



Appalachian Search and Rescue Conference
Center for Emergency Medicine of Western Pennsylvania

Wilderness EMT Curriculum

Appendix A: Clinical Rotations Outline and Checklist

Version 1.23 July 10, 1992 (reprinted August 1997).
Comments to Dr. Conover.

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The ASRC-CEM Wilderness EMS Institute

The ASRC-CEM *Wilderness EMS Institute* (previously the *Wilderness Emergency Medicine Curriculum Development Project*) is a cooperative venture of the Appalachian Search and Rescue Conference and the Center for Emergency Medicine of Western Pennsylvania. The ASRC, which is a large, tightly-knit wilderness search and rescue organization with eight wilderness search and rescue teams in three states; the ASRC conducts operations throughout the mid-Appalachian states. The Center for Emergency Medicine is an emergency medicine and prehospital care research and teaching organization that manages a medical helicopter service, an emergency medicine residency, Emergency Medical Services for the city of Pittsburgh, and a variety of related projects.

The WEMSI Wilderness EMT Curriculum

This outline and checklist is one part of the WEMSI Wilderness Emergency Medical Technician Curriculum. The Curriculum has been in development since 1986, and took as its starting point a program Dr. Conover developed for the National Association for Search and Rescue in 1980. The Project has also drawn on many other sources in creating this Curriculum. These include the Wilderness EMT program of SOLO (Stonehearth Open Learning Opportunities), the WEMT program developed by Wilderness Medical Associates for the National Association for Search and Rescue, and the Winter Emergency Care Course of the National Ski Patrol. The Wilderness Medical Society's educational and research publications provide needed background for the Curriculum. The National Association of EMS Physicians Non-Urban Committee has published standard model wilderness protocols to help medical directors establish local protocols for WEMTs trained by this curriculum.

In conjunction with its prerequisites, this curriculum complies with the Wilderness Prehospital Emergency Care curriculum established by the Wilderness Medical Society. This curriculum helped the WMS in establishing that curriculum. We assume that students have the knowledge and skills of an EMT-Basic or EMT-Paramedic. The curriculum can accommodate both EMT's and paramedics in the same class. EMT standards are available from state EMS offices or the U.S. Department of Transportation.

The other prerequisite is the knowledge and skills required for certification to the Virginia Ground Search and Rescue Field Team Member standards or better. The Virginia GSAR standards are available from Vir-

ginia Department of Emergency Services, 310 Turner Road, Richmond, VA 23225-6491. This curriculum is competency-based rather than hours-based, but can be completed in 5 intensive days. The curriculum also recommends clinical training, listed in this checklist.

WEMT Lesson Plan Development

Each section of the WEMT curriculum (about twenty in all) was created by a Task Group of five to twenty selected members, but drawing on many published sources and consultants. A Task Group Leader guides the Task Group in reviewing and revising the section, and the Project Coordinator actively supervises all aspects of curriculum development.

When the outline satisfies the Task Group, it goes to our **Editorial Board**. This Board includes officers of the Appalachian Search and Rescue Conference and Center for Emergency Medicine of Western Pennsylvania, our two sponsors. It also includes experts in emergency medicine, search and rescue, and education. Once it is acceptable to the Board, the Lesson Plan is released to the public.

But, we are publishing them, in a sense, as Édrafts,É because we expect many good suggestions from the public. We will distribute these public drafts as widely as possible. After each year of public review, the Task Groups will review the public's comments, and submit revisions to the Editorial Board as needed. Once all outlines have withstood a first year of public scrutiny, we will prepare a single comprehensive curriculum with a Course Guide. We will continue to review and revise the curriculum regularly.

We actively solicit suggestions from anyone reading any of our Lesson Plans or this Checklist. Please send your comments to the Project Coordinator, as listed on the title page.

We are writing a textbook that will expand on the lesson plans. The textbook Editor-in-Chief works closely with the Task Groups to consolidate and revise the Task Group's material into a comprehensive textbook. All who have contributed to the curriculum will be acknowledged as contributors. The textbook will be commercially published when completed. The textbook will be submitted for publication in 1997.

A Course Guide with detailed information about Wilderness Emergency Medical Technician training and course scheduling, will be available in late 1997.

For availability and a price list of available publications, please contact the Center for Emergency Medicine by writing to: 320 McKee Place, Suite 500, Pittsburgh, PA 15213, or call the Center at (412) 578-3203.

Comments: Clinical Rotations

As with the Curriculum itself, the clinical rotation checklist is the same for EMTs and for EMT-Paramedics. However, for advanced skills, EMTs must observe, while EMT-Ps must perform the skill.

We believe that Wilderness EMS is very much a team sport, and the support of knowledgeable Wilderness EMT-Basics will make the Wilderness EMT-P's job much easier. This is also reflected in the Orientation to Advanced Skills section of the curriculum.

While this checklist is a very specific guide to skills to be practiced in the hospital, we also see it as a good guide to what we expect of the Emergency Department physician who is teaching the WEMT student. Certainly the Emergency Department physician should do everything possible beyond this simple checklist to make the clinical rotations good training for the WEMT. And, in this regard, we believe that clinical training sites should be limited to Emergency Departments with Wilderness Command Physicians who are willing to arrange a high-quality experience for the WEMT.

Although it is not a part of the curriculum, we recommend that every WEMT complete special clinical training in an Emergency Department prior to licensure or receiving command for wilderness-specific orders. A minimum of 16 hours (two 8-hour shifts) is suggested. Each WEMT student should be assigned to a particular ED physician. The ED physician should help the student complete all of the items in A. and as many as possible of those items in B.

The Wilderness Command Physician may use this as a checklist, initialing each block as completed.

A. Required items

1. Initial directed H & Ps on patients with common simple problems (minimum 12)

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Examination of throat and examination of ears with otoscope (minimum 6)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3. Examination of normal lungs (minimum 12)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Examination of lungs in patients with auscultatory findings, e.g., CHF, pneumonia, asthma (minimum 4)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5. Rectal examinations for prostate position and gross blood (minimum 4)*

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6. Examination of minor musculoskeletal extremity injuries, particularly knees and ankles, and correlation with X-rays when done (minimum 4)

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7. Observation of minor wound repair and suturing (minimum 4)

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8. Observation of physical signs of fluid overload in CHF patient (jugular venous distension, râles, S₃ gallop) (minimum 2)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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* In some areas urinary catheters are limited to EMT-Ps, but in other areas, EMT-Basics may place them, so this is only for WEMTs, whether Basic or Paramedic, who will be placing urinary catheters.

9. Placement of male and female urinary catheters (minimum 2 each) (EMT-Ps should place, EMTs should observe)

10. Placement of nasogastric tubes (minimum 2) (EMT-Ps should place, EMTs should observe)

B. Recommended items

1. Observe (or assist with) anterior shoulder dislocation reduction

2. Slit lamp exam of corneal abrasions

3. Observation of common rashes and insect bites