Accelerated Veteran Pathways in Healthcare: A Toolkit for Colleges

Barry Moore, METC
Amy Sherman, CAEL
Cynthia Rathunde, Roosevelt Univ.

May 4, 2018
Overview of Today’s Session

• Introductions
• METC Overview
• Guide Overview
• Implementation
• Question and Discussion
Medical Education & Training Campus

Mr. Barry S. Moore
4 May 2018
Overview

• METC Mission & Vision
• Campus Highlights
• Accreditation & Credentials
• Bridge Partnerships & Degree Pathways
• Access to Our Bridge Partners
• Bridge Landing Pages
• Questions
Mission Statement

Train the World’s **Finest** Medics, Corpsmen, and Technicians”

Our graduates must be the:

- Finest purveyors of their technical craft (knowledge, skills, and attributes).

- Finest Service members; fit to operate and excel within their Service-specific culture.

- Finest as individuals who understand and can execute their roles in joint endeavors.
METC Vision

Train for the Mission and Educate for a Lifetime of Service.
METC Scope

• 49 programs of instruction (36 consolidated; 13 single service)
• Approximately 5,500 students daily and 16,500 annually
• Over 1200 staff/faculty members from all Services
• Largest producer of allied health professionals in America
• Largest educational consolidation in US military history
Campus Footprint

METC Campus - 1.1 Million square feet       Everything “state of the art”
METC Institutional Credentials

• National Institutional Accreditation
  Council on Occupational Education (COE)

• Regional Institutional Affiliation
  Community College of the Air Force (CCAF)

• American Council on Education (ACE)

• Programmatic Accreditation
  • 15 Accredited
  • 3 Programmatically recognized

• Certification/Licensure Opportunities

“Medically Ready Force...Ready Medical Force”
## Programmatic Accreditation

<table>
<thead>
<tr>
<th>Program</th>
<th>External Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiopulmonary Technician (USAF)</td>
<td>CoARC (Commission on Accreditation for Respiratory Care)</td>
</tr>
<tr>
<td>Cardiovascular Technician (USA)</td>
<td>CAAHEP (Commission on Accreditation of Allied Health Education Programs)</td>
</tr>
<tr>
<td>Cytotechnologist (USA)</td>
<td>CAAHEP (Commission on Accreditation of Allied Health Education Programs)</td>
</tr>
<tr>
<td>Dental Assistant (USAF)</td>
<td>CODA (Commission on Dental Accreditation)</td>
</tr>
<tr>
<td>Dental Basic Lab Tech (USAF, USN, USA)</td>
<td>CODA (Commission on Dental Accreditation)</td>
</tr>
<tr>
<td>Histotechnician (USAF, USN)</td>
<td>NAACLS (National Accrediting Agency for Clinical Laboratory Sciences)</td>
</tr>
<tr>
<td>Medical Laboratory Technician (USAF)</td>
<td>NAACLS (National Accrediting Agency for Clinical Laboratory Sciences)</td>
</tr>
<tr>
<td>Medical Laboratory Technician (USA, USN)</td>
<td>NAACLS (National Accrediting Agency for Clinical Laboratory Sciences)</td>
</tr>
<tr>
<td>Neurodiagnostic Technologist (USAF, USN)</td>
<td>CAAHEP (Commission on Accreditation of Allied Health Education Programs)</td>
</tr>
<tr>
<td>Occupational Therapy Assistant (USA, USN)</td>
<td>ACOTE (Accreditation Council for Occupational Therapy Education)</td>
</tr>
<tr>
<td>Ophthalmic Technician (USA, USAF)</td>
<td>ACOE CoA-OMP (Comm. on Accreditation of Ophthalmic Med. Programs); JCAHPO</td>
</tr>
<tr>
<td>Pharmacy Technician (USA, USAF, USN, USCG)</td>
<td>ASHP (American Society of Health Systems Pharmacists)</td>
</tr>
<tr>
<td>Radiologic Technician (USA, USAF, USN, USCG)</td>
<td>JRCERT (Joint Review Committee on Education Radiologic Technology)</td>
</tr>
<tr>
<td>Respiratory Therapy Technician (USA, USN)</td>
<td>CoARC (Commission on Accreditation for Respiratory Care)</td>
</tr>
<tr>
<td>Surgical Technician (USA, USAF, USN)</td>
<td>CAAHEP (Commission on Accreditation of Allied Health Education Programs)</td>
</tr>
</tbody>
</table>
For the Transitioning Service Member, It’s All About Credentials

• In medicine, the credential determines whether you can work or not.

