

igniteDDS

DENTAL RESIDENCY

GUIDE



# Ready. Set. Ignite.

## DEAR IGNITERS,

Applying to residency is tough! Once you finally decide if you want to attend residency for either general dentistry or a specialty, you have to decide where you want to live and what experience you want to get out of residency. There is no residency guidebook to give you all your answers (like you so conveniently had when applying to college). There are only some random posts here and there online. Your only real opportunity to learn about a program is if you visit it and talk to the faculty and current residents. While we highly recommend visiting a program that interests you, we know that this is not always possible. In order to help you get started with your search, we have compiled a list of some of the best residency programs in the country to answer some of the questions that you are dying to know! If after reading this guide you want to know more information, that is great! IgniteDDS is a community that aims to connect individuals across our profession. If you are a residency director and want to change information about your program, let us know! We know programs are constantly changing and we want this guide to be the most up to date and comprehensive as possible. Lastly, this residency guide would not be possible without the help of many many people. First off, to Dr. David Rice who is always pushing us to accomplish our dreams and be the best we possibly can be. To Dr. Amisha Singh and Erinne Kennedy for getting the ball rolling with this residency guide and continuing to mentor the team. To Chad Lunaas who works all day and all night to ensure everything runs smoothly. To all the authors for offering their words of wisdom. To our team at IgniteDDS who somehow manages to find time during dental school to be on the team and accomplish so many cool things: Omar Nijem, Cyril Manchery, Andrew Choi, Lizzy Lenchner, Ashley Goldenberg and Jessica Rudman. And lastly, to all the residents and program directors who supplied information to make this residency guide a reality!

Our goal is to expand this residency guide to even more programs and specialties, so be on the lookout!

#togetherwerise

**LUKE SHAPIRO DDS**  
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# SO YOU'VE JUST GRADUATED... NOW WHAT?!

By Katie Tytko

Living in New York, upon graduation I didn't have much of a choice as to what my next steps were... a residency program is mandatory for licensure. Even if a residency program is not mandatory in your state, I strongly suggest that you complete one. I started my residency search early, used online websites, resources, and past students to find out what each program offered. Once my list was down to four, I took time away from school to go and shadow. This let me get a first hand experience about what the program was like, allowed me to ask questions of the current residents, and let the residency directors put a face to the name that would be associated with my application.

Here are the reasons I am so thankful since starting in private practice that I completed a residency:



## 1 Increase your speed, time management, and learn to work with an assistant.

Coming out of dental school I thought that I had done a reasonable job to learn the basics of dentistry. I could drill, fill, cut a crown, take out a tooth, slowly and cautiously do a root canal, and make a denture. Appointments in dental school were three hours, and involved lots of down time with faculty checking work. Seeing my residency schedule on the first day was a shock - four patients?! And on Tuesday you want me to see six?! A residency taught my how to work with an assistant, built my confidence, and increased my speed. There was no pressure on how much I had to "produce," and my paycheck was the same regardless. I could focus on doing quality work, and let the quantity pick up with time.



## 2 Push the envelope on what you feel comfortable doing - to learn what you will later refer.

I think this is one of the most valuable assets that I took advantage of in my residency program. We were encouraged to endodontically treat curved and calcified canals, work with CEREC technology, extract full mouths, perform connective tissue grafts, place implants and drive our education to the next level. This conveniently was all under the supervision and guidance of a specialist. When I couldn't find a canal, the tooth wouldn't elevate, or I couldn't get the CEREC to image my prep - someone was there to help, teach, guide, or take over. The next time I tried the same procedure; I wouldn't need to ask for help. A residency is the first and last time in your life you will get paid to learn something - take advantage of it! I learned that I love extracting teeth, but after breaking a file and spending an hour trying to retrieve it that I'd rather refer a molar with curved roots.



## 3 You won't just be a "new dentist" entering private practice; you're an "experienced dentist."

I can assure you that if a patient hears "new dentist" or "just graduated" they will be a little wary of seeing you. The practice that I've joined has marketed to me to their patients as having "excellent training," "worked with our veterans," and "knows all the latest technology." The latter sounds much more appealing to a patient, and they are much more inclined to say YES, when booking their next appointment. The practice that I've joined sent an email out to their patients, as well as updated their website with a bio and picture of me. On my first day many patients said they had seen the email and welcomed me to the practice.

Looking back at my time at the VA, it was definitely an honor and privilege to complete my residency there. The patients were in desperate need of care, are not financially responsible for the treatment, and were very appreciative. We had the best technology, CEREC, lasers, an implant system, staff dentists / specialists to consult and work with daily, and an endless amount of patients. Being in this environment definitely spoiled me (I could write three blog posts about how awesome the VA was but I will spare you), and made me very aware of what I would want in a private office. When I left my job at the VA, not only was I ready for private practice, but I was qualified and confident.

# ARE YOU THINKING ABOUT SPECIALIZING?

By Jerad Servais

Before you apply to a residency program you must be certain that you can see yourself in that particular specialty for the duration of your career. Basically, you must be sure that you will enjoy the position. So if you are set on being an orthodontist, but failed to find the lectures engaging or interesting, you may want to reconsider specializing in orthodontics. The key is to identify what you are passionate about and to use that as a guide for choosing a specialty. This is something only you can decide. If you want to treat medically complex patients, perhaps a General Practice Residency (GPR) is a good option for you. If you want to learn more about placing and restoring dental implants, a prosthodontic residency may be a good option. Maybe you just want to receive more training as a general practitioner. If so, an Advanced Education in General Dentistry (AEGD) program may be the answer. Remember that only you can decide what you are passionate about, so be honest with yourself.

