

THE WILDERNESS INSTRUCTOR**Organizing Wilderness Medicine on a Regional Scale**

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Wilderness medical groups have formed to address many specific needs. However, no current organizations comprehensively address wilderness medicine as a regional topic of interest. The Appalachian Center for Wilderness Medicine was established as a nonprofit regional wilderness medicine organization in 2007, and it is believed to be the first organization to address wilderness medicine with a comprehensive but regional focus. The Center serves North Carolina, South Carolina, Virginia, West Virginia, Georgia, and Tennessee. This article addresses the history of wilderness medicine regionalization, the role of regional groups in wilderness medicine, and possible activities for regional groups, and suggests that this Center may serve as a model for other regionalization efforts.

History of regional wilderness medicine efforts

As a discrete discipline, wilderness medicine is often felt to have come into existence in the late 1960s and early 1970s with the foundation of Wilderness Medicine Outfitters (WMO) in the western United States and Stonehearth Outdoor Learning Opportunities (SOLO) in the eastern United States. Both institutions were founded as schools for wilderness medical training and continue to operate currently.

Since then numerous organizations have formed; these organizations address specific topics or organize specific communities within wilderness medicine. The foundation of the Wilderness Medical Society (WMS) in 1983

marked the first appearance of a national organization dedicated specifically to wilderness medicine. Today WMS is recognized as the international professional society for wilderness medical professionals and enthusiasts.

In the early 1990s WMS leaders attempted to form regional branches of the Society. Although a number of pilot groups were formed, none were sustained, and currently WMS has no regional affiliates. The WMS does hold regional conferences throughout the United States and has held four World Congresses around the world.

In 1996 Carolina Wilderness Medicine, “a regional interest group based at [University of North Carolina] UNC–Chapel Hill School of Medicine,” was established.¹ At one time it had over 300 subscribers across the eastern seaboard¹; however, by 2002 the organization appears to have become defunct, pointing out the difficulty of organizing a group solely around student leadership. According to Dr. Wesley Wallace, Carolina Wilderness Medical Faculty Advisor (verbal communication, October 2007), as of 2008, Carolina Wilderness Medicine is apparently re-forming and will operate solely as the UNC–Chapel Hill student interest group.

The initial establishment of WMO and SOLO, followed shortly by that of Wilderness Medical Associates (WMA), has led to a substantial number of schools offering wilderness medical training. Many of these have developed a de facto regional sphere of influence, but none otherwise address regionalization comprehensively.

One of the most interesting additions to wilderness medicine organizing is the recent establishment of the Cinchona website (www.cinchona.org) by Gregory Bledsoe. This website was developed to increase discussion among the wilderness, expedition, and travel medicine communities. After completing a free registration, users post articles. Other users then rank these articles, creating a community-driven prioritization sys-

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tem. The organizational potentials of the Internet are vast, and this project could create an international wilderness medicine virtual community. However, the website currently has no regional filter or subcategorization allowing for regionalization.

Mountain Aid Training International (MATI) has formed a regional consortium in New England dedicated to wilderness medical training.² This program essentially provides regional services exclusively for an academic community. It also follows more closely the model of a single training site through which interested students can obtain training, rather than a collaborative interinstitutional organization with multipartisan leadership.

To our knowledge, comprehensive multidisciplinary organizations have not formed specifically to address wilderness medicine organizing on a regional basis.

Despite this absence, the benefit of regional organizing in wilderness medicine is self-evident. Different regions may have very different environmental challenges, and they also may differ in the degree to which personnel and organizations are already operational in the region. In all professional fields, practitioners benefit from local interaction, dialogue, and often collaboration. However, many wilderness medicine enthusiasts and professionals now operate in a "silo" fashion, with some vertical communication in their subfield and nationally but little horizontal communication with nearby peers. Regional organizing strengthens wilderness medicine advocacy at the community, state, and regional levels and provides invaluable peer training and informational exchange.

For example, the connections between disaster and wilderness medicine are increasingly emphasized. The federal government has recently placed renewed emphasis on local management and community-level resilience in its federal disaster preparation plan.³ Consequently, there is even more urgency to share local wilderness medicine training and resources among local disaster planners; a regional wilderness medicine organization can facilitate local planning of this type.

Regional organizing can be expected to increase the training and resources available to providers and, thus, to ultimately improve the quality of care and level of prevention provided for wilderness medical patients.

