INSIGHTS INTO FELLOWSHIP AND BEYOND

Educators comment on the glaucoma training experience and transition to practice.

BY IAN CONNER, MD, PHD; REZA RAZEGHINEJAD, MD; ERIN SIECK, MD; ROBERT T. CHANG, MD; LUCY Q. SHEN, MD; SHIVANI KAMAT, MD; AND KELLY W. MUIR, MD

1 What is the biggest takeaway you hope your fellows gain from their training?

IAN CONNER, MD, PHD

I hope that they retain the courage to do hard things, even without a direct mentor available. I have learned so many new procedures and skills after my formal training ended, but the principles and fundamentals that my mentors shared with me have provided the consistent framework to continue growing as a surgeon and clinician.

REZA RAZEGHINEJAD, MD

Confidence in clinical decision-making, a patient-centered approach to care, and a solid foundation of knowledge developed through extensive reading during fellowship are key. Asking cofellows and attendings about complex cases further deepens understanding and increases preparation for challenging situations.

ERIN SIECK, MD

Resilience. Glaucoma is a tough disease to manage. We experience disappointing postoperative outcomes and see patients lose vision. Throughout the year-long fellowship, I want my fellows to see that, despite the difficulties of our field, we are vital to our patients and the work is worth it.

ROBERT T. CHANG, MD

Mastering surgical principles—not focusing on speed and volume—is what prepares them for the most challenging cases and equips them to manage unexpected outcomes. It is equally as important to learn to build trust through empathy and to educate patients at a level they can truly understand, which is essential for managing a chronic condition. Finally, they must be ready to navigate the constantly evolving landscape of reimbursement to uphold evidence-based, personalized care—even amid the ever-increasing time pressures of our field.

LUCY Q. SHEN, MD

During fellowship, our fellows will learn different styles of performing glaucoma surgeries and understand the complexity and intricacy of glaucoma postoperative management. They will also see different management styles from our faculty. Hence, when they leave fellowship, they should realize that there are many ways to take care of patients with glaucoma and be able to modify their management based on an individual patient and circumstance. For example, they will learn to place releasable sutures for trabeculectomy and may need to use this skill if they do not have easy access to an argon laser at their practice.

SHIVANI KAMAT, MD

I hope that fellows learn how to refine their decision-making as time goes on. Our knowledge and techniques will continue to evolve over our careers. Fellowship is simply a foundation on which to build and grow. One of the biggest takeaways from fellowship should be how to evaluate your outcomes, your clinical judgment, and novel therapies in critical fashion to continue advancing your skills.

KELLY W. MUIR, MD

I hope that fellows finish training excited about the future and confident in their ability to care for patients over the patients' lifetimes with the full range of glaucoma. I hope that they remain intellectually curious, open to new ideas, committed to compassionate patient care, and eager to make our profession better.

2 What advice can you offer to fellows stepping into a mentoring role?

LUCY Q. SHEN, MD

Personally, I have benefited from several mentors who were generous, open-minded, and supportive. I have been trying to do the same for my fellows. For fellows stepping into a mentoring role, I would advise them to be a good role model for their mentees and provide enough autonomy for them to grow. Ultimately, the mentee must find their own interests and strengths to succeed. The mentee may not follow the exact footsteps of the mentor, and a mentor should be supportive of that kind of independence.

SHIVANI KAMAT, MD

Becoming a new mentor can be intimidating, and many of us are no stranger to imposter syndrome. Embrace the challenge and take the best parts of your training and try to pass them along. Expect to learn from your trainees and often think, "I've never seen this before!" Trainees will show you complications you never even considered and force you to respond in real time. It can be challenging, but it is incredibly rewarding. Over time, you will find your individual voice as you continue to teach and grow.

Trust in your training. Even if you just finished fellowship, you know and can do exponentially more than you did a year ago. If you build a relationship with trainees of collaboration rather than apprenticeship, you get to keep growing because they will teach you new things every day. Do not forget that mentoring is about more than skills transfer. You are a role model in how you communicate with patients, in how you treat staff, and in your commitment to professional citizenship.