• Today, the link between degrees and the credential is much greater than the past or in other career fields.
Civilian vs. Military Requirements

• Sometimes there is no civilian equivalent credential for a military occupational specialty.
• Some career fields do not require credentials.
• Military mission requirements do not always require civilian certifications.

Where there is significant overlap between civilian and military requirements, credentialing is a desired end state for both the Services and educational partners.
Degree Partnerships

• METC offers pathways to degrees and credentials

• Bridge Pathways
  • Articulates *maximum credit in a career pathway* for Service members and Veterans, saving them time and money.
  • Degree bridging with over 60 schools and over 500 degree completion pathways
  • Ongoing collaborations with 40+ other educational and non-educational partners

• Affiliations
  • Community College of the Air Force (CCAF)
  • George Washington University
  • University of the Incarnate Word

• USU/CAHS Independent Branch Campus

• Ongoing Cooperation & Collaboration with Education Support Office
<table>
<thead>
<tr>
<th>Hospital Corpsman Basic</th>
<th>AS Liberal Arts College I</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAS Nursing College A</td>
<td>AAS Nursing (RN) College J</td>
</tr>
<tr>
<td>AAS Advanced EMT (Paramedic) College B</td>
<td>AS Health Sciences—General Studies University B</td>
</tr>
<tr>
<td>AS Health Science University A</td>
<td>AA Information Technology University C</td>
</tr>
<tr>
<td>AS Nursing College C</td>
<td>AS Health Sciences in Administration University D</td>
</tr>
<tr>
<td>As Nursing University B</td>
<td>AAS EMS Professional College K</td>
</tr>
<tr>
<td>AS Nursing College D</td>
<td>AS Nursing College L</td>
</tr>
<tr>
<td>AAS Nursing College E</td>
<td>AAS Emergency Medical Services College M</td>
</tr>
<tr>
<td>AAS Emergency Medical Services College F</td>
<td>AAS Emergency Medical Services College M</td>
</tr>
<tr>
<td>AAS Nursing (RN Option) College G</td>
<td>AS Nursing University D</td>
</tr>
<tr>
<td>AAS Applied Health Sciences College H</td>
<td>AAS in Health Sciences University E</td>
</tr>
</tbody>
</table>

**METC Support**

The METC Campus Support Center (CSC) brings the answers to you!

Call (210) 808-METC (6382)

**METC Info/Blackboard**

- Webmail
- DISA ICE
- Leadership
- Key Performance Indicators
- Student Training Report Request Directions
- Ft Sam Houston Map
- Contact Us

**Surveys**

- Anytime Student Feedback
- DCNMT Contact Information
- Post assessment Survey
- Quality of Life Survey
- End of Program Survey

**Degree Bridge**

- Map of METC Locations

**Go Back**
Degree Partnerships

- 100,000 METC alumni and counting...
- Service members becoming Veterans in our communities
  - total nearly 50% after 4 years of service or less.
  - are highly qualified & experienced.
  - are largely unrecognized & underutilized.
In the End, It’s all about the Service Member

Thanks for Supporting Those That Support Our Nation!
Questions?
What is a Military Cross-Walk?

A PLA method that compares the learning outcomes of a military-offered course or training to the learning outcomes of a course or training at a college or university to determine whether there is sufficient overlap to award academic credit.
Guide overview
Guide Contents

• Factors to consider before developing a cross-walk program
  – Market demand assessment
  – Delivery
  – Business Model

• Designing a Program
  • Who needs to be at the table
  • Support services
  • Processes
  • 85/15
Guide Contents (cont.)