Once you have decided on the type of residency program you want to pursue, you need to learn about the requirements that are associated with applying for that program and what makes each individual program unique. The objective of this is to find a program that aligns with your future practice plans and goals. If you want more advanced training in placing dental implants do not select an Oral and Maxillofacial Surgery (OMS) residency that mainly focuses on hospital-based trauma treatment. The residencies you select to apply to should align with how you see yourself in the future. A great resource to learn more about specific residency programs can be found at

<http://programpages.passweb.org/search>.

The search allows you to query between different types of residencies to learn about the requirements needed for the application process.

With the recent creation and implementation of the Advanced Dental Admission Test (ADAT), most residencies will require you to take this test. The ADAT is currently accepted by over 130 residency programs and is used as a means to assess applicants' potential for future success in residency programs. According to the American Dental Association (ADA), the test is 4.5 hours long and is composed of four tests with topics that include Biomedical Sciences; Clinical Sciences; Data, Research Interpretation, and Evidence-Based Dentistry; and Principles of Ethics and Patient Management. It is important to determine if the residency program you are interested in applying to requires the ADAT so a testing time can be scheduled if necessary. Please note that if the residency does not require that you take the ADAT it will most likely require you to take the Graduate Record Examinations (GRE) test. The GRE tests verbal reasoning, analytical writing, and quantitative reasoning. If you are interested in applying for an OMS program you are required by the American Association of Oral and Maxillofacial Surgeons (AAOMS) to take the National Board of Medical Examiners Comprehensive Basic Science Examination (NBME CBSE). According to the AAOMS, the purpose of the exam is to "provide OMS applicants an opportunity to measure their understanding of the basic sciences and provide an enhanced mechanism for OMS training programs to evaluate applicants for 2017-2018 residency positions." The exam is 4 hours and 15 minutes and composed of 184-200 questions. It is important when considering residency programs to research and determine which tests are required to apply at the specific program.

A crucial part of applying to a residency program is an externship. An externship serves as an opportunity to become acquainted with the faculty, residents, and the program you are interested in. Externships typically are a week long (but can be shorter or longer), and provide the participant a chance to spend a week in "a resident's shoes". Participating in an externship is a chance to ask the residents any questions and for them to get to know you. Think of it as a pre-interview and treat it as such. If you plan to apply to a specific residency program it is important to extern there. It provides the admissions committee the opportunity to get to know you. When it comes to doing an externship, it is important to plan ahead because you may have to reschedule patients, exams, or other school related items to make it work with your schedule.

The road to applying for a residency is long and requires a substantial time and financial commitment. Because of this commitment, you must choose a residency and a specific program carefully. The worst thing that could happen is that you are halfway through your program and realize it is not a good fit. Take your time to decide, organize your plans for studying, do an externship and go for it.

# CRUSHING RESIDENCY PART 1

# AEGD VS GPR

By Erinne Kennedy

See those golden gates? Not only are those gates the entrance to Versailles France, they are the golden opportunity you have to complete a 1 year residency after dental school.

I have been receiving phone calls off the hook asking me about general practice residencies. I know how hard it is how to find which program is the best fit for you, but this blog will help you find your path. Unfortunately, there isn't a one-stop shop or rating system for dental residencies. You have to do your due diligence by networking with past dental students from your school and by calling current residents to get the scoop. Also, check out the information provided on the ADEA PASS website and on Student Doctor Network.

During my senior year I had the chance to deeply investigate about **12 programs**. I then went on to interview at 9 programs. They were scattered all over the country and were based off of recommendations. Over the next few blogs I am going to go through what worked well for me and what did not. First off, let's explore GPR vs AEGD.

## GENERAL PRACTICE RESIDENCY



**Location:** Typically a hospital (this can be associated with collegiate hospital center, a VA, or community hospital).



**Case Selection:** This depends on the program. Some GPR's that are in rural hospitals will do primarily emergency care (extractions etc.). However some programs do have a comprehensive care basis that will give you an opportunity to do some esthetic work.



**Procedures:** This varies widely, but GPR's are known for preparing you in all aspects of surgery in a patient pool of medically compromised individuals. So far I have been working on surgical extractions, bone grafting, cyst removal, and in October I will start implant placements. I feel the main benefit to GPR's is the exposure to medically compromised patients. This means that most of your patient's health histories may introduce limitations to the type of dental care they can tolerate, and this will prepare you for ANY patient that walks in the door in private practice. You will learn how to prepare and clear patients for surgery, treat ARONJ, work with cancer patients, deal with chronic kidney disease, and patients with organ transplants (this just skims the surface).



**Rotations:** You are mandated to take rotations in internal medicine and anesthesia. (2 weeks each) Some programs have a ton of different rotations; cardiology, ENT, oncology and more. Although this sounds super interesting remember the more time you are on rotations the less dentistry you are doing!



