



# I-YOShare

The Indonesian Young Ophthalmologist's Newsletter

Volume I, June 2020.Covid-19 Edition



# Letter From Us

## Editor's Letter

**F**irsts are always special, as they are the dawns of every journey. We are excited to welcome you to the first edition of **I-YOShare**, the Indonesian Young Ophthalmologist Newsletter. We hope **I-YOShare** can be beneficial for all young ophthalmologists (YOs) to learn, to inspire, to know each other, and most importantly, to unite, as YOs are the future of ophthalmology.

The uncertainty caused by the Covid-19 pandemic undeniably has brought a great opportunity for YOs to exchange their experiences, share their insight, and encourage others. That was why, without any doubt, we chose "Covid-19" as the theme of our very first newsletter. An inspirational **interview** section with the Indonesian YO forum chairman starts this newsletter. We also deliver to you the **insight** articles, which will bring you to see the current pandemic situation from various standpoints, how it affects us, and how we can play our role in this era. Moreover, in the **experience** section, you are invited to take a closer look at our colleagues' daily life during the pandemic. As teleophthalmology attracts a lot of attention during the Covid-19 era, we put it in the spotlight and you can find it in the **technology** section. Last but not least, we also got some hints for you in the **tips** section to keep your mind at peace while dealing with the current situation.

We would like to thank our respected President of Indonesian Ophthalmologists Association, Mohamad Sidik, MD; our Indonesian YO forum chairman, M Bayu Sasongko, MD, M.Epid, Ph.D; and also our mentor, Rina La Distia Nora MD, Ph.D, for the opportunity, guidance, and support so that **I-YOShare** can be created. Our special thanks also go to our authors, for their fresh ideas, creativity, and efforts to produce an inspiring selection of articles. We hope you find this newsletter useful and enlightening.



**Yulinda Arty Laksmita**  
Editor-in-chief

# The Indonesian Young Ophthalmologist's Newsletter



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## A Place Full of Energy to Start

### A brief story of Indonesian Young Ophthalmologist

Interviewer:  
Kukuh Prasetyo MD

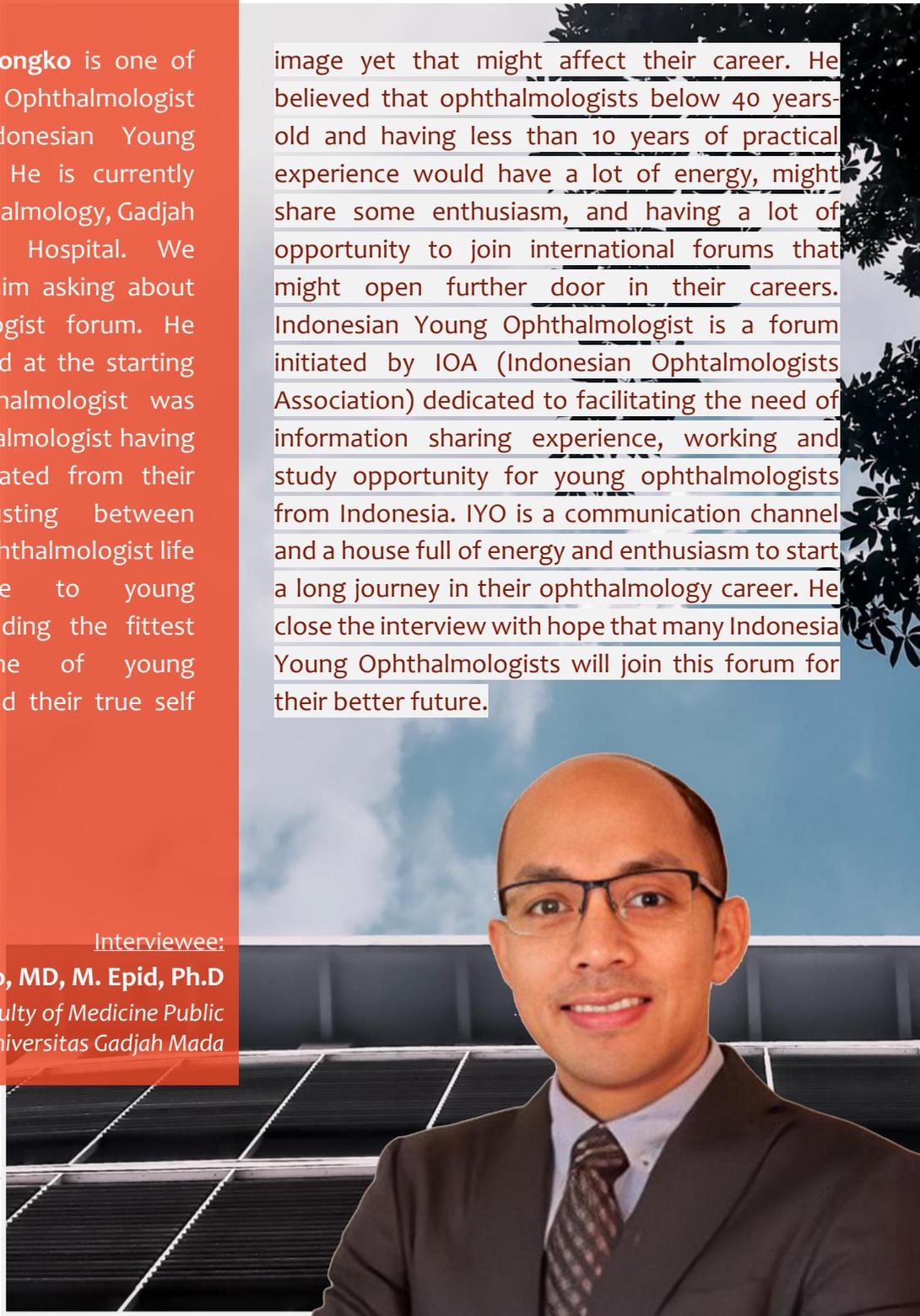
**M**uhammad Bayu Sasongko is one of Indonesian Young Ophthalmologist and Chair of Indonesian Young Ophthalmologist (IYO) forum. He is currently working at Department of Ophthalmology, Gadjah Mada University-Dr. Sardjito Hospital. We conducted an interview with him asking about Indonesia Young Ophthalmologist forum. He mentioned that being perplexed at the starting point of becoming an ophthalmologist was common. Many of young ophthalmologist having this trouble once they graduated from their residency programme. Adjusting between residency life and real clinical ophthalmologist life could be a troublesome to young ophthalmologist, let alone finding the fittest working environment. Some of young ophthalmologists had not found their true self

