THE WILDERNESS INSTRUCTOR

Wilderness Training for Medical Students—An Introduction

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The growing popularity of wilderness medicine extends to medical students, many of whom have joined the Wilderness Medical Society. However, students in the United States have typically had to look outside their curriculum for training in this discipline and (even after becoming physicians) have received no recognition for the training other than continuing education units (CEUs). In Europe, by contrast, there are many courses leading to a diploma in mountain medicine, which qualifies physicians to lead mountain rescue teams or act as expedition doctors.¹

As Dr Macias and his colleagues describe, there is now at least 1 thriving program in the United States that adds wilderness medicine to the medical school curriculum. If enough other schools follow this example, wilderness medicine will doubtless become a popular elective and will perhaps someday be recognized through a certification program that physicians can add to their qualifications. Certainly, the number of applications for the positions in the New Mexico program (which was not even advertised, except by word of mouth) and the very positive participant reviews should encourage medical schools to develop similar programs.

Unlike European diploma courses, the New Mexico rotations in wilderness and travel medicine did not require participants to be experts in wilderness skills. Instead, they included wilderness survival and skills train-

ing in the curriculum and adopted a scenario-based Wilderness First Responder (WFR) course as the first week of the rotation. The WFR course emphasizes improvisation. They found, however, that most participants also needed training in basic skills, such as initiating intravenous lines, constructing splints, and transporting patients (though students with Emergency Medical Technician [EMT] or Wilderness Emergency Medical Technician [WEMT] training were more proficient). As a result, a 5-day introduction to prehospital skills has been added to the rotation. These experiences remind us that WFR and WEMT courses train people in skills that physicians can usually delegate in urban practice but that they will have to perform themselves in wilderness emergencies.

While the authors have learned from many wilderness programs and have used their training techniques, they also have resources and equipment that most of us (who run low-budget programs) can only envy. The human patient simulator, in particular, provides intensive and realistic training that can only be approximated by other teaching methods. Nevertheless, all wilderness instructors are likely to find useful ideas in this article, and educators in medical schools will find a model for how to introduce wilderness medicine to the curriculum.

Reference

1. Peters P, Plötz W. Mountain medicine education in Europe. *Wilderness Environ Med.* 1998;9:19–27.

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