

inside VIEW



A LOOK INTO THE WORLD OF HEALTH SYSTEM FACULTY AND STAFF



Dan Clauw, M.D., director of the U-M Chronic Pain and Fatigue Research Center and associate dean for Clinical and Translational Research, is a proponent of teamwork both in the clinic and on the softball field.

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PROFILE

ONE FOR THE TEAM

Dan Clauw believes Michigan's biggest strength is in collaboration

Dan Clauw, M.D., is a team player all around. At work, he is director of the U-M Chronic Pain and Fatigue Research Center and the associate dean for Clinical and Translational Research. In these overlapping roles, he frequently works across departments to tap into the expertise of other U-M researchers and clinicians. Outside of work, he plays in an adult softball league—on a team called the “Veggies,” which he started as a medical student at U-M, took to Georgetown for 16 years, and brought back to Ann Arbor in 2002. Yet, despite all the teamwork, Clauw says he is not a competitive player.

“The cool thing about Michigan is that people aren’t threatened by

other people’s success,” Clauw says. “People are friendly and motivated to work together. It is a very collaborative environment.”

This is great for Clauw, whose work on chronic pain and fatigue research involves around 20 faculty and staff across departments with critical expertise on the subject. Since nearly every department deals with pain, it is common to have multiple studies going on that use core methods in treating chronic pain conditions.

This team approach has led U-M to be a leader in fibromyalgia research. New drugs are in approval stages and educational lectures are held each month for patients and families.

“We want to offer a disease management program for fibromyalgia patients that combines drug and non-drug therapies,” Clauw says.

Clauw was also instrumental in the recent \$55 million National Institutes of Health grant awarded to the University to encourage collaboration and interdisciplinary research. Clauw describes the process as “the most difficult thing I’ve ever done, but also the most rewarding.” He spent more than a year working with 30 different units and schools that do health research at U-M, with the goal of defining a shared infrastructure to support research.

“I feel like I’m a kid in a candy shop,” Clauw says. “With so many

people doing such great research here, there are always possible win-win collaborations that can be formed.”

If it sounds like Clauw is a huge U-M fan, it’s because he is. Whether it’s the Health System or sports, he claims to “bleed in maize and blue.” When he accepted the position at Georgetown, he and his wife agreed they would get satellite TV so he could watch U-M sporting events.

He is happy to be back in Ann Arbor with his wife and two sons. He plays on the Veggies to relax, but the pizza and beer after the game are more important than winning. However, sometimes the team “accidentally gets good” and wins a championship.

about inside VIEW

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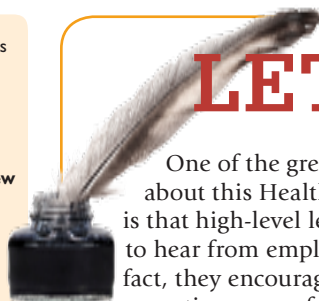
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LETTER FROM THE EDITOR



One of the great things about this Health System is that high-level leaders want to hear from employees. In fact, they encourage it! At the same time, one of our great challenges is that we are so spread out—in different buildings and towns—and we perform many different jobs. This combination can create barriers to communication and it's up to all of us to break them down to improve our workplace.

Our top leaders—Robert P. Kelch, M.D., Health System CEO and U-M executive vice president of medical affairs; Kathleen M. Potempa, D.N.Sc., R.N., F.A.A.N., dean of the U-M School of Nursing; Doug Strong, director and CEO of the Hospitals and Health Centers; and James O. Woolliscroft, M.D., dean of the Medical School—want to hear your concerns, ideas, suggestions and questions. Below are ways you can talk to them one-on-one, in small groups, or as a department or unit:

Robert P. Kelch, M.D.

- Invite Dr. Kelch to visit your department: E-mail rkelch@umich.edu.
- Ask Dr. Kelch: Submit questions online at www.med.umich.edu/ievpma/question.htm.
- If you don't have computer access, call 734-647-9351 to get more information.

Kathleen M. Potempa, D.N.Sc., R.N., F.A.A.N.

- Read the dean's online newsletter, DirectLine, at www.nursing.umich.edu/DirectLine.

Doug Strong

- CEO/Employee Meetings: Strong hosts open discussion on issues of your choosing over breakfast or lunch. Learn more and sign up: www.med.umich.edu/i/ceo/meetings.htm.
- Request a visit to your unit/department: www.med.umich.edu/i/ceo/visit.htm.

