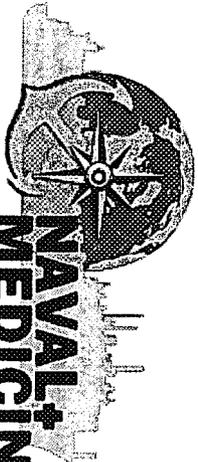


Naval Hospital Corps School



*CAPT M. H. Lemon
Commanding Officer
June 01, 2005*





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Navy Medicine's Education and Training Alignment



NSHS
San Diego

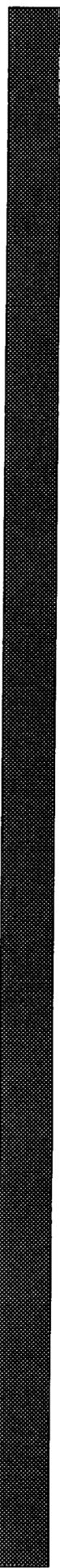
NHCS
Great Lakes



NSHS
Portsmouth

NOMI
Pensacola

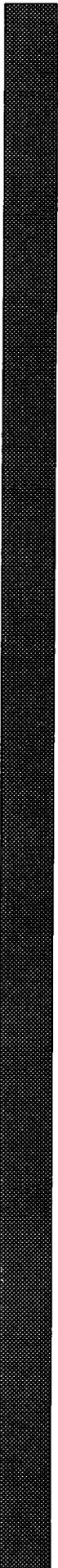
NMIEHC Headquarters
Bethesda



NHCS History

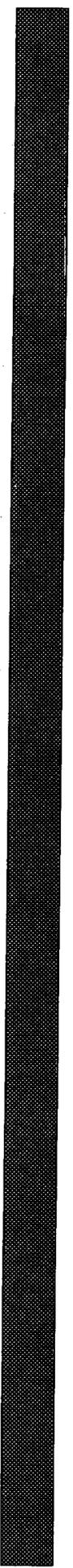
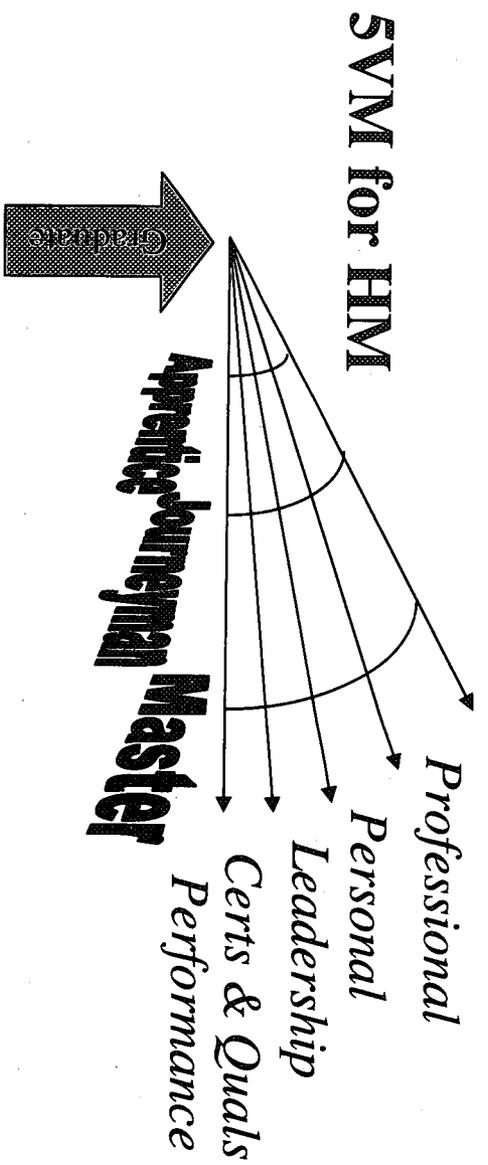


- HM Rating established 1898
- NHCS established 1917
 - One of the first two schools at NAVSTA GL
- Consolidated NHCS “A” school San Diego to Great Lakes - 1997
- Merging of DT rate with HMs - 2005



Mission

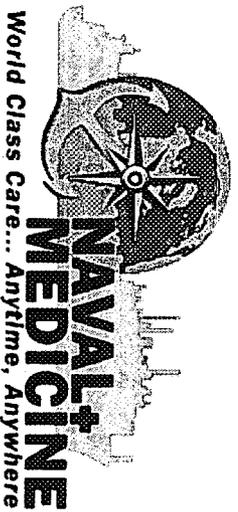
- To train Sailors to perform as Basic Navy Hospital Corpsmen who enter the 5 Vector Model at the apex of the apprenticeship level



FY 05/06 Gains



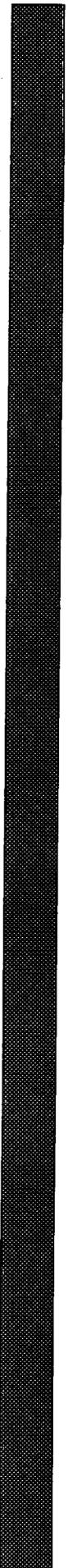
- +22 Dental Tech billets from Shepard AFB
 - 3 Admin
 - 19 Instructors (9502)
- +2 Surgery Tech Billets from NMETC – 9502



Navy Military Training/Sailorization



- Governing regulations:
 - OPNAVINST 1500.22E and CNETINST 1540.20
- Provides follow-on Navy/military training after boot camp
- Prepares a new enlistee to function as a **Sailor**
- Formal Curriculum
 - 10 core topics
 - 28 other topics
- Positive Military Environment
- Professional Military Staff



HM/DT Merger



- Rationale for HM/DT merger
 - BUPERS does not maintain a rating with less than 2000 personnel
 - Increase wartime medical capabilities of dental technicians
 - Better advancement opportunities for dental technicians
- Pilot revised curriculum June 2005
 - Expected +300 Dental Technician students annually
- Full implementation beginning FY06



Dental ‘A’ Strand



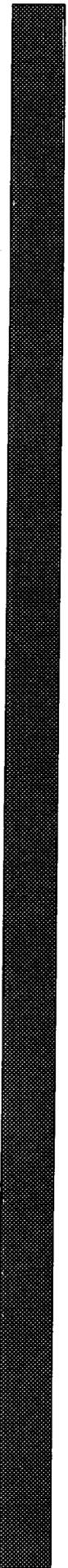
- Dental Technician follow-on training
- Focus: basic dental chair-side assisting
- Reasons for pullout at Shepard Program
 - Minimal clinical practice during program
 - Lack of flexibility in quota control
- 5 week curriculum
- 20 students class



Reserve Integration



- Resident training when funding available
- On-line curriculum developed by Raytheon Corp.
 - Didactic done at reserve centers
 - 2 week clinical skills testing at NHCS
- Raytheon product will need revision with Dental Tech merger
- Army/AF train reservists by resident training only



Cost to Train



Classroom Instructor Led Training:

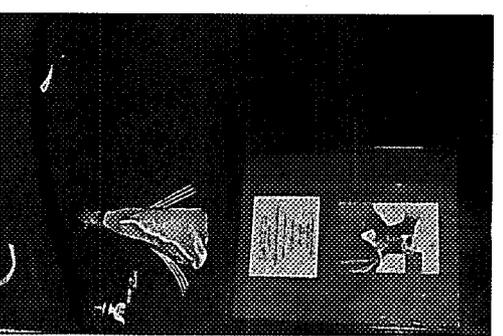
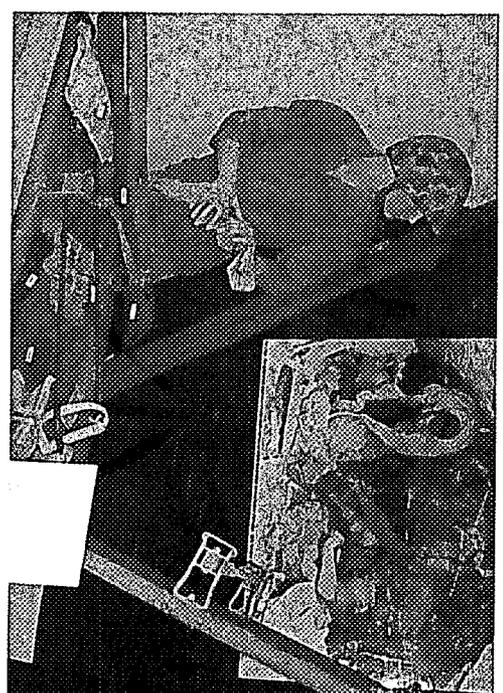
- 96 days x \$141.37/student/day = \$13,571 (ideal)
- 103 days x \$141.37/student/day = \$14,561 (w/ 1 week indoc)
- 113 days x \$141.37/student/day = \$15,833 (actual IA FY04)

Blended Learning:

- 72 days x \$141.37/student/day = \$10,179 (ideal)
- 79 days x \$141.37/student/day = \$11,168 (w/ 1 week indoc)
- 97 days x \$141.37/student/day = \$13,713 (actual IA FY05)

Cost To Move

- Bachelor Enlisted Quarters Furnishings \$2.8M
 - 80 single person rooms for fleet returnees
 - 380 4-person rooms for E-4 and below
 - Initial outfitting cost required
 - Current furnishings beyond cyclical replacement
- HM Historical Center \$9.1K



Cost To Move



- Total Tonnage for Move 138 Tons
- Information Technology 94 Tons
- Academics 30 Tons
- Audiovisual, Teleconferencing, TV Studio 14 Tons





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Tri-Service Program Comparison



