

# Leadership, Decision Making, Problem Solving T/E Training Document

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## 1.1 Leadership

### 1.1.1 Communication

- Inform patient of what is happening
- Give instructions to helpers
- Direct bystanders without confusion

Leadership is evident through effective communication with all other persons involved in the incident. Communication occurs with the patient, with additional patrollers who require instruction, and with bystanders or family members.

Clearly communicate with the patient about what is being done and why. This allows the patient to feel more comfortable and aware of what is happening. "I am applying the traction splint on your leg, first we are going to set the strap on your upper leg."

Instructions to helpers should be clear, direct, and include reporting back to the leader. Keep directions unambiguous and concise. "Please take a second set of vitals and report them back to me."

Directing bystanders can be tricky as they may be emotionally attached to the injured guest. Speaking calmly, clearly, and giving them a job to do allows them to feel like they are helping out without being a distraction. "Hi Mr. Bystander, I need you to go 10 yards uphill and direct traffic around us to make sure we all stay safe."

### 1.1.2 Attitude

- Be positive, reassuring, and outgoing

Leadership is evident through the attitude a patroller maintains in responding to an incident. Displaying a positive, professional manner is

Having a positive attitude shows confidence and calms the injured guest. Speaking in a positive manner helps alleviate anxieties as well. "We are going to take good care of you and get you to further care as quickly and as safely as we can."

We want to reassure the injured guest without overpromising them. "We are going to splint your arm to help stabilize it so we can get you down the hill and the doctor."

Having an upbeat tone of voice, that speaks to everyone involved regularly and exudes confidence will help instill confidence in the injured guest that they are in good hands.

### 1.1.3 Ability to Direct

- Be assertive, not helper directed
- Use resources
- Provide clear direction and instructions to helpers.

Leadership is evident in the way in which team members are guided to respond to the incident. Assertive or confident directions to helpers about their tasks and utilization of resources allows for an efficient response to an incident.

Have a plan of action and communicate it clearly with your helpers. "John, I would like you to stabilize the wrist with a rigid splint, followed by a sling and swath, once you have rechecked the CMS report back to me."

Make sure all of your helpers have a useful task and are working to help solve the problem.  
“Zahara, please take a second set of vitals on Waylon. Zeke, please apply a pressure bandage to Wendy’s arm bleed. Once each of you are done, please report back to me.”

#### 1.1.4 Confidence

- Be confident by knowing what to do and how to do it.

Leadership is evident in a confident approach to a complex situation.

Know what your injuries are and how you want to solve them. Confidence can be demonstrated in clear communication and directions to the helpers on scene, any by-standers, and the injured guest. Confidence is often best seen when entering the scene and noting observations, number of injured guests, and ensuring scene safety. “I see two injured guests, 1 bystander. Hi, my name is Juan, what is your name (to the bystander)? Can I get you to go 10 yards up the hill and direct traffic around us? Thank you, the scene is now safe?”

#### 1.1.5 Team Interaction

- Build and use a team approach
- Control the situation
- Do not try to do everything alone

Leadership is evident as you build and use a team approach that demonstrates trust in team members. A leader will not try to do everything alone but will be accountable for it being done.

Make sure each team member has a job and is being communicated with regularly. This includes checking in with your helpers before and after you have given them directions. Frequent communication with the injured guest keeping them informed and with any bystanders as well. Trust the patrollers helping you to do their job well, recheck their work, and adjust as needed. Maintaining a positive attitude is essential. Be the team lead! “Skyler, this is my fellow patroller Jules, she is going to help me get your leg stabilized. Jules, I need you to splint Skyler’s leg, recheck CMS, then take a third set of vitals, and report back to me.”

### 1.2 Decision Making

Demonstration of decision making involves aspects of both scene management and assessment and treatment of patients. These aspects begin with approach to the scene and uses information from the patient assessment, including patient history, to select appropriate treatment and the necessary equipment and resources for transport.

#### 1.2.1 Problem Assessment

- Approaches incident appropriately.
- Evaluates situation.
- Determines all essential issues and safety needs.

Decision making is evident in assessing the problem as the patroller approaches the scene or incident appropriately. This is demonstrated as using an appropriate and controlled speed to approach the incident. During this time, evidence of scene sizeup to develop a first impression of the patient and safety hazards should be apparent.

Further problem assessment during the approach may be to acknowledge physical hazards, such as an icy or steep slope, natural obstacles like rocks or logs, a “yard sale” of equipment, or manmade hazards like snowmaking equipment or power lines. Correct decision making here will lead to efficient problem management.

Also to consider are human factors, such as high traffic areas or high speed skiers and riders, or maybe a crowd has gathered near the incident that will require management. In these instances, the patroller can secure the scene with crossed skis or poles or a snowboard or bike above the scene will limit access. Bystanders or family members can be utilized to manage the scene by saying, “Please go uphill and direct oncoming riders to stay to the left, away from the scene.”

The candidate should demonstrate their decision making by clearly verbalizing their steps.

### 1.2.2 Patient Assessment

- Conduct appropriate surveys
- During interview, consider trauma and medical outcome

A thorough patient assessment provides the opportunity to gather the information necessary for correct decision-making regarding treatment. Be efficient and complete and use the findings to properly manage the patient or patients.

A rapid primary assessment using the ABCD mnemonic provides decision-making information regarding life threatening needs of the patient. For airway and breathing, noting that the patient can speak and have a patent airway or if they require an airway adjunct because they are unresponsive or altered is a decision point to be noted. Addressing circulation by responding to significant bleeding or checking the pulse for presence and adequacy also provides evidence of decision making in response to life threats. Noting the need for possible cervical spine stabilization and exposing the chief complaint are part of the primary assessment and lead to the decision making needed in requesting equipment and resources from the dispatcher.

