

## Wilderness Medicine Injury and Illness Treatment Questionnaire

This survey is part of a study being conducted by Nadia Kimmel of Desert Mountain Medicine and Dr. Kent Clement of Colorado Mountain College to help determine what types of injuries and illnesses are typically treated by wilderness medical providers. Your responses to this survey are anonymous. Please answer the questions below to the best of your ability. Please check all that apply unless otherwise indicated. Thank you in advance for your help.

### **General Information:**

What is your age? below 18, 18-24, 25-30, 31-35, 36-40, 41-50, 51-55, 56-60, over 60

What is your sex?  Male  Female

Did you attend College? Yes No If so, what is your highest degree? \_\_\_\_\_

What is your highest cert.? WFR, WEMT-B, EMT-P, RN, NP, PA, MD

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When did you first obtain your highest medical certification? \_\_\_\_\_ month \_\_\_\_\_ year

How many recertification courses have you had? 0, 1, 2, 3, 4, 5, 6, 7, more than 7

When did you re-certify last? \_\_\_\_\_ month \_\_\_\_\_ year

### **Occupational Information:**

What type of work in the outdoors do you currently pursue?

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Why did you originally get your wilderness medicine certification?

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How many days have you worked in the outdoors as a field instructor/guide in your career so far?

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How many days have you worked in the outdoors as a field instructor/guide since you had your original wilderness medicine course?

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How many days have you worked in the outdoors as a field instructor since your last re-certification course?

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What percentage of the **knowledge** required to be fully-qualified as an wilderness medicine provider at your current certification level do you think you have retained?

I have retained \_\_\_\_\_%

What percentage of the **hands-on skill** required to be fully-qualified as an wilderness medicine provider at your current certification level do you think you have retained?

I have retained \_\_\_\_\_%

**Injury and Illness Treatment Information:**

Types of injuries I have treated in my career: (please check all that apply)

- |                             |   |
|-----------------------------|---|
| _____ ligament sprain       | _____ wounds                                    |
| _____ muscle sprain         | _____ sunburn                                   |
| _____ frostbite             | _____ tooth related                             |
| _____ fracture              | _____ burn                                      |
| _____ patella dislocation   | _____ blister(s)                                |
| _____ immersion foot        | _____ bruise, contusion or similar              |
| _____ tendonitis            | _____ head injury without loss of consciousness |
| _____ eye injury            | _____ head injury with loss of consciousness    |
| _____ skin abrasions        | _____ knee injury                               |
| _____ shoulder dislocation  | _____ life threatening bleed                    |
| _____ back injury           | _____ other (please specify below)              |
| _____ jaw dislocation       | _____ digit dislocation                         |
| _____ Other (specify below) |   |
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What percentage of the injuries you have treated have been life threatening?

I have treated \_\_\_\_\_% of injuries that were life threatening.

Types of illnesses I have treated in my career: (please check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> allergic reaction (systemic or localized)                         | <input type="checkbox"/> diarrhea   |
| <input type="checkbox"/> anaphylaxis   | <input type="checkbox"/> apparent food related illness  |
| <input type="checkbox"/> acute mountain sickness   | <input type="checkbox"/> non-specific fever illness   |
| <input type="checkbox"/> HAPE  | <input type="checkbox"/> urinary tract infection  |
| <input type="checkbox"/> HACE  | <input type="checkbox"/> heat cramps  |
| <input type="checkbox"/> skin infection  | <input type="checkbox"/> heat stroke  |
| <input type="checkbox"/> heat exhaustion   | <input type="checkbox"/> eye infection  |
| <input type="checkbox"/> chest pain or cardiac condition                                   | <input type="checkbox"/> ear infection  |
| <input type="checkbox"/> upper respiratory illness   | <input type="checkbox"/> GI problems  |
| <input type="checkbox"/> acute abdomen   | <input type="checkbox"/> hypothermia illness (specify core temperature if known _____ °F/_____ C) |
| <input type="checkbox"/> heat illness (specify core temperature if known _____ °F/_____ C) | <input type="checkbox"/> cardiac emergencies  |
| <input type="checkbox"/> cardiac emergencies   | <input type="checkbox"/> diabetic emergencies   |
| <input type="checkbox"/> seizures  | <input type="checkbox"/> asthma   |
| <input type="checkbox"/> behavioral emergencies  | <input type="checkbox"/> hyponatremia   |
| <input type="checkbox"/> dehydration   | <input type="checkbox"/> snake bites  |
| <input type="checkbox"/> spider bites  | <input type="checkbox"/> scorpions stings   |
| <input type="checkbox"/> bee stings  | <input type="checkbox"/> red/fire ant stings  |
| <input type="checkbox"/> animal bites  | <input type="checkbox"/> gender specific issues   |
| <input type="checkbox"/> water emergencies   | <input type="checkbox"/> colds/sore throats   |
| <input type="checkbox"/> marine envenomations  | <input type="checkbox"/> ear infections   |
| <input type="checkbox"/> upper respiratory infections                                      | <input type="checkbox"/> flu  |
| <input type="checkbox"/> rescue breathing  | <input type="checkbox"/> MRSA   |
| <input type="checkbox"/> CPR   | <input type="checkbox"/> Sepsis   |
| <input type="checkbox"/> toleo (foot rot specific to the Grand Canyon)                     | <input type="checkbox"/> headaches  |
| <input type="checkbox"/> other (specify below)   |   |
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What percentage of the illnesses you have treated have been life threatening?

I have treated \_\_\_\_\_ % of illnesses that were life threatening.

How many evacuations have you had in your career?

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**Please use the space below for any additional comments:**

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Thank you for you responses.



## Study Scenario 2010

WFR Refresher Date: \_\_\_\_\_

Number of Students in Group: \_\_\_\_\_

Instructor: \_\_\_\_\_

This station is designed to test your ability to properly assess, treat, and stabilize a patient. You will also be tested on your ability to verbally detail your evacuation plans. You have 15 minutes to complete the scenario

### Scenario:

You and your friends are hiking on a mountain trail in mid-August. It is a beautiful sunny day at 1 pm with a temperature of 72° F. You come across a person sitting on the trail holding his/her right arm. This person is alone and there are no bystanders. You are 5 miles from the nearest trailhead where your vehicle is parked and 10 miles to the nearest town. There is no cell reception until you reach the town limits.

Scenario	Possible Points	Awarded Points
BSI	1	
Scene Safe	1	
Initial Assessment (c-spine is 1 point)	2	
SAMPLE	6	
Two Sets of Vitals	2	
Determines Diabetic Emergency	1	
Administers Glucose or Sugar	1	
Manages Airway Adequately	1	
Determines Lower Arm Fracture	1	
Adequately Splints Lower Arm	1	
Checks CSM Before & After Splint	2	
Focused Physical Exam	1	
Focused Spinal Exam	1	
Verbalize Evacuation Plans	1	
<b>Total Points</b>	<b>23</b>	

Notes: