

Thinking Differently About Ophthalmology

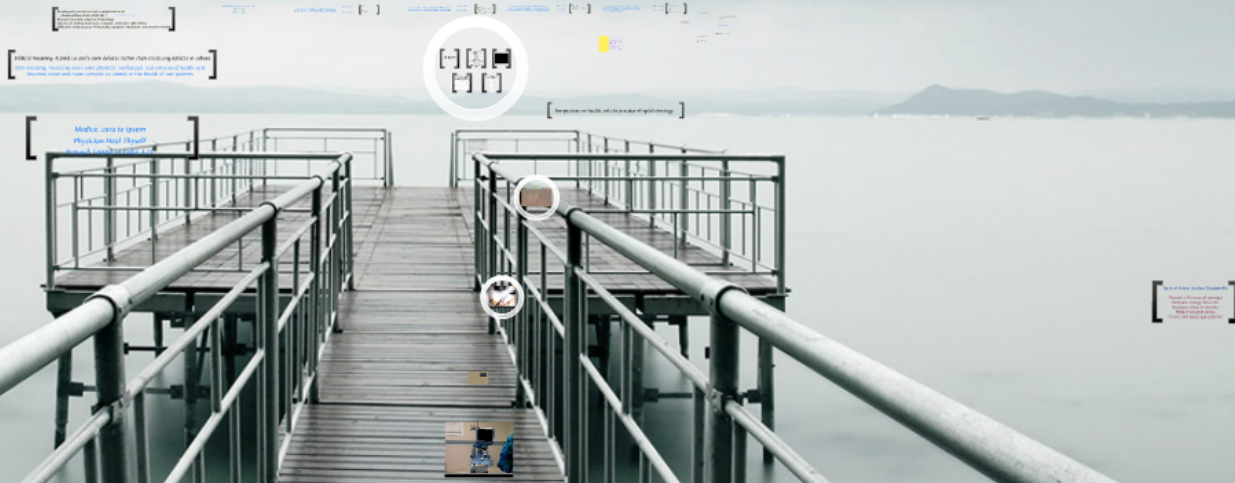
Ophthalmologist Health

Maximizing Physical, Intellectual, and Emotional Well Being to Make Us Better Physicians



PHYSICAL — INTELLECTUAL — EMOTIONAL

Thank you,
Efficient and Innovative Eye Care Surgery
Next




DISCLOSURE
- I HAVE NO FINANCIAL INTERESTS
- I AM A CLINICAL INVESTIGATOR
- I AM A CONSULTANT AND
- MY PRIMARY INTERESTS ARE

Thanks to my teachers, Dr. Stuart (sensei)
Thanks to my family and
Thank to all colleagues
a better surgeon, professor
ophthalmology

