From Barrel Roll to Bedside

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A patient who is a retired Air Force fighter pilot instructor confided to me that he had faced a challenging problem with some of his student pilots. As these warriors advance in training their skills can become so formidable that the students sometimes feel their instructors don't have much to teach them. Performing a tricky maneuver originally developed by John Boyd (a fighter pilot in the Korean War and a brilliant military strategist) helped this instructor obtain the attention of fledgling student pilots who thought they knew everything. This maneuver was a modified type of high-g barrel roll that, if performed with split-second precision, could thrust an enemy opponent (who was about ready to squeeze the trigger on his quarry) into the lead where he would suddenly become the hunted instead of the hunter. The surprised young pilot would be thrust from behind the aircraft of his instructor into the forefront, wondering what in the world just happened. My patient related that it was wonderful to see how teachable these student pilots would become after being subjected to that kind of lesson.

This story from a fellow teacher triggered some memories of my own. Now in my 18th year of practice and 11th year as a faculty member in a family medicine residency program, I can recall a resident or two who may have seemed less teachable. If only I had some such attention-getter—a way to validate myself to them and theatrically show that I did in fact have something to teach them. But family medicine usually isn't so dramatic that I can engineer residents' observation of me performing some life-altering feat. In fact, at this stage of their training most residents function quite independently, and I am often more of a consultant than a hands-on instructor. Most residents want to learn, and do recognize their own experience deficit, but occasionally someone is overconfident or not interested in additional perspective. If only there were a high-g barrel roll type of maneuver that was safely applicable in the patient care arena so I could really get their attention.

But maybe I'm sometimes a reluctant student too. Even at this stage of practicing and teaching medicine, I'm still continually needing to learn. Continuing medical education meetings remain helpful; talking with colleagues is stimulating; following the plethora of excruciatingly up-to-date medical literature available at the flick of a finger keeps me humble. But nowadays patients are probably some of my most important teachers. Patients have always been the best teachers for those pursuing the healing arts, but lately I'm noticing this more, having had time to see some of their lives play out. I wonder which of them over the years would have loved to show me a high-g barrel roll…patients who really wanted to get my attention, but didn't, because I was overconfident, or maybe caught up in a line of thinking that didn't quite hit their target? To which of my patient-teachers did I seem unteachable? Hopefully no one is going to sneak up behind me with guns blazing, but maybe if I were acutely aware of that possibility I could listen in a different way. Whether I've treated a specific disease a thousand times or performed a certain procedure regularly for years on end, I want to avoid any notion that a particular patient has nothing to teach me. Like fighter pilots practicing sparring 30,000 feet above the earth, I'm going to try to engage with my patients with a mind open to what I can learn.

Thank you, sir, for the visit to my office, where after I addressed your medical concerns, you introduced me to the idea of a land-based high-g barrel roll. Although such an attention-getting maneuver may not be available for attendings to administer to residents, I'm on the lookout and hoping to avoid requiring being dealt one by future patient-teachers.

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