**Appendix A**

A 17-question survey was created using online software to anonymously poll EMT stakeholders about their opinions and experiences concerning the training and competencies of EMTs. Survey questions were developed by the authors with expert input from EMT Initiative mentors, Training Working Group members, and from the current literature on EMT Training. 4 The survey was e-mailed to 185 key stakeholders prior to the Workshop. This included those attending the 2017 WADEM pre-Congress Workshop and individuals comprising the extensive EMT database developed by Humanitarian U, a provider of professional online and simulation-based training to EMTs and humanitarian organizations.

Twenty-four individuals representing various EMTs responded, resulting in a response rate of 13%. The EMTs represented included individuals from the Americas, Europe, Asia and Oceania. The EMTs represented varied in size and classification such as international, national and non-governmental organizations. Most EMTs represented were medium sized (under 50 members), though sizes ranged from 6-10 members to greater than 800 members. Respondents were typically highly trained professionals with advanced degrees (medicine, nursing etc.) and additional diplomas and/or certifications in disaster and/or humanitarian response including fellowship training, Master's degrees, Code Orange, psychological first aid courses and pre-deployment training amongst others. Over 80% of respondents felt adequately prepared for EMT deployment.

In the instances where there was EMT-specific training, it was delivered by the EMTs themselves and was not provided by hired training programs. This training used a mix of simulation, classroom, online and practical training. Seventy-five percent of respondents agreed that online training exclusively is insufficient to achieve competency for deployment as part of an EMT. All respondents agreed that team training using simulation is essential and that it is the best way to assess competency followed by direct observation and peer feedback. However, survey results show that most training occurs in the classroom and online and that simulation remains underutilized in favour of these more traditional forms of instruction.

From a list of twenty-five topics, the most common topics currently being taught as part of EMT training were: team building, communication, personal care and psychological care. 4 Topics believed to be important that were missing from this list were: public health standards, logistics, finance, mass casualty triage, security, self-sustainability, musculoskeletal injury assessments, rehabilitation, water and sanitation and national vs. international response.

Training competencies deemed to be crucial to EMT training included in descending order: coordination with local authorities, communication, logistics in low resource settings, context and managing stressful situations. However, some of these were not the most commonly taught. The most often taught topics were: team building, communication, psychological care, personal health and cultural awareness.

**Appendix B**

Canadian Red Cross, Humanitarian U, Canadian Medical Assistance Teams, Hong Kong Jockey Club Disaster Preparedness and Response Institute, The US Department of Health & Human Services, Emergency Medical Assistance Team, Mammoth Medical Missions, Massachusetts General Hospital, McGill University Department of Family Medicine, McMaster University Department of Family Medicine, Médecins Sans Frontières, Pan American Health Organization, Sunnybrook Health Sciences Centre, American Health Care Professionals & Friends for Medicine in Israel, Research Centre in Emergency and Disaster Medicine at the Università del Piemonte Orientale, WHO Technical Working Group for EMT Training, Humanitarian and Conflict Response Institute at the University of Manchester.