- If you don't have computer access, call 734-615-6433 to get more information.

James O. Woolliscroft, M.D.

- Office Hours: The dean invites faculty, staff and students to drop by and provide input at locations around the Health System. Schedule: www.med.umich.edu/i/medschool/dean/hours.html.
- Post on the online discussion board: www.med.umich.edu/dean/board.
- If you don't have computer access, call 734-764-8175 to get more information.

I encourage you to take advantage of these opportunities! And don't forget you can comment on this and any *Inside View* article online using the "Comment on this article" link: www.med.umich.edu/insideview.

—Allison Krieger, editor

10 MINUTES to a better work day

If you haven't done so already, take the 2008 Employee Engagement Survey

Does your unit need a push in the right direction? Or is it already there? Whether your comments are positive or negative, make sure they are heard!

The annual Employee Engagement Survey is open now through March 28. Completing the survey takes only five to 10 minutes, and is your chance to promote positive change in your workplace.

The survey is open to all Health System staff, including those who work in the Medical School, research labs, offsite buildings, and all U-M hospitals and health centers. (This survey is not for faculty. They are surveyed at another time.)

Surveys can be completed at work or at

home—you don't need to log into a workstation.

"All employees are encouraged to participate and be candid," says Ed Karls, manager of Customer Performance Metrics and Improvement. "Participation by every eligible staff member is key."

If you have taken the survey for years and question whether leadership is listening, they are! Thanks to survey responses, positive change is happening in many areas:

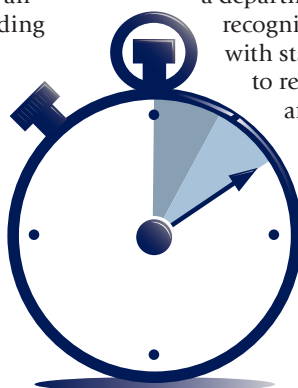
- Public Relations & Marketing Communications created a department reward and recognition team to work with staff to find the best ways to recognize performance after seeing a drop in its "willingness to recommend" score.
- Safety Management Services now opens weekly staff meetings with a funny article, joke

or story—a change that was a response to survey takers indicating a desire for implementation of more stress management techniques.

- Survey responses by MedRehab Physical Therapy unit staff revealed that many employees wanted to make work more efficient. So, staff members got lean and embarked on initiatives in the clinic that met with a positive response. New changes are on the way, too, thanks to additional survey input.

"Every supervisor, manager and director takes these surveys seriously and strives to create the best possible workplace for their team," assures Karls.

@ ON THE WEB The more people who participate, the more powerful the outcomes, so take the survey at www.med.umich.edu/i/empengage08 or sitemaker.umich.edu/empl.engagement (authentication required).



AROUND UMHS

Medical practitioners and students in Third World countries have scant access to U.S. medical literature, especially textbooks and journals. A group of undergraduate students from the Health Sciences Scholars Program is trying to change that. Spearheaded by sophomores Konrad Sawicki and Mario Romano, the Medical Journal Outreach Initiative seeks donations of medical journals (maximum of two years old) from UMHS physicians and researchers that cover both general medicine and various specialties. The group has collected more than 100 volumes to date. If you have journals to donate, send them to: Medical Journal Outreach Initiative, c/o Family Medicine, L2003 Women's, SPC 5239, 1500 E. Medical Center Drive, Ann Arbor, MI 48109-5239. Direct questions to:

ksawicki@umich.edu

When was the last time you walked into work and received a round of applause? This may seem unlikely, but not if you've been reading *Applause!*, the Health System's employee recognition newsletter.

Check us out online to read and submit your stories about faculty and staff awards, kudos, appointments and more. Each issue also includes a featured story that highlights a person, group or department that has gone the extra mile to make the Health System a better place. Read *Applause!*:

