

CANADIAN COUNCIL OF OPHTHALMOLOGY RESIDENTS

POST-RESIDENCY GUIDEBOOK

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Introduction

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The Purpose

- 1. To help residents decide what to do after residency
- 2. To highlight what is entailed by a career in comprehensive and subspecialty ophthalmology
- 3. To help residents learn about applying for fellowships
- 4. To share practical tips from past residents



Should you do a fellowship?

Pros

- Increase expertise in a particular subfield of ophthalmology
- Extra set of skills in your toolbox in the job market
- Opportunity to learn how things run at a different institution
- Gain new skills surgically, clinically, administratively
- Opportunity to see different pathology than where you trained for residency

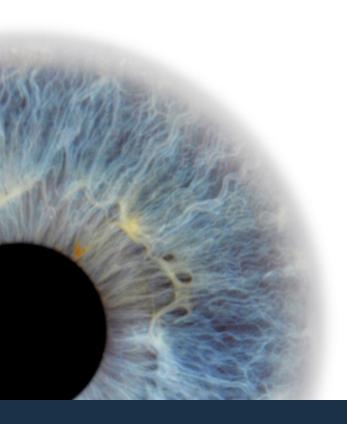
Cons

- Time commitment during residency (to apply, build CV to be competitive, figure out logistics post-acceptance)
- Delaying time to start life/set roots in a permanent place
- Losing out on the opportunity to start making money (Some fellows make less than residents)
- Might increase your restrictions on where you can practice due to resources limitations and/or availability of jobs



Part 1: Comprehensive Ophthalmology

"No fellowship"





"No Fellowship"

- Path taken by roughly 1/3 to 1/2 of graduating
 Canadian ophthalmology residents
- Large proportions of positions in Canada are for comprehensive ophthalmologists

Check out our first ever "No Fellowship" talk

https://www.youtube.com/watch?v=0ilw2B71uo8

Featuring Speakers

- Dr. Jason Kwok (Residency at University of Toronto Class of 2022, Comprehensive practice in Toronto)
- Dr. Grace Qiao (Residency at University of British Columbia Class of 2022, Comprehensive practice in Vancouver)



Pros and cons

Pros

- Flexibility to maintain skills across the breadth of ophthalmology
- Opportunities to have an informal focus or interest without fellowship training
- Often easier to find a job
- Easier to find individuals to cover your practice in the event of vacation or taking a leave

Cons

- Could be less competitive for jobs versus someone with fellowship training (even for positions intended for full comprehensive practice)
- Maybe be harder (but not impossible) to get a position at a tertiary or quaternary centre
- Less opportunities to be heavily involved in academics or research
- May have to take primary on-call responsibilties



Job Market

Availability

- Varies by year and geographic location
- As of 2022, generally good
- Often more opportunities in community and/or rural hospitals

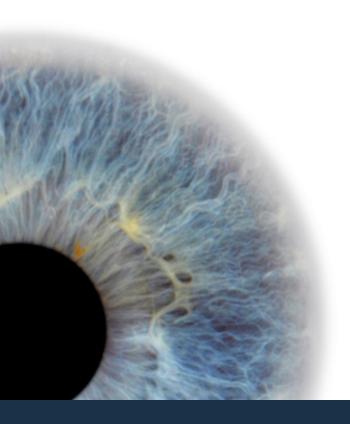
How to best prepare

- Ask around (staff ophthalmologists, OR nurses, and people who work in those communities)
- Network at conferences
- Do community electives or observerships
- Send emails to ophthalmology chiefs at various hospitals



Part 2: Applying for fellowship

How to navigate applying for fellowship





Fellowship Talks

Glaucoma, Oculoplastics, Neuro-Ophthalmology

https://youtu.be/cRq6nQ92wGo

Dr. Etienne Benard-Seguin (Neuro-Ophthalmology Fellow at Emory University)

Dr. Miso Gostimir (Oculoplastic/Orbital Surgery and Neuro-Ophthalmology Fellow at Wills Eye Hospital)

Dr. Wei Sim (Glaucoma Fellow at Queen's)

Surgical retina, Pediatrics, ASOPRS Oculoplastics

https://youtu.be/dXXKf0wS3Uo

Dr. Stephanie Cote (Pediatrics Fellow at University of Southern California)

Dr. Michael Mak (Surgical Retina Fellow at McGill University)

Dr. Georges Nassrallah (Oculoplastics Fellow at University of Toronto)



Fellowship Directory

Check out the CCOR Fellowship Directory 2023 Edition

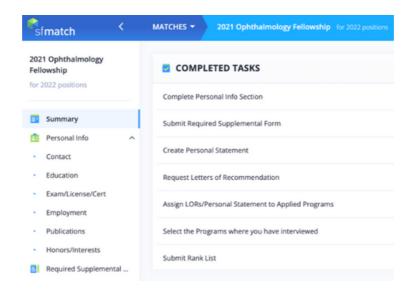
- https://bit.ly/CCORFellowshipDirectory2023
- This is a sortable list of over 210 past Canadian ophthalmology residents who have pursued fellowship training
- Some past residents have indicated they can be contacted by email by prospective fellows
- Source includes past CCOR Fellowship Directories and a survey we sent out this year to past graduates

First name	E Last name	Fellowship Subspecialty =	Fellowship Location =	Residency progra =
Darrell	Lewis	Cornea	Royal Victorian (Melbourne, A	Dalhousie University
Aaron	Winter	Neuro-Ophthalmology	Mass Eye and Ear	Dalhousie University
Anastasia	Neufeld	Neuro-Ophthalmology	Utah Moran Eye Center	Dalhousie University
Mark	Seamone	Surgical Retina	U of A	Dalhousie University
Chloe	Gottlieb	Uveitis	NEI	Dalhousie University
Andre	Pollmann	Cornea and External Eye Diseas	Montréal (U de M / CHUM)	Dalhousie University
Devin	Betsch	Glaucoma	Dalhousie University	Dalhousie University
Naveen	Mysore	Cornea	Cleveland Clinic	McGill University
Mash	Darvish	Cornea	Cincinnati	McGill University
Majed	Alkharashi	Cornea	Johns Hopkins	McGill University
Katie	Peng	Cornea	Boston	McGill University
Mohammed	Taha	Cornea	Ottawa	McGill University
Milad	Modaber	Cornea	UC Davis	McGill University
Catherine	Liu	Cornea	Boston	McGill University



The SF Match

- Centralized portal for many fellowship programs in North America
- Cost
 - \$335 non-refundable applicant registration fee
 - Covers registration, CAS distributions for up to 8 programs, and matching
 - \$35 fee for each additional program you apply to
- Requirements
 - 3 letters of reference (LOR)
 - Personal letter
 - Manually enter additional information
 - Publications, Honors, Interests
 - Some require additional documents
 - CV, transcripts, MSPR, USMLE scores





US Visas

- Most common visas: J-1 visa, H-1B visa
- Visa specifics depend on the individual institution and what visa types they can sponsor

J-1 Visa

- Similar to a student visa
- Need to be supervised
- Does not require USMLEs
- Must return home after

H-1B Visa

- Harder to get, often need institutional support for the application (ie lawyer fees etc)
- Able to be independent
- Supervise residents/sign notes
- Can take Attending call
- Requires USMLEs
- Able to stay and work after



USMLEs

Do you need to complete the USMLEs to do a fellowship in the U.S?

- No
- But can help keep options open
- Easier to make time to study earlier in training

Do you need to complete the USMLEs to do a fellowship in the U.S?

- Yes, for a H-1B visa
- If you want to bill as staff in the US
- If you're considering trying to stay in the US after training
- Certain states require it to obtain a state medical license
 - Even if you are on a J-1 visa, you still must be eligible for a state license
- No guarantee that state/institutional rules will be the same by the time you apply for fellowship



Application timeline

For the SF match and most programs in the US and Canada

Exceptions include ASOPRS, non-North American programs

Applications open

• July PGY-5

Applications due

August PGY-5

Interviews

October/November PGY-5

Match Day

December PGY-5



Personal statement

- Talk about how you got interested in your subspecialty
- Talk about your residency experience
- What did you achieve/accomplish so far that was noteworthy?
- Talk about what exposure you had/enjoyed in residency for your subspecialty
- Talk about goals what do you want to achieve during fellowship? After fellowship?
- Talk about where you see yourself working academic, community, combined, etc.



Interviews

- Variable in length and format
- Common questions often include:
 - Medical/Surgical exposure to that particular subspecialty during residency
 - Surgical skills (ie how many cataract cases done during residency, what complications have you managed)
 - Career aspirations post-fellowship
 - Hobbies/special interests
 - Research what type of research do you plan on during fellowship
 - What do you think about the city
 - How do you see yourself as a fit for the program



Ranking

- Similar to CaRMS! but often you have more agency now over choosing your best fit
 - Often less applicants per position
- Think about the program does it fit your needs for your ideal job?
- Think about where you want to live and work for 1-2 years
- Talk to current fellows and past fellows
 - Get their impression about the program, what they enjoyed/didn't enjoy
 - Case numbers and surgical exposure are important!
 - Ask about what it's like working with attendings in the program
 - Ask about where the program is headed/where it is going to expand



Part 3: Comparing subspecialties

How to choose a subspecialty based on thoughts from past residents - subspecialties represented are those we got responses from





Cornea

- If you enjoy
 - a good mix of clinic and surgery
 - an evolving field with many new medical and surgical treatments being developed
 - having an in demand skill set that pairs well with comprehensive
 - lots of opportunities to interpret diagnostics
- Be mindful of
 - being a resource-intensive subspecialty which can limit positions and job prospects (need access to grafts)
 - refractive patients can have high expectations for visual outcomes

