Academic Pediatric Ophthalmology and Neuro-Ophthalmology

I am an Assistant Professor of Ophthalmology at the Jules Stein Eye Institute at the University of California, Los Angeles specializing in Pediatric Ophthalmology & Adult Strabismus *and* Neuro-Ophthalmology. During medical school at the University of Pennsylvania, I developed equally strong interests in Ophthalmology and Neurology but chose to pursue an Ophthalmology residency based on my desire to perform surgery. With an interest in Neuro-Ophthalmology when I entered residency at UCLA, I was persuaded to pursue a fellowship first in Pediatric Ophthalmology & Strabismus so that I could perfect my strabismus surgery technique and have a better understanding of neurologic strabismus. During my first fellowship at UCLA, I realized that I truly loved working with children and decided that after my second fellowship at Penn in Neuro-Ophthalmology that I'd focus on pediatric neuro-ophthalmology as well as adult neurologic strabismus. I joined the faculty at UCLA in 2010, became the associate residency program director, and received an NIH K23 award to study binocular summation in strabismus. I spend 2 half-days per week seeing patients and performing surgery and the rest of my time working on clinical research and residency education.

Why should I combine these two specialties?

Why not? The combination of pediatric ophthalmology and neuro-ophthalmology is a perfect way to practice a surgical sub-specialty while maintaining an intellectually interesting and gratifying longitudinal interaction with patients who need you!

1. For adult population: there is a large overlap of knowledge required to practice adult efferent neuro-ophthalmology

<u>Surgical Procedures:</u> In general, neuro-ophthlamology is not a surgical subspecialty. However, combining neuro-ophthalmology with training in pediatric ophthalmology and strabismus allows for a unique niche in which you can treat your patients with neurological causes of strabismus and nystagmus with surgery.

<u>Understanding of adult strabismus diagnosis and management:</u> Pediatric ophthalmologists are often the first-line of diagnosis and management for adult patients with strabismus. A background in neuro-ophthlamology will ensure that patients undergo the appropriate diagnostic testing to rule out neurologic diseases.

2. For pediatric population: there is large group of under-served pediatric neuroophthalmology patients that are currently cared for by general pediatric ophthalmologists or adult neuro-ophthlamologists who represent an interesting and grateful population for your practice

What are some challenges to combining these specialties?

Typically, you will have to choose (or be assigned) one primary division within the department (pediatrics or neuro-ophthalmology). Choose this division based on your own interests, mentorship, and of course financial considerations should be weighed. You also will want to consider how to divide your time between pediatric and adult patients. My advice is to start off seeing "all-comers" and refine your interests as your practice grow.s

How do I find a job if I combine these specialties?

Combining these two specialties provides you with a unique niche. Academic centers will be happy to entertain hiring you since you can fill two needs for the department. Apply for jobs within both sub-specialties but ask to meet with members of the other division so that you can confirm your ability to work within both groups at the given institution.

Nuts & Bolts of Pursing Dual Fellowship Training

This decision is personal and should be based both on geographic and personal considerations as well as priorities with regard to your practice interests. For example, performing the neuro-ophthlamology fellowship first will give you a greater understanding of adult strabismus prior to your pediatrics fellowship. However, some find it difficult to discontinue surgery immediately following residency training. Performing pediatrics first will give you the opportunity to refine your strabismus surgery skills prior to your neuro-ophthalmology fellowship, which can then allow you to perform very limited or intermittent surgery during the neuro-ophthlamology year and still maintain your skills. *Regardless of the order you choose,* ask your 2nd year fellowship mentors to provide you with one half-day per week rotating with the alternate division during your 2nd fellowship year. This should include some operating room time during your neuro-ophthalmology fellowship.