A patient history, using SAMPLE and OPQRST, is essential for recognizing and addressing illnesses or possible complicating factors in an injury. For example, learning a patient is on beta blockers slowing their heartbeat for hypertension may aid in recognizing the patient will not display tachycardia in shock. Likewise, a patroller may make a treatment decision moving more quickly to a tourniquet from direct pressure for a patient on blood thinners, such as Warfarin.

The secondary assessment of a head-to-toe exam and baseline vital signs, conducted in a proficient manner, can uncover secondary injuries unreported by the patient initially and give insight to the possibility of the patient experiencing shock.

### 1.2.3 Appropriate Prioritizing

- Determine single patient
- Hurry case or not?
- Assignment of multiple patients
- Triage

The senior patroller candidate demonstrates this aspect of decision making by quickly determining when responding to an incident whether the injury or illness is a hurry case, or “load and go.” During the scene size-up, the mechanism of injury may indicate the possibility of a critical multisystem trauma patient.

After scene size-up, the primary assessment may reveal the need for interventions for a life-threatening bleed or other ABCD issue, followed by rapid transport. In an incident involving multiple patients, the patroller must rapidly triage and determine the patient whose needs are of the highest urgency.

Appropriate prioritizing as a decision-making aspect allows for successful problem management in developing a plan of action and in requesting needed equipment and resources (personnel). Also, it leads to successful leadership as additional rescuers arrive and are directed and deployed correctly.

### 1.2.4 Overall Safety

- Take all actions to identify, protect, mark and move the patient.

Safety is commonly considered while approaching the scene as the scene is marked uphill or bystanders are used to direct traffic. However, safety considerations continue throughout the incident.

The injured patient’s riding equipment is moved and safely placed, not tossed, out of the way as treatment progresses. This is especially important with snowboards or telemark equipment without brakes. As transportation arrives on scene, ensure it is placed and secured in a safe location near the patient. This is part of overall safety, and making a decision on scene management

Safety of teammates should be considered, too. As assistants arrive, they should wear PPE following standard precautions, but you may remind them if needed. When moving or lifting a patient, you may use small moves to get the patient into the toboggan and ensure all team members use proper body mechanics.

## 1.3 Problem Management

### 1.3.1 Plan of Action

- Manage problem flow without repeat actions
- Direct follow-through that is logical for patient condition
- Allot time for activities

Developing a plan of action principally considers patient treatment, and moving and transporting the patient. At times, the plan may need to include notifying area management when there are risk management concerns, e.g., collision with others, injuries involving area equipment, etc.

Competent problem management is evidenced as you make a plan and notify dispatch of your needs. Consider all of your needs for equipment and resources before making your first radio call. Multiple radio calls for resources and equipment indicates lack of planning and anticipation. Likewise, calling for everything 'just in case' indicates a lack of understanding what the problems are and could pull needed resources from another case occurring elsewhere on the mountain.

Effective execution of a treatment plan without the need for repeat actions, even when multiple options present themselves, is essential. In patient treatment, this could be deciding to support a bent knee in a quick splint with a blanket roll and working efficiently when an airplane splint could work equally well. For patient moves, the placement of a long spine board when faced with a difficult extrication also requires a plan of action communicated to the assisting patrollers.

### 1.3.2 Anticipation

- Plan for what will follow
- Avoid common problems or duplication of effort
- Avoid unnecessary moves

Managing an incident can require anticipation of next steps and clear directions for team members as that occurs. "John, bring the backboard to the patient's right side so we can logroll as soon as they're done with the traction splint." Clear roles given to team members can reduce duplication of effort or missed needs. Some experienced patrollers position the backboard beyond the patient's head when logrolling so they can center the patient on the board with a single axial drag, avoiding unnecessary moves.

### 1.3.3 Equipment

- Request, use and direct resources appropriately
- Keep busy without allowing independent actions.

A complex incident may have extensive equipment needs to provide proper patient treatment. An effective radio call will deliver the resources, but having a clear plan and having teammates move in synch ensures the best patient care.

### 1.3.4 Resources

- Request, use appropriately; ensure patrollers apply correctly

Adequate resources ensure efficient and effective patient care, including transport. If a difficult extrication is encountered or the patient requires extensive care, the personnel needs should be anticipated and called for. In an incident such as a pelvic fracture, a team of responding patrollers may have two applying the pelvic binder while another prepares the LSB and spider straps while another administers high-flow O<sub>2</sub>. Decision making, problem management, and leadership are all evident in management of this incident.

### 1.3.5 OEC Skills

- Direct or apply according to patient need and in accordance with OEC skill performance objectives

Problem management and execution of a treatment plan is dependent on correct application of OEC skills. The correct application of a traction splint to a patient requiring it for a mid-shaft femur fracture will reduce pain and limit internal hemorrhage. Similarly, assessment that determines the need for a cervical collar followed by the incorrect sizing of the collar would not achieve the necessary spinal motion restriction.

### 1.3.6 Transportation

- Arrange transport using planned, supportive, appropriate means
- Position in transportation device
- Hurry case or not
- Adequate number of helpers

For patient transport, problem management may be detailing an appropriate method. For a medical patient in the lodge, should you select a litter or a wheelchair? A patient on a snow hill in respiratory distress is likely to be transported in a toboggan, but ensuring the transport is head uphill and providing a means for them to sit up or propping them on a blanket is best. Problem management and transport for a patient experiencing multisystem trauma may be “load and go”. In any case, ensuring there are enough persons on scene to safely prepare the patient for transport is required.