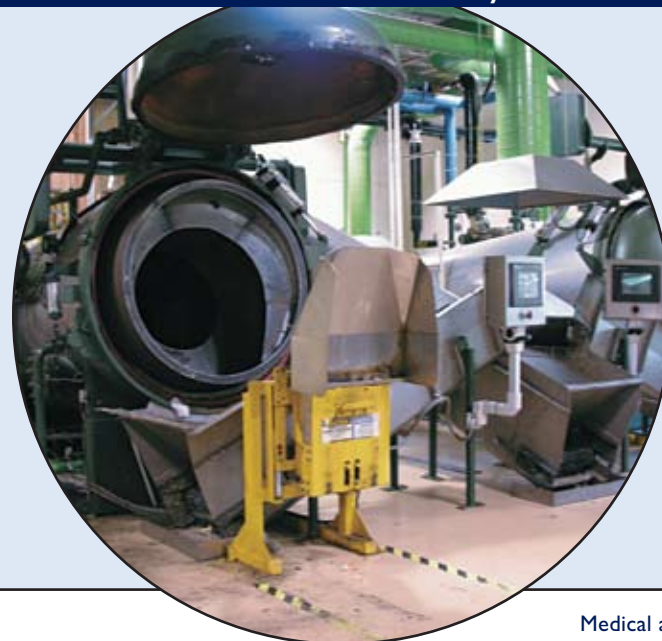
www.med.umich.edu/prmc/applause

The Health System has made it easy for you to seek and find volunteer opportunities in your area. With UMHS Volunteer Match, you can go online and connect with a volunteer organization convenient to your home or workplace. Search by location, interest area and/or keyword to find a match that perfectly suits your interests and talents. The site also lists complete details for each volunteer opportunity so you can act on what you find right away, and it features a volunteer spotlight section with stories of how Health System employees find time to help. Get involved:

umhs.volunteermatch.org

Do you know what type of waste goes in a clear bag? In a red bag? In a green bag? In a blue bag? How about what items are recyclable? Get the answers to these questions and more by watching a new safety video: "Our waste stream and recycling programs." The video defines the Health System's three waste streams—general, regulated medical and hazardous—and describes our process for waste disposal and recycling. Learn how you can do your part! View the waste stream video:

www.med.umich.edu/i/safety



Medical and hazardous waste is treated in an autoclave that uses steam at high temperature and pressure to kill pathogens.

COMMUTER ANIMATION



Inspired by
YOUR SUGGESTIONS



Parking and transportation improvements on main medical campus

Parking and Transportation Services has been making changes to improve commuting and parking for Health System employees, and even more changes are on the way. Here's a look at recent and upcoming efforts:

Recent changes

- Installed two heated/lighted bus shelters on E. Medical Center Drive (north side of Mary Markley Hall and south side of Mott/Simpson parking structure)
- Added a 6:30 a.m. run to the Commuter Northbound service (from Crisler Arena lots to medical campus)
- Expanded Commuter evening/night bus service to accommodate medical campus staff using offsite parking so it's now a 12-month service that runs nearly 24 hours a day—6:30 a.m. to 1:10 a.m.—Monday through Friday

In the works

- Replacing aged buses
- Installing four bus shelters at the Kellogg Eye Center, Cancer Center, CVC and Kresge buildings
- Considering several sites for expanding commuter parking capacity
- Developing enhancements to the car pool program to entice more staff to car pool to work. An example is GreenRide—the new car pool matching application.
- Analyzing home and work ZIP code data to determine which communities could be served by Commuter Express bus service directly to and from the U-M. Parking and Transportation Services is looking at several areas, including Canton and Chelsea.



ON THE WEB

For more information on bus routes, alternative transportation options and more, visit www.pts.umich.edu.



Sue Nichols, Pam Little, Ollie Frye Lyons, Monica Jenkins and Debra Herrst (left to right) are part of the U-M's longest running van pool—Jackson 1. The van pool has made daily trips from Jackson for about 17 years.

VAN POOL QUICK FACTS

- If each van pool rider drove his/her own car to work five days a week, his/her total greenhouse gas emissions would be about 127,427 pounds per year. By riding the van, greenhouse gas emissions are reduced to 21,238 pounds per year. (Check your emissions using the EPA's personal emissions calculator: www.epa.gov/climatechange/emissions/ind_calculator.html.)
- Fewer cars on the road means decreased oil and gas consumption.
- Riders pay only a monthly fee plus the cost of gas.
- Vans get a designated parking space.
- Sharing a ride decreases wear and tear on your personal vehicle.

ROLLIN', ROLLIN', ROLLIN'...

KEEP THAT VAN POOL ROLLIN'

17 years later Jackson 1 still keeps riders happy

Jackson 1—the University's longest running van pool—has carried passengers from the Medical Center to Jackson and back, five days a week for about 17 years. Though its passengers have changed with the times, the concept and benefits of van pooling have not.