• Marketing
  – Branding
  – Marketing channels
  – Getting the word out
Implementation
Implementation Steps

- Defining the goals
- Identifying needed resources
- Forming the program team
- Planning the work & setting deadlines
- Implementing the plan
- Monitoring implementation
- Evaluating outcomes
- Anticipating the unexpected
Curriculum Design

- Ask METC for most recent Program of Instruction (POI) or Curriculum Plan (CP)
- Conduct side by side comparison of METC and your institution’s curriculum (aka Crosswalk)
- Consider ACE recommendations as part of the assessment process
- Consider other institutions’ crosswalks if appropriate and enough info is available (aka don’t reinvent the wheel!)
To Gap or Not to Gap?

- Are sufficient METC learning outcomes aligned with your program’s outcomes to save time and money?
- If there are gaps, can the program address them without adding so much time to the program that it becomes unmarketable?
- Depending on the gap, consider “boot camp” offerings, online training, etc.
Crosswalk Example
Start with a side-by-side comparison of corresponding course learning outcomes and competencies in both of the healthcare curriculums.

### School EMT Curriculum to 68W METC Curriculum

#### School EMT Curriculum

A. List the pathophysiology, signs and symptoms, and management of the following medical or trauma conditions including:

1. Cardiac and respiratory arrest

#### 68W METC Curriculum, pg 17

**Lesson Title:** Module 4 Medical Emergencies 2015  
**Action:** Initiate treatment for medical emergencies  
**Text:**  
**Condition:** Given a patient with complaints of a medical nature in a pre-hospital setting.

**Standard:**  
LAW Chapters 16-24 in the Emergency Care 13th edition

**Remarks:** Ch 16 covers basic pharmacology focusing on the authorized medications an EMT can administer, prescribed medications the EMT may assist the patient with, how medications work and protocols for medication administration. Ch 17 covers the causes of dyspnea, physical examination and emergency care of common respiratory emergencies. Ch 18 deals with the identification of the signs and symptoms of cardiac compromise, assisting chest pain patients with prescribed medications and defibrillation of patients in cardiac arrest using the Automatic External Defibrillator. Ch 19 provides an overview of diabetes, differentiation of hypoglycemia and hyperglycemia, the approach to managing these patients including the indications and contraindications of oral glucose. The causes, management and transport of patients with brain disorders, neurological emergencies and altered mental status are also addressed. Ch 18 covers the causes of dyspnea, physical examination and emergency care of common respiratory emergencies. Ch 18 deals with the identification of the signs and symptoms of cardiac compromise, assisting chest pain patients with prescribed medications and defibrillation of patients in cardiac arrest using the Automatic External Defibrillator. Ch 19 provides an overview of diabetes, differentiation of hypoglycemia and hyperglycemia, the approach to managing these patients including the indications and contraindications of oral glucose. The causes, management and transport of patients with brain disorders, neurological emergencies and altered mental status are also addressed. Ch 20 includes the identification of the most common allergies, recognition and management of allergic reactions before progression into anaphylactic shock and assisting a patient in administering their prescribed epinephrine auto injector. Ch 21 discusses the identification and initial management of patients experiencing an overdose or poisoning by toxic substances and the proper administration of activated charcoal. Ch 22 addresses recognition and management of abdominal complaints and familiarization of common abdominal conditions. Ch 23 includes the recognition of behavioral emergency, techniques in managing the interaction with an agressive patient, the importance of personal safety, techniques of restraint and medico-legal considerations. Ch 24 provides instruction on renal and hematologic emergencies. Coagulopathies, including sickle cell anemia and renal diseases including kidney stones, renal failure and patients with indwelling catheters are discussed.

This example highlights a national text used at METC for the 68W MOS training. Institutions can see if they are utilizing the same course materials which helps validate the military training.
Overview of METC Curriculum Samples

Program of Instruction (POI)

Curriculum Plan (CP)
Overview of METC Curriculum Samples

Narrative Examples:

**Lesson Title:** Module 4 Medical Emergencies 2015  
**Action Text:** Initiate treatment for medical emergencies  
**Condition:** Given a patient with complaints of a medical nature in a pre-hospital setting.

