

GENERAL DENTISTRY RESIDENT PROGRAM UNIVERSITY OF IOWA HOSPITALS AND CLINICS

Thank you for your inquiry about our program.

This is a one-year program with the option of a second year under certain conditions, and is housed in the largest (over 900 beds) university hospital in the U.S. It is also the only tertiary care hospital in the state of Iowa. The Medical Center consists of outstanding Colleges of Dentistry, Medicine, Nursing, Pharmacy and Allied Health Services. We also utilize the facilities of an adjacent Veterans Administration Hospital for a different patient pool and clinical experience.

Rotations in general anesthesia, emergency medicine, oral surgery, hematology oncology and radiation oncology are provided. The clinic practice is very comprehensive from the “well” patient with dental disease to those severely compromised physically, medically and mentally. Visiting lecturers from the College of Dentistry and from within the hospital add depth to the program.

Iowa City, a relatively small community with all of the advantages of a major university, offers many outstanding cultural events with none of the disadvantages of a large city.

BASIC REQUIREMENTS

Applicants must have a D.D.S., D.M.D., or equivalent degree from an institution accredited by the American Dental Association.

Applicants must also be eligible to obtain a license to practice dentistry in some state in the United States. This is necessary so that those accepted in the program may obtain a temporary license to practice in the state of Iowa.

Application: Deadline for application is November 1.

Applications should include:

1. Enclosed application form
2. Proof of degree*
3. Proof of license*
4. College Transcript/Curriculum Vitae
5. Current grade point average
6. Three letters of recommendation
7. National Board Scores

Personal interview required except in special circumstances.

8. We participate in the Postdoctoral Application Support Service.

* Applicants presently enrolled at an accredited institution will be given equal consideration pending graduation and successful licensure.

GOALS

- 1) To enhance didactic and clinical competence and confidence in the various clinical disciplines of general dentistry from the routine to advanced treatment modalities in and out of a hospital environment.
- 2) To provide didactic and clinical experience in comprehensive oral health care, emergency dental care, and operating room care instilling community service by providing care to those with special needs and those having difficulty accessing dental care.
- 3) To provide clinical, general dentistry, didactic, and hospital experiences to interact and communicate with a multidisciplinary health care team, other dental professionals, and support staff to provide for patients with complex medical needs in a variety of care delivery situations (clinic, OR, ER, inpatient units).

OBJECTIVES

1. To gain additional experience in providing comprehensive dental care to a variety of inpatient and outpatient populations in various hospital settings, such as the dental clinic, hospital wards, emergency and operating rooms.
2. To gain experience in providing dental treatment to medically complex patients.
3. Provide didactic and clinical experiences that enhance a resident's diagnostic and treatment planning skills to meet the comprehensive dental needs of the patient, functioning as the primary care provider.
4. To gain proficiency in medical risk management, as it relates to dental treatment through development of history taking and physical diagnosis skills.
5. Educate the resident in different patient management techniques to competently select and utilize appropriate means of pain and anxiety control, including oral, inhalation, and parental sedative techniques.
6. Instill in the residents how they can provide community service by arranging and managing pre-operative and post-operative care for patients requiring treatment in the operating room setting.
7. To increase skills and knowledge in the management of medical emergencies and achieve certification in Advanced Cardiac Life Support skills.
8. To treat residents to function as a member of a multidisciplinary healthcare team and communicate with other health care professional team, for treating medically compromised patients.
9. To understand hospital administration, organization and delivery of care.
10. To increase resident's ability to retrieve and critically review scientific literature.
11. To communicate and work effectively with all other healthcare professionals regarding care of patients.

The University of Iowa requests this information for the purpose of evaluating candidacy for residency. No persons outside the University are routinely provided this information, except for items of directory information such as name and local address. Responses to items marked “optional” are optional; responses to all other items are required. If you fail to provide the required information, the University may not consider you for selection.

All communications should be made to:

Lance P. Forbes, D.D.S
Program Director
Hospital Dentistry Institute
200 Hawkins Drive
University of Iowa Hospitals and Clinics
Iowa City, IA 52242

PLEASE
ATTACH
PHOTO

University of Iowa Hospitals and Clinics
Iowa City, Iowa

APPLICATION FOR GENERAL PRACTICE RESIDENCY PROGRAM

1. _____
Full Legal Name Soc. Sec. Number

2. _____
Mailing Address

3. _____
Date of Birth Place of Birth Country of Citizenship

4. _____
Next of Kin/Spouse Address

5. _____
High School Attended

List All College and Universities Attended:

Institution	Location	Dates Attended	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. List all postgraduate dental experiences or training including residencies, intercepts, or employment. (Use additional sheets if necessary).

8. List all professional honors, awards, or publications.

9. List other institutions to which you are applying.

10. Why are you interested in the General Practice Residency Program? (Use additional sheet if necessary):

11. In what state or states are you or will you be licensed to practice dentistry?

12. References:

Dean, College of Dentistry _____

13. Please use this space for additional information you feel would be useful in the evaluation of your application. Use additional sheets if necessary.

SIGNED _____

DATE _____

Telephone numbers you could be contacted at most readily:

Work: _____

School: _____

Home: _____

The University of Iowa prohibits discrimination in employment or in its education programs and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. The University also affirms its commitment to providing equal opportunities and equal access to University facilities. For additional information on nondiscrimination policies, contact the Coordinator of Title IX, Section 504, and the ADA in the Office of Affirmative Action (319) 335-0705 (voice) or (319) 335-0697 (text), 202 Jessup Hall, The University of Iowa, Iowa City, Iowa 52242-1316.