Mark W. Johnson, MD

Dr. Johnson is a Professor of Ophthalmology and Visual Sciences and Director of the Vitreoretinal Service at the University of Michigan Kellogg Eye Center in Ann Arbor.

1. Of the research that you have conducted, what do you consider to have had the most significant contribution to ophthalmology?

I find it difficult to judge the impact that my contributions may have on our field. However, the excitement and the reward of research comes from the discovery of information and the generation of ideas that no one has known or thought about before. Of the topics I have investigated and written about, some of my favorites include the pathophysiology of retrobulbar optic nerve infarctions after blood loss and hypotension, the retinal toxicity of recombinant tissue plasminogen activator, management of the idiopathic uveal effusion syndrome, pathogenesis of Purtscher retinopathy, treatment of submacular hemorrhage, pathogenesis and treatment of idiopathic macular hole, etiology and treatment of maculopathy associated with cavitary optic disc anomalies, evolution and complications of the early stages of age-related posterior vitreous detachment, and the use of oral antiviral agents in the treatment of the acute retinal necrosis syndrome.

2. What are some of the challenges that you deal with as a principal investigator in large, multicenter clinical trials?

Recruitment is almost always more challenging than expected. At times, it seems as if starting a new clinical trial has a repelling effect on patients with the condition under study. Another challenge involves the occasional tension between my role as a clinical researcher and my role as a physician. Although I strive to support clinical trials with energetic recruitment efforts, I am firmly committed to always doing what is best for the individual patient, which sometimes means not enrolling them in a study. I deeply value the information generated by multicenter clinical trials; however, I personally find the process of actually conducting the trial at the clinical site to be somewhat tedious. I actually find greater reward in other roles, such as consulting on trial design or serving on advisory and data/safety monitoring committees.

3. What is unique about practicing ophthalmology in a medical university setting vs a private practice?

It is difficult for me to compare the two settings because I have never worked in a private practice setting. There are many things I value about the university setting, although some of them apply to academically oriented private practices as well. First and foremost, I like the clear missions and priorities of the university ophthalmology department—research, teaching, and patient welfare. I am inspired by how these priorities genuinely motivate my colleagues in their academic and clinical work. Another bonus is the chance to work with bright and energetic house officers, whose curiosity is a regular source of stimulation and new ideas. I very much enjoy the rich variety and balance of activities that comprise my work life: clinic and surgery, teaching, research, writing, speaking, administrative work, and service to university and national organizations. I am especially pleased with the high ethical standards that prevail in my particular department. And finally, I find it exhilarating to work within a large university community charac-

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terized by a lively intellectual atmosphere and boundless opportunities for collaboration.

4. What forms of surgical instruction do you find to be most effective for ophthalmologists in training, and how do you use them in teaching house officers?

We use didactic lecture to provide critical background information regarding surgical indications, surgical methods, complications, and postoperative care. Well-edited, high-quality surgical video is sometimes very effective in teaching selected surgical techniques. We use wetlabs and eyebank eyes to teach our first-year residents basic microsurgical techniques such as incision construction and suturing. However, the most effective surgical instruction takes the form of graduated, supervised, hands-on experience in the operating room, with detailed discussion of the rationale behind each step in the procedure.

5. What do you consider to be your greatest personal achievement outside of your profession?

I recognized early in my career that the only role in which I am irreplaceable is my role as a father. Over the years, my highest priority has been to create a close relationship with my wife and four sons and to be an unwavering support for them in their life's journey. This perspective has helped inform many of my professional decisions, especially the occasions where I declined opportunities that I feared would require too much time away from my family. On the other hand, some of my fondest memories are the adventures I have had traveling with my family or with each of my sons. I have used travel to meetings as an opportunity to spend one-on-one time with my sons, and I believe this has paid large dividends. ■