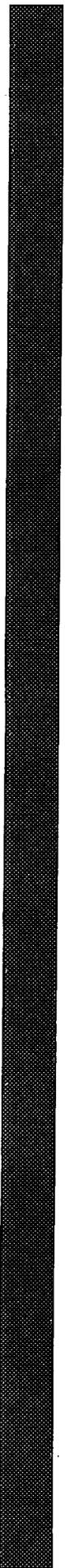
	Navy	Army	Air Force
Annual Input	4850	7000	2800
Weeks	14	16	14
Instructor/ Student Ratio	<u>Didactic</u> 1:60 <u>Lab</u> 1:8 Non-invasive 1:6 Invasive	<u>Didactic</u> 2:60 <u>Lab</u> 1:6 Non-invasive 1:4 Invasive	<u>Didactic</u> 1:25 <u>Lab</u> 1:8
SimMan	32	132	2
EMT Curriculum Hrs	151	200	229
Graduate Status	Basic HM Certificate	National Registered EMT	National Registered EMT College credit

Army and Air Force data based on 2003 site visit

Benefits/Advantages



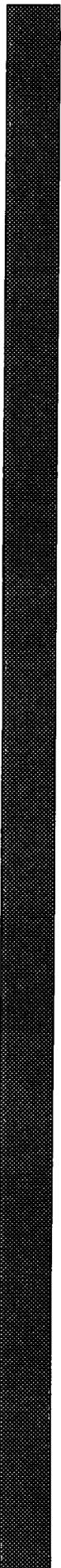
- Students
 - Potential College Credit
 - EMT
 - Standard Curriculum
- Staff
 - Efficiencies in equipment/facilities
 - Efficiencies in manpower, dollars and operational readiness
- Share resources
- Curriculum integration



Optimal Outcomes



- Joint war fighting capabilities
- Integration between services
 - Broad implications for detailing to a need versus a service specific billet
- Improve delivery systems for all basic medical training
- Eliminates redundancies and training inconsistencies
 - Uniformity of instruction



Impact on Mission Capabilities



- Decreased throughput during transition
- Civilian personnel assets
- Surge capacity



Implementation Considerations

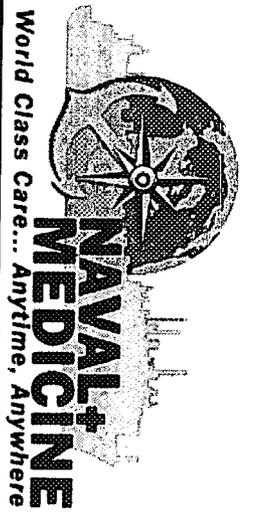


- Infrastructure Fort Sam Houston
 - BQs full
 - Using trailers for classrooms
- Facility Construction
 - BQs: fleet returnee standard vs E4 & below
 - State-of-the-Art ILE classroom
- Cost of 3 PCS moves in 1 year
 - RTC, A School, & 1st Duty assignment
- Base Ops and Support
 - PSD at Ingleside/Corpus Christi, TX
- Rear Party for closure of current facilities

Implementation Considerations



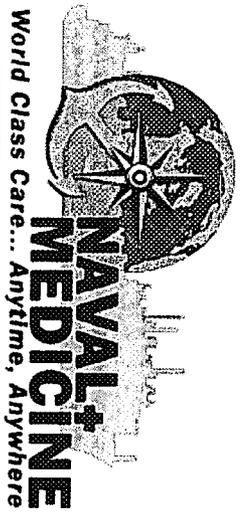
- No specific curriculum recommended by JCSCG
- ITRO may be the structure to work within
- Need for early joint working team to integrate curriculum and command structure/organization
 - Future of integrated learning (ILE)
 - Future of HM/DT merger
 - Quality of DT training
 - Differences in reserve training philosophy
 - Loss of Sailorization
- Critical that each school have senior representation on integration team
- NETC/NPPDC Revolution-In-Training advances
- Joint venture vs co-location



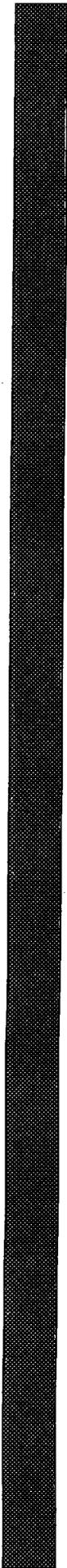
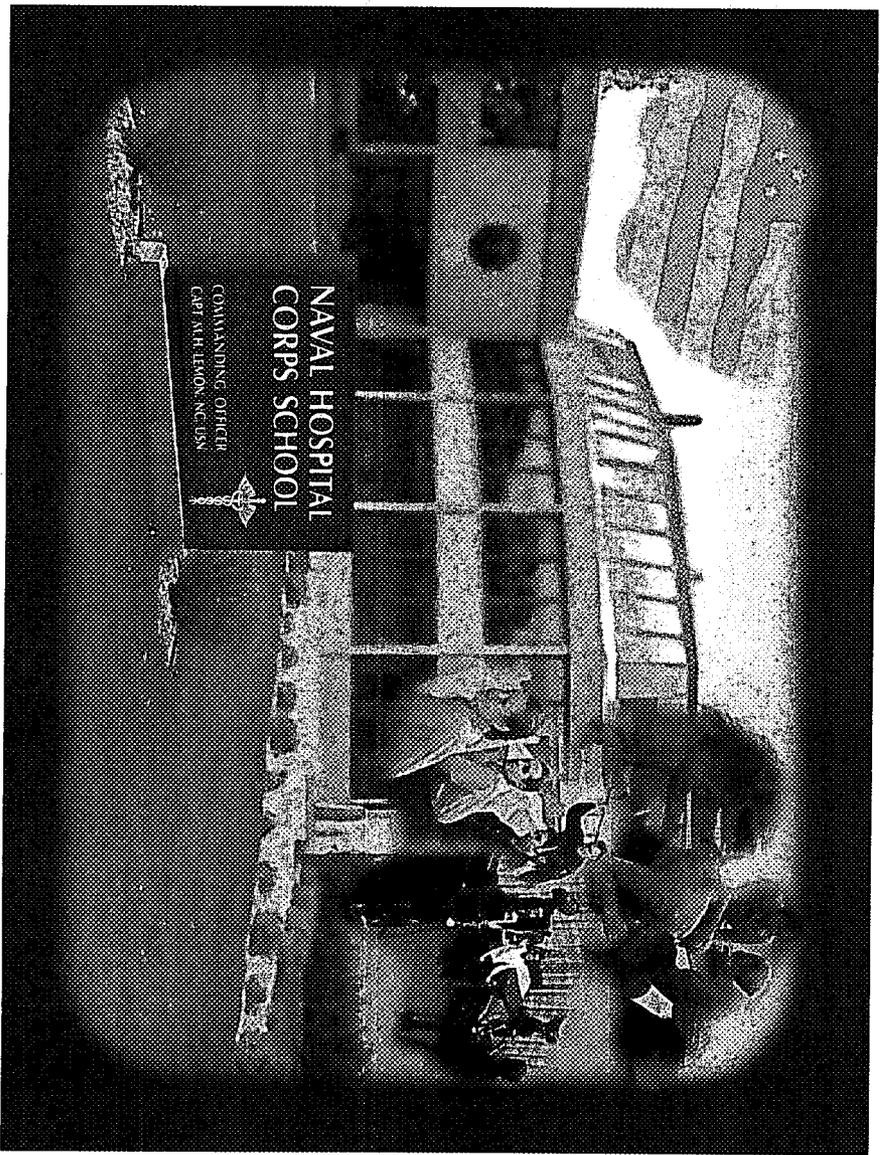
Expected Implementation

- Single year 2008



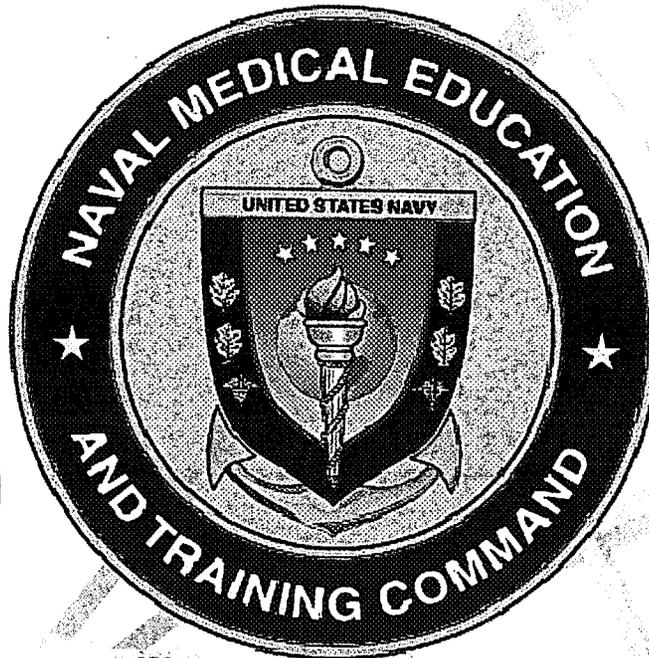


Questions?





