

Patients as Performers

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Abstract

The following article is based on a presentation given by Curt Tribble, Doug Newburg and Jeff Rouse at the 1999 World Congress on Mental Training and Excellence held in Salt Lake City, Utah. They present some very interesting insights on how strategies for performance excellence can be applied to patients who want to make the best of their recovery and their lives. They also serve as a model for how collaboration of people with vastly different backgrounds and different strengths can lead to some significant improvements in performance and life quality.

Tribble: I want to start out by telling you a little bit about the collaboration Doug Newburg and I have had for the past ten years. It's a pretty unusual one. Doug is a sport psychologist by training and I'm a heart surgeon. That would seem like a fairly unlikely pair to hook up for much of anything. What happened is that when I first joined the faculty at the University of Virginia 13 years ago I was asked to take over the educational tours of the department. So in addition to surgery, we also teach. We teach a lot of different types of people. We teach students who are going to be family doctors; we also teach surgical residents - people who are going to do operations. And by the time some of them finish working with us they are 35, 38, 40 years old. So they are pretty far along in a very extensive training process.

When I was asked to take over this pro-

gram I knew a fair amount about surgery myself but I didn't really know much about teaching. And so what I did was, realizing to some degree that there was a deficit there, I went over to our school of education to talk to the people who ran the sport psychology group there. I thought there would be some overlap between what the sport psychologists were learning and teaching, and what we were trying to teach in surgery. To simplify it in a way I said that surgery is perhaps the ultimate athletic event. At that time Doug was a student in the program and he came over, or was sent over - I think against his wishes - to watch us operate at five o'clock in the morning and hook up with our residents and students. Five o'clock wasn't Doug's usual time frame, but he put up with it! Eventually when Doug finished his PhD work about 8 years ago or 9 years ago, we hired him in our department as a full time faculty member. He is the only

member of our department who is not a physician. So it's a fairly unusual situation even now; throughout the country there are not many departments that have teachers like Doug in their group.

What Doug has done, both through his PhD work and since that time, is to continue the research he began as a student, not just with our residents and students and surgeons, but also with many other people outside of our realm - the two realms we are most familiar with - which would be surgery and athletics. And in fact, one of our basic premises was that we thought that the processes that people use to perform, the way people learn to get better, the way people deal with

Newburg: I really wanted to look at performance on a broad base - I didn't think it was just something that you studied in sport or business, you could look across fundamental performance and take it into whatever you do. *What we're going to talk about today is 'patient as performer'.* A lot of what we're talking about for the patient is that their life is kind of humming along and everything's going all right, and then all of a sudden something unexpected happens. And in the world of athletics, in lots of different arenas, things like that happen to people. But specifically for patients, for people that Curt deals with, it obviously gets their attention.

Going back to my own history, what sort of got me into what I do. I played basketball for the University of Virginia from 1979 - 83 and during that time we won more games than any other team in NCAA history. We didn't really win any championships, and I didn't play a lot. First of all, let me give you

stress and failure and preparing for things that were going to happen, were universal - an issue I don't have to sell any of you on. But to some degree we've had to sell some people in our department and perhaps in his own school of education on it. Doug has interviewed literally hundreds of people that are from all walks of life, for example, musicians and business people; he spent time on an air craft carrier talking to people about how they talk their pilots down from flying their jet planes onto the decks of air craft carriers... And during that time Doug has developed sort of a distillation of knowledge that he calls the process of performance. I'd like him to explain some of that to you.

permission to laugh as I tell you this story. Sometimes people think I'm trying to solicit pity but I'm not. I'm far enough removed from the events that I think it's pretty funny. But it really sets up what we're going to talk about today. A lot of what I'm talking about is based on having a dream. And what I mean by that is not winning a championship, or making a lot of money or whatever, but it's how you want to feel about yourself, how you want to live everyday. So when we talk about a dream that's what I'm talking about.

