Reflecting Back on Fellowship

Two newly minted attendings provide perspective on how their fellowship training has prepared them for practice.

WITH MICHAEL M. LAI, MD, PhD; AND PETER HO WIN, MD


Recently graduated fellows can offer an invaluable perspective to those still in training. Regardless of whether you choose private practice or academics, the transition can be a difficult one. Our training programs cannot prepare us for all of the challenges we will face with this transition. For this issue of Retina Today, *we invited two recently graduated fellows to reflect back on their experience. Michael M. Lai, MD, PhD, and Peter Ho Win, MD, both graduated in 2007 and learned a great deal since fellowship. In this installment of* Fellows' Focus, *they offer their insight into the practice-oriented topics to which they recommend paying more attention during fellowship. We can only learn from their advice and hopefully make our transition into practice a smooth one.*

-Omesh P. Gupta, MD, MBA; and Anita G. Prasad, MD

WHAT WOULD YOU HAVE DONE DIFFERENTLY DURING FELLOWSHIP?

Michael M. Lai, MD, PhD: Like most fellows, I was preoccupied with learning the medical and surgical management of vitreoretinal diseases during my training and paid very little attention to coding and billing issues. In retrospect, I wish I had I sought advice on those topics the same way I did on clinical issues.

WHAT DO YOU CONSIDER ONE OF THE MORE VALUABLE THINGS YOU LEARNED FROM YOUR FELLOWSHIP?

Peter Ho Win, MD: One of the most valuable aspects of my fellowship was training with several retina attendings. The exposure to different practice styles and surgical techniques during fellowship has allowed me to be successful in private practice.

It is valuable to attend and to present at as many meetings as you can. By doing this, you start to develop relationships with your colleagues and experts in the field. The subspecialty of retina is small, and it is valuable to know and be known by your fellow colleagues.

WHAT ADVICE FROM YOUR ATTENDINGS DO YOU WISH YOU HAD TAKEN MORE SERIOUSLY?

Dr. Lai: One of the best words of advice that I received from my attendings was to pay more attention to the management of medical retina patients. Most fellows tend to spend a great deal of their time concentrating on building their surgical skills. I was no exception. The majority of retina practice, however, is medical rather than surgical; most of the diagnostic dilemmas occur in medial retina patients. Being a referral-based specialty, patients who are diagnostic dilemmas will seek a second or third opinion from you. Experience dealing with these patients will not only improve their care, but also your reputation within the community. I would caution any current retina fellow to not short-change their medical retina training.

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Dr. Win: Developing good patient rapport was the most valuable advice given to me during fellowship. Patients are more willing to trust you and work with you as a team. This not only leads to better patient care, but also significantly lowers your risk of litigation in the event of a complication, especially in a busy practice

with multiple office and operating room procedures.

In a related topic, another great piece of advice is to be completely honest with your patients, especially when complications occur. At some point in your career, serious complications will occur. Your patients will be appreciative and you will gain more trust from them by being honest about any side effects or complications.

> Research experience also allows you to be a more critical reader of scientific literature.

WHAT WERE SOME CHALLENGES YOU FACED DURING YOUR FIRST COUPLE YEARS OUT OF FELLOWSHIP THAT MAY HAVE BEEN AVOIDED BY STEPS TAKEN DURING FELLOWSHIP?

Dr. Lai: No one achieves 100% success or 100% patient satisfaction. The biggest challenges that I have faced thus far in my career involve learning how to best handle those rare, but inevitable poor outcomes and the occasional difficult patients. Although these encounters constitute a small fraction of the overall practice, they can consume a disproportionate amount of resources. Fellows frequently distance themselves from these situations and allow their attendings to handle them. Had I been more engaged with these patients as a fellow, my learning curve after fellowship might have been less steep.

Dr. Win: One of the challenges that I faced going into private practice was trying to balance patient care with learning what procedures certain health insurance companies would allow. Learning the rules of billing and coding are important to success in private practice.

As retina fellows, we focus on the medical and surgical management of retinal disease, but is also important to incorporate an understanding of how to manage some business aspects of a retina practice. Although very few of us will manage a solo retinal practice, playing a productive role in any practice requires some working knowledge of business matters pertaining to medicine.

WHAT DO YOU WISH YOU LEARNED MORE ABOUT DURING YOUR FELLOWSHIP?

Dr. Lai: Again, coding and billing issues are important to learn. Now in private practice, I feel fairly comfortable with the management of retinal diseases. One issue that we are all protected from in the fellowship setting is the business aspect of managing a retina practice. Two providers can see the same number of patients and perform the same number of procedures, but have varied success financially.

Dr. Win: Although some attendings discussed coding and billing issues throughout my fellowship, I would have liked more exposure to the business aspects of the field. I think it is valuable for doctors to be prepared in this aspect.

WHAT POSITIVE AND NEGATIVE TRENDS DO YOU SEE IN HOW FELLOWS ARE CURRENTLY BEING TRAINED?

Dr. Lai: Most fellows are actively engaged in research and are contributing knowledge to our field. Whether these fellows choose to go into an academic career, their research experience helps them become better physicians. In addition, research experience also allows you to be a more critical reader of scientific literature. After fellowship, attending meetings and reading journal articles are important activities to maintain your knowledge base. Critically evaluating what you hear and read will ultimately improve how you care for your patients.

I believe the single most negative trend in our field is the proliferation of mediocre fellowship programs. Fellows are sometimes used as "cheap labor" and do not receive adequate teaching or supervision. This is the result of a larger issue confronting our subspecialty. where no governing organization oversees accreditation of our training programs. As we move forward, there must be a distinction between other ophthalmic physicians and retina specialists. Otherwise, the value of our additional training will be lost. ■

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