



# 2016 Trauma Competition

## Judge and Competitor Handbook

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## OVERVIEW:

Since the demonstration of the patient care competition in Toronto in 2002, the patient care competition has been a part of the annual ITLS conference and has been designed to showcase the ITLS approach to out-of-hospital traumatic patient care.

## SAFETY:

As you will see time and time again throughout this document, safety is the primary focus for all participants. Everyone is required to practice safety and immediately correct unsafe acts.

As a failsafe for all competition participants during the competition, the term “**No Duff**” will be used to indicate a medical emergency.

“**No Duff**” is a term to be used by all competition participants to indicate that they or someone else are actually having a medical emergency. Should someone have a medical emergency during the competition, they only need to speak to the closest person and say “No Duff” and then the medical problem they are having. At that point, the closest judge (if not the person notified) stops the event and appropriate medical intervention is started. If medical care is warranted based upon assessment by on-scene medical personnel, local EMS will be contacted. For the purposes of organization, the judges are tasked as the immediate first responders and will take the lead role. That stated, given the audience, additional and more appropriate assistance may be sought. Also for the purposes of organization, the scenario timekeeper will be tasked with contacting local EMS should they be required.

## OVERVIEW OF THE PROCESS:

### Timelines:

This is a one-day round-robin event where the teams all compete in three scenarios with the winner decided based upon the highest accumulative score on all three scenarios with **no scenario disqualifications. The typical format for the event will be as follows:**

- Competition Interactive Presentation
- Team Sequestering
- Patient Care Competition
- Scenario Feedback Presentation\*
- Release

***\*Note: The Team debriefing session will be held on Saturday, October 29, 2016. However, the session may be moved to a different time if agreed to by all Competition team participants.***

Notification of the winners will announced on Saturday, October 29, 2016 and will be done as determined by the Conference Planning Committee.

#### Scenario Rotation:

Teams will rotate through three patient scenarios and keep the equipment they have been issued throughout the scenarios. Re-stocking will be done after each scenario.

#### **JUDGES:**

Judging a competition is a very difficult job and any judge should be commended for taking on the task. For the ITLS Trauma Competition and for clarity, the term judge is used in a generic fashion and is inclusive of persons providing feedback, time keeping and any other function.

#### Judge's Responsibilities:

- ***Ensure that the safety of all participants, patients, judges and spectators is maintained at all times;***
- Ensure that the scenario is run in a timely and organized fashion;
- Ensure that all live patients understand their “programming” and adhere to it with consistency;
- Ensure that the scenario feedback and marking is consistent for all teams;
- Ensure that marking is always against the scenario plan;
- Ensure that the scenario marking is fair, equitable and meets the patient care standards as set out by ITLS;
- All persons evaluating the scenario must be recognized and current ITLS instructors, Affiliate Faculty or recognized as having ITLS Chapter authority (i.e. Medical Director);
- Ensure that any team accommodation (i.e., language interpretation) is done in such a manner as to not give unfair advantage;
- Judges are required to maintain confidentiality of the scenario contents at all times. No discussion of the scenario outside of the competition structure is to take place.

#### Safety:

- Judges are required to ensure that all actions during a scenario are completed safely;
- Judges are required to put an immediate stop to any unsafe actions (i.e., lifting a live patient on a backboard with proper straps/restraints, sharp safety). Once safety has been re-attained, the judge can decide if it is safe to continue the scenario;

- The prime scenario judge may halt the scenario if unsafe acts or issues are flagrant, repeated or have caused injury. The Competition Coordinator will be notified if this occurs;
- Please keep in mind that our “patients” are usually on the floor and tend to get cold or are out in the elements. Frequently check them to ensure that they are as comfortable as possible and that we are not causing them any harm. Consider rotating/alternating a patient if the environment is an issue;
- Judges are to react to “No Duff” calls as required.