**On Call:** You have on call schedule. The more residents the less call you will have. The amount of time you have call varies form program to program but you best bet is to ask the residents. Some programs have call and they NEVER get called in. However, some inner city programs like the Baltimore VA where I practice have a heavier call load. I have been into the emergency department 8 times in 2 months for some really cool cases!



## ADVANCED EDUCATION IN GENERAL DENTISTRY



**Location:** Typically associated with a dental school or a community based programs. For example the San Antonio VA program is an AEGD but is very similar to a GPR because they used to be a GPR. As for GRU, their AEGD and GPR are almost identical as far as I know.



**Procedures:** Basically, this is a 5th year of dental school where you will do more challenging versions of procedures you did in dental school, and hopefully you will improve your skills in elective dental procedures (esthetics such as veneers, big crown and bridge cases etc.).



**Case Selection:** AEGD's are set up similar to private practice where you focus on comprehensive care and finishing cases. - Rotations: Usually none.



**On Call:** Rare

### *The key to digesting this information is:*

- 1 Each program is totally different. Don't get discouraged if you can't find your first right away, finding your fit is just like finding your glass slipper.
- 2 Be honest with yourself on what you want, if you don't want to be on call. It's ok! Find programs that fit your criteria.
- 3 Research, research, research!

### Question

What are quality AEGD'S/GPR's looking for?

### Answer



**Teammaker:** The programs are looking for a team player. When you are on call, and there are tons of patients in the waiting room you need to know that you other residents will dive in and help when they can. Team work is essential to success in your residency.



**Humility:** Residency are looking for someone who is willing to learn. If you already "know everything" then there is no sense in you going to a residency. Be a sponge, soak up every ounce of knowledge this is your year to try new things, stretch your limits and define your boundaries as a clinician.



**Givers:** In this work there are givers and takers. When you work in a hospital you are working with very ill patients who need someone who is willing to give their time, talent and treasures to improve the lives of that patient. Generosity is a great attribute in a resident.

# HOW TO HACK INTERVIEWS?

By Erinne Kennedy

During my senior year of dental school I had the opportunity to travel to 8 GPR interviews. They were scattered across the country from the east coast to California, so in order to balance dental school and interviews I had to hack it with these tips!

## TRAVEL ESSENTIALS



**1 Use Tripit App** This is a lifesaver, you can easily have all of your travel itinerary, car rentals, and reservations all in one application.



**2 Pick ONE Airline:** I used Southwest for 90% of my travel and by the end of interviews I had earned a few free trips in travel points! Don't forget to download the app for your favorite airline- you can check in, and have an electronic boarding pass ready to go.



**3 Airbnb:** These are great resources to find cheap stay during your travel. Also, remember to call ASDA friends who live in the area, there is always a free couch for a friend.



**4 Plan interviews** back to back! I would travel for example from Baltimore, to Pittsburg, San Diego and then Palo Alto. I purchased one-way tickets from city to city to save time and money



**5 Pack healthy snacks:** I loaded my purse with small packs of almonds, dried fruit leathers, protein bars and granola. Some places will provide you lunch and others will not. Having health snacks will give you the energy you need to crush your interviews without breaking the bank.



**6 Bring Water Bottle** Carry a reusable water bottle with you. You will easily save time and money in the airport not having to purchase water!



**7 Use an Excel** to stay organized! Brainstorm and figure out exactly what you are looking for in a GPR, and make those the columns on the spreadsheet (ex. digital charts, orthodontics). Call and ask to speak to the residents once you get an interview, most of your questions can be answered before you get on a plane.



**8 Thank you notes:** I carried a few thank you notes, postage and list of GPR addresses. On the plane ride home I would write a thank you will the interview was fresh, this is a great way to make an excellent impression and use your time wisely!



# 10 QUESTIONS I ASKED IN MY RESIDENCY INTERVIEWS

By James Wanamaker

For many fourth year dental students, residency interviews are quickly approaching. You already know where to start. Your resume is polished, your dress clothes are pressed, and you planned responses for potential interview questions. You may have interviewed for jobs in the past, and you interviewed for dental school, but have you considered how a residency program differs? It's essentially a combination of the two. What you will say when interviewers ask, "Do you have any questions about our program?" Coming prepared with your own questions for interviewers demonstrates what kind of candidate you are and what they can expect from you. It is beneficial, that is, as long as those questions are thoughtful and useful in your own evaluation of the program.

Just like interviewing for a job or for dental school, your questions should address what is important to you in a residency program in addition to what you already know. After doing my homework and researching each individual program, I reflected on what my intentions for residency were. Based on my goals, I came up with the following list of questions:



## 1 How is the program balanced between supervision and independence?

One of the best aspects of a residency program is expanding your comfort zone while having a safety net of faculty to assist in challenging cases. It is the time to build your autonomy and philosophy as a practitioner. Programs are variable in the degree of direction and guidance. After four years of dental school, determine which condition works best for you and seek out a program appropriately.



## 2 Will I always have my own chair/room/assistant?

I looked for a program that could guarantee my own chair on a daily basis. Some even offer multiple chairs per resident, which hones time management skills working two cases at once. In dental school, I learned to work independently without an assistant. Acknowledging my limited experience with four-handed dentistry, I sought a program that provided assistants for each resident.



