MEDICINE IN THE WILD

Becca Parker-Johnson, MD

Maybe you're an avid outdoor enthusiast, taking every free moment from medical school to get outside and heading your career straight into backcountry medicine. Maybe wilderness has never been your thing, but you've traveled at home or abroad and wished you knew more about practicing medicine in remote areas. Maybe you just want a chance to strip medicine back down to its basics, hone your leadership skills, and learn something about teaching. No matter who you are, the Wilderness Medicine Institute of NOLS (WMI) "Medicine in the Wild" medical student elective has something to teach you.

Four weeks, three intertwined curricula and two locations made for one awesome course. In March 2007, our group arrived in Tucson, Arizona. We began on Mt. Lemmon with a section called "Wilderness Upgrade for Medical Professionals." White board lessons and outdoor scenarios filled our time, and we ended the week with a nighttime search and rescue exercise. Then we traded our whiteboards for sleeping pads and left for New Mexico. We headed into the Gila Wilderness with three instructors, four fourth-year emergency medicine residents and a group of students in MD and PA programs.

Our new classroom had been designated the United States' first Wilderness Area in 1924, 40 years before the Wilderness Act became law. We traveled 70 miles in this untrammeled land through ponderosa pine forest, up snow-packed mountains, and down winding canyons. We made over 100 river crossings. We began at 5,200 feet and reached a height of 10,770 feet at Mogollon Baldy. Though we never found the elusive gila monster and saw only traces of bears, we were mocked by birds, warmed by sun, skirted by elk, and stunned by star-studded skies throughout.

On a typical National Outdoor Leadership School (NOLS) course, backcountry skills teaching and their leadership curriculum is enough to pack into 21 days. But this was med school, so we upped the ante and wove three stellar curricula into our expedition. First was our continued journey with wilderness medicine. Building on our first week, we had scenarios every few days to practice and discuss various aspects of backcountry medicine. When you're in the ED and an 18-year-old presents with an acute abdomen, you call a surgical consult. When you're outside the golden hour, then what? When a storm rolls in and you see a group of climbers tumble from a cliff, and just this once you didn't pack your CT scanner for the hike, how do you evaluate and manage their head injuries? Hypothermia? Fractures?

We worked to adapt our urban expertise into successful backcountry practices. We complemented our scenarios with short on-trail talks and in-camp exercises that reviewed cases from NOLS' extensive history with outdoor expeditions. Our senior EM resident, Dr. Farkas, led talks every few evenings on topics ranging from hypothermia to ethics in clinical practice. We practiced patient care, honed our clinical judgment, and thought about the importance of resource management in a setting of so few supplies. For our last three days, Dr. Harris of Harvard's EM residency program joined us. He led classes on high-altitude illness, expedition medicine and how to pack a med kit.

Just as critical as medical knowledge in providing good patient care is the ability to work as an effective team member. Regardless of your specialty or your level of training, you will never be the sole provider for your patients. From the most remote GP who needs to call a specialist consult, to the resident helping in a trauma code, everyone works with a team of providers to care for patients. Both on an expedition and in the hospital, teams depend on skilled leaders, skilled followers, and expert communication in order to meet their goals. Yet, when do we learn the skills of this team-based medicine?

On the Medicine in the Wild course, the answer is, "every day." We discussed leadership styles and learned to recognize both our strengths and our weaknesses when we're in charge. We practiced by leading classes and hiking groups. We learned about followership and how to make each group stronger through active participation. And we practiced that ever-important skill, feedback.

Dr. Parker Johnson enjoying her campfire pizza.

The last of the three interwoven curricula in the Gila focused on providing effective medical education. As doctors, we will be responsible for teaching our patients about their health and disease, as well as the therapy we want to provide. As we climb the medical training ladder, we'll have the added responsibility of teaching those rising below us.

Our instructors brought a wealth of teaching experience to the course, and they put together a set of workshops for us that covered both theory and practice in education. We put theory to practice: each student on the course taught a short class on a wilderness medicine-related topic and received detailed feedback. We were challenged to distill the content of every talk that we give into three simple points (try it!).

Medicine in the Wild was an excellent course at the end of 4 years of medical school. I had the chance to review and adapt the practices that I'd learned, focus on the teamwork skills that will make me a better resident and doctor, and think critically about how I learn and teach.

Becca Parker-Johnson was born in New England, went to college in Western Massachusetts, then Colorado claimed her for a year before it was back East again for medical school. Now she's enjoying the sunrise over the Cascades each morning as a University of Washington surgical prelim.

If you're interested in 2008 wilderness medicine student elective programs, visit http://wms.org/studentgroups/