"When I first considered giving up my independence by not driving myself, I wasn't sure how it would work out," says Pam Little, administrative associate in the Office of Continuing Medical Education. "Here I am 17 years later and I could not be happier!"

For Little and the five other riders, Jackson 1 is a blessing, particularly because it's hard for her to drive in the dark.

"I have trouble seeing long distances in the dark at night," she says. "If I had to drive myself in the winter months, it would be very nerve-racking for me."

Other benefits include reduced greenhouse gas emissions because fewer cars are on the road, to decreased oil and gas consumption and reduced wear and tear on vehicles. The savings and benefits run the gamut for Jackson 1—and all van pool—riders.

For Ollie Frye Lyons, a greeter and transporter in the CVC

information area, riding Jackson 1 gives her a peaceful break.

"I've been riding in this van pool for 10 years. I care deeply about the patients and visitors I meet and work for on a daily basis. I'm very grateful for the availability of this program because it relieves the stress and pressure of driving and the savings make it so much easier on the pocketbook."

In addition to Lyons and Little, Jackson 1 riders include:

- Susan Hale, administrative assistant, Neurology
- Debra Herrst, medical assistant, Transplant Center
- Monica Jenkins, administrative assistant, Food Procurement
- Sue Nichols, medical assistant

specialist, Otolaryngology

New van pools and existing van pools seeking new riders are announced in the Daily Bulletin regularly. You can also visit the Parking and Transportation Services Web site for a campus-wide list of van pools: www.pts.umich.edu (look in the Alternative Transportation section).

@ ON THE WEB Celebrate Earth

Day this April by becoming a Health System Environmental or Transportation Steward. Visit the Hall of Stewards www.med.umich.edu/insideview/stewards.html to learn more.

WHAT OUR PATIENTS ARE SAYING



One of the best ways to gauge how we're doing is to hear from patients and their families. The following excerpts from "You're Super" submissions show that we're providing excellent medical care with the very important personal touch.

■ I have stayed in seven hospitals over my lifetime and this one tops them all for service to the patient. The nutrition services department treated me excellently, working with my doctors and dietitian to work on my body absorbing the vitamins and minerals from my food. They always spoke with me and my mom—asking if they could do anything else—and always finish[ing] with an encouraging word or phrase. Being a patient in a hospital, especially in this section (HEM/ONC) is difficult. You feel scared, confused and almost helpless, like all your choices have been taken from you. But here at U-M Hospital, you've given us one small, but important, piece of control back ... what we eat. You have no idea what that means to a patient who may feel like every other choice has been stripped away from them. Thank you for employing such great people to be part of your staff.

—BRENDA R.

goERGO!

Grants and awards can help

Michigan Healthy Community's Ergonomics Awareness Program is again providing important incentive and recognition programs for University departments that recognize the importance of ergonomic-friendly work environments to help staff prevent sprains and strains.

MedRehab at Briarwood and East Ann Arbor Surgery are two units that benefited from the ERGO Grant Incentive Program last year. EAA Surgery used its grant for a leg transfer board so staff could move heavy equipment more easily, and MedRehab used its to buy customized tables for clinicians doing hand therapy.

"Staff and patients were getting into awkward postures doing hand therapy at the conventional tables," says Paula Kartje, O.T.R., an occupational therapy supervisor who, with Lexie Muir-Pappas, O.T.R., C.H.T, championed and submitted the proposal. "Staff now do hand and upper body therapy without putting strain on their own bodies. Plus, right away our patients commented on how they felt better, too, with equipment that was the right size and shape."

"We have received at least 50 grant proposals every year," says Suzanne Bade, M.P.H., O.T.R., chairperson of the Michigan Healthy Community Ergonomics Awareness



Program. When proposals are reviewed, they are prioritized based on the level of risk for injuries and the potential impact the changes will have on enhancing employee safety and comfort at work.

"When proposals are reviewed, they are prioritized based on the level of risk for injuries and the potential impact the changes will have on enhancing employee safety and comfort at work."

— SUZANNE BADE, M.P.H., O.T.R.

"We also present Ergonomic Solutions Awards to commend departments that have already taken steps to enhance safety through ergonomics in their areas," says Bade.