When I left high school and went to the University of Virginia I went thinking I was going to play a lot, and not be an all American or anything, but at least have a productive career. What ended up happening is that my sophomore year I blew out my knee and never really played much again. And I don't know how many of you have seen American basketball but in college basketball when one team gets a big lead over another there's one guy sitting at the end of the

bench and the crowd starts chanting his name to try and get him into the game. Well in Virginia that was what my role was. In my senior year every time we got any kind of lead, and we won a lot of games by twenty points, the crowd would start chanting my name. I'd get in the game, I'd touch the basketball, and even if I was ninety feet away from the basket they'd be yelling for me to shoot. So one year we were playing Duke at Virginia and we were up by about twenty points and you could hear the crowd start chanting my name with about ten minutes to go. I heard a woman sitting behind the bench turn to her husband and say, "Let's start chanting to get Newburg in the game". So I turned and smiled at her. And I saw her husband look up at the scoreboard look back at her and say, "No, we don't have a big enough lead yet". But I got in the game, we won anyway, and the next day I go to the 7-11 store and pick up the Washington Post, a big newspaper in the Washington area. The big headline said, "Virginia Trounces Duke by Twenty" and the very first line in the article said, "*You knew victory was at hand when Virginia coach Derek Hollins put in the human victory cigar, Doug Newburg*".

Anyway, the reason that I tell you that story is because three years after that happened I went to the offices of the Washington Post and I ran into the guy who wrote the article. I saw him across the room, and he saw me and came running over to me and said, "Doug, I owe you an apology". I didn't say anything, I just listened to him. He said, "I didn't understand that the guys that sat on the bench had the same dream as the guys who were on the floor. I thought it was enough just to be part of the team, I didn't understand that the dream was not

about what you win or what you get. It's about being part of the action, it's about playing. And I didn't understand that until I went to Indiana University and wrote a book about Bobby Knight and spent a lot of time with the guys on the end of the bench".

That one event really got me thinking about the question: how do people really get what they think they want? For me obviously my dream when I signed my letter of intent to play basketball was not to be coach Hollins' human victory cigar. That really wasn't what I was thinking. But that's where I ended up.

Well, a lot of what we're going to talk about today relative to patients is sort of the same story. They are humming along in life, things are going pretty well - a lot of Curt's patients are older, some of them are kids, you'll see some of the kids that he's worked on - but they're never really prepared to walk through the door of Curt's office. That's something usually unexpected. So the way we talk about it, and the way Curt is going to go at it in a little bit is thinking about just having a dream as a life dream. Again not something that occurs to you, but how you actually want to feel everyday. What we teach is how to get people to take control of that themselves. The nice thing about being human is that we get to define our own ideas. You have ideas internally that you then express externally. Eventually for some people those ideas will become a dream. And what I mean by that is that the idea that they had actually made them feel a certain way and typically we're talking about engaged, fulfilled, that type of thing. So they commit to that feeling and say "I'm going to do everything that I can to make that happen". It's not

having a dream such as a gold medal. It's saying, "I want to feel this way and how do I project that?"

I'm actually not a big believer in models but as I went and talked to different people they all said the same things. There was this circular motion to their lives that they've made happen. It wasn't that it happened by accident. Sometimes they did it naturally, but they all did it very aggressively; they all did it with a sense of purpose. And the purpose was to be themselves. And so whether it's a musician, a surgeon, an athlete, a business person...it's bringing themselves to what they do. And when that happens they engage in what they're doing and they just love it.

