Being an ophthalmic hospitalist “is professionally rewarding and has the benefit of being highly flexible,” said Donna Kim, MD, at the Casey Eye Institute in Portland, Oregon, and cofounder of the Ophthalmic Hospitalists Interest Group (OHIG). “It’s a great way to reimagine careers in ophthalmology.”

But why has there been increased interest in hospitalists in recent years, what does the job involve, and would the role be right for you?

What’s Driving the Trend?

Why hospitalists are needed. The position of ophthalmic hospitalist came into being as the relationship between hospitals and ophthalmologists has shifted over the past 40 years. Many hospitals depended on ophthalmologists in their communities to take call, and ophthalmologists would participate in order to gain hospital privileges so that they had a place where they could perform surgery. However, the rise of ambulatory surgery centers (ASCs) meant that ophthalmologists didn’t have to seek hospital privileges, and some became more reluctant to take call. But hospitals still need reliable coverage for eye emergencies, and the ophthalmic hospitalist position is one way to fill that care gap. Indeed, Level 1 trauma centers must have an ophthalmologist available in order to keep their certification, so there is motivation to create and fund ophthalmic hospitalist positions.

Growth of hospitalist jobs. Matthew F. Gardiner, MD, noted increasing demand to fill hospitalist positions. “Five to six years ago, there were no ads for ophthalmic hospitalists. Now you see them regularly on AAO [ophthjobs.aao.org] and on other websites,” said Dr. Gardiner, director of Ophthalmology Emergency, Consult and Hospitalist Services for Mass Eye and Ear in Boston. “As more and more people fall off the call schedule, I think we’ll see this more in hospitals because they’re not going to have enough workforce to do it from the private physician ranks,” said Craig N. Czyz, DO, an ophthalmic hospitalist who operates as an independent contractor in central Ohio. Dr. Kim notes that there are about 120 members in the OHIG (www.ohig.org), although this includes non-U.S. residents and members who are not hospitalists.

Funding. Typically, said Dr. Gardiner, ophthalmic hospitalist positions are funded by a hospital or health care system, with billing from bedside consults helping to cover their salary.

Variations on the Role

What does an ophthalmic hospitalist do? There is no “one size fits all” job description, and the role is often specially crafted to fit the needs of a particular hospital or health care system. Currently, the majority of ophthalmic hospitalist jobs are in university hospital settings. But as the demand for hospitalists grows, other hospitalist employment models—such as independent contractors—are emerging.

University setting. Hospitalists have found positions at university hospitals, where they may be involved in teaching. Dr. Kim’s schedule is fully inpatient-based and includes covering consults as well as working with residents. “Usually, the residents will go see the patients first, and then we’ll make a plan for the day with rounds in the afternoon,” she said. Her schedule is flexible and allows her time for teaching, lectures, and attending conferences.

Dr. Gardiner manages a team of ophthalmic hospitalists, who rotate daily among duties that include consults, emergencies, clinics, and working with residents. The result has been better learning opportunities for the residents and better communication with other physicians and hospital staff, he said.

Independent contractor. “I’m an outlier from the rest of the hospitalists,” said Dr. Czyz, who is not employed at a university hospital or health care system. Instead, he contracts with several hospitals, where his responsibilities include trauma coverage.

“Most hospitalists are employed by a specific entity and work just at that location. I work at multiple hospitals at the same time, which is why I don’t have a private practice,” Dr. Czyz said. In addition to serving Level 1 and Level 2 trauma centers, he travels to free-standing emergency departments and emergency departments at
Got surgery? While Dr. Czyz tackles plenty of surgical challenges doing trauma coverage, that isn’t typical for many hospitalists. At Mass Eye and Ear, for example, hospitalists don’t perform much surgery outside of small procedures, said Dr. Gardiner. And while Dr. Kim performed globe repairs and other surgery when she began as a hospitalist 13 years ago, she recently decided to focus on nonsurgical aspects of her job to help address rising hospital consult volume.

**Considerations for Would-Be Ophthalmic Hospitalists**

Although some subspecialty training is a plus, ophthalmic hospitalists should have a comprehensive scope in order to easily handle a range of trauma, diseases, and conditions, said Dr. Gardiner.

**Diverse diagnoses.** The hospitalist role could suit an ophthalmologist who likes to see a wide variety of problems and has an appreciation for seeing complex and challenging cases. “In one day, you may see ten different things you hadn’t expected to see,” said Dr. Gardiner. Conversely, ophthalmologists with a narrow scope of training or who prefer to stay in a particular subspecialty, would not be ideal for the hospitalist role, he said.

**More time for patient care.** Hospitalists are able to fully concentrate on serving patients rather than having to deal with the business aspects of a private practice, said Dr. Gardiner, which means that they can avoid the headaches that are associated with leasing office space, hiring and training staff, paying for equipment and utilities, and dealing with billing and insurance, among other things.

**A variety of teaching opportunities.** Hospitalists can teach not just residents but also other physicians and hospital staff. “I really enjoy the teaching aspects of it,” said Dr. Czyz. Although one of the health care systems that he works at ended its residency program last year, he still is able to help guide physician extenders, ICU staff, and residents from other hospital services, such as trauma, as well as serving as faculty for an American Society of Ophthalmic Plastic and Reconstructive Surgery (ASO-PRS) fellowship.

**Shift work.** Dr. Gardiner noted that hospitalist work is typically shift work, which some people prefer since their off hours are their own. “There are well-defined shift times and you can predict your schedule,” he said.

**When to Become a Hospitalist**

There is no one career path to becoming an ophthalmic hospitalist, said Dr. Kim. “Really, a lot of people can become hospitalists at any stage of their careers.”

**Are you a recent graduate?** “If you’re fresh out of residency, the benefit is that you’re fairly savvy with being on call, knowing the hospital systems and being accustomed to the pace of seeing patients in the hospital,” said Dr. Kim.

**Are you an established physician?** Those who have been in practice and are ready for a change may want to explore the role of hospitalist. “It attracts people who have been in private practice a decade or two, and who are bored or tired of it,” said Dr. Gardiner.

**Are you seeking part-time options?** Physicians can also choose to have a part-time practice and spend the rest of their time as a hospitalist, Dr. Czyz said.

**Is the role right for you?** With an expanding need for ophthalmic hospitalists, there are now multiple options for those who want to explore this field. “There actually aren’t a lot of other positions in ophthalmology that are comparable to this sort of work,” said Dr. Kim. “If it’s the right fit for you, I think it can be the best career of your life.”


Dr. Czyz is affiliated with health care systems around Columbus, Ohio, including OhioHealth and Mount Carmel Health. He is professor of ophthalmology at Ohio University College of Osteopathic Medicine, Dublin; chair of the division of ophthalmology and section chief for ocuoplastic at Doctors Hospital, Columbus, Ohio; and ophthalmic trauma fellowship director at Grant Medical Center, Columbus, Ohio. Relevant financial disclosures: None.

Dr. Gardiner is director of Ophthalmology Emergency, Consult and Hospitalist Services for Mass Eye and Ear in Boston. He is associate professor of ophthalmology at Harvard Medical School in Boston. Relevant financial disclosures: None.

Dr. Kim is director of the Inpatient Ophthalmology Consult Services and an associate professor at Casey Eye Institute, Oregon Health & Science University, in Portland. Relevant financial disclosures: None.

**MORE ONLINE.** For “Dr. Czyz—Profile of an Independent Contractor,” see this article at aao.org/eyenet.

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**Career Resources**

**Online community.** Academy members can access the AAO/OHIG Online Community Forum to crowdsource answers and advice from established hospitalists. To get started: 1) go to aao.mobilize.io/users/sign_in; 2) enter your Academy user name and password; 3) complete the brief registration page; and 4) click on “Ophthalmic Hospitalist Interest Group” in the left navigation.

**Job listings.** Look for hospitalist job postings in the Academy Ophthalmology Job Center (ophthjobs.aao.org) and on the Association of University Professors of Ophthalmology’s website (www.aupo.org).

**OHIG’s website.** Browse the resources at OHIG’s website (https://ohig.org), including information on getting started as a hospitalist.

**A hospitalist-adjacent fellowship.** A new Ophthalmic Trauma Fellowship is being offered through OhioHealth Grant Medical Center.1 The one-year fellowship could be useful training for some hospitalist positions, said Dr. Czyz.