At the 2022 meeting of the American Academy of Ophthalmology in Chicago, YoungMD Connect invited its members to a workshop on multiple topics: Global Ophthalmology and Access to Eye Care, Diversity & Inclusion, Innovation, Getting Involved With Research, Early Adopters, and Working With Industry. Each discussion was conducted in small groups with an interactive format that allowed for questions between the presenters and the YMDC members. Following are the best takeaways from each topic.

# **GLOBAL OPHTHALMOLOGY AND ACCESS TO EYE CARE**





RANYA HABASH, MD, AND JENNY Y. YU, MD. FACS

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ecoming involved in global ophthalmic organizations gives you the opportunity to perform surgery in under-resourced areas of the world and to exchange clinical knowledge with practitioners from different backgrounds. Beyond one-on-one skills transfer, these organizations also use telehealth and other digital health care technologies to expand access to eye care globally. If you may be interested in becoming involved in this work, here are some things you need to know:

 Participate in a trip as a medical student or resident to see how practitioners in diverse communities perform surgery. Watching ophthalmologists provide care with limited resources can teach you a lot about how to be flexible and

- adaptable with your own surgical skills.
- · Developing relationships with international colleagues is invaluable; often, a new perspective to ocular care will help you innovate solutions where you practice.
- Their organization, Project Theia, wants to offer more than surgical training. They would like to provide a digital platform for connecting practitioners in global communities where they can share education and consultations.

### **USING TELEHEALTH AND DIGITAL HEALTH TECHNOLOGIES TO PROVIDE ACCESS TO EYE CARE**

• "Our patients tell us that virtual visits have become more personal than an in-person visit. Patients are much more relaxed at home, so they tend to retain information better and feel like partners in their healthcare decisions. And with simple digital health tools, we can offer greater access to care for patients around the world who may not have received care otherwise." Dr. Habash said.

 "Seeing patients in their homes changes the dynamic of your relationship with them," notes Dr. Yu. "It takes a different skill set to connect with a patient virtually, but it's a valuable skill and helps you connect with patients in a deeper sense than by sitting in an office for a 5-minute interview."

#### YOU HAVE MORE TO OFFER THAN YOU THINK!

- Think past your hands in terms of what you have to offer. Sometimes the most valuable thing is your mind or a particular skill set.
- · To create solutions, think backward from the unmet need.
- · The biggest advancements in global ophthalmology center around how to make something at a lower cost (e.g., how to make a \$1.00 IOL instead of a \$100+ IOL), and how to replicate a needed service in another part of the world.
- Other areas where you can help: liaising with government entities, clinic management, accounting/finance, operations management, and law.

# **DIVERSITY & INCLUSION**





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he American Academy of Ophthalmology (AAO) includes a page on its website about diversity, equity, and inclusion (DEI), where it states, "In terms of diversity, we recognize the national ophthalmological community

does not adequately represent the patients we serve, and while in recent years we have initiated a number of programs to combat this inequity, much remains unfulfilled." Taking into account that 31% of the population is a minority and only 6% of the practicing ophthalmologists are minorities,1 the Academy is addressing DEI by forming two task forces to examine its operations and promote equitable change. The Academy Task Force on Organizational Diversity and Inclusion will evaluate diversity among its physician leadership, committees, podium presenters, and recognition programs.

The Academy Task Force on Disparities in Eye Care will assess disparities within visual health care, including data gaps, and it intends to create a framework by which the AAO can begin reducing these gaps and disparities.

### AS A NEW PRACTITIONER. HERE ARE **SOME WAYS YOU MIGHT ADDRESS DEI ISSUES WHERE YOU WORK**

- As a DEI physician, know your value. You bring something different to your workplace.
- · Patients relate more with physicians



- who look like them and speak their same language.
- Use the DEI resources to your advantage; there are more DEI opportunities than ever before. Take them, and always give back.
- Mentorship is important. Be present for
- your DEI community.

Assess the practice's culture.

- · Learn the demographics of your practice's patient populations.
- · Note health disparities between patient populations and the pitfalls of race as a risk factor.
- Reach out to your mentors and your friends when you feel like there are issues. You are not alone.

1. Minority ophthalmology mentoring program: ophthalmology facts & figures. American Academy of Ophthalmology. Updated October 14, 2021. Accessed November 14, 2022. https://www.aao.org/Assets/18ebb4d3-84f5-4e6f-9b09f298b0ed8074/637709388692770000/ophthalmology-facts-figures-2021-pdf?inline=1

# A CLOSER LOOK AT INNOVATION





SOROOSH BEHSHAD, MD, MPH, AND PULIN SHAH, MD

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### WHAT DOES THE INNOVATION LIFE CYCLE LOOK LIKE. AND WHERE DO OPHTHALMOLOGISTS FIT IN ALONG THE WAY?

Ideation  $\rightarrow$  R&D  $\rightarrow$  clinical trials  $\rightarrow$  FDA review process → market launch

There are two main pathways for ophthalmologists to get involved in innovations. The academic path is longer and more methodical. It involves obtaining research grants and providing supporting evidence for your idea. The other way is through the ophthalmic industry, which is interested in developing ideas that work and will have a relevant impact on patient treatments.