image yet that might affect their career. He believed that ophthalmologists below 40 years-old and having less than 10 years of practical experience would have a lot of energy, might share some enthusiasm, and having a lot of opportunity to join international forums that might open further door in their careers. Indonesian Young Ophthalmologist is a forum initiated by IOA (Indonesian Ophthalmologists Association) dedicated to facilitating the need of information sharing experience, working and study opportunity for young ophthalmologists from Indonesia. IYO is a communication channel and a house full of energy and enthusiasm to start a long journey in their ophthalmology career. He close the interview with hope that many Indonesia Young Ophthalmologists will join this forum for their better future.

Interviewee:

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## Young Ophthalmologist in The COVID-19 Era: Time to Reflect, Learn, Adapt, Evolve



**C**COVID-19 pandemic is the worst global crisis since World War II. Many schools, offices, restaurants, parks, beaches, and many other public spaces are closed. Mass gatherings, concerts, meetings, social

events, even religious ceremonies are either canceled, postponed, or modified and moved to an online platform. Sporting events such as football league in various European nations, NBA, tennis grand slam, Formula One, and not even the 2020 Tokyo Olympics can withstand the effect of this pandemic and have to be postponed, which is never happened in this modern world since, you guessed it ... World War II. These are unprecedented times and we have to get used to “the new normal.”

The changes affect various aspects of our daily life. It’s even more apparent in the health sectors, including ophthalmology. Young ophthalmologists are generally more adaptive to changes, which can have an important role in the COVID-19 pandemic. They are usually more fluent in technology as well as gathering and compiling new information. It’s by no means boasting, but rather an honest view. This can be proved very valuable since COVID-19 is a new disease and new information is getting released almost every week, which can be overwhelming. Under the guidance of senior and more experienced ophthalmologists who have years of valuable experience behind them, the combination of young and senior ophthalmologists can prove to be very effective in battling this pandemic. It’s proved in our hospital as young ophthalmologists take the centre stage, become the head and/or key members of the COVID-19 task force, establish safety protocols, guidelines and even set up our telemedicine service.

Changes can also be seen in our more personal and everyday life. In the grand scheme of things, this pandemic should give us more time rather than doing things that we usually do. Ophthalmology practices (as in other fields of medicine) are generally advised to be limited, prioritizing urgent or emergent conditions. It varies in countries and regions, some even more so than others. That generally means less patient and consultation, among others. Whether all this is temporary and will cause patients’ surge after the pandemic remains to be seen. It can’t hurt that we need to see the positive sides of things, which are easier said than done. I can only think of a few better times to study and learn, aside from our residency and fellowship years (in which it’s compulsory and should be included in most of our daily schedule). Among practicing, performing surgeries, participating or supervising in an administrative role at the hospital, writing papers and balancing them with family, doing our daily chores, or taking a well-earned rest at night; learning time can be restricted to a small part in our day-to-day-life. Yet, there is no better time to study, learn, and develop oneself. Compared to the last SARS epidemic in 2002-2004 (although its effect globally is pale in comparison to that of current COVID-19’s), we can do so much more in this “downtime.” In this high-speed-internet-era, more and more learning materials are available online. Online lectures, conferences, webinar are

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becoming available and accessible to many. As time goes by in this pandemic, we see more of these shared. You can learn new topics that you've been wanting to or you can update the latest guideline and publications. Both live and recorded surgeries, to name a few, are available as well. Try to refine your technique and surgical skills or to develop a new approach. It's amazing to see and realize that we do have options, and opportunities, to improve ourselves in these troubled times within the safety and comfort of our home. Speaking of which, why limit yourself within the confines of ophthalmology? Read that good book you've been wanting to. Learn a musical instrument. Study self-development materials. Discover your talent in arts, drawing, painting, or photography. Learn to meditate, yoga, or do routine self-exercise at home and become healthier. At the end of the day, mens sana in corpore sano (a healthy mind in a healthy body). Being healthy is a must in helping others. Also, while at it, why don't you improve something that you can do every day, like cooking. It's something that my wife has been doing, with great success (she's an ophthalmologist too, by the way). The point is to EVOLVE, become a better version of yourself. After this end (and it will end) you're ready to face anything: ophthalmology and beyond. No regrets!

**Editor : Marsha Dechastra Chairissy, MD**

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# Pandemic's Effect on Ophthalmology Practices: From The Standpoint of Sustainability and Financial Health



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Besides causing a great number of morbidity and mortality, there is no doubt that the COVID-19 pandemic has also caused significant economic, social, and political disruption. Looking at the previous 5 notable epidemics and pandemics (SARS, swine flu influenza, MERS, West Africa Ebola virus disease, and Zika virus), they have caused not only considerable loss of life but also substantial economic loss ranging from 1 billion to 18 billion USD.<sup>1</sup> And now, the most recent COVID-19 pandemic alone, the global cost could range from 2 trillion to 4.1 trillion USD according to the Asian Development Bank.

The American Academy of Ophthalmology (AAO) has released guidance and recommendation to postpone all elective visits and surgeries as a response to the COVID-19 pandemic. This is not only to decrease the risk of disease spreading but also the risk of furtherly depleting the scarce personal protective equipment. They also recommended that ophthalmology practices should for now continue to provide only urgent care, while non-urgent patients could be managed through telemedicine services.

These sudden changes inevitably delivered a significant shock to the “health” of ophthalmology practices. A question may come in mind, if ophthalmology practices were urged to provide only urgent care, how much and significant is the decrease in hospital visits? Let's look at a study that reviewed the ratio of emergency and non-emergency cases in their ophthalmology department. They reported that the majority of patients were non-emergency, and only 30% of cases were emergency (traumatic and non-traumatic).<sup>2</sup> Reflecting this into our situation right now, it could mean a major 70% decrease in hospital visits and revenue.

