



Aeromedical Advisory

The All-Seeing C-F-Eye

However eager they are when they take the first steps toward achieving their dreams of flight, most aspiring pilots are not aware of many of the requirements necessary for certification. One of those requirements is medical certification. For most pilots, understanding and knowledge of aviation medical standards revolves around their own medical certification. But the aviation educator must go beyond individual circumstances and take on the crucial role of mentor and guide who can shepherd the new pilot through all the things that experienced pilots regard as routine. In short, you are not just a CFI, but a “seeing eye” for everything from operations, to minor maintenance issues, to medical certification requirements.

That’s why your aeromedical knowledge should go above and beyond. You must know how to clearly explain the basic qualifications and duration for each class of medical certificate, and make sure your student understands the conditions and limitations for the class of medical certificate he or she needs. The aviation educator should also be conversant with the basics of special issuance. This obligation includes not just being able to teach (or preach?) about sound aeromedical practices, but also to model and exemplify aeromedical discipline.

Medical Role Model and Educator

I can’t stress enough the importance of the role model responsibility you have as an aviation educator. If you see something questionable and don’t speak up, the student will assume the behavior in question is appropriate. Whether it’s medication use (prescription or otherwise) or fatigue, your students will interpret your silence as acceptance or, worse yet, approval. In your quest to develop your students’ self-awareness and judgment, start by asking questions. If your sniffling student pulls out a pill bottle during the preflight, it’s a good time for you to make gentle inquiries; “Did you ask your AME about flying on those meds?” It could be something as simple as an over-the-counter cold medicine. A new pilot will probably not understand that side effects of such

medications could be debilitating in the aviation world. Asking the question reinforces the concept that medical certification goes beyond the visit to an AME, and also that serious self-evaluation (using tools such as the IM SAFE checklist) is important.

And — you knew it was coming — that goes for you, too. No instructor likes to cancel a flight because of a common cold, but how can you give the student your best in terms of safety and instructional value when you’re not at your best? And, what lesson are you teaching when you tell the student to be mindful of the safety implications of flying when the pilot is physically under the weather, but you model behavior inconsistent with that point?

When it comes to educating students on aeromedical topics, the FAA does not expect you to be an AME, but it does expect that you will spend more than just a few minutes on the topic in one of your lesson plans. To help you hash out the key points, the FAA’s Office of Aerospace Medicine offers a number of resources at little or no cost. You also have this magazine, which always includes a section that allows you to ask questions about specific medical topics. Additionally, you can find many of those resources at: www.faa.gov/pilots/training/airman_education/ and www.faa.gov/pilots/safety/pilotsafetybrochures/.

Another source is the Federal Air Surgeon’s Medical Bulletin (online: www.faa.gov/library/reports/medical/fasmb/). While the bulletin’s primary audience is AMEs, it covers a lot of information that a flight instructor would find useful. The FASMB is published quarterly, and can provide insight on what is coming and why we make certain decisions.

Spending time reviewing these resources will not only help you with your own medical certification, but it will also help you be a better CFI.

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