KELLY W. MUIR, MD

ERIN SIECK, MD

Be an active learner with the resident and/or fellow you might start mentoring. I viewed becoming a young teacher as a huge asset; I was able to see how other training programs taught by witnessing the skills my incoming fellows had. I always tell my fellows that one of their goals is to teach me something new that changes my practice for the better.

Do not assume that your learners know what you know—and vice versa. You have so much hard-earned insight to help short-cut their education, but you should also expect that early in your career you will have to learn many difficult lessons in parallel with your residents and fellows. Embrace that and discuss and debate your challenging cases with them. But also, do not be afraid to hold them accountable for the basics—they must be prepared, practice suturing, take responsibility for patients, etc.

IAN CONNER, MD, PHD

3 How would you recommend early glaucoma practitioners evolve with the field?

ERIN SIECK, MD

So many of the new technologies we are seeing are expansions and improvements of skills we already have. Be open to trying a new device and form your own opinions on how it will fit into your clinical acumen. To improve outcomes for patients, we must stay humble and change our practice with the changing field.

IAN CONNER, MD, PHD

Go to meetings. Meet the surgeons and industry members who are driving innovation. Ask questions. Don't be shy. Make sure that the leaders know who you are.

REZA RAZEGHINEJAD, MD

Stay updated on advancements in diagnostics and treatment. Attend professional meetings, watch surgical videos to gain new tips, and observe how others perform the same procedures to continuously refine your skills.

Get involved with your professional societies. In particular, the AGS Young Ophthalmology Glaucoma Specialists (YOGS) group presents an excellent opportunity for engagement. Some of the best advice I ever received was, "Everyone tells you to learn to say no, and there is probably some truth in that, but make sure that you say yes more than you say no." You might find avenues for professional growth in places that surprise you.

KELLY W. MUIR, MD

One of the best places to continue to learn is the community provided by the AGS, including its subcommittee just for young ophthalmologists. The AGS annual meeting is certainly a highlight of the society, and I encourage early glaucoma specialists to attend in person, rather than virtually. Many of my former fellows also continue to exchange ideas with their cofellows. They also often still contact me and other faculty at Mass Eye and Ear to get advice. We are so flattered when they reach out. I think that we all learn from our own surgical complications and hope that we can provide a safe environment for our former trainees to discuss them. I hope other glaucoma fellowships are doing the same.

LUCY Q. SHEN, MD

ROBERT T. CHANG, MD
- Associate Professor of Ophthalmology and Glaucoma Fellowship Codirector, Department of Ophthalmology, Byers Eye Institute, Stanford University School of Medicine, Palo Alto, California
- viroptic@gmail.com
- Financial disclosure: None

IAN CONNER, MD, PHD
- Director of Glaucoma Service and Fellowship, UPMC Vision Institute, Pittsburgh
- connerip@upmc.edu
- Financial disclosure: None

KELLY W. MUIR, MD
- Associate Professor of Ophthalmology and Glaucoma Fellowship Director, Duke University, Durham, North Carolina
- kelly.muir@duke.edu
- Financial disclosure: None

REZA RAZEGHINEJAD, MD
- Director of the Glaucoma Fellowship Program, Wills Eye Institute, Philadelphia
- Associate Professor, Sidney Kimmel Medical College, Thomas Jefferson University, Philadelphia
- reza@willseye.org
- Financial disclosure: None

ERIN SIECK, MD
- Assistant Professor, Ophthalmology and Visual Sciences, and Fellowship Director, Advanced Anterior Segment and Glaucoma Surgery, Washington University School of Medicine in St. Louis
- erin.sieck@wustl.edu
- Financial disclosure: None

SHIVANI KAMAT, MD
- Associate Professor of Ophthalmology, Director of the Glaucoma Service, and Director of the Glaucoma Fellowship, UT Southwestern Medical Center, Dallas
- shivanikamat@gmail.com
- Financial disclosure: None

LUCY Q. SHEN, MD
- Glaucoma Fellowship Director, Massachusetts Eye and Ear, Boston
- Associate Professor of Ophthalmology, Harvard Medical School, Boston
- lucy_shen@meei.harvard.edu
- Financial disclosure: None