## COMPETITORS:

### Competitor Responsibilities:

- ***Ensure that all actions undertaken are completed in a safe manner at all times;***
- All competitors are to be physically capable of participating in active patient care. (This is primarily for the safety of the patients, the judges, the other competitors and themselves);
- The Team Captain/Leader is required to be a current ITLS-certified provider or instructor. Team Captain/Leaders will be required to provide proof of a current ITLS card (Basic or Advanced) to their level of patient care;
- As this is an international competition, some teams may require an interpreter to assist in understanding the scenario. This accommodation is quite acceptable as long as patient care prompting does not occur;
- Professional patient care is expected. “Horseplay” or actions that may be considered detrimental to the ITLS brand or inappropriate in the spirit to which the competition is intended **will not** be tolerated.

### Safety:

- Each competitor is responsible to ensure that every action undertaken is done with safety in mind. Judges will stop or prevent unsafe acts from occurring up to and including stopping the scenario;
- Live “patients” are frequently used in the competition. Care is to be given not to cause the patient any discomfort and no active procedures are to be attempted (i.e., glucometry, IV initiation). A judge will advise what is required to simulate the action you are attempting where appropriate (i.e., moving to a mannequin to intubate);
- Should you injure yourself or notice someone actually ill or injured, stop the scenario and inform the nearest judge of the situation. (“No Duff” rule).

### Sequestering:

The intent of sequestering is two-fold. First, it is to ensure that all teams have no foreknowledge of the scenario and to maintain scenario security. Secondly, it is to organize the teams to ensure they understand the rules of the scenario, have an opportunity to check their equipment and to interact with each other. Any sequestering will be done for

the shortest amount of time possible. To those ends, ITLS asks the following of the teams:

1. Teams are sequestered just prior to and during the time of the practical competition. Team members (three plus the alternate) are not to leave the room, make phone calls, talk or communicate with anyone from outside the room. If no washroom facilities are available in the sequester area, escorts will be provided;
2. **Cell phones, PDAs, pagers and all other electronic devices are prohibited during sequestering;**
3. Beverages and light snacks will be provided in the sequestering area. Competitors are encouraged to eat as appropriate prior to sequestering;
4. If you have medication you need to take, please bring it with you or take it prior to arrival at the sequestering area;
5. Teams will be escorted to the practical competition site and will not be allowed to talk with anyone at this time;
6. Opportunities for photography/videography (i.e., Team Pictures) will be afforded prior to sequestering. **NO photos, videos, etc., other than by ITLS officially recognized photographers will be allowed;**
7. As a "pre-sequester" initiative, the Conference Chair will provide a presentation will be given on the rules of the ITLS Patient Care Competition. All competitors are required to attend. This session will begin at 10:45 am Friday, October 28<sup>th</sup>. Equipment review will be available as early as 7:30 am.

#### **TEAM COMPOSITION:**

1. Each team is comprised of three persons and one alternate, with the Team Captain/Leader that is required to be a current ITLS Basic or Advanced provider or instructor;
2. It has been past practice that Chapter send entire teams and this is preferential. However, composite teams made up of persons attending from different Chapters is also encouraged;
3. The maximum number of teams for the competition will be decided by ITLS International through the Conference Planning Committee and the Competition Chair;
4. Issues involving team composition will be decided by the Competition Chair.

#### **PATIENTS:**

##### Overview:

The intent of any patient care competition is to provide the patient care providers with scenarios that are as accurate as possible. To that end, patient presentation, programming and feedback are a key to a successful scenario. Where possible, live patients are used to provide a more normal patient feedback loop. These patient

“volunteers” are an extremely valuable resource and as such, the focus for all persons involved in the competition is their SAFETY at all times!

#### Patient Responsibilities:

1. Patients will be provided with “programming”, feedback information and an overview of their condition so they can interact appropriately with responders. A judge will be in close proximity to ensure their safety and provide feedback as required (i.e., vital signs);
2. Patients will either be provided with clothing or asked to bring clothing that can be “cut away”. All patients are asked to wear a bathing suit underneath their clothing that will not be removed by the responders;
3. Any advanced procedures required will be done on a mannequin off to the side;
4. Patients are not to “ad lib” the programming that is provided. If something comes up that has not been covered, the judge responsible for the patient will provide information as appropriate and required. Consistency is the hallmark of a good patient.

#### Safety:

The safety of all patient volunteers is paramount! All judges and participants are tasked with ensuring your safety during the scenario.