Let's take a look at our own number. A quick survey of 187 young ophthalmologists in Indonesia has documented a comparable figure. The overall number of outpatient visits and elective surgeries in hospitals and private practices were reduced by almost 75%. In the US, ophthalmology practices reported quite similar numbers, a 60% decrease in patient volume and a 55% decrease in revenue, since the beginning of the public health emergency. Part of the reason for the decrease in patients' visits is that people are simply following the stay-at-home order. Then there's also fear of exposure to the virus itself, especially in a hospital. And in tough economic times, some financially stressed families may skip medical appointments.

To also give us a bigger picture of the situation, AAO took a series of COVID-19 pulse surveys from a randomized sample of 2,500 members in private practice and released the result just a couple of weeks ago. The surveys revealed 73% of members projected that their practices will be smaller, financially unhealthy, or both, and even 6% of members believed that they will no longer practice ophthalmology.<sup>3</sup> Regardless of how small the number might seem, it is an undeniably sad and distressing fact. Whether we have the same number and impact or not, unfortunately, we neither have the data nor the answer to that question.

Looking from a larger perspective, it may not seem appropriate to think about financial health, revenue or sustainability of ophthalmology practice in the middle of an uncontrolled pandemic right now. But it is something that we will have to face sooner or later. Therefore, in order to survive from this dreadful time, we must carefully deliver a balanced and well-calculated practice, and perhaps developing teleophthalmology is not something unachievable.

*Editor: Yulinda Arty Laksmi, MD*

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## The Role of Triage in Ophthalmology Service During COVID-19 Pandemic



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Triage service is becoming an integral part of ophthalmology practice during COVID-19 pandemic. A recent report found that ophthalmologists are highly prone to get infected as ocular surfaces may be a potential mode of SARS-Cov-2 transmissions. Thus the role of triage is significant to run a safe ophthalmology service during the pandemic.

The presence of triage service in ophthalmology is necessary to evaluate the patient's risk of COVID-19 infection. World Health Organization (WHO) provides an algorithm for COVID-19 patient triage which consists of the symptoms, travel history, patient criteria, etc. Nevertheless, the American Academy of Ophthalmology and other ophthalmology societies worldwide are aware of this condition. They also provide clear and concise information about how to perform a safe ophthalmology service during the pandemic that involves a good triage service.

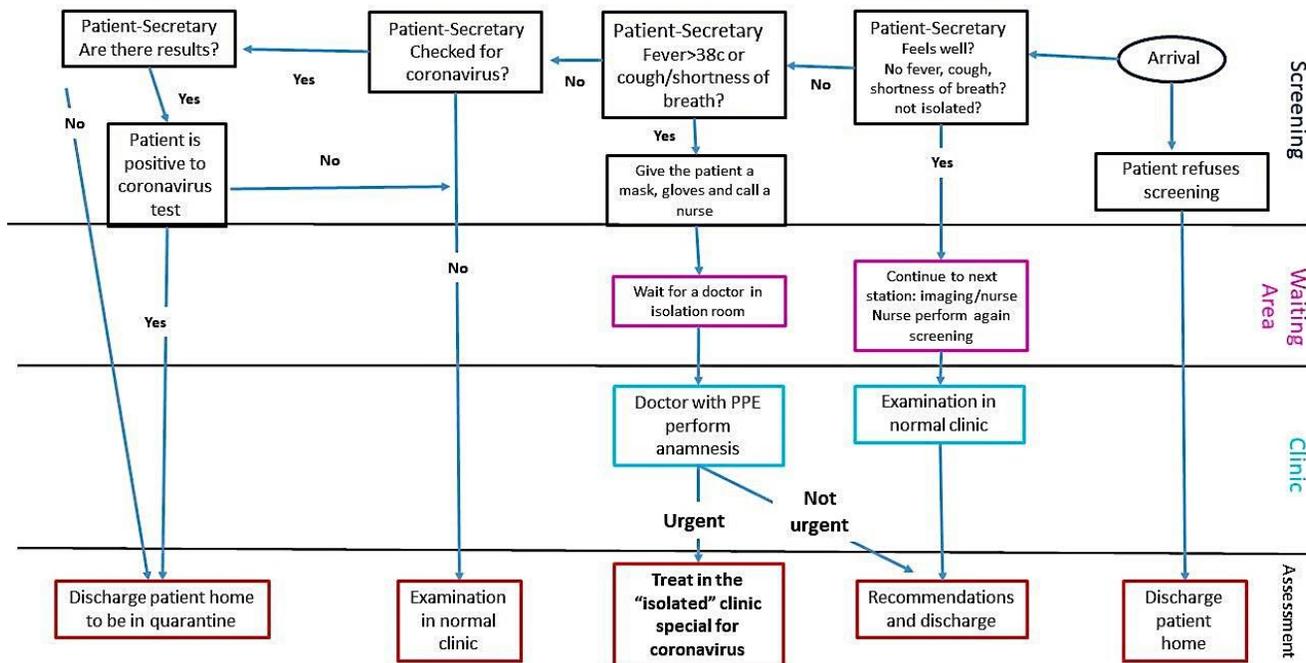
Recently, The Royal College of Ophthalmologists provides a guideline that will help in triage service during the COVID-19 pandemic. The guideline includes information about risk stratification, follow up, and surgical indication. Performing a triage with optimal risk stratification will help to identify either the patient needs an urgent face-to-face meeting with an ophthalmologist or a telemedicine/telehealth consultation.

Furthermore, an excellent triage service would benefit ophthalmologists on identifying sight-threatening or life-threatening case that needs an emergent/urgent care. Thus ophthalmologists could still maintain good patient management during the pandemic.

To perform a good triage service, ophthalmologists are encouraged to join or create a workforce at their hospital/clinic. A recent review by Safadi et al. recommended a collaborative and coordinated workforce that includes academic, administrative, medical, and non-medical staff. Furthermore, the review also provided a flow chart that would help in performing a triage service, and emphasize on the personal protective equipment (PPE) supply that should be prioritized during COVID-19 pandemic.

In conclusion, an excellent triage service would lead to optimal patient management during the COVID-19 pandemic. Ophthalmology organizations and societies already provided guidelines to help ophthalmologists in performing triage service. Ophthalmologists are encouraged to create or join the workforce to establish a custom-made triage service that well-adjusted to their clinical/hospital settings and competencies.

## Flow Chart – Patient in Ophthalmology Clinic



Source : Safadi K, Kruger J, Chowers I, Solomon A, Amer R, Aweidah H, et al. Ophthalmology practice during the COVID-19 pandemic. *BMJ Open Ophthalmology*. 2020;5:e000487.

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# Improving Glaucoma Medication Adherence by Educational Approach in COVID-19 Pandemic



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COVID-19 ongoing pandemic leads to unpreventable changes in the ophthalmology practice. Social distancing policy to “flatten-the-curve” in some ways becomes a challenge for ophthalmologists in providing optimal care for their patients. Some safety protocols such as reduction of doctors’ work hours, selective outpatient services to urgent and emergency patients only, and also postponement of elective surgeries are implemented in most of eye care facilities, including private practices, clinics, and hospitals. A prolonged pandemic status as we have now is gradually causing a major impact on patients with chronic diseases, including glaucoma patients.

Even before the Covid-19 era, chronic glaucoma patients were prone to anxiety and depression due to the physical, social and financial burden related to long-term glaucoma medication, the progressivity of the disease, and the possibility of acute glaucoma attack at any time. Furthermore, several studies had shown that anxiety and depression can significantly detract from patients’ ability to follow their glaucoma treatment regimen. These problems tend to worsen in this unsettling pandemic situation. Limited access to eye care facilities during the pandemic also adds to difficulties in maintaining patients’ adherence to medications. Non-adherence to glaucoma medication leads to uncontrolled intraocular pressure, the most important determining factor of glaucoma progression rate. In the current clinics/hospital situation, the patient’s visual function deterioration also potentially undetected.

Besides the boredom of applying drops and high medication costs, poor doctors-patients communication is a significant cause of poor glaucoma medication adherence.<sup>1</sup> Comprehensive and easily understood patient education from the expert not only expands patients’ knowledge and awareness about their disease and medications, but also reduces patients’ anxiety. Thus, it can increase patients’ adherence to medications.<sup>1,2</sup> In this pandemic, we as practitioners have to adjust our educational approach due to the limitation of in-clinic consultations. Fortunately, with the development of technology nowadays, patient-physician consultation and education can be done through teleophthalmology practices.

To increase the effectiveness of our educational interventions in improving patients’ adherence, the construction of Health Belief Model (HBM) in glaucoma patients is recommended. HBM will help us understand patients’ perspectives and thus help us design appropriate interventions. HBM consists of six aspects, which include:

1. **Perceived susceptibility.** This means a patient’s belief regarding his/her possibility of gaining the disease. Unlike new patients, most of the patients that have been diagnosed with glaucoma had a clear perspective that they’ve already gained the disease.
2. **Perceived severity.** This refers to a patient’s belief about the severity and the undesirable impact of the disease. Each glaucoma patient may have a variable understanding regarding this aspect.
3. **Perceived benefits.** This refers to a patient’s belief about the risk reduction if he/she performs some specific behavior changes. For instance, some glaucoma patients may have a good understanding that using eye drops regularly or having glaucoma surgery may reduce his/her risk of blindness. On the contrary, some patients don’t get this perception.
4. **Perceived barriers.** This refers to a patient’s understanding of the obstacles or the costs in performing the good behavioral changes, and belief that he/she can still realistically accomplish the behavioral plan. In glaucoma cases, the obstacles can be

the obligation to use drops multiple times a day, the cost of the medication, or other difficulties in following the treatment plans.

5. **Cues to actions.** This includes every encouragement for the patients that promote behavioral changes. Educational intervention from health educator (doctors, nurses, pharmacist, or caregiver) is part of this aspect. By exploring the first four HBM aspects above, we can create a personalized and specific design of our education for each patient as the “cues to actions”. Cues to actions may also come externally from mass or electronic media health promotions, or internally from the patient him/herself due to his/her physical discomfort or emersion of symptoms.
6. **Self-efficacy.** This refers to the extent of a patient’s belief in his/her abilities to maintain good or healthy behavior.<sup>3</sup> Health care professionals can improve glaucoma patient’s self-efficacy in some ways, such as giving an easy-to-follow eye drop schedule and instructions. Health educator should present their teaching content in a way that increases the patient’ self-confidence. Give the patients realistic treatment targets and do not overwhelm them with complex tasks or too many things to learn at a time.

This HBM-based approach can help ophthalmologist to educate the patient comprehensively and effectively during the Covid-19 pandemic. Through this approach, we can make every appointment valuable to improve medication adherence and to achieve successful glaucoma management, whether it is performed through face-to-face consultation or teleconsultation. It may take time to learn and adapt to this approach in a pandemic situation, but I believe that our best efforts will bring values to the wellbeing of our patients.

*Editor: Yulinda Arty Laksmita, MD*

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## My Experience as a Young Ophthalmologist During COVID-19 Pandemic



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World Health Organization announced the outbreak of Covid-19 as a pandemic in March 2020. This condition brings distress around the world, make people feel anxious and uncertain towards their health, family, and future. My city, Surakarta, as one of the earliest cities to impose a partial lockdown, changed drastically. The streets were silent, shopping centers emptied, and schools were closed. Unfortunately, a month later, people start to behave disobediently towards the policy so we reminded them continuously that the risk of getting infected by Covid-19 is still high.

Some changes happen throughout this pandemic to protect people from Covid-19. First of all is preventive measurement. The main prevention measures for COVID-19 are handwashing, physical distancing, and using appropriate personal protective equipment (PPE) according to the level of risk for patients and hospital personnel. Hospital zones were divided based on the level of exposure as red, orange, yellow, or green zones. Yet new problem raised, the shortage of PPEs. Thankfully, many colleagues and local textile industries were willing to share and provide for more PPEs despite some of them were unstandardized.



