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. Strong letters of recommendation hold high value, especially because the pediatric dental community is a small world, and having faculty vouching for your different strengths can make you a more trustworthy applicant. Volunteer and outreach experience with children (e.g. "Give Kids a Smile") is very useful. Though research isn't a

requirement, it can aid in the selection process. 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 Masters or PhD. Residents recommended that applicants should only pursue their genuine interests rather than doing something just to boost their applications because genuine interest stands out. Having done an AEGD or having work experience after dental school with kids is also important for the 2-year program.

8. How can applicants make the best use of the PASS/match system?

Panelists recommended making a chart of the pros and cons of different programs, and choosing only to apply to and rank the school(s) you really want to attend.

9. How can interested dental students learn more about pediatric dentistry?

Students should shadow the peds clinic on the third floor of the dental building as well as private practices. Students should get involved in organizations or events that involve working with kids, such as CNC, in order to solidify whether they have the “will and desire” to work with that population. Working with children is not always “sunshine 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. Students can even shadow at hospitals to get a feel for the hospital dentistry aspect of peds, which many students do not get much exposure to in dental school.

10. When do you do externships in pediatrics?

Applicants can do externships in their 3rd and 4th years of dental school. Many panelists did not have any externship experiences due to COVID-19 but stated that they could be good opportunities to get to know the program culture and get acquainted with current residents and faculty. Panelists agreed that externships are not absolutely necessary. You can still get a feel for the program culture and talk to residents at interviews and the associated socials.

11. What advice do current residents have for applicants?

Get a lot of exposure through volunteering, shadowing, and participating in clubs that focus on pediatric dentistry. Having these types of experiences can help students to 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 a 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 on the people that you meet.