the 'ideal'
ect surgery...
or patients

of Ophthalmology
Eye Center
its

ck MD
rior Segment Surgery
for Eyecare
Illinois

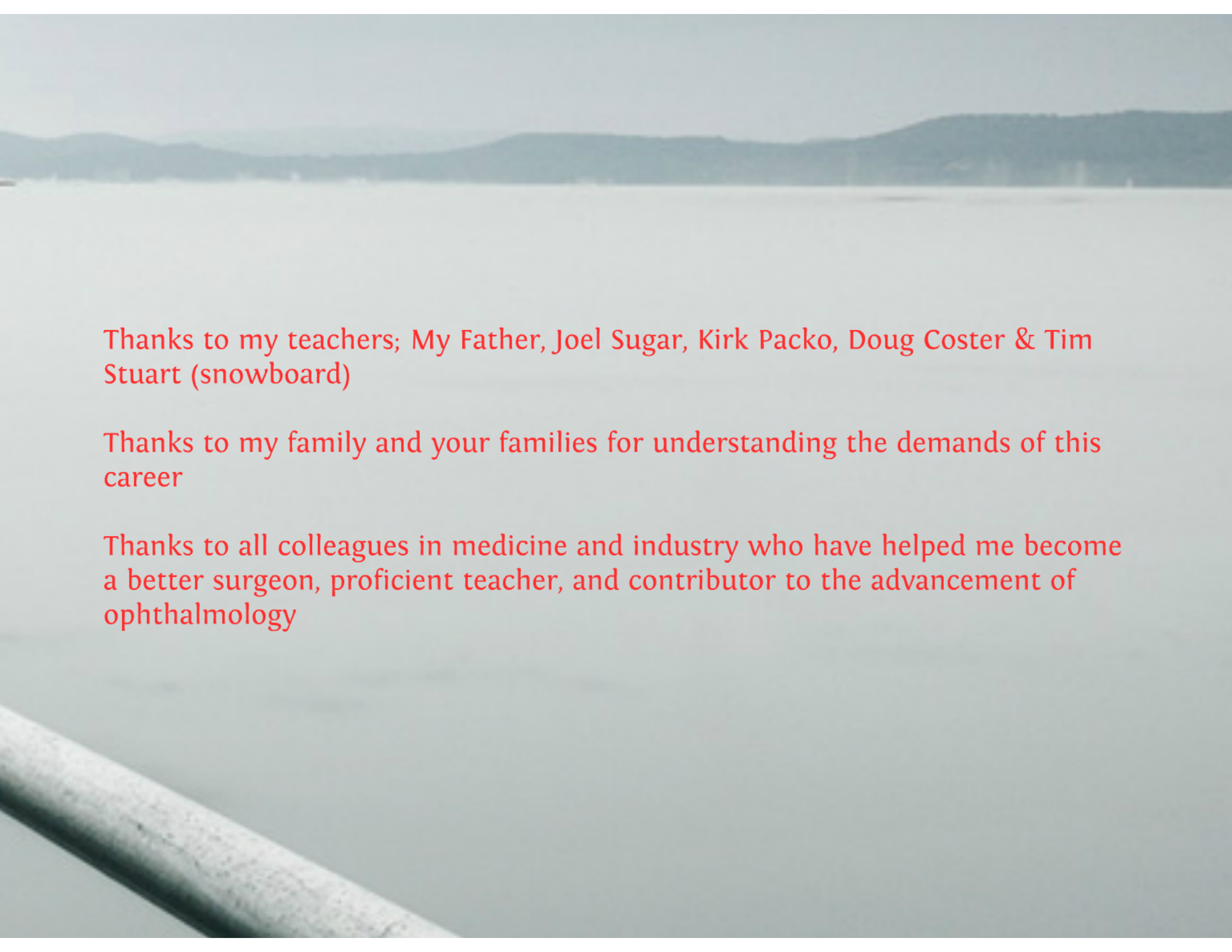


David Lubeck MD
Director Advanced Anterior Segment Surgery
Arbor Centers for Eyecare
Chicago, Illinois

Assistant Clinical Professor of Ophthalmology
University of Illinois Eye Center
Chicago, Illinois

DISCLOSURE

- I HAVE NO FINANCIAL INTERESTS IN THE PRODUCTS OR TECHNIQUES DISCUSSED TODAY
- I AM A CLINICAL INVESTIGATOR FOR ALCON, GLAUKOS, AND CALHOUN VISION
- I AM A CONSULTANT AND SPEAKER FOR ELLEX, GLAUKOS, AND ALCON
- MY PRIMARY INTERESTS ARE NEW TECHNOLOGY AND SURGICAL SKILLS TRANSFER



Thanks to my teachers; My Father, Joel Sugar, Kirk Packo, Doug Coster & Tim Stuart (snowboard)

Thanks to my family and your families for understanding the demands of this career

Thanks to all colleagues in medicine and industry who have helped me become a better surgeon, proficient teacher, and contributor to the advancement of ophthalmology



Perspectives on health and the practice of ophthalmology

becomes more and more complex to attend to the health of our patients

Medice, cura te ipsum
Physician Heal Thyself
Proverb Found in Luke 4:23.



- Growing interest and research in physician health
 - Stanford/Mayo/AMA ACPH 2017 ...to inspire organizations throughout the country to seek ways to bring back the joy of medicine for all our physicians
- Limited information about ophthalmology
- Absence of training to prevent, recognize, and treat health effects
- Difficult to study because of interrelated physical, intellectual, and emotional health

Biblical meaning; Attend to one's own defects rather than criticizing defects in others

2018 meaning; Attend to one's own physical, intellectual, and emotional health as it becomes more and more complex to attend to the health of our patients

Medice, cura te ipsum
Physician Heal Thyself

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Ophthalmologist Health Survey Jan 2018 OAO

Resident/Fellow	0	0.0%
1-10 years	7	20.0%
11-20 years	8	22.8%
20 years+	20	57.1%
Total	35	100%

ologist Health Survey Jan

Resident/Fellow	0	0.0%
1-10 years	7	20.0%
11-20 years	8	22.8%
20 years+	20	57.1%
Total	35	100%

1. Have you had any physical health problems that you attribute to or affect practicing ophthalmology?

Yes 21 60.0%

No 14 40.0%

Neck and back issues. See a LMT monthly to help.
Hypertension
Medial epicondylitis (IEHR related)
Lateral epicondylitis (IEHR related)
Chronic, intermittent edema of right upper extremity from above wrist extending down to proximal phalanges. EXTENSIVE workup has been non-diagnostic. Edema exacerbates with repetitive slit lamp manipulation, phoropter manipulation, heat and humidity.
Cervical spinal stenosis
Back and neck pain
Cervical neck issues requiring PT. Stress related issues for silly Gov regulations
Carpal Tunnel Syndrome
Mild neck pain at times
back issues
Epicondylitis - both arms.
Hip flexor strain.
Bilateral biceps tendonitis exacerbated by repetitive slit lamp manipulation
Cervical disc disease?
Neck and back stiffness following long surgery days.
Upper extremity weakness
Shoulder impingement and poor lower back posture
Past history of neck pain related to years of working at slit lamp and operating microscope. Improved after changing to longer eyepieces on microscope and improving posture at slit lamp.
Optic Neuritis episode prevented me from performing surgery for 6 weeks in 2004.
Cervical disc disease is at least exacerbated by positioning for surgery or slit lamp / bio use; and surgery is necessitated by the need to continue practicing.
Neck pain. Thumb arthritis.
Chronic neck and back pain
Neck pain.
2 back surgeries for ruptured disks, I think it is due to daily work at slit lamp & surgery with a microscope.

Neck and back issues. See a LMT monthly to help.

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Chronic neck and back pain

Neck pain

2 back surgeries for ruptured disks, I think it is due to daily work at slit lamp & surgery with a microscope.

2. Have you had any mental health problems that you attribute to or affect practicing ophthalmology?

Yes 5 14.0%

No 30 86%

Not that I know of....

Crazy EHR rules/CMS and quality metrics that mean nothing and only increase the costs of care and the decrease the number of patients cared for.

23 years ago, fresh out of fellowship in first academic position, situational depression

Stress-related insomnia

Stress, anxiety, fatigue = burn out

Situational anxiety that began because of a difficult cataract surgery, that now continues to affect my ability to perform ophthalmic procedures.