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NMETC

Learning Center For Force Health Protection

**RDML Carol I. Turner, SHCE,
Commander**

The Premier Institute for Learning



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21 JUNE 2005 NMETC BRAC

Brief Members Present



Rear Admiral Carol Turner
Captain Thomas McGue
Captain Florence Crosby

Commander, NMETC
Deputy Commander, NMETC
Prospective Commanding Officer,
NSHS San Diego and head of Medical
Service Corps Programs
Strategic Planning, Public Affairs and
Marketing

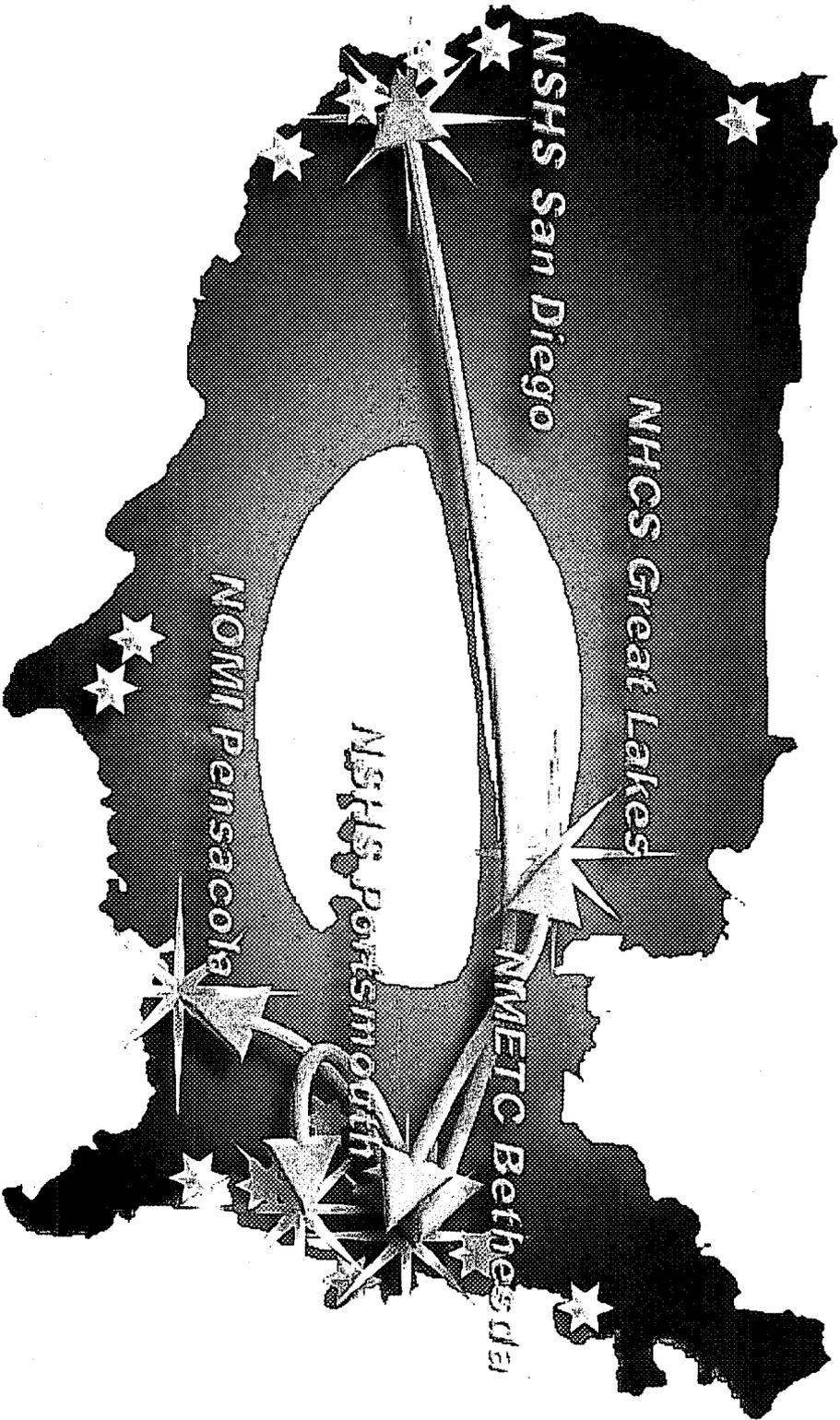
Captain Jaime Luke
Captain Robert Taft
Commander Resa Warner
Lieutenant Commander Ethan Josiah
Dr. Anne Ballard
Deputy Director, Governance
Instructional Systems Specialist,
Governance

Ms. Louise Nazario
HM1 Andrew Neville
School Course Management, Governance
Strategic Planning, Public Affairs and
Marketing



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NMETC

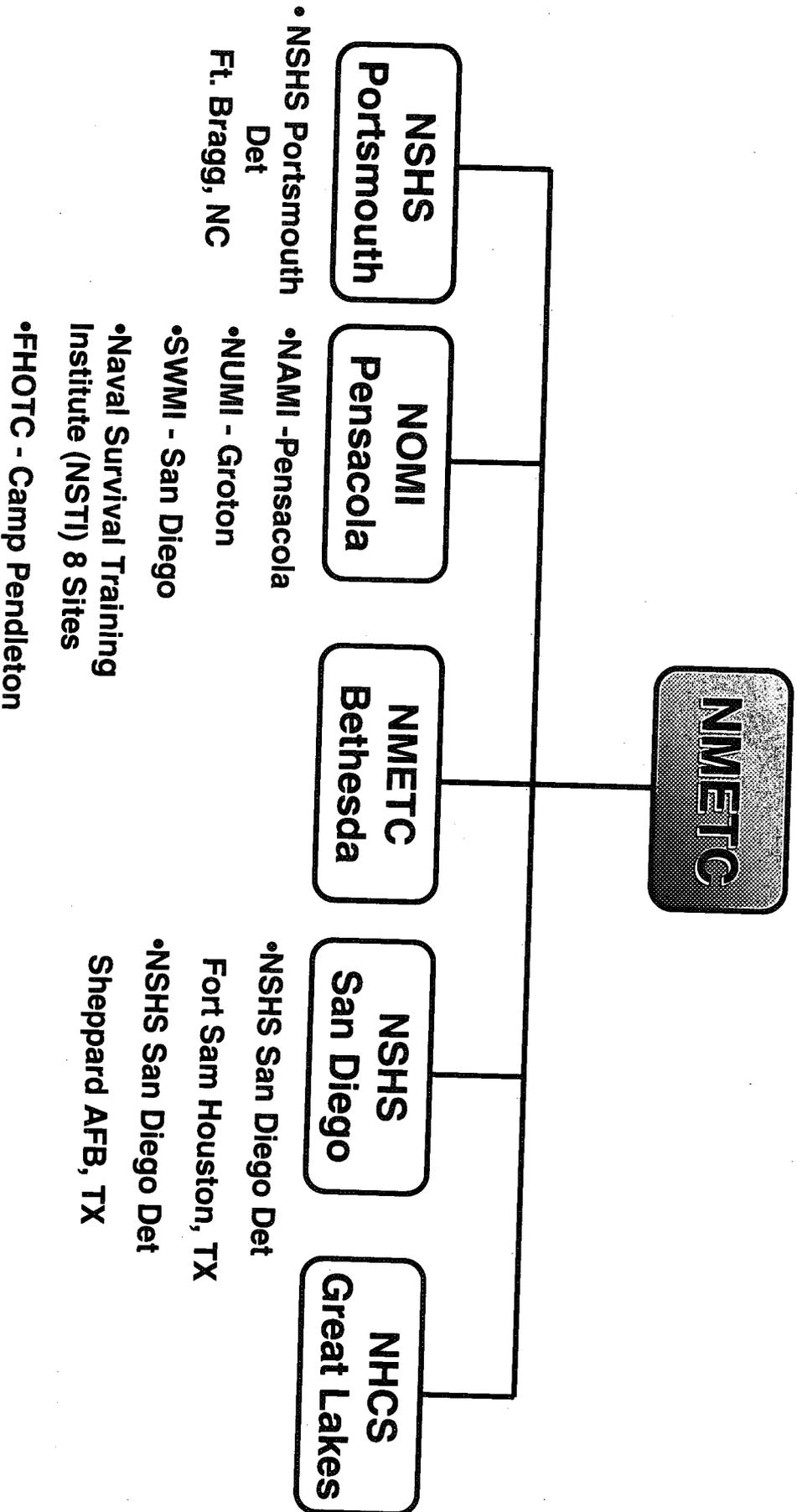




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NMETC Command Structure





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Navy Operational Medicine Institute (NOMI)

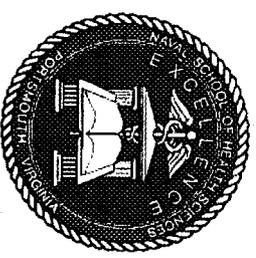


- Naval Undersea Medical Institute
- Naval Aerospace Medical Institute
- Surface Warfare Medicine Institute
- Naval Survival Training Institute
- Aerospace Residency
- Fleet Hospital Operations and Training Center



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Naval School Health Sciences Portsmouth



- Hemodialysis/Apheresis Technician
 - Pharmacy Technician
 - Radiographer, Advanced
 - **Advanced Laboratory**
 - Thomas Nelson Community College
 - Electroneurodiagnostics
 - Nuclear Medicine
 - (Phase I & II)
 - Surgical Technologist
 - Urology Technician
 - Psychiatry Technician
 - **Training for Recon & Seal Corpsman (Techs & IDCs)– Fort Bragg, NC**
 - Phase II Programs
 - Physical Therapy
 - Occupational Therapy
 - Navy Nurse Corps
 - Anesthesia Program
-



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Naval School Health Sciences San Diego



-
- **Advanced Laboratory Technician**
 - Cardiovascular Technician
 - * Dermatology Technician
 - **Independent Duty Corpsman (Surface & Medical Deep Sea Diving)**
 - Navy Drug & Alcohol Counselor
 - Preventive Medicine
 - Radiographer, Basic & Adv
 - Surgical Technician
 - Ocular Technician
 - Otolaryngology Technician
 - Phase II:
 - Respiratory Therapy
 - Physician Assistant
 - Navy Nurse Corps Anesthesia Program
 - Physical Therapy



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Naval School Health Sciences San Diego



NSHS San Diego Detachment (San Antonio)

FT Sam Houston

- Orthopedic Castroom Technician
- Cytotechnologist

Sheppard AFB (Wichita Falls)

- * Dental Technician, Basic
- Dental Prosthetic Laboratory Technician, Basic & Advanced
- Biomedical Equipment Technician, Basic & Advanced

Phase I Programs

- Physical Therapy Technician
- Occupational Therapy Technician
- Respiratory Technician



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Naval Hospital Corps School



- **Hospital Corpsman A-School; 14-week Curriculum**
 - “Accelerated Pace” Program (intensive):
 - Computer accelerated, Average time to complete course 7-9 weeks
 - Non-resident HM “A” Program - Naval Reserve: Standardized medical training program that mirrors the resident course. Began summer 2004.
 - July 27th Combined HM/DT Curriculum with follow on DT training



