

### Introduction

Welcome to the 15th issue of CORNEA SOCIETY UNIVERSITY (CSU). This month's CSU VideoEd will focus on "Corneal Imaging and Topography." We will also feature an article on "Incorporating research into a private practice setting."

#### ✓ Incorporating research into a private practice setting

Choosing your first job out of fellowship is a daunting task.

#### ✓ Corneal Imaging and Topography

Good corneal imaging is essential for proper diagnosis and management of a wide range of corneal pathologies.

#### ✓ New CSU website: Join today!

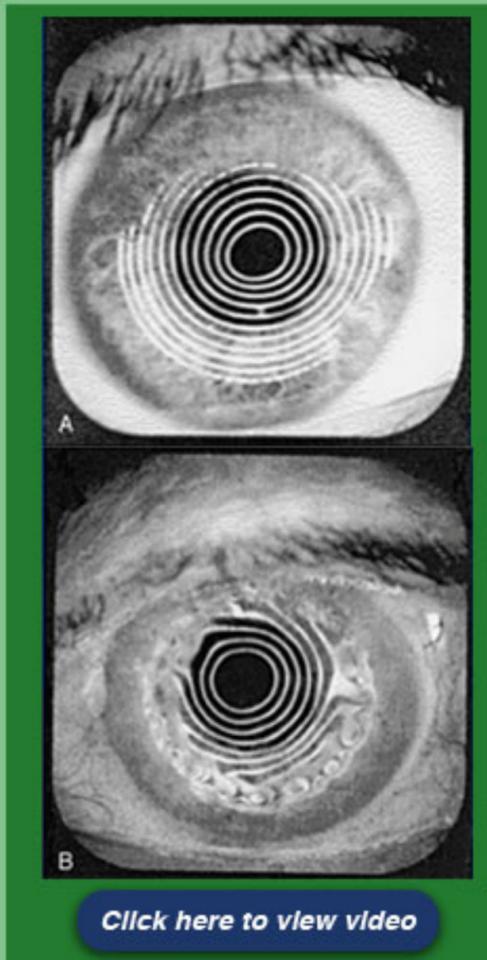
Be the first to learn more about the new launch of the Cornea Society University (CSU).

#### ✓ Save the date: CSU dinner, Friday, April 13, Washington, D.C.

We are excited to announce a new dinner series developed by the Cornea Society Young Physician Task Force and sponsored by Cornea Society University (CSU)

#### ✓ CSU booth at ASCRS•ASOA Annual Meeting

Be sure to visit the CSU booth at the ASCRS•ASOA Annual Meeting, April 14–17, in Washington, D.C.



Full stories below

### Incorporating research into a private practice setting

Choosing your first job out of fellowship is a daunting task. There are so many variables to consider including location of the practice, size of the practice, patient population, teaching and research opportunities, and academic vs. private practice. The latter is often one of the biggest differentiators. Historically, the majority of research, both basic and clinical, and teaching of trainees was performed only at academic institutions. In the modern day, especially in ophthalmology, many hybrid models exist. Many private practices perform top-notch research and have amazing corneal fellowship programs. If you want to include research and teaching in your practice, don't rule out the private sector.

Incorporating research into the private practice, however, is not an easy task. In the academic setting, research is an integral part of the institution, and many systems are already in place. If you are lucky enough to join a private practice that already engages in research, you can take advantage of the existing systems. For many physicians, however, they have to create an environment that allows for successful research.

I spoke with two excellent corneal specialists who have done a remarkable job of integrating research into their private practices. **Barry Lee, MD**, is a partner at Eye Consultants of Atlanta, Georgia, and **John Berdahl, MD**, is a partner at Vance Thompson Vision, Sioux Falls, S.D.

Given the difficulties associated with incorporating research into private practice and the extra time and effort it takes, I first wanted to explore the motivation for pursuing research.

