Preceptor Expectations and Responsibilities

Clinical Review and Training Committee

Preceptor Qualification Requirements

Purpose: To establish a guideline that outlines the qualifications required to precept BLS and ALS providers.

BLS Preceptor:
In order to function as a BLS field preceptor, the provider must meet the following requirements:

- Maintain a valid state EMT certification
- Run a minimum of six (6) months as a released Attendant-in-Charge
- Demonstrate willingness and ability to serve as a mentor to less experienced members
- Receive the recommendation of Crew Captain
- Receive the approval of the OMD and the Clinical Review and Training Committee
- Meet with a member of the CRAT Committee or senior preceptor to discuss guidelines and expectations for precepting

To Apply: Both the candidate and the candidate's captain need to submit a letter to the CRAT committee indicating why the candidate would like to be a preceptor and why they feel they'd be suited for the job. Only candidates who have proven to be active in training with their crew and have been good role models both in and out of the field will be considered.

Advanced Preceptor:
In order to function as an Advanced field preceptor, the provider must meet the following requirements:

- Maintain a valid state EMT-Enhanced or Advanced certification or higher
- Run for a minimum of six (6) months as a released Enhanced or Advanced technician
- Be a released BLS preceptor
- Receive the approval of the OMD and the Clinical Review and Training Committee

Intermediate/Paramedic Preceptor:

- Maintain a valid state EMT-Intermediate/Paramedic certification
- Run for a minimum of 1 year as a released Intermediate/Paramedic technician
- Be a released BLS preceptor
- Receive the approval of the OMD and the Clinical Review and Training Committee

Expectations

Becoming a preceptor is not a task to be taken lightly. Preceptors are held to a higher standard than other members of the agency. You must act as a role model and mentor in terms of both clinical knowledge and professionalism. Newer members will look to you for guidance on how to behave both in the field and at the building, and you are expected to display competence and maturity at all times.

However, this does not mean that you must be perfect in every way. If anything, preceptorship is the next step in your own training. In addition to helping teach other members, you should continue furthering your own education in emergency medicine both on and off duty. Feel free to ask more experienced preceptors and providers or the training officer for advice. Continue researching new topics, sharing what you learn with your preceptees and crew mates.

Please remember that precepting is more work than simply being an AIC, and not just a way to get someone else to write your call sheets. You will have to pay far more attention during calls, allowing your preceptee to make their own mistakes without compromising safe and effective patient care. It will be frustrating at times, but you are expected to provide encouragement without judgment, regardless of your mood or personal feelings.

EMS work comes more naturally to some preceptees than others. You cannot expect every preceptee to be near-perfect right out of the gate. Some will require more attention and time. Others might require a different teaching method. You are expected to work with your preceptee, other preceptors, your crew captain, and the CRAT committee to ensure that every preceptee is receiving the resources they require to succeed at CARS.

Precepting in the Field

During a call, a preceptor should:

1) Oversee the preceptee to critique their assessment and treatment of the patient
2) Ask leading questions to help guide the preceptee to the next step when the preceptee is struggling, heading in the wrong direction, or getting distracted
3) Ensure the safety of both the patient and the preceptee
4) Be prepared to step in to take over the call if necessary, but
5) Know when to step back and let the preceptee flounder a bit
6) Review the preceptee's documentation for comprehensiveness and accuracy before submission
7) Remember that the preceptor is ultimately the AIC and responsible for all aspects of the call

After a call, a preceptor should:

1) Discuss with the preceptee clinical findings and the significance of those findings

2) Discuss with the preceptee how to improve their clinical skills and operational proficiency (call flow, equipment availability, safety, efficiency, handling multiple patients, etc.)

