DIPLOMA OF MOUNTAIN MEDICINE
Hints to Potential Students

By
A Student

Before committing yourself to undertake the Diploma in Mountain Medicine ponder the time demands it will make on your professional and personal life. You will need at least four weeks of holiday/study leave for the residential sections. During the course you will have to complete at least four short answer question papers of at least five questions to be done at home by a set deadline. That is at least 20 questions that a very experienced student might complete in an hour per question. Less experienced students can expect to spend two to three hours per topic to achieve a pass. At some stage (with no specific deadline) you will have to do three reflective essays on subjects of your choice. I found that these took about ten hours work each.

The course syllabus is very varied. It covers the physiology of altitude, trauma, exercise, nutrition and temperature extremes. There are theory and practical sessions on trauma and medical problems. By the end of the course you will be expected to be competent with mountain navigation in the dark in bad weather, to demonstrate familiarity with ice axe and crampons. You will be observed seconding or leading easy climbs on rock and snow and crossing glaciers. You must be conversant with ropework, belays, abseiling, prussiking and crevasse rescue. There will be sessions on mountain medical kits, expedition drugs, medico legal considerations, travel medicine, avalanche rescue, major incident management, group management, radio communications, helicopter use and limitations, liaison with the press, care of in-country staff and scene of potential crime management of hill fatalities.

Some of this may sound intimidating but remember that your guides and mentors are available to help you throughout the whole course duration. However experienced you are at the start of the course, expect to be challenged at some stage. The guides and faculty members have been selected for their proven teaching and assessment ability and often for areas of special expertise so if they cannot help you personally they will know another person who can. If you have specific experience don’t be modest but use it to help others (including faculty members)….later in the course you may be asking them for a tight rope!

Students who spend too much time skiving off lectures at medical school to go climbing or skiing may struggle with the theory components, those who attended all their medical school course may struggle on some of the hill days.

Students are assessed by formal essays, sometimes by MCQ’s, but also throughout all the practical sessions and they are expected to demonstrate a sound medical knowledge with the ability to look after themselves in the mountains. They are expected to blend medical and mountain knowledge so they think mountain-medicine rather than mountaineering and medicine. This necessitates the
ability to think laterally “out of the box” incorporating more variable factors than you will ever be presented with in a hospital or GP surgery setting.

There are many ways to build the skills required. The process should continue even after you have passed the diploma. The most important thing is to get out into the hills on your own and/or with your peers in all weathers and at all times of year. Make your own route finding and leading decisions. Make use of your guides and mentors, they are an educational resource. Background reading is essential. Know the key texts but also enjoy some of the other recommended books and remember mountaineering has a very rich literature and that more relaxing general mountaineering books will also stimulate thought. There are some excellent DVD’s now available on winter and alpine skills. Consider group purchasing a copy prior to the relevant courses, it is no coincidence several DVD’s “star” the diploma guiding team in the areas we visit.

Work on your weaknesses. If you are a keen rock climber try some long mountain days incorporating navigation to and from the crag over some summits. Finish a route and scramble to the top of the mountain. If you are a sports climber get onto some multipitch routes. If you enjoy scrambling go to your local indoor wall so you can get some insight into sports climbing training injuries or just watch a bouldering competition for insight into the gymnastic aspects of our sport. If you are a hospital based anaesthetist you may benefit from sitting in on a local travel medicine clinic. If you are a GP registrar consider joining a local BASICS scheme for training in pre hospital trauma care.

Don’t put yourself under extra strain on a course by turning up ill equipped. You will be sent equipment lists in the pre-course details but don’t be afraid of asking advice from your mentor prior to any expensive purchases.

Make use of friends and family. Throw your children over the stairs (roped) to get them out of a crevasse in the warmth of your own home before you try it with a fellow student on a cold windy glacier. It’s harder tying knots with gloves on. Practice knots whilst watching TV. Practice putting crampons on and off in the garage rather than on the lounge carpet. If on a skiing holiday consider a half day practicing avalanche search and rescue. Both Tignes and Courcheval now have permanent mocked up avalanche areas where you can practice with transceivers and probes against friends or against the clock. Very realistic, without the horror.

Keep your logbook regularly up to date rather than having to scratch your head at the last moment for dates and vague names and locations of experience.

Above all use your mentor. Take their advice on how long to spend on the course. Better to spend two or three years on the whole course whilst expanding your mountain experience than to try to rush it in one year and feel inadequate.

Enjoy the course, it is fun, you will make good friends, develop new skills however good you were when you started and, who knows, it may get you the job you always wanted.

Written by A Student and now faculty member for advice to potential students to facilitate understanding of the commitment required. The opinions expressed here are those of the author and do not represent official views or recommendations of the Diploma Faculty Group or the Royal College of Surgeons of Edinburgh. 30/3/07