



Al-Qanun

Winter 2004

The newsletter of the Chirurgeonate in the Society for Creative Anachronism.

Welcome to Al-Qanun

Lady Suzannah Merrybegot, Editor

Welcome to the Winter 2004 edition of *Al-Qanun*, the newsletter for the SCA chirurgeonate. After a six-year hiatus, I am pleased to announce that I will be stepping in as editor of this newsletter. I plan on publishing four editions in a calendar year; Spring, Summer, Fall and Winter.

The name Al-Qanun (pronounced Al-Ka-NOON) is Arabic for “canon” or “codes of law.” The Arabic text, as well as the English translation of *Al-Qanun fi al-Tibb* by the Ibn Sina (980-1037 A.D.), is a million word encyclopedic work on Arab medicine that was once taught in many Western universities until the 18th century. Its volumes include information on general principles of medicine, materia medica, diseases, general therapeutics and a formulary of compound drugs.

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Chirurgeon General’s Corner

Dame Eleanor Isabeau du Coeur, Chirurgeon General

Now and then, I get some good questions on what a chirurgeon general is and what he or she does. Our history is interesting and I’m still learning about it as I do more research. Let me share with you a little history of the post and what the chirurgeon general does “behind the scenes.”

Our first chirurgeon was a lady named Bjo Trimble before chirurgeons were called by that name. She came to an event with a first aid kit. Thus, the tradition began of having some kind of first aid available at events whenever possible. The chirurgeonate as an office developed later and originally was under the marshallate umbrella. It was not until the late 1970s that the Society Earl Marshal decided that chirurgeons should have their own office. In 1980, the Board of Directors created the office. The first chirurgeon general was Lord Bohemund. There have been nine chirurgeon generals before me and I have the honor to have learned something from nearly all of them to take with me into the office.

The office itself adapts with time but the basic tasks that a chirurgeon general performs have not changed drastically in recent years. Although many of us are doctors of some flavor, it is not a requirement for the office. In fact, we have had a paramedic, a lab technologist and a lawyer all serve as chirurgeon general. Many of us have served as a kingdom chirurgeon. While the experience is extremely helpful for this post, it is not a requirement. Many of us are master chirurgeons simply because we’ve been chirurgeons a long time before assuming the position. The role of the chirurgeon general is defined in the *Chirurgeons’ Handbook*. A chirurgeon general must be warranted, and appointed by the Board of Directors to the office. The appointment is for three years.

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So many of you have great stories and a wealth of experience to share; therefore, I am requesting articles of potential interest to surgeons. Articles may be written by non-surgeons as long as they are of interest to surgeons. Letters to the editor are always welcome (susanheemstra@yahoo.com). If your missive is obscene I probably won't print it. Articles on how to treat a particular problem, how to ensure you are prepared to work an event as CIC, funny stories (or not so funny) are welcome. The article may be as long or short as you wish. Following is the guideline for submission to the newsletter:

Submitting articles

1. The preferred method of submission is email, followed by 3.5-inch floppy disc and hard copy in that order. If you wish your disk to be returned, please send a self-addressed, stamped (disk-holding) envelop with your submission. Otherwise I will add the disk to my collection.
2. Note that all submissions will be edited for clarity, brevity and grammar. If major changes must be made, all attempts will be made to contact the author for permission before the article is published. Be prepared; although I am not perfect, I tend to be a grammar Nazi.
3. Try to refrain from writing "foresoothly." For example, automobiles should be referred to as such, not "dragons." It may be cute, but not everyone who reads this newsletter may know what you mean. After all, if someone has never been to Pennsic or is new to the SCA, he or she probably doesn't know what a "portacastle" is.
4. Remember the KISS principle when writing your article. Keep it simple, short. I am not your English teacher and you don't need to write a five-page essay when only one half-page will do nicely. When writing a serious or informative article, some tongue-in-cheek is to be expected. After all, if we have no sense of humor we probably shouldn't be surgeons. Just be careful when using humor in your article.

I hope you enjoy this issue of *Al-Qanun*. Please let me hear from you with comments, criticisms and complaints. I hope your events are uneventful and I wish all of you a joyous and blessed holiday season.



Practically speaking, a chirurgeon general has to have a lot of experience as a chirurgeon at a variety of levels, has to be organized, has to be willing to be able to listen to people discuss their problems, read and write reports, be extremely familiar with the *Chirurgeons' Handbook* and other Society policies and solve problems that crop up.