The main reason I came up with a model was that I was a fairly unsuccessful basketball player at college. I was with a really good team - we didn't win a lot of championships but we won more games than any other team in NCAA history - but I didn't play a lot and it wasn't any fun. Because I wasn't getting to live my dream. As a basketball player you don't want to practice basketball everyday, you want to play. And you're willing to practice so that you'll get the chance in a game to play. But as a guy who sits on the bench, all you do is practice. And what I realized in talking to people, as I started to do all the research that I did, is that I saw a lot of people go through life practicing. And what the dream is about is you want to play. You want to be engaged. You want to be part of the action. And when I see people, for example, Jeff Rouse, a lot of his stuff happened by accident. He would say, "I wouldn't know if I made the race happen, or if I just happened to be doing

the right thing totally by accident. I wanted to get where I knew that I could make certain things in my life happen that would make me resonate. I know a lot of people who do achieve what they want, who feel the way they want on a daily basis and so I just said, "Well, I'm going to go find out how they do it".

EASY SPEED

Rouse: When I started swimming it was basically just for fun, for something to do, and I liked it enough and was good enough at it that I wanted to do it more and more. When I was six and seven years old I may have been winning races, and that was great and everything, but the reason, and I see most kids start swimming this way, is just to try to get better. When I first started swimming I couldn't make a length of the pool. So my first goal in swimming was just to get to the end of the pool. I think when I was a kid and growing up and getting older, I would look back on races and my best races were the races where I felt the right way and I would say to myself, "That felt really good. I want to feel like that again". Or after a bad race I didn't have easy speed, I didn't feel the right way, I said, "I don't want to feel that again". So I made observations about what I wanted to do, and how I wanted to try and feel again, and that turned into '*easy speed*'. Which is kind of like a harmony with the water, a ballet. And I could swim fast. Basically, I could swim almost top speed with like 80% effort and that's what I trained for. And even now as I sit here, I haven't swum in almost two years, I can feel what that feels like. And when I was good it was because that was what I focused on, rather than winning, or breaking a time or beating somebody. I was a favourite

going into the '92 Olympics.

People started telling me seven years before the '92 Olympics, "Jeff, in order to be successful you have to win an Olympic gold medal. That's the only thing that matters. That's how you're going to have a legacy in the sport. That's how you're going to be remembered. That's how you're going to be successful. World records don't matter. World championships don't matter. Gold medals matter". And through all that I began to believe them. And I started to think, "You know what? The gold medal *is* what I want to do. That's what I want the Olympics to do. I want to win the gold medal and break a world record. And that's it".

The '92 race I lost was absolutely devastating to me; I couldn't understand what had happened. I just remember sitting in the pool and asking myself, "Why?"

Newburg: All of them, no matter how successful they were, hit obstacles. And what they taught me - which was fascinating - was that rather than hitting an obstacle and just going and working harder, they all said, "I had to reconnect with why I do what I do first. And that will give me the energy to do the preparation and then hit obstacles again". And what I see as the difference between real performers versus most people, most people hit an obstacle and they just work harder. They don't work smarter. They lose their energy. And eventually they're stuck between preparation and obstacles. They give up on the dream. Not because they want to, but because they lose sight of it.

Rouse: When I lost in 1992, I lost by six one-hundredths of a second. It was very,

very hard for me because I thought I had failed. I thought it was my fault that things went wrong. And deciding to perform for three more years...it probably took three of those years as a soul searching process to figure out what was important to me, and what I wanted to take into swimming. And through those years, in talking a lot with other people, and talking a lot with myself, I remembered why I started swimming. I remembered that *easy speed* was important to me, that that was more important to me than winning the race, that my family was more important than having a gold medal. And I began to take *myself* to my races. And I started to focus on the way I wanted to feel when I swam. I realized that in the past in my race preparation, in the last ten minutes before my race, I tried to get really serious. I tried to be someone else because I saw everyone else trying to be really serious and get psyched up, psych the competitors out. And that just wasn't me. So what I decided to do at the Olympics as we walked to the ready room to the blocks to swim was that I didn't want to be serious. Normally I'd walk out, I'd have my head down, I'd have my towel over my head and I'd try to be really serious. I'd want all my competitors to see me in that way. What I decided to do instead was walk out of the ready room with my head bare, with my head up, and I wanted to look for my family. I had about forty people there in the stands that were there to watch me swim. So when I walked out of the ready room I looked out on the stands trying to find them and luckily they had this huge banner with my name on it so I could pick them out of the forty thousand people that were there. And the last few minutes before the race in '96 I was totally at peace with myself and

