Different Fellowship Structures

The differing structures of fellowship programs create a field of doctors with diverse experience.

BY JESSICA RANDOLPH, MD; JOSHUA MALI, MD; AND ASHLEIGH LEVISON, MD

While attending the 15th Annual Retina Fellows Forum in Chicago this year, the Retina Today editors met a number of second-year fellows who were eager to discuss why their fellowship program fit their strengths and needs. We invited three of these fellows to discuss the structures of their respective fellowship programs, giving readers a glimpse into the varied fellowship experiences of some of the future leaders of retina.

Private Practice Fellowship: The Benefit of a Real-Life Experience



By Jessica Randolph, MDProgram: Retina and Vitreous of Texas
Fellowship Directors: Joseph Khawly, MD;
and Eric Holz, MD

My vitreoretinal surgery and disease fellowship at the private practice Retina and Vitreous of Texas (RVT) in Houston, Texas, takes one fellow per year, every year, for a total of two fellows at any given time. There are five attending physicians in the practice: Arthur Willis, MD; Joseph Khawly, MD; Eric Holz, MD; Hassan Rahman, MD; and Emmanuel Chang, MD, PhD. The two fellows split time with the attendings into rotations based on OR day, meaning that one of the fellows is with three attendings while the other fellow is with two attendings. The fellows swap their assignment to attendings every 3 months. Under this model, clinic time, OR days, and satellite clinic days are split evenly between the fellows.

Having my fellowship in a private practice like RVT gives exposure to volume and pathology similar to what I would see in a university-based program, but with the benefit of real-life experiences. I am exposed to the inner workings of a retina practice, including billing, the business side of medicine, and dealing with referring providers. I have learned not only how to practice medicine but also how to run a practice. In the OR and in the clinic, the five attendings might teach us 10 different ways to perform a surgery or treat a patient.

Like most private practices, RVT has many offices; RVT in particular has seven. Fellows, however, are required to travel to only two of them, one per rotation. On average, fellows spend approximately 2 hours traveling once a

week. Traveling to other offices is worth the time because of the unique pathologies, procedures, and surgeries we fellows encounter at the satellite offices. Yet, because of the wide referral network that RVT enjoys, there is also a wide range of patients with various pathologies at the main office, including uveitis, oncology, and an increasingly pediatric retinal surgery population. Such an assortment of retinal pathologies gives fellows the opportunity to encounter a variety of patients before leaving fellowship.

Even though my fellowship at RVT is based in a private practice, the program focuses heavily on academics. RVT has trained fellows for more than 25 years, and the experience shows. Fellows are expected to see as many clinic patients as possible, and the attendings teach the fellows the skills necessary to operate adeptly. Our case numbers are comparable to those at academic centers. We participate in a weekly fellows' conference that alternates between fluorescein conferences, case conferences, surgical conferences, and didactic discussions. We have chart rounds after clinics and surgery, with in-depth reviews of interesting cases. RVT participates in large clinical trials such as the Diabetic Retinopathy Clinical Research Network, and its staff consistently publishes in peerreviewed journals.

The entire faculty at RVT enjoys working in the fellowship program. The lives of the attendings would be much the same without fellows, but they relish the opportunity to mold the next generation of retina specialists because they have such a passion for teaching.

Jessica Randolph, MD, will be joining Alamance Eye Center in Burlington, North Carolina, after completing her fellowship in July. Dr. Randolph may be reached at jessrandolph@gmail.com.

The Best of Both Worlds



By Joshua Mali, MD
Program: Retina Consultants,
PLLC/Albany Medical College
Fellowship Director: Naomi Falk, MD

There are several factors one must consider when selecting a retina fellowship, including location, culture of practice, research pursuits, and surgical volume (the latter two assuming it is not strictly a medical retina fellowship). Every fellowship is designed with a particular model in order to provide the trainee with the structure needed to achieve his or her ultimate goals. Whether career aspirations include obtaining an academic position in a university setting or joining a private practice establishment, one must determine the fellowship structure that suits his or her needs in order to flourish.

My current retina fellowship provides a unique hybrid surgical-vitreoretinal fellowship experience, which is an answer to an issue seen in traditional fellowship models that limit exposure to either an academic or private practice setting. In this fellowship model, I am affiliated with both a private practice (Retina Consultants, PLLC) and the major academic institution in the region, Albany Medical College, where I am an assistant professor of ophthalmology.

There are several advantages to this structure. In the private practice, I have been able to learn methods to enhance efficiency that I will no doubt find essential later in my career, including patient volume and flow, billing, insurance services, and achieving a high surgical volume of bread-and-butter retinal surgical cases. The ability to learn from three attending physicians has provided me with a solid foundation of knowledge and examples of how I would like to practice when I am out on my own. In addition, building relationships with community ophthalmologists and the pharmaceutical industry is vital to achieving a viable practice in the real world. In the academic environment, I have been exposed to the diverse ophthalmic pathologies that present to a major medical center, and, hence, I feel comfortable with exotic retinal surgical cases and patient presentations. Also, it is a pleasure being able to teach ophthalmology residents in the clinic and the OR. The academic setting provides the resources to allow me to pursue research projects to expand my academic horizons and satisfy my intellectual curiosity.

Overall, I am very excited to utilize all that I learned in my retina fellowship to provide the highest quality patient care and to have a rewarding career as a retinal surgeon. Our hybrid fellowship model is the best of both worlds and offers a fascinating opportunity for any aspiring vitreoretinal surgeon.

Joshua Mali, MD, is an assistant professor in the department of ophthalmology at Albany Medical College. After completion of his retina fellowship, he will be a vitreoretinal surgeon at The Eye Associates, a private multispecialty ophthalmology practice in Sarasota, Florida. Dr. Mali may be reached at joshuamalimd@gmail.com.

Efficiency in Fellowship



By Ashleigh Levison, MD
Program: Cleveland Clinic Cole Eye
Institute
Fellowship Director: Andrew Schachat, MD

The surgical retina fellowship at the Cleveland Clinic Cole Eye Institute accepts two fellows per year to train with a faculty that includes eight diversely trained surgical retina specialists and one medical retina specialist. Two of the surgical retina specialists are also part of the Cole Eye Institute's uveitis service, which is itself composed of three specialists. Surgical retina fellows at the Cleveland Clinic rotate in the clinics and ORs at the Cole Eye Institute and at MetroHealth, the city's county hospital and only level 1 trauma center.

The large faculty at the Cole Eye Institute gives the fellows great exposure to adult and pediatric retina and uveitis. Surgical experience starts on day one, and the first and second years of fellowship are similar to each other, except that more time is spent operating at the county hospital and running a resident retina clinic during the second year.

The Cleveland Clinic runs efficiently, with a great support staff allowing fellows to focus their time entirely on patient care in high-volume clinics. Having retina nurses and/or research coordinators in each clinic is a huge help to the fellows and increases the quality of patient care.

This efficiency extends into research as well, thus making research opportunities vast and easily accessible. The faculty is supportive in helping fellows with projects that can then be presented on the podium at national meetings. Because of the quality of research at Cole, fellows are fortunate to have access to the latest technologies, including integrated intraoperative optical coherence tomography (OCT) and OCT angiography.

Being part of Cole Retina is an amazing experience. The fellowship not only provides great training, but also does so in an incredibly collegial and fun environment.

Ashleigh Levison, MD, will be joining Retinal Consultants of Arizona upon completion of a six-month uveitis fellowship extension at the Cole Eye Institute. Dr. Levison may be reached at levisoa@ccf.org.