Precepting at the Station

A preceptor:

1) Plans and executes weekly training sessions, including clinical discussions and practice scenarios in coordination with the crew captain and other preceptors
2) Ensures that all crew members maintain low frequency/high acuity skills such as airway management, backboard rule-in/rule-out, CPR, etc.
3) Assists observers and preceptees in completing their skills checklists and ensuring that they understand the procedure for collecting and applying for release
4) Discusses precepting methods with other preceptors
5) Reports ongoing preceptee issues with the crew captain and/or the CRAT committee

Starting a New Preceptee

Once you've been a released AIC for any amount of time, it can be very difficult to step into the shoes of an EMT who is just starting out. Preceptees were exposed to an incredible amount of material in class and it's a huge step to remember and apply this information in the field. Additionally, it can be difficult for some preceptees to go from a passive observer role to taking the team lead. Give new preceptees a chance to prove themselves, but don't assume that their observation period prepared them to be the AIC.

Here is a framework for starting a preceptee from the beginning. Don't feel locked into following this line by line, it's only meant to give you some guidelines to follow. Additionally, this framework can be used to identify how far along a preceptee should have progressed, and help shore up any particular difficulties. Each phase should last about 6-7 weeks.

At the three month mark, preceptees will need to turn in all of their paperwork along with a completed "BLS 3-month Eval" form so that the CRAT committee can track their progress.

Starting Out (Weeks ~1-6):

- Introduce Probationary Member Check List to preceptee
- Go over CARS BLS Protocols. Use http://carsrescue.org/downloads/ and the TJEMS Manual/App
- Preceptee will begin initiating patient contact and assessment
    - Preceptee and preceptor will jointly take report from first responders

        - Let preceptee focus on patient. Preceptor can obtain info from family and bystanders
        - Preceptor will manage the scene for the preceptee
        - Preceptor will help with tasks such as vital signs
        - Preceptor will be ready to step in and help with any aspect of the call at preceptee's request
    - Preceptor will discuss the basic provider's role on ALS calls and in larger scenes i.e. MVAs, Fire standbys
    - Preceptor will assist with prehospital report, allowing preceptee to focus on patient care
        - Make sure to have preceptee practice giving prehospital report after the call
    - Preceptee will begin giving hospital report with input from preceptor
    - Preceptor will walk the preceptee through filling out the call sheet
        - Consider writing a "cheat sheet" with the preceptee

The Middle Part (Weeks ~7-12):

- Complete Probationary Member Check List
- Preceptee will begin attempting to run entire call with assistance from preceptor
- More emphasis will be placed on preceptee handling multiple simultaneous aspects of the call through delegation and/or multitasking
- Preceptee will begin anticipating their role on ALS calls and on larger scenes
- Preceptee should begin verbalizing delegation of tasks like obtaining vital signs and obtaining and retrieving equipment
- For complex calls, preceptor will run through prehospital report with preceptee before preceptee makes the report.
- Preceptee will write their own call sheets. Preceptor will assist as needed, and review before submission to ensure accuracy and compliance with regulations

Wrapping it Up (Weeks ~13-18):

- Preceptee should be running entire call with little or no input from preceptor
- Preceptor may still need to assist in unusual situations
- Preceptee will interact with first responders and bystanders while also handling patient care and assessment
- Discussion should be mostly focused on style tips and expanding clinical knowledge with the preceptee, who should already have a strong grounding in operational issues

Non-Primary Precepting

It is commonplace for preceptees to work with more than just their primary preceptor. Although this can be beneficial for preceptees to obtain additional guidance and perspectives, hearing too many contradictory opinions can be frustrating for them. Sometimes a preceptee will advise you that they've been taught a different method. When this situation inevitably arises, try and explain why they were taught that way, then explain the reasoning behind your own process. Avoid criticising other preceptors, and never ever tell a preceptee that "that's just the way it's done." If you're not sure why a procedure is done a certain way, or why specific assessment questions are important, ask for help! In cases where it seems that multiple approaches might be viable, have the preceptee defer to their primary preceptor.

If you notice any particular problems a preceptee is having, let their primary preceptor know. Having a team of preceptors working with a preceptee can be extremely helpful. However, the occasional preceptee will benefit more from one-on-one guidance. Work with the preceptee, their primary preceptor, and the crew captain to determine the best plan of action.