everything around me because I took **me** into the race probably for the first time in my life. I took what was good about me, my family and myself, into that swim. And I was focused on them. And that's something I wanted to focus on, not the outcome of the race, but the way I wanted to feel... *easy speed*. And for the first time in my life I was totally at peace before a huge race. And I remember the last thing I thought before the gun went off was, "I'm going to try and imagine myself at practice".

I don't remember anything from the race. I don't remember the gun going off. I don't remember the first lap. I don't remember the turn, none of the second lap. I don't remember seeing any of my competitors.

The only part of the race that I remember was the last five metres when what happened was I came underneath the backstroke flag to signal five metres left in the race, which is about three strokes, and I remember thinking to myself that I would be finished the race.

The race happened because I made it happen and I think I can do that from here on out. I think anything I do from here on out - and I may never find a special talent like I had in swimming - but I think I can take that with me into anything that I do.

Newburg: I'm sure some of you are wondering why when you came here to learn about patients as performers that we are showing you something about an Olympic gold medal. The truth is when I work with somebody or Curt deals with a patient, to us there is no difference. They're just a body bringing themselves to what they do. The reason we wanted

to show you the video is so that you'd have an idea of the process. What we're first going to do now is we're going to walk through how we do that, how we use it with our students, or Curt with his patients.

Tribble: What I want to talk about is to continue to set the stage, and for those of you who were in Ottawa in 1995, we talked some about how we use these principles for the training of our residents, for our surgeons, and to some degree, for our students. The title of that talk was "Mental Strategies in Surgery: How We Teach Them". Last year we were lucky enough to be invited to come to Victoria for a coaching conference. We talked there about extrapolation - about the science of mental strategies in surgery, but also the art of medicine as we taught it or tried to teach it to our prodigies. And so as we have said today, what we'd like to do is talk to you a little bit about the application of some of these principles to the patient himself - the patient as a performer. And what we have found is that a lot of our patients come and they think as Lewis Grizzard did when he had his heart surgery - "They Tore my Heart Out and Stomped that Sucker Flat". And to continue to set the stage I want to show you a brief movie clip of how a lot of doctors, we think in our experience, and even I must admit perhaps even I myself, talk to patients. And we want to tell you how we think that's wrong and we want to propose a way of doing it differently. Here is a clip from the movie *Phenomenon*, which John Travolta starred in as a patient who had a brain tumour. The neurosurgeon - luckily it wasn't a heart surgeon - the neurosurgeon has come to talk to him and really doesn't understand the patient

as a person, the patient as an integral part of this process. He's talking to John Travolta as though John is a disease, a problem, an object.

I want to set the stage a little further with a quotation from a book. I bet a lot of you are familiar with this book by Larry Dossey called *Healing Words*. And let me just read a short section from it: "Best known negative mind-body event has to be voodoo." I don't know how many of you are familiar with voodoo. I come from a state here in the United States where it is practiced fairly widely. And I know some people who are practitioners of that, believe it or not.

The most dramatic examples are commonplace in current medical practice, such as the deplorable habit of physicians which is called hanging crepe. The name of this custom is derived from the custom of hanging black crepe at funerals". When a doctor hangs crepe he paints the very worst picture for the patient. If things turn out the way he predicts then the doctor is wise and is a prophet. If things turn out better, than the doctor is a hero and either way the doctor wins. The ethics of this predacious custom are questionable. Like voodoo victims, patients can live out their dire predictions, sometimes to the extent of dying.

