As a medical student, do you ever wonder what it's like to specialize in ophthalmology? Meet Barbara J. Arnold, MD, an ophthalmology specialist and a featured physician in the AMA's “Shadow Me” Specialty Series, which offers advice directly from physicians about life in their specialties. Check out her insights to help determine whether a career in ophthalmology might be a good fit for you.

The AMA's Specialty Guide simplifies medical students' specialty selection process by highlighting major specialties, detailing training information and providing access to related association information. It is produced by FREIDA™, the AMA Residency & Fellowship Database®.

Learn more with the AMA about the medical specialty of ophthalmology.

"Shadowing" Dr. Arnold

**Specialty:** Ophthalmology.

**Practice setting:** Solo practice.

**Employment type:** Self-employed in Sacramento, California.

**Years in practice:** 49.
A typical day and week in my practice: Four days a week, I see patients in the office between 8 a.m. and 4:30 p.m. One day a week is reserved for outpatient surgery at a hospital-owned surgery center seven miles from the office.

When procedures are finished, the remainder of the day is mine to wander through garden centers looking for plants, shop for groceries or run errands during daylight hours. When my children were young, finishing the day early was part of the plan so I could take them to soccer practice, piano lessons or scouts, or go on school field trips.

Being self-employed gave me flexibility and control over my schedule so I could prioritize parenting opportunities. Now that I am a grandmother, I have the same priorities and still make room for school field trips and dance lessons.

Weekends are remarkably free since most of the ophthalmologists in our greater Sacramento area have joined together to provide weekend call coverage according to a rotation planned a year in advance.

The most challenging and rewarding aspects of ophthalmology: Getting patients to better control their diabetes is one of the biggest challenges in ophthalmology.

Patients may not come for care until they experience loss of vision from retinal bleeding or cataract formation, and there is a sense of urgency to get their diabetes under control to
avoid the other systemic complications of diabetes.

Conversations may range from reducing hypertension to avoiding renal or peripheral vascular complications. They present for an eye exam, but we are only treating the tip of the iceberg as part of the effort to turn their health around. People are afraid of losing sight, so adequate exercise and good food choices are often reinforced in office visits.

Also, the challenge of prior authorization for eye-exam visits can result in delays for care. Patients may be on a new health plan but haven’t yet been assigned a primary care physician, and often that primary care may be a nurse or a physician assistant who doesn’t have a sense of urgency for referring sight-threatening complaints. Managed care for Medicaid patients sometimes looks more like rationed care, as individual visits have to be pre-authorized, and the chart notes have to be forwarded before the next visit gets authorized.

The most rewarding aspect is the joy of improving a patient’s vision and helping them function independently again or see well enough to return to work or take care of their home.

Some patients have gone months without being able to recognize family members. They have to overcome the fear of having a procedure and then becoming functional again.

Some people arrive by wheelchair because they can’t see where they are going, and after surgery they can make their way around on their own. Patients’ expressions of gratitude keep our spirits high.

**How life in ophthalmology has been affected by the global pandemic:** My office never closed during the pandemic. We followed directives from the American College of Surgeons to not do elective surgery for six weeks early on, and some patients were nearly hysterical that they couldn’t be considered urgent.

When they couldn’t see to walk around or to work, we moved them to the top of the list for surgeries in May. There was a backlog because not all surgery centers opened up—the place where I do most of my surgeries didn’t reopen until mid-August because of a staff shortage. I was lucky that a competing surgery center was willing to take some of these patients, but the type of insurance was definitely a factor. Private surgery center facilities were not willing to take payments below their cost.

It has taken a year to get our backlog scheduled, but people are getting over the fear of leaving home and are eager to be seen.

**The long-term impact the pandemic will have on ophthalmology:** The long-term impact will be the careful scheduling of patients, such that we have safe distancing and efficient turnaround times that reduce wait times yet leave space in the daily schedule for people with urgent needs. Our office
is prepared to see those who need care.