### **SCENARIO SCORING (MARKS) & FEEDBACK:**

#### Scoring (Marks):

Judges will make every attempt to be consistent and fair in their marking of patient care performance during the competition. To aid in the understanding of the scoring and marking, the following guide will be used:

1. Each scenario will have a time limit as set by the Competition Committee. Teams are to manage their own time and will not be told the scenario length. The maximum scenario length in any case will be 20 minutes;
2. Judge’s score sheets will have no numerical marking values on them; instead, check boxes for completed, partially completed or not completed assessments, interventions or treatments will be used. There will also be boxes to indicate if penalty points were awarded. Marking will be done later with a small group inclusive of the Competition Chair and a medical advisor.
3. Competitors will be given marks only for assessments, interventions or treatments actually delivered. No marks will be given for just verbalizing an assessment. For example, to get full marks and appropriate feedback for a blood pressure, the cuff will have to be on appropriately, the stethoscope correctly landmarked, the cuff inflated and deflated as appropriate for a live patient. Once that is completed, feedback will be given. **“Remember - Not actually done-no actual marks.”**

4. Unsafe acts by competitors may produce penalty points up to and including a “zero” on the entire scenario dependent upon the act. Unsafe acts will be stopped immediately and based upon the severity, the scenario may be halted and the team disqualified from the scenario. Repetitions of warned unsafe acts will not be tolerated. Examples of unsafe acts include sharp safety, throwing equipment or the unsafe movement of a live patient (i.e., backboarded and lifted without straps).
5. Feedback will be given in a couple of different ways based on patient presentation. For conscious and alert patients, they will interact with participants directly with other feedback (vital signs, chest sounds, etc.) given by the patient’s judge. Feedback for patients with altered levels of consciousness may be given by either the patient or judge dependent upon patient presentation.
6. During the scenario, the feedback from a judge may simply be “As found”. This term, “as found”, indicates usually one of two things. For example, the pulse of the patient as assessed is the pulse for the patient in the scenario. Conversely, “as found” may be indicative of an inappropriately done assessment that would not produce actual results (i.e., inappropriate pulse check location).
7. As the scenarios are conducted in English, language interpreters as allowed to provide language services to teams as required. They are **not** allowed to provide guidance on patient care or elicit information other than what is asked by the team. It is a straight translation service only. Teams must provide their own interpreter if needed.

#### **SCENARIO LAYOUT:**

For the purposes of judging, each scenario will have the following:

- Two judges per patient (one providing feedback, one scoring) where practical and available;
- One timekeeper;
- One “safety” person;
- Two to Three “volunteers” to help with scenario set-up and equipment re-stocking

The judges will meet prior to the scenario for a read-through and to ask any questions or make adjustments as required.

Adequate supplies of presumed consumable products based on the scenario should be on hand to restock equipment bags as required.

#### **EQUIPMENT:**

To attempt to maintain equity among the participants standardized patient care equipment bags will be provided to all teams for the competition. However, if a team wishes to bring their own equipment bags, they may do so but the equipment that the teams bring may only include the equipment listed in the ITLS Trauma Competition

Appendix. Any equipment brought by a team will be inspected by a competition judge to ensure that it complies with the competition equipment. Use of equipment not in the appendix or otherwise agreed to prior to the competition may disqualify a team.

Competitors should consider bringing in their own personal equipment as listed below as some will not be provided.

- Personal eye protection (not provided)
- Stethoscope
- Patient care gloves (not provided)
- Super scissors (not provided)
- Penlights (not provided)
- Hemostats (not provided)

Other equipment may be allowed based upon the judgment of the Competition Chair and equity among the participants. For example, in 2010, the Ontario Team asked to bring a CAT tourniquet into the scenario, which was not a provided item. The request was granted based on four criteria. The criteria were: that it was a recognized non-research study piece of equipment; that they (Ontario) provided all teams with access to a CAT tourniquet for the scenarios; that any team requiring information on its use was addressed to that team's satisfaction; and that everyone was in agreement. As all criteria were met, it was allowed in. A complete list of all equipment provided is in Appendix A.

The required bag contents are listed by category. They can be arranged as per specific response bag configurations.