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NSHS Bethesda Programs



- Joint Medical Planning Course
- Plans, Operations & Medical Intelligence Course (POMI)
- Financial & Material Management Training Course (FMMTC)
- Patient Administration Course
- Clinic Management Course (CMC)
- Biomedical Photography C-School
- Learning Continuum Courses
- Military Tropical Medicine



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Interservice Training Review Organization (ITRO)



- Central point of contact to the Interservice Training Review Organization for all Interservice training health care matters - Health Care Interservice Training Review Organization (HC-ITRO)
- Tri-service staff supporting ITRO Advisor for Health Care
- Coordinates issues and participates with all ITRO Boards, Committees, and Subcommittees on issues impacting medical training
- Facilitates three military Services Medical Departments' education & training programs for consolidation



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Important Considerations



- Continue to meet USMC, Fleet, and Medical Treatment Facility requirements.
- Maintain accreditation of programs
 - All programs are accredited or certified
- Maintain HM/DT Curriculum
 - Cross-training increases flexibility
 - Provide for Blended Learning opportunities
- Possible increase in cost with 3 phase approach

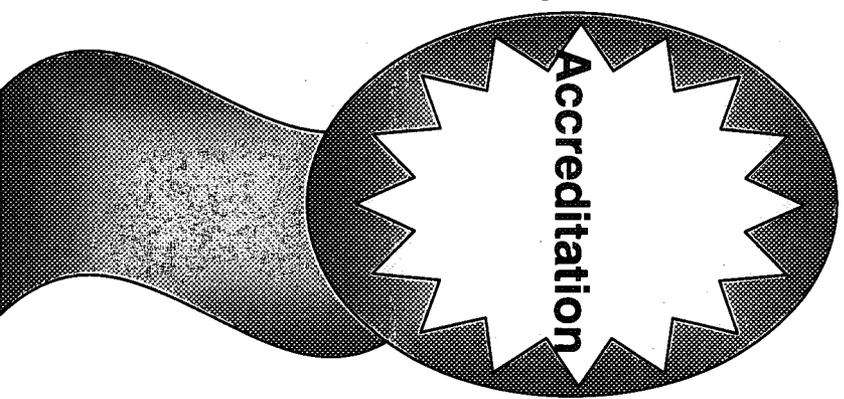


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Important Considerations



- Maintain Quality of Unique Independent Duty Corpsman program
- Maintain quality of phase III clinical experiences





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Independent Duty Corpsman



- **Submarine Independent Duty Corpsman (IDC)**
 - A Submarine IDC prepares a corpsman to work independently of a physician in an austere setting for prolonged periods and to supervise all aspects of the Radiation Health Program onboard the submarine.
 - The Submarine IDC maintains oversight over atmosphere monitoring, food service sanitation, water safety, general hygiene and habitability of the submarine.
- **Surface IDCs and Deep Sea Dive IDCs:**
 - The IDCs medical core competencies including clinical care, trauma training and preventive health.
 - Specific competencies for Deep Sea Diving IDCs include Hyperbaric Medicine, Therapeutic Gases, Diving Neurological Examinations and Barotrauma. This training provides IDCs the knowledge and experience to manage the diving medical issues that arise.



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Independent Duty Corpsman

- **SEAL and Recon Technician and Independent Duty Corpsman (IDC)**
 - Currently taught by Joint Special Operations Medical Training Center (JSOMTC) at FT Bragg, NC
 - There are three curriculums at JSOMTC for Navy SEAL and Recon Corpsman.
 - **Special Operations Combat Medic Course**
 - **Special Operations Independent Duty Corpsmen Course**
 - **Special Operations Forces Medical Sergeants Sustainment Program**



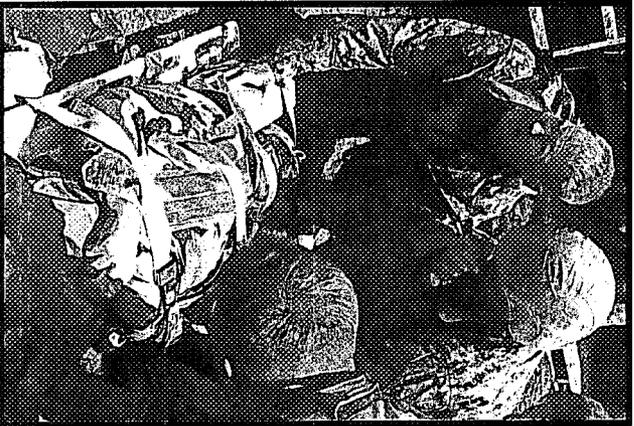
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Critical Factor

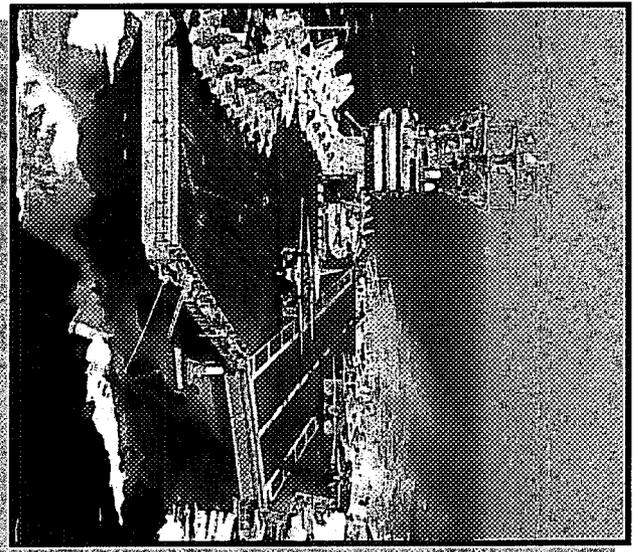


- Wide range of Requirements

USMC



FLIEEY



MTF





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Key Questions



- Can Navy clinical training needs be accommodated in the local San Antonio area? (does the San Antonio catchment area have a great enough patient volume to meet both inpatient and outpatient requirements)
 - Currently the majority of Navy programs train both didactic and clinical in one location – reducing cost and improved quality of life factor.
- Will all training spaces be equipped with technology to provide for advanced blended learning opportunities that will maintain and expand on initiatives like the “Accelerated Pace” Program for basic Navy Corpsman.



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Key Questions



- Will surge capabilities be accounted for in billeting, messing and classroom capabilities?
- Will the Interservice Training Review Organization (ITRO) be used to consolidate like training allowing each service an equal say or will only the methodology be used? (this would include rotating program directors amongst services, curriculum changes with all service agreement etc.)
- What is the mechanism to assess the possibilities for consolidation or movement of programs not specifically listed in the BRAC report? (i.e. Drug and Alcohol Counselor)



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Key Questions



- Will institutional and programmatic accreditations be Joint or service specific. Is the intent to seek all possible programmatic accreditations where available.
- What will the Command and control be for the new organization ? Has a model for civilian leadership been considered?
 - Uniformed Services University of the Health Sciences (USUHS) model with a professional educator/Education administrator as head or dean.



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Concerns



- Training experiences in Fleet concentration areas provides access to real, life experience with ships as well as clinical experience with the target population. How will this be addressed?
- It appears that the classroom designs and technology capabilities are currently being looked at by the Army, however, this is a key element in our efficacy and efficiency. Suggest standardized e-classroom proposals.
- Common scope of practice is necessary to ensure maximum interoperability between services.



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Concerns



- Increased cost to train with multi phase approach if all training cannot be conducted in one location.
- Decreased ability to consolidate programs where Officer and Enlisted are trained within the same course.



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Service Contacts



- Army: COL Donald Gagliano
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- Air Force: COL Keven Diamond
keven.diamond@randolph.af.mil
- Navy: CAPT Dan Wonderlich
dwonderlich@nmetc.med.navy.mil

Navy's Independent Duty Corpsman:

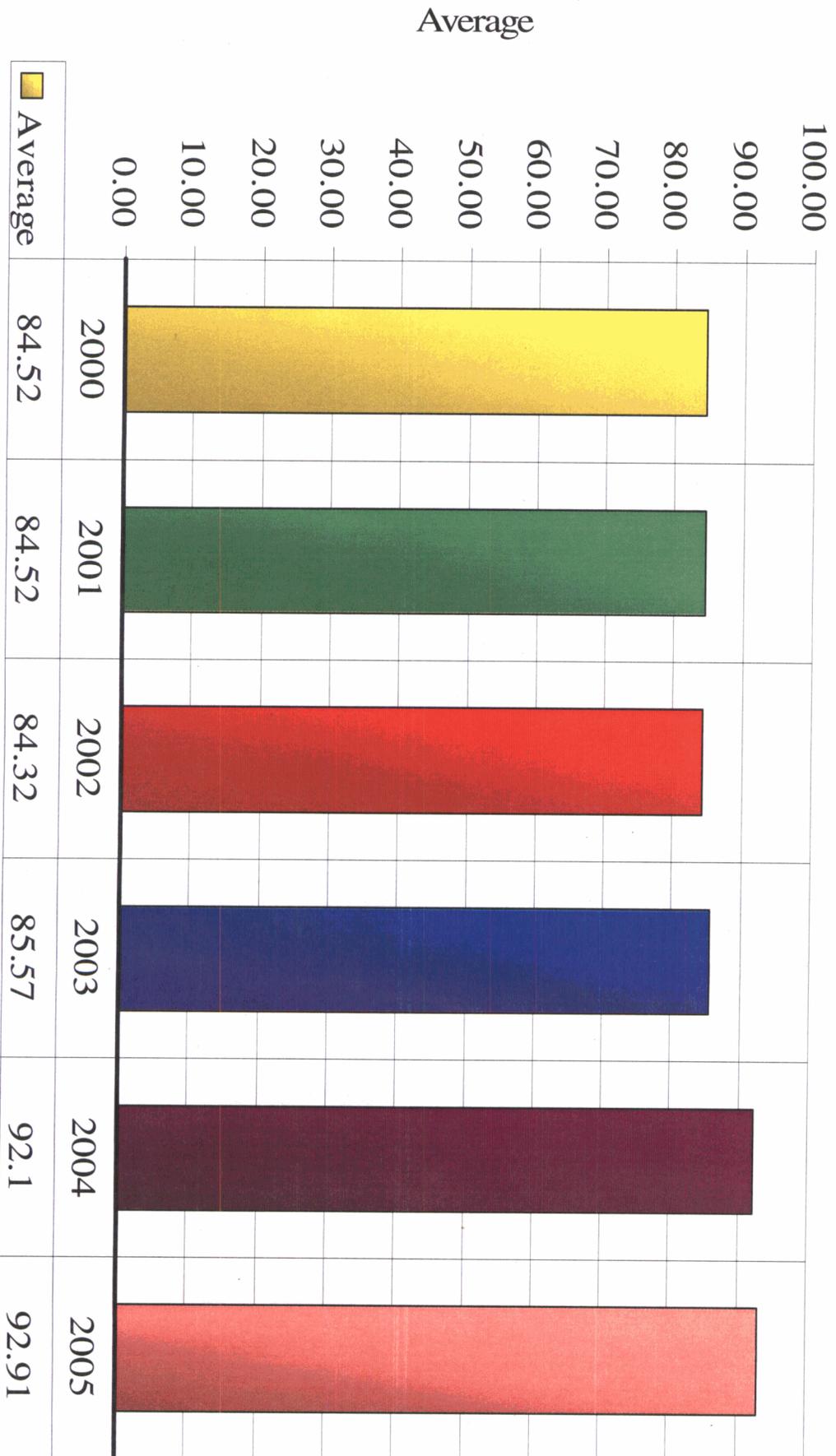
The Naval Medical Education and Training Command (NMETC) is responsible for training hospital corpsman in a variety of warfare settings:

- **Submarine Independent Duty Corpsman (IDC)**
 - Submarine IDC training is currently located at the Naval Undersea Medicine Institute (NUMI) in Groton, CT. NUMI is a subordinate command of the Naval Operational Medicine Institute (NOMI) in Pensacola, FL. A Submarine IDC prepares a corpsman to work independently of a physician in an austere setting for prolonged periods and to supervise all aspects of the Radiation Health Program onboard the submarine.
 - The Submarine IDC maintains oversight over atmosphere monitoring, food service sanitation, water safety, general hygiene and habitability of the submarine.
 - The Submarine IDC completes a 56-week program which includes Basic Enlisted Submarine School, eight weeks of didactic radiation health training with ongoing practical training, course work in anatomy and physiology, physical diagnosis, medical diagnosis and treatment, submarine atmosphere control and preventive medicine.
 - The curriculum culminates in 12 weeks of clinical training in a variety of specialties including primary care, dermatology, surgery, trauma and ENT. Throughout the course, personalized instruction and practical application are emphasized.
 - The final "practical week" is when students are subjected to the simulated rigors of a submarine underway period for one week, including multiple medical emergencies, inspections and atmosphere control and preventive medicine problems.

- **Surface IDCs and Deep Sea Dive IDCs:**
 - NMETC has oversight of the Naval School of Health Sciences in San Diego (NSHS San Diego), where Surface Force and Deep Sea Dive IDC's are trained.
 - The training provides:
 - The instructors the opportunity to incorporate operational medical lessons learned into the doctrine and training.
 - The IDCs medical core competencies including clinical care, trauma training and preventive health.
 - Specific competencies for Deep Sea Diving IDCs including Hyperbaric Medicine, Therapeutic Gases, Diving Neurological Examinations and Barotrauma. This training provides IDCs the knowledge and experience to manage the diving medical issues that arise.
 - Through a detailed curriculum review process, collaboration with Subject Matter Experts (SMEs) and Enlisted Technical Leaders (ETLs), NMETC ensures incorporation of current Fleet practices in the development of IDC's.

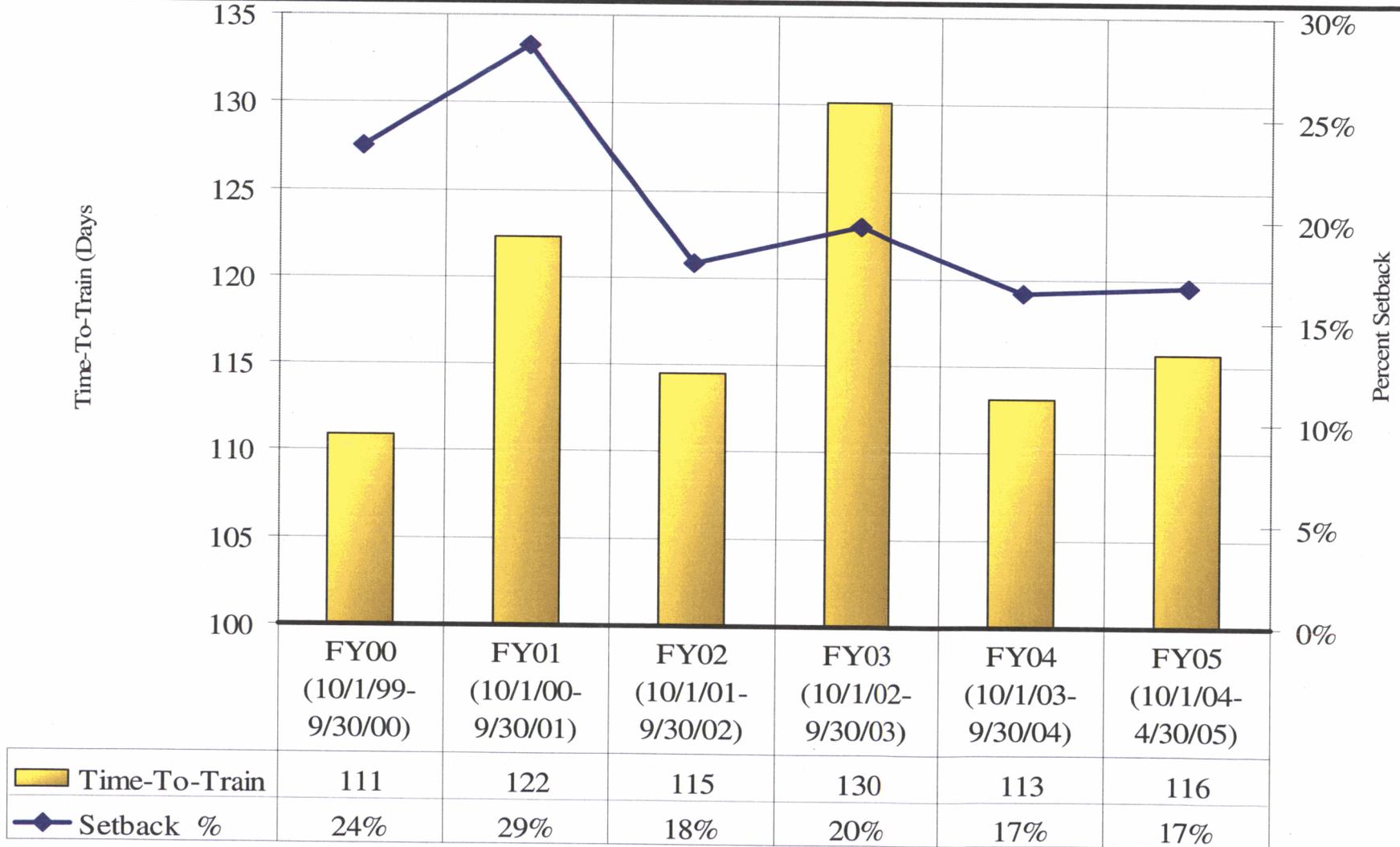
- To enhance trauma training, the Operational Emergency Medical Skills Course (OEMS) is available, along with training at the Naval Trauma Training Center (NTTC) and Orthopedic and Emergency Medicine rotations at a local trauma hospital.
- **“SEAL” and “Recon” Corpsman:**
 - NMETC, via the Naval School of Health Sciences Portsmouth (NSHS Portsmouth), has linked to the Joint Special Operations Medical Training Center (JSOMTC) Detachment in Fort Bragg, North Carolina.
 - JSOMTC’s mission is to develop and execute institutional “Special Operations Medical Training” for enlisted Army, Navy (SEAL Corpsman and USMC Recon Corpsman) and Air Force special operations personnel.
 - At JSOMTC, they produce and sustain uniformly trained, inter-operable, Joint Service Enlisted Special Operations Independent Duty Corpsman and Army Special Forces Medical Sergeants (18D).
 - There are **three curriculums** at JSOMTC for Navy SEAL and Recon Corpsman.
 - #1). The “typical” Sailor at JSOMTC would complete the **“Special Operations Combat Medic Course” (SOCM)**. This is a 24-week course of instruction in Anatomy and Physiology, Pathology, Physics, Field Trauma and EMT Paramedic. They also earn their Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) certifications.
 - #2). Six months after they graduate and serve with their assigned unit, the SOCM-trained Corpsman can apply to return and attend the **“Special Operations Independent Duty Corpsman Course” (SOIDC)**.
 - ****The SOIDC is an additional 22 weeks of training where students will receive similar training as provided in the Surface and Submarine IDC courses with special emphasis on “isolated duty” and independent medical management of a patient for up to 72 hours. They also receive “paramedic field internship” to practice along side civilian paramedics in major cities that have extensive penetrating and blunt trauma.**
 - #3). Finally, every 2 years, the SOIDC must return and complete the **“Special Operations Forces Medical Sergeants Sustainment Program” (SOFMSSP)**, a refresher course, which is 2 weeks in duration to maintain critical medical skills.

