Staying up to date

We live in a digital era that allows us to share knowledge instantly. While this is an asset, it is also overwhelming. As a physician, you want to know as much as you can to help each patient who walks into your exam room. But it is impossible to know everything. In all medical fields, preferred practice guidelines are constantly changing with the knowledge explosion we have witnessed in the last decade. Every single day, it is estimated that MEDLINE indexes 1,500 new articles and Cochrane Central adds 55 new trials. Although most of these don’t apply to our specific ophthalmology practices, a few may.
So how do you sift through the mountains of information to learn what you need to know? How do you truly stay up to date in the digital era? Even if we spent all of our free time reading, we’d still struggle to stay current. Not that long ago, we waited until information made it into a textbook or a peer-reviewed article before it was accepted. In the modern digital world, information is often outdated by the time it appears in a textbook or a peer-reviewed article. Where does this leave us? How do we continue to serve our patients with the most up to date medical care?

With all of the resources available, it is often difficult to decide which resources to use and when to use them. For my practice, I use a combination of resources that vary based on the knowledge that I need to acquire.

I still use many of the traditional ways of learning. I even turn to my trusted textbooks when I need to go back to the basics. If a patient walks in with a rare disease that I haven’t seen in years, I’ll pull out my cornea textbook and get a quick refresher. I also look at the references provided for a given subject as this will point me toward seminal articles. For more current data on a subject, I’ll often perform a quick search on PubMed and filter by year to capture only the most recent papers.

I also skim the contents of relevant peer-reviewed journals and trade journals monthly and focus on the articles that interest me and my practice. In the digital age, where everything is available online at the click of a button, I don’t need to read journals cover to cover. I can always retrieve and reread an article at a later, more applicable time.

One of my favorite ways to acquire knowledge is through watching surgical videos on YouTube or Eyetube. This is an amazing way to learn from experts and innovators in the field. You can watch new procedures and complication management in real time. You can also watch multiple surgeons perform the same procedure to learn different techniques and surgical pearls.

Webinars are another great digital age perk. You can attend an interactive lecture from the comfort of your home. You can hear experts discuss relevant subjects with up-to-date information at the click of a button.

Lastly, I use listservs like kera-net. This is an online resource that connects you with cornea specialists around the world. It is a wonderful way to get advice from your collective peers. You can present a difficult case and get 20 different expert opinions in a matter of minutes.

I think practicing ophthalmology in the modern digital age gives us a big advantage as physicians. We can share knowledge instantly and learn quickly. You have to learn how to sort through all of the information to find what is pertinent, but once you learn how to use the technology efficiently, the world is at your fingertips.

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 a future issue, 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.

Management of corneal ectasia

Corneal ectatic disorders, including keratoconus, pellucid marginal degeneration, and post-LASIK ectasia, are common disorders. The prevalence of keratoconus is estimated to be between 50 and 230 per 100,000 in the general population. In this video, you will hear Kathryn Colby, MD, discuss the “Management of corneal ectasia.” The goals of management are to optimize vision and prevent disease progression through environment and behavior modification, contact lenses, and corneal collagen crosslinking.

References
CSU launches four-part webinar series on surgical procedures

Cornea Society University (CSU) has launched a webinar series on surgical procedures. The three-part series will feature webinars on DSEK, DALK/PK, and Challenging Cases for the Corneal Surgeon. Programming dates are listed below.

December 13 – DSEK: Host Jessica Ciralsky, MD, and speaker Brandon Ayres, MD
January 24 – DALK/PK: Host Bennie Jeng, MD, and speaker Tony Aldave, MD
March 21 – Challenging Cases for the Corneal Surgeon: Host Jessica Ciralsky, MD, and speakers Bennie Jeng, MD, and Barry Lee, MD

Registration for all webinar programs is now open, and there is no fee for these programs.

To register for the December 13 webinar on DSEK, click here.
To register for the January 24 webinar on DALK/PK, click here.
To register for the March 21 webinar on Challenging Cases for the Corneal Surgeon, click here.

Contact Gail Albert, galbert@CorneaSociety.org, with questions.

New CSU website

Be the first to learn more about the newly launched Cornea Society University (CSU) website developed by and for young cornea surgeons. Join the CSU website membership and gain access to members only content from webinars, trending videos on professional development and surgical procedures, and connect with colleagues via CSU Connect.

Mark your calendar

Join us in Boston in 2020 for the World Cornea Congress VIII, May 13–15, immediately preceding the ASCRS•ASOA Annual Meeting. Every 5 years the Cornea Society hosts the World Cornea Congress, an international meeting that highlights the progress that has been made in clinical and research endeavors of the international corneal community. This 3-day meeting will include invited speakers and a call for papers, interactive programming, networking opportunities, and surgical wet labs.

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