

# *Interpreting & Comparing the SOP Documents*

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## Introduction

First aid requirements in a remote setting often differ from the scope of first aiders in a front-country environment. Over time, course content has evolved based on the growing body of medical literature on first aid and wilderness medicine and our experience as practitioners and educators of wilderness medicine. This process has led to a consensus about content and scope of practice (SOP) for wilderness medicine certification within the recreational and professional outdoor industry. For more information about certification, licensure, curriculum, scope of practice, and accreditation and why the WMEC SOP documents provide practical standards for industry-wide medical certifications, view this [document](#).

The Scope of Practice documents are intended to set *minimum* standards for wilderness medicine certification for the outdoor industry. We recommend the recreational public, outdoor program administrators, and other consumers of wilderness medicine courses refer to these documents and recommendations when choosing an appropriate course and credential level for themselves, their program, or their service. Users should compare the SOP to an individual school's course curriculum to ensure the course meets the minimum standards. Because the needs of students and organizations vary by location, population, and experience, a wilderness medicine school may choose to exceed the minimum standards. *To avoid confusion, we recommend schools whose curriculum exceeds the minimum standards set forth in the SOPs clearly indicate what topics and skills they have added to their course on their website and include an explanation of their reasoning.* End users should compare the curriculum from different schools before making a final decision on whose curriculum best suits their needs. While schools that teach wilderness medicine are not legally bound to conform to the minimum standards, they have a professional obligation to consider them. Failing to follow an industry standard may dilute the quality and value of a certification, compromise the care of wilderness participants, and leave the wilderness medicine provider, outdoor program or organization, and graduates open to a lawsuit.

While specific delivery strategies and detailed curriculum are left to the discretion of the course provider, we recommend that instructors who teach wilderness medicine are skilled educators and medical providers. Detailed information on the topics, including signs, symptoms, and pathophysiology can be found in the first aid and wilderness medicine literature. Neither the WMEC nor any approving parties are legally responsible for a loss arising from the use or misuse of any WMEC documents. Outdoor programs may benefit from working with a medical advisor to identify any predisposing terrain, environmental, and clinical conditions that may contribute to program-related accidents, injuries, and illnesses and suggest risk management strategies designed to prevent them. For more information on medical advisors, standing orders, and protocols view this [document](#).

## *Course Format*

Courses may be taught in a standard or hybrid format. We do not recommend courses that are taught entirely online (e.g. synchronous, asynchronous, or a combination of each). The WMEC believes that the in-person hours of all wilderness medicine courses are an essential element of each training; and, we recommend that a minimum of 50% of the in-person course time is dedicated to practical hands-on learning. For more information about in-person versus online only, view this [document](#).

## *CPR & AED Certification*

We recommend that all graduates be certified in adult and child CPR and AED use based on the American Heart Association (AHA) or International Liaison Committee on Resuscitation (ILCOR) guidelines and their skills practiced and verified through in-person training; depending on the school, formal certification may or may not be included in some courses.

## *Treatment & Evacuation*

We recommend treatment guidelines and evacuation parameters based on injuries and illness. Due to the dynamic nature of the wilderness environment and the variables unique to each situation, some treatments may not be available and a prompt evacuation may not be a viable option. In the SOP documents, we provide a generic recommendation to assess the need and urgency of the evacuation. In general, we recommend an urgent evacuation for all potentially life-threatening problems. However, we understand that in some cases, the associated risk may be too high to attempt an evacuation, or an evacuation is not possible. Graduates may not have the training or experience to conduct a risk/benefit analysis that accurately weighs the risks to all parties involved in the treatment and evacuation of a patient; this is especially true for WFA and WAFA graduates. When possible, graduates should consult medical and rescue professionals before initiating an evacuation.

## **Interpreting the SOPs**

In order to figure out which course—WFA, WAFA, or WFR—best meets your needs, it's first necessary to understand the underlying pedagogy. There are three basic steps to assessing and treating an injury or illness:

1. Gather relevant information about what's wrong.
2. Accurately evaluate the patient information and identify the problem(s).
3. Treat the problem(s). In a wilderness or remote environment, evacuation is part the patient's treatment plan. Patients with an injury or illness that cannot be treated in a field setting must be evacuated to definitive care. The urgency of the evacuation will depend on the potential consequences if the problem remains untreated; these can range from minor cosmetic damage to permanent disability or death.

Regardless of the course type, a graduate's ability to prevent, assess, and treat a patient's injuries or illness relies on:

- the topics and treatment procedures and skills they have learned,
- their understanding of normal anatomy and physiology,
- their grasp of the problem's pathophysiology,
- the amount of time spent analyzing case studies,

- their ability to improvise, and
- the amount of time they spend learning and practicing hands-on patient assessment during realistic simulations under the direct supervision of a qualified instructor.

Each SOP identifies the:

- required core topics and skills. Remember, the depth of anatomy, physiology, and pathophysiology varies with the individual school's curriculum and the allotted instruction time.
- elective topics and skills—WFR SOP only—that may require additional in-person class time to teach; the actual amount of extra time is left up to the individual school but should be greater than the minimum number of class hours.
- total number of in-person class hours required to teach and master the core topics and skills in a standard course with minimal or no precourse work; this is a minimum number—at their discretion, a school may add additional hours. Also included is a breakdown of the minimum hours required for simulations and skill labs.
- total number of in-person class hours required to teach and master the core skills in a hybrid course; foundational information is presented and assessed online before the practical session; this is a minimum number—at their discretion, a school may add additional hours.

The core topics, skills, and electives in the WFR SOP provide the baseline for the WFA and WAFA SOP documents. Wilderness medicine schools may—and frequently do—add regional or ancillary topics and skills to WFA and WAFA courses based on the needs of an individual sponsor or student group; the “extra” content tends to reflect the terrain, environment, or seasons the students work in or the activities they lead or teach. If more time is required to teach the additional topics to a satisfactory level, the school increases the course class time proportionally.

Delivery strategies and course materials also vary between schools. Potential students and sponsors should carefully evaluate their needs and research each school's curriculum, including hours and delivery strategies, before choosing a course or school. Keep in mind that the depth of anatomy, physiology, and pathophysiology varies between each course type, between individual schools, and sometimes between courses taught by the same school.

Because of the vast amount of knowledge necessary to perform well in a field situation, we encourage each wilderness medicine school to provide their students with a field manual that outlines the signs, symptoms, and treatment of the problems presented during their course.

To receive certification, students must demonstrate a basic understanding and mastery of core topics and practical skills via in-person skill training and simulations. We recommend that a minimum of 50% of the in-person course time is dedicated to practical hands-on learning.