**Standard:** IAW Chapters 16-24 in the Emergency Care 13th edition

**Remarks:** Ch 16 covers basic pharmacology focusing on the authorized medications an EMT can administer, prescribed medications the EMT may assist the patient with, how medications work and protocols for medication administration. Ch 17 covers the causes of dyspnea, physical examination and emergency care of common respiratory emergencies. Ch 18 deals with the identification of the signs and symptoms of cardiac compromise, assisting chest pain patients with prescribed medications and defibrillation of patients in cardiac arrest using the Automatic External Defibrillator. Ch 19 provides an overview of diabetes, differentiation of hypoglycemia and hyperglycemia, the approach to managing these patients including the indications and contraindications of oral glucose. The causes, management and transport of patients with brain disorders, neurological emergencies and altered mental status are also addressed. Ch 20 includes the identification of the most common allergens, recognition and management of allergic reactions before progression into anaphylactic shock and assisting a patient in administering their prescribed epinephrine auto injector. Ch 21 discusses the identification and initial management of patients experiencing an overdose or poisoning by toxic substances and the proper administration of activated charcoal. Ch 22 addresses recognition and management of abdominal complaints and familiarization of common abdominal conditions. Ch 23 includes the recognition of behavioral emergency, techniques in managing the interaction with an aggressive patient, the importance of personal safety, techniques of restraint and medico-legal considerations. Ch 24 provides instruction on renal and hematologic emergencies. Congestopathies, including sickle cell anemia and renal diseases including kidney stones, renal failure and patients with indwelling catheters are discussed.

**SURG 102 Surgical Supplies and Equipment**

**Course Description:** This course will provide an overview of surgical equipment and supplies to include minimally invasive surgery. The function, assembly, use, and care of equipment in the surgical environment will be addressed.
Overview of METC Curriculum Samples

Breakdowns by Clinical Tasks:

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Phase</th>
<th>Management Category</th>
<th>Fiscal Year</th>
<th>Quarter</th>
<th>Status</th>
<th>Version</th>
<th>Errata Sheet</th>
</tr>
</thead>
<tbody>
<tr>
<td>300-68W10</td>
<td>Unphased</td>
<td>Resident</td>
<td>2016</td>
<td>3</td>
<td>Commandant Approved</td>
<td>15.1</td>
<td>No Data</td>
</tr>
</tbody>
</table>

**Individual Task Summary - Lessons**

<table>
<thead>
<tr>
<th>Lesson Number</th>
<th>Task Description</th>
<th>Code</th>
<th>N/A</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>081-000-0038</td>
<td>Initiate an Intravenous Infusion</td>
<td>081-C168W273</td>
<td>1 ©</td>
<td>No</td>
</tr>
<tr>
<td>081-000-0039</td>
<td>Manage an Intravenous Infusion</td>
<td>081-C168W005</td>
<td>1 ©</td>
<td>No</td>
</tr>
</tbody>
</table>

Equipment Lists:

<table>
<thead>
<tr>
<th>NSN (LIN):</th>
<th>Equipment Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>6515-01-498-1114</td>
<td>Batteries, Alkaline, Size AAA, Model 0040-0136 Intravenous Infusion Pump</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lesson / Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Qty</th>
<th>Instructor Qty</th>
<th>Support Qty</th>
<th>CRI</th>
<th>Max</th>
<th>OMTempo</th>
<th>OPTempo</th>
</tr>
</thead>
<tbody>
<tr>
<td>081-C168W025 / 1 ©</td>
<td>TLO</td>
<td>1:6</td>
<td>50</td>
<td>0</td>
<td>0</td>
<td>Yes</td>
<td>50</td>
<td>0.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

**Remarks:** Must exchange battery once it no longer works. 6s. Will need to be replaced due to life cycle of battery.
### Overview of METC Curriculum Samples

