



Latest cornea news from the Cornea Society

## Introduction

Welcome to the 18th issue of Cornea Society University (CSU). This month's CSU VideoEd will focus on "DSAEK Complications and Outcomes." We will also feature an article on "Choosing your first job."



### ✓ Choosing your first job

At the end of fellowship, after years and years of training, it is finally time to get your first job. (Read more)

[Click here to view video](#)

### ✓ DSAEK Complications and Outcomes

The number of endothelial keratoplasties performed continues to grow each year, with DSAEK comprising the majority of these cases. (Read more)

### ✓ Stay in touch

As your fellowship is coming to an end, please be sure we have your updated contact information on file so you can continue to receive the *Cornea* journal and other Society publications and mailings. (Read more)

### ✓ Save the date: Upcoming CSU Dinner Program

Plan to attend the CSU Dinner Program taking place on Friday, October 26 in Chicago during the 2018 AAO annual meeting. (Read more)

### ✓ Save the date: Cornea 360

Join the leaders in cornea and the anterior segment for stimulating content and a great networking experience at the inaugural Cornea 360. (Read more)

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Full stories below

## Choosing your first job

At the end of fellowship, after years and years of training, it is finally time to get your first job. This process can be terrifying and exhilarating. It is exciting to finally have your own practice with your own patients where you get to make

decisions about their medical care. It is also intimidating to be responsible for your own patients and their medical care. Adding to the stress of practicing on your own is the fact that you are practicing in a whole new environment, as most people leave their fellowship institution to join a new practice.



I distinctly remember my first job search. I was 31 years old. I was old compared to all of my non-medical friends. They had searched for their first job right out of college at the ripe age of 22, and most had already been through multiple job searches and interviews by my age. As physicians, we are in a unique situation because we are more mature and experienced by the time we search for our first job. I think it is important to remember that. You have put in at least 13 years of training to be able to apply for your first job as a cornea specialist. Know what you want, do your research, and don't sell yourself short during this process.

When looking for your first job there are several factors to consider including the type of job, practice setup, location, and compensation. Each of these key points should be considered in your job search. Although your first job may not be your last job, you still want to try to get it right the first time. I'm starting my 10th year of practice at my first job.

Figuring out what type of job you want is one of the first decisions to make. The three main types of jobs include academics, private practice, and a health management organization. All of us are familiar with the academic position as we trained with academic faculty during residency and most fellowships. An academic job may be the right fit for you if you enjoy performing research and teaching trainees. A private practice job may be attractive if you want to see a large number of patients and enjoy taking an active role in running the business aspects of the practice. A health management organization may suit you if you do not want to be involved in business management and want an instant pool of referrals.

Next, it is important to evaluate the practice setup. Is the job opportunity for a comprehensive practice, a cornea-focused practice, or a hybrid of the two? Some jobs have you start out with a more comprehensive practice and build your cornea referrals over time, whereas other jobs supply you with cornea patients from the onset. It is also important to evaluate if you will be in a solo practice or a large group practice and whether you will be practicing with other cornea specialists. Some people thrive when they are the only cornea specialist in town, and others want to practice with a colleague who is cornea-trained to be able to bounce ideas off each other.

I think location is another key factor to consider. In residency and fellowship, I thought about location less because I knew I was only going to be in training for a set number of years. For your first job, however, this could be the place you settle in for the rest of your life. If you want to move near family or move to a big city or the beach, now is your chance. I think you should narrow your search to the location desired.

The last but not least factor to consider is compensation. It is tempting to just sign with the job that pays you the most, but I think it is more important to evaluate how you get paid. Look at the payment model being used. Is it a production-based compensation model based on RVUs? Are you eligible for a bonus after a certain number of years? Is partnership offered, and what would a buy-in look like?

Finding your first job can be a difficult but rewarding journey. It is tempting to sign with the first place that offers you a position. It is important to start the process knowing what you want and to choose a job accordingly. You should also take the time to do your research and critically evaluate each opportunity before signing on the dotted line. And if your first job turns out to be less than desired, you can always find another position that suits you better.

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 a future issue, 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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## DSAEK Complications and Outcomes

The number of endothelial keratoplasties performed continues to grow each year, with DSAEK comprising the majority of these cases. The advantages of DSAEK over full-thickness penetrating keratoplasties have been well established. Despite these advantages, complications still arise with DSAEK surgery. With the rise of DMEK, DSAEK is now often reserved for more complex eyes, which alone have a higher risk of complications. In this [video](#), you will hear **Elmer Tu, MD**, discuss “DSAEK Complications and Outcomes.” He will describe donor dislocation, graft rejection, graft failure, and interface complications including scarring, sequestered infections, and interface debris.

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### Save the date: Upcoming CSU Dinner Program

Plan to attend the CSU Dinner Program taking place on Friday, October 26 in Chicago during the 2018 AAO annual meeting. An evite will be sent in the coming months. If you would like to suggest a topic for this dinner or a future dinner, please email Gail Albert at [galbert@corneasociety.org](mailto:galbert@corneasociety.org).

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## Save the date: Cornea 360



Join the leaders in cornea and the anterior segment for stimulating content and a great networking experience at the inaugural Cornea 360. Cornea 360 will be an opportunity to learn the most up-to-date information, collaborate with leaders in corneal research and clinical practice, and communicate with industry leaders at the cutting edge of research. The conference will emphasize interactive sessions among audience and speakers, panel discussions, and live social media feedback. Plan to attend on April 4–6, 2019, at the Westin Kierland Resort & Spa in Scottsdale, Arizona. Visit [Cornea360.org](http://Cornea360.org) to register and learn more.

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