T-EMRP · FRAMEWORK

The Five-Component Architecture and Closed Loop

T-EMRP is defined by four commitments: inherit the clinical content, standardize the observable behavior, measure what training can actually change, and let an independent evaluator grade the result.

The closed loop

Stage	In practice
01 · Agree	Every agency signs onto a common crosswalk and MOU before training begins.
02 · Train	Standardized skills taught against observable, scored criteria.
03 · Exercise	Shared zoning, command, and handoff rehearsed under scoreable conditions.
04 · Measure	Time, accuracy, protocol adherence, and data quality against a predefined dictionary.
05 · Correct	Findings assigned an owner, closed, and retested — never left unassigned.
06 · Replicate	Expansion only if the independent evaluation supports it.

The five components

Component	Purpose
01 · Common Readiness Crosswalk	Define what “ready” means, by role, across every participating agency.
02 · Joint Scenario Curriculum	Teach and rehearse the crosswalk through role-specific and multi-agency simulation.
03 · Readiness Measurement	Count what training can actually change, using defined, auditable indicators.
04 · After-Action Learning	Close the loop: findings assigned, corrected, retested — not filed away.
05 · Train-the-Trainer & QA	Ensure quality survives beyond the founding cohort as the program scales.

No new doctrine. No new registry. No new command authority.

T-EMRP is a proposed pilot framework in pre-pilot status. It does not replace TECC, TCCC, NIMS, state EMS rules, local protocols, or a physician medical director. Any certification issued during the pilot is a local completion record — not a license, and not a nationally recognized credential. Contact: gabriel.galvani@temrp.org