## 3 What is the after-hours emergency call protocol?

What are the typical procedures residents perform in an emergency setting? Is there access to an assistant or nurse if needed? It can be beneficial to have a second set of hands for splinting, extractions, and avulsions. Not all programs have sufficient staff to assist after hours. If I am on call, am I required to stay on site or can I take call from home? If I can take call from home, is there a requirement on how close I must be to the hospital? That is, does the program have a designated maximum response time? This can impact where you choose to live and potential modes of transportation.



## 4 What is the breakdown of specialty days/experience?

How flexible is it? For example, can residents request more experience in specialty areas of interest? Seek out programs that have a well-rounded staff of specialty attendings who are able to provide deeper perspective and more comprehensive experience. Some programs only offer limited exposure to implant placement, periodontal surgeries, and pediatrics. Does the program provide experience with sedation? While most GPRs have rotations in anesthesiology, some programs may not offer clinical training in moderate sedation or nitrous oxide. Exploring these details can help you fine-tune your rankings and avoid future disappointment in a program's structure.



#### 5 How many attendings are on faculty?

Multiple attendings at a program may provide varying perspectives and techniques. Too many attendings, however, may lead to conflicting treatment plans and disjunction in the continuity of care. It takes time to build professional relationships with clinical mentors. If there are too many attendings you may not have the opportunities to build up a strong rapport with each of them.



#### 6 What is the structure of the didactic components of the program?

While there are CODA requirements for didactic components, how those requirements are fulfilled may vary drastically between programs. I sought out programs that included lectures on both clinical theory and practice management that would augment, rather than replicate my dental school education. To me, it was also important to evaluate the proportions of time spent in didactic lecture versus clinical activity.



#### 7 What continuing education (CE) opportunities are available?

Are any stipends or funding available for CE courses? Many programs offer funding for external CE or host their own courses. Any CE you can accrue in residency is time and money saved when you are out in private practice. I was able to earn over 50 free credit hours during my residency year. Furthermore, those courses are opportunities to network with other local dentists.



#### 8 Can I moonlight during residency?

In some states, if you have your dental license while in residency, you can work independently of the program on evenings and weekends at private practices. This is a great way to build up your speed and experience while getting a jump start on paying off student loans. Some programs may have restrictions on moonlighting so be sure to check ahead of time if it is something you plan to do.



#### 9 How is resident performance evaluated?

CODA requires multiple resident evaluations throughout the year. These evaluations can help you grow as a provider by identifying areas for improvement. Are the evaluations in the form of competency exams, case presentations, comprehensive care evaluations, etc.? Asking for constructive criticism regularly from your attendings beyond any scheduled performance reviews may also be beneficial.



#### 10 What is this program's greatest strengths and what are some areas for improvement?

This was by far my most valuable question. I was able to evaluate multiple aspects of a program with a single question. There is no perfect residency program, so be cautious with programs that claim there's nothing to improve. You want a program that will constructively review your clinical practice, as well as critically evaluate its own performance in training residents.

While most interviewers asked if I had questions at the end of our discussion, don't be afraid to ask questions throughout the interview process. You are interviewing the program just as much as they are interviewing you. Be prepared to mix in questions as the topics become relevant in conversation. That being said, be judicious in how much time you spend asking questions versus answering their questions. Also, be aware that the questions posed here are generic. Research each program before the interview so you can tailor your questions to fit each individual program. Hopefully, these questions will give you valuable insight to help you develop your perfect rank list. If you found this article helpful, check back to IgniteDDS for some exciting new residency resources coming out soon.

# WHAT I WISH I HAD KNOWN BEFORE STARTING RESIDENCY?

By Stephanie Zastrow

Today marks the end of my first year of oral surgery residency. It's been a bittersweet kind of day: there's the satisfaction of completing PGY1 and learning so many new things combined with the harsh knowledge that I have three more years left. The path to becoming an oral and maxillofacial surgeon is a long and arduous one and even more so if you've set your mind on a six year program. It's mentally satisfying and mentally draining simultaneously, and I'm not sure if you can ever be truly prepared for the experience. With that being said, there are a few things I would recommend to anyone interested in OMFS or preparing to start residency now that I have one year of it in the books.

- 1 Extern at as many different types of programs as possible. For a lengthy residency, it's important to find a good fit. Visiting various programs including ones associated and not associated with dental schools will give you an idea of how the program functions and its culture. Externships can be expensive, but treat it as an investment that will help make the next four or six years a good experience.
- 2 Start truly mastering head and neck anatomy now. Begin looking at CT scans too. Anatomy is the foundation for pretty much everything from extractions and mandible fractures to infections and orthognathic cases, and you'll have a leg up by getting a better feel for it beforehand. [HeadNeckBrainSpine](#) is a great free website that will highlight different anatomy when you hover over it with your cursor.

- 3 Medscape, UpToDate, and AO Surgery Reference are fantastic resources for not only oral surgeons but general dentists and other specialists as well. Medscape and UpToDate can assist with everything from medication dosages and recent articles/studies in various medical areas to surgical indications, technique, and complications across all medical specialties. As dental schools increasingly emphasize the mouth's relationship to the rest of the body and vice versa, these can be fantastic resources to call upon in your daily practice. AO Surgery Reference outlines all major surgical approaches for OMFS in a straightforward manner with excellent diagrams as well.

- 4 Realize that there are so many things that you don't know you don't know. This simple concept applies to all aspects of dentistry and beyond. It emphasizes that there are always more aspects of our profession to learn about and that continuing education is imperative throughout your career, whether that's through residency or CE courses.