The Appalachian Center for Wilderness Medicine

From the start the intent of the Appalachian Center for Wilderness Medicine (ACWM) was to promote activities already in existence rather than replicate services and compete with other institutions that were already operational. For example, we promote courses already being provided by for-profit vendors, such as wilderness med-

icine certification courses offered by schools like Landmark Learning (Cullowhee, NC). However, at the time ACWM was founded, the Advanced Wilderness Life Support curriculum had never been offered in the southeast. ACWM therefore arranged to become a licensed provider of this course. This exemplifies the organization's dual mission to bring curricula and training to the region that are not yet offered while also promoting, rather than replacing, those services that are already available.

This model of collaboration rather than competition is critical to understanding the approach taken by the Center in serving its region. Participating institutions and individuals can network through the infrastructure of the Center to share solutions to common problems and to strengthen their own activities through collaborations with others.

In funding terms, collaboration provides the opportunity for in-kind financial support, permitting organizations to operate on a very small budget. Further funds are generated by courses such as Advanced Wilderness Life Support (AWLS) and emblem product sales.

Logistically, our collaborations are accomplished through a steering committee, which currently includes representatives from all states in the region. The steering committee comprises a diverse community, including risk management lawyers, experiential education administrators, physicians from a variety of specialties, wilderness emergency medical service (EMS) specialists, academicians, researchers, wilderness medicine school personnel, nonprofit organizers, bankers, military personnel, and many others. This steering committee represents at least a partial cross-section of the leaders in wilderness medicine in the southern Appalachians and forms the "brain trust" driving the Center's activities. The diversity of this group reflects the variety of wilderness medical communities with which the Center can interact. The ultimate goal is that this committee will represent all our region's wilderness medicine niche communities.

A board of directors runs the activities of the Center. An Executive Director performs the day-to-day operational management.

An active website (www.appwildmed.org) provides regional community resources. The website includes news releases and news clippings relevant to regional wilderness medical activities, more information about our mission and projects, and a calendar of wilderness medical events in the region (those sponsored by both ACWM and by others). The calendar is neutral ground, allowing the Center to collect the separate calendars of many disparate universities, schools, and programs and combine them into one regional scheduling tool. The

Center also distributes a monthly e-mail, providing a more active means of keeping our regional community informed.

Our experience has been that simply putting the leaders of individual organizations into communication with each other is often the most productive action a regional group can take. In the half-year that the Center has been in existence, it has already helped catalyze 1) the organization of a paramedic degree program in wilderness EMS at a major university (only the second of its kind in the country), 2) interest at a major national experiential education school in developing wilderness courses aimed at health care professionals and wilderness medical education, and 3) a number of speaking opportunities for wilderness medicine experts at each others' events. These activities are outside the formal activities of the Center, but they clearly demonstrate the benefits of regional networking for specific institutions and individuals.

The Center has developed a number of specific in-house projects, described in the following paragraphs.

EVENT ORGANIZING ASSISTANCE

This program exemplifies the opportunity for a regional organization to match strengths and needs among multiple institutions. Many outdoor adventure events seek medical direction and providers; simultaneously, one of the biggest challenges to wilderness medical educators is giving students a real-world opportunity to test and implement knowledge gained through simulation and classroom training. Event organizing assistance provides a perfect way to bring these two communities together and to satisfy their mutual needs. Taking the idea one step further, the Center is exploring a model whereby medical school faculty members will serve as mentors to students wishing to serve as event medical organizers. This can even be done for university credit as an elective.

GREEN EMS INITIATIVE

Many in the wilderness medical community feel it is important for wilderness medical leaders in particular to point out the interconnection between environmental conditions and health as well as the effect of our activities on the wilderness. The Green EMS Initiative takes this thinking to the specific community of EMS.

Emergency medical service activities have a number of environmental impacts, from the vehicles chosen in street ("traditional") EMS to the effect of wilderness EMS teams on the environments in which they operate. One hopes that EMS, representing the insertion of health

care providers into the community, will in particular follow practices that emphasize public health and sustainability. The Green EMS Initiative is designed to promote such operational values.

The initial objective is the endorsement or sponsoring of published research intended to address the question of environmental impact sustainability in traditional and wilderness EMS. To this end the initiative is currently endorsing research related to, for example, the effects of diesel fuel emissions from traditional EMS vehicles and the viability of equipping quick response/wilderness EMS vehicles with hybrid engines.⁴ A successful AWLS course was also offered in 2008 with students from around the country, and we now offer this course on an annual basis.

The next objective of this initiative would be publication of best practices to promote environmental sustainability and reduced impact in EMS operations. A third step could be the establishment of a national Green EMS program, similar to the Leave No Trace program, which could provide consulting to organizations, training courses, and possible recognition of EMS agencies/organizations with environmentally sound operations.

