

TOP TIPS FROM FELLOWSHIP

Recent graduates share advice for incoming glaucoma fellows.

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DILRU AMARASEKERA, MD

Glaucoma fellowship is an exciting and challenging time that will go by more quickly than you may realize. My top piece of advice for incoming glaucoma fellows is to expose yourself to as many challenging clinical and surgical cases as possible and to constantly ask questions.

This year, you are in the unique position of having daily access to mentors who are experts in the field. Depending on your plans for after graduation, this will likely be your best opportunity to ask questions about challenging cases, surgical techniques, and preferences and to seek general career advice. Ask your attendings why they make the clinical decisions they do, because what you learn from each of them will help you mold your own practice patterns in the future.

If you are in a program with cofellows, these individuals can be another incredible resource. Share your challenging on-call cases with them and gather their input. My cofellows and I frequently did this, and it helped expose us to more clinical challenges and enabled us to learn from each other. Use your fellowship year as an opportunity to absorb as much information as possible!



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MIKE IZZO, MD

As you start fellowship, be sure to keep an open mind. Often a range of approaches can be used to manage the same condition, and you may not be comfortable or familiar with them all. Embrace the variety, and do not hesitate to ask your attendings about the thought processes behind their decisions.

As you gain experience and follow patients through treatment, you will begin to determine which surgical techniques and clinical preferences you will carry to your own practice. There is something to learn from every clinical and surgical patient encounter, no matter how benign or routine it may seem. Soak it all in because the year goes quickly!

“Identify how your patient populations differ and learn to tailor your care.”



ARIANA LEVIN, MD

Identify how your patient populations differ and learn to tailor your care. I attended medical school in New York City, residency in Utah, and fellowship in Missouri. The patient populations differed between each location, and each location had microcosms within itself. There was diversity in disease, anatomy, education, socioeconomic status, and health care structures. The success of glaucoma therapies (even topical drops) depends on these factors.

Work closely with your billing and coding team, and learn how you can make health care more affordable for your patients. Billing tends to take a back seat in resident education. As a fellow, you will likely need to bill for clinical encounters and procedures. During my fellowship, my billing and coding team sent me weekly corrections and clarified any questions that arose. I considered this to be part of my fellowship education. The clinic managers and financial assistance teams also helped my patients and me navigate available resources to alleviate patient financial obstacles.

Become a team leader. As a fellow, you have faculty mentors guiding you, but you are also transitioning into a leadership role. Your team will provide the best care possible if you work well with your staff and other providers. Challenges will arise in the OR and clinic, and fellowship is an opportunity to identify how you can improve your communication and management skills.

“Ultimately, being prepared for what you can anticipate will increase your chances of being prepared for the unexpected.”



NIKITHA REDDY, MD

Fellowships are short, but they can be transformative. Be intentional about making the most of this experience. Now that you have completed residency, you are uniquely positioned to think differently than the junior trainees and attendings. Keep an open mind and accept guidance from your teachers, but ask questions and develop your own perspectives on the clinical and surgical decisions in which you now play an integral part. Use each experience as an opportunity to learn, even if it does not seem essential for your future practice—there is likely still a valuable takeaway.

You will learn a lot during fellowship, which can be overwhelming. Building personal clinical and surgical manuals along the way can be an effective method for tracking your cases, reflecting on them, and noting pearls from mentors. For each type of case you encounter, document the proper steps, tips, pearls, and postoperative management. Also, review your surgical videos and reflect on areas for improvement. Success in fellowship and beyond requires you to be prepared yet adaptable. Ultimately, being prepared for what you can anticipate will increase your chances of being prepared for the unexpected. As a glaucoma specialist, you will have to be innovative and think on your feet.

Your cofellows and staff will work hard alongside you, so remember to check in on one another, pick each other up, and lend a helping hand. This creates a strong foundation for the lifelong relationships you will build during your training. Remember to teach those who are there to learn from you, including residents and medical students. They are a part of your team and part of the future of our field. Pay it forward.

Last, and most important: The only way you can achieve anything is if you believe that you can. As Henry Ford said, “Whether you think you can or you think you can’t, you’re right.”



JASDEEP SABHARWAL, MD

Always strive to find the reason behind a particular surgical outcome. It is easy to say that a step did not go as planned because of bad luck or some other vague cause, but this mindset may make you lose out on a valuable learning opportunity that can compress the surgical learning curve (as Uday Devgan, MD, would say).

After each case, if I felt a specific step was not optimal, I would attempt to identify an underlying cause (eg, Could the tissue have been manipulated differently? Should the scope or positioning of yourself or the patient have been adjusted?). Although my attendings would have likely offered insight without my prompting, this approach allowed me to test my theories and gain feedback on my ability for



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self-reflection, on top of my surgical technique. Such self-reflection is a critical skill for growth after fellowship.

Beyond surgical learning, you are exposed to an immense amount of information during fellowship, and it goes by quickly. One practice I wish I had adopted sooner is summarizing any article, paper, or surgical video that I reviewed into a sentence or two. Ultimately, I used a program called Mendeley to organize and make notes on papers. Many organizational systems for this exist, but the most important thing is to start this practice and maintain it. ■

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