Releasing a Primary Preceptee

No one expects an EMT with 6 months of experience to be perfect, as EMS is a lifelong learning experience. However, you don't want to push a preceptee through when they're not ready, either. It can be very difficult to tell when a preceptee is ready to be released. Some things to consider:

- Are they running calls from start to finish entirely on their own?
- Do you feel comfortable stepping away during calls?
- Do you feel confident that they'd figure out what to do when placed in a new situation?
- Do they write their narratives with little or no feedback from you?
- Are you consistently giving them high marks on their evaluations?

When you feel that a preceptee is ready, make sure that they have their entire probationary member checklist in order. Before submitting their paperwork, you need to go through their evaluations with them making sure that everything is in order, and looking for consistent issues in the evaluator comments.

What to Do When a Preceptee Isn't Progressing

Sometimes preceptees will hit a point where they have difficulty improving. This is often a temporary issue that resolves itself by the next shift. However, if a preceptee seems to be having the same hangups multiple weeks in a row, it's your job to work with them and figure out a way to move past the problem

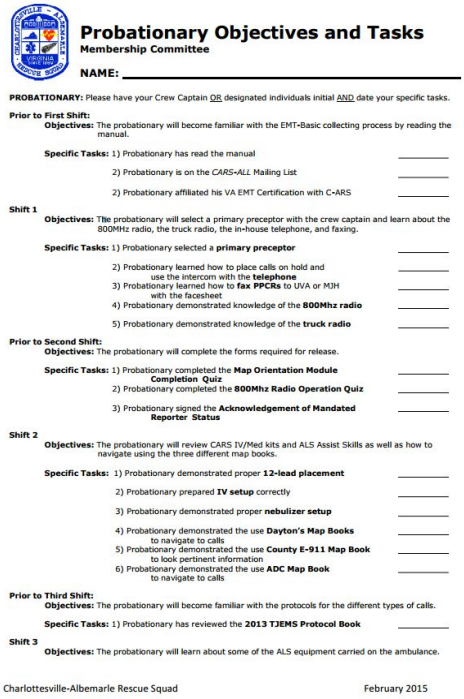
If a preceptee is having a recurrent issue, it might be time to try a new teaching strategy or tactic. Lock down exactly where the problem is occurring so that you can target it during training sessions and post-call discussions. Try asking another preceptor for advice, or a second opinion.

If the problem persists, it's time to have a sit-down with the preceptee. Keep a positive attitude and provide lots of encouragement, but also make it clear to the preceptee that there is a problem. Ask how the preceptee feels about his or her progress and if there's anything you can do to help the preceptee along. You can decide at this point whether to involve other members, but make sure that your captain and the CRAT committee are aware of the situation.

If, after discussing the issue with your preceptee, they continue to struggle, consult the CRAT Committee on how to proceed. The most important thing is to keep them from languishing, or from thinking that everything is going swimmingly. Provide help to the utmost of your ability, but keep in the back of your mind that EMS can be a difficult job, one that is not suited for everyone. When you reach this point in your thinking, go to the CRAT Committee to discuss the next step. The CRAT committee will work with you and your preceptee to develop a plan of action going forward.

Probationary Objectives and Tasks (2015)

- Objectives do not have to be initialed by a preceptor
- After learning a new skill, have the preceptee demonstrate understanding by teaching the skill to another person
- Ultimately, it is the preceptee's responsibility to complete, with assistance from crew, but make sure they know about it
- http://carsrescue.org/wp-content/uploads/2015/02/Probationary-Objectives-and-Tasks_Feb2015.pdf



Probationary Objectives and Tasks
Membership Committee

NAME: _____

PROBATIONARY: Please have your Crew Captain OR designated individuals initial AND date your specific tasks.

Prior to First Shift:
Objectives: The probationary will become familiar with the EMT-Basic collecting process by reading the manual.

