Partnering for Medical Advice: Small Program Perspectives

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Agenda

Definition of a Small Organization

The Why and How of Finding an Advisor

The Medical Advisor Partnership in Action

Participation and Collaboration

Action Plans & Support Network

Guidelines for Our Time Together

Share your knowledge- clarify your main point

Provide input that benefits the group

Balance air time

Time for questions along the way and at end: please note questions along the way

Take care of your needs: stretch, bathroom, etc.

Questions to reflect on during the presentation

1. How does the structure of your organization support, or not support, partnering with a medical advisor?
2. How could you improve communications with your medical advisor?
3. How can partnering with a med advisor enhance your participant support?
    - Especially for individuals with medically complex situations
4. Would it be helpful to collaborate with other organizations near you?
    - What steps might need to occur to make these connections?

What is a small organization?

Fewer program staff who wear many hats

- Limited hours, capacity, financial resources
- Limited time/resources for local training

Seasonal or volunteer staff in the field

- Varied backgrounds & experience levels
- Less familiar with local geography and resources, organizational norms

Pulse Check

- How many of you have a medical advisor?
- How many of you have tried to find one, but couldn’t?
- How many have someone who plays this role, but feel like you aren’t maximizing their utility?
- How many of you feel like expectations for this have changed in the last 10-20 years?

Case Study: 14 y F
Day 13 of 26 day backpacking course

- Student has had 2 days of burning with urination

What would you do?

- Group was hiking to a resupply with road access that day
- 1.5 hours from closest hospital and pharmacy
- Spoke with staff/patient
- Spoke with parent for consent
- Called in prescription
- Hiked in to student

Goals for partnering with a Medical Advisor

- Reduce medical risk to students and staff
  - Reduces legal risk
- Improve inclusivity and access
  - Medically complex students
- Provide support to field staff
- Decrease unnecessary evacuations/ course interruptions

What makes an ideal Medical Advisor?

- What type of educational background do you need?
- What are your participants' needs?
- Field experience and Wilderness Medicine experience
- Availability

Finding an Advisor: Athenian

Inherited structure was not meeting needs

Word of mouth and online research (over 10 years ago)

Attended WRMC presentation by Seth Hawkins- follow up resulted in recommendation to look at Stanford's Wilderness Medicine Program

Concurrent Risk Management Review provided an opening for change and for funding

Finding an Advisor: Catlin Gabel

School's proximity to hospital made school admin less concerned about potential medical issues on campus

No traction until 2020 when COVID necessitated hiring a Medical Advisor

2021: School hired a nurse as Health Coordinator to handle COVID testing, campus health, etc.

2021 - 2024: Worked to build in Health Coordinator support for outdoor program: reviewing student health forms, consulting on medically complex students prior to going into the field, cowriting school medical practices

2024: Working on getting a parent contracted as a volunteer Consulting Physician 8 hrs/month

What was your process for finding a medical advisor?

Other Ideas

-Local hospital/ER
-Collaborations/shared positions
-Wilderness Medical Society
-Parents
-Virtual?

Other considerations

- Level of involvement
- Remuneration
- Insurance

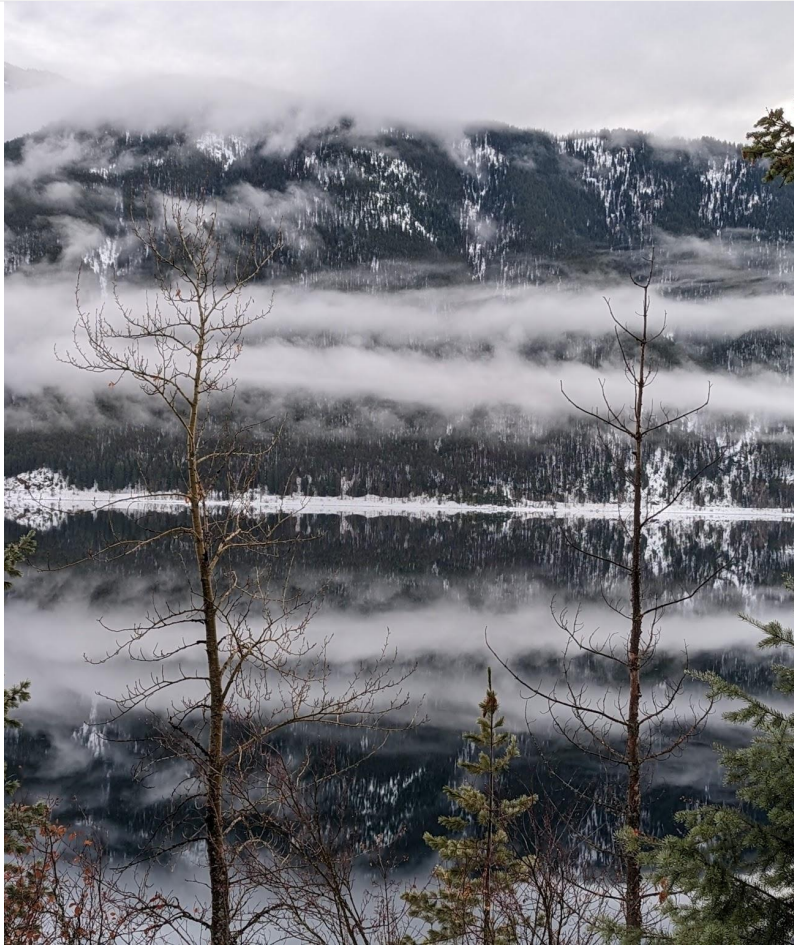
Questions? Comments?

