



Abstract Title:	Development of a Standardized Competency Program for Combat Medical Resources
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Objective:	Upon completion of the lecture, attendees should be better prepared to: <ul style="list-style-type: none">▪ Describe the process of creating standardized training and sustainment modules for identified combat related skills▪ Demonstrate that a comprehensive platform to prepare providers for combat deployment is improved with implementation of a standardized program▪ Demonstrate that a program created for the Burn/Trauma Center is adaptable across the Military Health System (MHS) and Civilian partners
Abstract:	<p>Introduction: The 2017 National Defense Authorization Act included a requirement to establish a standardized training curriculum for pre-deployment training and to formally partner with civilian trauma centers to ensure military clinicians are exposed the volume and acuity of trauma and burn patients. Currently, there is no standardized training program for clinical pre-deployment readiness, nor documentation tool of individual competency and training. The US Army Burn Center is conducting a pilot program to become the premier military readiness platform as the Department of Defense’s only level one trauma center and burn center. We describe a pilot program that will be the foundation for future civilian center training platforms.</p> <p>Methods: A prospective, cohort project was developed to compare the pre- and post-training skill and knowledge of combat casualty care for members of surgical teams expected to deploy to support combat operations. Each team completes a one-, two-, or three-week program, rotating through clinical areas throughout the facility, including the trauma department and Burn Center to achieve the required 40 hours of clinical experience. Rotations in the burn center include: intensive care and step-down units, respiratory therapy, nutrition care, operating room, outpatient burn clinic. Included is a minimum of two days of didactic training on topics geared towards their deployed roles guided by the Joint Trauma System Clinical Practice Guidelines (CPGs), such as prolonged field care, supporting a walking blood bank, damage control surgery, and patient packaging for transport. Combat casualty scenarios using high fidelity simulation mannequins are included to practice hands-on skills. Objective metrics are used to evaluate performance: self-reported readiness using the Readiness Estimate and Deployability Index (READI) tool, the Periodic Evaluation Tool</p>

(PET) for elements of professional practice, and a validated knowledge test before and after the rotation.

Results:

From January 2015 to April 2018, prior to implementing the pilot project, a total of 144 personnel rotated through the program without a standardized curriculum. The formal pilot project began in April 2018 with the goal of creating a standardized training program that is exportable and offers clear documentation of required readiness elements. The goal of the training, once fully implemented, is to provide clinical experience at a level one trauma and burn center to increase knowledge and competency in combat casualty care domains. Since implementation, 49 personnel have completed the training with the new curriculum. The training is undergoing improvements based on feedback from the team members, course faculty/ facilitators and the principle investigators until completion of the pilot.

Conclusions: This project will result in a validated and standardized program that offers clear documentation of required readiness elements. This project highlights the Army Burn/Trauma Center as a premier training platform owing to the high acuity patients that best mimic combat casualties due to the complex nature of combined burns and poly trauma. Future implications for the military include exporting the training to other military or civilian facilities to maximize the opportunity for pre-deployment training. Additional implications for civilian centers include providing this training platform to non-burn experts to facilitate hands-on experience in preparation for real world civilian mass casualty situations.

Disclaimer: The views expressed in this abstract are those of the author(s) and do not reflect the official policy or position of the Army Medical Department, Department of the Army, Department of Defense, or the US Government.

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Disclosure:

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