Grade Point Average



FY Comparison

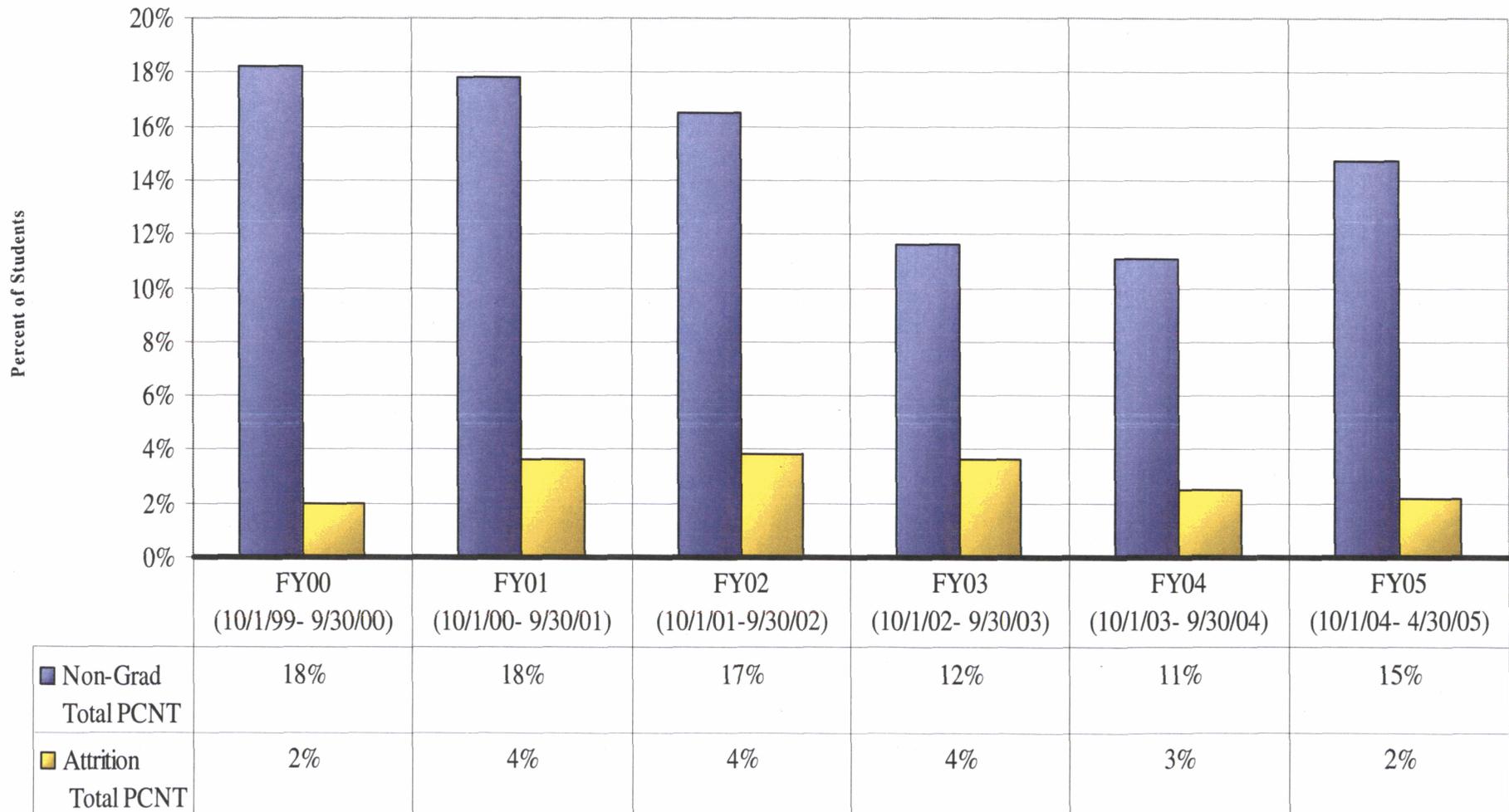
Time-To-Train & Percent Setback



Source: CNET Report 1510-1 (TTT959R) & CETARS Report TST810R



Non-Graduates & Attrites

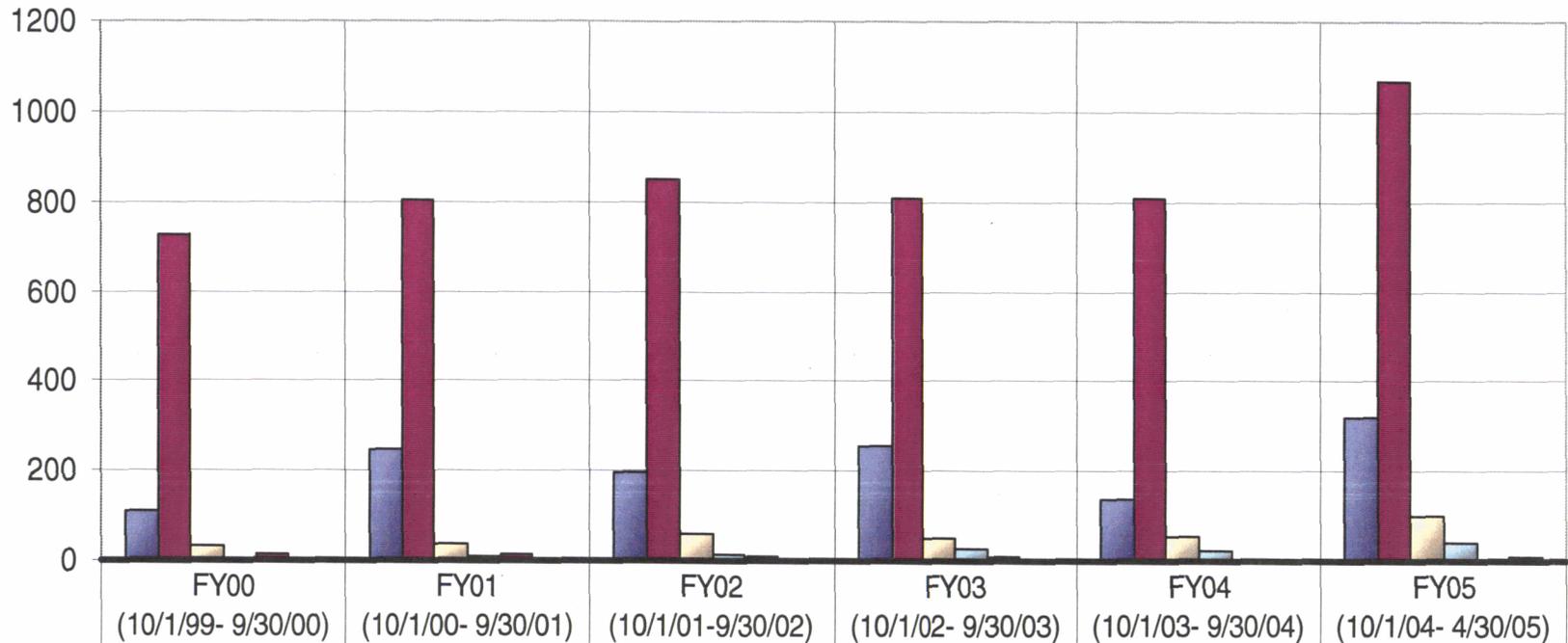


Source: CETARS Report TST810R



FY Comparison

Actual Average on Board

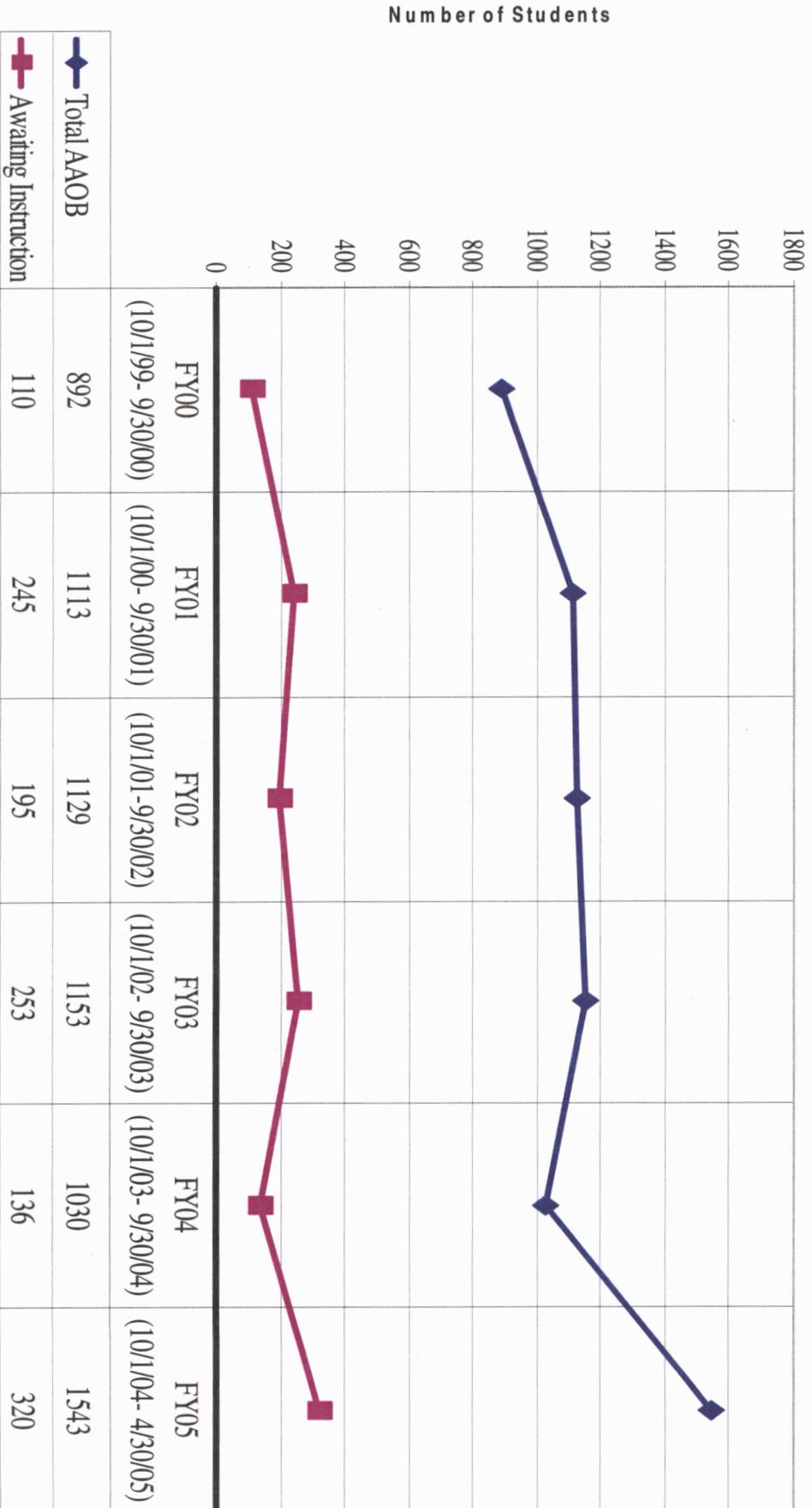


	FY00 (10/1/99- 9/30/00)	FY01 (10/1/00- 9/30/01)	FY02 (10/1/01-9/30/02)	FY03 (10/1/02- 9/30/03)	FY04 (10/1/03- 9/30/04)	FY05 (10/1/04- 4/30/05)
Awaiting Instruction	110	245	195	253	136	320
Under Instruction	727	804	848	809	808	1067
Interruption of Instruction	32	35	59	52	53	99
Awaiting Transfer	5	11	15	27	25	43
Hold Legal	13	15	8	11	4	5
Hold Medical	6	4	4	2	4	10