### START WITH YOUR LOCAL **INDUSTRY REPRESENTATIVES**

If you wish to work on ophthalmic innovations with industry, start with

your local reps; they'll help connect you to key individuals. You can also join specific organizations dedicated to linking physicians with industry representatives. The American-European Congress of Ophthalmic Surgery is one such organization (with a meeting) that focuses on fostering connections between physicians and industry. The Eyecelerator meeting (a partnership between the AAO and ASCRS) is another one.

Also, developing an expertise in a specific treatment area increases the likelihood that you'll be invited to give presentations. Then, you may progress from giving lectures to being invited to an advisory board, and so on.

### YOU WILL ENCOUNTER NEW **TECHNOLOGIES IN YOUR CAREER**

Whether you become involved with innovations or not, eventually, technological advances will change the way you practice. This evolution must always be patientcentric. Cultivate familiarity and experience with new technologies so you know whether to recommend them when your patients ask about them. Attend wet labs (academysponsored or industry-sponsored) on new innovations to stay abreast of trends.

"The most important thing you'll learn in residency is not how to do a technique, but how to learn to do a technique. Learn how to learn so that you can adapt as the technology changes. When you go to learn something from an attending physician, do your research ahead of time, and practice. Then, you will go into surgery prepared," counseled Dr. Shah.

### **DRIVING INNOVATIONS AND** ADOPTING NEW TECHNOLOGIES AS A **YOUNG SURGEON**

How can you get involved in driving innovation as a trainee?

- Keeping a finger on the pulse:
  - Weekly news: Eyewire News
  - In print: Cataract & Refractive Surgery Today
  - · Podcasts: Ophthalmology Off the Grid
  - · Social Media: Twitter, Instagram, LinkedIn
- · Representatives!
  - Get contact information
  - Set up wet labs
- · Connect with medical affairs teams and MSLs; understand the types of research opportunities that are available
- · Attend meetings

# **GETTING INVOLVED WITH RESEARCH**





ARJAN HURA, MD, AND SONIA H. **Y00. MD** 

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arious types of research exist, including basic science, clinical, and translational research. Funding can be competitive and is often procured through grants, awards, clinical trials, or industrysponsored investigator-initiated trials.

As an attending physician, Dr. Yoo participated in clinical trials sponsored by industry; her first trial evaluated laser phacolysis. Dr. Yoo is now a busy clinician, and the research she does is mostly clinical, although she spends most of her time

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seeing patients. Over the years, she's been involved in many research projects.

Dr. Hura's first foray into research was during his time in undergrad at the Ohio State University. While home in Cincinnati over his summer breaks, he conducted basic science research in a nephrology lab where he learned the fundamentals of histology and immunohistochemistry. He updated the lab's morphometric analysis protocol, and the methodology later translated over to various clinical ophthalmic research studies he helped conduct while in residency. He feels that this demonstrates that all types of research are valuable learning experiences and can help inform future endeavors.

### **HOW DR. HURA BROKE INTO** RESEARCH AFTER A LATE DECISION ON OPHTHALMOLOGY

Dr. Hura didn't discover ophthalmology until late into his third year of school. Given the extremely competitive nature of the ophthalmology match, he knew that having ophthalmic research experience would help bolster the strength of his application.

• He reached out to the University of Cincinnati's Department of Ophthalmology and asked how he could get involved with research.

 Given his lack of connections in ophthalmology, he sought out attending physicians with a track record of conducting research with medical students. He also reviewed various faculty lab websites and cold emailed many individuals. Only one responded with a potential research project that he could assist with: Robert Osher, MD. Dr. Osher and Dr. Hura went on to compare intraoperative toric lens alignment technologies and published their work in the Journal of Refractive Surgery, which was the fourth most read article in the journal that year.

### STRATEGIES FOR FINDING RESEARCH OPPORTUNITIES

If you don't know anyone who will give you a research opportunity, you have to explore all options, which may include putting yourself out there, networking, and cold emailing faculty members

 Get to know your industry representatives and connect with them when you attend a meeting or at home during an event. They are great resources for facilitating introductions, and it broadens your perspective as a practitioner to understand the interactions between industry and

- physicians. "Perspective gives you options," says Dr. Hura.
- · If you aren't at a research institution, make the most of meetings like AAO, ASCRS, and ARVO. Go to poster presentations. Follow attending physicians who are active on social media and approach them. Attendings who are doing research almost always welcome help.
- If you decide to take a year off for research, make the most of it! Do as much research as you can, and network and make as many connections as possible to ultimately be successful in your match.
- · Choose a mentor who is aligned with your career goals.
- When you write emails to potential research mentors, write with intent and be specific about why you're writing. Include what you've done up to that point, what your interests are, and how those interests potentially align with the lab's. Then, propose some research ideas or ask if there are ongoing projects you can help with. Position yourself as an asset, not just as someone who wants the learning experience.
- · Once you get your foot in the door of research, do a good job! Results beget opportunities, and momentum will build.