- 5 This last one is probably the toughest for me but perhaps the most important to surviving residency. Much of the on-goings of residency are and will be out of my control. The sooner a resident can embrace this, the more productive and happier he or she will be. For type A personalities, this can be difficult to handle. Residency, however, is temporary, and greater control over day to day activities will soon be achieved once residency is complete.

Being aware of these points prior to residency would have made my transition a little easier, so I'll pay it forward to all of you.



# WHO DOESN'T LOVE FREE CE!?

By Erinne Kennedy



1

Nothing is free. This is a piece of advice my dad bellowed when I was a child in attempt to teach me the "value of a dollar." Well Dad, something is free- CE!



2

During your residency year you are half new dentist and half student. This is great because you have the benefit of autonomy but you also still have the benefits of free education as a student. Here is how I have earned FREE CE as a dental resident at the VA Baltimore Maryland.



3

## Contact your local ADA Organization

The local chapter of the MSDA offered our residents free registration for the annual meeting in Ocean City! It's easy to get a group together and split a hotel room, to keep the costs down.



4

Find your local organized dentistry group and contact their administrator. I simply asked: "What benefits do you offer for local residents?" You will be surprised they might offer, sometimes you will have free registration to monthly dinners or annual meetings.



5

## ADA Annual Session:

If you register as an ADA member and resident you will have free registration to the ADA Annual Session! When you register for courses some have a tuition costs but many are free! I registered for ADA Annual this year completely free and learned so much about geriatric pharmacology which really helps at the VA.



6

## American Dental Association (ADA) Meeting date varies each year



7

## Companies

I host Lunch and Learn events every Tuesday evening with the Baltimore VA, Perrypoint VA, and Hopkins residents in Baltimore. It's convenient to meet at a local restaurant and learn about different products and systems. We have heard from Straumann, Zimmer Biomet, Phillips, Garrison, Treilor and Heisel, and many more. If you have questions or are interested in how I write my emails or who to contact just let me know!



8

## VA Reimbursement

As an employee of the VA you can register for VA Sponsored events OR VA Non Sponsored CE events. It's a lengthy process, but you can get reimbursement up to \$1000 for CE. They have a great deal with the Panky Institute so that you can attend their week long course for a reduced cost and use your reimbursement. It's something to think about if you are going to a VA residency next year!



9

## Best of LUCK! Keep dreaming and keep reaching!

# WELCOME, NEW RESIDENTS!

Today, the last day of June, serves as a wonderful close to residency for many individuals across the country. Congratulations to everyone who has reached this great moment! Celebrate your success, persistence, and ability to overcome adversity. Leave behind any unpleasant memories and recognize that those were times where you developed resilience that will serve you well throughout your career.

Today also marks the day before many will embark on a new adventure in various residencies from one year GPR programs to four or six year OMFS programs. Many have already gone through several days of orientation and are starting to ease into a new schedule with new responsibilities. It's exciting for this day to finally be here but a little terrifying as well. No matter how much textbook reading you have done or how much research you have done about the program, no one ever quite knows what they're getting themselves into. Now that I'll be experiencing my third "July 1st," here are a few things that I've learned from my residency experience so far:

- 1** Residency will push you every single day to be a better doctor in your field. You will feel mentally exhausted and will frequently wonder if you're actually improving or learning what you're "supposed" to be learning. It can be difficult to measure progress on a daily basis. Instead, back up and evaluate a month or two at a time. You'll be amazed by how much knowledge you've amassed little by little and how your technical skills have made huge strides. This also gives you the opportunity to personally check out where you'd like to see more improvement and perhaps prioritize your efforts.
- 2** Reading doesn't end. Often there is no assigned reading, which means that a) you have to seek out textbooks and articles that will be useful to you and b) your reading list really is open to anything related to your field. Attendings and co-residents offer only so much, so it's up to you to be proactive and supplement your clinical experience with literature.
- 3** You don't know what you don't know. This can be tough to tackle, because you often won't know about your deficiencies until a new topic comes up in conversation or in your reading. It's tough to be prepared about topics that you didn't have enough background knowledge on to even get you started on researching that topic to begin with. This is frustrating, but the farther you move into residency, the less frequently this will happen. Instead, you'll simply know what you don't know! At least that is a problem that can be tackled!
- 4** Residency is about academic and career development, but it's also about personal development. Residency often brings with it a new location, home, clinic and hospital, friends, and life style. It can take time to adjust, but you'll have a new wealth of experiences to bring to both your personal and professional life. Residency and your new environment can also give you an idea about what you want and do not want to incorporate into a long term practice or life style. Perhaps most importantly, the friends you make will likely be some of your closest as you bond over the challenges of residency. Best of luck to all you residents beginning July 1st!

# GPR RESIDENCY A DAY IN THE LIFE!

By James Wanamaker

Are you not sure if you want to do a residency after graduation? Do you want to know what a day in the life of a General Practice Resident is like? Here is a sample day of my experience at a Level 1 Trauma Hospital and VA Hospital program.



Time to get up and start a new day. Inevitably, there were days when I wish I could sleep in but I reminded myself how important my residency year was to prepare me for private practice. My program was a combined VA Hospital with a State Funded Level 1 Trauma Hospital. We generally alternated weeks at both locations. After getting ready, I would head to one of the two sites. If I was at the VA, I would be treating veterans in their outpatient clinic. When I was at the Level 1 Trauma Hospital I would treat patient of all ages in our hospital based clinic.



