FACTORS INFLUENCING SELECTION OF A PEDIATRIC DENTISTRY RESIDENCY: THE APPLICANTS' PERSPECTIVE

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ABSTRACT

Purpose: To identify factors influencing pediatric dentistry residents' decisions in selecting a residency program.

Methods: A 24-question survey was distributed via SurveyMonkey to 788 pediatric dentistry residents enrolled in U.S. programs in 2025. The survey assessed various program characteristics, clinical and non-clinical factors, facility and staff attributes, and the interview process.

Results: The response rate was 26% (N=206), with 186 respondents completing the survey entirely. Of the respondents, 78% were female, 22% male, and the average age was 30 years old. First and second-year residents were equally represented. The majority (54%) began residency immediately after dental school, while 18% completed GPR/AEGD. On average, respondents applied to 11 programs, with 83% accepted through the Match and 54% attending their first choice. The most valued characteristics were salary/stipend, low/no tuition, a high faculty-to-resident ratio, and a positive work environment. The least valued characteristics included extensive research and on-call requirement, obtaining an advanced degree (MS/PhD), and moonlighting opportunities. Majority (81%) were "satisfied/very satisfied" with their current program, particularly if it was their first or second choice. Residents were likely to attend a program within the same AAPD district as their dental school. The amount of educational debt did not influence the type/number of programs applied to, with an average of $2,500 spent on applications.

Conclusion: Residents prioritize programs with a positive work environment and financial benefits, while research opportunities and advanced degrees are less desired. These findings can guide program directors in shaping residency offerings to better align with residents' preferences.

INTRODUCTION

Pediatric Dentistry has been an American Dental Association's recognized specialty since 1940 and has grown significantly due to expanded healthcare policies. [1-3] This expansion is reflected in the increase of the Commission on Dental Accreditation's approved residency programs, from 49 in 1970 to 90 in 2026.[4-6] These programs offer rigorous training and prepare candidates for board certification through a minimum of 24 months of full-time education, with some also offering master's degrees.[1] Most of these programs (82/90) participate in the National Matching Services, Inc. for Postdoctoral Dental Matching Program which pairs applicants with programs based on mutual preference using a structured algorithm to reduce competition and stress.[6-10]

A previous study in 2007 by da Fonseca et al., showed that pediatric dentistry applicants prioritized various factors when ranking residency programs, including clinical experience, program reputation, salary, and resident morale. Similarly, research based on other dental and medical specialties shows that residents value factors such as reputation, clinical exposure, faculty relationships, and positive work environments.[13-16]

Since 2007, there has been a generational shift from Gen X/Millennial to Gen Z as well as a large increase in female gender among pediatric dentistry residents and in dental schools. This change in dental school enrollment directly effects the demographics of the applicant pool to pediatric dentistry residency programs. Application trends in pediatric dentistry also show that the average number of applicants have remained relatively stable from 676 in 2017 to 693 in 2025, while the number of positions has increased from 408 to 480.[20] Therefore, understanding what applicants value in a residency program can help directors enhance recruitment strategies and improve training environments.

In order to create a successful residency program, it is important to have well matched residency program directors, faculty and residents.[22,23] This study sought to identify preferences and trends to inform the development of applicant-centered pediatric dentistry residency programs, aimed at producing pediatric dentists who prioritize patient care, education, and a healthy work-life balance, reflecting the current priorities of residents.

MATERIALS AND METHODS

A survey consisting of 24 questions was sent via SurveyMonkey to 788 pediatric dentistry residents. The survey instrument contained questions on demographics and Likert scale questions in five different categories: 1) Program characteristics, 2) Facility and staff, 3) Clinical factors, 4) Non-clinical factors, and 5) Interview process, to determine factors influencing applicants' selection of a pediatric dentistry residency program.

All questions comparing different program factors required respondents to rate each factor on a Five-point Likert scale from "not important" to "very important", or "strongly disagree" to "strongly agree". Each category was given a value from 1-5 with "very important" or "strongly agree" having the highest value. Reponses were compared using the mean out of five. Questions pertaining to the current resident's program enrolled in were also asked in a true/ false format. Periodic recurrent email reminders were sent and the data was collected over a 10-week period. All responses were anonymous, and the results were gathered in a cumulative manner solely for research purposes.