**Three adjectives to describe the typical ophthalmology specialist:** Perfectionistic, compulsive and detail-oriented describe most of those in ophthalmology.

Ophthalmologists are a compassionate group, with a sensitivity to patient needs.

**How my lifestyle matches, or differs from, what I had envisioned:** It’s better than I had ever imagined. I was the first in my family to go to college, so I had little idea of what would happen after training. But I had dreamed about making art and becoming a painter, such that immediately after residency I started taking art classes.

Making art has taught me a lot about the power of observation. Painting is also like meditation and helps counterbalance the intensity of my professional life. I now teach painting classes, including sessions for fellow ophthalmologists at our national Women in Ophthalmology Summer Symposium. I also have had 12 consecutive years of providing painting instruction for students with severe visual impairment. It is most rewarding to pass on these skills to others.

**Skills every physician in training should have for ophthalmology but won’t be tested for on the board exam:** The skills of being a good listener and a good observer of the entire patient—looking beyond the eye exam. Also, the skill of relating to the patient and not just to the driver or family member who brings them, which is an art that is hard to measure on board exams.

**One question physicians in training should ask themselves before pursuing ophthalmology:** Am I interested in specialty care for the love of the profession or the love of its earning potential?

**Books every medical student interested in ophthalmology should be reading:** I suggest books for students to read when I am volunteering in classes at the elementary school level. These are books appropriate for any age level. I encourage students to read historical biographies to see how determination for education and perseverance resulted in remarkable contributions.

At the age of 9, as a fourth grader, I read *The First Woman Doctor: The Story of Elizabeth Blackwell, MD*, written by Rachel Baker, and then I reread it as a practicing physician in appreciation of the strength and willpower of America’s first woman doctor.
Another motivating biography is *Madame Curie: A Biography by Eve Curie*, written by her daughter. Madame Marie Curie has the rare distinction of having received two Nobel Prizes, and her granddaughter, Hélène Langevin-Joliot, now 94 years old, is a nuclear physicist. I tell children that Curie was a single mom raising two children after her husband died in an accident, and that single parents can still be successful scientists.

I now have had the joy of seeing both my daughter and my granddaughter read the same biography. Watching my 8-year-old granddaughter give a book report by Zoom to the rest of her remote class was most inspiring. It was amazing to think that in the second grade she could comprehend both the excitement of the discovery of a new element, and the need at the time to seek education in Paris because women in Poland weren’t admitted to higher education. Young people need to read about overcoming obstacles.

*Cutting for Stone*, by Abraham Verghese, MD, is another book I recommend. It offers a fantastic overview of a lifetime of missionary medicine in Ethiopia and then coming to terms with modern medicine in America.

**The online resource students interested in ophthalmology should follow:** The [American Academy of Ophthalmology](https://www.ama-assn.org/residents-students/specialty-profiles/what-it-s-ophthalmology-shadowing-dr-arnold) is a trusted resource for eye education, and medical students are welcome at the academy’s national educational meetings.

Also, the annual Women in Ophthalmology Summer Symposium is a nice reality check—being in the same meetings rooms as practicing physicians and having access to easy conversations about the state of practice.

**Quick insights I would give students who are considering ophthalmology:** Spend time in the offices of practicing ophthalmologists—shadow us and ask us questions. When I visited offices as a medical student, I found ophthalmologists to be level-headed, caring and genuinely interested in their patients and other people.

Also, the AMA offers ophthalmology mentoring opportunities, which often start at the community level and involve making visits to county medical society board meetings. These provide great opportunities to attend state legislative days and learn about advocacy. You can accompany physicians on visits to the offices of legislators, either in capitol or their district offices. Elected representatives are interested in the opinions of students—the future of medicine requires lots of direction, and fresh faces are welcome.

**Mantra or song to describe life in ophthalmology:** “Somewhere Over the Rainbow,” from “The Wizard of Oz.” Dreams really do come true!