Once or twice a week we started the day early to alternate between lectures and treatment planning sessions. Our lectures included a variety of clinical and practice management topics. When searching for my ideal residency, I sought out programs that included lectures on both clinical theory and practice management that would augment, rather than replicate my dental school education. To me, it was also important to evaluate the proportions of time spent in didactic lecture versus direct patient care. For our treatment planning sessions, my co-residents and I took turns discussing complex cases to gain the insight of our attendings. I found our treatment planning discussions to be one of the most valuable components of my residency experience.



I always did a mini morning huddle with my dental assistants for the day. I found preparing for the day by going over my tentative schedule, potential challenging cases, and required dental materials always improved the patient experience while minimizing my stress. Acknowledging my limited experience with four-handed dentistry, I sought a program that provided one to two assistants for each resident. This also allowed me to work out of multiple rooms.



I typically saw one patient every 30-60 minutes on average for routine restorative procedures, and extractions. Our front desk team would fit in in follow up appointments and emergency visits in a second room as needed. Before starting each appointment, I would present my treatment plan, initial findings, along with any relevant medical history and imaging to my attending. One of the best aspects of a residency program is expanding your comfort zone while having a safety net of faculty to assist or provide input in challenging cases. Take advantage of having on-sight mentors to guide you through your year.



Similar to a private practice, we had assigned hygienists we worked with to provide periodic exams for patients during their recall visits. This experience was valuable in my transition into a private group practice where time management skills are essential.



During this time, I would likely see another 2-3 patients of my own plus 3-5 hygiene exams. If I was at the VA, I might be assigned to work with the oral surgery attending and placing implants or with the prosthodontist to restore implants.



Most days I would eat lunch in my office while catching up on charts for the morning. I would also use this time to complete any medical referrals. Sometimes, we would have a consult in the main hospital or emergency room that we would complete during this time. The consults in the hospital included Ludwig's Angina, mandible fractures in conjunction with the ENT residents, and patients with facial cellulitis of odontogenic nature. As my city did not have an oral surgery residency, this gave me the opportunity to learn from cases that I likely would not have seen had I gone to a larger city with more dental specialty programs.



I would typically see another 3-5 patients during this time period. A few times a week, we would have specialists come in the afternoon to oversee more complicated cases in endodontics, oral surgery, periodontics, and pediatric dentistry.



At the end of every day, I would finish up my notes and review my cases for the next day. I found reviewing the night before helped me anticipate potential scheduling challenges and I was more prepared for the next day.



Finally home. With five other residents, we alternated being on call for both hospitals. As we were at a level 1 trauma center, if I was on call, I inevitably would go in at least once a night after hours for emergencies.



My first page of the night always seemed to happen right when I was crawling into bed. Our afterhours treatments included extractions of highly mobile teeth we deemed aspiration risks, splinting for avulsions, incision and drainage, or consults for other dental trauma. The emergency room physicians tended to manage patients with dental pain and would refer them to us in the morning.

While my days tended to be long, the experience was worth it when I got to private practice. I found that seeing medically complex patients with unique dental needs paid dividends. I highly recommend a GPR or AEGD to all dental students who plan to go into private practice. Like other aspects of your dental education you will get out what you put into it. Take advantage of the year to learn as much as you can.



# AEGD RESIDENCY A DAY IN THE LIFE!

By Paula Cohen



5:45am

My alarm blares on my phone and if its particularly cold outside, I'm tempted to hit snooze and cuddle with my kitten. But inevitably I convince myself to crawl out of bed and throw on my workout gear. Since my program is affiliated with a school, I get the perk of having free membership to an awesome gym, so I've definitely been taking advantage of it. I grab a banana or yogurt and my gym bag packed with my scrubs and other essentials so I can head straight to work after.



7:00am

I usually roll in between 7 and 7:30 so I can look at my schedule, enjoy a cup of coffee, and maybe sneak in some quick lab work. Occasionally we'll have an early class before clinic, but usually we have a dedicated didactic block on Monday mornings for literature review and presentations so that clinic can run from 8am-5pm every other day.



8:00am

Time for my first patient! One of the biggest differences between my AEGD and my experience in dental school is having assistants. For everything from complex surgeries and sedation to the run-of-the-mill drill and fill - I have someone who sets up, breaks down and helps me provide the best dental care I can. No more feeling like you need to grow three extra arms!



9:15am

Depending on what's on my schedule I may still be with my first patient, or I may already be seating my third or fourth. I love having complete control over my schedule and seeing my gradual improvement in speed as the year goes on. And it doesn't take me three hours to do a filling anymore!



11:30am

Usually I squeeze in my one week check-ups for my implant cases, periodontal surgeries and complicated extractions about 30 minutes before lunch or the end of the day. It's a nice way to wind down from the clinic session, and it frees me up to do longer treatments without having to step out for a post-op check.



12:00pm

Ah lunch, time to sit and enjoy my meal.... Oh wait. This is usually the time that I crank out most of my lab and admin work. I catch up on notes, order implants and mount that framework I've been staring at woefully for a few days. I definitely try to sit down at my desk for at least 15 minutes, but it's rare that I get a full hour to relax over lunch.





