

## Why a staggered start?

CPMC is one of the few residencies where each individual resident starts alone, as opposed to a "class" starting each July. Of all aspects of our training program, applicants question this unorthodox structure more than any other.

This system has been in place for over 30 years. It is driven from an educational perspective. With the staggered system, competition for surgery, teachers, and rotations is eliminated. A true team spirit develops among the residents. Each person has his/her place. Of particular merit, each person serves as chief resident. As such, education about necessary physician skills, including leadership, administrative skills, and management of the toughest of cases is given to all.

There are distinct disadvantages as well. The most obvious one relates to an interruption of the normal educational tempo and flow. Ophthalmology attracts motivated individuals who have an agenda. As such, a 4 or 8 month "gap" seems like an eternity! Conversely, this time can be an opportunity to take a breather, have an adventure, earn income, or start a research project. In conjunction with Smith Kettlewell Eye Research Institute and the Pacific Vision Foundation, we offer a funded pre-residency research fellowship to any of our matched residents-to-be. At the conclusion of the off-cycle residency, undoubtedly there might be a delay in the start of a fellowship. Conversely, the chance to pursue international subspecialty fellowships, perform locum tenens for ophthalmology practices, or pursue a mini-sabbatical from medicine, is one which is unlikely to surface ever again in your career.

How do we assign matched individuals to a particular slot? We give the 3 individuals the opportunity to decide among themselves. Often, this self-selection process is all that is needed. Beyond that, the program director listens to reasons that individuals wish to start at a particular time. There also is consideration given to the matching of chief residents with incoming residents.

Individuals who have started off-cycle were asked to give comments on how this system has affected their education and their lives:

The staggered start at CPMC provides a unique opportunity to enhance your personal and professional experience during your training. As a recent staggered graduate of CPMC and a current fellow in Cornea/External Disease at Bascom Palmer, I can tell you from first hand experience, that the

time before and after your CPMC residency will allow you to investigate professional and/or personal interests which you would never otherwise have the chance to pursue, and thereby augment your life and your resume with the type of experiences which will allow you to stand out against the crowd.

During my intern year, I got married and for a few months before beginning my ophthalmology residency, my wife and I enjoyed traveling around Europe and Africa on an extended honeymoon. After residency, we travelled again, this time in Asia, and I also went on a cataract surgical mission to Guatemala, before starting my fellowship. I also submitted a research grant/proposal in preparation for a project during my fellowship year in Miami. These types of opportunities to do research, travel, or be involved in international ophthalmology, are rare during your training, and though it may seem difficult to appreciate as a medical student, they will enhance your overall residency experience in immeasurable ways.

For me, the staggered start has provided the flexibility for some unique experiences, and has been a very positive aspect of our program. Although personally, I think the staggered start is fabulous, I can understand the hesitation from some applicants. If you have reasons, like family or loans, to complete your residency as soon as possible, the reality is that the staggered start delays your graduation by several months, and if you are going to do a fellowship, you will be applying a year later than non-staggered residents. Again, for me, the extra time has been invaluable, but I don't have some of the time pressures that others may feel.

*Pulin Shah, MD*

*Alumnus*

*Cornea-External Disease Fellowship, Bascom Palmer*

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Although a bit unorthodox, I found the staggered start at CPMC to have many advantages. Pre-residency, it was a chance for me to enjoy life after a tiring intern year, and experience San Francisco with my family. There is a funded research fellowship available at CPMC which was a wonderful and worthwhile experience. Post-residency, it was a chance to decompress and a nice break before fellowship. These are extended periods of time that most people on the traditional pathway through medical education do not get to experience.

The real advantage, and the purpose for the staggered start, is the way it affects the experience that each resident has at CPMC. Because no 2 residents are at the same level of training, competition between residents is eliminated.

I do not think there are any disadvantages to the staggered start, and if I had it to do over again I would choose the same path.

*Ethan Kutzscher, MD  
Alumnus  
Cornea-Refractive Fellowship, UC Irvine*

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My thoughts on off-cycle? For me, it worked out pretty darn well! During the 6 months prior to starting residency I was able to:

1. recover from internship!
2. travel to Peru and do clinical research
3. get back to some of my hobbies - painting and music among other things
4. travel in Europe
5. go to Australia
6. organize and review 100+ years of family photos with my grandmother – (which I could not do today - as she has lost much of her memory. Not only did I get to know her better, I learned a lot about who I am in the process)
7. regain much of the physical conditioning that I had lost during internship
8. read something other than medical books
9. watch more TV and cartoons than I care to admit!

The second 6 months in between residency and fellowship, turned out to be one of the greatest adventures of my life, and in many ways has helped to kick start an academic career for me. I also made wonderful friends and found great role models during this time. In the perfect residency, every resident would spend time abroad to work with and learn from others.

*David Sami, MD  
Alumnus  
Peds-Strabismus Fellowship, Boston Children's Hospital*

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I began my residency in "slot two" which is the November position, with 4 months in between the end of internship and the beginning of ophthalmology residency.

Here are some of my thoughts as a "staggered" resident post-residency.