#### Curriculum Course Objectives:

<table>
<thead>
<tr>
<th>Course Objectives and Levels of Learning:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Learning Objective #</strong></td>
</tr>
<tr>
<td>---------------------------</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Unit 1: Surgical Specialties</strong></td>
</tr>
<tr>
<td>1.1.1</td>
</tr>
<tr>
<td>1.2.1</td>
</tr>
<tr>
<td>1.3.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Learning Object Id</strong></th>
<th><strong>Hours</strong></th>
<th><strong>Method of Instruction</strong></th>
<th><strong>Mode of Delivery</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>0.1</td>
<td>(LE) Lecture</td>
<td>Resident Instruction</td>
</tr>
<tr>
<td>TLO - ELO A - LSA 1</td>
<td>7.0</td>
<td>(PE) Practical Exercise</td>
<td>Resident Instruction</td>
</tr>
<tr>
<td>TLO - ELO A - LSA 2</td>
<td>0.8</td>
<td>(DSL) Discussion (Small or Large Group)</td>
<td>Resident Instruction</td>
</tr>
<tr>
<td>TLO - ELO A - LSA 3</td>
<td>1.0</td>
<td>(TE) Test</td>
<td>Resident Instruction</td>
</tr>
<tr>
<td>Summary</td>
<td>0.1</td>
<td>(DSL) Discussion (Small or Large Group)</td>
<td>Resident Instruction</td>
</tr>
</tbody>
</table>

**Total (50 min hr) 9.0**
Overview of METC Curriculum Samples

Curriculum timeframes and methods of instruction:

### Program Length Consolidated Courses

<table>
<thead>
<tr>
<th>Course</th>
<th>Course Title</th>
<th>Did</th>
<th>Lab/Prac</th>
<th>Clin</th>
<th>WTest</th>
<th>PTtest/PPC</th>
<th>Other</th>
<th>Req’d Act</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIOL 101</td>
<td>Anatomy and Physiology</td>
<td>60</td>
<td>.75</td>
<td>0</td>
<td>4</td>
<td>.25</td>
<td>0</td>
<td>0</td>
<td>65</td>
</tr>
<tr>
<td>SURG 101</td>
<td>Introduction to Surgical Technology</td>
<td>23</td>
<td>7.5</td>
<td>0</td>
<td>4</td>
<td>6.5</td>
<td>0</td>
<td>0</td>
<td>41</td>
</tr>
<tr>
<td>SURG 102</td>
<td>Surgical Supplies and Equipment</td>
<td>13</td>
<td>7.25</td>
<td>0</td>
<td>3</td>
<td>6.75</td>
<td>0</td>
<td>0</td>
<td>30</td>
</tr>
<tr>
<td>SURG 103</td>
<td>Non-sterile Duties of the Surgical Technologist</td>
<td>10</td>
<td>16.75</td>
<td>0</td>
<td>3</td>
<td>14.25</td>
<td>0</td>
<td>0</td>
<td>44</td>
</tr>
<tr>
<td>SURG 104</td>
<td>Sterile Duties of the Surgical Technologist</td>
<td>9</td>
<td>22.75</td>
<td>0</td>
<td>2</td>
<td>18.25</td>
<td>0</td>
<td>0</td>
<td>52</td>
</tr>
<tr>
<td>SURG 105</td>
<td>Low Fidelity Surgery Simulation</td>
<td>3</td>
<td>33</td>
<td>0</td>
<td>2</td>
<td>34</td>
<td>0</td>
<td>0</td>
<td>72</td>
</tr>
<tr>
<td>SURG 106</td>
<td>Surgical Service Specialties</td>
<td>33</td>
<td>1.75</td>
<td>0</td>
<td>4</td>
<td>1.25</td>
<td>0</td>
<td>0</td>
<td>40</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>151</td>
<td>89.75</td>
<td>0</td>
<td>22</td>
<td>81.25</td>
<td>0</td>
<td>0</td>
<td>344</td>
</tr>
</tbody>
</table>

### Method of Instruction:

- (LE) Lecture: 0.1 hours
- (DSL) Discussion (Small or Large Group): 0.9 hours
- (TE) Test: 1.0 hours
- (PE) Practical Exercise (Hands-On/Written): 7.0 hours

Total Hours (Admin & Academic, 50 min hr): 9.0 hours
Crosswalk METC Curriculum to the Institution’s

BASIC EMT 101:

Student Learning Outcomes:

A. List the pathophysiology, signs and symptoms, and management of the following medical or trauma conditions including:

1. Cardiac and respiratory arrest

2. Metabolic, anaphylactic, septic, hypovolemic, hemorrhagic, respiratory, cardiogenic, neurogenic, and psychogenic shock conditions.
Crosswalk METC Curriculum to the Institution's 68W METC Curriculum

**Course Number:** 300-68W10  
**Phase:** Unphased  
**Course Title:** Health Care Specialist  
**Status:** Commandant Approved  
**Management Category:** Resident  
**Quarter:** 3  
**Fiscal Year:** 2016  
**Version:** 15.1  
**Errata Sheet:** No Data

**Remarks:** Module 5 covers the most common areas that can be injured during a traumatic event. Ch.25 provides an overview of the signs, symptoms and common causes of hypoperfusion, the progression of compensated and decompensated shock, cardiovascular and non-cardiovascular shock and prevention of shock. This chapter also comprises the identification of hemorrhage and impending shock, hypovolemic shock management, and methods used to control hemorrhage with direct pressure and tourniquets. Ch.26 teaches how to manage various soft tissue injuries. These injuries may range from minor scrapes and bruises to life-threatening injuries. Impalements, amputations and burns are also covered, including identification and management. Ch.27 provides physiology of chest injuries such as pneumothorax, hemothorax and tension pneumothorax including signs, symptoms and emergency management. Additionally, this lesson addresses identification, evaluation and management of blunt and penetrating trauma to the abdominal region and the genitourinary system. Ch.28 is designed to teach the 68W the signs, symptoms and treatment procedures for musculoskeletal injuries. Mechanism of injury, assessment of musculoskeletal injuries, assessing neurological function, and emergency care for extremity injuries are discussed. Ch.29 enables the 68W to treat injuries to the head, neck, and or spine. Identification of immobilization devices, treatment of injuries to the head, neck and spine are taught. Students will immobilize the spine of a sitting and lying patient using short and long backboards. Ch.30 concerns casualties with multisystem trauma and how to balance the critical trauma patient's need for prompt transport against the time needed to treat injuries at the scene. Various trauma score methods and their calculations are presented. Chapter 31 concludes module 5 with a variety of environmental emergencies, to include heat and cold injuries, snake, spider and insect bites, and water-related emergencies. Instructors are responsible to ensure all aspects of training; cognitive, affective and psychomotor objectives provided throughout the lesson are taught and reinforced during practical exercises. Patient contacts must be conducted, at a minimum, on human patient simulators. These patient contacts are a requirement for eligible trainees to obtain EMT certification from the National Registry of EMTs.
Crosswalk METC Curriculum to the Institution’s

Security Clearance: Unclassified
Lesson Title: Control Bleeding 2015
Action: Control bleeding
Text: Given a casualty with severe bleeding in a combat environment.
Condition: Without compromising safety and casualty care standards.
Remarks: This lesson reviews the structure and function of the circulatory system, the identification of hemorrhage, various conditions that will contribute to bleeding complications, and the various methods to control hemorrhage. The signs and symptoms unique to each phase of hypovolemic (hemorrhagic) shock and the appropriate field management are addressed. 68W students will learn the difference between compressible and non-compressible injuries and how to manage them. 68W students are instructed on how to use emergency trauma bandages, hemostatic agents, the principles of wound packing, and the use of tourniquets to control bleeding.

<table>
<thead>
<tr>
<th>Lesson Id/Version</th>
<th>Learning Object Id</th>
<th>Hours</th>
<th>Method of Instruction</th>
<th>Mode of Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>081-C168W257 / 1 ©</td>
<td>Introduction</td>
<td>0.1</td>
<td>(LE) Lecture</td>
<td>Resident Instruction</td>
</tr>
<tr>
<td></td>
<td>TLO - ELO A - LSA 1</td>
<td>1.0</td>
<td>(PE) Practical Exercise (Hands-On/Written)</td>
<td>Resident Instruction</td>
</tr>
<tr>
<td></td>
<td>TLO - ELO A - LSA 2</td>
<td>1.0</td>
<td>(PE) Practical Exercise (Hands-On/Written)</td>
<td>Resident Instruction</td>
</tr>
<tr>
<td></td>
<td>TLO - ELO A - LSA 3</td>
<td>1.8</td>
<td>(PE) Practical Exercise (Hands-On/Written)</td>
<td>Resident Instruction</td>
</tr>
<tr>
<td></td>
<td>Summary</td>
<td>0.1</td>
<td>(LE) Lecture</td>
<td>Resident Instruction</td>
</tr>
</tbody>
</table>
Crosswalk METC Curriculum to the Institution’s