This study was approved by the Albert Einstein College of Medicine Institutional Review Board Protocol #2025-16653.

Table 1. Program Characteristics Influencing Selection of a Pediatric Dentistry Residency

Please select to what extent you agree with the following statement: "I wanted a program..." Total N=202	Strongly Disagree % (N)	Disagree % (N)	Neutral % (N)	Agree % (N)	Strongly Agree % (N)	Weighted Average
with a Salary/ stipend	1.0% (2)	0.00% (0)	4.5% (9)	14.4% (29)	80.2% (162)	4.73
with low/ no tuition	2.0% (4)	1.5% (3)	8.9% (18)	19.8% (40)	67.8% (137)	4.50
that was shorter in length (2 yrs vs. 3 yrs)	2.0% (4)	1.0% (2)	11.4% (23)	23.3% (47)	62.4% (126)	4.43
with a strong reputation	1.0% (2)	1.0% (2)	14.4% (29)	40.6% (82)	43.1% (87)	4.24
that was hospital based	2.0% (4)	8.9% (18)	27.7% (56)	28.7% (58)	32.7% (66)	3.81
that was a combined hospital/ university based	2.5% (5)	4.0% (8)	32.7% (66)	31.7% (64)	29.1% (59)	3.81
with limited amount of didactic lectures before/ after clinic	3.5% (7)	20.3% (41)	43.1% (87)	26.2% (53)	6.9% (14)	3.13
Small class size (4 or less residents/class)	12.4% (25)	16.3% (33)	45.5% (92)	13.4% (27)	12.4% (25)	2.97
that prepared me for an academic career post-residency	14.4% (29)	19.8% (40)	33.7% (68)	21.8% (44)	10.4% (21)	2.94
that was university based	17.3% (35)	23.3% (47)	41.1% (83)	14.9% (30)	3.5% (7)	2.64
that allowed me to obtain a Master's/ PhD	28.2% (57)	33.2% (67)	24.3% (49)	10.9% (22)	3.5% (7)	2.28
with an extensive research requirement	37.6% (76)	37.6% (76)	20.8% (42)	3.5% (7)	0.5% (1)	1.92

Table 2. Clinical Factors Influencing Selection of a Pediatric Dentistry Residency

Please select to what extent you agree with the following statement: "I wanted a program..." Total N=189	Strongly Disagree % (N)	Disagree % (N)	Neutral % (N)	Agree % (N)	Strongly Agree % (N)	Weighted Average
that exposes me to a vast variety of techniques and procedures	0.0% (0)	2.1% (4)	10.1% (19)	47.1% (89)	40.7% (77)	4.26
with a diverse patient population	0.0% (0)	1.6% (3)	17.5% (33)	38.1% (72)	42.9% (81)	4.22
where a majority of my time to be spent in the clinic	0.0% (0)	1.1% (2)	16.4% (31)	50.8% (96)	31.8% (60)	4.13
with high exposure of patients with special health care needs	1.1% (2)	1.6% (3)	18.5% (35)	47.1% (89)	31.8% (60)	4.07
that sees a high volume of patients (>6/day)	1.1% (2)	3.7% (7)	25.9% (49)	40.2% (76)	29.1% (55)	3.93
with vast oral sedation experiences	1.1% (2)	3.7% (7)	29.1% (55)	36.5% (69)	29.6% (56)	3.90
with community service/ outreach	1.6% (3)	5.3% (10)	22.8% (43)	43.9% (83)	26.5% (50)	3.88
with IV sedation opportunities	2.7% (5)	11.6% (22)	33.3% (63)	31.8% (60)	20.6% (39)	3.56
with an opportunity to teach	4.2% (8)	12.2% (23)	33.3% (63)	32.3% (61)	18.0% (34)	3.48
with orthodontic experience including comprehensive orthodontics	3.8% (6)	13.2% (25)	31.2% (59)	38.6% (73)	13.8% (26)	3.47
with limited amount of exposure to adult population for dental care	5.3% (10)	11.6% (22)	36.0% (68)	32.8% (62)	14.3% (27)	3.39
with exposure to trauma calls (i.e. head and neck lacerations, facial fractures etc.)	12.2% (23)	20.1% (38)	21.7% (41)	29.6% (56)	16.40-% (31)	3.18
with limited type of procedures completed on call (no radiographs, extractions, fillings, etc.)	9.5% (18)	12.7% (24)	47.6% (90)	20.6% (39)	9.52-% (18)	3.08
with high frequency of call (6 days or more per month)	24.9% (47)	28.6% (54)	27.5% (52)	13.8% (26)	5.30% (10)	2.46

