

St. John Training e-News

Supporting Trainers with Professional Development



St John

New CPR Protocol

In November 2005, the European Resuscitation Council published revised guidelines, based on considerable research. Consequently, the Pories of England, Canada, Wales and New Zealand are in the process of adapting their courses and publications. If your Association follow their protocol, the changes are relevant to you.

A booklet, **Are you Ready?** (PoE) explains the rationale as to why the changes have been made: It is important to communicate this when updating experienced first aiders/ members, who can become disillusioned on requalification courses.

Skills acquisition and retention should be aided by the simplifications of the protocols.

If you have any questions about this update, please contact us at the Secretariat



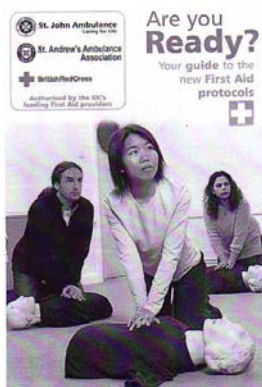
Matt Holton in discussion with Fred Otieno, Kenya.

Here To Help You....

A big hello from Matt Holton! I have joined the Secretariat staff in a new part time post as, **Associations Training Coordinator**.

I look forward to meeting and communicating with

With this newsletter, we are sending out this guide to the changes



- The **CPR ratio** is now:
ADULT: 30 chest compressions (administered first) with 2 breaths.
CHILD (aged 1 yrs to teenager): 30 chest compressions: 2 breaths.
INFANT (up to 1 year): 5 rescue breaths (first) then, 30 chest compressions to 2 breaths.
- Rescue breaths should take 1 second (instead of previous 2).
- Chest compression hand position measurement is NO longer required: Now, quickly place hand in centre of the chest on the breast bone. *Continued Pg 2*

you all. I hope to increase the level of support and resources available to you. A priority is to get the new LIFAC course distributed and running.

Continue page 2...

St John Training e-News

Volume 2 , Issue 1
August 2006

Plea from the Editor

Please print this off and give copies to ALL Trainers/ Leaders in your Association

It is vital that ALL members have access to the contents of this resource.

Many thanks for your support.

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Are you ready to update and refresh...?

The Voluntary Services First Aid Manual, published by Dorling and Kindersley has updated its 8th Edition and was released from August 1st '06. More information can be found at www.dk.com/firstaidmanual

Many Associations are photocopying the new protocols to stick over the top of their existing CPR pages, as **little has changed to other treatment areas.**

You could photocopy enlarge the CPR flow diagrams from the booklet to A3 size, which could then be laminated as a visual aid, and put up on Divisional notice boards.

“Unnecessary interruptions to chest compressions were having a negative impact on resuscitation attempts...”

The new guidelines reinforce the importance of early access to defibrillation, to increase survival rate. Early

medical help and transport to a hospital, must be stressed to the first aider. Automated External Defibrillator, training and resourcing is a key area to be discussed, as part of Associations future development plans.

We can use the changes as an exciting way of getting the public/media involved in First Aid, perhaps through a “Kiss of Life” campaign. **Good Luck!**

Matt's Profile...continued from Pg1

I have been an active member of St. John Ambulance for over 20 years, working through the ranks from a Badger, Cadet to a Youth Officer.

Interest in the International side of St. John evolved during my County (*Buckinghamshire, England*) twinning activities with Zimbabwe (pen friend scheme and exchange visit). As a student teacher, voluntary

development projects enabled me to gain practical experience in Ghana, Jamaica and South Africa. I then taught in Sri Lanka for 3 years and helped with the tsunami relief.

Favourite SJ moments:

☺ *First Aid duties @ Robbie Williams concert.*

☺ *Meeting members of the Royal Family, during my Year*

as Lord Lieutenant's Cadet.

There are many challenges that lie ahead, but I know in partnership, we can strengthen and expand our Training work.

I hope that we can set up ongoing mentoring support for you. Many thanks for all the time and commitment you give, which helps to save lives.



Secretariat Staff act as 'Guinea Pigs'



Personal Learning Programme

Recently, members of the Secretariat were invited to the pilot of a new

from the Priory of England: **CPR Anytime** is a small, affordable pack aimed at family and friends, to learn lifesaving skills together in their own home. The pack contains a DVD teaching guide and inflatable mini-Annie. Sophie

Cornford said, "We felt the *miniAnnie* would be an invaluable and ideal resource for Associations." The *miniAnnie* has also been used by the Priory of New Zealand.