And I think that this is a very common approach to a consultation. Basically, tell them all the worst things that can happen and leave it at that. Carl Hammerschlog who wrote *The Theft of a Spirit* is a physician who was working with the American Indians, Native Americans, out in the southwestern States or perhaps in Arizona. One of our residents who we had talked to about

this is an American Indian and he gave me this book and he said, "I hear you talking about this sort of thing, I would like you to read this book. It's been very meaningful to me". And I'd like to read a short section that Carl Hammerschlog wrote at the beginning of the book, explaining why he wrote the book.

I learned a lot at University. I got plenty of degrees, thought I knew a lot and I kept learning the things that really mattered over and over again until I knew them in my unconscious mind. I knew them in my blood and in my dreams, in that place beyond thought. I was reasonably well trained in the science of medicine. But that didn't make me a healer. It was through stories, those of my patients, my teachers, that I became a healer.

So what we want our prodigies to become are healers. And what we're trying to talk to them about is how not to be like the doctor in the movie *Phenomenon*. This is a slide showing one of my patients and I'll tell you his story but I want to tell you first about what has become for me a typical encounter with a patient.

I saw this man's films of his heart, the arteries, they were very bad. This is a fairly young guy actually, taught over at the education school at UVA. Some of you might even run into him, I think he goes cycling around here and there. The guy's name is John Bunch. He didn't teach sport psychology; he taught in some other field in the school of education. Mr. Bunch came to me, had his films in hand, and had very bad hardening of the arteries. Not just so that he needed an operation, but he had something worse which was that the

arteries were pretty diseased even beyond the worst areas, which meant that we would need to do a bypass but they would not be into good arteries. And that's sort of a bad situation for us. And I told him that, and he knew that. And in talking to my patients, what I have learned in applying these principles that we're talking about, is that if all I'm talking about is the obstacle, if all I'm talking about are what the bad things are, if all I'm talking about is the way things might turn out for the worst, I really believe that that leaves them with a negative feeling. I don't give them any energy. I don't give them any power really to overcome what they're going to face and they think like Lewis Grizzard, they think only of the mechanical, anatomical, mechanistic aspect of what we're getting ready to do. And they think literally, "You're gonna tear my heart out, stomp that sucker flat". And that is not what we do. We don't tear people's hearts out. We don't even take them out of their body, at least not to do regular heart surgery. It's a very precise, I would say fairly gentle craft. But they don't know that and to discuss what we do in the operating room is not really of much value to them.

I ask all my patients, "Why are you here? Why are you in my office?" And they say, "Well something's wrong with me, something's wrong with my heart, something that you need to fix. I want you to fix my heart." And I say, "No that's not why you're here really". To make them understand and answer the question correctly I say, "What do you want to do when you're well again? I want you to tell me, what you want to do when you're well again?" No one's asked them that question at that point. They've been to their primary doctor,

they've been to their internist, they've been to the cardiologist, they've been to the people who do the catheterization, been to a lot of doctors and many, many other health care providers and everybody's talked about what's wrong with them. And what I'm asking them is - what's right with them. "What's right about you? What do you want to do when you're well again? Cause we're going to get you well, most likely." I mean I'm not unrealistic about it, I tell them. And John Bunch knew that his odds weren't quite as good as some of our patients. But I said, "It's like the old saying that old folks have, you look at your feet and you fall. You look at the horizon and you get there." You need to have a horizon to look at. I said, "What do you like to do?" And you can't imagine some of the interesting stories that I've heard, and I'll tell you another one to go along with this one. But what John Bunch said to me was, "I want to ride my bicycle. I ride my bike to work everyday. And I want to ride my bicycle again. And when I ride my bicycle, I'll know I've recovered, I'll know I'm back there. I'll know that I am well." I said, "OK, my assignment for you is today, tonight, when you go home, tomorrow, in my office, I want you to think about that before you go to sleep tonight and I want you to think about that every night before you go to sleep and I want you to think about it in the operating room, and I want you to focus on what you want to do when you're well again". And he said, "OK", he would accept that part of the bargain. And I knew good and well that there's a balance. You have to go back and forth, back and forth. You can't focus on one positive thing like that. Of course he's going to be afraid. Of course he's going to be thinking about the operation. Of course he's