Table 3. Facility and Staff Factors Influencing Selection of a Pediatric Dentistry Residency

Please select how important each factor related to the program facility and staff affected your program selection. Total N=202	Not Important % (N)	Of Little Importance % (N)	Neutral % (N)	Important % (N)	Very Important % (N)	Weighted Average
High ratio of faculty to residents	0.5% (1)	1.5% (3)	19.8% (40)	55.5% (112)	22.8% (46)	3.99
High ratio of dental assistants to residents	1.0% (2)	2.5% (5)	24.8% (50)	51.5% (104)	20.3% (41)	3.88
Modern facilities	1.0% (2)	3.5% (7)	26.7% (54)	53.0% (107)	15.8% (32)	3.79
More hands on from faculty	2.0% (4)	6.9% (14)	26.7% (54)	39.1% (79)	25.3% (51)	3.79

Table 4. Non-Clinical Factors Influencing Selection of a Pediatric Dentistry Residency

Please select how important each non-clinical factor affected your program selection. Total N=199	Not Important % (N)	Of Little Importance % (N)	Neutral % (N)	Important % (N)	Very Important % (N)	Weighted Average
Positive work environment	0.0% (0)	0.0% (0)	5.0% (10)	28.6% (57)	66.3% (132)	4.61
Healthy work/ life balance	0.0% (0)	1.5% (3)	10.1% (20)	31.7% (63)	56.8% (113)	4.44
Location/city	1.5% (3)	4.5% (9)	11.6% (23)	37.7% (75)	44.7% (89)	4.20
Commute/ neighborhood	1.0% (2)	2.5% (5)	21.1% (42)	49.3% (98)	26.1% (52)	3.97
Mentor influence/ advice	3.0% (6)	5.0% (10)	23.1% (46)	38.2% (76)	30.7% (61)	3.88
Family/ partner influence	5.5% (11)	8.0% (16)	20.1% (40)	28.1% (56)	38.2% (76)	3.85
Cost of living/ availability of housing	1.5% (3)	8.0% (16)	30.7% (61)	36.2% (72)	23.6% (47)	3.72
Past residents' performance in pediatric board exam	8.0% (16)	9.1% (18)	25.6% (51)	36.2% (72)	21.1% (42)	3.53
Peer influence	3.5% (7)	12.6% (25)	30.7% (61)	37.2% (74)	16.1% (32)	3.50
Vacation time	4.0% (8)	10.6% (21)	34.2% (68)	33.7% (67)	17.6% (35)	3.50
Opportunity to moonlight	29.1% (58)	17.1% (34)	31.7% (63)	14.1% (28)	8.0% (16)	2.55

Table 5. Interview Factors Influencing Selection of a Pediatric Dentistry Residency

