



Physician Leadership

Medical Leadership In an Unconventional Setting

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Students in a NOLS class practice carrying a litter.

Most medical professionals will never have to warm up a hypothermic patient in 20 degrees below zero ambient temperatures. Few will have to boil water to sterilize it, then prepare saline on their own. And many would never dream of making a diagnosis without the aid of lab tests or medical imaging.

But some willingly put themselves in just these situations. To ensure they are prepared for the challenges they'll face in natural disaster relief efforts, backcountry rescues, military expeditions or similar settings, many seek out Wilderness Medicine training like that provided by the National Outdoor Leadership School (NOLS) in Lander, Wyoming.

As members of a team, the weaknesses can be mitigated, and the strengths can be enhanced.

Physicians, paramedics, EMTs and other medical professionals aren't the only ones who take the Wilderness Medicine courses, though, which presents unique challenges for the NOLS staff. There may be vast differences in abilities and knowledge of the participants in these classes.

Dr. Brian Gee, the medical director at NOLS, realizes everyone has strengths and weaknesses. As members of a team, the weaknesses can be mitigated, and the strengths can be enhanced.

"I first met (Dr. Gee) shortly after we moved our offices to the NOLS headquarters building in Lander," said Gates Richards, the NOLS special programs manager. "I was on an ambulance shift, and we were delivering a patient to the ER. As



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we wheeled the patient in, I heard the ER doc say to the charge nurse, 'I get three attempts at this, and then she's yours.' I watched as the physician tried to start an IV in the patient three times and fail three times. He then scooted away from the patient and said, 'I do this periodically to remind myself where my strengths and weaknesses are and what my role is in the ER.' I then watched the nurse get the IV on the first attempt. Without looking.

"The doc was Brian, and over the subsequent 15 years or so our relationship has evolved from MD and EMT to friends and coworkers. Throughout that time, Brian has always placed a high priority on the quest for knowl-

edge, the acknowledgment that each member of any team brings a different set of skills to any situation, and the importance of a leader to recognize their role in the larger team.

I've had the opportunity to both learn from and to teach Brian. His willingness to engage wholly in the process is what I think all leaders should practice."

For Dr. Gee, that exercise was more than simply determining his own shortcomings. It also served to remind him that what comes naturally to one person might be a struggle for someone else. Further, it gave him the opportunity to attempt the tasks others are expected to do, so that he might better understand that person's point of view.

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NOLS Special Programs Manager



Students practice patient assessment.



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A team of students works together to move a patient in a litter over rough terrain.

Tod Schimelpfenig, the director of medical curriculum for NOLS, said that ability to see things from various sides is crucial in Wilderness Medicine.

“A lot of our classes prep private citizens for remote environmental medical skills,” Schimelpfenig said. “Some help medical professionals switch their thinking for those environments. We often have classes for search and rescue groups who work in the National Park Service, for example; special forces operatives; disaster teams; or just people who want to go to Everest Base Camp and serve as medical personnel.”

Simply having to explain how to treat complex medical ailments in primitive conditions is a tall enough order on its own for the NOLS instructors, but because they deal with students ranging from lay people to seasoned medical veterans, Schimelpfenig said the NOLS staff needs a unique set of leadership skills. He said working at the school even before he was tabbed for his current position, as well as more than 40 years of EMT experience, helped him develop those skills for his highly-specialized job.

“What I do is pretty unique,” he said. “I don’t know that there are a lot of people who do what I do. I’ve had a long career with NOLS, and the focus is so much on leadership, it’s been ongoing training. I just started to apply that to what I was doing when I got this job about 15 years ago.”

Despite the obvious differences between the Wilderness Medicine courses Dr. Gee and Schimelpfenig design and the courses taught at medical schools, Schimelpfenig said the fundamentals are still the same.

“We train medical students and a course for Harvard residents, give them a five-day medical course then take them into the wilderness for three weeks; I’m trying to stay on top of the current state of the practice, just like medical school instructors do,” he said. And like those traditional instructors, he said he tries to identify and help his faculty understand the nuances of arguments when there is a lack of clarity or standards. “There is a lot of gray in medicine, and I help my faculty understand that and sort through the literature as it evolves. Are we going to make practice changes based on a current study, or watch it over time? So it’s similar, I’d say.”




A student practices building a splint using improvised materials.

But other aspects present their own challenges. “We teach so many lay people, we have to translate what a physician might understand to what a lay person might be able to do,” he said. For instance, his students often find themselves miles from modern medical facilities and have to deal with pressing medical issues. However, the foundation of effective treatment is the same, no matter whether technological assistance is available or not – and because of the differences in backgrounds, this again is a reminder of the importance of Dr. Gee’s willingness to walk in another’s shoes for a while.

“There’s a strong leadership component in our curriculum where we talk to folks a lot about communication,” Schimelpfenig said. “A lot of it hinges on communication – being able to ask questions, advocate, be a good member of a team. We talk a lot about situational awareness, making sense, making decisions.”

So there are similarities. But there are also differences. Many of those differences help physicians who take the courses im-

prove their critical thinking and decision-making skills, and even their leadership abilities. They may not find themselves spending a night tied to somebody with a broken pelvis on the side of a cliff, trying to mitigate the bleeding into the patient’s chest; or spending six days carrying a woman with acute appendicitis out of a remote wilderness – unless they find themselves traveling with extended expeditions into the wildest places on the globe, like Dr. Gee and Schimelpfenig do. But their lessons and experiences will strengthen their leadership abilities and help them come up with out-of-the-box solutions to problems. 

NOLS Wilderness Medicine courses are available for medical professionals in two-day and five-day, intense, hands-on options, as well as extended expeditions. Courses can count toward continuing education requirements as well. Visit NOLS.edu or call 800-710-6657 for more information.



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