Engaging in research in the private sector is definitely more challenging. You don't have protected academic time set aside to pursue your projects, so you have to find other times to work on it, Dr. Lee said. The motivation for me, he said, is that it helps keep you on the cutting edge and constantly challenges your way of thinking. It also attracts patients who value a cutting-edge practice and encourages referrals from local colleagues.

Dr. Berdahl has a similar outlook. He echoed the difficulties inherent in a private practice setting where you don't have a university supporting your research. The support for pursuing your own ideas is often internal if the project is compelling enough. The hands-on experience helps you think differently, he said, and makes you a better doctor. He sees research as a way to expand the knowledge base and give back to the field of ophthalmology. Perhaps the most important reason he pursues research in the private sector is the ability to offer patients new therapies that are unavailable to the general public and are often years away from coming to the market.



A research focus in the private practice starts with motivation. For those who are curious and interested in research, the next step is figuring out the logistics of pursuing a research interest.

Dr. Berdahl explained that there are two main types of research that are typically pursued in the private sector. The first is a company driven phase 3 trial. These are often the easier projects to start with if you have the patient population to support the research and you believe in the technology. Manufacturers and pharmaceutical companies are often interested in private practices for these types of trials because of the high volume, efficient settings seen in private practices. The second type is research driven by your own ideas. Dr. Berdahl likes to think of the clinical exam room as a miniature laboratory where great observers who pay attention can discover something novel. You have to then formulate a hypothesis, make a plan to investigate that hypothesis, and analyze your findings.

Dr. Lee emphasized the need for a dedicated team to achieve success in research. A research coordinator who is diligent, organized, and efficient is key. A lead tech who is interested in research is also very helpful to assist in the clinical work-ups and documentation. If your practice is lucky enough to have clinical fellows or an affiliation with a residency program, trainees can be an invaluable addition to the research team. You need to have a strong team to be productive in research.

Incorporating research into the private practice setting is definitely possible. It is important to keep a sense of curiosity in your practice and look for motivation in your own patient population. The rewards are great for both you and your patients if you decide to pursue research in any setting.

CSU is meant to be an interactive platform where your questions and concerns are addressed. If you have a specific area or question you want us to concentrate on in future issues, please send an email to [jessciralsky@gmail.com](mailto:jessciralsky@gmail.com) with the subject "CSU." Additionally, CSU is designed for all young cornea and anterior segment ophthalmologists, so if friends or colleagues want to be added to the listserv, please send an email to [info@corneasociety.org](mailto:info@corneasociety.org).

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### Corneal Imaging and Topography

Good corneal imaging is essential for proper diagnosis and management of a wide range of corneal pathologies. In this [video](#), you will hear **Shazad Mian, MD**, discuss the principles of different technologies in his talk "Corneal Imaging and Topography." He will also discuss various indications for each technology including ectasia screening with corneal topography/tomography, postoperative keratoplasty evaluation with anterior segment OCT, ciliary body tumor evaluation with UBM, and infectious keratitis diagnosis with confocal microscopy.

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### New CSU website: Join today!

Be the first to learn more about the new launch of the Cornea Society University (CSU) website developed by and for young cornea surgeons. Join the CSU website! Membership will allow you to access members only content including webinars, trending videos on professional development and surgical procedures. It will also allow you to connect with colleagues via CSU Connect.

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### Save the date: CSU dinner, Friday, April 13, Washington, D.C.



We are excited to announce a new dinner series developed by the Cornea Society Young Physician Task Force and sponsored by CSU (Cornea Society University). This educational program will be geared toward young physicians. The next dinner will be held on **Friday, April 13, in Washington, D.C. from 5:30–7:30 p.m.**, immediately following Cornea Day 2018.

This new dinner series will provide young physicians with an opportunity to interact and network with colleagues as well as learn more about professional development and practice building. To RSVP for the dinner or for more information, contact Gail Albert, [Galbert@CorneaSociety.org](mailto:Galbert@CorneaSociety.org). We hope to see you there.

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