CAREER CHANGE: BRINGING THE VISION TO LIFE

Transitioning from a general ophthalmologist to a glaucoma specialist.

BY ZAHRA ALI, MD

Back to school? Really? Seven years into my private practice in general ophthalmology, I had a new dream—to become fellowship-trained in glaucoma. I had many patients with mild to moderate glaucoma for whom medical therapy was failing and subspecialty care was needed. Patients with end-stage glaucoma would find their way to my clinic because glaucoma specialist clinics were already overbooked. The advances in medical and surgical glaucoma (virtual visual fields, MIGS, etc.) piqued my interest. I had a desire to learn about these new treatment solutions and be able to offer them to my patients.

RETURNING TO TRAINING

I waited 2 years until my then-newborn child could go to school full time, and in July 2022, I began a glaucoma fellowship at the University of Texas Southwestern in Dallas. The fellowship entailed covering the two county hospitals serving the Dallas–Fort Worth metroplex: Parkland Memorial Hospital and John Peter Smith Hospital. The experience broadened my medical and surgical knowledge exponentially. There was never a shortage of patients to see or work to do. In 1 year of fellowship, I learned more than I would have in 3 years of practice.

When my fellowship ended in July 2023, I was at a crossroads in my career. Although I had patients with glaucoma, my private practice was geared toward general ophthalmology. I interviewed for several positions with other private practices, and I considered pursuing a job in academia.

I met Mary Kansora, MD, FACS, the chief of ophthalmology/optometry at the Veterans Affairs (VA) North Texas Health Care System, at the end of my fellowship and instantly connected with her. She, too, had been in private practice for years before completing a medical retina fellowship. Between her and my cornea and cataract surgery mentor, Ziad Husseini, MD, I learned what a fulfilling career path the VA can provide. At the VA, they worked with and trained residents and had the opportunity to take care of a patient population with more advanced disease—and thus a greater need for subspecialty care—than is found at the average suburban private practice.

EMBARKING ON A NEW PATH

I joined the VA in Dallas in January 2024. Now 1 year into the job, I can say with confidence how happy I am to have joined. I have found a career path that is a perfect fit for me. When I started my position, the VA had been without full-time surgical glaucoma coverage for some time, and there was no shortage of patients to see. I immediately felt that I had come to a place where I was needed. With the knowledge I gained in fellowship, I felt equipped to take care of patients with advanced glaucoma and offer treatments that would help stabilize their disease and prevent blindness. I also enjoy working in an environment with resident physicians because I have the opportunity every day to work with the next generation of ophthalmology.

How has practicing at the VA differed from my experience in private practice?

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Teaching Presents New Challenges

Being in an environment with residents continues to push me further. The Dallas VA has six residents rotating at any given time, and these individuals come with tough questions and cases to discuss. I must continually improve my skills and understanding to be their teacher.

The OR Requires a Different Perspective

The attending physician is tasked with supervising cataract surgeries performed by resident physicians. Teaching surgery is like teaching a young adult how to drive, which requires giving verbal directions from the passenger side. I remember my mother's calm, cool, collected voice as she taught me to be a safe, vigilant, and effective driver who could travel from point A to point B with no issues. In the rare instance I encountered an issue, she taught me how to manage it successfully. I hope to continue developing a similarly calm, cool personality that helps residents learn.

Change Can Have Far-Reaching Effects

It is more difficult to effect change at the VA than in private practice, but when it happens, the effect is more widespread. In my private practice, when I wanted something new, I asked for it on Monday, and it was ready for me at the ambulatory surgical center by Friday. The VA has a process for change that can take many months. The effects of a positive change, however, can extend beyond a single VA to the national system. For example, a hardworking ophthalmologist at another VA obtained approval for intracameral moxifloxacin. When I later requested intracameral moxifloxacin at my institution, my pharmacist was able to get it to me in less than 1 week because the compounded drug was already part of pharmacy guidelines. Hundreds of patients have now benefitted from this implementation.

CONCLUSION

My goals at the VA are to make positive contributions in the realms of patient care, sustainability, and efficiency. My ophthalmology colleagues and I have a shared vision of making the VA a site where patients are treated with state-of-the-art technology, where residents can reach their full potential as ophthalmologists, and where care is consistent with best practices and delivered with the compassion we would wish for our own families. I am hopeful that the continued partnership of all the physicians and staff in the department and hospital make this vision a reality. ■

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