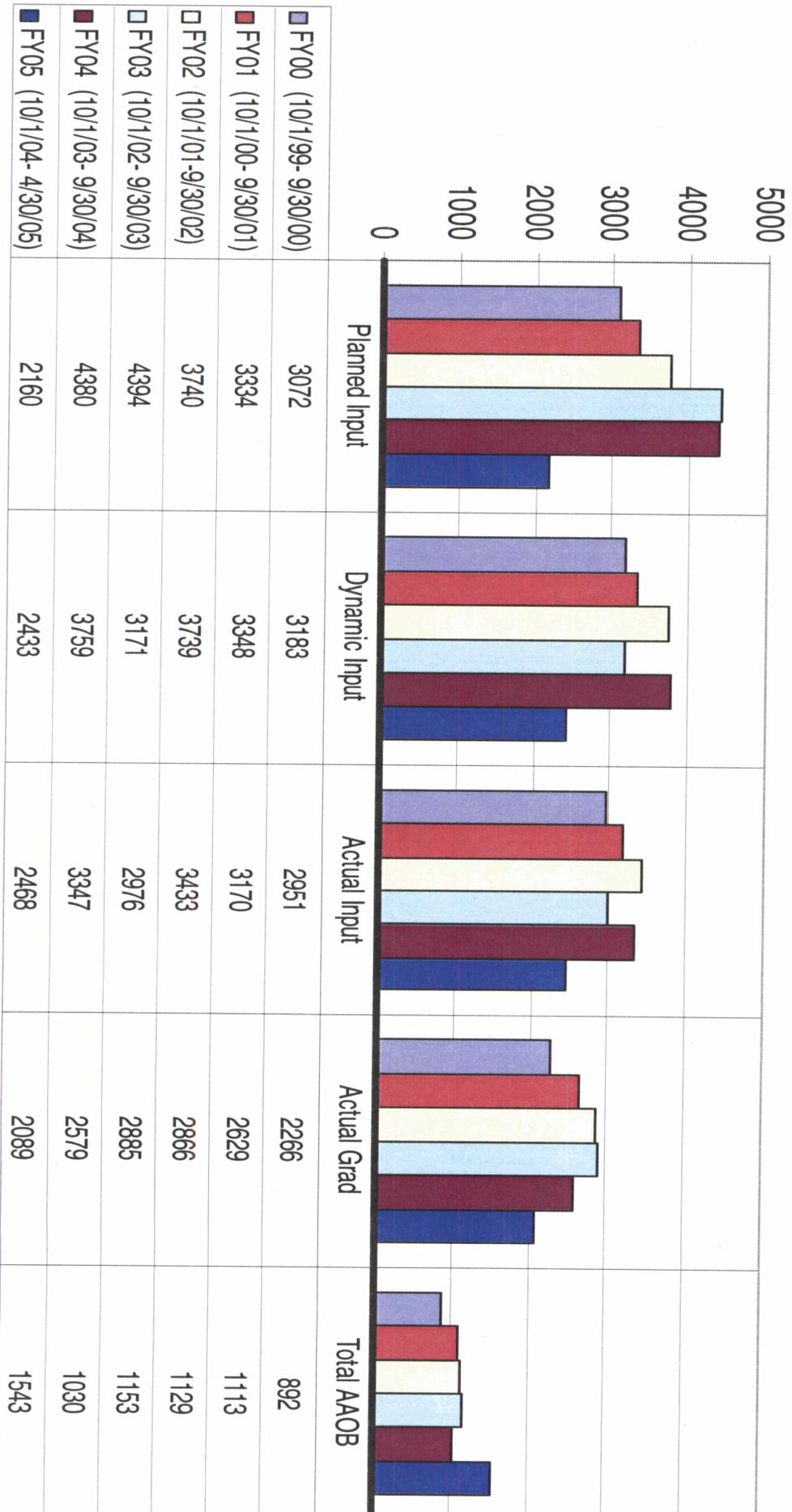
Source: CETARS Report TST810R

FY Comparison

Actual Average on Board

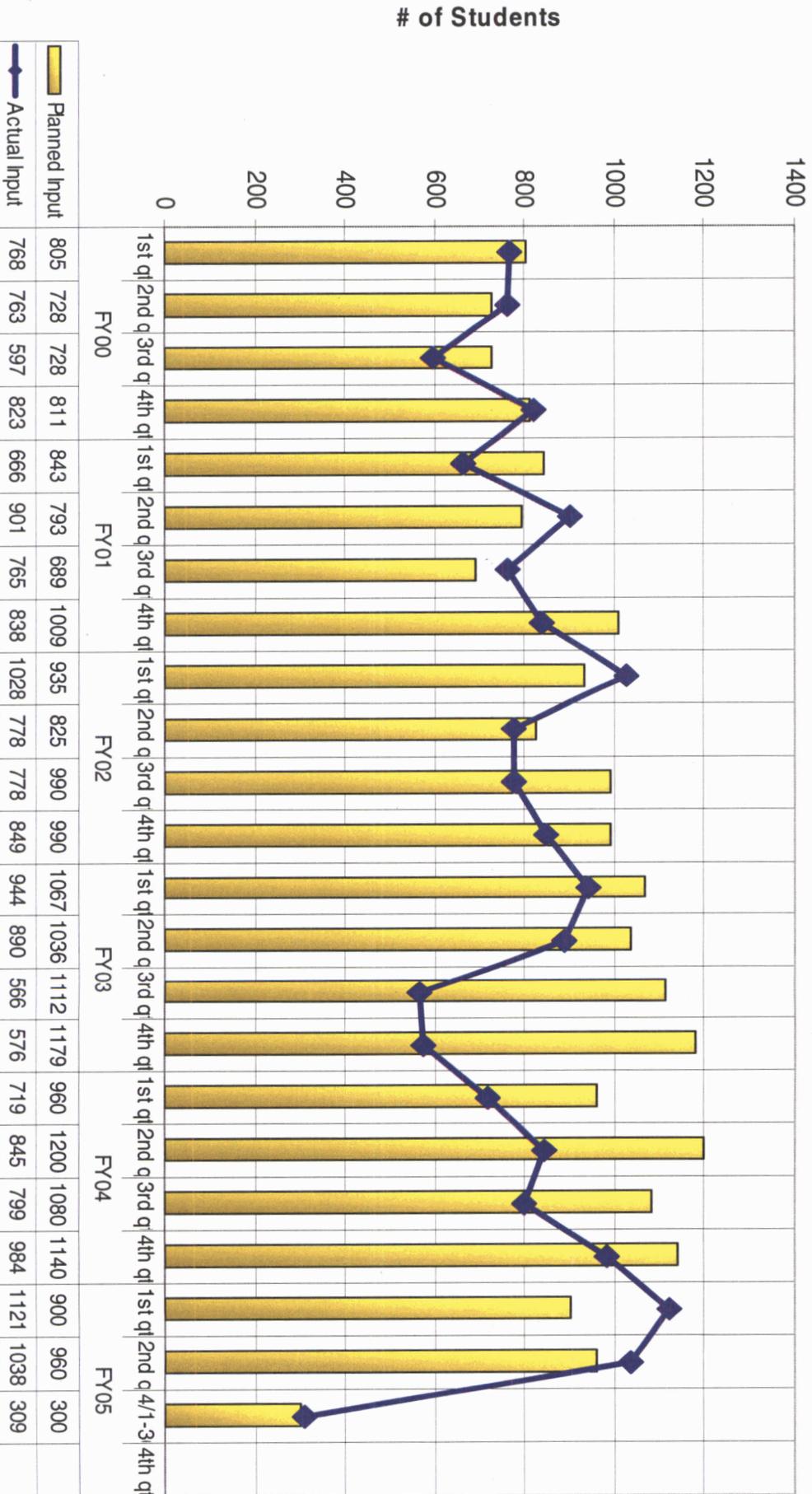


FY Comparison Student Numbers



Source: CETARS Report TRST810R

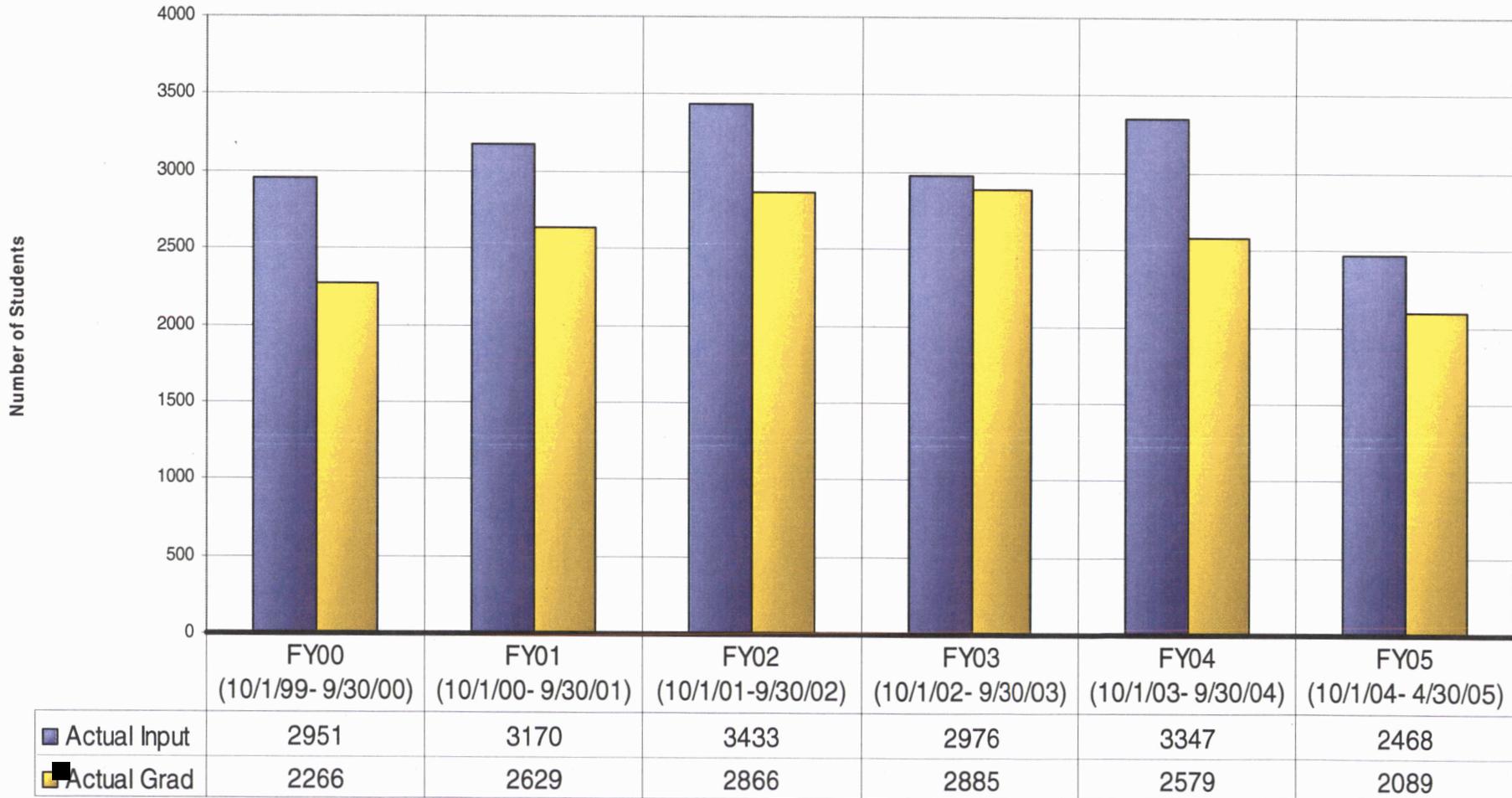
FY Comparison Student Numbers



Source: CETARS Report TST810R: Quarterly Comparison: Planned & Actual Input



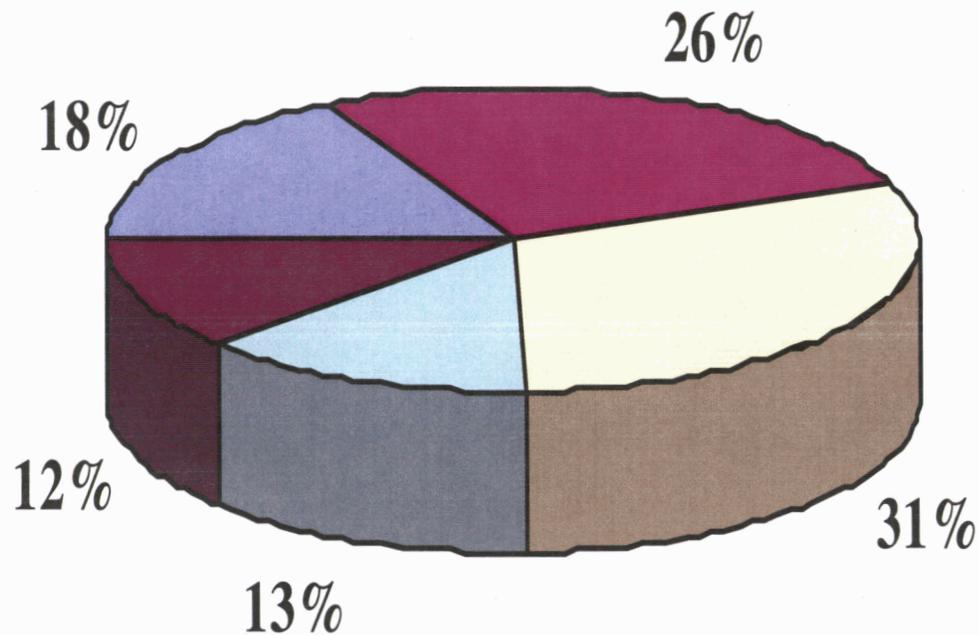
