## **Choosing Our Future Leaders**

It is that time of year again when dental students and recent graduates are making the decision to apply for specialty programs. Faculty members provide advice about personal essays, complete evaluation forms, and share the "dos and don'ts" of the interview process.

From the pediatric dentistry perspective, times are good. We have more qualified applicants than positions. As a result, new residency programs and additional slots to existing programs have been added. Even with this expansion, many worthy applicants do not match with a program.

Dr. Paul S. Casamassimo, in his editorial last year, provided interesting statistics about how our profession will change over the next two decades.<sup>1</sup> These changes include the retirement of many of our colleagues and leaders in education and practice, an increase in the number of women, and a decrease in the number of solo practitioners. If we believe these predictions, we should prepare now for the imminent changes.

This brings me to the primary questions: How can we be sure when interviewing candidates for pediatric dentistry residency positions that we select individuals who will meet the future needs of our profession? What does a leader look like before they have led? How can we tell which applicants will actually live in underserved areas and/or take care of the children with the greatest needs? How do we identify individuals that truly want to make a career in dental academics? Who are the team players, and who are the troublemakers? Is there a way to increase the chances of quality residents being chosen?

I have listened to the frustrations of many graduate program directors who must sort through 100 or more applications from students with commendable board scores, who are in the top 25% of their class, have glowing letters of recommendation from all their faculty, and one from the dean of their school certifying they can also walk on water. When residency programs only interview 20 applicants (or less), it is inevitable that some very qualified individuals will be missed.

It is also clear that each program has very different criteria for who it selects. Some prefer candidates with prior clinical experience; others prefer new graduates who are 'moldable;' yet others look for a clearly stated interest in public health or experience in organized dentistry.

As an academician, I am interested in identifying people who seek academic careers. However, I also recognize the need for pediatric dentists to work in private practices, public health clinics, Indian Health Service, and the military services. How can we ensure our profession produces new leaders, educators, and compassionate clinicians to keep pediatric dentistry vital and growing? What are the questions we should be asking of the enthusiastic, bright-eyed candidates for our residency positions?

Perhaps it is time we move away from status quo questions of the past and ask the following of our future candidates:

- Did you have a job during undergraduate training or during the summer?
- Were you active in ASDA, AADR, or ADEA during dental school?
- Did you receive additional experience in pediatric dentistry beyond the traditional curriculum?
- If you are not a new graduate, what kinds of experiences have you had since graduation?
- Who do you consider your role model, and what do you admire about that person?
- Is dental care a right or a privilege?
- What do you suggest as a solution to provide dental care for children who are poor and uninsured?

Would I consider someone who was not in the top 25% of their class? Absolutely. I am not aware of any study demonstrating that students with the best grades have the most talent or compassion or are the best leaders.

For everyone involved in selecting the pediatric dentists of the future, I encourage you to think beyond the 2 or 3 years that residents will be in your program. Imagine them as the people who will treat your grandchildren, teach future dentists, and play vital roles in organized dentistry. If you cannot imagine them in any of those roles, think again.

## REFERENCES

1. Casamassimo, PS. Silver restoration: Bringing back our graying dentists. J Dent Child 2004;71:99.

Rebecca L. Aloylon

Rebecca L. Slayton, DDS, PhD Editor