EDITOR'S CHOICE: It's a jungle out there

Before you flip past our leading article because expedition medicine has never appealed, I'd urge you to think again. The authors' excitement for expedition medicine comes across clearly and makes a compelling case for this specialty. However, this course isn't all about saving people from the jaws of jaguars. Rainforest survival skills ought to transfer to any situation where leadership, teamwork, and risk assessment are called for.

If your preferred way of expanding your management skills has been hitting the books, you might like to consider study leave in the Costa Rican rainforest instead. While it's true that most doctors are more likely to be woken by a bleep rather than a howler monkey, pursuit of tropical topics can expand your grasp of medical management. Like medicine, jungle life can be exciting, unforgiving, and risky.

Orienteering skills ought to be useful too. Like finding a way through the jungle, steering your way through a medical career can feel disorienting and harsh. As the song goes, "If you can make it there, you'll make it anywhere."

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Welcome to the jungle

Tilman Stasch braves an expedition leadership course in the Costa Rican rainforest

Jaguar paw prints were visible in the mud outside our overnight camp in the Costa Rican jungle. Many of our group of 18 doctors had a restless night, struggling to be comfortable in lightweight hammocks. We used army issue ponchos to make roofs against the rain. We also had mosquito nets to protect us from bugs, spiders, and scorpions. This five day course organised by Expedition Medicine offered teamwork, leadership, and survival skills.

Tropical topics

Three doctors experienced in expedition medicine taught us core skills. The programme had interactive lectures on tropical topics and outdoor activities, which pushed us both mentally and physically.

Three hours of a bumpy bus ride and two hours of white water rafting later, we arrived in a beautiful camp along the Pacuare river in dense tropical rainforest. From here we did field excursions and learnt about treatment of various tropical diseases and common injuries. We spent some time away from the main base to set up camp beneath the canopy of rainforest.

Potions and lotions

Pre-course instructions meant we were well equipped with quick-dry shirts, trousers, bandanas, mosquito head nets, and various potions and lotions to protect us against malaria, dengue fever, botfly infestations, and other biting creepy crawlies.

But how could jungle strength DEET lotion (50-70%) protect us from the fer-de-lance (terciopelo), the most dangerous snake of Central and South America? This viper has a bite so deadly it frightens even the most hardened locals. On the first day of the course we visited the national serpentarium near San Jose and learnt about local reptiles. The fer-de-lance has been extending its territory from coast to mountains and has recently begun to breed twice a season, which is most unusual. These changes have been attributed to global warming. It is responsible for over 2000 snake bites a year in Costa Rica, five times more than a decade ago. If you survive its bite, there is still a 1% chance of death despite widely available antivenom. Amputations of limbs macerated from haemotoxic venom are common.

Jungle fever

After nearly four days in the jungle without encountering anything bigger than spiders and leaf cutting ants, we encountered a fully grown two metre specimen, curled up on the side of our narrow path winding down the steep mountain.

Head cocked. Ready to strike. We had


Rainforest tree frog (Agalychnis Calcarifer)

PHIL SAVOIE/NATUREPL

learnt how to help a victim using makeshift stretchers, following a casevac plan, and contacting rescue teams via satellite phone. Luckily none of this had to be tested.

Canopy work

Teamwork is essential in extreme environments. Being constantly vigilant for each other's safety inspired camaraderie. Getting to know our strengths and weaknesses enabled us to complete allocated survival tasks.

Navigating through dense terrain demanded trust in the person leading us; crossing the river that we used to raft into our camp required intelligence, careful planning, and meticulous execution to avoid anyone being washed downstream. We learnt about ropes, carabiners, figure of eight devices, and harnesses. Our skills were tested in tree tops, where our so called canopy work consisted of climbing over 10 cm thin planks of wood, wobbly hanging bridges, and pulley rides along steel cables spanned across gorges.

Fear factor

When charged with securing my colleagues into harnesses on the pulley and steel rope to send them off on a 200 metre long ride high up in the air, I was reminded of the responsibility akin to doing my first unsupervised operation.

Late at night, with all members of the team safely back in camp, we enjoyed yet another delicious meal of traditional Costa Rican gallo pinto (beans with rice), fresh fruit, and ubiquitous cups of freshly brewed coffee. But we never did encounter the jaguar that must have been watching us bushwhacking through his beautiful forest.

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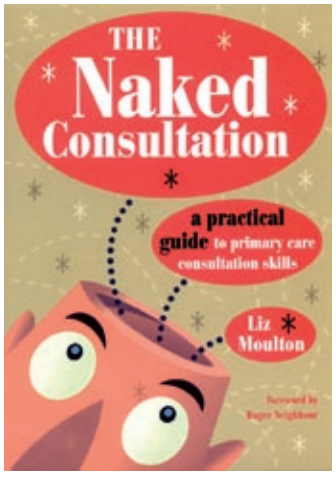
FURTHER INFORMATION

- Expedition medicine: www.expeditionmedicine.co.uk
- Next course: Jungle Medicine Conference in Borneo, Malaysia, 17-23 June 2007

REVIEWS



The Naked Consultation: A Practical Guide to Primary Care Consultation Skills

Liz Moulton
Radcliffe, 2007
£18.95, 192 pages
ISBN: 1 85775 893 5
Rating: ★★★★/5

You'd have to worry about a modern GP who hadn't at least heard of Neighbour, Pendleton, Berne, or Balint. But a few years down the line, with busy surgeries and consulting habits firmly entrenched, how many of us ever have the time or inclination to stop and think about how a little bit of Roger, David, Eric, or Michael might make us better or even happier doctors? Part of the problem is that while an embarrassing clinical gaff might have you flicking to the relevant page of the *Oxford Handbook of General Practice*, a dysfunctional consultation is unlikely to make you rush to the practice library to hunt down a copy of *The Inner Consultation*, or *Games People Play*. They're not books you can dip into easily, and they'll only give you one model to draw on.

The Naked Consultation could be the solution. Liz Moulton—a GP and trainer—has come up with a practical vade mecum for any doctors interested in buffing up their rusty consulting skills, adding a few new tools to their consulting toolkit, or even diagnosing what went wrong in their latest consultation from hell. What I like about it is that it breaks the consultation down into key phases that GPs will recognise (for example, the beginning, getting patients to tell you what's wrong, safety netting, and ending), and then draws on whichever models might be relevant to that bit.

As a slow consulter the book gave me some useful ideas that I'm tempted to try out. For example, I might let patients know how long the consultation is—perhaps by getting receptionists to say, "Your appointment is from 9 50 to 10 am on Tuesday" when they book—rather than just the start time. How else can they gauge what's realistic to tackle in an average slot? I also fancy practising my skills in "breaking rapport" with patients who look like they're settling in for the morning. And I'm psyching myself up to say "almost nothing" at the beginning of a consultation to allow patients to tell their story right from the start.

This is a readable book with plenty of case studies and action points to try. Unlike some books I've reviewed, *The Naked Consultation* won't be filed in my loft—it'll sit right next to the *Oxford Handbook* on my consulting desk.

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