And we're back at it! Once a week I'm actually covering clinic with the dental students upstairs for the afternoon. It's a welcome break from the craziness of clinic, and I really enjoy teaching. This is optional for my program, but a lot of residencies affiliated with a dental school will have teaching opportunities.



If I am in clinic, it's probably time to pop over to hygiene for a quick periodic exam. Our hygienists will take xrays and probe if they're due, which saves me a lot of time. If I find anything that needs to be done, they get scheduled back over on our side for treatment. It almost feels like private practice!



End of the clinic session rolls around and its now that I'm most grateful for our faculty. This is usually when our specialists hang around for an hour or so to help us treatment plan complicated cases. They know the demands of our residency and know that it would be impossible for us to have the time to talk with them during the normal 8-5 timeframe. And they willingly stick around, day after day, to give us the support to grow and learn as much as we can in a year.



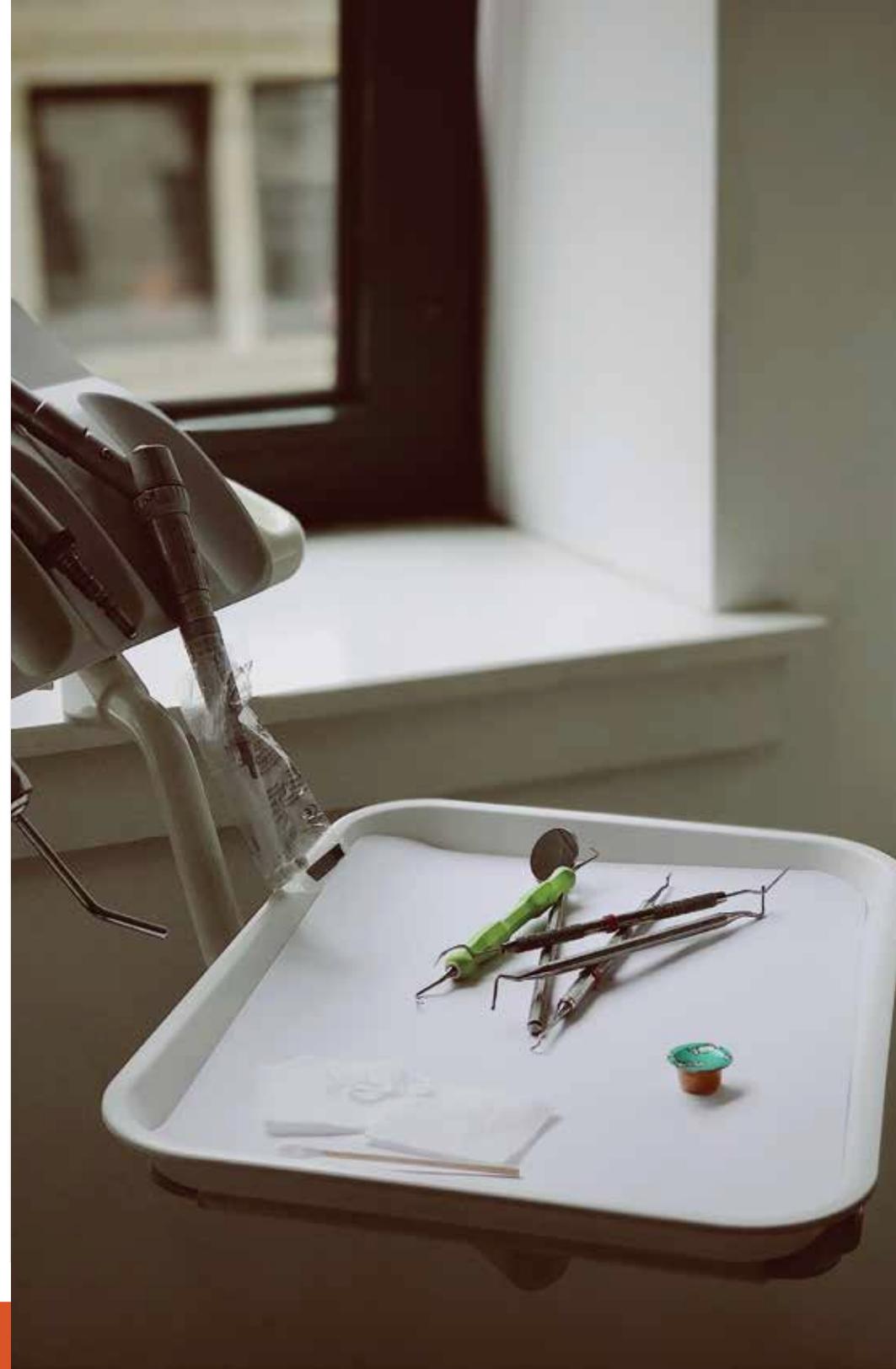
I try to be home between 6 and 7 so I can cook, cuddle with my cat and finish up any literature we have for didactics. We also occasionally give presentations to the other residents, or to the dental students, so this time is really valuable in working on my to-do list.



Sometimes I'm really lucky and I have a totally free night so I've started to get back into some of my hobbies I had to put aside during dental school. I'll go swing dancing, attend my bible study or join my friends and co-residents for dinner and drinks downtown. It's all about balance!



