



St. John Ambulance

1991 Cadet Leadership Conference, Geneva Park, Ontario

SEMINAR: Competition Team Training

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Biography

I have been a member of St. John Ambulance since 1976 and a High School Teacher since 1987. Within St. John, I have held the ranks of Cadet, Corporal, Cadet Leader, Divisional Officer, and over the last ten years, Divisional Superintendent.

Among the many activities that I have focused on during my leadership with 405 Scarborough, Competition Team training has always had a high priority. Over the last ten years, I have competed on and coached many cadet teams. My Division has claimed a number of titles during this time. Our most recent accomplishments have earned us the Provincial Open Champion title for the last four consecutive years and Overall Open Champions twice in the last three years. Our National title in 1989 allowed us to travel to New Zealand where we placed in seven of nine events. Currently we are planning to defend our National title this coming spring in Winnipeg, Manitoba.

Purpose

I hope that this seminar and these notes will enlighten you and answer all your questions, promoting your involvement in Health Care Competitions. In my opinion, competition scenario team training provides a very high level of understanding and competency in Emergency Health Care. Competing with other teams is an excellent means of increasing knowledge and proficiency in skills, thereby making the individual or team more capable of handling real life emergency situations.

Personally, competition team training has provided an excellent medium for which my division has enjoyed the company and friendship of many opponents from around the province, country, and the commonwealth. It goes without saying, that successful training has also provided an opportunity for travel to distant communities. Most of my cadets would never have had the chance to travel to these places without this "vehicle".

Objective

To provide a brief overview of the scope and opportunities that health care competition team training provides to the divisional unit and to assist coaches and their teams with their preparation.



Forming A Team

A team is formed of efficient members from one Divisional Unit. Depending on the nature of the competition, a team of two, four, or even six members as well as spares are required.

Team categories are broken down into six divisions: Junior, Intermediate, Senior Mixed, Senior Mens, and Senior Womens, and Open Category. The age divisions of these categories tend to vary depending on the level of competition.

The levels of competition are: Corps, Area, Provincial, Provincial Open, National, International, Invitational.

I have always initiated team training much the same way as a school athletic team. I invite all interested members to participate. I rarely train teams during regular meetings. Team training has always been an extra-curricular activity within my division. This method ensures that the team candidates do not miss out on any divisional activities. Since it is removed from divisional disturbances, this method provides a more stable and focused atmosphere.

As team training progresses, individuals tend to sort themselves. Many members cannot meet the training obligations and remove themselves without being "cut". The remaining members tend to develop working relationships with their teammates and in doing so provide suitable selections of teams.

One should not focus on training a team; rather, use competition training as a vehicle for training and offer it to as many members as possible who are willing to meet the obligations of competition.

Qualities Of Team Members

Members should posses:

- a.. a sincere desire to learn and work harmonisously with others;
- b.. the capability to develop a thorough knowledge of First aid based on the current edition of the St. John Ambulance First Aid/ Health Care textbooks and any printed supplements;
- c.. the determination to carry on with the team to the end of the competitions. Consistent training and team continuity are essential if you wish to develop a successful team;
- d.. the qualifications necessary to qualify them for competition(an efficient member). Each team may have one, and only one instructor as a member of the team;
- e.. the age classification which would enable the team to continue through the competition season. I have seen far too many teams disqualified during a competition because of an age violation. It is the coach's responsibility to administrate their team.
- f.. the ability to remain in control, think fast, make decisions, the follow through in an orderly manner.



Role of the Coach

One of the following individuals might be a good candidate for the coach of the First Aid team.

- 1.. A first aid instructor with competition and/or judging experience;
- 2.. persons involved in industrial safety, having a thorough knowledge of first aid;
- 3.. a well motivated first aider;
- 4.. a competition minded medical or paramedical professional;
- 5.. a teacher with an interest in first aid, especially an instructor or brigade member;

This individual should possess:

- 1.. excellent first aid knowledge and skills, preferably with competition experience;
- 2.. maturity and patience;
- 3.. self confidence and the ability to pass that confidence along to others;
- 4.. ability to admit mistakes, to praise, and to criticize constructively, when necessary;
- 5.. ability to entertain and develop a team desire to learn and practice.

Responsibilities of the Coach include:

- 1.. Select team members;
- 2.. Coordinate training activities;
- 3.. Become completely familiar with the rules and regulations;
- 4.. Know what first aid supplies are required;
- 5.. Ensure team members have appropriate qualifications;
- 6.. Coordinate team travel arrangements, when necessary;
- 7.. Motivate team members: the coach's biggest job!

Role of the Captain

Selecting one member of the team as captain is an important task in team formation. During the early development and training of the team, each team member should be given the opportunity to act as captain.

The final choice of captain should be the individual who can:

- 1.. Take charge of the situation;
- 2.. Delegate responsibility;
- 3.. Assist the coach in the training and development of team members;
- 4.. Create an atmosphere of cooperation and harmony among team members;
- 5.. Become completely familiar with the rules and regulations that govern First Aid Competitions and ensure team awareness;
- 6.. Ensure the safety of team members and of the casualty or casualties;
- 7.. Ensure the attendance of emergency services is requested;
- 8.. Lead team away from competition area when time is called. Ensure that team members do not remove bandages or other materials from treated casualties, unless instructed to do so;
- 9.. Set an example of cooperation between team and competition personnel.