*Daily PPE in outpatient clinic*

Other changes that happen are the fashions we practice as Ophthalmologists. Currently, according to the Indonesian Ophthalmology Association's recommendations, we only perform emergency surgeries such as eye trauma, acute glaucoma, and other sight-threatening conditions. Routine and less-urgent cases are postponed. Therefore, adjustments are needed in all workplaces. Since I work at a university-affiliated hospital, my hospital had to modify the curriculum in accordance with the latest health policy like making fewer doctor-in-training during working hours and more online classes for lectures and presentations. One time we had to use props to demonstrate how to do an examination for better understanding. The challenge in implementing these recommendations also come from patients' understanding, since not everyone is well-educated. Quite often we had to spend extra time and patience to make sure they understand.



The pandemic will diminish the economy of the majority. As a young ophthalmologist, I do feel anxious towards this condition and sincerely hope that there is another way to mend this issue. Safety procedure is the most important thing thus the best way to cope is to follow the global health recommendations. The limitation in practices is not bound to close all our practices permanently. Rather, we should look at those less fortunate than us, and try to help as much as we can.

Not all is gloomy during the pandemic. Amidst the stress and confusion, I witnessed something pleasant happening around me. People started connecting in a way that was forgotten before COVID-19. A father spent the whole night with his son, discussing his aspirations and job choices. They never had time for that before, since the father was always busy. Online social groups begun to reach out for long-time friends and relatives, asked about their well-being. Some people pursuing their other passions such as cooking, gardening, writing, spiritual activities, and so on with their free time. Some even benefit financially from it. Some non-governmental bodies and activists stood up and offered help wherever they can for the needy and less financially stable. Overall, there had been a rise in humanitarian efforts whether it was officially-issued or by the citizen's own free will.

As history has proven, humanity can rise post-catastrophe. I believe there will be a time where things will calm down, although whether our lifestyles remain the same or not is up for debate. Right now, I am starting to learn the nuances of telemedicine and other online platforms for practices even though I feel that we cannot leave it all to telemedicine since we need to examine the patient in detail. I am certain that we can get through this together, as long as we keep connecting and helping each other. To other ophthalmologists out there, I sincerely hope things are going well and your situation improves. Stay safe everyone.

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## Corneal and External Eye Disease Fellowship in Nepal during COVID-19 Pandemic



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As a young ophthalmologist, the opportunity to join the fellowship program is one of the best things to increase knowledge, skill, relationship, and also research opportunities. In early 2020, I had the opportunity to have a Corneal and External Eye Disease (EED) fellowship at Tilganga Institute of Ophthalmology (TIO) in Kathmandu, Nepal which is one of twenty WHO Collaborating Centers of Ophthalmology. TIO's have lots of international ophthalmology trainees not only from neighboring Asian countries but also from other regions. The institute has a high volume of patients, high-quality facilities, and up-to-date management. They also have a telemedicine program for patients in remote areas managed by ophthalmic assistants in each area.

COVID-19 was first identified in Wuhan, China, in December 2019. Because of the geographical proximity of China and Nepal, we are also prepared to face this condition. Before WHO declared COVID-19 as a global pandemic, we still ran the ophthalmology services for all our patients, urgent and non-urgent patients, but with some extra protocols, such as surgical mask usage for doctors and nurses, meticulous hygiene procedures including hand hygiene practice and slit lamp disinfection between patients, and also rule that only one person allowed to go with each patient. The doctors also worked faster and more with the help of ophthalmic assistants.

Not long after WHO declared the Covid-19 global pandemic status, Nepal put their citizens on lockdown. TIO as a big eye care facility with many staff and trainees and an extensive list of equipment is one of a few hospitals that are still operating during this lockdown period. The fact that TIO is

the only eye center that operates the Eye Bank in Nepal is also another reason why this facility must continue to operate.

In this period, we are still taking care of patients with urgent and emergency conditions. N95 mask, complete PPE dress, cap, and goggle are mandatory for daily practice. In daily practice. Before the examination, patients must be screened first to check the patient's risk of COVID-19 infection. Wearing a mask is mandatory for the patient while in the hospital. All this is done to be able to provide the best service while still providing security for all, including medical staff. In the Corneal and EED Department, There are still many corneal cases. The most cases found are post-surgery follow-up; such as post lamellar keratoplasty, and penetrating keratoplasty. Besides that, we are still getting new cases of corneal laceration and perforated corneal ulcers that need surgery. We still perform keratoplasty surgery even evisceration for emergency cases in this situation.

The Nepal Eye Bank is very affected in this situation. The Nepal Eye Bank has around 1000 corneas every year. But due to the lockdown, they can not send any cornea to other places and thus there are several expired corneas. A huge loss of course. For new corneal procurement, they can not take cornea as usual from other hospitals due to different regulations. Only some patient with non-infectious cases we can take. We also have a limited number of technicians. For keeping up with knowledge, we have online classes for residents (twice a week) and fellows (once a week for all departments). This method is the best way to be able to prevent COVID-19 transmission but still, we get useful knowledge although still cannot replace the transfer skill of examination and surgery skills.

In conclusion, I don't think the COVID-19 pandemic will stop us from a beneficial fellowship program. Taking good care of ourselves by wearing a complete PPE, doing online learning, taking care of our health, doing exercise, and praying more will help us pass this difficult time together.

### TIPS:

These are some steps to join the fellowship program at Tilganga Institute of Ophthalmology after the pandemic.

- First of all, contact the TIO Nepal by e-mail.
- After receiving the response e-mail, send back the scanned important files (diploma, practice license, etc). Each division may require different files. After the application is received, TIO will responses.
- Applicants who pass the steps above will be invited to take the admission test in TIO Nepal (written test and interview)
- After that, applicants need to wait for the test result.

NB : Each division will only accept one overseas fellow at a time.

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**Editor: Marsha Dechastra Chairissy, MD**



## Ophthalmic Practice in COVID-19 Pandemic: My Experience

**C**ovid-19 Pandemic had already altered almost every aspect especially economic<sup>1</sup> and healthcare<sup>2</sup>, including my work as an ophthalmologist. I work in a clinic located at Jakarta, the capital city of Indonesia, that often have foreigner patients as the clients. Our patients usually have high mobility in the country and abroad, so the probability of transmitting the coronavirus is highly possible. For that matter, actually IOA (Indonesian Ophthalmologist Association) recommended that patients served on eye care facilities supposed to be only emergency cases (including emergency surgery cases). Hence, I continuously educated the patient to do so. As a result, there is a significant decrease in the number of patients and the clinic is dominated by sight-threatening cases (mostly keratitis cases).

