

Alberta Doctors' Digest

Need to modify your practice or work from home? Here's how.

There has been an increasing interest in telemedicine in recent years as a way to provide health services more conveniently, particularly for people in remote areas or who have reduced mobility.

However, when the COVID-19 outbreak started, telemedicine was transformed from a convenience for a few to a necessity for the population at large. Many doctors, particularly primary care physicians and specialists, have had to modify their practices or work from home for the first time.

Telemedicine offers a way to keep doctors and the general public safer by shutting down an additional avenue for this virus to spread, while also allowing essential health services to continue operating. Still, this undoubtedly positive strategy presents a substantial transformation in the way doctors spend their days. For example, by speaking with patients through their computers – and then using these same devices for all their record keeping, charting, and Netcare – a significant amount, if not all, the movement a doctor would have during a day at a traditional practice is lost.

Under normal circumstances, many doctors have a fairly healthy level of movement built into their shifts as they move between examination rooms several times per hour. Losing this physical component of their work means it's imperative that these doctors compensate with extra breaks throughout the day to get up and move.

At the same time, such breaks afford the eyes some much needed relief from computer monitors. Without physical examinations and face-to-face interactions, telemedicine practitioners perform almost all their work on screen. This can lead to an increase in eye strain and headaches, because the only way to rest the eyes is to stop doing work. In an examination room, there are many different things to look at from varying angles and distances.

Doctors are now seeing everything at fixed distances and angles on computer screens. Typically telemedicine practitioners will want two or more monitors, allowing them to speak with patients while viewing Netcare and taking notes/charting. However, this introduces a whole host of additional variables, most often causing – on top of ocular discomfort – upper back and neck problems from twisting to view the monitors.

Fortunately, it is possible to alleviate most of these issues by considering the height and distance of monitors. Unlike the ergonomic guidelines for most jobs, with telemedicine it is recommended to have the main monitor directly in front of the user. Most telemedicine practitioners will predominantly view one monitor during video calls. This monitor should be centered in front of them, with additional monitors positioned on either side of their main viewing screen.

At the same time, workstations should always be perpendicular to windows to reduce glare. If this isn't possible, it's best to keep the blinds closed and try to get natural light exposure during breaks.

Guidelines here for monitor height are also slightly different than for most professions. An optimal setup typically has the top of a screen sitting right at eye level. This is still recommended for doctors on monitors they are using for charting or reading. For video calls and image viewing, on the other hand, it's easiest on the neck, back, and shoulders if the middle of the screen is in line with the eyes.

To facilitate this, it is important for work surfaces to have a minimum depth of 29-30 inches to allow for a full arm length between the user and the monitors. For small surfaces, consider using a keyboard tray and sitting further back.

The basic principles behind these guidelines are keeping the back, including the neck and shoulders, in a neutral posture and maintaining straight wrists. This is where chairs also play an important role. Again, in a traditional clinic, doctors often don't remain seated at computers for extended periods. As such, the chairs often found in doctor's offices aren't ideal for all-day use.

When working on a desktop for long periods, it is essential for the elbows to be in line with the work surface so the wrists are not bent. This usually requires a fully-adjustable chair with lower back support. However, after raising the chair to the appropriate height, people need to ensure their feet are still supported on the ground or by a footrest to avoid discomfort in the lower limbs.

Following this advice will help doctors get through long days of telemedicine calls, as long as they incorporate enough movement and visual breaks to replace what would have happened naturally in the course of a day at the clinic.

It might also seem obvious to remind people to stay hydrated, but in telemedicine everything is done vocally, relying entirely on verbal descriptions rather than physical examinations. This places an extra strain on the vocal cords which can be exacerbated by poor hydration.

As [Cochrane points out](#), if telemedicine is going to continue playing a big role in our medical system, we will need more sit-stand desks and adjustable chairs that actually fit to keep workers comfortable while also changing posture throughout the day.

Lastly, it's essential for doctors to set boundaries between personal and professional life when working from home. Simple things such as sticking to established working hours help keep telemedicine practitioners healthy. This translates to a higher quality of life for them and a higher quality of service to their patients.

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