Not that I know of.....

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3. Have you had any intellectual health problems (e.g. loss of concentration or difficulty learning new material) that you attribute to or affect practicing ophthalmology?

Yes 1 3%

No 30 97%

Difficulty maintaining attention.

Reduced memory as I've grown older. Mostly short term memory.

Always been bad remembering names. That has increased with age.

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4. Has adoption of EHR had a positive or negative impact on your physical, mental, and/or intellectual practice of ophthalmology?

Yes 23 66%

No 12 34%

Haven't adopted EHR!
NEGATIVE. EHR is the WORST thing to happen to medicine since I began practicing.
Very helpful
Mostly negative. Enjoy the letters and chart notes that are generated, eliminating the dreaded dictation needs. However, the SLOW computer speed, high expense, frequent need for updates and new servers, frequent freezing, ridiculous need to check boxes to demonstrate criteria to get paid FAR outweighs the convenience of not having to dictate.
It had made practicing in a efficient, safe manner much more difficult, creating a great deal of stress
Positive. My chart review is more efficient and consistent. I use a scribe and so the tedious aspects of charting are left to her. I worry less about compliance.
Less efficient, more expensive, decreased quality all from EHR and the silly reporting mandated by CMS. This was really bad during the Obama admin as the rules changed constantly and late.....no one understood health care.
Overall positive compared to paper records
It has required more work that takes more time away from my family to make requirements
Being able to access patient information from home.
Not applicable: I don't use EHR
excessive computer work has exacerbated the epicondylitis.
"Both - positive in the efficiencies of documentation
Negative in its linkage to meaningful use and focus on correctly completing the chart rather than caring for the patient"
Negative. Promotes more face time with the computer in the exam lane and less face time with the patient.
Pos
Negative: mostly mental/ distraction and multitasking issues
Negative effect. Medical practice is now relatively more weighted toward documentation than on personal interaction and medical care.
"Negative overall: More distracted by EHR during patient interaction; record keeping is more time and labor intensive than before; information in EMR is more difficult to find.
If there is any positive aspect it is only that it mitigates some of the increasingly burdensome documentation imposed from above"
Too much time spent on EHR, even with scribe help.
extremely negative impact
Negative. Very stressful adaptation process. I have to work longer hours in order to keep up with the patient numbers.
Positive effect: it makes me more aware of how to be efficient in the office.
Systems & internet connections ate slow. Program is cumbersome & prone to crashing & glitches. Hard to navigate.

I'm concerned that now, in my 50's, my concentration, dexterity and vision are not a
What happens in another 5-10 years. I fear the day I have to give up surgery due to

Taking night call is very disruptive to normal sleep even if just a phone call at 2:00 am
older one gets to be.

There is a lot of joy in giving patients the gift of sight. And that by far outweighs the

The sacrifice of orthopedics in general has been good but the stress of keeping up

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I'm concerned that now, in my 50's, my concentration, dexterity and vision are not as good as they were 5-10 years ago. What happens in another 5-10 years. I fear the day I have to give up surgery due to fading ability

Taking night call is very disruptive to normal sleep even if just a phone call at 2:00 am. Gets to be more of a problem the older one gets to be.

There is a lot of joy in giving patients the gift of sight. And that by far outweighs the difficulties and troubles

The practice of ophthalmology in general has been good just the stress of keeping up with requirements has been challenging.

Posture in OR and at slit lamp

Dark rooms all day could contribute to seasonal affective disorder

It is important to keep our bodies physically fit with routine core exercise and exercised to strengthen back muscles

Ergonomics need to be stressed early and often

I would like to know more about blood pressure changes that surgeons endure while operating.

Suspect I have Vitamin D deficiency due to complete lack of sunlight exposure. Especially in winter months

It is the best profession in the world. Being an ophthalmologist makes me very happy. Having the opportunity to help so many people every day is a privilege. Being happy going to work, every day, makes me a healthy person!

Increased stress from over regulation & interference from government

Neck shoulder pain issues necessitated making ergonomic changes in office. Adjustable tilt oculars for slit lamps, keyboard trays to lower hand position at computer.

Using EHR has been positive in this regard as all the manual writing was aggravating neck/shoulder pain."

I have had a wonderful and rewarding career which has allowed me and my family to enjoy a healthy lifestyle

Neck surgery for foraminal stenosis. Most likely due to slit lamp exams.

Repetitive use of slit lamp posture affects neck - not ergonomic.

Operating using microscope same issue"

On surgery days I have to use a beta blocker to avoid a hand tremor. This causes significant fatigue and cognitive slowdown for the rest of the day.

I am concerned about future neck and/or back issues, although I do not currently have specific problems. I am aware of two physicians in my practice and one technician that has needed neck/back surgery that was likely caused/exacerbated by the kind of work we do.

stress of being owner of company

Government regulation of medicine has greatly decreased my enjoyment of the practice of medicine. Two of my partners are retiring early due to changes in the nature of medicine I will go part time (become an employed doc) before age 60, while my original intent was to practice full time to my upper 60's."

Overall I think my mental and physical health is better than non- ophthalmologist MDs I know.

Bending and leaning forward repeatedly and for prolonged periods is a negative physical issue for posture

I suppose the positioning at the slit lamp and the operating microscope might be contributing to some muscle spasms in the neck/shoulder but I can't be sure if it is related.

I like it that I don't sit for long periods to see any one patient and that I walk from my office to exam lanes and back and forth and get about 2 miles of exercise just working which includes walking to and from my office from the parking lot."