Watch this space, to see how the project develops!

Are you keeping a Training Portfolio?

When it comes to the revalidation of your Trainers Certificate, it is useful to have some evidence to show your Assessor, so you can be accredited for all the hard work you have undertaken.

A useful tool is to keep a folder, which might contain a brief outline of each course you have taught on, with details of:

- Number of students in the class, age range, social/employment background, ability level. Venue info.
- Some lesson plans/notes you may have jotted

down. *(These should mention the range of teaching techniques you used eg. role play, true/false quiz, group discussion.)*

- A copy of any visual aids/handouts you have made.
- A sample of Student feedback questionnaires or evaluations *(don't just keep the outstanding complimentary ones which are nice ego boosters! More importantly, include the forms*

which mention some helpful criticisms)

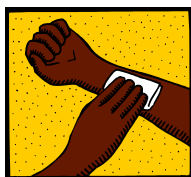
- Jot down a few reflective sentences on how you thought the course went: Good points and areas you could improve.

Matt is supplying your Association with photocopiable templates to help you with the above.

Once you've got a portfolio started, it doesn't take many minutes to keep it updated. The effort pays off in the long run!

eXCHANGE Practical training ideas to try

Nairobi Trainer, Sylvester Odero, recommends painting or drawing the different types of wounds on **old stockings or socks**. Course participants can then easily slip them onto a limb to practice bleeding control. This is an excellent, cheap visual aid, to help recognition features. It does not leave behind the mess of normal casualty make-up, and can be set up quickly without a fuss. Once made it can be re-used.



Hilda Commey, Trainer in Ghana recommends writing stages of **Burns treatment** out on big flash cards (make 3/4 sets). Then in groups, students must sort them into 2 piles: Things you **MUST DO** eg:

- Place under running cold water.
- Cool for 10 minutes.
- Cover area with loose clean plastic carrier bag/cling film.

and things you

MUST NOT DO eg:

- Burst blisters
- Rub on honey or cream.

This activity raises attention level, practical participation and discussion.

You can also add some "trick

cards" to get requalification students to really think. Eg:

- If there is no water available, use cool orange squash or milk.
- Cool area for 20 minutes
- Cool area for 5 minutes.

Get students to show their final choices to the whole class and **feedback** their reasons.

You can also challenge students further by getting them to lay the cards down on the floor in the correct chronological treatment order.

Many thanks to Sylvester and Hilda. A free SJ face shield key ring and manual is in the post to you! Please send in your tips to Matt for the next issue.

Peering into the Future

Peer Education (PE) is all about empowering and training volunteers from local communities, so they can then go back to 'grass roots level' and informally teach their friends and neighbours.

PE Training the Trainer courses provide a solid knowledge base and help participants to communicate the core messages effectively. Peer Educators need to be good listeners and have empathy.

Kenya St. John have used PE as an intervention against HIV/

AIDS. The behaviour change programme "IMPACT", started in 2004 in the Eastern Coast province and has successfully expanded.

Beatrice Otieno, VCT Counselor (*pictured far right*) said, *"Our peer educators have gradually developed confidence and have reported a positive commitment for change in their communities."*



Peer Educators are equipped with a manual, health education leaflets/posters and condoms. They are able to meet up at quarterly support meetings.

This cascade model of learning is an excellent way for Associations to expand Primary Health Care and First Aid Training.

Launch of the New LIFAC course

After a 3 year period of extensive consulting, researching and piloting, the new Lifesaver International First Aid Course (LIFAC) is about to be published and distributed.

Ready to fill the direct needs of African Associations, the new tool will help with capacity building and act as a vehicle to deliver our services into new rural communities, away from capital cities.

The newly designed student book (in English) has clear, bold diagrams and charts. It also allows space for participants to jot down keywords/ notes in their own language. The Trainers Facilitator Guide gives lots of practical ideas of student centred activities.

The content now includes detailed sections on diseases, infection control and nursing care.

LIFAC is aimed to be a 4 day practical course, but this is flexible, and some Establishments may pick out the core elements for a 2 day course. LIFAC training may also be of benefit to NGO volunteers working in Africa. It is hoped that Caribbean and Asia Pacific Associations may also take advantage of this new resource in the future.

There will be a workshop at the African Regional Meeting (*Ghana in September*) to discuss how the new course will be supported, monitored and followed up by the Order Secretariat.

