SUB-SPECIALTY FOCUS—PART 2
THE UNFORESEEN JOURNEY OF FELLOWSHIP: THE MENTORS' PERSPECTIVE

One fine morning, sitting at your busy clinic, suddenly, it dawns upon you that you alone are accountable for your patient's outcome; whatever that might be. You no longer have the comfort of your experienced consultant guiding you during surgery; or patting your shoulder and giving you encouraging words such as "well done" or "don't worry, you'll be better someday". To be able to sit back with confidence and smile back with certainty, one must not lose sight of the value gained in the years of fellowship training. In Part 2 of this 3-part series, we will get some words of wisdom from sub-specialty trainers on how to sail through confidently in the training program and become a competent sub-specialist.

Dr Widad Md Yusof, MBBS is a Vitreo-retinal Consultant / Fellowship trainer currently based in Hospital Selayang, Selangor. He did his fellowship both in Malaysia and University of Hong Kong.

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What are some of the things that sub-specialty fellows can do to make the most of their fellowship training?

Widad Md Yusof, MBBS: Each person has his own strengths/weaknesses. The realization of one's capacity and potential, with clarity of purpose is a good starting point. Thereafter, plans could be made to fill gaps of experiences in places where he is posted. However, do bear in mind subspecialty service does not exist in a silo. Being a good general ophthalmologist and team player are prerequisites of being an excellent vitreo-retinal trainee/surgeon.

Norhalwani binti Husain, MD: My advice is to read journals and articles to get the latest updates on management, intervention and new advances. Recording your surgery and replaying the videos to gauge your performance and improving your techniques is highly recommended. Fellows should also make it a habit to review patients pre-operatively, follow-up post-operative cases and discuss with their supervisors regarding management plans as each glaucoma case has different outcomes and individualization of patients is important. In addition, keeping an up-to-date logbook with detailed documentation of complications, although may seem tedious, is pertinent in the long run.

Chandramalar T.S Thelagan, MBBS: Firstly, I agree with Dr Widad; candidates must be aware of the reasons they have chosen that particular sub-specialty along with the structure of its training programme with emphasis on the objectives of the training and what is expected from them especially in terms of knowledge. Fellows must do whatever necessary to propagate a higher order level of thinking in dealing with complicated cases and have clarity in formulating management plans in difficult cases. This can only be achieved by intensive study of theory coupled with surgical training and opening one's mind to continuously improve the level of advanced clinical and surgical

knowledge. They should exhibit leadership abilities and possess sufficient intellectual curiosity coupled with the ability to be proactive and develop the initiative to work diligently.

Jamalia Rahmat, MBBS: Fellowship is an apprenticeship. Develop a good relationship with your consultant, even if both of you have different or opposite personalities. Volunteer to help out whenever possible and be available even when not expected by your supervisor. Do more than what is expected of you. Strengthen your basic knowledge & skills before your fellowship. Have a positive attitude towards the whole training experience, there is a lesson to learn from everyone you meet and every patient you see. Have the humility to acknowledge that you don't have all the answers all the time and neither do your consultants. Be open to new challenges and don't be afraid of hard work. Last word of advice: *Don't take everything too personally, it is not all about you.*

From your experience, what is the most challenging aspect of training a fellow?

Norhalwani binti Husain, MD: In my journey as a trainer, monitoring the research project is the most demanding. Often, these projects are done at the last minute without giving supervisors adequate time for correction. Another difficulty I encounter with my glaucoma fellows is teaching surgical techniques and post-operative management. Sometimes, the fellows might not agree with my technique as they would have already adopted some other surgeon's/supervisor's technique.

Chandramalar T.S Thelagan, MBBS: In my experience as a Cornea sub-specialty trainer, the most challenging aspect of training a Corneal fellow is to change their mindset from that of a follower of instructions to a leader taking charge of the management plan of the patient in order to produce a Corneal and Anterior Segment consultant of a certifiable caliber. My method of training currently is to train the Corneal fellow to analyze the patient thoroughly to acquire the list of problems in order to develop an effective management plan. Surgical training is not just limited to performing the surgery but should also involve dealing with the possible complications which may arise intra and post-operatively. The most difficult part is also to realize when NOT to operate and this will only come after adequate preoperative assessment and clinical knowledge which is an art by itself.