Specific Tasks: 1) Probationary has read the manual _____
2) Probationary is on the *CARS-ALL* Mailing List _____
2) Probationary affiliated his VA EMT Certification with C-ARS _____

Shift 1
Objectives: The probationary will select a primary preceptor with the crew captain and learn about the 800MHz radio, the truck radio, the in-house telephone, and faxing.

Specific Tasks: 1) Probationary selected a **primary preceptor** _____
2) Probationary learned how to place calls on hold and use the intercom with the **telephone** _____
3) Probationary learned how to **fax PPCRs** to UVA or MJH with the facesheet _____
4) Probationary demonstrated knowledge of the **800Mhz radio** _____
5) Probationary demonstrated knowledge of the **truck radio** _____

Prior to Second Shift:
Objectives: The probationary will complete the forms required for release.

Specific Tasks: 1) Probationary completed the **Map Orientation Module Completion Quiz** _____
2) Probationary completed the **800Mhz Radio Operation Quiz** _____
3) Probationary signed the **Acknowledgement of Mandated Reporter Status** _____

Shift 2
Objectives: The probationary will review CARS IV/Med kits and ALS Assist Skills as well as how to navigate using the three different map books.

Specific Tasks: 1) Probationary demonstrated proper **12-lead placement** _____
2) Probationary prepared **IV setup** correctly _____
3) Probationary demonstrated proper **nebulizer setup** _____
4) Probationary demonstrated the use **Dayton's Map Books** to navigate to calls _____
5) Probationary demonstrated the use **County E-911 Map Book** to look pertinent information _____
6) Probationary demonstrated the use **ADC Map Book** to navigate to calls _____

Prior to Third Shift:
Objectives: The probationary will become familiar with the protocols for the different types of calls.

Specific Tasks: 1) Probationary has reviewed the **2013 TJEMS Protocol Book** _____

Shift 3
Objectives: The probationary will learn about some of the ALS equipment carried on the ambulance.

Charlottesville-Albemarle Rescue Squad February 2015

Specific Tasks: 1) Probationary learned about **Philips MRx** _____
2) Probationary learned about **CPAP** _____
3) Probationary learned about **Lactate Meter** _____
4) Probationary learned about **EZ-IO** _____
5) Probationary learned about **Laryngoscope** and **ET Tube** _____

Prior to Fourth Shift:
Objectives: The probationary will review some of the documents on the CARS website to further their knowledge of the equipment C-ARS carries.

Specific Tasks: 1) Applicant reviewed powerpoint on **CPAP** on www.carsrescue.org website _____
2) Applicant reviewed powerpoint on **Cardiac Drug Box** on www.carsrescue.org website: "Basics of ALS Assistance" _____

Shift 4
Objectives: The probationary will learn about the different kits C-ARS carries and what's inside.

Specific Tasks: 1) Probationary learned about the **Cardiac Drug Box** _____
2) Probationary learned about the **Advanced Airway Kit** _____
2) Probationary learned about the **Pediatric ALS Kit** _____

Prior to Fifth Shift:
Objectives: The probationary will continue review documents on the CARS website to further their knowledge of the equipment CARS carries.

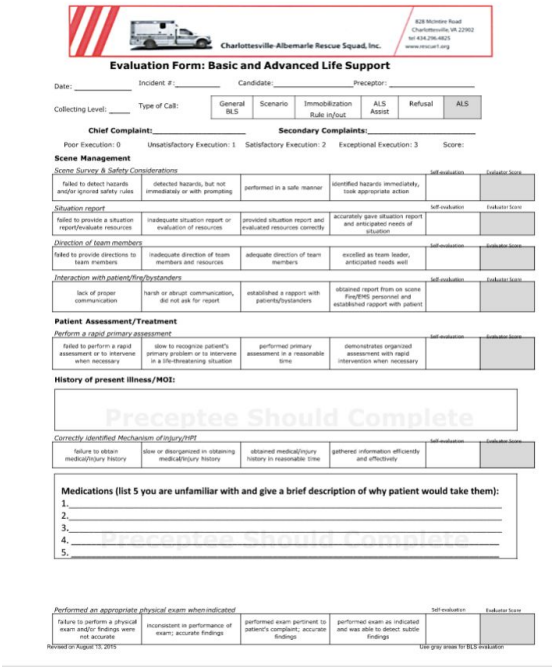
Specific Tasks: 1) Applicant reviewed guideline on **King Airway** on www.carsrescue.org website _____

Shift 5
Objectives: The probationary will complete the listed tasks to prepare him/herself to learn additional skills.