I would have greatly benefited from training/counseling in residency (or earlier) in work/life balance, conflict resolution, communicating/negotiating with work partners.

Residency should incorporate emphasis on and training in ergonomics and preventive health measures in daily practice.

The New York Times Bestseller

"One long, exuberant New Year's resolution."

The New York Times

Younger Next Year*

"Brain-rattling,
irresistible, hilarious.
If you're up for it...
[this book] could
change your life."

THE WASHINGTON POST

Includes Preview Excerpt of
*Younger Next Year:
The Exercise Program*

**Live Strong,
Fit, and Sexy—
Until You're 80
and Beyond**

by Chris Crowley &
Henry S. Lodge, M.D.



Exercise six times a week

Eat what you know you
should and don't eat what
you shouldn't

Be committed to something
important to you

Connect with other people

PHYSICAL.

Musculoskeletal/ Neurological

- Spine
- Elbows
- Wrists
- Hips
- Legs

Immunological

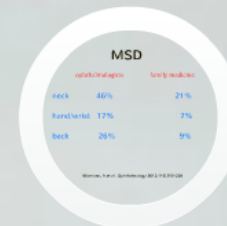
- RA
- Lupus
- Hashimotos

Dermatological

MSND

Unnatural positioning, pressure to nerves,
prolonged static positioning, poor training, lack
of attention from equipment designers

Seeing more than 100 patients per week,
performing 4 surgeries and/or 6 lasers/week were
associated with increased risks of neck, upper
extremity, or lower back symptoms.



Dhimitri KC, McGwin G Jr, McNeal SF, et al. Symptoms of
musculoskeletal disorders in ophthalmologists. Am J Ophthalmol
2005;139:179-81.

MSD

ophthalmologists

family medicine

neck	46%	21%
hand/wrist	17%	7%
back	26%	9%

Kitzmann, A et al . Ophthalmology 2012;119:213-220

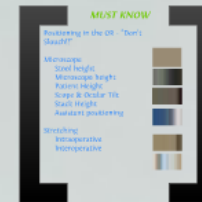
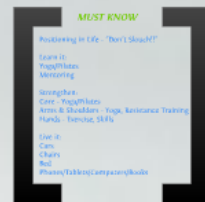
POSITIONING

In a time-motion study of dentists, patient height positioning was expected to take 5 seconds, but on average dentists took approximately 3 seconds to position the patient. For just 2 extra seconds per patient, the dentist could have positioned the patient in a more optimal height position

Dougherty M. Ergonomic Principles in the dental setting. June 2001 Thomson Healthcare/Dental Products Report

In a study of dentists undergoing ergonomic intervention, 72% reported their first-mentioned or only complaint diminished or disappeared, 58% that their second-mentioned complaint disappeared or diminished, and 64% their third mentioned complaint diminished or disappeared

Droeze EH, Jonsson H. Evaluation of ergonomic interventions to reduce musculoskeletal disorders of dentists in the Netherlands. Work 2005;25:211-20



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MUST KNOW

Positioning in Life - "Don't Slouch!!"

Learn it:

Yoga/Pilates

Mentoring

Strengthen:

Core - Yoga/Pilates

Arms & Shoulders - Yoga, Resistance Training

Hands - Exercise, Skills

Live it:

Cars

Chairs

Bed

Phones/Tablets/Computers/Books

MUST KNOW

Positioning in the Office - "Don't Slouch!!"

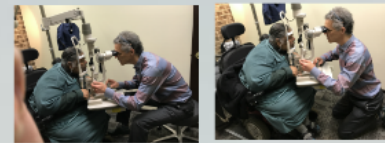
Slit Lamp

Stool height

Slit lamp height

Patient Height

Elbow placement +/- cushioning



Keyboarding

Monitors

Designing the ophthalmic lane with multiple monitors for maximum electronic medical record performance, while maintaining the relationship with the patient creates new ergonomic challenges for ophthalmologists and ancillary support staff

Boarding

itors

Designing the ophthalmic lane with multiple monitors for maximum electronic medical record performance, while maintaining the relationship with the patient creates new ergonomic challenges for ophthalmologists and ancillary support staff

MUST KNOW

Positioning in the OR - "Don't Slouch!!"

