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Mountains and Medicine - What Can Medical Educators Learn From Other Professionals?

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Darryl Potyk, MD; John McCarthy, MD; Mike Powers

Topic: Character Limit:

Medical educators are involved in high stakes situations. In the medical setting we diagnose the patient, diagnose the learner(s), and then strategize about how we can help our trainees to refine thought processes, assessments, and actions in order to treat patients appropriately. Other professionals engage in similar activities although the setting in which this occurs can be markedly different. Rather than protecting the lives of patients, Mountain Guides must protect not only their client's lives but their own as well. We explored similarities between these two seemingly disparate professions by reviewing parallel situations that occur at the bedside and in the mountains. Scenarios depicting learners and clients in similar situations were shared and real time corrective strategies were discussed with attendees.

Our mountain guide is Mike Powers. Mike is the Director of Staff Development and Senior Guide for the American Alpine Institute. He was one of the first American mountain guides to earn certification from the International Federation of Mountain Guide Associations (requiring expertise in all 3 disciplines: rock, alpine mountaineering, and ski). Mike has served as the Chairman of the American Mountain Guide Association Technical Committee and Director of America's national guide certification program. He is well known as a master teacher and expert on mountain safety.

Short Description:

Medical educators are involved in high stakes situations. In the medical setting we diagnose the patient, diagnose the learner(s), and then strategize about how we can help our trainees to refine thought processes, assessments and actions. Other professionals engage in similar activities although the setting in which this occurs can be markedly different. Rather than protecting the lives of patients, Mountain Guides must protect their client's lives but their own as well under extremely challenging circumstances. We will explore similarities between these two seemingly disparate professions by reviewing parallel situations that occur at the bedside and in the mountains with one of the most experienced and respected guides in the country.

Four questions that were posed to/considered by session participants:

- 1) Group with varied abilities but need to maintain the group's integrity. *Examples:* Inpatient rounds with a strong resident, a weak intern and a great medical student. Climbing group that includes novices and to advanced members, but the group needs to advance together.
- 2) A defensive learner. *Examples:* The medical student is given feedback but responds "I know, I know" but doesn't integrate the feedback. The mountain guide points out a safety error, yet the client does not change, putting himself and the guide at risk.
- 3) An entitled learner. *Examples:* An inexperienced student insists on doing a deliver despite being unprepared. A client is determined to summit despite obvious risks.

Three take home points from our session:

- 1) Medical educators can be somewhat insular in their approach, but this session demonstrated that other professions, even those that are quite removed from healthcare, can provide insight and guidance about how to approach challenging learners and learning environments.
- 2) Establishing expectations combined with active listening early on can reduce the likelihood that some of the difficult scenarios described above will occur.
- 3) An overarching strategy of facilitated reflection can be extremely useful in overcoming several difficult learning situations. Having learners reflect upon and verbalize his or her thoughts, observations, and plans can lead to self-recognition knowledge gaps, preparatory status, and biases.

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