Before receiving an ERGO grant last year for new hand therapy tables, MedRehab staff contorted their bodies in uncomfortable positions when working with patients as shown by Nancy Woods, O.T.R. (above left). Collaborating with ERGO experts, they designed hand tables that reduce employee bending, as shown above by Sylvia Wymer (left) and Lexie Muir-Pappas, O.T.R., C.H.T. (right).



The next round of applications for grants and awards is coming during National Ergonomics Month in October. So start thinking now about how you can go ERGO in your unit.

The awards were created to applaud departments that implemented new or modified equipment, training or work process redesigns.

@ ON THE WEB Learn more about Michigan Healthy Community: www.mhealthy.umich.edu.

Inspired by YOUR SUGGESTIONS

■ **Dave M., an ER paramedic, was able to start an IV on our daughter on the first try. ...** Because our daughter was a preemie and has undergone countless IV placements, her veins are in very poor shape. Generally, it takes skilled nurses or paramedics at least 30 minutes ... to start an IV. Needless to say, our 3-year-old daughter didn't find these experiences very fun and they are rather stressful to watch. I realize this may seem like a rather small inconvenience in comparison to the hazards of brain surgery, but it meant a lot to us.

—DAVID D.

■ I came in with a headache and chest pain, but you wouldn't have known I was sick. Kim made me so comfortable that I laughed and made her laugh (which is very unusual of me). **She literally took my pain away.**

—DEBORAH A.

■ My thanks go out to Cynthia N. because she went that extra mile to research and find a supplier of oxygen for my mother that would not be of any cost to her. **Thank you for not giving up!!**

—TERESA F.

@ SPEAK UP! If you received feedback you'd like to share, please send it to insideview@umich.edu.

FROM BENCH TO BEDSIDE

FIRST STEPS

Putting patients and families first by helping parents understand the newborn screening system

1 Background

In 1961, Robert Guthrie, M.D., Ph.D., developed a laboratory test using one drop of blood to screen newborns for the genetic disorder phenylketonuria, or PKU. If untreated, PKU prevents the body from processing a protein found in almost all food, causing severe mental retardation. Guthrie's efforts ignited a world-wide newborn genetic testing campaign. Now, every state requires newborn PKU screening and that single drop of blood can be used to identify more than 40 conditions. While technology has progressed, communication about these tests has lagged behind. That's where the U-M comes in.

Beth Tarini, M.D., a clinical lecturer and member of the Child Health Evaluation and Research Unit, uses her research to foster discussion with other areas about the experiences of parents during the newborn screening process.

2 How the system works today

In most states, public health departments are charged with overseeing the initial screening and notification processes. Historically, there has been less focus on the experiences of parents and physicians after this notification process—when infants must undergo a number of additional tests to determine if the initial testing was accurate. With the expansion of the number of disorders tested, many in the public health and medical professions ask: How can we work to ensure that families understand the implications of the testing that follows the initial screening? How can we ensure that they receive appropriate and timely care, and that they have the resources to see that the care is given?

3 U-M: Collaboration to foster understanding

Tarini is just beginning a research project to find ways to optimize communication among Michigan public health departments, physicians and