Security Clearance: Unclassified

Lesson Title: Shock 2015

Action: Initiate treatment for shock

Condition: Given a casualty exhibiting signs and symptoms of shock

Standard: Without compromising casualty care

Remarks: This lesson covers the different types of shock (hypo perfusion, anaphylactic, septic, neurogenic, and cardiogenic), their causes and specific effects the Combat Medic may encounter. An overview of the physiology of shock, classifications of shock, assessment of the casualty demonstrating the signs and symptoms, the components and uses for colloid and crystalloid solutions, and the specific management for each type of shock. This lesson culminates in a practical exercise where the student must demonstrate competency in the management of these casualties. Practical exercises for insertion of the IV/IO fluids are completed in a 1:1 student to instructor ratio. Human casualty simulation is utilized for the shock management and IV/IO fluid resuscitation practical exercises to enrich the quality of learning and to provide realism.
1. Discuss the anatomy of the vascular, thoracic, ophthalmic and integumentary systems.
2. Describe surgical procedures for peripheral vascular surgery.
3. Describe surgical procedures for cardiothoracic surgery.
4. Describe surgical procedures for plastic and reconstructive surgeries.
5. Describe surgical procedures for ophthalmic surgery.
6. Discuss pediatric surgery and procedures for congenital abnormalities.
7. Discuss priorities in emergency procedures for trauma surgery.
8. Identify surgical instrumentation needed for the related surgeries.
9. Discuss the pathology related to the appropriately learned surgical procedures.
10. Understand complications involved with peripheral vascular, cardiothoracic, ophthalmic, and plastic and reconstructive surgeries.
11. Discuss basic procedures for robotic surgery.

SURG 106 Surgical Specialties
This course provides an overview and reference of procedures encountered in various surgical specialties such as general surgery, OB/GYN, orthopedic, plastic and reconstructive etc. and the related requirements which the student will encounter in a clinical setting. Prerequisites: Completion of SURG 103 and SURG 104.
School Surgical Tech Curriculum to Army 68D and Navy HM-8483 METC Curriculum

1. Discuss the anatomy of the vascular, thoracic, ophthalmic and integumentary systems.
2. Describe surgical procedures for peripheral vascular surgery.
3. Describe surgical procedures for cardiothoracic surgery.
4. Describe surgical procedures for plastic and reconstructive surgeries.
5. Describe surgical procedures for ophthalmic surgery.
6. Discuss pediatric surgery and procedures for congenital abnormalities.
7. Discuss priorities in emergency procedures for trauma surgery.
8. Identify surgical instrumentation needed for the related surgeries.
9. Discuss the pathology related to the appropriately learned surgical procedures.
10. Understand complications involved with peripheral vascular, cardiothoracic, ophthalmic, and plastic and reconstructive surgeries.
11. Discuss basic procedures for robotic surgery.

Three METC courses meet 8 out of the 11 learning objectives listed in the school’s curriculum. A school would need to determine what they will do if the METC curriculum does not perfectly match their learning objectives.
Measuring Success
Start the Way You Want to Finish

- Identify institutional and program goals
- Develop plan from admissions to beyond graduation
- Metrics should include:
  - Student performance
  - Student satisfaction
  - Retention
  - Completion
  - Post-graduation employment
  - Others?
Discussion and Questions
Thank You

Contact Info:

Barry Moore
Director, Strategic Planning and Partnership
Medical Education and Training Campus
barry.s.moore4.civ@mail.mil

Amy Sherman
AVP of Innovation and Policy
asherman@cael.org

Cynthia Rathunde
Veterans Services Coordinator/Certifying Official
Roosevelt University
crathunde@roosevelt.edu