Please select how important each factor related to the interview process affected your program selection. Total N=187	Not Important % (N)	Of Little Importance % (N)	Neutral % (N)	Important % (N)	Very Important % (N)	Weighted Average
Interactions with current residents during interview	0.5% (1)	0.5% (1)	2.7% (5)	31.6% (59)	64.7% (121)	4.59
Perception of current residents' satisfaction with the program	0.5% (1)	0.0% (0)	2.7% (5)	33.7% (63)	63.1% (118)	4.59
Hospitality during interview	1.1% (2)	0.5% (1)	67.0% (13)	42.8% (80)	48.7% (91)	4.37
Interaction with program director during interview	1.1% (2)	0.5% (1)	6.4% (12)	44.9% (84)	47.1% (88)	4.36
Interactions with faculty during interview	0.5% (1)	0.5% (1)	4.8% (9)	50.3% (94)	43.9% (82)	4.36
Experience at pre/post interview social	1.6% (3)	3.7% (7)	12.3% (23)	50.8% (95)	31.6% (59)	4.07

RESULTS

- Response rate was 26% (N=206/788); 186 completed the survey. First and second year residents were equally represented. Females represented 78%.
- Most enrolled via the Match (83%), 11% post-Match, and 6% non-Match. Mean time between dental school and pediatric dentistry residency was 1.4 years; 54% entered residency immediately following dental school.
- Applicants applied to a mean of 11 programs (max >31) and received an average of 6.4 interviews. Mean interview cost was $2,500 (vs. $201–$400 in 2007). Dental school debt did not affect number of applications submitted. Spending >$5000 did not improve match, with only 9% of this cohort matching to their first choice.
- Top program factors influencing selection of a program were salary/stipend and low/no tuition. Table 1. However, only 32% of respondents agreed that "I chose my program because it paid the highest salary".
- Most valued clinical factors were: procedural diversity, diverse patient populations, majority of time spent in clinic, and high exposure to patients with special health care needs. The least valued factors were high call frequency (>6 days/ month) and limited on-call scope. Table 2. While, only 36% of respondents agreed with the statement "I chose my program because it had an easy on-call schedule".
- Faculty-to-resident ratio ranked highest among facility/staff factors. Table 3. Top non-clinical factors were positive work environment, work–life balance, location, commute, mentor influence while ability to moonlight was the least valued. Table 4.
- Interview experience was critical with >95% valued resident interaction during the interview and perceived satisfaction of residents with their current program. Faculty interaction, hospitality, and social events were also important. Table 5.
- Most residents chose their program for "being most supported by faculty/residents" (87%), and "being challenged the most to learn" (75%). Residents were equally divided on the influence of "not having evening/weekend clinic hours".
- Respondents were more likely to attend programs in the same AAPD region as dental school ($\chi^2 = 193.0$, $P = < 0.001$).
- Applicants with prior residency experience rated program selection factors significantly differently than those entering directly from dental school [t (64)=2.19, P=0.03]. Both groups ranked positive work environment and work-life balance highest, while differences emerged in ratings of mentor advice, ABPD performance, peer influence, and vacation time.
- Family/partner influence was higher than in prior studies.

DISCUSSION

- Compared to da Fonseca et al. 2007 study, this study surveyed Generation Z residents who placed greater emphasis on work–life balance, mentorship, professional growth, and family/partner influence which reflects generational shifts in career priorities and quality of life.
- Financial factors mattered early in the application process but declined after interviews, with greater emphasis on faculty support, resident morale, and training.
- Supportive environments and good work–life balance are key, highlighting recent concerns about resident well-being and burnout.
- Increased value was placed on treating patients with special health care needs vs prior studies, reflecting growing interest despite limited training confidence, and aligning with efforts to expand pediatric oral health access.

CONCLUSIONS

Based on this study's results, the following conclusions can be made:

1) Applicants prioritized supportive, positive program culture, resident satisfaction, and mentorship over financial incentives or advanced academic opportunities.
2) Comprehensive clinical exposure, including diverse patient populations and those with special health care needs, were prominent factors in residency selection.
3) While salary, tuition, and on-call requirements are considered, they have a secondary influence once applicants evaluated culture and training quality.
4) Geographic proximity to dental school, mentor guidance, and peer input significantly affected applicants' choices, particularly for those with prior residency experiences.
5) Programs that emphasize transparency, positive interpersonal dynamics, robust clinical training, and resident well-being are better positioned to attract and retain high quality Generation Z residents.

BIBLIOGRAPHY

References available upon request