INTRODUCTION TO WILDERNESS INSTRUCTOR

Wilderness Medicine Within Global Health

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Those of us who started teaching first aid and emergency care decades ago have seen the curricula for the courses taught to lay people shrink as the emergency medical services (EMS) system in this country expanded. For example, the *American Red Cross Standard First Aid & Personal Safety* textbook, second edition (1979) is 269 pages long, and includes detailed instructions for many bandages and splints, as well as emergency lifts and carries and water rescue techniques. Standard First Aid courses typically lasted up to 24 classroom hours, much of that time spent practicing the skills. By comparison, American Red Cross and American Heart Association Basic First Aid courses today are about 4 hours long, and most of that time is spent watching the video.

Reducing urban first aid courses to a half-day or evening of video with minimal skills practice is justified by the assumption that an ambulance can reach an emergency scene in a few minutes. But even the Advanced First Aid courses taught in the past¹ (phased out by the American Red Cross in 1993), which included backboarding on land and in water as well as auto extrication, did not adequately prepare people for wilderness emergencies. Wilderness emergency care training, from the first aid to the wilderness medicine level, has a long history. For example, The Mountaineers, based in Seattle, have been teaching wilderness medicine to the public for nearly half a century. The first edition of their *Medicine for Mountaineering* textbook was published in 1967,² and the first edition of their *Mountaineering First Aid* textbook, in 1972.³

There are many situations besides wilderness emergencies, however, in which one cannot expect a well-equipped ambulance to arrive in minutes and promptly transport victims to a hospital. As the authors of the following article describe, healthcare workers and trainees traveling to “developing countries and regions in crisis” cannot depend on an efficient emergency medical system or high level hospital care, and may encounter many unfamiliar hazards. Not surprisingly, the Global Health Curriculum for senior medical students that they developed included material from the Wilderness Medicine program in their medical school. Their Wilderness Medicine program (which Dr. Lemery

describes in a previous article⁴) “evolved with a link to disaster response and a strong relationship with its Emergency Medical Services (EMS) Special Operations team.” This connection reminds us that in any situation in which physicians do not have the resources of a modern hospital, they may need prehospital skills normally performed by technicians as well as wilderness improvisation skills. In a wilderness medicine rotation at the University of New Mexico School of Medicine, started in 2000, the course developers had to add an introduction to basic prehospital skills that most of their medical students lacked.⁵

Physicians who took wilderness medicine courses in medical school have reported using what they learned even in their normal practice.⁶ So it appears that wilderness emergency care training has the potential not only to prepare physicians and lay people to function in remote and crisis situations but also to make physicians more proficient and adaptable in their everyday practice. In this way, it may help to mitigate the increasingly cursory training of lay people in urban emergency care, and the increasing specialization of physicians.

References

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