CSUpdate

Cornea Society University March 20, 2017

Latest cornea news from the Cornea Society

INTRODUCTION

Welcome to the sixth issue of CSU (CORNEA SOCIETY UNIVERSITY). This month's CSU VideoEd will focus on the management of common disorders, dry eye and blepharitis. We will also feature an article about the art of handling difficult patients.

HANDLING DIFFICULT PATIENTS

When I started my residency, I was leaning heavily towards retina since I had a fabulous retinal surgeon as my mentor in medical school. (read more)

DRY EYE AND BLEPHARITIS

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CSU DINNER SERIES ~ SAVE THE DATE FRIDAY MAY 5th

We are excited to announce a new dinner meeting developed by the Cornea Society Young Physician Task Force and sponsored by CSU (Cornea Society University). (read more)

Dr. Bennie Jeng teaches at the DSAEK wet lab at the Cornea Society Fellows Summit 2016

Full stories below

HANDLING DIFFICULT PATIENTS

When I started my residency, I was leaning heavily towards retina since I had a fabulous retinal surgeon as my mentor in medical school. As I rotated through the different subspecialties, however, I realized that I gravitated towards cornea, refractive and cataract surgery. With many of the surgeries performed by cornea specialists, LASIK and cataract surgery in particular, you often get immediate results. I distinctly remembering operating on a non-verbal patient with advanced bilateral cataracts early in my career. When I removed the patch the following day, he started smiling, clapping, and jumping up and down. It was instant gratification for both the patient and me.

I think that is why it is often so difficult when we encounter unhappy or "difficult" patients. I work on the upper east side of New York City,

so I probably encounter more than my fair share of "difficult" patients. Patients can be deemed "difficult" for many reasons, and each case needs to be personalized to meet the patient's needs.

I've learned a lot from my patients over the years and I wanted to share with you a few pearls as you begin your own careers. Many of the best tips for dealing with difficult patients are obvious and simple but often hard to employ.

Stay calm, listen, and acknowledge

Often, the first reaction we have when we encounter an unhappy or angry patient is to become defensive or angry ourselves. We start talking over the patient trying to explain why they are misinformed or incorrect. If you raise your voice, start arguing with the patient, or become dismissive of them, the situation is likely to escalate. Instead, try to take a step back and gather your composure. It is critical that you remain calm in these situations, or at least give the appearance that you are remaining calm.

Without fail, it always seems that the unhappiest patients turn up on my busiest days. When I encounter a patient who is unhappy, the first thing I do is move my chair closer to the patient, make eye contact, and become an active listener. In most situations, I try to let the patient finish their story in its entirety before asking questions and addressing their concerns. It is amazing how many times that is all it takes to diffuse the situation. Most patients just want to be heard. I then acknowledge their complaints, regardless of whether I agree with them or not.

Partner with the patient

After listening and acknowledging a patient's complaint, I then try to encourage the patient to be part of the solution. Sometimes there is a simple solution. I saw a patient a few months ago who was very unhappy with the wait time to see me. I apologized and took the time to explain how my schedule works. I encouraged her to come first thing in the morning for her next appointment so that there wouldn't be a wait. I saw her just the other day first thing in the morning. She thanked me for the tip and left happy, and without a long wait. Sometimes, though, the solution is more complex. In these situations, I often simply ask "how can I make this better for you" or "what were you hoping we could accomplish today in this visit"? I had a patient present to me a few months ago for a third opinion. He was unhappy with his vision after a multifocal cataract surgery in one eye. The previous physicians had suggested an IOL exchange with a monofocal replacement. Interestingly, after a long discussion, I asked him what would make him happy with his vision. He replied that he would like to see his phone and computer without glasses. He had no complaints of glare, halos, or waxy vision. I suggested implanting another multifocal in his other eye with a lower add to accommodate his computer vision. After the second surgery, he was thrilled and is now one of my easiest patients. Often, spending those extra 10 minutes understanding a patient's needs makes a difficult patient an easy one.

Be honest and be modest

If something goes wrong, accept responsibility and be honest with your patient. If there is a surgical complication, I tell the patient about it from the beginning. Complications happen. The only surgeons without complications are those that don't operate. You do need to know how to handle complications if they do arise, and if you don't feel comfortable handling it yourself, ask for help. I often send patients for second opinions. In the end, we all want the best outcomes for our patients and if you cannot provide it, swallow your pride and ask for help.

Managing patients is much like managing all relationships in life. Take the time to hear their story. Take the time to understand their needs and complaints. Often the solution is easier

than it first appears.

CSU is meant to be an interactive platform where your questions and concerns are addressed. If you have a specific area or question you want us to concentrate on in future issues, please send an email to: jessciralsky@gmail.com with the subject: **CSU**. Additionally, CSU is designed for all young cornea and anterior segment ophthalmologists, so if friends or colleagues want to be added to the listserv, please send an email to: info@corneasociety.org

DRY EYE AND BLEPHARITIS

Symptoms of dry eye and blepharitis are extremely common and represent one of the most frequent reasons patients seek ophthalmic care. Prevalence data is varied for these disorders due to the lack of a uniform definition and diagnostic test. The 2007 DEWS report estimates 4.91 million Americans older than 50 have dry eye, and tens of millions more have milder symptoms and signs of the disease.[1] A study by Lemp et al reported that blepharitis was seen in 37-47% of surveyed US ophthalmologists and optometrists.[2] Properly diagnosing and treating these disorders is extremely important and overlooking these disorders can ultimately affect surgical outcomes and patient satisfaction. In this video, you will hear Dr. Bennie Jeng discuss Advanced Management of Dry eye and Blepharitis.

[1] The epidemiology of dry eye disease: report of the Epidemiology Subcommittee of the International Dry Eye WorkShop (2007). *Ocul Surf.* 2007. 5(2):93-107.

[2] Lemp MA, Nichols KK. Blepharitis in the United States 2009: a survey-based perspective on prevalence and treatment. *Ocular Surf.* 2009; 7(Suppl 2):S1-14.

CSU DINNER SERIES ~ SAVE THE DATE FRIDAY MAY 5th

We are excited to announce a new dinner meeting developed by the Cornea Society Young Physician Task Force and sponsored by CSU (Cornea Society University). This educational program will be geared towards young physicians. The inaugural dinner will be held on **Friday May 5th from 5:30pm-7:30pm**, immediately following the Cornea Day program.
This new dinner series concept will provide young physicians with an opportunity to interact and network with colleagues as well as learn more about professional development and practice building.

Program and registration information will be emailed the week of March 20th.

We hope you can join us at this unique and educational program and look forward to seeing you in Los Angeles in May.