

NTC SURGEONS OFFICE

**MEDICAL TRAINING AT NTC
WITH THE CASUALTY SIMULATOR**

LEAD, TRAIN, WIN



Mission

Provide realistic medical training in support of the Tactical Commander's training objectives on the NTC battlefield by:

- **Observing medical skills and teamwork in the execution of the training mission aided by the tactical insertion of the casualty simulator**
- **Providing medical oversight for tactical employment of medical assets**
- **Refining the effectiveness of combat medical skills with direct observation and feedback**
- **Reviewing critical combat medical interventions in preparation for simulated and real injuries**

Overview

**Insertion of casualty simulator at the Point of Injury,
Level 1 and Level 2 Combat Health Support (CHS) as a
wounded soldier.**

Scenarios - Currently 5 primary scenarios:

IED (Stable/Unstable)

Amputation (Arm or Leg) (Unstable)

Shrapnel Wound upper torso (Stable/Unstable)

FBO Due to Shrapnel (Unstable)

Multiple Trauma Scenario (Severely Unstable Patient)

3 12:14 PM



UNIT ASSESSMENT

- Basic Training for all soldiers
- Combat Lifesaver Program and Training
- Advanced Individual Training
- Advanced Medical Skills Training

6 11:40AM

Training

Training begins at home station. The medical tasks identified in the Common Task Test manuals for active and reserve components lists the most fundamental of all the medical tasks for soldiers training with the Casualty Simulator which are: evaluate a casualty, treat for shock and perform mouth to mouth resuscitation.

<http://www.atsc.army.mil/itsd/ctt.asp> can assist trainers and

<http://www.mimic.org/wbt/ngb/ctt02/> can assist the soldier in individual train up.



The Basics



- All soldiers receive basic first aid training during their initial indoctrination into military service.
- FM 4-25.11 (FM 21-11) First Aid provides the fundamental criteria and basic measures for first aid. It outlines both self aid and buddy aid. More importantly, it emphasizes prompt and effective action in sustaining life and preventing or minimizing further suffering and disability.
- The term *first aid* can be defined as “urgent and immediate lifesaving and other measures, which can be performed for casualties by nonmedical personnel when company/team medics are not immediately available.”



The Combat Lifesaver (CLS)



- Non medical personnel who receive enhanced medical training beyond the level of self-aid or buddy-aid.
- As his secondary mission the CLS is not intended to take the place of medical personnel, but to slow the deterioration of a wounded soldier until the medics arrive.

• Combat lifesaver tasks are perishable skills. The CLS must recertify every 12 months. See AR 350-41 for training requirements or visit <http://www.cs.amedd.army.mil/clsp/>





Medical Skills Observations



Initial Arrival of Simulator

Generally after site set up but either announced or unannounced

Rules Of Engagement

Scenario brief

Observation Overview

TC 8-800, Tactical Combat Casualty Care (TC3)

Recording results

Unit feedback during hot wash and informal AAR

Physician level observations

One on one with Medical Trainer “Lead 24”



Scenario - IED



Per TC 8-800 figure 1-1. Tests Tables VIII of Tables I,II,III



Scenario - IED (unstable)



Per TC 8-800 figure 1-1. Tests Tables VIII of Tables I,II,III, IV. Table V will be included if critical tasks are not performed to Standard



Scenario – GSW/Shrapnel wound or VBIED/IED (Unstable)



Per TC 8-800 figure 1-1. Tests Tables VIII of Tables I,II,III, IV. Table V will be included if critical tasks are not performed to Standard.



Scenario - FBO Due to Shrapnel (Unstable)



Per TC 8-800 figure 1-1. Tests Tables VIII of Tables I,II,III, IV. Table V will be included if critical tasks are not performed to Standard



Scenarios-Multiple Trauma (Severely unstable Patient)



Per TC 8-800 figure 1-1. Tests Tables VIII of Tables I,II,III, IV. Table V will be included if critical tasks are not performed to Standard. Has included Table VI only once.



After Action Reviews and Medical Treatment Trend's

- Medical Trends Analyses
- Sustain and Improvements rating scheme
- Quantifiable trends
- The Brigade Surgeon Take Home Packet



Platoon Trends Example 1 (Sample Summary)



Task Force 1 – 67 PR Battalion Aid Station (-) Rotation 06-00 **Summary of Observed Data with SIMMAN Casualty Simulator**

Overview

Patient Scenario and number of insertions:

- 1** insertions-Patient scenario based on a gunshot wound to the chest, with Tension Pnuemothorax right lung, with loss of lung sounds and airflow to the right side, and fracture to left tibia / fibula, and severe left foot laceration transecting anterior arteries of foot. Arrived to treatment site by non-standard evac, and has not received treatment.
- 5** insertion- Patient scenario based on a landmine explosion resulting in fracture to left tibia / fibula, and severe left foot laceration transecting anterior arteries of foot. Arrived to treatment site by non-standard evac, and has not received treatment. Medic task

In addition to the charts and totals each platoon receives a written summary of all observations as a cover page to clarify scenarios and summarize some key events or items identified during the training. In addition a Video (VHS format) will be provided of all daytime recorded events



