FELLOWS' FOCUS

A STRONG FELLOWSHIP FINISH

Here's some advice for soon-to-be attendings.

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The final months of vitreoretinal training provide an invaluable opportunity to refine skills and prepare for the transition to independent practice. I asked the attending physicians at Wills Eye Hospital—Meera D. Sivalingam, MD; Jordan D. Deaner, MD; Yoshihiro Yonekawa, MD; Sonia Mehta, MD; and Allen C. Ho, MD—how we can make the most of this critical time.

NIKHIL BOMMAKANTI, MD: HOW CAN SECOND-YEAR FELLOWS OPTIMIZE THE REMAINDER OF THEIR TRAINING?

Dr. Yonekawa: In the first year of fellowship, you master medical retina and learn the basics of surgery. The first half of the second year is about becoming independent in the OR, conquering typical cases, and learning the complex ones. The second half is about adding finesse to typical cases and tackling complex ones. At the end of your training, take a step back to ensure you understand the fundamental concepts of retina, and fill in any gaps you identify.

Dr. Deaner: Get into the OR every chance you can, and take on the complex cases. Understand the decision and indication for surgery, the steps of surgery, and the intra-operative hurdles and potential complications. Document and record complex cases. Watch your attendings carefully; there's always something new to be learned.

Dr. Ho: Stay hungry. Think and observe critically while assisting, and keep refining your surgical skills. Don't just focus on techniques; pay attention to how your mentors communicate with patients. Continue to dive into learning and keep up with medical advances in retina.

Dr. Mehta: Learn how to manage complications and improve OR efficiency. Discuss the best surgical approach to complex cases with your attendings. After the case, discuss what made it difficult, and explore ways to improve your technique. Sometimes, what appears to be a complex case might involve routine surgery in an eye with unique features; there are often tips and tricks to simplify these cases.

Dr. Sivalingam: Plan cases as if you were the attending. Afterward, reflect on the differences between your plan and the actual approach. This habit strengthens your decision making, preparing you for independent practice.

DR. BOMMAKANTI: WHAT DO YOU WISH YOU HAD FOCUSED ON MORE DURING THE FINAL MONTHS OF YOUR TRAINING?

Dr. Ho: I wish I had better understood that patients really want you to know who they are as a person. Understanding the patient in a wider context may help create a better understanding of their needs and fears and may engender more trust and compliance with the care you recommend.

Dr. Deaner: Get to know the instrumentation. Ideally, use and become proficient with the wide array of vitrectomy machines during fellowship. Ask your local representatives to show you how to set up and break down the machines.

Dr. Mehta: Familiarize yourself with the vitrectomy system you'll be using post-fellowship. If you haven't used the system before, schedule a demo with a representative, and record your preferred settings on the machine. Note the surgical trays and instruments you like to use. Also, make it a priority to complete any pending research endeavors. For ongoing projects, send a summary to your supervising attending and transfer data files to the team member taking over.

Dr. Yonekawa: Imagine yourself post-fellowship; pinpoint the resources that could be useful, and document them. Organize and inventory your knowledge and resources.

Dr. Sivalingam: Make a concerted effort to actively seek out cases and surgical techniques you didn't encounter often during fellowship.

DR. BOMMAKANTI: WHAT OVERLOOKED SKILLS SHOULD FELLOWS DEVELOP BEFORE GRADUATING?

Dr. Ho: Find your niche. Foster relationships with mentors, and keep those lines of communication fresh and active.

Dr. Mehta: If you're joining a practice that participates in clinical trials, spend time with your attendings to learn how to discuss clinical trials with patients.

Dr. Sivalingam: Ask your attendings to walk you through how they bill surgical cases and different types of patient office visits. This essential skill is often not actively taught in residency or fellowship.

Dr. Deaner: Learn how to establish a referral network and work well with referring doctors. Take the time to introduce yourself, discuss your training, and establish a means of communication. Keep those lines of communication open.

Dr. Yonekawa: Figure out what kind of advice each of your attendings can provide so you know who to call if you need help.

DR. BOMMAKANTI: WHAT CHALLENGES DO NEW ATTENDINGS FACE IN THEIR FIRST YEAR?

Dr. Yonekawa: Remember to stay humble. The learning process is never-ending, and your new practice and patients will have a lot to offer you when it comes to knowledge. Don't be crushed by failures, but don't ignore them either. Continue to provide the best care you can.

Dr. Ho: In the last half of fellowship, imagine you are on your own, and challenge yourself to make independent decisions. Also, make sure you are licensed and credentialed with provider plans as soon as possible.

Dr. Sivalingam: I found counseling surgical patients more challenging than expected as a new attending. Setting realistic expectations and reviewing what to expect during the recovery period is important. Pay attention to how different attendings counsel, and analyze what is and is not effective. Take advantage of every opportunity you can to practice with your own patients.

Dr. Deaner: The most challenging part of my first year of practice was making big decisions on my own. Without a supervising doctor to back you up, making the final decision can feel daunting. To prepare, practice making clinical and surgical plans independently prior to getting your supervising attending's input. Always remember the basics. There will be cases that appear to be overwhelmingly complex, but even they can be broken down and conquered systematically.

Dr. Mehta: New attendings often find it challenging to effectively communicate with patients and set realistic expectations. Prepare for this by observing your attendings in these discussions and learning key takeaways. Don't hesitate to reach out for guidance on how they would handle a particular situation. One of the greatest aspects of medicine is the opportunity for lifelong learning, and discussing challenging cases is a valuable way to continue growing.

DON'T LOSE SIGHT

The final months of fellowship are a time to refine surgical skills, build competencies, and prepare for the challenges of independent practice. Stay curious, stay humble, and embrace every opportunity to learn. And remember: This is only the beginning! ■

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