

## Editorial

# Optometric Residency: A 3-D Perspective

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The subject of optometric residency is likely to surface at some point(s) during our professional careers as students or clinicians: “Should I do a residency?” “Do I aim to hire a young OD who has completed a residency?” To help shed light on the topic, I decided to enlist the help of a current student, a former resident, and a current director of a residency program.

These three outstanding colleagues whom I introduce here, have graciously and candidly responded to my queries surrounding the topic of optometric residency.

Ms. Julianna Dolinski is a third-year student at SUNY Optometry pursuing a contact lens microcredential and an Advanced Certificate in Optometric Business Management in addition to her O.D. degree.

Melissa Levine, OD, FAAO, obtained her Doctorate of Optometry from SUNY College of Optometry where she continued her studies and completed a residency in the specialty of Cornea and Contact Lenses. Dr. Levine is currently an Assistant Clinical Professor at SUNY.

Dr. Kelly Malloy, OD, FAAO (Dipl), holds the rank of Professor at the Pennsylvania College of Optometry of Salus University, where she specializes in neuro-ophthalmic disease. She is the Chief of the Neuro-Ophthalmic Disease Specialty Clinical Service at The Eye Institute and teaches in several related courses at Salus. She is the Co-Coordinator of the 2-year Neuro-Ophthalmic Disease residency program at PCO/Salus. (Note: Dr. Malloy also serves on the CRO editorial advisory board).

**SR:** Dr. Malloy: What are the key components of your residency program?

**Dr. Malloy:** During the 1st year, the Neuro-Ophthalmic Disease resident spends most days in the Neuro-Ophthalmic Disease Service, and the remaining time in other patient care service such as glaucoma, anterior segment, retina, oculoplastics, and vision rehabilitation. The resident also shares on-call responsibilities, helps with student education, and attends lectures and conferences. During the 2nd year of the program, the resident further expands their knowledge and skills through collaboration with highly-trained expert subspecialty physicians in neurology, neuro-radiology, neuro-ophthalmology and neurosurgery. The residents really enjoy and value the time they spend learning from these specialists!

**SR:** As a follow-up: Are there certain common paths the graduates of your program take?

**Dr. Malloy:** Former residents have gained employment at academic institutions, major medical centers, VA medical centers, and private practice settings. Residency graduates have a unique skill set that sets them apart from other job

applicants.

**SR:** Dr. Levine: What was the most valuable component of the residency program you attended as you evaluate your current and future career goals?

**Dr. Levine:** The volume and complexity of cases managed during residency allows you to go into practice with increased confidence. Having advanced competency in a specific specialty is appealing to potential employers. In addition to improved clinical skills, the networking and mentorship is very valuable. For my career specifically, as I transitioned from direct patient care to more of a precepting role in the latter half of my residency year, I confirmed that I really enjoy teaching and working with students. The residency also pushed me out of my comfort zone with opportunities for public speaking and has allowed me to improve my writing skills – I will continue to be a lifelong learner and seek presenting and publishing opportunities.

**SR:** Ms. Dolinski: As a rising third year student, what is your current “leaning” regarding pursuing a residency?

**Ms. Dolinski:** My mind changes every day. Residency sounds beneficial as another year of clinical practice with more experienced O.D.s, a means of networking, and having unique patient experiences. At this point, though, I have another two years in my O.D. program, and I may feel totally ready to see my own patients by the end. Another big factor is finances. It is another year of investing into education after 8 years already. Plus, I know a handful of incredible and inspiring doctors who provide “gold standard” care without having completed a residency, making it harder to decide if it is something I want to do.

**SR:** Ms. Dolinski: What is the “talk” among your peers regarding the perceived value of doing a residency? Who or what is most influential in your decision-making process at the time?

**Ms. Dolinski:** The “talk” on the topic of residency is mixed. Some are fully committed to residency, while others want to leave the academic environment as soon as possible and start paying off loans. Some have jobs lined up already. Of those considering residency, many want to focus on a certain branch of optometry like ocular disease, contact lens, vision therapy, etc. Others simply want more experience.

Right now, I am asking doctors in different modalities for their opinions on residency and gauging how their pathways align with mine. Ultimately, my confidence in the exam room and how well I feel I have established my network will hold the heaviest weight when it comes to deciding. The additional year is short in the timeline of an en-

tire career and more experience is valuable, but I also know it may not be necessary for what I ultimately choose to do with my career.

In conclusion, I share this from **Dr. Levine**: Whether you pursue a residency or not, I believe working in a setting with good mentors and helpful colleagues is important when initially starting your career. Doing a residency pro-

vides such a great opportunity to develop a specialty skill and grow as a clinician with the help of amazing doctors and mentors. You will not regret it if you choose to pursue a residency!

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