Team Development

To attain perfection as a team, it is necessary that the team practise first aid skills frequently. This means not just basic skills, but all variations on these skills, real accident situations rarely involve textbook injuries.

Initially, I recommend a number of intense fundamental treatment sessions. These sessions should not be designed to teach health care procedures (as regular divisional training should provide this training), rather they should be used to refine and clean up any misunderstandings and bad techniques. As proficiency increases, speed can be increased for each treatment, giving the team members more time to concentrate on the situation during scenario work.

As their level of competency increases, these initial sessions should concentrate on the application of health care treatments in unusual casualty positions. This tends to confuse and frustrate the novice team member; but their ability to perform these modifications in treatment is essential in order to become successful. Improvisation is essential for successful health care treatment in the field.

Analysis of the composition of first aid treatments and how these treatments can overlap and interfere with other treatments is very useful. Rarely does a casualty ever have one injury in an accident situation. The ability to combine and improvise treatments is essential for a successful team.

To develop a truly effective team, the majority of your training should concentrate on the ability of assessing the scenario and casualties involved.

I spend more time on assessment than any other component of the team's development. If you take the time to analyze the composition of a team scenario (normally a 15/20 minute problem), you should breakup the time into three main intervals:

- 1st.. the assessment stage (3 min)
- 2nd.. the treatment stage (8 min)
- 3rd.. the followup stage (4 min)

If your team is unable to accurately assess the situation and the casualty's injuries, then the remaining two stages will inevitably be flawed. The stress of competition is primarily due to the fear of the unknown. If the team has the skills to assess and diagnose the problem effectively in the first stage of the problem, the remaining time can be a rewarding and confidence building experience.



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Competition Team Training by Don Smith, 405 Scarborough Cadets**

Competitions will be conducted on as practical lines as possible so that the ability of competitors may be tested under realistic conditions.

The ideal method of presenting a problem to a team is to simulate an accident scene and injuries in such detail that verbal or written prompting is necessary only to describe such things as weather conditions, proximity to communication facilities, etc. For example, you might use an actual damaged vehicle with a made-up casualty beside it who would react to suit the circumstances.

It may be difficult to create an ideal presentation of a problem. When competing teams are examined in different locations, it is unlikely that scenes could be staged identically. However, it should always be possible to provide a volunteer casualty, suitably dressed and made-up, using cosmetics, if a casualty simulation kit is not available.

I find that a team's ability to succeed in competition is dependent on their ability to focus and mentally condition themselves into believing (that for the 15/20 minutes that they are involved in the problem) that they are actually in the problem. While most competitions are held in gymnasiums and classrooms, if the opportunity presents itself, hold your competition practices or actual competitions in the actual surroundings where the problem would occur.

I believe that one of the reasons for my teams' success is because they take advantage of the situation. They mentally focus on the situation, not just the injuries and in some ways become "McGyver" and use their imaginary surroundings.

Details of the problem which are not self-evident, including description of weather conditions, surrounding, etc., may be given to a team verbally by the examiner or as part of the written instructions.

While interaction with the examiners is crucial to ensure that you are awarded for your team's treatments, minimal conversation should be made with examiners. My experience tells me that the majority of the examiners have minimal experience in competition evaluation. Therefore, a directed approach must be taken by your team in order to ensure appropriate evaluation of your team's performance.

This can be accomplished by establishing eye-to-eye contact whenever you wish to communicate with your examiner. Never ASSUME anything! Always provide "play-by-play" commentary. There is very VERY little which is said among team members which does not merit being heard by examiners.

A directed approach should focus on the use of **key** words usually found in the textbooks and therefore generally found within the context of the evaluation sheets which the judges will invariably fill out toward the end of the problem. Therefore, leaving **key** words in their minds will help the team's evaluation.



The person who is acting as the casualty should be rehearsed on symptoms and reactions to be shown and the appropriate answers to give when he is questioned by the team as to the location of pain, etc.

This variable is one of the most varying of variables. You are at the mercy of the volunteer casualty when attempting to accumulate symptoms and history. Some casualties will play the role very accurately while others will become an uncooperative manikin. Given the opportunity and resources, seek amateur actors or medical students.

Training Methods and Techniques

You will find that your methods of training a team may vary greatly depending on the composition of your talent. Over the years, I have restricted my training to Cadet Teams. Anytime you deal with the education of youth (or adults for that matter), you need variety; while at the same time REPETITION! Develop a predictable pattern, system, or sequence. These predictable norms should be developed for both training and live competition settings.