Training Evaluation

In the next few issues we shall be looking at ways we can **monitor** and evaluate the Training we give. **End of course questionnaires** can be 1 good way of finding out participants reaction to our courses, which is vital when we are redesigning new materials (like LIFAC). **HAPPY SHEETS** can be useful because they are:

- ☺ Quick and Cheap
- ☺ Anonymous
- ☺ Indicate attitudes (customer satisfaction)
- ☺ Help the trainer collect a lot of data in a short time.

But **BEWARE** of the disadvantages:

- X Subjective & superficial
- X Participants may not always understand their purpose.

Students can be influenced by:

- X Unwillingness to be honest and 'hurt' the trainers feelings.
- X End of course euphoria!!

Design Features:
Evidence has shown that the most effective questionnaires are:

- Attractive and have clear layout/ font.
- Easy to understand & unambiguous.
- Sufficient space to allow for qualitative comments.
- Limited to 1 page.
- Use a simple ratings scale.

Remember to allow time for evaluations on your course.

REACTION LEVEL EVALUATION

Example 1

For each element of the programme please shade the face which best fits your rating. Brief comments welcome!

Name (Optional): _____
TRANSFORMING THE TRAINER

Take-away value to job

☺ ☹

Extent to which your objectives were met?

☺ ☹

Theory vs practice

☺ ☹

Most Useful Session? Why?

Least Useful Session? Why?

Training Equipment (VHF Aids, Talking Walls, TV etc.)

☺ ☹

OTHER GENERAL COMMENTS (OPTIONAL)

Usefulness of Documentation

☺ ☹

Level/Pace of Programme

☺ ☹

OVERALL EVALUATION OF PROGRAMME

☺ ☹

Scope/Length of Programme

☺ ☹

Richard as Facilitator

☺ ☹

Would you recommend this course to others?

☺ ☹

Enjoyment & Memorability?

☺ ☹

Participant Mix (Culture/Level/Age/Background)

☺ ☹

Opportunity to learn from other participants

☺ ☹

Matt is sending out a set of different photocopiable evaluation sheets to each Association.

It is important we act upon the feedback given and see if there are any common trends. Remember to keep the completed forms safe in your portfolio.

New Acronyms

You might like to use these visual mnemonics in future sessions. Like AGED and RICE, they will help students remember the core of the lesson.

Get the **"esp"** into First Aid! (*A good Assessment criteria*)

- E** effective
- S** safe
- P** prompt



With Moving/ Handling, and patient lifting activities, always consider the **"lite"** principals in your risk assessment.

- L** load *size/weight/ shape*
- I** individual *handlers capabilities*
- T** task *is the move necessary?*
- E** environment *enough space? Route/ ground conditions?*

Remember, good visual teaching aids are like a good **Kiss!**

- K** keep
- I** it
- S** short and
- S** simple





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Please COMMUNICATE with us... YOUR news, views and photos are much appreciated.

eResources

www.bbc.co.uk/health/

This fun site contains a interactive quiz which you could get students to test their personal knowledge at an internet cafe or even on the Association machine during a coffee break!

www.sja.org.uk/ifirstaid

There are short recordings of first aid techniques: Audio files in mp3 AAC and RealPlayer formats can be downloaded to your mp3 player, mobile or burnt to a CD, to train people anywhere at anytime!

Caption Competition

Send in humorous captions for this cartoon and you could **WIN** yourself some Supplies goodies. Entries and winner will be announced in the next issue.



Freebies to give away

St John Supplies have given us some eye catching, trendy mobile phone shaped first aid cards to give away. They would make great handouts or would brighten up your H.Q. walls.

We also have some pads of the "stickman positions" quiz worksheet. Let Matt know if you would like some.

Don't forget to apply to the **Match-funds Scheme**: If Your Association can raise half the cost of new training equipment, we can match that amount, and pay the balance. Matt can help with your application.

Are you camera shy..?!

Have you ever been filmed while teaching? Although videoing can make you feel a little nervous at first, when you play it back, it can be a real eye opener! This experience really helps to improve your training techniques.

Marva Griffiths— Richards from Barbados is going to rise to the challenge, and is sending a filmed theory and skills lesson to Dawn Upton (*Training Development Advisor TDA from U.K*), as part of her Trainer requalification. It costs far less to hire a camera for a few hours and buy a blank tape, than to fly Dawn out to do the same observation! *Go on, here's a chance to get on the big screen - give it a go!*

