

HOW TO THRIVE AS A NEW FELLOW

Early-career ophthalmologists share pearls from training.

BY VAN KADEN ANDRE, MD; CAMERON CLARKE, MD; SHIBANDRI DAS, MD; AND RICARDO SALINAS, MD

GT: What is your favorite or most valuable piece of advice for trainees just beginning glaucoma fellowship?



VAN KADEN ANDRE, MD

■ 2023–2024 Glaucoma Fellow at University of Texas Southwestern Medical Center

Embrace the mix of supervision and independence that you will experience as a fellow. The degree of your autonomy can vary in residency, but, in fellowship, you can expect additional medical and surgical responsibilities and new opportunities to manage them with less supervision. This is a good thing! In fellowship, I wanted to become comfortable with how I would function as an independent glaucoma specialist while also benefitting from the valuable knowledge base of my faculty. As the year progressed, I managed more cases independently, reviewed them with faculty, and asked questions in advance to ensure that I was prepared. Patient safety is the foremost concern, but you do not want to encounter your first, truly solo cases in private practice. Use the support structure that fellowship provides to (safely) push the envelope!



CAMERON CLARKE, MD

■ 2022–2023 Glaucoma Fellow at El Paso Eye Surgeons

My fellowship was high volume and required independent learning. Before starting fellowship, I read a recent glaucoma textbook from our residency library that was more in-depth than

what is provided by the *Basic and Clinical Science Course* materials. During fellowship, I set a goal to read a journal article every night. It did not always happen, but this practice helped me form a strong foundation of knowledge and become familiar with the basic science, physiology, diagnosis, and management of glaucoma.



SHIBANDRI DAS, MD

■ 2025–2026 Glaucoma Fellow at University of Texas Southwestern Medical Center

Approach each day with curiosity and embrace every opportunity to learn. Every clinic visit, surgical case, and patient encounter offers valuable lessons. Fellowship is a time of tremendous growth, both professionally and personally. Ask questions without hesitation and actively seek feedback from your mentors. Surgical skills develop with experience, but sound clinical judgment, humility, and confidence are cultivated when you remain open to learning, reflect on outcomes, and thoughtfully navigate the inevitable challenges that arise, particularly in the preoperative evaluation and postoperative management of complex glaucoma cases.



RICARDO SALINAS, MD

■ 2023–2024 Glaucoma Fellow at Baylor College of Medicine

Get to know the fellows and attendings in other subspecialties. By doing this, I was able to learn tips

for IOL planning, phaco techniques, and B-scan ultrasonography, and I was able to feel comfortable comanaging complex cornea and retina patients with glaucoma. Even more importantly, this practice allows you to build new friendships with the other fellows outside of the clinic setting.

GT: What is something you wish you had known or done as a new fellow?

Dr. Andre: Looking back on fellowship, I did not realize how much I would need to learn about the business/administration side of being a physician. Whether you plan to go into solo practice (as I did), join a group, or work in a hospital or academic setting after training, it is crucial to understand the revenue cycle, billing and coding, insurance types and features, and so much more. Although I was able to spend some time learning via the clinic staff and self-study during the second half of my fellowship year, I wish I had started earlier. I encountered a big learning curve during my first year of practice! There is so much to learn, and understanding business concepts will ultimately make you a more effective doctor and ensure that you are compensated fairly for your skills.

Dr. Clarke: During residency, I often jumped around, seeing patients here and there while bouncing between rotations. I did not experience the full weight of longitudinal glaucoma care. As a new fellow, I did not recognize how even a perfectly performed surgery can have unexpected complications. I would advise new

fellows not to be afraid of surgery but to spend extra time with patients before operating to set expectations and explain possible complications. Sometimes, no matter what you do, your patients' disease will get worse, and it is not your fault.

Dr. Das: Balancing clinical responsibilities, surgical training, board certification preparation, and a new work environment can make it difficult to stay current with peer-reviewed literature. One habit I developed that proved to be invaluable was dedicating just 20 minutes each day to reading. I adopted this routine later in fellowship, and it allowed me to stay engaged with the literature in a sustainable way. I only wish I had established this habit from the very beginning.

Dr. Salinas: Do not be afraid to ask questions in the first couple months, even when you think you should already know the answer. Every incoming resident has a different foundation of clinical knowledge and surgical experience. Use this to your advantage when in your attendings' clinics. There is something to learn from established clinic patients, new consults, and postoperative patients. Ask if a patient's bleb looks ideal, review gonioscopic exam findings, or inquire why a certain tube shunt was chosen.

GT: What advice can you share about balancing fellowship responsibilities with life outside of work?

Dr. Andre: This question is near and dear to me because my wife and I welcomed our first child during fellowship! My wife is a supermom who was finishing internal medicine residency the year we became parents. This was one of the highlights of my life, and I would not change

anything about it. No matter if or where you are on the path toward marriage or parenthood, there is always a balancing act to perform with life outside of work. My advice is to identify the blocks of free time available to you based on your work schedule (usually you will have a grasp of this after the first month or so) and be intentional about filling that time with whatever brings you joy. For me, this was spending time with my wife and son and doing outdoor and nature-related activities. There will always be another day of surgery, clinic, or other work responsibility, but the memories from time spent with your family are precious and irreplaceable. Make them a priority not only for your loved ones' well-being but for yours as well.

Dr. Clarke: Work hard; play hard. There are few acute emergencies in glaucoma that require immediate intervention. Many patients can be medicated and safely wait until the next day to be seen by a physician. Make time for hobbies and find ways to establish connections in your new city, even if you are only there for a year. Schedules vary by fellowship, but mine required less responsibility after regular office hours, granting me a newfound freedom to rediscover hobbies I had lost during residency. Invest time in interviewing with many different practices to determine what you want from your future career. The perfect fit is out there—do not settle for anything less!

Dr. Das: Glaucoma fellowship is immensely rewarding but can also be emotionally demanding, particularly when caring for patients with advanced vision loss. One of the most valuable lessons I learned was that caring for yourself is an essential part of caring for your patients. Prioritize time for family, friends, exercise, or

other activities that help you recharge. I remain grateful to my fellowship director, Shivani Kamat, MD, as well as my other fellowship mentors who checked in during the more challenging moments of fellowship—it reminded me that the ability to seek support is a strength. Investing in your own well-being fosters the resilience and perspective needed to thrive throughout fellowship and beyond.

Dr. Salinas: Communicate with your residents and supervising attending. Be proactive and explain the “red flag” signs that indicate when you need to be immediately alerted, such as postoperative complications, angle closure, neovascular glaucoma, and hypotony. Inform the residents of whom to call when planning for time off. Keep your hobbies and seek new ones, especially if you are in a new city. Explore a new gym, local parks or museums, farmers markets, and more. ■

VAN KADEN ANDRE, MD

- Ophthalmologist and practice owner, Andre Eye and Optical, Schulenburg, Texas
- admin@andreeye.com
- Financial disclosure: None

CAMERON CLARKE, MD

- Glaucoma and cataract surgeon, Southwest Eye Consultants, Durango, Colorado
- cclarke@sweyeconsultants.com
- Financial disclosure: None

SHIBANDRI DAS, MD

- Glaucoma and cataract surgeon, Atlanta Ophthalmology Associates, Atlanta
- sdas@med.wayne.edu
- Financial disclosure: None

RICARDO SALINAS, MD

- Glaucoma and cataract surgeon, Texan Eye, Austin and Cedar Park, Texas
- salinasricky@gmail.com
- Financial disclosure: None