FREQUENTLY ASKED QUESTIONS – 2019

Program: Ophthalmology

**Specialty/Field Questions:**

1. a) What are some strengths about your specialty? What draws and keeps people in your specialty?

   Great combination of both medical and surgical aspects with ‘treatability’ of many ophthalmologic conditions. Dynamic field with constant incorporation of innovative technology in both diagnostics and management.

b) What are some common complaints in your specialty?

   Increasing sub specialization leading to longer training and challenges in continuing to maintain a large knowledge base. Public misconception and confusion regarding various professions involved in eye care. Numerous complications arising from commercial allied health fields e.g.: contact lens problems. Generally poor understanding of ophthalmologic problems amongst other physicians.

2. Why did you choose your specialty?

   Combination of medical and surgical treatments in helping patients with eye problems, of which there is no shortage. Personally rewarding in helping patient maintain and even improve quality of life – people value their vision. Many opportunities to apply training in international settings and developing world. Opportunity to identify life threatening systematic and neurologic disease through eye exam.

3. What types of clinical cases do you commonly see?

   - Dry eye / Blepharitis
   - Chalazions
   - Lid Ptosis / Entropion / Ectropion
   - Cataracts
   - Corneal Abrasions
   - Eye Trauma / Rupture Globe
   - Contact Lens Related
   - Double Vision

   - Strabismus
   - Diabetic Retinopathy
   - Age-related Macular Degeneration
   - Retinal Tears / Detachment
   - Uveitis
   - Glaucoma
   - Papilledema

4. Briefly describe a typical day.

   - Seminars 2-3/wk (Cornea, Retina, Strabismus, Cataract, Glaucoma) 7h00
     (Grand rounds on Fridays 7h30)
   - Inpatient consults at RAH only
   - See inpatients before 7h45 Operating and clinic days
   - Operating days: 7h45-17h00, 1-3 days per week during cataract surgery rotation
   - Clinic days of ~30-100 booked patients: 0800-1800 hrs
   - ~1 in 5 weekend call (~12hr days of consults/OR)

5. a) What are the varieties of lifestyles within your field?

   Large variation in lifestyle and workload depending on personal preference and patient population demand: ~40-90 hrs/week with 30-100+ patients/day on-call 1 in 4 to 1 in 30. Choice of community based, hospital associated or fulltime hospital base/academic practice with involvement in teaching and research.

b) Specifically, how able is your specialty to accommodate family life?

   Once again large variation depending on personal preference, generally flexible.
6. Range of incomes?

Extremely variable, but well remunerated specialty. It must be noted that the overhead costs are among the highest.

7. How do you see your discipline changing over the next decade?

Continued technological advances in diagnostic equipment and microsurgical instruments and techniques. Many possible nanotech applications.

**Residency Program Questions:**

8. a) What are you specifically looking for in an impressive candidate?

Compassion     Eager to learn
Hard working     Teachable
Ability to interact with current residents   Learns from mistakes
Team-oriented personality   Well-rounded / Diversity of interests
Intelligence     Ambition

b) What can a potential candidate do now, in order to be an appealing applicant to your program?

Arrange electives in ophthalmology at schools of potential interest.
Develop a strong working knowledge prior to elective.
Research projects are looked upon favorably, as well as presentation and publication.

9. How is your residency program organized?

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<tr>
<th>1st Year</th>
<th>2nd Year</th>
<th>3rd / 4th / 5th Year</th>
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<tbody>
<tr>
<td>Rheumatology (2 wks)</td>
<td>Diagnostics (1 wk)</td>
<td>Science Course</td>
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<td>Elective (4 wks)</td>
<td>Elective (4 wks)</td>
<td>Community</td>
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<tr>
<td>Emergency (6 wks)</td>
<td>General/ER Clinic (30 wks)</td>
<td>Electives</td>
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<tr>
<td>Internal Medicine (4 wks)</td>
<td>Glaucoma (6 wks)</td>
<td>Glaucoma</td>
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<tr>
<td>Neurology (4 wks)</td>
<td>LMCC (1 wk)</td>
<td>Neuro/Cornea</td>
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<td>Neuroradiology (4 wks)</td>
<td>Retina (6 wks)</td>
<td>Oculoplastics</td>
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<td>Ophthalmology (8 wks)</td>
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<td>Pediatrics/Strabismus</td>
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<td>Pediatrics (4 wks)</td>
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<td>Retina</td>
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<td>Plastic Surgery (6 wks)</td>
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10. What is your residency program’s orientation and focus?