Jamalia Rahmat, MBBS: *Number 1*: Making fellows read. Most fellows think fellowship is all about gaining surgical skills which is what they are more interested in. *Number 2*: Each fellow is different. Getting to know each of them and their strengths, and polishing it can be taxing sometimes. Each fellow may have a different path although they are in the same programme.

Widad Md Yusof, MBBS: To make them understand it's not just about surgery. Number of surgeries has a certain weightage, but it is more important to understand the indication and the process. It is a dynamic process where last week's decision might not be applicable today when new plans might be needed. Thus, patients need to be reassessed diligently one day before surgery. Patients' expectations may change too. Skills-wise, anterior segment surgery (eg. cataract surgery) must not be an issue in fellowship training-trainees should be experts before enrolling.

In your opinion, why do some fellows struggle to complete the program in time or even drop-out of the programme?

Jamalia Rahmat, MBBS: They are too rigid in their own perception on how a training program should be, and they expect the program to revolve around what they can and cannot accept. Secondly, poor handling of stress. Subspecialty training is not a walk in the park. Training is not meant to be easy. There are no shortcuts. Next, inadequate basic knowledge of Ophthalmology and having poor insight about their own knowledge gaps plus poor attitude in accepting feed-back. Finally, lack of clarity on the reasons they decided to pursue the programme, then there is no motivation to complete it.

Widad Md Yusof, MBBS: Mismatch of expectation vs actual experience. Inability to cope or acquire the skills required. Incompetency in anterior segment surgery usually will hamper progress.

Norhalwani binti Husain, MD: Four reasons I often encounter: *Number 1*: Late planning and last minute analysis of research project. *Number 2*: Failure to keep a proper logbook *Number 3*: Loss of interest and *finally,* poor family support and too many personal problems that require more attention than the training programme.

Chandramalar T.S Thelagan, MBBS: Time management is of crucial importance not to mention the willpower to persevere through trying situations. At times, some sacrifices may have to be made in order to complete the training successfully keeping in mind that it is only a three year programme and will be a temporary period of inconvenience to the personal and family life. Some candidates find critical thinking quite elusive and find it demanding to invest their time and energy to complete the programme successfully and eventually decide to drop out of the course.

How do you balance between letting fellows gain surgical experience and deciding when to take over?

Chandramalar T.S Thelagan, MBBS: Undoubtedly, it took me some time to develop a balance of allowing the Corneal Fellows to gain surgical experience before intervening and taking over. My rule of thumb is to prioritize the patient's well -being first and any situation which can jeopardize this warrants an intervention where I would step in to take over. I believe in allowing them to assist and to observe a few surgeries first before embarking on a surgery under my supervision. Before I supervise any surgery done by a Corneal Fellow, I would usually ask them to verbally present the issues at hand and the complications they anticipate with their plan of surgery. I usually attempt to get them through the entire surgery and only take over if things get too complicated.

Jamalia Rahmat, MBBS: It's a very delicate balance between the needs of your fellows and making sure that patient care is not compromised in any way. It depends on at which level of training the fellow is in and the level of trust between the fellow and trainer. In general, the first 3 months is just assisting, by 6 months, they are doing procedures under direct supervision and by one year, they do full procedures. This is not fixed of course; some have good hands and advance faster, while some still need their hands to be 'held' longer than others.

Widad Md Yusof, MBBS: Patient safety. There is no compromise on this. When there is no clear plan or contingency plan, inability to decide on specific endpoints for each step involved, or when instructions are not followed (not understood), potential for tissue injury/complication is high, then certainly a take-over is warranted.

Norhalwani binti Husain, MD: I would allow fellows to start surgery with a straight forward case, observe closely and take over before they run into complications. The balance here can be quite tricky. Sometimes, taking over during difficult steps and allowing the fellows to complete the other steps is necessary.

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