- Cornea Fellow



Glaucoma

- If you enjoy
 - an evolving field with many new medical and surgical treatments being developed
 - having an in demand skill set that pairs well with comprehensive
- Be mindful of
 - sometimes can have emergencies or urgent postoperative complications
 - often not "curing" disease process

- Glaucoma Fellow



Neuro-Ophthamology

- If you enjoy
 - complex cases and diagnostic dilemmas
 - lots of interactions with other specialties outside of ophthalmology
 - lots of opportunities to order and interpret systemic imaging and investigations
 - often making life-saving diagnoses
- Be mindful of
 - sometimes more focused on making diagnoses as few treatment options for some pathologies (or treated by other specialties such as neurosurgery)

- Neuro-Ophthalmology Fellow



Oculoplastics

- If you enjoy
 - a subspecialty that interacts with other medical specialties
 - lots of operating (including main OR)
 - also operate on skin, fat, muscle, bone, mucosa, etc.
- Be mindful of
 - more emergencies than most other subspecialties except retina
 - can be busy with emergencies or long complex cases depending on location of practice
 - training can be long (can be multiple years of fellowship)
 - ASOPRS Oculoplastics Fellow



Pediatrics

- If you enjoy
 - a large variety of surgical procedures
 - rewarding outcomes and longitudinal relationships with patients
 - o having an in demand skill set
 - low after hours and on call responsibilities
- Be mindful of
 - need to be comfortable with the examination skills
 - extra patience for challenging patients and parents
 - often more chair time needed than adult patients
 - Pediatric Ophthalmology Fellow



Surgical Retina

- If you enjoy
 - Rewarding but complex surgical work
 - Cutting edge technology and research
 - Save vision both medically and surgically
- Be mindful of
 - Long and sometimes odd hours
 - Hospital requirement
 - Limited job prospects
 - Surgical Retina Fellow



Part 4: Tips from past residents

We asked past residents what tips they would share with residents





How to plan prior to PGY-5

- Document procedures/surgeries done
 - Logbook is important
 - Networking for potential fellowships (conferences, meetings)
- Research/Innovation
 - Make sure to keep an up-to-date list of all your presentations/publications
 - Aim to be different
- Make connections with mentors
 - Build relationships that will transform into great letters of references!

- Surgical Retina Fellow

How to reduce your application workload

- Keep this information handy!
 - Medical school / Undergrad diploma
 - MCCQE ID and MCCQE scores
 - Publications (Pubmed ID's) and presentations (where, when)
 Surgical Retina Fellow



How did you decide which subspecialty?

- Good exposure during residency
- Job prospects
- Influence of positive mentors

What did you look for when comparing fellowship programs?

- Reputation of the program amongst mentors
- Any connections to the program via mentors
- Clinical and surgical exposure
- Location
- Salary and funding as a fellow
- Feedback from previous fellows

What questions should I be asking a fellowship program?

- Case numbers for an average fellow
- The career trajectory of previous fellows
- Contact information of previous fellows



Which countries did you apply to?

• Canada, US, Australia, UK

What do you think made you a strong fellowship applicant?

- Research productivity
- Innovation in medical education
- Connections via mentors
- Being trained in a Canadian program (includes high surgical numbers compared to other countries)
- Being interested in academics

Anything that surprised you or you would've done differently while applying to fellowships?

- Write the USMLE early in residency
- Start working on my applications sooner
- Lack of funding was surprising in many Canadian programs



How were fellowships you were looking at funded?

- Salary from the department
- Self funded or had to seek your own funding
- Work in emergency eye clinic to pay for your own salary

What questions should I be asking a prospective employer or Department Chair?

- How will resources be distributed (OR time, call, special resources)?
- What plans are there for the department in the next 5 years?
- What are you looking for in a candidate?
- How they deal with sick leaves

What was your surgical time like at the start of your practice?

- 1.5 days/month
- 2 days/month



Any other reflections or tips you would like to share with residents?

- Find a mentor that will support you and be invested in your success. Passive mentors that will not advocate for you might take away from time better spent with people who care.
- Plan early have to decide whether location/family is more important than pursuing your subspecialty. Some subspecialties jobs are hard to find and hence you have to be flexible in regard to moving in the future
- Knowing/having high-likelihood plan for job post-fellowship might improve chances of landing your desired training spot (reflects well on fellowship program potentially)



Conclusion

We hope you have found this post-residency guidebook to be helpful!

Best of luck navigating the next steps of your career post-residency.

We would appreciate any feedback on this guidebook and feel free to send any suggestions for future iterations to codylo@alumni.ubc.ca

Best regards,

Cody Lo, MD CCOR Fellowship Liaison 2022-2023 Ophthalmology Resident, University of Ottawa



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- Views expressed in this guidebook are compiled from personal accounts from past residents and do not represent the views of CCOR and the COS.

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