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There are three main strategies to decline the transmission: wearing a mask, personal (especially hand) hygiene, and social distancing<sup>3</sup>. Ophthalmologists are more prone to be affected by Covid-19 transmission although the number of ophthalmologists affected is still unknown, for its natural need for close physical contact in their work settings. At the clinic, complete personnel protective equipment (PPE) as a part of universal precaution is crucial for we never really know whether a patient has infected or not due to lack of rapid test. Although the rapid test has limited value compared to gold standard PCR-swab<sup>4</sup>, it is still reliable as it is safe and fast. Thereafter, hand hygiene is a very important thing to do before going out of the clinic and at home.



PPE for ophthalmologist

Tele-ophthalmology might be considered as an exit plan during Covid-19 Pandemic. Tele-ophthalmology appeared in many studies even before Covid-19 outbreak<sup>5-7</sup>; one study from India mentioned that it might be the future of ophthalmology, especially in this pandemic situation. From my experience, the flexibility of time and place is the superiority of teleophthalmology service; and also, it allows an efficiency in history taking and drug prescribing. On the other hand, it is hard to do a physical examination. It is difficult to carry out most of the routine ophthalmic evaluation using teleophthalmology.



**Eye images taken with mobile phone.  
A. Front view. B. Lateral view**

The anterior segment could be investigated through photos taken with mobile phones. Hence, only a little of anterior view can be investigated (eyelid, conjunctiva, and cornea). Certainly, the posterior segment examination could not be done. It can be concluded that teleophthalmology could be valuable to a certain level of anterior eye diseases, but it is ineffective by far for the posterior eye diseases and a direct patient-doctor meeting is irreplaceable. One that might be proposed is that teleophthalmology can be used as screening tools during pandemic situation, especially to determine whether patient should undergo a direct clinical examination due to urgency or emergency situation.

**Editor : Kukuh Prasetyo, MD**

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# Ophthalmology Residency Training and The COVID-19 Pandemic: The Show Must Go On

The great impact of the novel coronavirus 2019 (COVID-19) on the global population and international healthcare is rapid, growing, and unpredictable. Like any international medical crisis, there have to be some consequences to the healthcare system, including residency training programs. The impact of COVID-19 pandemic on ophthalmology residency education deserves close attention, along with strategies to cope with its undesirable effects on the residents and their training.

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Since the beginning of April 2020, the Ophthalmology Residency Program in Universitas Brawijaya has been transforming the resident services to reduce exposure to patients who are potentially infected with COVID-19. A portion of the residents assigned to clinical activities are formed into teams, where the rest of them are refrained from doing any tasks. The outpatient clinic of ophthalmology service is covered by two working teams; each team serves patients for three hours alternately, while the emergency department and the ward run by another team. Each team consists of three residents from three different years, supervised by two ophthalmologist consultants.

Based on recommendations from national organizations, as well as an attempt to preserve personal protective equipment (PPE) and to decrease patient exposure to COVID-19, our department currently only performing urgent and emergent ophthalmology procedures. This, however, has revealed new dilemmas for residents. A brief, anonymous survey from 59 ophthalmology residents who serve in Saiful Anwar Hospital -- which is a COVID referral hospital in Malang, shows a decrease in clinical opportunities due to limited number of inpatient consultations

(94.9%), and also elective and emergency procedures (81.4%). This may lead to a decline in overall experience as well as exposure to key indicator cases. Residents also expressed other concerns, such as whether they would graduate on time because of rotations shut down (40.7%), or how some of them struggling in doing scientific paper (39%), and also whether delays in the national exam schedule (23.7%) will affect their education.

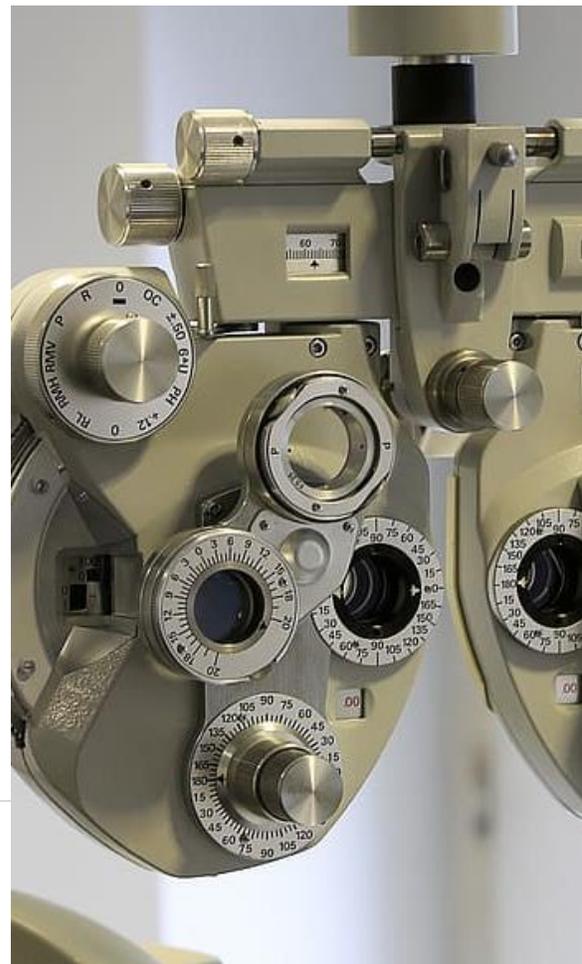


Since the Indonesian government declares COVID-19 pandemic as a public health emergency, Indonesia has implemented shelter-in-place orders to minimize spread and to control the disease. These regulations include closing schools and restricting activities in public places, including patients' visit to the hospital. It bears a significant impact on residency training because although scientific lectures can be delivered using virtual online classes, but direct face-to-face care for patient (be it consultation or surgery) remains on halt. As an alternative, other modalities such as online didactic sessions, training modules, and skill labs are carried out to improve training and to ensure that residents graduate with appropriate surgical skills.