Microscope

Stool height

Microscope height

Patient Height

Scope & Ocular Tilt

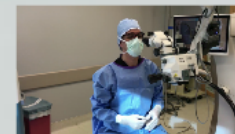
Stack Height

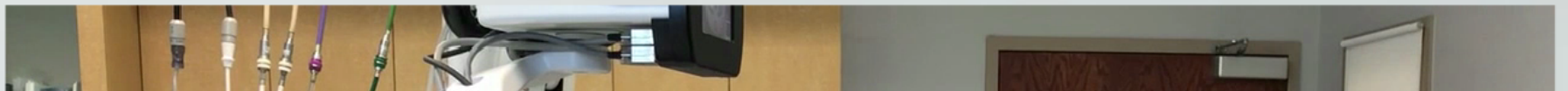
Assistant positioning

Stretching

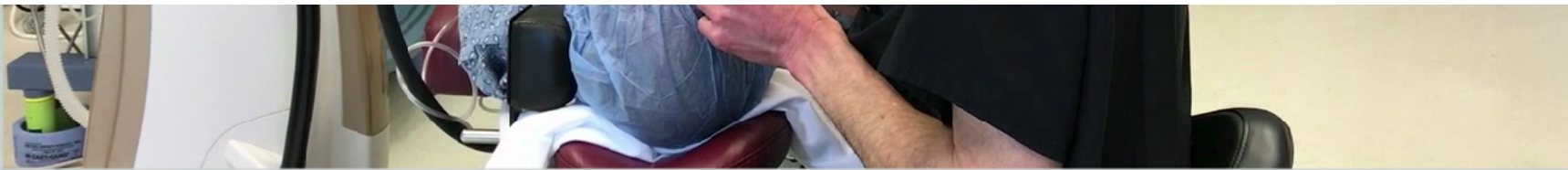
Intraoperative

Interoperative

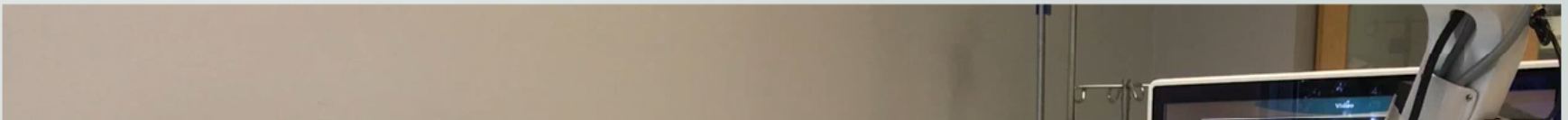














Dermatologic

PURELL® Waterless Surgical Scrub Gel
Version 1.0 SDS Number: 40000000486 Revision Date: 08/07/2017

SECTION 16. OTHER INFORMATION

Further information

NFPA:

Health	2	Flammability	3	Reactivity	0
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HMIS III:

HEALTH	2
FLAMMABILITY	3
PHYSICAL HAZARD	0

Can Intensive Use of Alcohol-Based Hand Rubs Lead to Passive Alcoholization?

Alcohol-based hand rubs, ABHRs, contain on average 70% by weight of one or more alcohols.

Absorbed alcohols are widely diffused throughout the organism due to their high water solubility and are rapidly distributed into highly vascular organs such as brain and liver.

In a context of an increased use of ABHRs, the issue of exposure to alcohols mainly via inhalation but also through dermal absorption should be considered...there is a general lack of knowledge about alcohol, especially n-propanol and isopropanol, contamination levels in the environment of ABHR users such as health care workers.

Vincent Bessonneau, Int J Environ Res Public Health. 2010 Aug; 7(8): 3038-3050

[MUST KNOW]
Minimize ABHR to inner forearms
Wash hands with soap and water after ABHR use

DERMATOLOGIC

PURELL® Waterless Surgical Scrub Gel

Version 1.0

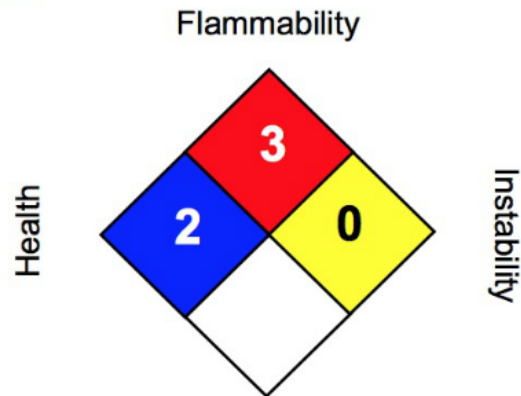
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Dermatologic

