

FIVE QUESTIONS WITH... STEVEN YEH, MD

Steven Yeh, MD, is the M. Louise Simpson Associate Professor of Ophthalmology and Director of the Uveitis and Vasculitis Section at the Emory Eye Center in Atlanta, Ga.



At what point in your medical training did you realize that retina was right for you?

During my second year of residency, after doing my retina rotation with Eric R. Holz, MD, and William F. Mieler, MD, I had a fairly good idea that I wanted to enter the field of retina. Retina balances the medical and surgical

aspects of ophthalmic care for posterior segment disease, which I found attractive. I also had a strong interest in immunology, and that led me to pursue a combination uveitis-immunology fellowship in conjunction with a vitreoretinal fellowship.

What are some of the advantages and challenges of conducting research at an academic institution?

High overhead costs related to administrative regulations are something researchers must consider when conducting academic research. However, I think those high costs are offset by the strong ties to other institutions that a university setting likely has. For example, within Emory University, our connections to regional institutions such as Georgia Tech and institutions within the university creates a community of scientists working toward similar goals. I have a strong interest in retinal disease and uveitis as public health issues, and because Emory University is connected to the Emory Global Health Institute and Rollins School of Public Health, we have a lot of resources within the university setting that make studying global health issues related to retinal disease a little bit easier.

How do you manage the high number of meetings in retina?

Often, we equate meetings with scientific discussion, and I find that smaller meetings are best for reviewing clinical trial data and conversing with colleagues about the latest news. Larger meetings present an increasing number of networking opportunities, both personal (catching up with mentors and colleagues) and professional (organizing various projects with industry or other collaborators). Also, many meetings are held in great locations, and you want to make sure that you carve out time to enjoy the scenery. As my career moves forward, the challenge to properly budget

my time at meetings has increased, and I have found that a clear set of priorities yields a productive meeting.

Uveitis patients are typically younger than patients with more common retina diseases. In what ways do younger patients present challenges and opportunities for treatment that older patients do not present?

Managing patients with uveitis requires a view of the long term, which presents challenges clinicians do not face elsewhere. One of the biggest fears for my older patients is lost independence. However, in my younger patients, especially my pediatric patients and patients in their 30s and 40s, concerns also include time away from work and understanding the balance between therapeutic decisions and long-term side effects. Because uveitis may demonstrate substantial morbidity during a lifetime if the disease is not properly managed, the potential for quality of life reductions is greater than some for other disease states.

What habits do you try to instill in fellows that will last beyond their fellowships?

Many of our habits are developed by what we learn from our mentors. I teach my fellows that it is important to be an outstanding citizen from the standpoint of clinical care, meaning that they should do what is best for their patients in their specific situation, even if that requires taking an inconvenient route. I also encourage fellows to take intellectual risks when thinking about new studies or ways to innovate and drive patient care. Without such risks, progress is impossible.

Finally, I stress to fellows the importance of maintaining a work-life balance. Retina is filled with many causes worth pursuing, but maintaining a healthy lifestyle at home ensures that you are well rested and ready to provide for your patients.

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