Adventure course in medical education

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I THOUGHT I must be mad, at nearly 50 years old, out in the pouring rain, in the middle of the night, in nine inches of soft, wet mud, the thick canvas bag over my head feeling airless and hot, and following a piece of string over walls, through a bog, and round the intertwining roots of a large tree. It took me 45 minutes and much agony of mind to finish the 400-yard course, but one of the women trainees did it in 15 minutes and was then busy coaxing round a resistant anaesthetist.

All this was happening seven hours after a six-hour drive from the morning surgery, but the interval felt like several action-packed days.

This is the impact of the totally unfamiliar. We were learning again what stone and slate, earth and bark, oozy mud and the cold water of a sheep dip felt like; and also what it felt like suddenly to feel lost and disorientated in time and space. At the same time we had to trust our instructors to watch us for acute hazards and also trust that they had made the 'night-line' course hard but possible.

The next day was wet and misty so we went down a disused gold-mine where the weather made no difference. In a honeycomb of caverns and softened pit-props, the mind was filled with the impact of the men who had hacked out this underground space since the mine opened over a century ago. At one point we extinguished all lights — this left the darkest darkness any of us had experienced, that any man could experience, 500 feet below the surface, one and a half miles into the mountain. Again, the mutual support of the group and trust in the instructors and the leader were overriding needs. There was no chance of independent action or decision in such surroundings.

The following day I was climbing a rock face, roped and helmeted, feeling a hard cold place for a while somewhere in my stomach, but doing it, having never before tried such a thing, nor ever before believing that I could. Again the instructors and the group made it safe.

The course lasted only 48 hours; sleeping times were short but made more effective by spreading ourselves out on a welcome three-foot deep layer of warming hay in a stone barn. Meals were filling and eaten ravenously; the whole group and instructors ate together in a simply converted cowshed lit by candles. Discussions were in a stone sitting-room with old easy chairs and a blazing log fire, wine, beer or coffee easily to hand.

Under David Charlton's leadership we ranged over our feelings and attitudes towards the earth, sky, rock, mud, cold rain, the people and the ecology of their district. Inevitably we talked of our feelings with problem patients, our feelings as doctors, problems in teaching, disease and treatment, nature, and artifice.

Relevance to doctors

Is this kind of education of any use to doctors? This may be an unanswerable question: clearly for any participant such processes can change knowledge, skills, and attitudes. This happens explosively in the entirely fresh surroundings that most of us were experiencing.

But how can one relate the processes to a defined need in medical education? Many groups and organizations take advantage of 'adventure' opportunities to help their management staff in training: for example, banks, breweries, manufacturing companies, the Services, multinational companies, youth organizations, colleges, and schools. Many people feel nowadays that closer contact with the natural environment in a 'raw' state is in some way good.

The important elements that I could separate from these experiences seemed to fall in the areas of communications and relationships between people. The surroundings were uncomfortable on the one hand (we were soaked through three times in two days) and aesthetically overwhelming on the other (in North Wales, between Cader Idris and the sea), yet their importance lay in breaking through the even 'set' of mental receptivity. Even then, if one was to participate at all there had to be gentleness, trust, and clear contact between those who were working together at a task with threats to life which were seen to be physically close to us instead of swept beneath the surgery mat as they usually are ("Take these pills, Mrs S., and see if they'll help at all").

Doctors' defences

Medicine, its practice, and the training we undergo for

it, leaves us with inflexible habits of character. The hierarchical approach to people—especially colleagues—defensiveness towards patients, reserve towards trainees, are all characteristics which creep into our action-crammed lives whether we welcome them or not. The adventure course highlights immediately the futility of these ways of communicating, one could even say the dangers of them. We are people of whom demands are constantly made by other people. It is all too easy to shelter behind habitual strategies for switching off.

An area of need that comes to mind most urgently is that of the difficulties which often surround relationships between trainers and trainees in their practice year. A number of factors contribute: the need for a transaction, employer/employee status, the difficulty of appreciating educational processes, anxiety about the effect on patients or hazards to patients, the old and the young trying to relate. All these and more are everyday problems for most of us. However sensitive and skilled we may be, each new face brings a new set of difficulties.

Future applications

An adventure course for four days in the early part of the year would help here. "Get together on a boat", I have heard said; but relationships there are necessarily hierarchical because of the need for rapid decisions and action—this could worsen a bad situation. On our course we were seeking more for mutual reliance and understanding under hard natural conditions. One had to unbend; in turn we all looked dirty, silly, dishevelled, and felt distressed, frightened, and joyful. Not much use sporting a coloured waistcoat or a flowered buttonhole here. We were nearer to human reality than we usually allow ourselves to be in the practice surroundings.

I should like to extend this experiment into an annual event for several years to consist of a four-day, long-weekend course open to trainer and trainee pairs in a group of about 30, to be held in or around September. I am prepared to go a long way to see if it helps to solve some of our problems.

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