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	Flammability	
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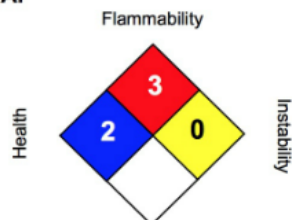
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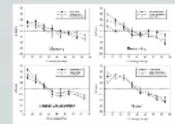
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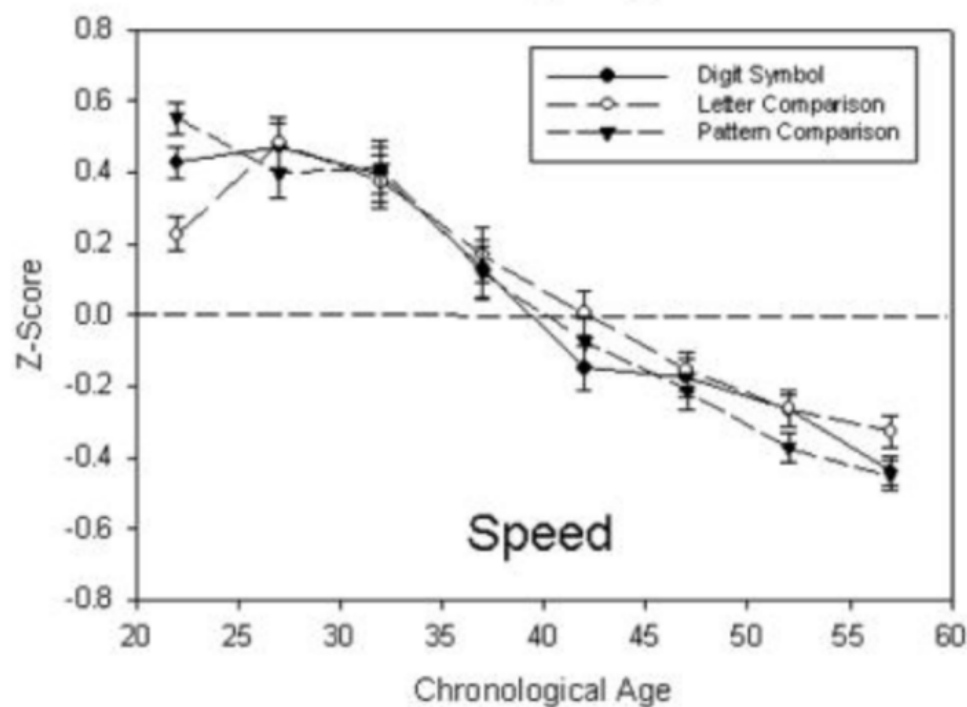
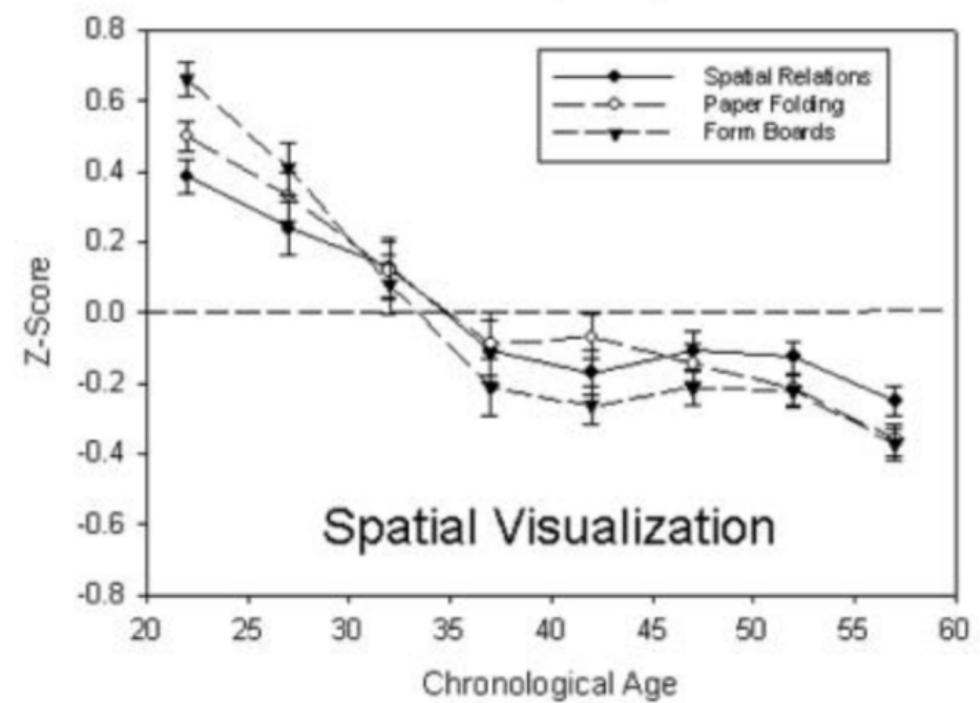
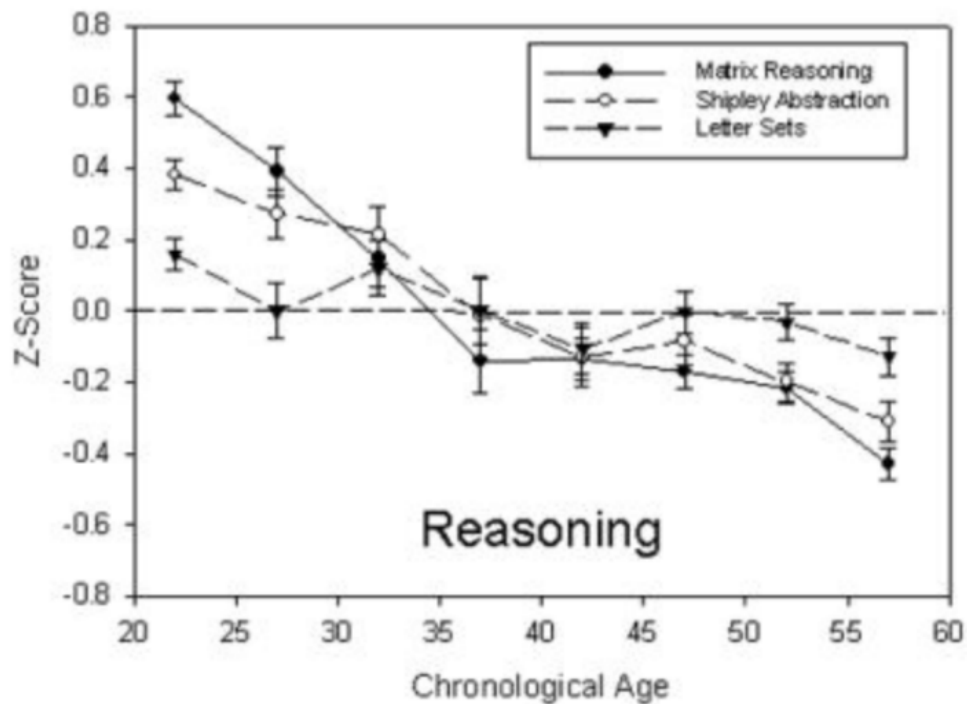
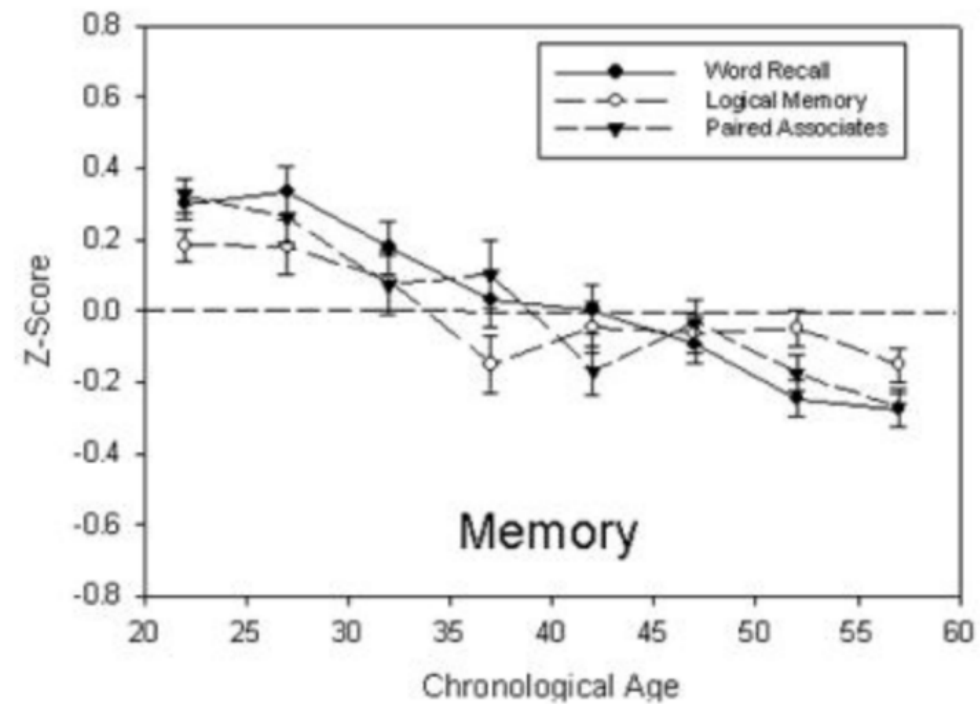
-INTELLECTUAL-