What do I do on a day-to-day basis in the office? This tends to be more paperwork-intensive than the other levels of chirurgeoning I've served at. I receive quarterly reports from the kingdom chirurgeons and then write a quarterly report to the Board of Directors for their meetings. I receive information on serious injuries, evaluate reports for items that require my attention and follow up where needed. This is a Society office and if there is a problem that reaches my level, it's really bad and/or really complex. While I see fewer problems than I saw at other levels of chirurgeoning, the problems I do see are more difficult and require greater attention.

I work with kingdom chirurgeons on questions they have about running their office. One of my projects for my term in office is to develop a manual on how to be an effective kingdom chirurgeon. I've found that many of the questions posed to me by current kingdom chirurgeons are the same questions I asked when I was a kingdom chirurgeon eight years ago. There is a fair amount of email to review and respond to. I work with Crowns and sitting kingdom chirurgeons on the selection of successor kingdom chirurgeons. Policy interpretation and development falls under the purview of my office, so I am also responsible for continuing work on chirurgeon policy. Fortunately, my predecessor did a lot of that, making my job much easier! I also enjoy writing articles, teaching classes and providing first aid.

This job doesn't get done in a vacuum. I have a number of people who I depend on for information and advice, particularly if it's their area of expertise but not mine. I consult a number of people on legal and computer issues, for instance. Other people I work with regularly include my predecessors in office, the Society officers, the President of the SCA, our Board Ombudsman (currently this is Dena Cady), the kingdom chirurgeons and my advisory team. I have an emergency deputy, HL Caelin of Andrede, whom I frequently bounce ideas off of and communicate with in case I have to step down from the post before my term is up. While I work closely with all these people, I welcome ideas, concerns and comments

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CONTRIBUTING AUTHORS

Lady Suzannah Merrybegot (Susan Heemstra) is an executive assistant at the Chicago Botanic Garden. She volunteers her time as a journeyman chirurgeon, is a Red-Cross Instructor, teaches a History of the Black Plague class at Pennsic and has performed with the Known World Choir. Suzannah, who suffers from a terminal case of helium-hand, is a member of House Red Winged Lion.

Dame Eleanor Isabeau du Coeur (Beth Hart-Carlock) is a Doctor of Optometry in Kenosha, WI, in the new Kingdom of Northshield. She is a Pelican, master chirurgeon, mother to a 7-year-old boy, a 4-year-old girl and three cats, and holds down the fort while her husband is on active duty. Eleanor has served as kingdom chirurgeon for Calontir and principality chirurgeon for Northshield before being selected for the duty of Chirurgeon General.

James "Hawk" Galloway is pretty much nobody, but gets to be War Chirurgeon and East Kingdom Chirurgeon for reasons that elude him. James Rosse is an EMT/Firefighter/Rescue Technician from upstate NY, while working as a computer consultant in his free time and figuring out what he wants to do if he lives to grow up.

Maistor Iustinos Tekton (Justin) is an eleventh century Byzantine merchant who has been a chirurgeon since 1994. Justin lives in the Middle Kingdom and was Chirurgeon in Charge for Pennsic War 32. In the modern world, Scott Courtney is a Senior Engineer with an IT engineering consultancy.

on chirurgeon issues from any chirurgeon, whether that person is the newest apprentice or the most seasoned master. I try to respond within about three days to email and while regular mail takes a little longer, I try to respond quickly to those as well. I have discovered that occasionally I do not receive someone's email or my reply does not get to the recipient due to ISP filters or your own spam filter. To minimize these problems, please make sure to put 'chirurgeon' in the subject line. If it's truly an urgent issue, feel free to call me.

I look forward to meeting many of you as I travel to events. I remain in service to the SCA and the Chirurgeonate,

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What's in *YOUR* Kit?

As chirurgeons, we've probably spent a lot of time, money and energy putting our first-aid kits together. So what's the one thing in your kit you couldn't live without? What's the most unusual item you keep in your kit? What advice would you give apprentice chirurgeons about items to keep in a kit and what have you found to be unnecessary?

Send us your ideas and suggestions, funniest items or serious proposals. We'll take the best (and the worst) and compile a list here in the Spring, 2005 edition.

Email the editor at susanheemstra@yahoo.com. You just might help your fellow chirurgeon set up his or her kit in ways they never considered.

