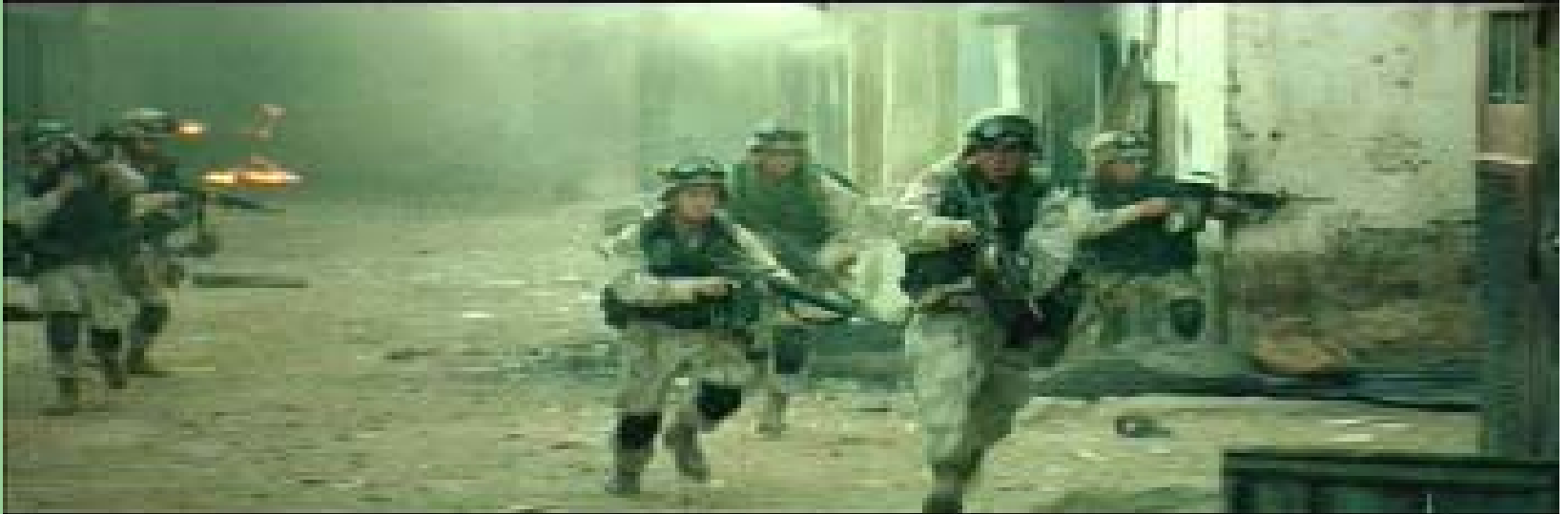


COMBAT MEDIC

***A MODEL TO TRAIN PHYSICIAN EXTENDERS
TO PROVIDE BASIC AIDS CARE***



Why Use the Principles of Model?

- Provides emergency care in *far forward* areas
- Military programs are *concentrated*
- Focus on *essential skill mix* needed to perform
- Combat Medics graduate and deploy ASAP
- Redesign based on *input from the field*
- Program *adapts* based on current needs
- *Sustainment* piece is key

DRAWBACK USING MODEL

- **THE 91W, COMBAT MEDIC PROGRAM WAS REDESIGNED SPECIFICALLY TO SHIFT FROM WARD AND HOLDING CAPACITY TO HIGHER INTENSITIES OF CARE**
- **MEDICAL CARE DURING COMBAT DIFFERS SIGNIFICANTLY FROM CARE PROVIDED IN CIVILIAN COMMUNITY**

COMBAT MEDIC TRAINING MODEL

MEDICAL SKILLS/COMPETENCIES

EMERGENCY CARE

EVACUATION

PRIMARY CARE

FORCE HEALTH PROTECTION

EXPERIENCE/REINFORCEMENT

Field training exercise

Clinical Training

Hands on & Skills Lab

Continuing Ed/Lifelong Learning

SOLDIER SKILLS

Soldierization

Discipline and Poise

Values

Physical Fitness

Common Tasks

Survival

SKILLS
VERIFICATION
EMT

RECRUITMENT & SELECTION

- **PROPENSITY STUDIES** DETERMINE WHY HIGH SCHOOL GRADS ENLIST
- Number One Reason = PURSUIT OF **HIGHER EDUCATION**
- “Y” GENERATION DESIRE TO BE **PART OF A TEAM** W/O LOSING IDENTITY

EDUCATION LEVEL PRIOR TO TRAINING

- SET A *MINIMUM APTITUDE*
SAVES CRITICAL RESOURCES AND
DOES NOT DISINFRANCHISE
VOLUNTEERS BY MAKING THEM
FAILURES
- WAIVERS CAN BE APPLIED IN SPECIAL
CASES

DETERMINATION OF ESSENTIAL SKILLS BY CURRICULUM COMMITTEE

- TRAINING DEPARTMENT MUST ADAPT TO CHANGING REQUIREMENTS
 - DEPARTMENT OF COMBAT MEDICAL TRAINING IS ABLE TO EXPEDITIOUSLY INCORPORATE CHANGES
 - COMMUNICATION FROM FIELD CRITICAL
 - HEAD OF DEPARTMENT HAS AUTHORITY
- CAUTION TO GUARD AGAINST TOO MUCH CHANGE

Hemostatic Dressing



- Hemorrhage control/fluid resuscitation/analgesia and antibiotics/Combitube/One arm tourniquet/GPS/etc.

Training the Educators

- Mid Grade leaders with experience
- Or Contracted former instructors
- Senior Leaders most challenging task is to enforce the standard
- All must have expertise to understand curriculum and to communicate skills
- Teaching method-Lab/Hands On/SIMMAN
- Micro and Macro Simulation

Cultural Sensitivity

- Giving a higher skill set to rookies at the risk of insulting local doctors
- Tailor training after consulting
- Situational awareness
- Pilot program versus full fledge expenditure

Challenges/Solutions

- ATTRITION
 - Cohort group effective and more successful
- FAILURES
 - Immediate alternative course of study for those who fail
- CONFIDENCE
 - Confidence building mechanisms/lifestyle change
- Army training model
 - Train/Rehearse/Execute/After Action Review (self critique)/
 - Retrain, Repeat-Rehearsals are key to success
 - Clinicals and real patients are critical

CONCLUSION

QUESTIONS?