Although it is important to guarantee the continuity of resident education during this time, it is even more crucial for university authorities to be mindful of the impact this pandemic can have on mental health of their residents. The aforementioned survey concluded that residents feel vulnerable and anxious about getting infected by Covid-19, in particular for residents deployed as frontliners. Safety concerns raised among them due to the fear of transmitting the virus to their family and surroundings. In addition, reduce social interaction between friends also potentially threatens their mental health. Addressing the fears, frustration and disappointment in positive ways should be encouraged. Open discussion with mentors and friends could help to ease the burden and making sure they received much needed emotional support.

Providing high quality education as well as safe working environment for the residents should be prioritized. Technology and creative innovation have shown to be beneficial to fill the gaps exposed by this pandemic, and more likely to continue in the form of virtual conferences, telemedicine or virtual clinics. Academic medical centers will need to modify residency curriculum in order to adapt to the new normal.

However, like all those throughout the history of humankind, this pandemic will end. After COVID-19, the residency program, although may not be completely return to normal as it was before, will still be faced with challenges largely on how to regain and reinvent the lost of opportunities in academic and surgical skills. Lessons learned and correct steps taken during this crisis are valuable and will contribute positively to the future of resident education.



**HOPE.** For a better day

Editor: Ratu Puri P. Sastradiwirja

## Working Parents Dealing with COVID-19 Pandemic



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I wrote this in the fourth week of April, where Covid-19 cases in Bali continue to increase. Eventhough Bali only ranked 8th for the number of positive patients in Indonesia, but still this affected our lives in so many ways, especially for me as a young ophthalmologist.

All but emergency ophthalmic procedures put on hold in many hospitals in Bali, and care has been delayed for all but the most worrisome ones. Since there are concerns that the virus can be transmitted through tear film, we make sure to use personal protective equipment (PPE) that are not commonly used before, in order to prevent transmission.

As the practice hours reduced, I have more time to be at home. Together with my husband – who is also a doctor, we took care of our two pre-schooler toddlers, juggling between home-school tasks and our jobs. We made schedules, we prepare lunch while working, we play with our children while doing long-distance meeting, we contact their teachers while handle our patients. The mental load is growing exponentially during the past few weeks, but luckily we still can do our hobbies to remain sane.

This situation at large has been challenging for me. As a young mother and an ophthalmologist, I need to adjust to a new ways of living that never in my life have I thought I would experienced, and it has been frustrating, to say the least. Fortunately, I came across this UNICEF guide on parenting during COVID-19 pandemic that I think can help working parents to stay strong. I quoted here for you:

**"One-on-one time"** Sets aside time to spend with each child. The UNICEF guide gives an example on what to do according to the age of the child. As for my children, they like to draw,, color, and dance to music. In addition, I made a cleaning and cooking game so they would not feel as if they are doing house chores. I also spare more time to accompany them in doing their school tasks.

**"Keeping it positive"** Use positive words when telling your child what to do. Call their names, and speak in a calm voice (I try so hard for this one haha), and praise them when they are behaving well.

**"Structure up"** Make a school timetable, make handwashing and hand hygiene fun. Remember you are a model for your child's behavior, if you do your routine practice keep the safe distance, and clean your self and treat others with compassion, especially those who are sick or vulnerable - your child will learn from you.

**"Bad behavior"** Catches bad behavior early and redirects their attention from bad to good behavior, or use consequences. Feel like screaming? Give yourself 10-second pause, breathe in and out slowly for 5 times, then try to respond in a calmer way while keep using tips 1-3.

**"Keep calm and manage stress"** Remember you are not alone. And we all need break sometimes. When your children are asleep, do something fun or relax yourself, like reading, dancing, watching movies, gardening, yoga, workout and many more. You deserve it!

**"Talking about the virus"** Be willing to talk. They must've heard something already. Always answer their questions truthfully. Think how much they will understand. You know them best.

I personally think the aforementioned guide helped me in some ways, in particular how to handle bad emotions that my children have towards me, and vice versa. I appreciate my children's teacher more than ever now.

Mine and my husband's work have always been demanding and home life can be hectic, but I am grateful that during this pandemic we learn to slow down and cherish the time we spent with family, realizing that we are so lucky to have been able to keep our job and have the privilege to do our hobbies albeit this stressful and difficult time.

I hope this pandemic will end soon and life will return to normal. As difficult as this is and as devastating as this has been for those who have gotten sick and even lost their loved ones, it has been a chance for us to reevaluate our priorities and what is important in our lives as working parents.

Editor: Ratu Puri P. Sastradiwirja, MD

## Teleophthalmology in The Era of COVID-19 Pandemic: Current State. Barrier and Implementation

Our specialty has been taken to the back seat of the war against Covid-19. We are advised to limit our service to urgent and emergency cases only. As expected, patients' willingness to seek consult also decrease. This does not mean that the need of ophthalmology consult is gone; it merely means that we need to do it in a better setting, and that's where telemedicine could possibly take part.

Telemedicine is not a new occurrence in ophthalmology. But first let's unify our understanding. There are two major areas of telemedicine in ophthalmology, they are the asynchronous telemedicine (or "store and return"), i.e. electronic transmission of health data (images, text, etc.), and the live or two-way synchronous audio-video telemedicine, i.e. bidirectional real-time communication between patient and healthcare provider.<sup>1</sup> The first area is relatively well-established, which includes screening of diabetic retinopathy and retinopathy of prematurity.<sup>2-4</sup> Another example of well-established program is cloud-based referral platform used by Hospital Eye Services (HES) in the UK, successfully decreasing need of specialist referrals by 54%.<sup>5</sup>

However, live or real-time telemedicine in ophthalmology is not something we commonly see, not even in the developed countries. But sadly, it is what the community need during this pandemic. Regardless of how much the situation urges us to adapt, it is exceptionally important to look at the whole picture and tackle any possible flaws.