Tips for Training Apprentice Chirurgeons

Maistor Iustinos Tekton

There is an old mantra in the chirurgeonate that goes "apprentices treat, journeymen supervise, and masters teach." Let me start off by saying I consider this total nonsense. All chirurgeons treat and all chirurgeons can teach! This article is about teaching, specifically, about orienting and training apprentices.

Nothing about this article should be regarded as gospel. This is a list of things that I and those I have trained have found helpful; ultimately, you will need to develop your own style of working with apprentices and you will need to adapt your style to the skill, experience level, and the personality of each person you help to train.

Above all: R-E-S-P-E-C-T!

The first thing to remember is that apprentices are not stupid. They are human beings first and apprentices second. One of the most infuriating things I have ever seen in the chirurgeonate was the day when a journeyman I was working with barked at a nearby apprentice, "APPRENTICE! MY KIT!" It sounded like an imperious plutocrat barking orders to their scullery drudge. Apprentices have names -- and the first rule of earning someone's respect is to learn and use their name.

Along those same lines, don't make the assumption that you know more than the apprentice about anything, especially patient care. Shortly after I had become a Master Chirurgeon, I treated a minor kitchen burn on the hand of a new apprentice, who was working her first shift on my watch. I started to dress the burn using a wrapping technique that I learned in EMT class. She stopped me. "Would you like to learn a better way?" Of course I would. She proceeded to show me that you can better bandage certain hand wounds if you put a half-twist into the gauze as it crosses the palm -- something that had never occurred to me. That's what happens when you work with an apprentice who's a paramedic! If I had copped an attitude about being a gold-striper, I would have missed a great opportunity.

Remember that apprentices are there to learn, not be our slaves for scut work. They should do their share of housekeeping and other nasty chores, just like any other member of the team. As a journeyman or master, however, you should never ask an apprentice to do a job that you wouldn't do yourself and you should expect to do your share right alongside them.

Advanced Certifications

Sometimes a very experienced apprentice can have problems adapting to the chirurgeonate protocols of "just first aid." What do you tell someone who comes into the chirurgeonate with advanced certifications? I've actually found very little conflict between what I can do as an EMT versus what I can do as a chirurgeon -- if I keep in mind the limited equipment and the work environment of the typical SCA event. What I tell apprentices with advanced certifications is, "You don't have to check your brain at the door, just the fancy toys."

Take spine immobilization for example. As a first aider, the protocol for suspected spinal injury is to keep the patient from moving their head or neck, don't move them, and summon EMS. As an EMT, I know more spinal immobilization techniques than are taught in basic first aid, and nothing stops me from using most of them. But the basic goals and principles remain the same as first aid.

In the first aid courses, students are generally taught to have the patient seek medical care for just about everything. As an advanced certified chirurgeon, I still follow that protocol, but I use my advanced assessment skills to guide *how* I follow it. Advanced assessment makes a difference in how emphatically I phrase the advice to "seek medical care," and how much effort I spend persuading a patient who is reluctant to go to the hospital or clinic.

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When it really comes down to it, just how much can anyone -- regardless of training level -- do in a primitive field situation, other than what's listed in the advanced first aid protocols? No matter how great you are as an EMT, nurse, paramedic, whatever, you are not as good by yourself or with a carry-bag of gear, as would be an ambulance, three paramedics, a radio to the medical control officer and a few hundred pounds of equipment. Thus, just how much limitation is the first-aid-only requirement? Answer: not as much as many people think.

The bottom line for advanced-cert apprentices is this: we are limited to providing care at a first aid level, but your internal mental assessment of the scene and the patient can use your full range of training.

Evaluations

My biggest personal hot-button for apprentice training is feedback. I've seen so many trainers watch an apprentice work, treating several patients on a shift, then thank them and send them on their way without any kind of feedback. How is anyone supposed to learn in that environment? Some kingdoms, from what I'm told, forbid the evaluating Chirurgeon from discussing the apprentice evaluation form with the apprentice. In my personal opinion, if that is your kingdom's policy, then start lobbying for it to be changed!

I have a policy that I will never say something on an apprentice evaluation form that I won't say to the person's face, and I back that policy up with action. At the end of the shift, I sit down with the apprentice in a quiet, private spot and go over the evaluation form with them. Both good and bad points are covered, politely but clearly. I then offer them an opportunity to add their own comments on the back of the form if they feel that I've been unfair in any way and I ask them what I could have done better to make their shift more pleasant or more educational. Evaluation should be a two-way dialogue, not a lecture.