going to be thinking about what we're going to do, how he's going to feel. But he understood, and every single person I have ever had that discussion with, without fail, will be sitting in that room and they'll be hunched over like this, they don't realize. They'll be almost folded up like this, they're leaning over, their arms are crossed. But when you talk to them about what they want to live for, you can just almost see them straighten up and relax and understand what we're talking about. And understand not only that they have a new assignment, but understand that I understand them as a person. That I want to know where they want to be and I'm going to help them get there, and what we're going to do is a brief part, a brief interlude of their lives. And that luckily it's not like the early days of heart surgery when it was very heroic, a lot of people did die, I mean they had to really focus on that part, now most people do well.

Anyway, the truth was in John Bunch's case, things for him did not go well. We had a very hard time with him. I had to re-operate on him twice and it was a tough go of it and we almost lost him several times, a very unusual happening for us. But in the end we prevailed, he and I, and our team. And he did survive the operation, and he did get better. And it hadn't been long before he walked into my office. I hadn't seen him in a couple months and he said "Hey, I got something for you". He looked great. His cheeks were red, and clearly he'd been out in the sun, looking robust and he had a big poster on my desk and he said, "I did it. Here I am, riding my bike to school. I didn't just bring you a photo, I brought you a poster". It was on cardboard too. And I hung it up in my

office had this slide made of it. And you know he's not a very official looking bike rider, is he? He doesn't look like these folks who are out there in slick gear. And he doesn't even look like the racers. But he looks alive doesn't he? He looks alive. And he told me that was a big part of what helped him get through a very tough time.

I want to tell you another story about a guy named Gary Dealy. Gary is a manual labourer of some sort. I don't know exactly what kind, all I know is he's some type of construction guy. He's a fairly young guy actually and sort of had early onset of atherosclerosis disease. And he was talking about the details of the operation...he knew a little bit about mechanical things and he wanted me to talk to him on that level because that's the way he was used to people talking. And we did, we had that conversation and then I asked him, "Gary, what do you want to do when you're well again?" He said, "Well, I don't know exactly". I said, "Well, I want you to have something that you want to do. Maybe something you've dreamed of doing all your life". And once again, almost everybody has an answer for this within a few seconds, he said, "You know I have a motorcycle and my son has a motorcycle. We've been talking about taking a trip back to where my family is from, back up to the mountains of West Virginia". He said, "I want to make that trip. And I can't do it now, they won't let me ride with my heart medication". He said, "I really thought I would probably never be able to make that trip". I said, "We're going to get you there. That's going to be our goal. That's what I want you to think about, that's what I want you to dream about and when you do it, I want to see

the pictures”.

So after he was well I got a little envelope in the mail which had a couple of pictures of him and his son on their motorcycles. He did make that trip. He did go to their old home place and basically he told me that was a big part, in his mind, of helping him get through the operation. I mean we might have gotten him through it anyway, I mean I'm not saying we wouldn't. It's not like this made the difference between his living and dying. But he was able to approach it with some degree of control, some degree of control of his thoughts, control of his emotions, and understanding that we respected that in him, and thought that was a very important part of what was going to go on. He, as a patient, was a performer. He, as a patient, was a very important part of our team. So when it's going to be us in the operating room that there were things that he had to do, that we were counting on him to do, that we were depending on him to do. We wanted to help him get that focus so that he could do it.

