

A New Horizon

Saying "Good-Bye" Isn't Easy

By Warren S. Silberman, DO, MPH



I WASN'T GOING to do this, write another article, but Mike Wayda, the wonderful editor of this fine educational *Bulletin*, asked me last week to do one more! When I first came to CAMI back in June 1997, I made a promise to myself that I would write an article in EVERY *Federal Air Surgeon's Medical Bulletin* that comes out.

Well, I know that I have kept that promise to myself. I saw that there was a paucity of information for the aviation medical examiner to provide a better examination and a waiver packet to the Aerospace Medical Certification Division (AMCD). I am going to spend these last words as the Manager of the AMCD telling you some things about the future and reminding you all what you should be doing to better serve your airmen when you perform an exam.

The fine people at Northrop Grumman who have built the new electronic medical records system have spent almost the last two years converting our system from being server-based to Internet-based. That is the best thing, they tell us. It is supposed to be completed by April 2012. Knowing these folks as well as I do, it will be completed just as they said. It should be relatively transparent to you all, but they say after it is completed the system will be more reliable. Well, we'll see. After that, they can resume working on the projects that they placed on hold. One of them being a new way for the AMCD examiners to maintain notes on each airman's case. It will be along the disease/problem-oriented model.

As for the future, I have had some thoughts about ways to improve capabilities for you all. We need to be able to allow your airmen and the office staff to view the status of a case and perhaps the authorization for special issuance process. The developers originally told me that having the Document Imaging and Workflow System broadcast capability (where we send out e-mail messages for you to read when you log into AMCS) would set the stage to allow this to occur.

I expect that the airmen may be encouraged (politically correct term for forced) to use MedXPress. For those of you that do not keep up, this is the ability for an airman to go into the system and complete the front side of the Form 8500-8 online, prior to visiting the AME.

I would also like for you all to have the capability to scan documents that the airman provides you and for these documents to go directly into the airman's central file. We would then be alerted that something new has arrived and review the information.

We had begun the process of developing the capability to have the system reject for review only the medications that we know to be unacceptable. This was also placed in a holding pattern pending the system conversion. When they resume the work on this, they should also provide the capability for the system to warn you that a particular medication that is written in Block 17a. is unacceptable.

There is one thing that the FAA cannot do—and that is legislate how to better perform your function as an AME. We here have always said that this whole process would not work if it weren't for you all. That is a fact. But, if you all take the time to do a great exam for us and advocate for your airman, you would speed the process up tremendously. All the articles that I have written were so that you could learn from other's mistakes and have the information freely available to do a good job.

If I had to list the Top Ten things that an AME could do to help their airmen and the FAA speed the certification process, I would say this (I can probably think of more than ten, but this sounded good!):

1. Go over each question in the completed exam and make sure that you have provided us with all the information we need. The "yes" responses should be fully answered.
2. If you receive the Validation Warning when you are ready to submit, don't just issue, call us or your Regional Flight Surgeon to find out what the airman has done to cause this.
3. When a new medication comes out, just don't assume that we will accept it. I think I have given you all enough background information to know what might be acceptable or not. Call someone to check. Don't just ass-u-me!
4. Those of you who are Senior AMEs, please interpret those first-class electrocardiograms! If the ECG is abnormal, have the airman get a workup. See the most recent *Bulletin* ["Electrocardiogram Problems," FASMB Vol. 49, No. 4, p. 4] for my exhortations on that topic.
5. Read the Online Guide for Aviation Medical Examiners at least every couple of months. Read this *Bulletin*, as well!
6. Attend the mandatory training sessions each six years. Go more often if you can.
7. Advocate for your airmen! This doesn't mean to tell them not to place certain information on an exam because it is disqualifying.
8. Help your airmen get their examinations, required tests, and medical records together to provide a complete waiver packet.
9. Attend aviation fly-ins, safety seminars, the AOPA's Summit, EAA's Sun n' Fun and AirVenture Oshkosh. *Why did you get into this business?* I hope it is, partially, because you have a love for flying and the people who work in this industry, hobby, passion.

