

Opinion

Distracted? Finding Focus in Spite of Technology

We ophthalmologists are fortunate to understand that the operating microscope is not the only item that needs to remain focused during surgery. Successful surgeons have different ways of achieving personal focus. I have known some who get in a “zone” before a case and carry that cocoon with them as they work. Others merely take advantage of the OR as a contained environment with fewer distractions allowed and get a little gruff with irrelevant interruptions.

We are lucky in our offices, too, for the exam room is a quiet respite from the relative turmoil of the front desk or waiting room. Our instruments are all constructed so that we must face the patient, during refraction, slit-lamp examination, and indirect ophthalmoscopy. It’s an opportunity to focus on the patients and their health issues, to talk, and especially to listen to them.

But outside of the operating room and the examining room, we ophthalmologists are bombarded by the same chaotic environment that everyone else faces. It’s much harder to retain focus on a single task—let alone several—because of constant distractions. I used to think that the rising level of distraction in everyday life was a generational issue. (That’s my default position on a lot of things now that I am, as my granddaughter says, “old.”) But, in fact, it affects members of all

generations, especially those individuals who value connectedness. And technology has put connectedness no farther away than the palm of our hand. People who value connectedness want to reply immediately to text messages or to post details of their intimate lives—and they expect prompt feedback. So, as a side effect, connected people get more distractions. I don’t mean to suggest that the connected among us are the only distracted ones. In fact, solipsists have plenty of opportunities to lose focus, too. While driving, they can put on makeup in the rearview mirror, eat lunch, or play with the dog, even though they aren’t texting at the same time.

Earlier, I conjured the image of the ophthalmic examining room as a quiet refuge, suitable for an old-fashioned doctor-patient interaction. But there are threats that this will degenerate into a distracting environment as well. The main threat is the electronic health record (EHR), especially in its initial introduction to an office. Consider the placement of the computer monitor. Let’s say it’s on the desk to the patient’s side. To use it with proper ergonomics requires facing the wall. Or if it’s on the diagonal, it’s hard on your back to type that way. Perhaps it’s a tablet, nestled awkwardly on your lap. In that case you spend a lot of time looking at your lap. Even if you have a scribe, there are authentications you must do, most efficiently performed

while you are with the patient. I’m not trashing the EHR, merely pointing out that it’s a source of distraction that didn’t exist when your receptionist explained to the landline caller, “The doctor is busy; she’s with a patient.”

During his keynote address at the 2012 Joint Meeting in Chicago, Abraham Verghese, MD, MACP, author of *Cutting for Stone*, showed a painting of a doctor sitting by a bedside. A cartoon computer had replaced the patient in the bed as the primary focus of the doctor’s attention. Dr. Verghese said many patients get that feeling after seeing the doctor. If so, it’s time for all of us to manage distractions better and refocus on the patient.



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