I want to run a movie next about the story of another patient. This has no sound to it; I'll tell you a story about what it's about. This story is about a lung transplant. It's only the second one we've ever done of its type at the University of Virginia; it's only the forty-seventh one done in the United States ever. We took two lobes, parts of lungs, out of two men and put them into a little girl who was dying because her lungs were failing. And there are a lot of stories in this, including the stories of the donors who must be the ultimate heroes - they're not even relatives of this girl. They just volunteered to give part of

their lungs to this little girl to help her survive, two different people. We've done one other operation like this ourselves. It's the only operation I've ever been involved in where you could actually kill three people with one operation. Anyway the story I want to tell you is the story of this little girl whose name is Christina Gordan and her mother. As you can imagine with a sick little girl about seven they were cutting down the lobes because the lobes we took out were too big. We measured it and saw they weren't going to fit in this little girl so we had to cut them down even further. When Christina and her mom came to us, they were sort of like almost a unit, almost one patient, as you can imagine. This little girl had congenital heart disease. Not only did we have to fix and transplant the lungs, we had to fix the hole in her heart at the same time - a pretty complicated operation. They came to us in fear. They came to us in trepidation. They came to us in desperation to some degree. And when we talked to them we didn't talk to them about the mechanical issues, they didn't want to know that. We talked about technical issues, they wanted to know that of course. But we did not want them to dwell on that. We knew they had fear and we said, “Basically we want to address this with you...” in the way that I'm talking about today. And actually we did this operation last October which is after we were in Victoria. I remember, a lot of you who were in Victoria, Canada for the Mental Training Summit may remember, one of the Canadian Olympic rowers, Silken Laumann, told us that she had fear. Everyone asked her, “How do you have fear? How do you deal with your fear?” And what Silken said was, “I balance that with my desire. I overcome

that fear. I don't try to say I'm not afraid, I don't try to say I don't have fear, I balance that with my desire".

And so we talked to Christina and her mom, and any of you who have dealt with little kids who have things like cystic fibrosis, kids that have been in the medical realm all their lives, they are very articulate. They're very mature in the way they can talk and interact with you. And we were able to talk with her more like an older girl, not like your typical seven year old. And we got Christina and her mom thinking about basically what she wanted to do when she was well again and how she could use that to balance her fear of the operation, this huge operation. And they were even afraid, these people, Christina and her mom were even afraid for the donors. I mean part of their fear was even for other people. And rightly so. But we talked about how they could balance that fear with a dream, with the desire, with the idea that she would go on and live her life and be able to live and grow.

And in that way I think they were able to face the operation with a peace, and a calm, and a determination, and an energy even that I really don't think they would have had otherwise. And Lord knows if we're doing this kind of operation we can't leave anything, not a single detail including, or especially including, the patients' and the families' emotions about that.

Description of the slides of the operation

This is the heart beating inside here. This is the first lung, we've already put this in, this is the right lung and the left

lung is now in. I believe if our timing is any good they'll ventilate the lungs in a minute and show how the new lung is filling up. Here we go, you can see it's beginning to take air into both of the lungs, see how it's filling up there? Can you see that? It's really, really remarkable, I must say. You know even though I'm sort of in this field I really feel that when we do things like this I'm awed by it every time we're able to actually do it. And here's a picture of Christina in the hometown newspaper, probably could have taken a few more photos, get everybody in the picture smiling and happy. But she's doing well, and she's become a little kid again, and the two donors are doing fine. Anyway, you can actually imagine how they feel, they feel absolutely fantastic and part of the newspaper article is about their reaction being able to help Christina in the way that they did.

Newburg: I think one of the things that we'd like you to leave with in us talking about all this, is that a lot of this happened by accident. I'd like to say that we came up with this stuff on purpose and we started working with patients and students and all that. That's not the way it happened. You know one of the things that's sort of my job, other than watching movies and stuff Curt wants me to use in presentations, is to observe the way Curt and some of the other people in our department interact and how to help them live what they're teaching the students and the patients. And again I think that for anyone in the health or the service industry, whatever it is or however you want to describe it, I think it's really important that you live the stuff that you teach. And it's my honest opinion that you can't teach it if you don't live it, if you don't have some

understanding of how it actually plays out.

