

Ophthalmology Residency Rank List Pearls

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Introduction

There are many excellent ophthalmology residency programs in the United States. However, no program is perfect. During the interview day and lunch/dinner with the residents, each program puts its best foot forward, and it can be difficult to sort out the differences and deficiencies of all the programs that you interviewed at when it comes time to making your rank list. No ophthalmology residency program is perfect! Here are some pearls that I believe sets some apart from others. I am dedicating this list to the Student Doctor Network Ophthalmology Forum members, all of the ophthalmology residency applicants that I have encountered at USC/Doheny and my co-residents. I hope you find it useful.

Rank List Pearls

1. *What are your goals?*

Most ophthalmology residency programs in the country will prepare you well to become a comprehensive ophthalmologist. Every program undergoes site reviews to ensure that ophthalmology residents get adequate surgical numbers and that each program advocates resident education over clinical service. If your goal is to be a competent cataract and refractive surgeon who can do basic plastic procedures and medically manage diabetic retinopathy and glaucoma, any Accreditation Council for Graduate Medical Education (ACGME) accredited ophthalmology residency program can help you meet those goals.

If you are considering a career in academic medicine or a competitive fellowship like oculoplastics or retina, you want to make sure that the programs you rank highly have a history of producing residents that achieve those goals. Ask THE RESIDENTS where their colleagues end up.

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2. *Family.*

The first year of ophthalmology residency is challenging at most programs. Having a spouse, family, or significant other on the opposite side of this country can make it more difficult. Do not underestimate how important a strong support network is during this crucial time in your life.

3. *Culture.*

a. The department chair and program director create the culture of an academic department and play a huge role in your future career. These are people who are going to be writing letters and making phone calls on your behalf for jobs, fellowship, and during your career. Comments from residents like, "*I'm not sure if the department chair knows my name*" or "*we never interact with our department chair*" should be big red flags.

b. Resident Education Philosophy. Imagine the following scenario: you need to swim from point A to point B in frigid, choppy water. Are you someone who jumps in and starts swimming right away? Or would you rather gently ease yourself into the water with a life vest being pulled for the first hundred yards or so? This is similar to ophthalmology residency, most people make it to Point B, but programs offer different strategies for getting there. Know what type of worker and learner you are and make sure that it matches the general philosophy of resident education at the programs you rank highly.

4. *Location.*

Do you hate rain? Don't do residency in the Pacific Northwest. Do you hate traffic? Don't do residency in Los Angeles. You don't have to love where you live but you do have to tolerate it for three years. Make sure you talk to the residents about practical issues such as where residents live and how expensive it is to live in the area. If you have kids, where do people send their kids to school/day care?

5. *Size of Program.*

a. Fellows should enhance resident education. You don't want the oculoplastics fellow stealing all of your ectropion repairs or the glaucoma fellow doing all your trabeculectomies. Ask the residents how fellows are involved in the residency program.

b. What if a program takes 8 residents per year? That's 8 people to share call with, right? That's also 8 people that need to share surgical cases and operating room (OR) time. Get a vibe for how happy residents are with the size of the program. Is it two residents per year that are getting killed? Or is it 6 residents per year that are twiddling their thumbs?

6. *Surgical Numbers.*

a. Cataracts. Everyone asks, "how many cataracts do you do?" It is very impressive to hear "276." Ask what that number means? Are they all clear cornea 20/50 phacos? It is true that you should master clear cornea phacoemulsification with various chop techniques during your residency. I believe that it is also important to learn how to perform cataract surgery in a variety of ways. If the nucleus is too hard, you should be comfortable with performing an extracapsular cataract surgery. If you thought the nucleus was soft but it really was too hard, converting to an extracapsular is also an essential skill to master. Knowing how to do a good scleral tunnel also prepares you well for doing trabeculectomies. Also, do the residents do the case from cut to close or do they watch the attending perform the rhexis, hold the phaco for a few minutes and then watch the attending put the lens in the bag? You can start to see that "276 cataracts" can mean different things at different programs.

b. Variety. Again, cataracts are your bread and butter as a comprehensive ophthalmologist. But there is more to ophthalmology than cataract surgery. Do the residents get certified in refractive surgery during their training? Make sure you get good numbers in glaucoma, plastics and strabismus as well. Variety of training only makes you a better surgeon.

7. *Lasers.*

Every resident should get experience using YAG and Argon lasers. There are some programs where residents watch their attendings perform these procedures.

8. *Call.*

Call is difficult (and at times, annoying) at all programs. Some have better systems than others. Home call means that you take call at home from a pager. If you go in at 3:00 AM to see a patient, you should also expect that you will work a full day in clinic the following day. The "30 hour go home at 1:00 PM rule" does not necessarily apply. Do you take call at one hospital? Or do you cover 4 hospitals at once? Ophthalmology call can be VERY BUSY especially at trauma centers. Know what you are getting into before you submit that rank list.

9. *Goodies.*

Does the program provide the Basic Clinical Science series? This is the standardized text for all ophthalmology residents that most programs provide. If you have to buy it yourself, tack on an extra \$1000. Does the program provide lenses? A super 66, 20 Diopter and gonio lens will set you back about \$1000. Want to go to the Association for Research in Vision and Ophthalmology (ARVO) and the American Academy of Ophthalmology (AAO) annual meetings? Make sure the program lets you go and reimburses you for it.

10. *Research.*

A lot of programs say that "we support resident research?" What does that mean? If a program really supports it, they will set aside time away from your clinical responsibilities to let you do it.

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