Among the techniques which you may wish to try:

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| <i>Appendix Journey</i> | Using the textbook appendix as a road map through competition content, have the team attempt to travel from the A's to Z's and identify questions or trivial data which they did not know before looking. Assign groups of letters as home-work and have the team report back their findings. |
| <i>Speed Relays</i> | During the early stages of team development when you are seeking a mastery of member skills, speed relays for various bandage applications can be run. Sub-standard applications cannot be tolerated. Speed and perfection are essential to provide the team with extra minutes within their problems for re-evaluation and handling of situational (not treatment) actions. |
| <i>Jeopardy</i> | Have your members develop a Jeopardy game (with Alex). Individuals can develop a great variety of questions from all manuals, sorting them into categories, and sub-sorting them into levels of difficulty. This game can be a good tension breaker for the "night-before-competition gitters". |
| <i>Visualizing</i> | Developing a dramatic theatrical approach to competition problems is essential if you want the EXTRA points which make the difference. As an exercise, have your team sit in a circle in your training room. Dim the lights and have your team close their eyes. Proceed through a list of potential problem settings and go around the circle having each member contribute to a description of the environment. Attempt to identify all hazards, materials, problems which may arise during the problem. |



Blind Judging

One of the most difficult tasks with younger or newer teams is developing their ability to communicate verbally amongst themselves as well as their judges. Most teams will ASSUME that their treatments and their actions are being monitored by undistracted judges! (WRONG!!!)

In the later stages of team development, when you are piecing the components of a "Priority Action" together, have your team be evaluated by judges who are seated facing away from the team. The team is forced to acquire all of their points during the problem by verbal communication.

Resource People

To supplement your training, consider having a special resource person come and enlighten your teams about a particular topic of concern. Medical conditions, hypothermia, burns, eye injuries, etc..

Mock Competitions

Consider organizing an invitational small scale competition in preparation for the "Real McCoy". Using the rest of your division as simulators, judges, casualties, prop organizers, brings the team's efforts back into the division. This activity also tends to stir up interest in newer or otherwise uninterested members for tryouts in your next season.

Equipment

Over the years, I have developed a strong conviction for the "KISS - Keep It Simple Stupid" principle. While team members may have acquired advanced training and skills above and beyond the Standard First Aid Level, I have found this training to inhibit the member's ability to perform fundamental first aid treatments. Junior Cadet teams have the same chance at the OVERALL title as any other team. No matter who you are or who your team represents, all teams are judged on the St. John Ambulance - Standard First Aid and Family Health Care Manuals and nothing more! Therefore, I encourage your teams to develop a set of equipment and skills which reflect the needs of the Standard First Aid text.

An example of a team kit follows:

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| 3-4 blankets | plastic garbage bags |
| 25-30 triangular bandages | assorted pressure dressings |
| 2-3 pre-made ring pads | note paper, pencil, pen |
| 1 soft collar | 2-3 rolls of adhesive tape |
| 40-50 3x3 gauze squares/sponges | scissors |
| a complete set of wooden splints (padded) | forceps |
| 1 pillow | basin |
| paper bags | 1 plastic tool box to house supplies |
| clip board | 1 canvas hockey bag to house entire kit |
| thermometer and cleaning solution | assorted sizes of Kling bandage |
| pre-made health care trays - sterile | water bottle |
| | tongue depressors |



Team Procedure

The team captain is the spokesman for the team. The captain's voice should be the voice of the team. If questions are to be asked of the judge, the Captain should do the asking. I have found a number of instances where conflicting reports are given to judges (affecting the evaluation of the team) when reports are given randomly from team members. All reports to judges (some exceptions) should be made through the Captain.

Traditionally, a team is given a couple minutes (normally 2 minutes) to study the situation and the accompanying instructions, during which time the captain may ask for clarification. Additional information may be given at the discretion of the examiner.

Team members should remember to apply the points which are emphasized in the textbook in regard to "action at an emergency"

- 1.. respond quickly to calls for assistance;
- 2.. identification of hazards;
- 3.. personal safety and the safety of the team;
- 4.. take first aid material if it is immediately available;
- 5.. study the surroundings carefully - consider: danger, weather, light, shelter, assistance, materials available;
- 6.. arrange for an appropriate means of disposal;
- 7.. speak to the casualty warning them to lie still and assuring him that he is in competent hands;
- 8.. prepare for a followup summation by the captain to the judges towards the end of the problem.

An assessment of priorities is most important. If the casualty is not breathing then artificial respiration is the first priority and must be maintained until breathing is restored. The method used will depend on a quick appraisal of other injuries. If breathing is noisy, then first consideration must be given to actions such as placing the casualty in the recovery position, if his injuries will permit this.



"Infamous Coach Smith Quotes"

"Shock Shock Shock... Talk Talk Talk..."

"Never too tight or too wide..."

**"Anything and everything is at your disposal,
if it could realistically be there..."**

**"Live, breath, and believe you are in the
problem until the problem ends..."**

**"Casualty Simulation is good, but not good
enough!"**

"Jello..."



"Treat the situation, NOT the injuries"

"Don't Ask! Tell!"

"Don't MOVE!"

"Still Breathing????????????????????????????????"

"UNDER AND OVER; UNDER AND OVER"

"CIRC Checks past every bandage"

**"You get points for what is seen or heard
NOT for what is said or done..."**