Leadership in Ophthalmology

An Expert Interview with Cynthia Matossian

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Cynthia Matossian

Cynthia Matossian, MD, FACS, is the Founder and Medical Director of Matossian Eye Associates, with multiple offices in Pennsylvania and New Jersey. She specializes in refractive cataract surgery and dry eye disease, and was named one of Ocular Surgery News' *Premier Surgeon 300—an elite group of 300 premium refractive cataract surgeons in the US. She was selected as one of Pennsylvania's Best 50 Women in Business, one of New Jersey's Best 50 Women in Business, as well as one of the Top 25 Leading Women Entrepreneurs in New Jersey. She is a Clinical Assistant Professor of Ophthalmology (Adjunct) at Temple University School of Medicine.*

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Cynthia Matossian, MD, FACS, is the founder and Medical Director of Matossian Eye Associates, an integrated ophthalmology and optometry private practice with locations in New Jersey and Pennsylvania. She specializes in refractive cataract surgery and ocular surface disease. In November, she was presented with the Ophthalmic World Leaders (OWL) Visionary Award in recognition of the way she has paved the way for advancement through diversity in her field. It is a great honor to be bestowed with this award as they are based on peer votes. In this expert interview, Dr Matossian shares her experience and provides advice for ophthalmologists aiming to attain leadership roles.

Q. What are your top tips for being an effective leader?

It is important to keep "the big vision" in constant focus, so that you can lead towards that goal. Being a good listener is essential to engage people to join you in order to advance to the next step.

Q. Could you give us an overview of OWL and their key aims?

OWL originally stood for Ophthalmic Women Leaders but the acronym has recently changed to Ophthalmic World Leaders to be more inclusive. Its mission is to encourage diversity in leaders, to promote and develop leadership, to advance ophthalmic innovation and patient care. OWL has a presence at major ophthalmic conferences; this is expanding as the organization becomes more recognized. They create networking opportunities for industry and physicians at regional and national meetings. In addition, they host events on leadership, negotiations, communications, etc. As an example, at the last American Society of Cataract and Refractive Surgery (ASCRS) meeting, I acted as a moderator in a meeting of industry leaders on the most effective way to conduct difficult conversations. OWL's focus on these topics enable us be more effective leaders.

Q. How has the presence of women in ophthalmology changed?

The presence of women in ophthalmology is growing; approximately 50% of students in US medical schools are women. In terms of ophthalmology residency programs, about 50% of all residents are women. As a result, our specialty is becoming more diverse. However, it has been notable that in the past, there were few female speakers, chairs of departments, editors-in-chief or women in high positions within the ophthalmic industry. OWL aims to encourage and foster growth from the

beginning of an ophthalmologist's career with the intention of helping them attain leadership roles.

Q. What advice would you give to a young ophthalmologist?

There are many opportunities for a young ophthalmologist with the desire and initiative to take on a greater leadership role. They can join OWL or other organizations for networking. They can easily contact more senior/experienced ophthalmologists who are willing to act as mentors. These connections can help catapult them forward. One has to be patient during this process as getting deserved recognition takes time; respect is earned. These additional responsibilities can conflict with personal and family time, since most of these activities occur outside of patient hours. The young ophthalmologist, therefore, has to have the bandwidth to juggle family, career, and leadership obligations otherwise it can cause undue stress.

Q. What have been the key developments in refractive cataract surgery in the last year?

We are fortunate to be cataract surgeons at this time. We have a wide variety of implants to select from, to correct and address astigmatism and presbyopia in order to make a positive impact on our patients' quality of life. We have better phacoemulsification technology that causes less damage to ocular tissues during surgery due to better fluidics and better chamber stability, making the procedure safer and more efficient. Improved office-based equipment allows earlier diagnosis of pre-existing conditions for better patient selection. New treatment modalities are available, both in terms of procedures and pharmacological agents to optimize the ocular surface before surgical measurement to minimize refractive surprises. We also have intraoperative diagnostics, allowing for more accurate toric intraocular lens alignment and implant power confirmation. All of these advancements allow for better outcomes for patients undergoing cataract surgery. ❑