1. I spent the four months prior to residency doing a pre-residency research fellowship at Smith Kettlewell Eye Research Institute. However, is a time to do whatever you would like. Travel, research, or simply veg out.
2. There definitely is more face time with attendings. There is high one on one time with all the various subspecialty and comprehensive attendings, especially during the first 2 years of training. I did not realize this as being so unique until my recent interactions with the residents during fellowship.
3. The staggered start maintains the high surgical volume at CPMC. There is no real competition for surgeries given that there is only one resident on each rotation per cycle. This is especially evident at the Kaiser San Francisco rotation.
4. Also, as the only resident on each rotation, this engenders and requires a high degree of independence. There is certainly always attending back-up, but the resident is certainly responsible for the patients in clinic and the OR. There is minimal handholding, beginning with the rotations at Highland Hospital.
5. A few things I considered towards the end of residency. As a staggered start, I did not qualify to sit for the written boards until 2008 (My co-resident who started in July qualified to sit for written boards in 2007; she graduated in June 2006 and I graduated in Oct 2006). This, to me, was not a big deal. Secondly, applications for fellowship, with the exception of plastics, begins in July of the 3rd year of residency (for the on time resident, that would have been July 2005). Since I was graduating in Oct 2006, I would not have applied for fellowship until July 2006, and would have started a fellowship in July 2007, 8 months after finishing residency. I would have taken the opportunity to travel, and do locum tenens, but I instead started a glaucoma fellowship in January 2007, 2 months after residency. This is just something to consider. It is not a weakness, by any means of the staggered start. I knew I wanted to do fellowship and felt that as a November start that I was at a disadvantage in terms of the consecutive nature of our training. However, in hindsight, I really appreciated and valued the two months between residency and fellowship as a time to travel, spend time with my wife and family, and get really refreshed prior to fellowship.

*Hung Pham, MD*  
*Alumnus*  
*Glaucoma Fellowship, Devers Eye Institute*

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The staggered start is a unique opportunity at CPMC. I began my residency in what is known as the third slot; otherwise known as the person who starts in March. What this means is that I had 8 months off between internship and the start of residency and that I finished my residency 8 months later than others in my class.

This afforded me the opportunity to do some traveling, work in a field outside of medicine, and also participate in ophthalmology research. I did some work in the retina department at Yale University and also worked as a personal trainer at a local gym for 4 months. I then relocated to San Francisco and did 4 months of research at the Smith-Kettlewell Research Institute. This was a good time for me to get my feet wet in ophthalmology, but also to pursue some outside interests.

Although the staggered start can be viewed as unusual, it was truly a great opportunity that can be used for any purpose whether it be leisure, work, or family.

*Melanie Hom, MD*  
*Alumna*

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I highly support the staggered start – no resident competition, everyone progress through the same rotations, and there are plenty of opportunities for "life" adventures before finishing training.

*Kyle Rhodes, MD*  
*Alumnus*  
*Glaucoma Fellowship, UT Southwestern*

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The staggered start allows each resident to be treated as an individual in the learning process since each one is at their own level in training. For those residents who desire time to finish or start professional or personal projects prior to residency, the later starts are ideal.

*Taliva Martin, MD*  
*Alumna*  
*Peds-Strabismus Fellowship, U Michigan*

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The staggered start is a testament to the type of creative and forward-thinking people that make-up the CPMC family. The possibilities for use of that time are almost limitless and tend to be very rewarding. I choose to

start in March, and I wouldn't trade my experience for anything. I was able to work closely with Anne Fung for much of the time both in clinic and doing research, and got to know her very well. She has been an amazing mentor and advocate for me and I know that the experience gave me a huge head start on my aspirations. I also had a wonderful time just enjoying being with my wife in San Francisco. We got married and were able to enjoy an incredible honeymoon. We also had a stress-free opportunity to explore this incredible city. Not once have I regretted "giving up" a year for these fantastic experiences, and I would do it again in a heart-beat.

*Nik London, MD*

*Alumnus*

*Retina Fellowship, Wills Eye Institute*

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As I read the comments above from my fellow CPMC alumni, I echo many of their feelings about the unbelievable value of taking time to enjoy the world at this stage of life before the "real world" of job responsibilities, kids, etc. takes over post-residency. It's a chance that few people get in medicine, and though we've all been trained to feel like we need to push through, I believe physicians who take extra time to pursue other interests end up being very happy about it in the long run. Here are a few more points to consider:

1) Because of the staggered start, there is always a resident at CPMC who is almost done with training. At every other program in the country, the beginning of a new year means that the most senior resident in the program has completed only two years of training, and may not be experienced enough surgically to provide mentorship to the more junior residents. The Chief resident role at CPMC is so valuable because at the end of your training, you can be a mentor to all the other residents in your program, helping teach them both clinically and surgically. As a junior resident, it is of incredible benefit to always have a Chief who is close to graduating, as this person can provide invaluable mentorship and teaching at an attending level while still understanding exactly what you are going through.

2) As of 2011, the rules for taking the board exams post-residency have changed - as long as you finish residency before November 1st, you are eligible to take the boards the following year. For me, since I am a November start and finish on October 31st, this means that I can take the board exams during my time off before fellowship, relieving me of the

burden of studying for boards in the midst of a busy fellowship year (something most fellows tell me is the most stressful time in fellowship).

3) Many fellowships are happy to have you start early or begin research early, and this can help you develop relationships with the faculty at your future fellowship that go beyond what you would have been able to achieve otherwise. Having just completed my fellowship interviews, I can tell you that the possibility of my having extra time before the official start of fellowship was always met with interest and excitement rather than with concern. Of course, you can always trade in this benefit for the chance to simply spend time outside of medicine.

Cliché time: for those who are not afraid of the road less traveled, the staggered start can make all the difference in the world.

*Rishi Doshi, MD*  
*Alumnus*