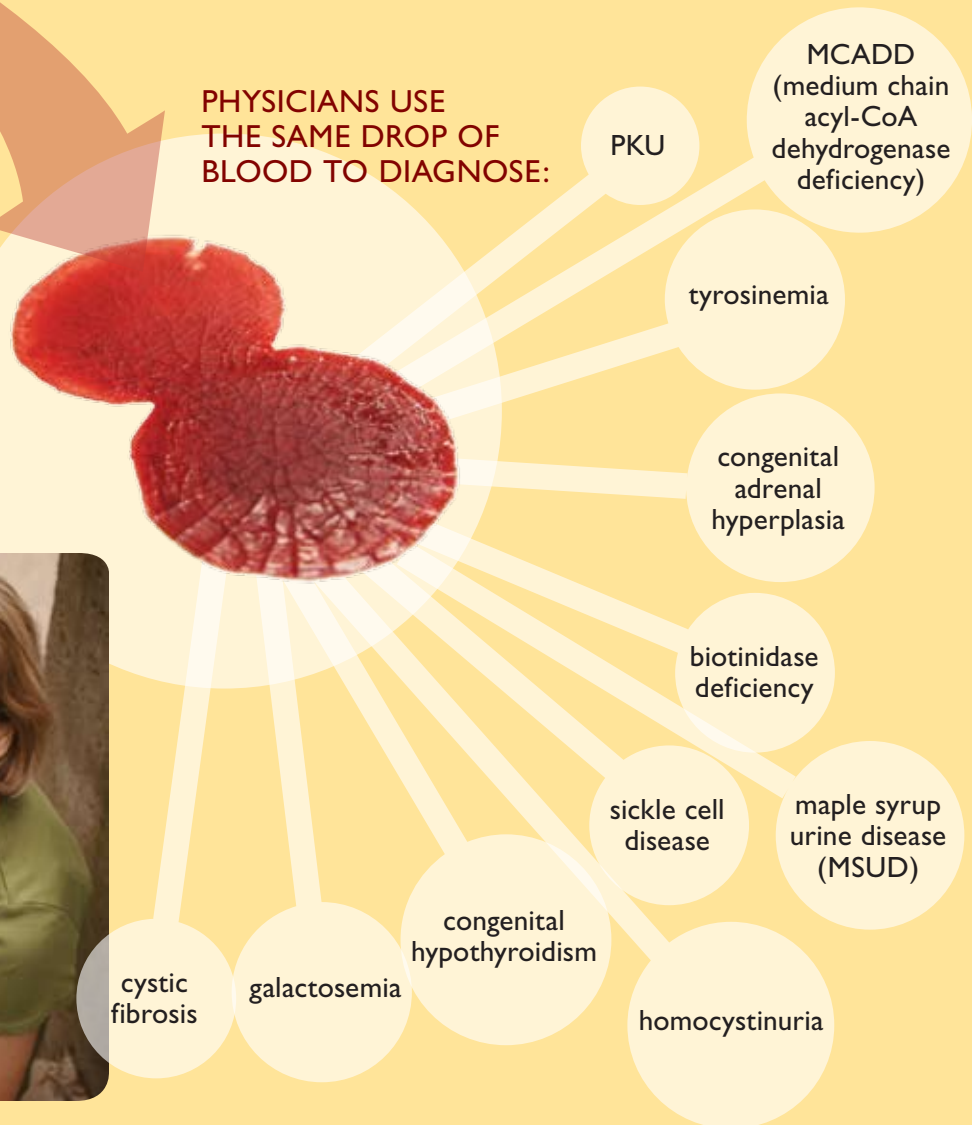


Beth Tarini, M.D.

parents when a positive screening test indicates further testing is needed.

Tarini hopes this research will eventually be used to improve parental understanding of the newborn screening process, which has become increasingly complex in recent years. Currently, she says, the technology and ability to identify conditions often outpace our understanding of treatment and prognosis for these infants. This situation opens the door for misunderstandings among health care professionals and anxious parents who must consider further tests and treatments for the infant.

PHYSICIANS USE THE SAME DROP OF BLOOD TO DIAGNOSE:



cystic fibrosis

galactosemia

congenital hypothyroidism

homocystinuria

sickle cell disease

maple syrup urine disease (MSUD)

biotinidase deficiency

congenital adrenal hyperplasia

tyrosinemia

MCADD (medium chain acyl-CoA dehydrogenase deficiency)

PKU

4 The future

How will states and public health departments across the country organize, implement and pay for these efforts? The dialogue continues, thanks in part to Tarini's research and community collaboration.



ON THE WEB

Learn more

about the Child Health Evaluation and Research Unit. Visit www.med.umich.edu/mott/research/cheur.html.

"When we call parents, they often want to know three things in that immediate period: 'Is my child going to die early? Will my child suffer or be in pain? What will my child's life be like?'" Those questions come up very early, and in some cases we only have limited knowledge to guide us," Tarini says. "Good, consistent communication and continued research on these conditions are critical to achieving the best outcome for these children and their families. That's why it's important to focus on what happens to children and their families after the initial testing."



The lean team from Pathology, (clockwise from top left) Steven Mandell, M.D., Merry Muilenberg, Michael McVicker, Diana LeBlanc, Mary Jane Liu and John Perrin, worked together to reduce the time to cycle a blood specimen from 32 minutes to nine minutes.

Howe is well acquainted with water spiders. In her world, water spiders are real-life human runners who take blood samples from 25 drop-off points in University Hospital directly to Pathology Central Distribution where they are delivered in 15-minute intervals around the clock.

"Any steps a phlebotomist can save during lab draws are helpful," says Howe. "Now I don't even have to leave the area. I can pick up requisitions, draw blood from patients and drop off samples at the handy drop-off points."

