

## **Rallye Rejviz: an International EMS Competition. 10 years of Camaraderie, Research and Education.**

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What started out 10 years ago, as a bit of a lark to celebrate the 20<sup>th</sup> anniversary of a small town's EMS service, has become an eagerly anticipated annual event. Each spring dozens of teams from around the world make the trip to this small mountain town in the northern part of the Czech Republic to participate in this two day competition. Whereas only 11 Czech teams participated in the first event, last year 65 ambulances from thirteen countries, took part. And making this a truly international and unique event - for several years a portion of the competition actually took place in neighboring Poland.

It is an unusual EMS event because it combines features of a road rally with a clinical competition. Ambulances are dispatched at timed intervals with a map to locate various scenarios which are generally some distance away. The settings and scenarios are quite varied. Examples from previous years include various car and bus accidents in the woods, lake submersions, mine cave-ins, overdoses in abandoned cellars, horse related injuries, seizures (eclampsia) at the train station as well myocardial infarction in the local pub or on the town square! Some scenarios have more than one victim and live moulaged victims are used as often as possible. Where appropriate, distracters such as disruptive or unhelpful family members are also included in the scenarios. There are usually between 5 and 7 scenarios, including one at night, in each competition and there are often tests for drivers as well. The use of live victims in a realistic setting, coupled with the stress inherent in a competition all contribute to the realism of the event.

Most European including teams from distant Spain, the Netherlands and Greece compete using their own ambulances. While those traveling even greater distances (Japan, Israel, Canada, USA, Argentina etc) are lent an ambulance and driver. Despite this apparent handicap both US and Canadian paramedic teams have managed to capture first place a number of times during the last several years, upsetting more than a few physicians in the process. The Austrians and Dutch have also done quite well, proving that there is no home court advantage.

The competition provides a wonderful chance for EMS workers from different countries to meet other colleagues, compare equipment and techniques, and swap stories over a beer. It also provides a wonderful venue for research and education. Where else can you compare the approach of different teams from different countries to a common scenario in a realistic setting; or compare teams lead by physicians, as is common in many European countries, with teams made up entirely of paramedics or nurses? Many scenarios have a built in "lesson" and certain around common pitfalls. Gratifyingly some returning teams have shown considerable improvement over the years. Several have related real live calls in which they were able to apply lessons learned from the competition. It is also not unusual to see teams video taping their performance for future review.

Some of our observations and the result of scenarios have been presented at assorted congresses and will be discussed during the lecture. In general however it appears that the crucial ingredient to success in the competition is training and discipline rather than in the actual level of provider. Furthermore common mistakes are common; irrespective of the country of origin or level of provider. Furthermore physician led teams frequently look to the doctor for direction and leadership which is a distinct handicap when the situation is complex or involves several victims. It is perhaps not surprising that there is no inherent physician advantage on the ambulance in many of these scenarios.

It is certainly a challenge to create scenarios for such a diverse group. The scenarios need to be universal and avoid exotic situations. Scoring needs to take into account the potentially different scopes of practice of the different providers. It is unreasonable to penalize lower levels of providers for actions they are unable to perform and yet at the same time not recognize and reward truly meaningful interventions. In addition the scenario cannot be too language dependent in deference to the international nature of the event. Typically each scenario is passed through several experienced judges with knowledge about different EMS systems with different levels of providers. If a consensus cannot be reached regarding the scenario or the scoring, it is not used.

Other challenges include preserving the integrity of the competition. With the proliferation of communications devices, the presence of assorted onlookers and with some countries fielding multiple teams it is frustratingly difficult to control for this. It is also difficult know if the team's composition truly reflects what is done at home.

Despite these potential obstacles and challenges the event itself is clearly successful and has been replicated elsewhere including Spain, Slovakia and Croatia. We look forward to continued growth and spread of the concept to other parts of the world. The next Rallye Rejviz will take place May 24<sup>th</sup> – 27<sup>th</sup>, 2006. For more information please check out the RR web page at [www.rallye-rejviz.com](http://www.rallye-rejviz.com).