The Medical Advisor Partnership in Action

Setting up Structures for Success

First Steps

- Pre trip preparation
  - First Aid Kits
  - Protocols
  - Staff training
    - Consistency in evaluation, communication, documentation
- Determine scope of practice
- Contingency plans
  - Evacuation plan/disaster plan



Overview of Catlin Gabel's Structures

Medical Advisor (contractor)

- Consult remotely on communicable disease prevention on campus
- Resource for HC to consult with on complex student health concerns
- COVID-era role that is mostly outdated

Health Coordinator (employee)

- Keep first aid kits restocked
- Monitor waivers and other forms for each trip
- Print & review medical records, contact families with questions
- Prepare medication documentation forms for students
- Manage COVID testing before overnight trips
- Co-write school practices (Protocol for Medication Management, Air Quality and Severe Heat Protocols, etc.)
- Work with a state trainer to source epi pens annually

Catlin Gabel's Structures

Areas for Improvement

- **Nobody to call directly from the field.** We don't call our Health Coordinator directly during program.
- **Epinephrine access is an arduous process.** We don't have a consulting physician, who would oversee the Health Coordinator, simplifying epinephrine acquisition
- **Staff training.** Health Coordinator marginally involved, Medical Advisor not involved.

Overview of Athenian's Structures

Med Advisor and Program Directors

- Initial collaboration to design protocols and systems
- Revise as new/emerging information dictates
- Subsequent risk management reviews provide oversight and alignment with up to date practices/other organizations

School Nurse and Program Directors

- Advise on school's medication policy changes or county/state legal considerations
- Program directors cross check with program Med Advisor for specific application/alterations due to context

Let's Learn from Each Other! (4-6min)

Introduce yourself to someone nearby

What's your current structure for a Medical Advisor?

Or, if you don't have one:

- What are your current structures for supporting participant health?
- How did you develop them?
- Are they in partnership with another program?
- Do you share resources with a different organization?

The Medical Advisor Partnership in Action

Health Intake: Preferred Practices

- Early data collection - allows time for complex situations
- Involvement of student’s physicians
- Allow time for supplemental follow-up
- Plan for extra medications

Health Intake: Catlin Gabel

- Parents fill out annual student medical records each summer prior to school year
- Health Coordinator reviews these prior to each trip, follows up with families as needed about any updates since beginning of year
- Health Coordinator creates cheat sheet of student health for full trip roster
- Program Director contacts Student Support Team (counselors, learning specialists, deans) about student social/emotional/behavioral concerns, adds to cheat sheet
- Program staff, student advisors, admins, and parents occasionally collaborate on medically complex students

Health Intake: Athenian

Meet and review class overview with:
Nurse, Counselor, Student Learning Specialist

Review all student medical records

Conduct Individual Follow Up (missing info, out of date physicals, support planning)

- Email: less involved support, reminders, confirmation of plans for student meds
- Meet: students and families with more involved support
  - Follow up with PCP or Mental Health professional if warranted
  - circle back with nurse or medical advisor regarding follow up questions

Brief Instructors *nurse or med advisor can be looped in if needed: rare*

The Medical Advisor Partnership in Action

During Programming (in the ‘field’)

During Programming: Athenian

Context

- 1 Program Director and Assistant Director in field
- Logistical Team can drive to a town within 2-5 hours from trailheads
- Decent definitive care accessible in town- once someone is at a trailhead
- Administrators On Call
- Other Possible Resources: school nurse, school counselor (intermittent)

Athenian

Instructor Concerns	• Debilitating migraines • Possible infected tooth	• Primary	• Remained on program
	• Possible ovarian cyst • Elevated Bilirubin levels	• Secondary	• Temporary separation from program

Athenian

Student Concerns

- Signs and symptoms of UTI
- Periodic stomach cramping/vomiting [inconsistent, w/positive trends]
- Primary
- Remained on Program

- Possible concussion
- Secondary
- Permanent Evacuation

Athenian

Did not Consult

- Student w/unusable ankle fracture/sprain/strain
- Student w/previously undisclosed Menorrhagia (continued menstrual bleeding) and associated dizziness- not improving

- Permanent Evacuation

During Programming: Catlin Gabel

- On-call system in place for every trip: 2 admins (primary and secondary) who are first points of contact, then call list
- Everyone on the call list has access to our policies and procedures
- On-call admin can call the Health Coordinator if staff call from the field--we don't call her directly
- Trip Departure Form created and shared prior to trip

Best in-field practices

- When to call - using best judgement
- Communication
  - Data gathering
  - Using consistent and efficient language (- limited communication, so make it count)
  - Speaking to actual patient
- Consent for treatment

The Medical Advisor Partnership in Action

Review and Revise

- Debriefing any events
- Follow up with patients
- Track and trend (harder to see trends with lower numbers)

Action Items

1

Start with common sense protocols:

- Define your own organization's unique risk parameters for health intake/"screening" and for medical situations during programming
- Share these with someone who has expertise in wilderness medicine
- Remember, your context is not like anyone else's context (ie: Catlin Gabel and Athenian)

2

Brainstorm a list of similarly focused organizations, preferably in your region, then reach out to see what their medical advising structure is.

Silent Written Reflection

Write down one or two organizations that might be a good resource regarding medical advising

OR

Write the first one or two steps you'd need to take to make improvements in your medical advising structure

Questions? Thank you!

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