Dr. Silberman retired as manager of the FAA Aerospace Medical Certification Division on December 30, 2011, after a distinguished Federal Aviation Administration career that spanned 13½ years. An aviation enthusiast, private pilot, and communicator with numerous articles published in aviation magazines, this article is the 68th that he has contributed to this newsletter. Dr. Silberman starts a new career as an aviation medical practitioner in Tulsa, Okla., and no doubt will continue to advocate for airmen and aviation safety. —Ed.

10. If you have a question about something, call or e-mail the AMCD or your Regional Medical Office. They will get back to you.

Finally, I thank the many hard-working people who toiled with me in Certification. My salute to Chief **Steve Smiley**, Manager of Review and Appeals, his supervisors, and QA folks; **John Simmons**, Manager of the Medical Systems Branch, who started with me back in '97 and went through the aggravation of getting the electronic medical records system up and running; **Courtney Scott**, DO, MPH, the new Manager of the Medical Review Officers and soon to be Acting AMCD Manager; **David Nelms**, one of the most hard-working, most computer-savvy, most co-operative, and one of the nicest people I have ever met in the U.S. government; CAMI Director **Melchor Antuñano**, MD, MS; and his Deputy **Robert Johnson**, MD, MPH, who have been my friends and advocates since the beginning; all the Regional Flight Surgeons, my associates and friends; my great Secretary **Kathy Crosby**; my Administrative Officer and prior Secretary, **Diana Lozada**, who has also helped me stay out of Leavenworth; my Congressional Liaison, **Leslie Downey**; and all the special headquarters people in Washington, D.C.: Federal Air Surgeon **Fred Tilton**, MD; his deputy, **James Fraser**, MD; Manager of the Medical Specialties Division **Mike Berry**, MD, my great friend and associate; and the Manager of Medical Standards and Policy Branch **Arleen Saenger**, MD, MPH. Oh, I would be remiss not to mention my Commander (my wife), **Yvonne Silberman** and our daughters **Carly** and **Jenna**!

It has been a joy getting to meet you all, and I shall see you at the AME seminars because I am not "retiring." I am just going to do something else! My best wishes and love to you all!

Have fun, and take care of yourselves.



CAMI Director Melchor Antuñano, MD, speaks at ceremony honoring career of Dr. Silberman, shown with wife Yvette. Dr. Courtney Scott, Acting AMCD Manager (left) presides.

Certification Manager Retires

By Melchor J. Antuñano, M.D., M.S.

ON BEHALF OF our FAA Civil Aerospace Medical Institute (CAMI) team, it gives me great pleasure to express our heartfelt appreciation to Dr. Warren Silberman for his 14 years of dedicated service in support of the civil aviation pilot community.

Dr. Silberman's dedication, commitment, and passion to support the aeromedical certification needs of pilots and "keep them flying" has been exemplary.

In addition to fulfilling his administrative responsibilities as manager of the Aerospace Medical Certification Division (AMCD), Dr. Silberman directly contributed to the division's productivity by personally processing an average of 3,000 applications for airman medical certificates annually. All of these applications involved pilots with a variety of complex medical conditions that required special medical issuances (waivers).

Dr. Silberman supported numerous requests submitted by chief medical

officers from civil aviation authorities around the world to provide his expert advice on aeromedical safety criteria to grant medical waivers to foreign airmen with pathology. He contributed to the Office of Aerospace Medicine's goal to "Support foreign requests for assistance in civil aviation medicine and aviation human factors, which help promote aviation safety by discussing FAA medical standards, policies, and procedures with professionals in foreign countries who are involved in the organization and development of their own civil aviation programs."

Dr. Silberman promoted flexibility in the airman medical certification process through the practical application of scientific advances in medical knowledge, therapy, and rehabilitation.

His most significant accomplishments during his FAA career involved his leadership and team approach in the design, development and implementation of organizational and infrastructure changes to improve the

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