Specific Tasks: 1) Probationary signed up for next **EVOC** class _____
Date of class: _____
2) Probationary took the **King Airway** class _____
Date of class: _____

Evaluation Form: Basic and Advanced Life Support (2015)

- Candidate's self-evaluations should be completed before preceptor's evaluations
- HPI/MOI doesn't have to be the entire repeated narrative. Just enough to give an impression of what happened
- A wide differential diagnosis is not always possible, but encourage preceptee to think critically and explore different options based on the info they gathered during their assessment
- General Score Guide: 0 - Needs Immediate Remediation; 1 - Needs more practice; 2 - Handled well; 3 - Handled an exceptional situation well
- http://carsrescue.org/wp-content/uploads/2015/09/Eval-Form-2015b.pdf



Charlottesville-Albemarle Rescue Squad, Inc.

Evaluation Form: Basic and Advanced Life Support

Date: _____ Incident #:_____ Candidate:_____ Preceptor: _____

Collecting Level: ____ Type of Call: General BLS | Scenario | Immobilization Rule in/out | ALS Assist | Refusal | ALS

Chief Complaint:_____ **Secondary Complaints:**_____

Poor Execution: 0 Unsatisfactory Execution: 1 Satisfactory Execution: 2 Exceptional Execution: 3 Score:

Scene Management

Scene Survey & Safety Considerations

failed to detect hazards and/or ignored safety rules	detected hazards, but not immediately or with prompting	performed in a safe manner	identified hazards immediately, took appropriate action	Self-evaluation	Evaluator Score

Situation report

failed to provide a situation report/evaluate resources	inadequate situation report or evaluation of resources	provided situation report and evaluated resources correctly	accurately gave situation report and anticipated needs of situation	Self-evaluation	Evaluator Score

Direction of team members

failed to provide directions to team members	inadequate direction of team members and resources	adequate direction of team members	excelled as team leader, anticipated needs well	Self-evaluation	Evaluator Score

Interaction with patient/fire/bystanders

lack of proper communication	harsh or abrupt communication, did not ask for report	established a rapport with patients/bystanders	obtained report from on scene Fire/EMS personnel and established rapport with patient	Self-evaluation	Evaluator Score

Patient Assessment/Treatment

Perform a rapid primary assessment

failed to perform a rapid assessment or to intervene when necessary	slow to recognize patient's primary problem or to intervene in a life-threatening situation	performed primary assessment in a reasonable time	demonstrates organized assessment with rapid intervention when necessary	Self-evaluation	Evaluator Score

History of present illness/MOI:

Preceptee Should Complete

Correctly identified Mechanism of injury/HPI

failure to obtain medical/injury history	slow or disorganized in obtaining medical/injury history	obtained medical/injury history in reasonable time	gathered information efficiently and effectively	Self-evaluation	Evaluator Score

Medications (list 5 you are unfamiliar with and give a brief description of why patient would take them):

