

# BLACK BELT LEADERSHIP

GUIDANCE ON LEADERSHIP DEVELOPMENT

## A Staff and Support Team Pop Quiz!



By Tom Callos

### What Do We Do When...?

What do you do when the phone rings? What do you do when it doesn't ring? What do you do when a parent complains? What do you do when a parent calls with a testimonial for your amazing services? What do you do when a student looks at you, smiles, and then drops face first onto the mat?

What do you do to train yourself to take full advantage of the good times – and be as prepared as possible for the not-so-good times?

You drill!

### Owners and Managers

Now, I'm not speaking about YOU, of course, but there are some owners and managers that take for granted that his or her staff would handle the rare emergency exactly as it should be handled (to reduce liability, pain or suffering to all involved and anything you can associate with that occasional "oops."). It's not that these owners and managers are negligent, it's just that they either have so many years of experience under their belts that they forget what beginners know or don't know, or they're just so busy spinning all the plates that they forget to drill the emergency skills on a regular basis.

Sometimes, just sometimes, you don't know what your people know and don't know, so you must go through the very simple process of ASKING.

That's this month's G.O.L.D. Leadership Report theme: Ask your staff members and assistants how they might handle a variety of sticky situations, and see how they do. The point here, of course, isn't to throw your hands up in disgust – or to show any impatience or surprise; it is to use the experience to fill in the gaps in your staff's training program – and in your procedures.

You can start with business questions and work toward medical emergencies, or the other way around. The idea is to work on the side of prevention, because therapy, after an incident, can be painful, expensive and unpleasant.

You might consider bringing in, for at least one staff training session, a doctor or emergency medical technician. These professionals know how to handle emergencies – and those in which your staff can be involved and those that are strictly hands off – and they can save you a considerable amount of staff-training time and energy.



## Staff and Helpers

You know what you know – and you don't know what you don't know! It's not a crime and you're not "under the gun" in this month's exercises, it's just that we need to "expect the best and prepare for the worst."

As you spend some time asking questions and developing tricky scenarios, please don't think you're not a A-rated player just because you don't know your school's procedure for addressing a student's nose bleed, bent finger or epileptic fit. You don't have to address those things very often, but they can happen (stuff happens) and it's smart if you discuss how to respond, in advance, should, you know, stuff happen.

## Two Examples

To begin this process to know what to do in almost all situations, it's not a bad idea to start with the simplest things.

Take, for example, muscle cramps and minor injuries, common during training. Does your staff know what to do or say when someone is prone to cramping? What if, not only did they know what to say, but also they could follow up with the student who suffers from cramps with an e-mail about cramps? Now that would be service!



Here's an example:

*Dear John,*

*I'm sorry you had a muscle cramp during tonight's class. I know those are painful! Here's some advice on how to avoid cramps.*

*See you next class!*

*Instructor Tom Callos*

*Muscle Cramps Can Cramp Your Style!*

*If you've ever experienced the excruciating pain of a severe muscle cramp, then you'd do almost anything to avoid suffering from that pain again.*

*Popular remedies include immediate rest, massage, warm heat, stretching and acupressure (relaxing the affected muscle by applying pressure to it). All of those treatments would be good responses in an emergency.*

*To avoid the pains of cramps, experts advise:*

- *Drink plenty of water. Cramps often occur when an athlete is dehydrated. On a daily basis, drink enough fluids so you have to urinate every two to four hours. During extended exercise, drink as much as tolerated, optimally 8 ounces every 15-20 minutes.*
- *Take calcium. Calcium plays an essential role in muscle contractions and may very well play a part in avoiding cramps.*
- *Take more sodium. Many athletes lose a significant amount of sodium through sweat and they may be putting themselves at risk for developing a sodium imbalance that could contribute to cramps.*
- *Take potassium. Potassium is another mineral that may (or may not, the experts say) have an effect on cramps. It won't hurt to make sure you aren't potassium-deficient.*

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For those ever-so-minor injuries, every staff member should know about R.I.C.E. or Rest, Ice, Compression and Elevation.

Here's another sample note:

Dear Sally,

This is a R.I.C.E reminder, via e-mail, to treat your little shin "boo-boo" from tonight's sparring session. Your form looked good this evening. Keep up the good work!

Instructor Jane

R.I.C.E For Injuries

If you suffer from a training-related injury, then use R.I.C.E. The term stands for Rest, Ice, Compression and Elevation.

- Rest - Take a break from exercise that may stress the injured area. Rest a minor injury for one or two days, severe injuries longer.
- Ice - Icing reduces pain, limits swelling and bleeding and encourages rapid healing.
- Compress - Compress the injury with a stretch bandage. Don't wrap too tight, just enough to support the injured area comfortably.
- Elevate - If possible, elevate the injured body part above the level of the heart. Wrapping helps limit swelling and also prevents movement of the area that is injured.

## Gold Report Wrap-Up

You could probably make a long list of all the positive and negative situations that occur in a martial arts school. Make it! Your list, from top to bottom, can become a part of your staff-member training program – and expanded – whenever you think of another scenario that must be addressed BEFORE it occurs, rather than afterwards.

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