

5Q With David Eichenbaum, MD

David Eichenbaum, MD, is a Partner at Retina Vitreous Associates of Florida and an Affiliate Assistant Professor of Ophthalmology at the University of South Florida in Tampa, Florida.



1. You are a partner in a retina specialty practice in Tampa, Florida, where you grew up. Why did you choose this type of practice and location?

In my opinion, a retina specialty group practice is the sweet spot for a fellowship-trained surgical retina specialist. Clinically, a retina-only environment ensures that the staff and equipment are optimized exclusively for our specialty. Collegially, a group is a built-in set of ears, mentors, and second opinions. Economically, there is a relatively consistent overhead among all of the physicians. (In multispecialty groups, there can be vast differences in the incremental overhead between a retina specialist and a nonretina specialist.) Scientifically, a group ensures a large pool of patients with a high percentage of pathology, if the group desires to pursue clinical science.

As far as location, I am a hometown guy. I am close with my family and some of my best friends live in Tampa Bay. Additionally, I saw the opportunity to build a national-level clinical center of excellence in a large market. I cannot think of another top-20 population center that lacks a “mega group” with a national reputation. Building a top-tier, science-based program is definitely a work in progress, but I am excited by the progress our practice has made. I am especially proud that we are bringing national-level clinical science to my hometown. It is a true service to the community.

2. Whose career in retina do you most admire?

That is a tough one because I have had so many great mentors. It is as if each of them has a super power, or perhaps a pearl of characteristic excellence. In no specific order: Jay Duker, MD, for being the ideal all-arounder; Trex Topping, MD, for his open door; Elias Reichel, MD, for recognizing both my underperformances and achievements; Michael Morley, MD, for his humility; Caroline Bauman, MD, for her eternal youth;

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Buck Fredericks, MD, for handing me an automatic weapon; Adam Rogers, MD, for his ability to be happy under the radar; Reed Pavan, MD, for his tenacity and delivery; Steve Cohen, MD, for time in the OR; and definitely Jeff Heier, MD, for showing me—if his necktie critiques alone aren’t enough—how modern clinical research is done. I consider myself lucky to count these, and others, as my friends and colleagues.

3. What characteristics must one possess to excel in retina?

The most successful retina specialists I know have only one gear: drive. They are always on, and they intertwine their careers with their lifestyles. Drive is more important than brains—or really any other characteristic—and it dovetails with a strong constitution. I think if you have those two qualities in spades, then you have it licked. Slowing down and complaining are the fastest ways to retinal (or maybe a life of) mediocrity. A close second is embodying the three A’s: availability, affability, and ability—in that order. Several years ago, one of my mentors taught me that those are all one needs to build a practice. I have learned that this is not just good advice for engendering referrals, but, if one can embody the three A’s in his or her relationship with colleagues across the specialty and in industry, then one will be presented with unexpected opportunities. Take those opportunities!

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It is also important not to sleep too much, or one starts to miss things. We all have an expiration date—do not waste your time sleeping. Lastly, it is beneficial to have a sense of humor. We deal with blindness, which is heavy, so it helps to be able to laugh.

4. How do you persevere through moments of professional ennui?

I think awareness is key to avoiding ennui, and I have developed a robust anti-ennui strategy. First, I am fortunate that retina fits my personality (or maybe my personality fits retina). I am a guy of depth but no breadth, so that gives me a good start toward enjoying the field. Second, I find repetition dull, so I built diversity into my practice from day zero. Although clinical work is the backbone of what I do, I have added industry partnership (including speaking, advising, consulting, and entrepreneurship); clinical science; local and state society involvement; working with residents at my alma mater, the University of South Florida; and national retina networking into my daily routine. (As a matter of fact, writing this piece is a good way to avoid ennui!) For years, I have made a commitment to do something in retina every day in addition to taking care of my patients. This requires discipline, but, whether

it is working on a presentation, calling an out-of-town colleague in practice or industry, or organizing a case for our monthly resident imaging conference, there is something that I do on a daily basis to keep things fresh and avoid the doldrums.

5. What tips can you provide for striking a healthy work-leisure balance?

I ascribe to Jack Welch's theory that there is no such thing as a work-life balance, but instead that there are work-life choices. I think it is important to be introspective and choose how you spend your time wisely. For me, that means seeing my wife and daughter after clinic but before bedtime, then scheduling a conference call late, working on a PowerPoint presentation after everyone is asleep, or heading back out to the hospital for rounds at 9:00 AM or 10:00 PM. I choose to have only two hobbies, but I am highly involved and passionate about both. They have been the same two hobbies my entire life, and that goes back to the depth-but-no-breadth concept. It is about awareness of one's priorities and about not wasting time. Think about what you want out of work, family, and leisure, and make it happen. It will not fall into place on its own, but it becomes routine once you work out your goals and apply yourself. ■