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ANNOUNCEMENTS

NEW KINGDOM CHIRURGEONS

A warm welcome to Lady Rowena Lindsey, (Linda Lindsey) who became **Middle Kingdom Chirurgeon** when the Principality of Northshield became a Kingdom and Lady Tatiana de Melville (Tonia Heng) stepped down. Thanks go out to Lady Tatiana for her service as Middle Kingdom Chirurgeon. Welcome also to Lady Margalit Medicus (Jamie Feldman), who became the first **Northshield Kingdom Chirurgeon**, in October.

Another welcome to the new **West Kingdom Chirurgeon**, Lord Michael MacSeoin (Mike Jones), who stepped in after Master George of Berwick (Tony Baldacci). Thanks go out to Master George for his service as kingdom chirurgeon. Good luck and best wishes in nursing school, Tony!

Please note that Lord Drago the Dark (David Elder) has officially been made the **Artemisia Kingdom Chirurgeon** after serving as the acting kingdom chirurgeon.

DOOMSDAY REPORTS

Chirurgeons, if you have not already done so, please send your Doomsday Reports and current certs to your regional AND kingdom chirurgeons immediately. Regional chirurgeons are to send in their doomsday reports before **December 8, 2004**.

Read the Rules

The cold weather tends to provide a little down time for chirurgeons. Events are usually held indoors, attendance numbers are smaller and fighting tends to be minimal due to space limitations. This may be the perfect time for you to catch up on your reading – the *Chirurgeon's Handbook*, that is.

Even if you have read it before, you should still look it over to refresh your memory. Policies change and it is important to make yourself aware of these changes. If the apprentice you're training asks a tough question, don't guess, look it up in the handbook.

The *Chirurgeon's Handbook* is a valuable resource and should be reviewed frequently. In fact, why not keep a copy in your kit? Like everything else, you should know the rules before you step in to play the game.

I also feel that serious problem issues should be discussed immediately after the patient has been cared for, not waiting until the end of the shift. The goal of the trainer is not to wait for the end of the shift and then downgrade the evaluation for failings, but ideally, to correct the failings during the shift and then have the pleasure of giving a much-improved evaluation at the end.

If you see a problem and speaking with the apprentice (privately – never in front of a patient unless the patient's safety is at stake!) causes them to correct the issue, then be sure to praise this correction in the evaluation. Remind the apprentice that the apprenticeship is a time when they are allowed to make mistakes and learn from them and that a minor failing in an early part of the apprenticeship isn't going to stop them from getting a warrant later.

Paperwork

The single most important thing that any trainer can -- and must -- do for each apprentice shift is to make sure the evaluation form gets mailed to the Kingdom Chirurgeon (or other officer, as applicable in your kingdom). If you sit on the form, they don't get credit for the shift. Eventually, they give up on getting a warrant and we lose a valued member of the team. Don't delay this "for a few days" after the event. Make a copy for your records, then get that form in the mail.

Conclusion

I find working with apprentices to be one of the most rewarding aspects of the Chirurgeonate. The things that I've learned while doing so are by no means everything there is to learn. Each time I work with a new apprentice, I learn something new about training others and I often learn something new to add to my own skills.



Better Chirurgeoning 101

James "Hawk" Galloway

"Hi, my name is Hawk, and I'm a chirurgeon. Can I help you?"

In the East Kingdom, Aethelmarc, and sometimes in Atlantia, I get to say these words. Most of the time, I'm told "Nope, got it." Sometimes I am asked "does this look infected," or something to that effect.

Over the years, I've learned that a low-key, friendly approach to meeting a potential patient is the easiest way to skip over introductions when putting a band-aid on something. First off, you don't come across as a rabid, over-eager chirurgeon and second, you're not coming across in a manner that might excite your new acquaintance further if he or she has come to the conclusion there is a problem.

If someone doesn't need medical help, they may just need help with some duct-tape, assistance in adjusting their armor, or a hand with laces on their bodice. Moments like these allow you to spend a little face-to-face time when they don't need a band-aid. So when they do need one, you're not an unknown quantity. After all, you are in service to the Crown, the chirurgeonate and the dream; a little chivalry goes a long way.

Try it sometime when you see someone having a problem that doesn't require your first aid kit. Think of it as part of the service.



Chirurgeon Fortune Cooky:

☺ When Murphy comes to visit, he likes to stick around.

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