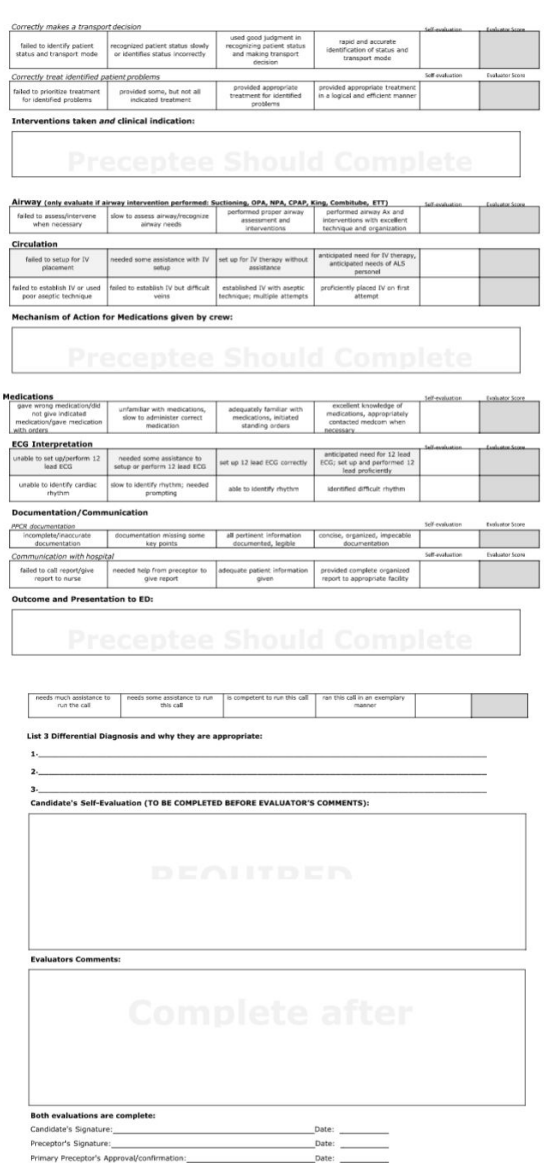
1._____
2._____
3._____
4._____
5._____

Preceptee Should Complete

Performed an appropriate physical exam when indicated

failure to perform a physical exam and/or findings were not accurate	inconsistent in performance of exam; accurate findings	performed exam pertinent to patient's complaint; accurate findings	performed exam as indicated and was able to detect subtle findings	Self-evaluation	Evaluator Score

Revised on August 15, 2015 Use gray areas for BLS evaluation



Correctly makes a transport decision

failed to identify patient status and transport mode	recognized patient status slowly or identifies status incorrectly	used good judgment in recognizing patient status and making transport decision	rapid and accurate identification of status and transport mode	Self-evaluation	Evaluator Score

Correctly treat identified patient problems

failed to prioritize treatment for identified problems	provided some, but not all indicated treatment	provided appropriate treatment for identified problems	provided appropriate treatment in a logical and efficient manner	Self-evaluation	Evaluator Score

Interventions taken *and* clinical indication:

Preceptee Should Complete

Airway (only evaluate if airway intervention performed: Suctioning, OPA, NPA, CPAP, King, Combitube, ETT)

failed to assess/intervene when necessary	slow to assess airway/recognize airway needs	performed proper airway assessment and interventions	performed airway Ax and interventions with excellent technique and organization	Self-evaluation	Evaluator Score

Circulation

failed to setup for IV placement	needed some assistance with IV setup	set up for IV therapy without assistance	anticipated need for IV therapy, anticipated needs of ALS personel		
failed to establish IV or used poor aseptic technique	failed to establish IV but difficult veins	established IV with aseptic technique; multiple attempts	proficiently placed IV on first attempt		

Mechanism of Action for Medications given by crew:

Preceptee Should Complete

Medications

gave wrong medication/did not give indicated medication/gave medication with orders	unfamiliar with medications, slow to administer correct medication	adequately familiar with medications, initiated standing orders	excellent knowledge of medications, appropriately contacted medcom when necessary	Self-evaluation	Evaluator Score

ECG Interpretation

unable to set up/perform 12 lead ECG	needed some assistance to setup or perform 12 lead ECG	set up 12 lead ECG correctly	anticipated need for 12 lead ECG; set up and performed 12 lead proficiently	Self-evaluation	Evaluator Score
unable to identify cardiac rhythm	slow to identify rhythm; needed prompting	able to identify rhythm	identified difficult rhythm		

