

# LUBAS

## Assessment Process

### How will I be assessed?

During the course you will be continually assessed (formative assessment) by the instructors during discussions, workshops and demonstrations of skills learnt.

You will be observed demonstrating and will be expected to show proficiency in the following skills during instructor led practical scenarios (see appendix):

- **Airway, Breathing and Circulation Management**
- **CPR and AED**
- **Head Injury Management**
- **MSK – Application of Splinting Devices**
- **Spinal Injury Assessment and Management**

After completion of the practical sessions, you will be formally assessed against the following learning outcomes/competencies:

- **Demonstration of the primary and secondary assessment of an injured player.**
- **Demonstration of the correct management/treatment and actions to take following the assessment and identify possible complications.**

### How is this assessment carried out?

You will be given a pre-determined scenario to assess, manage, treat and evaluate an injured player. You will be expected to demonstrate clear leadership skills and give clear instructions during the assessment. You will manage the player until emergency help arrives and the examiner ends the assessment.

The assessment will last approximately 15 minutes. The instructors may ask questions during the scenario to confirm understanding of the required knowledge and skills. This will be assessed against pre-determined criteria.

### What happens once the scenario assessment is over?

Once your assessment has been completed, the examiner will mark your performance using a set criterion. You will then be awarded a pass or re-test result.

If you are awarded a pass, you have reached the required standard and have passed the practical assessment.

### **What happens if I am awarded a re-test?**

If you are awarded a re-test, an immediate re-test will be offered and undertaken by a different examiner. If you fail the retest, you will fail the course and be invited to re-book onto a future course.

### **Is this the only formal assessment?**

No, you will also be required to sit a multiple-choice question (**MCQ**) paper. The pass mark is 75%. If you reach the pass mark or above, you have passed the paper.

### **What happens if I fail to reach the pass mark?**

If you fail to reach the pass mark, you will be offered a re-sit of an MCQ paper at a future date. This can be arranged over Zoom/Teams or you can choose to attend in person during a future course.

The resit paper must be completed and passed **within 3 months** of course completion. If you fail the resit paper, or 3 months has passed since your first attempt, you will need to complete the full course again at your own cost.

### **Do I need to pass both formal assessments?**

Yes, only after obtaining a pass in the practical assessment and the MCQ will you be awarded the Sports Trauma Management certificate. A FASE 2 certificate may be issued to you in the event of failing the course, this will be at the discretion of the instructor(s)\*.

*\*You must have demonstrated the standard required for FASE 2 throughout the day.*

### **Can I attend the course and try again?**

Yes, you are welcome to book onto a future course at your own cost. We recommend this be at least 3 months following a failed attempt. We advise that you use this time to gain more experience and conduct further reading into the subject.

## Practical Skills Assessment

During the Sports Trauma Management course, you will be assessed in the following areas:

<b>Airway and Breathing Management</b>
Initial assessment of the airway
Postural drainage
Use of handheld suction
Head tilt/chin lift
Jaw thrust
States when jaw thrust should be applied
Selects & measures OPA
Inserts OPA
Selects NPA (7 – male, 6 – female)
Inserts NPA
Knows to avoid NPA if suspected base of skull fracture
Selects I-Gel based on weight
Prepares I-Gel
Inserts I-Gel
Secures I-Gel
Attaches BVM to I-Gel
Initial assessment of Breathing (Rate, depth, effort)
Examination of the chest (fractures, bruising, expansion, symmetry, auscultation, percussion)
Recording of saturations
Connecting O2 mask to Oxygen cylinder
Turning on Oxygen cylinder (full flow, 15 L/min)
Positioning of O2 mask onto patient
Connecting O2 to BVM
Ventilating using a BVM (2-person technique)

<b>CPR and AED</b>
Checks for Danger before approaching
Check for a Response – Verbally & by gentle shake
Calls for help – Verbally & using hand signals
Initial assessment of the Airway
Opens the airway - Head tilt/chin lift
Checks for breathing for 10 seconds
Calls for help, AED, 999, Cardiac arrest
Starts compressions
Hands in the centre of the chest
Compress chest 5-6cm
Gives 30 compressions
Rate of compressions 100-120/min
Connects BVM to oxygen
Gives 2 assisted ventilations
Adequate rise and fall of the chest
Continue with 30 compressions
Checks for Danger
Opens/turns on AED when it arrives
Ensure good quality CPR is ongoing
Prepares the patient (razor, cloth, scissors)
Correctly positions the pads
Ensure themselves and others are away while analysing
<b>If shock advised</b>
Tells everyone to stand clear and checks head to toe
Delivers the shock
Continues with CPR for 2 mins
Repeats analyse sequence
<b>If NO shock advised</b>
Checks patient quickly for any signs of life
Continues with CPR for 2 mins
Identify main safety considerations when using an AED
Knows the pad position for children

<b>Head injury</b>
Assess for danger
Complete Primary Survey
Perform secondary survey
Describes signs & symptoms of concussion
Knows to remove player from field of play if concussion suspected
Discusses return to play guidance (sports specific noted)
Notes red flag signs/symptoms of a head injury
Knows to call 999 for red flag signs/symptoms
Discusses use of Scat 5 document
<b>MSK – Application of splinting devices</b>
Assess for danger
Complete Primary Survey
Perform secondary survey
Describes signs & symptoms of a fracture/dislocation
Application of a triangular bandage (high & low arm)
Application of a SAM splint to a forearm
Application of a box splint
Application of a Vacuum splint
Checks for distal circulation (pulse check, cap refill)
Application of a Pelvic sling
Application of a traction splint
How to use Entonox
Knows to avoid Entonox for head injury & pneumothorax

<b>Spinal Injury Assessment</b>
Assess for Danger
Assess for Response from line of sight
Immobilisation the C-Spine
Complete Primary survey
<b>NEXUS assessment</b>
Assesses for dangerous mechanism
Assesses if the patient is Awake, Alert, Sober
Assesses for any painful distracting injury
Assess neurology – Pins & needles
Assess neurology – hot & cold
Assess neurology – numbness – can move fingers/toes
Assess for any central neck pain
Palpation from C1 to T1
Voluntary rotation 45 degrees left and right
Correct sequence demonstrated

<b>Spinal Injury Management</b>
Assess for danger
Adapted spinal recovery position one person
Adapted spinal recovery position two person
Correct equipment identified
Correct cervical collar measurement
Correct application of cervical collar
Allocation of log roll team positions
Safe and effective log roll commands given
Safe and effective log roll in position 1 (shoulders)
Safe and effective log roll in position 2 (hips)
Safe and effective log roll in position 3 (legs)
Insertion of scoop stretcher from either side
Locking of scoop stretcher (head & feet)
Correct position of body straps, (chest first) (shoulders last)
Correct insertion of head blocks
Correct use of head straps
Head control/immobilisation maintained throughout
Oxygen provided for player
Allocation of stretcher team for removal from the field
Safe and effective commands given to team throughout