

## CONCEPTS

# Core Content for Wilderness Medicine Training: Development of a Wilderness Medicine Track Within an Emergency Medicine Residency

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Wilderness medicine training has become increasingly popular among medical professionals with numerous educational opportunities nationwide. Curricula for fellowship programs and for medical student education have previously been developed and published, but a specific curriculum for wilderness medicine education during emergency medicine (EM) residency has not. The objective of this study is to create a longitudinal wilderness medicine curriculum that can be incorporated into an EM residency program. Interest-specific tracks are becoming increasingly common in EM training. We chose this model to develop our curriculum specific to wilderness medicine. Outlined in the article is a 3-year longitudinal course of study that includes a core didactic curriculum and a plan for graduated level of responsibility. The core content is specifically related to the required EM core content for residency training with additions specific to wilderness medicine for the residents who pursue the track. The wilderness medicine curriculum would give residencies a framework that can be used to foster learning for residents interested in wilderness medicine. It would enhance the coverage of wilderness and environmental core content education for all EM residents in the program. It would provide wilderness-specific education and experience for interested residents, allowing them to align their residency program requirements through a focused area of study and enhancing their curriculum vitae at graduation. Finally, given the popularity of wilderness medicine, the presence of a wilderness medicine track may improve recruitment for the residency program.

*Keywords:* wilderness medicine curriculum, curriculum, emergency medicine residency academic track, academic track, education

## Introduction

Wilderness medicine-specific education is an intuitive and beneficial addition to any residency training curriculum, with its emphasis on improvisational skills and the ability to provide emergent interventions and

stabilization in a resource-poor environment. Through the study of wilderness medicine, medical practitioners gain the ability to assess, stabilize, and initiate treatment in an ill or injured person within an austere environment, while also considering scene safety and available resources. In this article, we introduce a wilderness medicine track that residency training programs can implement to engage interested residents in studying topics of wilderness medicine. This longitudinal track program provides the residency program with a group of knowledgeable and skilled residents in a particular niche of emergency medicine (EM), making the resident a more focused and skilled peer educator.

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Wilderness medicine is well established as a subspecialty field among several different specialties—EM, family medicine, and internal medicine. The publication of Paul Auerbach's first edition of *Wilderness Medicine* along with the formation of the Wilderness Medical Society (WMS) by Paul Auerbach, Ed Geehr, and Ken Kizer in 1983 brought forth an academic body that would promote the study of illness and injury occurring in the wilderness. The WMS received continuing medical education accreditation by the Accreditation Council of Continuing Medical Education in 1990 and has since developed a comprehensive array of programming geared toward educating medical professionals in all aspects of wilderness medicine. Since then, wilderness medicine sections have been established in the American College of Emergency Medicine (ACEP) and the Society of Academic Emergency Medicine (SAEM) in addition to wilderness medicine sections in a number of university and academic institutions.

Many opportunities for wilderness medicine education in medical schools exist through dedicated electives and selectives. Wilderness medicine interest groups among medical schools allow medical students to foster their desire to learn more about the field of wilderness medicine before entering residency. Currently, 8 intensive elective courses in wilderness medicine, ranging in length from 2 weeks to 1 month, are offered via the Visiting Student Application Service. Emergency Medicine Residents' Association (EMRA) lists other opportunities for medical student electives in wilderness medicine offered independently through wilderness medicine organizations and residency programs.

Many medical students are exposed to interest groups and teaching programs in wilderness medicine; some would hope to continue such training during their residency training. The current opportunities offered to EM residents to study wilderness medicine during residency are varied. Of 104 EM residency programs in the United States that responded to a survey, 44% noted that they include wilderness medicine content in their required curricula, whereas 75% of the responding programs offered optional wilderness medicine opportunities but lacked details and curricula.<sup>1</sup> Baddorf notes that wilderness medicine is among the top 3 most highly ranked electives within EM residency programs.<sup>2</sup> Postresidency education exists with 14 wilderness medicine fellowships in the United States, with plans for additional programs in the next few years.

### Educational objective and methods

Curricula for medical fellow<sup>3</sup> and student<sup>4</sup> education in wilderness medicine have been described in the

literature. There is no previously published curriculum for wilderness medicine education for residency training programs. This deficit was noted at the 2014 meeting of the Wilderness Medicine Section, American College of Emergency Physicians. Tasked to fill this gap, the authors, all with experience in wilderness medicine and residency education, endeavored to create an outline for such a curriculum, and the Residency Curriculum Subcommittee of the Education Committee was formed. The first 3 authors (WS, NB, JD) formed the original subcommittee. The fourth author (FM) joined afterward. The content of our subcommittee's work was presented to and endorsed by the ACEP Wilderness Medicine Section meeting the following year in 2015. All authors are members of the Wilderness Medicine Section of ACEP. This article is the finalization of that work. Although the authors all specialize in EM and therefore focus on this specialty, the work outlined in this paper can be utilized and translated to other specialties. We have outlined a longitudinal learning solution that can be used as a guideline for residency training programs looking to further cultivate this interest among their residents. This document is geared toward providing an opportunity for study of wilderness medicine in the framework of a residency program.

Several frameworks were considered when developing this curriculum. One option is to develop a wilderness medicine elective, which would typically occur over a 1-month period. This model is limited by time and the lack of continuity of knowledge. Residents often have clinical duties during their elective time, cutting away from immersive and intensive study within the subspecialty field. Wilderness medicine is a field in which training in the elements of various seasons influences the course of education, making training in a confined time frame limited. This model also limits the residents' ability to participate in and stay up to date with the current growing research of the field due to its lack of longitudinal nature by design.

Another approach would be to develop a curriculum that would be presented to a residency training program in its entirety to cover widely applicable core educational content. As an example, a considerable amount of wilderness medicine-based core content overlaps with and would be pertinent to the Model of Clinical Practice of Emergency Medicine.<sup>5</sup> This method may not be advantageous to residents who do not have a specific interest in wilderness medicine or would prefer to focus on a different subspecialty.

To expose residents to various subspecialties, EM training programs have started developing scholarly tracks that encourage the trainee to develop an academic or clinical niche within EM. Examples include

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