# **EARLY ADOPTERS**





ZARMEENA VENDAL, MD, AND BENNETT WALTON, MD, MBA

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#### POSITIONING YOUR PRACTICE

Dr. Walton says that vetting new ophthalmic technologies is something practitioners do constantly, not just at the beginning of their careers.

· Consider your practice's reputation and value proposition. What is it known for? Will the new intervention fit in with your offerings and serve your patients' needs? For example, there are some glaucoma procedures that Dr. Walton's practice

performs alongside cataract surgery, and there are others they do not do, because they may cause refractive shifts, or for other reasons. "Try to find some strategic consistency," he counsels.

#### KNOW YOUR COMMUNITY

• Dr. Vendal trained in Boston and then bought a practice in "young, urban, techy Austin." She knew that if she wanted her practice to be considered cutting-edge, she needed to be familiar with new treatments her patients might read about online.

#### **VETTING NEW TECHNOLOGIES**

• Look for a mentor. Dr. Vendal bought an established practice from a prominent refractive surgeon and continued to learn

- practice management strategies from him, even after fellowship.
- Prioritize continual learning. Take as many workshops and trainings as you can, because ophthalmology innovates quickly. The majority of the technologies you will use in your first 5 to 10 years of practice will not have been available during your training.

#### THE CHOICE TO BE AN EARLY ADOPTER

"It's ok to shift your comfort zone,"

Dr. Vendal says.

• When Dr. Walton first entered practice, he thought he'd be either an innovator or an early adopter. He has found that he plays different roles in different specialties. For glaucoma, he is a mainstreamer. For



- refractive surgery, however, he loves being an innovator and having a new product's engineering team watch him operate.
- By the end of Dr. Vendal's training at Massachusetts Eye & Ear, she assumed she was going to be a mainstreamer. Within the first 5 years of practicing, she realized that she wanted to be on the cutting edge of technologies.
- · Dr. Walton noted that being an innovator takes more chair time. You will spend time explaining to patients that, whereas you used to use the previous

generation of a technology, you now believe that an updated version may be better. He says, "You'll never be more efficient than by staying with what you already know. But, innovating is exciting!"

#### THE EARLY ADOPTER MINDSET

"The number one mindset as an early adopter is, you have to practice from the patient's perspective...with the end result of delivering what the patient wants from you. At the end of the day, you're delivering care. Everything that makes your treatment safer,

quicker, and more valuable to the patient, you will obligate yourself to learn, and you'll become an early adopter," Dr. Vendal says.

Dr. Walton adds, "Invest in what makes vour professional life most meaningful." Ophthalmology has an abundance of patients who need care, and there are many exciting ways to care for them, no matter where you are on the spectrum of technology adoption. He adds that it's helpful to evaluate the culture of where you want to work. Will you be supported in pursuing new technologies, or will you be constantly pushing uphill?

# **WORKING WITH INDUSTRY**





Y. RALPH CHU, MD, AND CHRISTINA Y. WENG, MD, MBA

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r. Chu recalled that when he was training, any interaction with the ophthalmic industry was discouraged, and Dr. Weng noted that this is still the case at many teaching institutions. In fact, she did not become aware of opportunities to work with industry until late in her training. Since then, she has realized that an open and collaborative relationship can be beneficial to both parties.

• Be mindful of your institution's policies regarding collaboration with industry they differ drastically from place to place.

#### **OPPORTUNITIES FOR RESIDENTS AND** FELLOWS TO WORK WITH INDUSTRY

"Although it is not super common to

be working directly with industry at your level, there are a wealth of programs now where you can collaborate with them," said Dr. Weng.

- · She listed resident wet labs and retina fellow programs as examples. These programs are a great way to network and interact with fellow trainees and industry.
- · "YoungMD Connect is creating a central hub that allows you to reach all of these different companies and KOLs—take advantage of that," Dr. Weng recommended.
- Conferences that have a dedicated resident and fellow section offer excellent ways to get involved as well.

#### OTHER WAYS TO STAND OUT AS AN **UP-AND-COMING OPHTHALMOLOGIST**

Dr. Chu emphasized that industry is eager to partner with them, and representatives truly want to contribute to the growth of the field. He also suggested giving poster presentations and podium talks, as well as

getting involved in research. Dr. Weng advised distinguishing yourself through excellence. "Show your excellence—industry is looking for future leaders, for their next KOL to develop. If you can be excellent as a medical student, a resident, and a fellow, you're going to build that reputation as someone who others will want to work with."

### **HOW TO NAVIGATE THE DRIVE TO** COLLABORATE WITH CLINICAL TRAINING

Dr. Weng reminded young attendees that your primary focus in residency should be clinical. "Work on learning about surgery and how to be a good physician, because that is going to be the foundation that will carry you to the next step. At this stage, do not be concerned about becoming a consultant for industry. However, do take advantage of opportunities to meet industry representatives, either through resident programs or events offered through outlets like YoungMD Connect. This will open the door to opportunities for collaboration in the future."



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