I've got an early day tomorrow, so I usually tuck myself in around now. Thanks for joining me for a day in my life!



# GPR RESIDENCY A DAY IN THE LIFE!

By Erinne Kennedy



5:15am

My iPhone alarm sings (or blares?) in my ear. During residency I was so dedicated, I would jump out of bed on the first ring of my alarm to workout. I must still be tired from residency, because now I can snooze a handful of times before I crawl out of bed, and inch myself to a cup of coffee! Can I admit that sometimes during residency I would sleep in my workout outfit for the next morning?! I did, and it set me up for workout success. I would hop up, start my 5:30 am workout every morning in my living room, and earn my shower.



6:30am

My amazing roommate would make my breakfast, coffee, fruit and eggs while I was working out. I would freshen up, and we would both grab our lunches that I packed the night before and head to clinic!



7:15am

We both walked to residency which was a huge blessing in the city. We didn't really have to factor in a commute into our morning routine, except a small 10-15 minute walk. I would review my schedule, drink my coffee, and check my lab cases for the day! To be honest, we had quite a few scheduling issues while I was in residency. I tried to fix it the best I could, but the system was so antiquated that it was nearly impossible. The most frustrating part of my day was going in the morning, and realizing that someone had double or triple booked tough procedures, which was a common occurrence. Being their early, and preparing for the day was a savior for me!



8:00am

Time for class! We had a didactic lecture every day from 8-9 am. Although it was early, I think it was really helpful to have lecture spread out over the course for 5 days. That way the dissemination of information wasn't like drinking water from a fire hose.



9:00am

Time for my first patient! One of the struggles during my residency was that I was doing most of my scheduling, and beyond that we didn't have a 1:1 ration of dentists : assistants. Many times, I would have an assistant for complex surgeries but lacked one for run-of-the-mill drill and fill dentistry. Although it was a trial during residency, I learned so much about how to train my staff now. It has been a few years, but I see the silver lining in my experience.



9:15am

Most likely I am on to my second or third patient depending on the procedure. Unlike a lot of people, I grabbed my faculty all the time! I had them check class II preps, crown preps, help me with major surgeries. Some people don't want to grab a faculty unless they are facing challenge or a new procedure, but remember you are trying to get 100,000 dollars in education from this experience (see my blogs about getting the most out of your GPR). Every ounce of feedback is worth the extra time. You are here to improve and to learn!





Lecture and Lunch. They say you get lunch in residency, but that is not always true. (HAHA) I generally ate lunch when I was on the run between patients or inhaled something in 5-10 minutes. One of my recommendations is to make sure that you have the opportunity to eat a good lunch. Don't let your nutrition go downhill while you are trying to learn. In fact, this is when your brain needs maximal fuel! Make time for yourself, this includes eating well. One of my tricks was to pack my lunch so that I didn't have to waste time going elsewhere. Some programs will provide lunch or have a surgeon's lounge.... this is amazing and totally worth it! We also had lecture during lunch 5 days a week. This is rough. I think your brain needs like a 20-minute break in the middle of the day. You want a residency that has dedicated didactic time that isn't in the middle of your lunch. I can't tell you how many lectures I missed because patients ran over, or I was on call and had to run to see a patient!



We are back at it! I tried to have my implant and other major surgeries be the first appointment in the morning or after lunch. I think this was when I was not "on time" if this can happen in residency and alert. Tip: Give yourself more time that you need when you first start doing new procedures. You never know what might go wrong, and when you will need extra time. If I was on call, then my afternoons from 1 -5 pm were all emergency based. You could see 3 patients, or 30. We took call in pairs, and so you had to stay until every patient was completed.



DONE! As my grandmother jokes we are "D - U - N, DONE!" I don't know why we always said this growing up, but it sums up exactly what you feel at the end of a long day. Although appointments are supposed to be completed by 5 pm, many times you had to stay after for lab work, notes, and prepping for the next day. Most of the time I tried to be finished by 6:30 pm. However, about 3 days a week I worked from 6-9 pm in the evenings personal training. PSA: Do not have a part time job during residency.... I was exhausted!



Dinner time! I made dinner almost every night, unless I was working during residency for my roommate and me. We took leftover for lunch the next day, and I was pretty good about taking care of all this. After I finished cooking and packing we would do the dishes. Seriously we had a system! To be honest, residency was so busy we didn't make it home till about 8 pm every night. We had to work as a team to have enough time during the day.



Shower, and relaxation time. Sometimes I had to read articles, or books. We had 3 didactic exams during my residency, so I was generally studying or preparing for a lecture to give to dental students! Also, every night I spent time meditating, reading my bible, and keeping a journal. These habits were some of the best things that birthed from my residency. I still do them all to this day!



I was in bed by about 9:30 - 10 pm every night. Sleep is so important, and it is one of the major habits of success. Think about it, every day you are learning 10 + new ideas concepts, or procedures in dentistry. Your brain needs time to digest, store, and recover. I learned quickly that the weeks you are on call you may get less sleep. So sleep while you can!

**Side Note:** Once a week I scheduled a lunch and learn with a company for my residency group. We either had it during lunch or it was scheduled in the evenings. We constantly had free meals (even more of a blessing!). Also, we tried once - twice a month to get together for an activity or happy hour as a group. I think this was an amazing experience that facilitated better teamwork and bonding!

# THANK YOU

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