

Faculty Survey for EyeRes Q&A

Thank you for sharing about your program! With no in-person interviews and the limit of one away rotation, at [EyeRes](#), we are providing free resources for applicants to learn more about programs virtually and to help promote your program. Please complete this document and email your response to everestools@gmail.com.

Attach any pictures or videos of your program/residents that you want to share alongside your submission. Feel free to insert any links in your responses. For a sample program page, check out [this link](#).

Residency Program: University of Kentucky

Contact info (if you'd like this to be publicly available to applicants):

Sarah Gan (sarah.gan@uky.edu)

Are there social media accounts you would like to promote? @UKophthalmology (Instagram)

Are there upcoming residency events (virtual open houses, webinars, etc.)? 9/8 at 8PM EST Open House

What are unique aspects of your program? How would you describe the culture for those who won't be able to rotate in-person? What characteristics make for a successful resident at your institution?

We prioritize a collegial atmosphere in our department and program. Residents call and text faculty, even when the faculty are not on service. Faculty sponsor multiple journal clubs and other meetings at their houses throughout the year. During non-COVID times, we have regular potlucks in the clinics. We are by no means a perfect group, but want our residents to feel they are an integral part of our (professional) family.

Our program has a robust curricular experience, but additionally has great opportunity and support for innovation and self-guided ideas (with the refractive and elective blocks below as examples). Therefore, one aspect of a successful resident is one that can use their resourcefulness to take advantage of these opportunities. While prioritizing residents, the primary focus of our department is our patients. A successful resident similarly centers their patients and community.

Some highlights of our residency program:

- Global ophthalmology track for one resident each year, as well as extensive community outreach opportunities and global ophthalmology curriculum and education for all residents.
- Moderate sized urban area with large surrounding rural catchment. Our hospital is the busiest transfer center in the United States. As such, you learn from and treat a broad range of patients and diseases.
- Relatively new facilities. We are in our fourth year in our clinical and administrative space, the hospital is only 10 years old and still undergoing additions.
- Great benefits. Excellent health insurance options, a 2:1 matched retirement!, meal stipend on call, and within the department we purchase lenses, iPads, and digital BCSC series for new residents, provide annual subscriptions to an online question bank, second year residents attend the annual OKAP

Thank You!

Curious how EyeRes differs from what's already out there? Doximity shares great info on fellowship match rates with resident reviews, but it doesn't discuss logistics like STEP or integrated vs joint vs TY years. SF Match covers those logistics, but it doesn't have the qualitative data. Frieda doesn't focus on ophthalmology so the information can be a bit generic. Reddit has historically been very helpful for applicants, but oftentimes it's hard to tell where the information is being sourced from. We have done the research to aggregate all this great, publicly available data to streamline the process for applicants. We would love your support with answering some of the qualitative questions we've had too, and appreciate your time and continued support of us as medical students.

Last updated 6/2021

preparation course, senior residents attend AAO, any resident with accepted research attends those conferences, and all residents receive a education fund of \$500 each year to be used on discretionary education and book purchases.

What is the rotation schedule like? Is the pre-lim year integrated? Call schedule?

(Not all programs include this on their website, but if yours does, feel free to leave this blank and we will paste the information in)

Please see our website for details. The preliminary year is integrated and includes off service rotations in emergency medicine, neurology, internal medicine, neurosurgery, plastic surgery, and infectious disease.

Highlights of the residency rotation schedule include:

- Book-end Pediatrics and Plastic Surgery rotations in PGY2 and PGY4. This allows early exposure to extraocular surgery in residency, as well as opportunities to refine these clinical and surgical skills at the end of residency.
- Roughly 1/3rd of residency spent at the VA. These are primarily resident driven clinics and ORs, allowing for graduated levels of autonomy in clinic. PGY2 residents back-in to cataract cases and perform their first full cataract surgery during the VA surgical rotation.
- Exposure to subspecialty rotations such as cornea, glaucoma, and retina during both PGY3 and PGY4. Residents also have approximately weekly cornea, glaucoma, plastics, and retina clinics during all three years at the VA.
- Dedicated consult blocks during PGY2 and PGY3. Residents have faculty staffed consult rotations to manage the inpatient and emergency room service.
- Refractive block during PGY3. Observe refractive and complex anterior segment surgery from a half dozen UK and community faculty, with opportunities to participate in select cases, primary case opportunities specifically for LASIK and PRK.
- Elective block during PGY4. This is a self-driven block with faculty oversight that allows residents flexibility to design and personalize it to their educational and academic needs. Examples of possibilities include additional clinical and surgical time in select services at UK, community outreach and surgical options (we have a primary cataract surgery partnership with a community group), research opportunities, fellowship or job interviews, opportunity to work with/shadow future practice or partners, regional/national/international rotations.

PGY2 and PGY3 residents share primary call and PGY4 residents take back up call. Primary call is front loaded to PGY2, so the first year is busier and the second much lighter from that perspective. Be sure to ask our residents about their perspective on both the rotation and call schedules!

Is there an emphasis on research or dedicated time?

Residents are required to participate in research each year of residency, culminating in a presentation at the annual research day symposium. Residents are encouraged to present their research at meetings and are provided full sponsorship when this occurs. We have a mentored annual research milestone calendar and research updates are required at each monthly resident meeting. The refractive and elective blocks above provide dedicated research time, and most rotations have built in academic/administrative time.

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Are there programs to promote resident wellness?

Resident wellness is an ever increasing, never resolved point of emphasis in our program. We want residents to graduate not just clinically and surgically prepared for their future careers, but also emotionally, mentally, and physically. Wellness programs and resources are listed on our website, including links to our greater GME community wellness page and initiatives.

Share your general advice for aspiring ophthalmologists in the Class of 2022:

My heart goes out to all the applicants this year – having to navigate a still uncertain pandemic and tumultuous interview season. The AUPO leadership and individual programs are working so hard to make this the best experience possible for you, although there will be many hiccups and limitations. If it provides any consolation, know there are no bad programs out there. There are better individual fits, but you will get excellent training and be set up for a career as an ophthalmologist regardless of where you match. Determining the “best fit” can be difficult under normal circumstances, and obviously much more so with a virtual interview. I would be sure to take advantage of any opportunities to engage with current residents, as they often provide the most candid feedback. They also have the ground-level perspective of the program. I would also suggest being prepared for the “do you have any questions for me?” moments of the interview with a list of questions you truly want answered; with limited opportunities for engagement, this is your opportunity to get additional information from the program faculty that may not be available otherwise.

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