This initiative could clearly interface with a number of other institutions' programs, such as the Sierra Club's Cool Cities campaign.⁵

ADVANCED WILDERNESS LIFE SUPPORT

The AWLS curriculum had not been offered in the southeast when the Center was forming. To provide this service to the region, ACWM established an annual AWLS class in November of 2007 (in the interim between licensing and course completion an AWLS class was also taught in Tennessee). Faculty members were drawn from multiple institutions in the region. The benefit of this licensing arrangement is that a neutral non-profit body can bring together instructors for a single course, which produces benefits in terms of economy of scale, quality, and resources. In our case, students from every constituent state except South Carolina and Georgia attended the first course, and we also had participants fly in from as far away as Pennsylvania, Massachusetts, and Texas. This activity can also provide a major revenue source for a regional organization.

REGIONAL CONFERENCES

This is the most visible way a regional organization can provide training and networking and carry on its organizational mechanics simultaneously. Regional groups can synchronize with regional conferences already in existence or establish additional/initial regional conferenc-

es, depending on the need for multiple conferences in the region vs the interest in a single large collaborative conference. We are currently exploring both options.

REGIONAL RISK MANAGEMENT ROUNDTABLE

Our region has a large number of summer camps and groups offering outdoor trips with varying degrees of wilderness medical training and risk management practices. Risk managers working with ACWM have suggested a roundtable risk management discussion and training whereby organizations could share experiences and best practices regardless of size or financial resources.

REGIONAL ORGANIZING TOOLBOX

This project has operated under the assumption that we are also piloting a model for regional organizing that can be applied elsewhere. We have an evolving “toolbox” link on our website that discusses the process of establishing a regional wilderness medicine organization, helping others interested in establishing similar groups in their own regions.

WILDERNESS EMS PROTOCOLS

State EMS agencies differ in their acceptance of wilderness EMS certification and in their approval of standard wilderness EMS practices.⁶⁻⁸ Since this topic is already managed regionally, it is appropriate for a regional organization to address and consolidate expert opinion and advocacy. We assembled wilderness EMS leaders in North Carolina who met with officials from the State Office of EMS to explore North Carolina’s approach to this subject. We confirmed that all desired wilderness EMS protocols would be available to county agencies. This successful strategy can be adapted to the other states in the region to optimize local wilderness EMS operations.

STUDENT SYMPOSIA

In April of 2008 an ACWM wilderness medicine student symposium, sponsored by ACWM, was held at Wake Forest University. This highly successful event drew 120 registrants from fourteen different states. It provided valuable organizing experience for the Wake Forest wilderness medicine Student Interest Group (SIG) as well as training for students in the region. Every year this symposium will be held at a different university, hosted by that university’s wilderness student interest group, providing an opportunity for regional instruction, net-

working among students and faculty, and organizing experience for the host SIG.

Interface with other wilderness medicine organizations

LOCAL AND NATIONAL ORGANIZATIONS

It is appropriate to have some formal relationship between a regional organization and other organizations at the local and national levels. ACWM actively seeks out local organizations from which to enroll steering committee members—these members then liaison with their original organization and ACWM.

The National Outdoor Leadership School recently established an interesting model for the interface between wilderness medical education and wilderness experiential education when it merged with the Wilderness Medicine Institute to create WMI of NOLS. Another model would be for experiential education school(s) in a region to support a regional collaborative nonprofit organization as a community service. North Carolina Outward Bound provided one of our founding board members and is an active supporter of our activities.

One important role ACWM can serve is to interface between local wilderness medical entities and national organizations such as WMS. Although WMS is the national society for wilderness medicine in North America, the majority of individuals now serving on our steering committee (currently numbering more than 36) were not members of WMS when they were approached by us. It is not clear whether WMS has less penetration in this region or whether individuals choose not to be members. Perhaps a survey by WMS of the southern Appalachian wilderness medicine personnel assembled by ACWM would answer this question. Regional organizations could locally augment the mission of WMS and other national groups.

Conclusion

Regional organizing can provide many benefits to wilderness medicine professionals and consumers, including local, regional, and national improvements. In our region, the possibilities appear to be barely tapped. Some of our activities are outlined above. Other possible ventures include partnering with organizations such as the Sierra Club to link local wilderness medicine specialists with local outing leaders to provide wilderness first-aid training; establishing a regional referral line for wilderness medical consultation (a similar national service is provided by the Wilderness EMS Institute, but clearly there are benefits to regional expert consultation); part-

nering with local schools, ski areas, and recreation centers to host local wilderness medicine training; hosting a regional technical rescue/wilderness EMS training program; collaborating with schools and governmental bodies in disaster preparation; and many other possibilities, which grow in number each time new experts are identified in the region and their ideas are solicited.

We feel that regional organizing of wilderness medicine is a concept whose time has come. We look forward to sharing further the development of our experiences, in the hopes of promoting similar regional efforts elsewhere.

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