One of the things that happened in talking to Curt about putting this talk together is that this isn't just about the patient getting energy or living the dream or whatever. One of the things that I'm sort of lucky to be able to do is listen to all the stories of people like Curt who get something back from what they do. And so my job is to help figure out how to help him perfect that. Curt is one of my best friends and I think that the things that you're probably aware of in listening to him talk, is that he really cares about people. And one of the things that we do in medical school is we ask all the students when they first start surgical rotation, is we ask them to stand up in front of everybody and tell us why they want to be a doctor. Ninety percent of them say it's because they want to connect with people. First two years in medical school they don't connect with people and so they sort of forget how to do it, they forget why they came, they forget what they told us about wanting to help people. One of the things that we do with the patients, with the students, with really whoever I work with, is what we really try to do is make this a form of interaction that there's energy going both ways...if you're not getting something out of it, then you really don't have something to give away.

One of the people that I've worked with is an athlete who also happens to be one of Curt's nurses. And she started doing triathlons about a year ago actually and in the past year she's gotten to the point where she went from not doing it all to being really good, just in a year. And working 12 hour shifts at the hospital and training three, four, five hours a day.

You can imagine it would start to get to her. Well one day that Curt and I started to talk about working with the patients, she was in on that conversation and she started doing this with her patients too. One of the first things she said is when you ask them, "Why are you here? What is it that when you're better you're going to go do?" they light up. And one thing she ended up doing was taking that information, that experience, into her triathlons as a way to relax. When she would get really tense, really uptight about getting ready to compete, she'd think about how she had connected with a patient.

From our perspective, I don't care if you're working with an athlete, a business person, whatever it is, but the whole point is to actively figure out what you want to feel every day, figure out how you get it, figure out what takes it away, and figure out how to get it back. And that's the model we teach. This a quote from a book that Curt gave to me about three or four years ago. I think that it really sums up how we view working with people, and how we go about doing what we do. I'd like to read that to you.

See this is my opinion. We all start out knowing a little magic. We are born with whirlwinds, forest fires, and comets inside of us. We are born able to sing to birds and read the clouds, and see our destiny in grains of sand. But then we get the magic educated right out of our souls. We get it church'd out, spanked out, washed out and combed out. We get put on the straight and narrow and told to be responsible. Told to act our age. Told to grow up for god's sake. And you know why we were told that? Because the people doing the telling were afraid

of our youth, of our wildness. And because the magic we knew made them shamed and sad in what they'd allowed to wither in themselves. After you go so far away from it though, you can't really get it back. You can have seconds of it, just seconds of knowing and remembering. When people get weepy in movies it's because in that dark theatre the old form of magic gets touched just briefly. Then they come out into the harsh sun of logic and reason and it dries up and they are left feeling a little heart sad but not really knowing why. When a song serves a memory, when loads of dust turning in a shaft of light take your attention from the world, when you listen to a train passing on a track at night in the distance and wonder where it might be going, you've stepped beyond who you are and where you are for the briefest of instants. You've stepped into that magic realm. That's what I believe. The truth of life is that every year we get farther away from the essence of what it is. We get shouldered with burdens, some of them good, some of them not so good. Things happen to us, loved ones die, people get in wrecks

and get crippled, people lose their way for one reason or another, it's not hard to do in this world of crazy mayhem. Life itself does it's best to take that memory map away from us. You don't know what's happening until one day you feel like you've lost something and you're not quite sure what it is.

So what our job is, what Curt does with his patients, what I try to do with the people that I work with is try and protect that magic, make it an active process. When we talk to performers, it's finding out what's right about them and teaching them how to hold onto it at the absolute most dark moment. If you can imagine for Curt's patients, the things they're going through are much more difficult because they're life and death...but our experience applies to a lot of different individuals. Our message in all of this is to find out how you want to feel everyday, experience that magic that everybody has, be able to make it happen the way you want it, hold onto it during the toughest obstacles, and then get it back when you lose it.