FY Comparison Student Numbers



Increased student load of 4850 is projected out to 2011

Source: CETARS Report TST810R

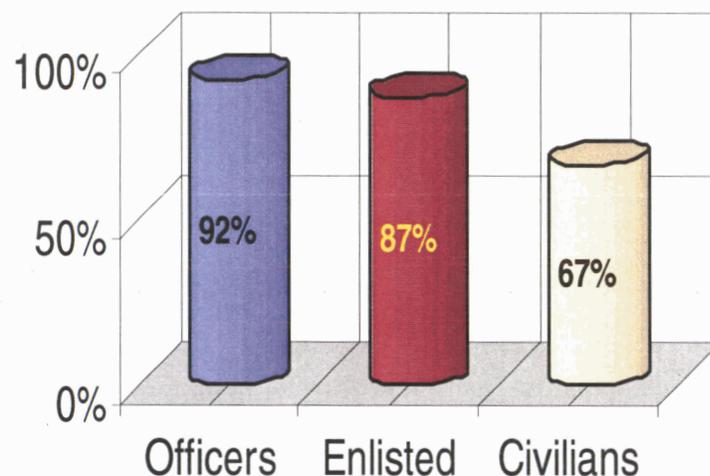
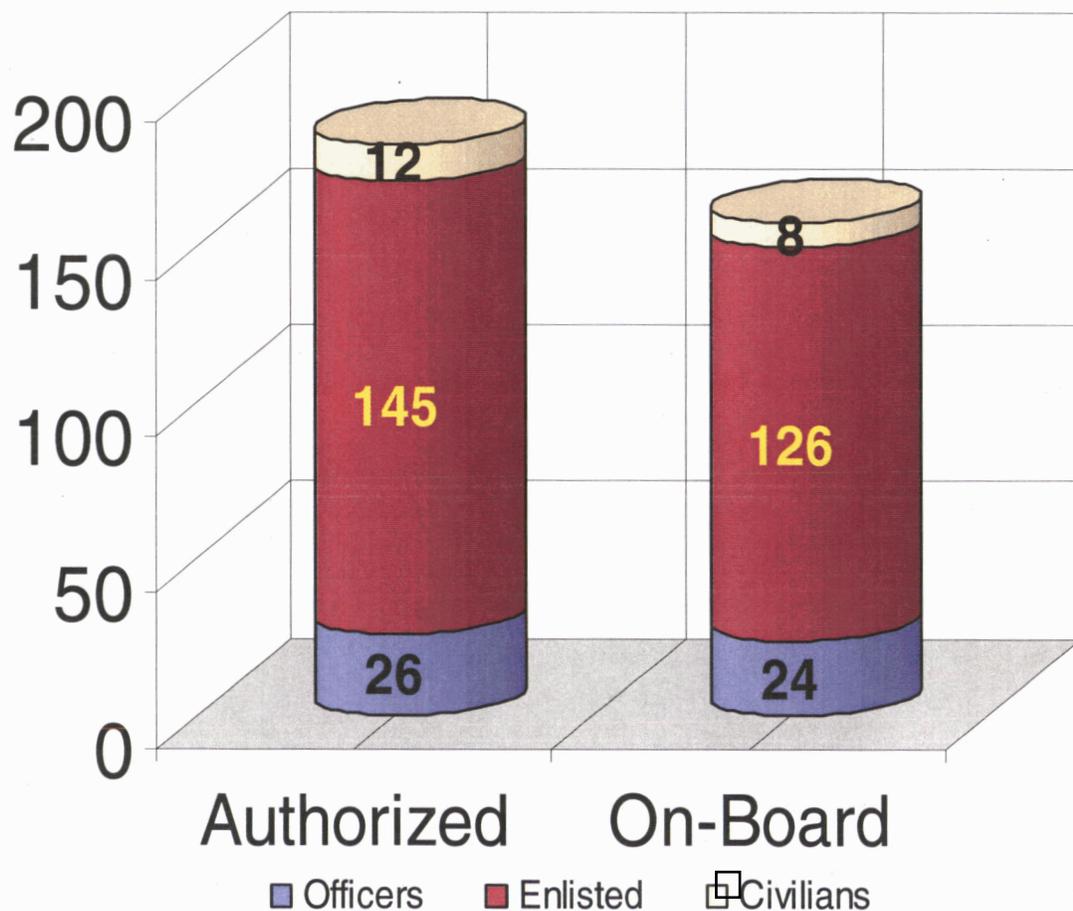
14 Week Curriculum



- Fundamentals
- Emergency Care
- Nursing Procedures
- Clinical Rotation
- NMT/Health Promotion



Manning (Snapshot: May05)



Source: EDVR (POB1 0505), ODVR & AMD