Documentation/Communication

PCR documentation

incomplete/inaccurate documentation	documentation missing some key points	all pertinent information documented, legible	concise, organized, impecable documentation	Self-evaluation	Evaluator Score

Communication with hospital

failed to call report/give report to nurse	needed help from preceptor to give report	adequate patient information given	provided complete organized report to appropriate facility	Self-evaluation	Evaluator Score

Outcome and Presentation to ED:

Preceptee Should Complete

needs much assistance to run the call	needs some assistance to run this call	is competent to run this call	ran this call in an exemplary manner		

List 3 Differential Diagnosis and why they are appropriate:

1._____
2._____
3._____

Candidate's Self-Evaluation (TO BE COMPLETED BEFORE EVALUATOR'S COMMENTS):

REQUIRED

Evaluators Comments:

Complete after

Both evaluations are complete:

Candidate's Signature:_____ Date: _____

Preceptor's Signature:_____ Date: _____

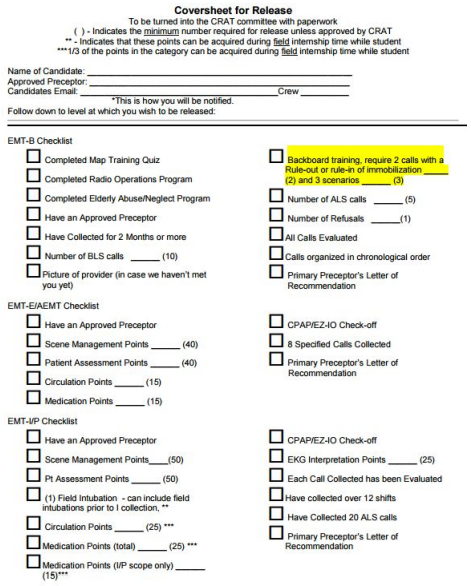
Primary Preceptor's Approval/confirmation:_____ Date: _____

Online BLS 3-Month Evaluation Form (2016)

- To be submitted to the CRAT committee after the preceptee's third month collecting, along with all of their call evaluations
- https://docs.google.com/a/virginia.edu/forms/d/11xkT6I4Es5XYG7fdb4ymgYQ-U-V4zU2-rEUJtkZI6Vk/viewform?c=0&w=1

Coversheet for Release (BLS and ALS) (2015)

- Before submitting, go through all paperwork and evaluations with preceptee to ensure that everything is in order, and to look for consistent issues
- "Backboard Rule In/Rule Out" should be a call or scenario where there was a significant mechanism of injury, and the preceptee states why he/she chose to fully immobilize, partially immobilize, or rule out any immobilization



Coversheet for Release

To be turned into the CRAT committee with paperwork
( ) - Indicates the minimum number required for release unless approved by CRAT
** - Indicates that these points can be acquired during field internship time while student
***1/3 of the points in the category can be acquired during field internship time while student

Name of Candidate: _____
Approved Preceptor: _____
Candidates Email: _____Crew _____
*This is how you will be notified.
Follow down to level at which you wish to be released:

EMT-B Checklist

- ☐ Completed Map Training Quiz
- ☐ Completed Radio Operations Program
- ☐ Completed Elderly Abuse/Neglect Program
- ☐ Have an Approved Preceptor
- ☐ Have Collected for 2 Months or more
- ☐ Number of BLS calls _____ (10)
- ☐ Picture of provider (in case we haven't met you yet)
- ☐ Backboard training, require 2 calls with a Rule-out or rule-in of immobilization ____ (2) and 3 scenarios _____ (3)
- ☐ Number of ALS calls _____ (5)
- ☐ Number of Refusals _____(1)
- ☐ All Calls Evaluated
- ☐ Calls organized in chronological order
- ☐ Primary Preceptor's Letter of Recommendation

EMT-E/AEMT Checklist

- ☐ Have an Approved Preceptor
- ☐ Scene Management Points _____ (40)
- ☐ Patient Assessment Points _____ (40)
- ☐ Circulation Points _____ (15)
- ☐ Medication Points _____ (15)
- ☐ CPAP/EZ-IO Check-off
- ☐ 8 Specified Calls Collected
- ☐ Primary Preceptor's Letter of Recommendation