It used to take around 32 minutes to cycle a blood specimen. Now it takes about nine minutes.

Previously, stat—or rush—requests were 40 percent of total blood draw requests. Now staff have faith in the system's efficient turnaround, and the rate of stat requests is expected to drop to the single digits.

The lean team also tackled standardized stocking of phlebotomy carts.

"No matter which cart you take," says Mandell, "you'll have what you need, and you'll know exactly where to find it."

Thanks to lean design concepts, Pathology also redesigned three key parts of the core laboratory. In one instance, it took lab technicians 30 touch points—and 2,500 feet—to move a specimen from the patient to an analyzer. The new process, incorporating design changes to the lab and water spiders, improves turnaround times by 38 percent, reduces distance traveled by 33 percent and slashes waiting time by 78 percent.

"In time, lean processes will be implemented throughout all our labs," Mandell says. "This is just the beginning."

IMPROVING WORKFLOW WITH water spiders

Pathology gets lean

If you ask Steve Mandell, M.D., why Pathology invested time in a slate of lean projects for their Central Distribution area, he says simply, "We process more than 6 million tests a year." Mandell is an assistant professor in the Department of Pathology, director of MLabs and Central Distribution, and the project champion of the Pathology lean team.

Lean project sponsor Jay L. Hess, M.D., Ph.D., Carl V. Weller Professor and chair of Pathology, sees that 6 million figure as the tip of the iceberg.

"The amount of testing we do is ever increasing. In addition, we'll soon begin to design a new building to house our clinical laboratories," Hess says. "It was essential for us



Lawrence Savoy, patient care technical assistant (water spider)

To make changes in the areas of phlebotomy (blood collection), the design of the laboratory and specimen analysis, the lean team applied several lean processes such as continuous improvement cycles, workflow analyses and "water spiders."

Water spiders are not really insects. It is a lean term used for anyone who travels around a work environment, enabling workers and processes, usually by "carrying" materials quickly—but never disturbing the substance of the work performed.

"The idea of water spiders is so good I wish I'd thought of it myself," says Cathy Howe, a phlebotomist in Pathology.

to develop more awareness of lean processes and improve our workflow so that we don't just design what we already have—only bigger."

@ ON THE WEB To learn about other lean initiatives around the Health System, visit the Michigan Quality System Web site: www.med.umich.edu/mqs.

TAKING CARE OF OUR OWN

KEEP YOUR EYES HEALED

Desk dweller diaries: Keeping eyestrain at bay

By Susan Thoms, M.D., assistant clinical professor, ophthalmology and visual sciences at the W.K. Kellogg Eye Center

Do you experience dry burning eyes, headaches or eye pain after a long day at work? If so, you're not alone. Nearly everyone uses a computer at some point during their workday. Those of us who spend most of our days at the computer may regularly experience a number of symptoms related to computer use.

Research shows that computers do not emit harmful energy or light, but there are certain things you can do to prevent the common discomforts often associated with computer use:

- Limit prolonged, focused attention on the monitor. This causes your tear film to evaporate because your blink rate decreases when staring at the screen.
- Keep artificial tear drops nearby, especially if you wear contact lenses.
- Make sure your monitor is positioned at eye level, particularly if you wear bifocals. Neck strain can occur if you have to move your head up or down to see. Some people who wear bifocals get a separate pair of glasses just to use while on the computer.
- If you experience eye fatigue frequently, get checked for an eye muscle imbalance. If your eyes are not properly aligned, you can get double vision, eyestrain and fatigue.

- Make sure the monitor is the appropriate reading distance from your eyes. If you need to pull away or move in to focus on the monitor, it might mean it's not at an appropriate distance for reading. You may need to move the monitor closer or farther away. If you wear reading glasses, measure the distance from your eye to the monitor. The ophthalmologist can then set the lens power to focus at that distance.

- Don't sit with your back to a window or you will experience glare off the monitor.
- Take little breaks. Look away every half hour at an object in the distance to let your eyes relax.

@ ON THE WEB If you have a suggestion for a future Taking Care of Our Own article, e-mail the information to insideview@umich.edu.



Limit prolonged, focused attention on the monitor. This causes your tear film to evaporate because your blink rate decreases when staring at the screen.

inside



Get ready to test your
Inside View IQ...
coming this July!



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