

Dr. Thomas Steeves – Going through residency program

Dr. Steeves: So, my name is Dr. Thomas Steeves. I'm currently in full-time private practice in Halifax, Nova Scotia doing general dentistry four days per week and I'm teaching one day per week at that Dalhousie's faculty of dentistry. I graduated with my DDS from Dalhousie University in 2017 and then completed a one-year general practice residency program at the same university from 2017 to 2018.

Dr. Steeves: So, I was first attracted to a residency program based pretty much on all of the good things that I had heard from colleagues from the faculty, from what I read online. The main thing that attracted me was the idea of getting better at the skills that I had learned already in dental school, but also learning things that were not taught at the undergraduate level. Residency is also very beneficial for anyone who's applying to a specialty program, which at the time that I was applying to the residency was something that I was very much considering. It was also something, the residency was also something that I thought would be a good stepping stone, not only to specialty programs but also to private practice to ease the transition from dental school.

Dr. Steeves: So typical day in a residency program would differ for sure depending on the program. Some programs are mostly hospital-based where some have more of a private practice feel to them. Where in a private practice field you're spending most of your time at a dental clinic either in an academic institution or somewhere else performing general dentistry. In the more hospital-based scenarios, there are many hospital duties that can be associated with the residency program that go beyond just learning and practicing general dentistry and that can include early morning hospital rounds to check on inpatients, more after hours on call responsibilities and much more. In the practice-based scenarios you work more in a typical private practice setting where your patients have appointments booked, you perform general dentistry and your schedule follows more of a typical 9 to 5 approach. That's Dalhousie's program where I did my residency a day in practice involves seeing an average of six to eight patients while often at the same time supervising some undergraduate dental students during their emergency clinic rotations. Throughout the day you're going to be discussing cases with specialists and colleagues and really a lot goes on within a day beyond just seeing your regular patients. Some days you're not seeing patients at all and you're more so doing a continuing education program where you're learning stuff they you haven't learned before, such as nitrous oxide sedation.

Dr. Steeves: And then you can utilize those skills when you have your patients book back in on a different day. Patient treatment varies every day from basic examinations, restorations and treatment planning to really as complex, you know, as you can get, including oral surgery. In our program we have several hospital rotations where typical day really depends on which rotation that you're doing. Some of

our hospital rotations included oral surgery, anesthesia, ENT, plastic surgery, um, hospital days. Just by the nature of the hospital, they tend to start earlier and last longer. Um, and just to quote, you know, Dal has this program is roughly 30 to 40% hospital, uh, and 60 to 70% private practice based

Dr. Steeves:

So, my favorite part about my residency program is really the independence that I was allowed in patient treatment, but I always had access to help if I needed it. So this really made things efficient from performing basic treatment appointments where you don't need all those checks that you did in dental school, but at the same time you can really book anything you want in your schedule because there's always a specialist or a higher up dentist there to help you if you get into a tight situation. Because of this, I tried and learned so many things in residency that I really wouldn't have tried in private practice because there's the fear of getting into a situation that you can't get yourself out of and associates associated financial losses, practice production losses, you know, hurting your reputation and so much more. So, because of the residency, I'm really comfortable doing a wide variety of procedures in private practice now that really make my days very interesting.

Dr. Steeves:

So, a few points of advice that I could give a young colleague thinking of doing a residency. I have about four points that come to mind. The first one is really I cannot recommend enough to do one regardless of which path you're choosing, whether it be specializing, private practice. What shocked me after doing my residency program was other than just giving you the additional training, it really does open so many doors for you, for opportunities above what your classmates who did not do a residence will have. Your resumé will certainly be at the top of the pile when you're applying for jobs and that is a really big, that is a very important thing that you'll appreciate when you get out there. The second point of advice is really do your research about your different programs, both Canadian programs and the U.S. programs if you're considering going international. And do that before you apply and decide where you want to go because there is a lot of variety among the programs and it's true that no two programs are the same. If you're not at all interested in hospitals, you certainly don't want a program that has a heavy hospital component and there are some programs that are 100% hospital-base and that might not be for you. The third point of advice that have is do not worry about the financial losses of doing a residency compared to doing the same year in private practice. To be completely honest, of course you'll get paid far less for a residency in that one year than what you would make in a private practice, but you will very quickly realize your return on investment once you start private practice after that as you'd be much more efficient with procedures.

Dr. Steeves:

So, doing more in less time and also having less procedures fail that you have to redo at no cost. You'll also be able to do a lot more complex treatments that many other dentists would be referring out to a specialist. And one example

that comes to mind would be doing molar endos, for example. Final piece of advice that I have is while financial implications and learning new skills are important, the most important thing that you'll have from doing a residency in your future career is having peace of mind, less stress and far less restless nights because your confidence in your skills, diagnosis and your treatment of your patients will be so much better from just doing a one year residency program.