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2.14 Unit 2 Writing Assignment

This paper will focus mainly on the surgeon and writer Atul Gawande and how his views on performance reflect on learning throughout one's occupation.

We can start with something brought up during an interview Dr. Gawande had with Diane Rehm. There's a dichotomy within medicine that Ms. Rehm addresses; that it's part science and part art. In his book *Better* Dr. Gawande poses the question, "Is medicine a craft or an industry?" Certainly, with the vast development of technology in the field, medicine is becoming more mechanized, and this can push the perception that it's more scientific than artistic.

Let's pursue this notion of science within medical practice further, and what it means for performance and work. In an article Dr. Gawande wrote for *The New Yorker* entitled *The Checklist*. He relates to a story about the testing of the B-17 bomber during WWII. It's first official test flight was a disaster. There was a horrific crash with casualties including one of the Army's most knowledgeable and proficient pilots. Inspection concluded it was due to human error. It was said the B-17 was, "too much airplane for one man to fly." Dr. Gawande relates that, "Intensive-care medicine has become the art of managing extreme complexity." Interesting choice of words. Later he reflects that, "Medicine has entered the B-17 phase."

So how can we address this complexity and improve performance? As the title suggests we can use a checklist. It's a very simple thing that is used in many professions and situations. In surgery it can be used to help make sure critical things are not overlooked, the same way a pilot checks equipment and instrumentation before taking off. Interestingly, in some of the other readings for this section there are some more artistic suggestions. Dr. Gawande likes to have music playing in the OR. Some nurses will often choose to work with him on a given day because they know it will be, "low stress, nobody yelling and music on." The idea of teamwork has a recurring theme throughout his writings as a way of increasing performance. The suggestion that medical teams should operate like "pit-crews." Which goes back to a more mechanical approach to medicine.

There are other ways to approach performance in work. In *Better* I encountered the term *positive deviant* when Dr. Gawande was talking about a pediatrician named LeRoy Matthews. His specialty was working with patients who had the disease Cystic Fibrosis in the 1960s. A younger pediatrician at the time named Warren Warwick did a study on his results. The mortality rate of his patients was far below the national average. Years later Dr. Gawande would speak with Dr. Warwick and reflect on his worldview. Dr. Warwick seemed to have an acute focus on the small margins between success and failure which – in medicine – can mean the difference between life and death.

There is an article written by David Dorsey which tells the compelling story of the Sternin family who worked in Vietnam in the 1990's to help combat childhood malnutrition. They discovered in all villages there were some children who managed to stay healthy and well nourished despite their mothers having the same limited resources as everyone else. The solutions were simple. The healthy children's parents were supplementing their rice with protein and vitamins from small crabs and sweet potato greens. These items were considered "low

class,” but the results were conclusive. Convincing the other parents and eventually other villages to adopt the practices of the positive deviants resulted in healthier children. This is effectively the idea of positive deviation; make small guided changes that aren’t being done or haven’t been tried but generate better results. The method should then be spread and shared, thus improving performance over a broader population.

This brings me to my final reflection on Dr. Gawande’s narrative in *Better*. In the final pages he makes the suggestion to *change* and *write*. Rita Charon wrote in The New England Journal of Medicine about the concept of *narrative competence*. This is the idea that writing about patient interactions can help physicians relate more to their patients. Dr. Gawande has said, “I now feel like writing is the most important thing I do. In some ways, it’s harder than surgery.”

As fields including medicine evolve, they will inevitably become more innovated and approached in a scientific way. Despite this inevitability, the people performing the roles of surgeons remain human, and thus display artistic qualities. It is hoped that this humanistic balance between the two can be used positively to increase performance.