EMT-I/P Checklist

- ☐ Have an Approved Preceptor
- ☐ Scene Management Points____(50)
- ☐ Pt Assessment Points _____ (50)
- ☐ (1) Field Intubation - can include field intubations prior to I collection, **
- ☐ Circulation Points _____ (25) ***
- ☐ Medication Points (total) _____ (25) ***
- ☐ Medication Points (I/P scope only) _____ (15)***
- ☐ CPAP/EZ-IO Check-off
- ☐ EKG Interpretation Points _____ (25)
- ☐ Each Call Collected has been Evaluated
- ☐ Have collected over 12 shifts
- ☐ Have Collected 20 ALS calls
- ☐ Primary Preceptor's Letter of Recommendation

Training Ideas for Preceptees AND Released Providers

- Monthly airway training
    - BLS airway adjuncts
    - Proper BVM use and associated risks of improper use
        - BLS providers will often end up doing this alone on calls
    - CPAP
        - http://carsrescue.org/wp-content/uploads/2012/Downloads/cpapguideline.pdf
        -
    - Supraglottic Airways
        - Kings: http://carsrescue.org/wp-content/uploads/2012/Downloads/kingairwayguide.pdf
        - LMAs: http://carsrescue.org/wp-content/uploads/2015/02/Pediatric-LMA-Guideline.pdf
    - How to assist with intubation
- Equipment review
    - Advanced Airway Kit
    - Pediatric ALS Kit
    - OB Kit
    - Philips Heart Monitor
        - Taking and transmitting 12-Leads
            - http://carsrescue.org/wp-content/uploads/2015/06/12-lead-guideline-V2.pdf
        - Taking vitals -- NBP, O2, CO2, RR, HR, Auto scheduling
        - Data Recovery
    - LUCAS Training
        - Take it out. Practice putting someone on it smoothly and quickly.
        - http://carsrescue.org/wp-content/uploads/2015/02/LUCAS-2-Chest-Compression-Guideline.pdf
        - http://www.lucas-cpr.com/web_training_center/index.php?top=lucas2&sub=
    - Bariatric stretcher and Bariatric lift
        - https://docs.google.com/open?id=0BzQmtlJmXMr0Y1R5dEZSbjQ5cGc
        - http://youtu.be/boFgQfGmyyM
    - Lifting equipment
        - Reeves
        - Scoop Stretcher
        - Stair chair
        - Actually Practice!
    - Splinting
        - Traction Splint

        - Cardboard splints
            - Most providers learned board splints in class and have never seen the cardboard splints
    - MCI Bag
    - Water Rescue Bag
    - Flares
- ALS Assist Skills
    - IV setups (start kits and drug box)
    - 12-lead placement
    - Nebulizer setup
    - CPAP setup
    - Intubation setup
    - Not sitting there like a lump
- Radio Operations
    - How to speak on the radio
    - Purpose of the 800MHz system and trunking
    - http://carsrescue.org/wp-content/uploads/2012/10/RadioTraining2012s.pdf
- TJEMS and CARS Protocols
    - http://static1.squarespace.com/static/533c0f0de4b029e9c590a99b/t/56254f49e4b01b3b2a707e41/1445285889490/2015+Regional+Protocols
    - Medical
    - Trauma
    - Medications
        - http://carsrescue.org/downloads/
    - Spinal Immobilization
        - https://docs.google.com/a/virginia.edu/file/d/0B5WwHaW5wpb2Rk5SeFRuRy0tZVpaZmJBYnpWOUhRU3c0Mmgw/edit
- Scenarios **(You can request a tac or event channel from ECC for training)**
    - Backboard scenarios
    - Scenarios based on past calls
    - Code scenarios (BLS or ALS)
- Seen something interesting about medicine or healthcare? Share it with your crew!