The program’s mission is to generate skilled and competent comprehensive ophthalmologists and, depending on the trainee’s interest, be competitive for subspecialty training programs. This done in a supportive and collegial environment that strives to learn what is known and contemporary, but also to provide and generate new knowledge in order to better provide services related to the diagnosis, treatment, and prevention of visual disorders. Trainees are encouraged to follow their own carefully chosen path to create a career that is tailored for their needs/interests. Edmonton provides a mid-size program, large catchment area and admirable surgical load without the impersonal nature of large programs with fellows.

11. What is the availability of experiences in subspecialty areas during training?

There is substantial exposure to the following subspecialty areas to achieve good comprehensive training, while also allowing the resident to make informed career choices.

Oculoplastics     Glaucoma     Uveitis
Neuro-ophthalmology     Cornea & External Disease     Retina

12. Are there sufficient elective opportunities during training to explore your special interests?

Yes, very good exposure to subspecialty fields in addition to elective time.
13. What is the on-call schedule during each year of residency?

PGY1 – 2wks of Day call and 1 in 5 home/weekend call while on service, Chief back up.
PGY2 – Approx 23 week of Day call and 1 in 5 home/weekend call with Chief back up.
PGY3 – 1 in 5 home/weekend call.
PGY4 – 1 in 5 home/weekend call, inpatient consults.
PGY5 – Second call for PGY1 and PGY2

14. What distinguishes the U of A program from other programs?

- Great exposure to all subspecialties with high patient volumes.
- Excellent academic staff that continue to grow in number.
- Centralized Ophthalmology services at one hospital.
- Centralized location with private clinic experience.
- Huge catchment area and abundant trauma acuity.
- Amazing operating rooms.
- Fully equipped Ophthalmic Surgical Skills Centre with virtual surgery simulator, microscopes, surgical instruments and phacoemulsification machines.
- Friendly resident atmosphere.
- New Program Director 2012.

15. a) Who can we contact for more information?

- Department of Ophthalmology Website: [https://www.ualberta.ca/ophthalmology](https://www.ualberta.ca/ophthalmology)
- Medical Education Program Administrator: Devra Samay
- UGME Co-Director: Dr. James Lewis
- Residency Program Director: Dr. Carlos Solarte

b) Specifically, is there a list of residents whom we can call or email?

[https://www.ualberta.ca/ophthalmology/people/residents](https://www.ualberta.ca/ophthalmology/people/residents)

16. How competitive is it to get in, and then to succeed in your field?

Historically, Ophthalmology has been in the top five most difficult residencies to obtain. A backup plan in the event of an unsuccessful match is suggested. For University of Alberta, typically we interview 12-15 candidates for 2 residency positions.

17. a) Is there active and/or required research in your residency program?

There is a formal requirement for residents to conduct research during their training. PGY2, 3 and 4’s are required to present research annually on Research Day. It may range from a case report on a particular condition, lab-based research or a clinical trial done during the elective time allotted. Some travel funding is available to residents to present research at national and international conferences.

b) What role does research play in your career?

Personal choice and preference. Some may choose to pursue academic interests full time, while others may choose not to be involved in research. However, with the great increase in knowledge and evidence based medicine, ophthalmologists need to keep updated on research in order to keep up with changing trends and maintain competence.
18. What local, national or international conferences would be of benefit to candidates interested in your residency program?

- The Canadian Ophthalmological Society’s Annual Meeting and Exhibition (COS)
- Association for Research in Vision and Ophthalmology (ARVO)
- EPSA (Eye Physicians and Surgeons of Alberta) Meeting, Banff February
- The COS is best suited for the medical student level, especially if presenting research