This program is designed to provide participants with the tools and resources to successfully present the program, *Emergency Triage Toolbelt™* at their facility. Because the content is geared very specifically to the course materials, it is essential that participants already be knowledgeable and have skill in the following:

- **Use of powerpoint**
  - How to manipulate slides
  - How to interject slides in a presentation
  - How to make slides

- **Teaching experience to Nurses**
  - ACLS, PALS,BLS
  - Ability to comfortably present educational forum to peer group in both an individual and group setting

- **Teaching methods**
  - Ability to apply course objectives
  - Ability to utilize and synopsize evaluation tools
  - Ability to re-direct participants in a group setting to focus on content

**Eligibility Criteria**

In addition to the items above, the trainer should have:

- At least two years full time ED experience as RN within the past three years
- At least two years experience teaching an audience of Nurses (classroom/precepting)
- Overt respect by peer group and viewed as a mentor
- Ability to attend update session for trainers
- Understanding of need to maintain a current knowledge base of triage
- Written approval from organization
- Ability to respect and view different perspectives of triage
- Willingness to embrace and participate in quality review related to triage
- Support to assist in developing ongoing orientation and competency processes related to triage
Triage: Train The Trainer
Application

Name

Credentials

Employer

Employer Address

City

State

Zip Code

Work Phone

Work Fax

Email Address

Your current position/title

How long?

What was your job prior to this?

How long?

Education:

School of Nursing

Year graduated

Other College

Teaching experiences:

What do you feel is the greatest triage challenge for your organization?

How do you feel your ability to teach triage will benefit the staff and the Emergency Department?
I have reviewed the eligibility criteria for the Triage Trainer and agree that I am qualified for this role. I understand that my success is related to not only attending the trainer course, but also the abilities outlined in this application.

Your Name Printed

Your Signature

Date

Please have your manager or organization director sign below

I have reviewed the eligibility criteria for the triage trainer role and agree the individual above is qualified and support their application

Your Name

Title

Phone

Email Address

Date

Application Received Date ____________________ Health Resources Unlimited

Application Reviewed Date ____________________ Health Resources Unlimited

Application Approved Date ____________________ Health Resources Unlimited