First, regulation. Before pandemic, the only form of telemedicine specifically regulated in Indonesia's law is consultation among healthcare providers, no regulation on patient-physician direct consultation.<sup>6,7</sup> However, on April 9<sup>th</sup>, Directorate General of Health Service, Ministry of Health sent out an appeal letter, urging healthcare providers to develop telemedicine services.<sup>8</sup> Later, on April 29<sup>th</sup>, Ministry of Health released a more detailed and formal notice on patient-physician telemedicine regulation, followed by regulation from Indonesian Medical Council on

the same day.<sup>9,10</sup> Albeit relieving, these regulations are not as strong as the former regulation in hierarchy. There are also loopholes we need to handle with utmost caution. This means, though, that we have grounds on starting patient-physician telemedicine, which is a good start.

Second, service and operability. Teleophthalmology service can be implemented as "virtual triage" to assess if new patients urgently need to seek real face to face ophthalmology consultation or if they can delay their visit, and as "virtual follow-up" on whether regular-visit patients may continue their on-going treatment and postpone their follow up visit or not.

Operability is undeniable a significant obstacle, but certainly not impossible. Uncorrected visual acuity examination and color-blind test can be assessed using application. Gross examinations of the external eye can be done by taking close-up photographs or video, though this is of course not ideal. Although allowed legally, prescription in such patients needs to be restricted to drugs with minimal adverse effect and only given if needed. This platform may also be very useful in some vitreoretinal cases. Patients can upload their previous examinations. That way we can give suggestions whether or not they require to visit the hospital. Despite its limitations and drawbacks, we are in a situation where ideal

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approach is unfeasible and digital communication is somewhat better option.

Third, consent. It is particularly important to make sure patients understand that telemedicine is different from standard practice, and therefore there are risks inherent in it. The prerequisite of consent was also emphasized in Indonesian Medical Council regulation. However, it requires further elaboration to generate specific consents for telemedicine practices and to have the patients agree to certain terms and conditions.

Fourth, data privacy and proper documentation of medical record. Communication between patient and physician ideally shall be conducted through a secured channel to ensure patients' privacy. Common communication application may not be sufficient. Medical record is very important, too, both physically and digitally.

Finally, it is undeniable that having a platform to help care for our patients without physical contact would be very helpful in this pandemic, but we need to balance between giving the best service and security, both for our patients and ourselves.

The shift towards telemedicine is undoubtedly irrefutable. This is a trial time, a challenge, especially for us young ophthalmologist to pioneer and initiate. Although current regulation is designed only to last through COVID-19 pandemic, if proven to be beneficial this could be the start of a "new normal" in our practice. The pandemic could really be the boost we need to accelerate implementation of telemedicine in ophthalmology practice.

**Editor: Irma Seleka Vera, MD**

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## How to Look After Our Mental Health During COVID-19 Pandemic

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**C**ovid-19 pandemic undoubtedly affects our life in many aspects. Not only it alters the way we work and socialize, but it also potentially disrupts our financial, academic, or family planning. Moreover, worries and anxieties about the disease itself may be overwhelming. As medical workers, we might worry about risking our health as well as our family's and our patients' physical wellbeing. All of these issues potentially affect our mental health.

Our survey, involving 74 members of the Indonesia Ophthalmologists Association (IOA) in Malang Raya, shows that 54% of ophthalmologists felt the impact of the pandemic on their mental health. The greatest psychological issue that emerges is the fear of transmitting the virus to their family (89%). The other concerns that occur are the anxiety about their health status (63%), the hesitation on their health condition (44%), and the feeling that their hospital environment is not safe enough (33%). Some respondents also highlight the inconvenience caused by the social stigma associated with Covid-19, a rise of living-cost as well as the economic problem that may arise if the pandemic does not end soon. Other respondents also state their boredom due to significant changes in their daily routine and lack of social interaction. On the other hand, some respondents do not feel stress, even feel saver and comfortable with the current situation where quarantine policy is enforced and exposure to the patients is reduced.

Several efforts can be done to look after our mental health during the pandemic situation. These efforts are formulated into **three self-care strategies**:

### 1. Take care of your body

- **Protect yourself at work.** Wearing proper Personal Protective Equipment (PPE), practicing social distancing when possible, reducing clinical work hours, postponing elective surgeries as well as practicing hand hygiene are things that can optimize our safety at the hospital, thus may help to keep our mind at ease. As Covid-19 polymerase chain reaction (PCR) and rapid antibody tests are becoming more accessible nowadays, you can also have yourself tested if you're worried about having the disease or feeling unwell.
- **Get enough rest.** Set a regular bedtime and pair it with a set time to wake to get at least 7 hours of sleep. The more consistent your sleep schedule, the more consistent your body functions. It is also preferable not to look at the coronavirus news near bedtime.
- **Eat healthy food.** Maintain a well-balanced diet, get essential vitamins, avoid loading up on junk food, and limit caffeine intake.



- **Do not use tobacco, alcohol, or drugs** to deal with your emotions. If you feel sad, stressed, or confused, talk to people you trust.
- **Perform regular physical exercise.** Besides its benefits for your body, it also helps to improve mood and reduce anxiety.

**2. Take care of your mind**

- **Maintain a regular schedule.** Keeping a daily routine helps us to eliminate unnecessary distractions and feel more in control.
- **Set aside time for hobbies.** Spending time on activities that you enjoy such as something artistic, learning or playing an instrument, reading, photography or doing some sports is an effective way to manage stress and increase positive moods.
- **Limit news consumption.** Whether it's on social media, website, and television, the coronavirus is being discussed and dissected nonstop. Set online time limits and gather information only from credible sources.
- **Think positive.** Focus on the positive things in your life, have more gratitude, maintain a sense of hope, work to accept changes, and try to keep problems in perspective.
- **Pray regularly.** Prayer creates peace, sense of meaning and connection that can reduce the stress and protect the emotional health.

**3. Stay connect with others**

- **Make connections.** Social distancing does not have to mean social isolation. Spend some time each day to make virtual connections with friends and family through email, text, phone, Instagram, WhatsApp, or similar applications.
- **Caring for others.** Find purpose in helping the people around you. For instance, make ways to support family members or friends who need to be quarantined, or participate in goods, money or blood donation for the community.

**In the midst of chaos, there is also opportunity**

**Fulfill yourself with positive thoughts and sparks of ideas, and enjoy life!**

*Editor: Yulinda Arty Laksmita, MD*

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together  
with YO  
Indonesia!!!**