Platoon Trends Example 2

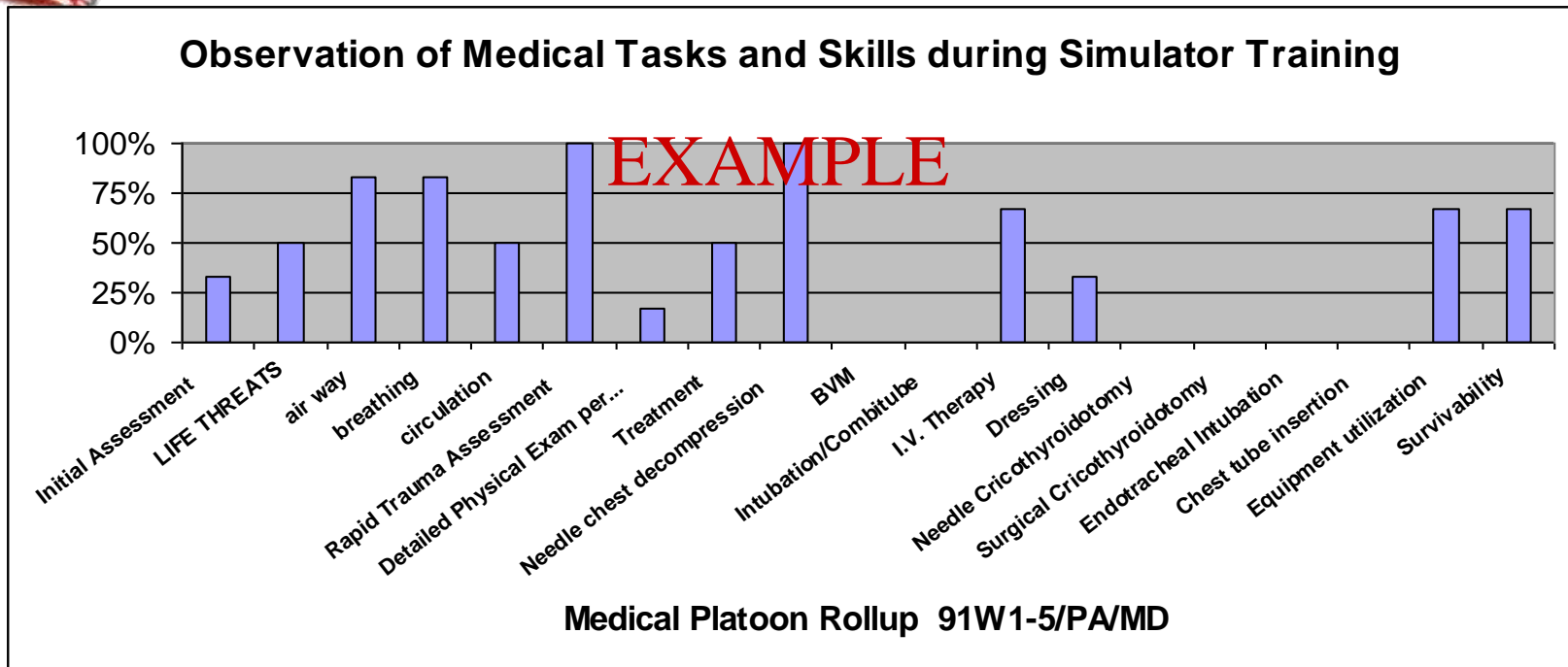


				EXAMPLE
47%	7	of	15	Initial Assessment
93%	14	of	15	BSI
93%	14	of	15	MOI
73%	11	of	15	C-SPINE
73%	11	of	15	LOC
60%	9	of	15	LIFE THREATS
20%	3	of	15	occlusive seal
60%	9	of	15	tourniquet

All performed to standard tasks for the platoon are totaled and divided by the number of insertions. This provides an overall percentage of tasks performed to standard. In addition a total sustain and improves are provided to give an overall assessment on what areas need focus for home station training



Platoon Trends Example 3



All tasks are charted to present a bar chart view of quantified success for each major task. In addition each major task to show what subtasks were performed/not performed to standard. For example is the above chart only 30% percent of the Initial assessments were Performed to standard. Primary cause 50% of the time Circulation deficits were missed in the circulation checks resulting in only 50% of the life threatening injuries being identified and treated. This corresponds to the overall survivability rate of 60%. (the reason this is higher than the life threats is due to two scenarios have minimal injured that will not die(crawl scenarios)).



Rotation Schedule Simman Integration



Reception Staging Integration and Onward Movement Week

RSOI Day 1- Theatre Integration Training

RSOI Day 2 – Med Team Orientation

RSOI Day 3- Med Team Orientation

RSOI Day 4- CLASS VIII Layout Complete, Rotation Safety Briefing

RSOI Day 5- OPEN

Battle Periods

As per BCT Guidance



The Combat Medic

The web sites listed below can assist the units PSG/PL/PA in a number of ways, understanding certification requirements, knowing what to train to maintain and much more.

[AMEDD 91W Homepage](http://www.cs.amedd.army.mil)

<http://www.cs.amedd.army.mil>

[BNCOC](http://ncoa.amedd.army.mil/BNCOC/CCurriculum.htm)

<http://ncoa.amedd.army.mil/BNCOC/CCurriculum.htm>

[ANCOC](http://ncoa.amedd.army.mil/ANCOC/CCurriculum.htm)

<http://ncoa.amedd.army.mil/ANCOC/CCurriculum.htm>