



ADVICE FOR RESIDENCY AND FELLOWSHIP APPLICATIONS

YMDC member Francesca Kahale, MD, asks Christopher E. Starr, MD, for his advice on residency and fellowship applications.

Francesca Kahale, MD: I'd like to begin with a question on behalf of residents or fellows who are just starting to explore programs. What advice can you give them on navigating and learning more about these programs?

Christopher E. Starr, MD: I believe it's beneficial to do a rotation in the programs that interest you the most. This can be particularly helpful for applicants from other countries because it is more challenging to get into a program in the United States. Ophthalmology is a competitive field.

Away rotations are an excellent way to meet people and showcase your dedication, intelligence, and abilities. When you're on these rotations, make a substantial effort. There's always the question of whether to do an away rotation, and opinions on this can be polarized. I support it, however, especially considering how it has impacted people at my institution.

In my department at Weill Cornell, we value hard workers, team players, and those who gel well with our department, regardless of their background. Over the years, we've tended to take people as residents, attendings, and faculty from the pool of individuals we've worked with or who have rotated with us. Although away rotations can occasionally backfire, most rotating students do well and increase their chances of matching with us.

Dr. Kahale: For those applying to medical school or for residencies,

fellowships, academic positions, or jobs, what's your advice on balancing comfort at a particular institution versus learning from a variety of institutions?

Dr. Starr: I typically recommend that my residents pursue fellowships at different institutions. I followed the same advice when I was a resident, leaving Massachusetts Eye and Ear to do my fellowship at Johns Hopkins at the Wilmer Eye Institute. I made that choice because the rotations at Massachusetts Eye and Ear were thorough and engaging and I worked closely with the cornea team. By the time I finished, I felt like I had completed a cornea fellowship there. I knew their methods and surgical approaches. Despite my fondness for the place, I felt compelled to go elsewhere to learn a different approach.

If there are geographic restrictions requiring one to stay in the same city, there's usually another great academic center to consider. I think it makes a lot of sense to experience a different institution, but it's not a universal choice for everyone.

There are also benefits to staying put. For instance, if you stay at the same institution for fellowship, you already know the people, the system, and the intricacies of the hospital and its electronic medical record system. If you're going into cornea, for example, and have spent 3 years with us rotating on the cornea service many times, you might already feel like you know everything we do. In such a case, you

may find it more beneficial to go to New York University, Columbia, Manhattan Eye and Ear, or New York Eye and Ear if you must stay in New York. Cities like New York and Boston—and many others—are great places to train in that they have many reputable hospitals and teaching programs.

Dr. Kahale: Should medical students and residents who have a specific fellowship or topic of interest focus solely on that area early on, or is it more beneficial to obtain a comprehensive education during their residency?

Dr. Starr: I believe that, for research purposes, it might be beneficial to connect with individuals in the specific field of interest, even if it changes later, and conduct as much original research as possible. I strongly encourage individuals to approach every single residency rotation with an open mind and heart, however, and learn everything you can.

I went into my residency fully convinced I would specialize in retina. I had even conducted retinal research during medical school with esteemed mentors. As I navigated each rotation with an open mind, I found myself captivated by each subspecialty, from neuro-ophthalmology to pediatrics. I switched to cornea at the last minute. The ability to manipulate and directly impact the ocular surface, immediately improving vision and symptoms, resonated with me strongly, and I made the tough

decision to switch from retina to cornea/anterior segment.

Treat each rotation as your future specialty and absorb as much as you can. This approach will also be beneficial when studying for boards. The objective of residency is not to start your fellowship 3 years early but to learn comprehensive ophthalmology.

The field of ophthalmology is vast and constantly evolving, making it challenging to keep up with all the latest developments even as an attending. The reality is that even 4 years might not be enough time to fully immerse oneself in all the different subspecialties. I wouldn't suggest making residency any longer, however. Instead, focus on your subspecialty of choice during your fellowship.

Dr. Kahale: What recommendations do you have for seeking a letter of recommendation?

Dr. Starr: One crucial thing to avoid is obtaining a letter from a chairman or program director, or anyone for that matter, who doesn't know you well. This can be detrimental. If a chair writes similar letters for multiple applicants, it becomes apparent they don't know any of you or they prefer one or two over the rest, which can actually hurt your chances of securing an interview.

Recommendations should come from individuals who know you well, regardless of their prestige. Often, junior faculty, who work closely with residents and students, can write insightful letters that resonate with program directors. Also, those you've conducted research

with can speak to your work ethic and personality.

You don't need a recommendation from the most esteemed person in the department. Avoid generic letters from unfamiliar yet notable individuals. ■

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