Age Related Cognitive Decline

Some aspects of age-related cognitive decline begin in healthy educated adults when they are in their 20s and 30s



When does age-related cognitive decline begin? T
Salhouse PhD, Neurobiol Aging. 2009 Apr; 30(4): 507-514



EHR Effect

As measured by objective studies, 54% of U.S. physicians are experiencing physician burnout...80% is really due to workflow issues, and as it turns out, the way the electronic medical records have evolved — unlike in other industries where automation has made work easier — the electronic medical records have added work.

Are EMRs to Blame for Physician Burnout?, S
Strongwater MD, NEJM Catalyst October 24, 2016

? Decreased intuitive creativity
? Decreased down time for innovative thought
? Decreased mental "bandwidth" because of information overload
? Will AI make EHR better or worse

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- ? Will AI make EHR better or worse

Personality and Conflict Resolution Assessment

Meyers Briggs

4 categories

I vs E
N vs S
T vs F
P vs J

Most Ophthalmologists

ISEJ
ISEJ, competing to preserve and protect said ways of doing things. They grow attached to the routine, familiar, and expected. The more often they do something in a particular way, the harder it is for them to look out of that pattern. As adults, ISEJs often persist in the beliefs and workways of their childhood. In turn, they can be seen to only handle or just procedure, both inflexibly and dogmatically. They are advised by their direction and steadfastness.

ISTP
ISTPs have high levels of focus, self-discipline, intellectualism, independence, and intensity of thought. ISTPs have the calm, curiosity and cool that allow them to discern the best ways of managing it. ISTPs can be persons of few words. Their relationships are often built around shared interests or activities rather than intensive conversations, parties, eating their lunch, body, and other senses to explore and manipulate the concrete world. They are less concerned with preserving past procedure than ISEJs are.

ESFP
ESFP is among the most commonly encountered personality types, especially among women. ESFPs display high levels of kinesthetic intelligence. They are often athletic and motivated with great energy and hand-eye coordination. ESFPs present as confident, articulate, and outgoing. They express themselves in a measured and rational way and often use themselves as video cameras. ESFPs enjoy an array of sports and other "hands-on" activities.

Thomas Kilman



Each of us is capable of using all five conflict-handling modes. None of us can be characterized as having a single style of dealing with conflict. But certain people use some modes better than others and, therefore, tend to rely on those modes more heavily than others—whether because of temperament or practice. Your conflict behavior in the workplace is therefore a result of both your personal predispositions and the requirements of the situation in which you find yourself. The TKI is designed to measure this mix of conflict-handling modes.

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ISFJ

ISFJs, compelled to preserve and protect past ways of doing things. They grow attached to the routine, familiar, and expected. The more often they do something in a particular way, the harder it is for them to break out of that pattern. As adults, ISFJs often persist in the beliefs and worldview of their childhood. In sum, they can be seen to rely heavily on past precedent, both behaviorally and ideationally. They are admired for their devotion and steadfastness.

ISTP

ISTP's have high levels of focus, self-discipline, intentionality, independence, and intensity of thought. ISTPs take life rather seriously and use their inner logic to discern the best ways of navigating it. ISTPs can be persons of few words. Their relationships are often built around shared interests or activities rather than extensive conversation. prefer using their hands, body, and other senses to explore and manipulate the concrete world. They are less concerned with preserving past precedent than ISFJs are.

