

FELLOWS' FOCUS

TRANSITION TIME



The new Fellows' Focus section editors ask their predecessors for insights about fellowship.

BY DURGA BORKAR, MD; PHILIP STOREY, MD; AND DANIEL SU, MD

As another academic year ends, graduating residents become fellows, junior fellows become senior fellows, senior fellows enter the workforce as freshly minted attendings, and a new cast of characters takes over as section editors and authors for this column. We are the new cast.

One way to succeed in a new role is to seek the advice of those who have walked the path before you. For this, our first coauthored piece in *Retina Today*, we asked the outgoing senior fellows at Wills Eye Hospital—the previous year's section editors for this column—to share some pearls of wisdom that they've accumulated in their past 2 years of training.

What is something you wish you had been told when you started fellowship?

Katherine Talcott, MD: Pay attention to ergonomics, both in the clinic and in the OR. You're more likely to perform better if you're comfortable. Also, when you're operating in the OR

without shoes, you need to invest in some thick socks with personality.

Ferhina S. Ali, MD, MPH: Time flies during fellowship. Each day rolls into the next, particularly with long days and weeks. It's important to hit the brakes at regular intervals and take stock of where you feel you are, clinically, surgically, professionally, and personally. Seek guidance when you need it.

What are the most important things to focus on clinically during the first 3 months of fellowship?

Dr. Talcott: I would focus on getting familiar and comfortable with bread-and-butter retina issues in the clinic. How much testing is needed to confirm a given diagnosis? When should I inject? How should I counsel the patient? Get comfortable with the settings and technique for laser use. Don't be afraid to discuss patients with the attendings. Now is the time to get those "stupid" questions out of the way. It will be more embarrassing

not to know these answers further into fellowship.

Christopher M. Aderman, MD: Familiarize yourself with treatment strategies for the most common conditions you will see (diabetic macular edema, proliferative diabetic retinopathy, age-related macular degeneration, retinal vein occlusion, epiretinal membrane, macular holes, retinal detachments, etc.) because they will comprise the majority of what you see in clinic. Understand when to treat with injections or laser, when to switch medications or treatment strategies, and when it's appropriate to consider surgery.

Dr. Ali: Pay attention to the nuances of the attending physician's clinical practice. When you take care of your own patients, take your time with each new patient encounter. Your first visit will guide all subsequent visits, both in terms of the patient's clinical course and your rapport with him or her. Lay the foundation so you

can focus on efficiency and optimizing your workflow in clinic later.

What do you wish you had done more of as a fellow?

Dr. Ali: I will always wish that I had asked even more questions in all my encounters with patients and attendings. It's easy to get caught up in the demands and fatigue of fellowship, but I would encourage all fellows to seize every opportunity. It is the last time you'll have someone to guide you every step of the way.

Dr. Aderman: As fellows, we're eager to get into the surgeon's seat and log as many primary cases as possible, but, as our fellowship draws to a close, I appreciate more the value of observing cases and seeing how our experienced attendings deal with complicated surgical issues.

Dr. Talcott: Now that I'm at the end of my fellowship, I find myself wanting to try new techniques and approaches, such as those used for rescuing and repositioning dislocated intraocular lens implants and using sponges or less common buckling elements. It's a lot easier to try new things while you are a fellow and have a seasoned attending to guide you.

What medical and surgical retina reading do you recommend for incoming fellows?

Dr. Aderman: Get an atlas to peruse when you're bored so you look like a rock star at the next fluorescein angiography conference. Definitely check out the American Society of Retina Specialists' Fellows-in-Training Section for its biweekly Retina Imaging Conference and monthly Surgical Conference.

Dr. Ali: The classics: *Ryan's Retina*, *Michels Retinal Detachment*, a good photo atlas, and flipping through the major journals. As you practice more, the free journals are an incredible source of information for practice patterns.



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Dr. Talcott: Although they are important and useful, retina textbooks such as *Ryan's Retina* and *Gass' Atlas of Macular Diseases* can be overwhelming and dense, especially if you don't have a lot of time on your hands. It can be useful to focus your reading on bread-and-butter clinical topics and landmark trials to frame the debates we have in conference and shape how we approach patients in our clinic.

What's the best piece of advice you received at the beginning of your retina fellowship?

Dr. Talcott: Fellowship is short. You have only 2 years to acquire as much knowledge, skill, and experience as possible before embarking on a career of your own in retina. See as many patients as you can, and don't shy away from taking care of complicated patients in the clinic or OR. Don't be afraid to try something new, whether it be an injection approach or a new surgical technique. Spend time with your attendings; seek out their advice and don't be afraid to discuss your complications.

Dr. Aderman: Retina fellowship is the best 2 years of your life. Enjoy it!

Dr. Ali: Be available, be affable, and be able. I think Chirag Shah, MD, adds "be awesome" to that list. Being awesome never hurts.

What are some of the resources to consider when looking for a job?

Dr. Aderman: Determine what's important to you and narrow your list from there. Do you want to be in academics or private practice? Are you geographically restricted? Will your spouse also be looking for a job? Research the retina landscape in the area you want to be and reach out to all reputable groups by email.

Dr. Talcott: Often the best retina jobs aren't posted or circulated. Local pharmaceutical and surgical reps can be great sources of information, especially if you are particularly interested in a certain geographic area. These reps often know all the practices in your area and can advise you if anyone is looking to hire. Reps you know from fellowship can help put you in touch with reps in your geographic areas of interest.

Looking back, what was the best learning experience you had during fellowship?

Dr. Ali: Hitting that sweet spot in my surgical year when I started feeling confident (but not too confident!) in the OR, and I just enjoyed the privilege and easy comfort of learning from and operating with people with whom I had developed supportive relationships.

Dr. Talcott: At Wills, we are exposed to a diversity of approaches to clinical management, bedside manner, and surgical techniques, including the use of various instruments. It was important to learn that there is not just one way to do things. Rather, having multiple tools in your box is important when you are approaching an individual patient and surgical problem. ■

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