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ESFP is among the most commonly encountered personality types, especially among women. ESFPs display high levels of kinesthetic intelligence. They are often athletic and endowed with good dexterity and hand-eye coordination. ESFPs present as intelligent, articulate, and composed. They express themselves in a measured and rational way and often see themselves as wise counselors. ESFPs enjoy an array of sports and other "hands-on" activities.

lost Ophthalmologist

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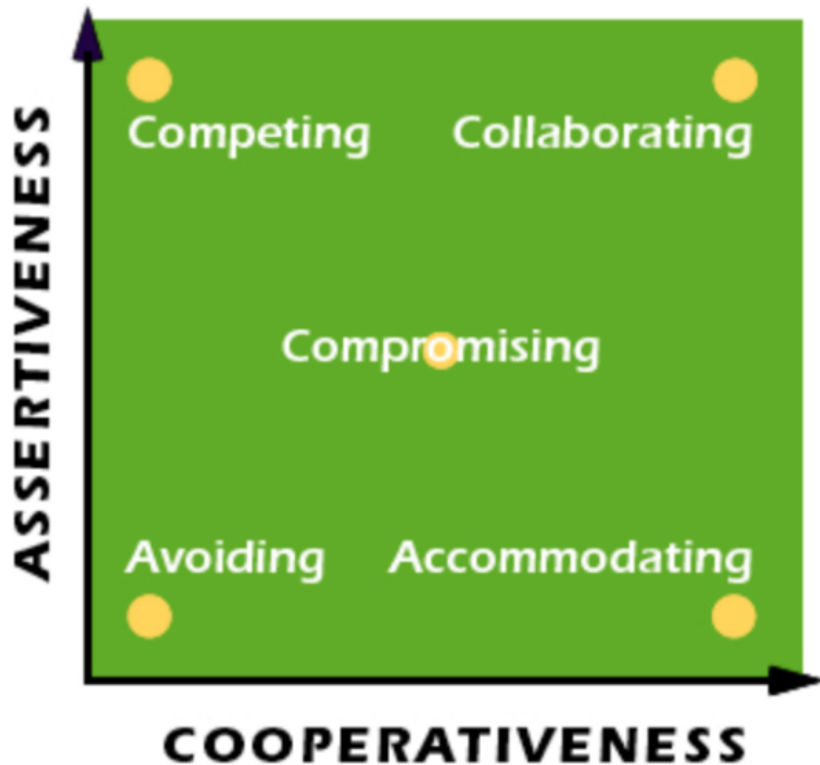
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Improving Intellectual Well Being

Exercise
Prolonged low impact cardio
(65-85% VO2 max)

Sleep

Boredom

ACTIVE Cognitive Training

Diet

EVOO

Supplements?

Piracetam, Oxiracetam, Noopept, Acetyl-L-Carnitine, N-acetyl Tyrosine, L-Theanine, Centrophoxine, Magnesium, Caffeine

Exercise augments adult neurogenesis, the creation of new brain cells in an already mature brain. In studies with animals, exercise in the form of running wheels or treadmills, has been found to double or even triple the number of new neurons that appear afterward in the mouse hippocampus, a key area of the brain for learning and memory, compared to the brains of animals that remain sedentary.

High-intensity interval training is much more physically taxing and stressful than moderate running. Stress tends to decrease adult hippocampal neurogenesis.

Therrien A, et al. The Effects of Aerobic Activity on Brain Structure. *Front Psychol*. 2013; 3: 95. Published online 2012 Mar 21.

Each ACTIVE (Advanced Cognitive Training for Independent and Vital Elderly) cognitive intervention resulted in less decline in self-reported IADL (instrumental activities of daily living) compared with the control group. Reasoning and speed, but not memory, training resulted in improved targeted cognitive abilities for 10 years.

Robert C. Koenig. Effects of the ACTIVE Cognitive Training Program on Cognitive and Functional Performance. *Health Affairs (Millwood)*. 2012; 31(10):2111-2114.

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Rebok G, Ten-Year Effects of the ACTIVE Cognitive Training Trial on Cognition and Everyday Functioning in Older Adults, *J Am Geriatr Soc.* 2014 Jan; 62(1): 16–24

-EMOTIONAL

Are we training
physicians to be
emotionally unwell?

Medical school debt

Avg 72 residency
applications

OKAPs

Boards



Depression *'The Black Dog'*

"I think this man might be useful to me – if my black dog returns. He seems quite away from me now – it is such a relief. All the colours come back into the picture."

— Winston Churchill (in a letter)

Up to 75% of physicians suffer from depression

- 33% Chose professional help**
- 27% Self care**
- 14% Self destructive behavior**
- 10% Nothing**
- 6% Changed jobs**
- 5% Self prescribed me**
- 4% Other**
- 1% Pray**

A survey of American surgeons revealed that although 1 in 16 had experienced suicidal ideation in the past 12 months, only 26% had sought psychiatric or psychologic help. There was a strong correlation between depressive symptoms, as well as indicators of burnout, with the incidence of suicidal ideation. More than 60% of those with suicidal ideation indicated they were reluctant to seek help due to concern that it could affect their medical license.

Shanafelt TD, Balch CM, Dyrbye L, Bechamps G, Rouseff T, Satele D, et al. Special report: suicidal ideation among American surgeons. Arch Surg. 2011 Jan; 146(1):94-62

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Stress reduction
"relax"

Learn it:

Yoga - breath work

Meditation

Sleep

Marriage (for men)

Counseling/Psychiatry

Change our profession

Marriage is in most populations considered to be an effective buffer to emotional distress. This does not seem to be true for women physicians

Gold KJ, Sen A, Schwertl TL. Details on suicide among US physicians: data from the National Violent Death Reporting System. *Gen Hosp Psychiatry*. 2013 Jan-Feb; 35 (1):45-9

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Change our profession

Thank you...

Efficiencies and Innovations for Cataract Surgery

Next