

A GUIDE TO ASSESSING METC HEALTHCARE TRAINING FOR COLLEGE CREDIT



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


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INTRODUCTION

This guide is designed to assist academic institutions in their efforts to expand the recognition of military education for academic credit in healthcare programs. Developed through a partnership between the Council for Adult and Experiential Learning (CAEL) and the Medical Education and Training Campus (METC), the guide should serve as a companion piece for administrators, faculty, and staff who have toured METC and want additional direction about potential next steps in initiating degree bridge partnerships or crosswalk processes. The tips and suggestions may be appropriate for many to consider, yet the authors recognize that not every suggestion is appropriate for every college or university. The guide is truly a way to augment the experience of the tour and the tasks needed for implementation on the ground.

The guide provides background information on the METC, an introduction to the methods of assessing and translating military credit, factors to consider when launching an initiative for degree bridge partnerships, a highlight of institutional programs, and practical instruction for working with METC curriculum to create a program for your school.

HOW TO NAVIGATE THIS DOCUMENT

The navigation bar along the top of each page lets you navigate to each major section of the document.  will bring you back to the top of the document,  will bring you back to the last page you visited,  the arrows will send the document forward and backward,  will bring you to Appendix A, and  will bring you to Appendix B and so forth.

SECTION 1: INTRODUCTION TO THE METC

OVERVIEW OF THE MILITARY'S MEDICAL EDUCATION AND TRAINING CAMPUS

The [Medical Education and Training Campus \(METC\)](#) is the enlisted medical training and education institution for Army, Navy, Air Force, and Coast Guard medics, corpsmen, and medical technicians. METC is the first stop for nearly all entry-level, enlisted medical training and a point of return for a majority of advanced enlisted medical training.

The METC facilitates 49 programs of instruction, with an average daily student count of 5,500. Approximately 45% of METC annual student enrollees are Army, 31% Navy, and 24% Air Force, with some Coast Guardsmen also enrolled per year. This joint-service training facility employs 1,200 faculty and staff and graduates an average of 16,500 service members annually. METC graduates earn transferable college credits in accordance with over 15 programmatic accrediting organizations and three institutional review agencies. More information about those programs can be found [here](#).

Additionally, the Uniformed Services University of the Health Sciences (USU) was authorized under the new 2017 National Defense Authorization Act to provide undergraduate degree completion pathways to veterans and servicemembers. As a result, METC became an independent branch campus of USU, College of Allied Health Sciences (CAHS), which provides students and faculty members an opportunity to obtain transferable credits and allied health degrees.

METC CLASSROOM AND TRAINING FACILITIES

HEROES HALL (MIF 1)



HERITAGE HALL (MIF 2)



SMITH HALL (MIF 3)



ANDERSON HALL (MIF 4)



SEBBAN HALL (MIF 5)



LA POINTE HALL (MIF 6)



MCWETHY HALL (MIF 7)



BMET: FIELD TRAINING



These state-of-the-art training facilities house the majority of METC programs and students. The learning technologies, online collaboration tools, and simulation labs make for an exciting learning and teaching experience for students and faculty. The Medical Instructional Facilities (MIF) at METC are:

- MIF 1: Heroes Hall hosts radiology, BMET, NUC MED, and diagnostic Sonography programs;
- MIF 2: Heritage Hall hosts PAD, HSMA, dental, pharmacy, and BOMO (AF) programs;
- MIF 3: Smith Hall hosts ENT, urology, HISTO, CTYO, surgical, behavioral, and MED Lab End programs;
- MIF 4: Anderson Hall hosts BMTCP, IDMT, AMSA, HSA (AF), PT, OT, medical readiness, nursing, and diet/nutrition programs;
- MIF 5: Sebban Hall hosts ophthalmic, ortho, cardio, anatomy, physiology, and respiratory therapy programs;
- MIF 6: La Pointe Hall hosts the combat medic program;
- MIF 7: McWethy Hall hosts the combat medic program; and
- BMET Field Training facility hosts medical equipment repair and maintenance programs.

METC PROGRAMS OF INSTRUCTION

METC offers 36 consolidated and 13 non-consolidated healthcare training programs. Consolidated programs train members from more than one branch of service; non-consolidated programs train members of a single branch only. A full listing of METC's programs can be found in [Appendix A](#).

METC PROGRAMMATIC ACCREDITATIONS

METC is not a regionally accredited institution and does not accept transfer credit earned from other institutions. However, METC is affiliated with the Community College of the Air Force (CCAF), and several METC programs are directly affiliated with regionally accredited colleges and universities that do accept transfer credit earned from other institutions as outlined in each respective college's or university's policies.

METC ACADEMIC CATALOG & TRANSCRIPTS

All enlisted service members and veterans – including Active Duty, National Guard, and Reserve components of the Army, Navy, and Coast Guard – should have all completed METC training documented on a Joint Services Transcript (JST). Components of the JST include: the member's rank, career/occupation, training, military coursework and learning outcomes, professional education, standardized exams (e.g., CLEP, DSST), and ACE credit recommendations. The American Council on Education (ACE) evaluates METC training and makes academic credit recommendations that detail the subject area/discipline as well as whether the credit should be considered for transfer in the upper or lower division. Students can order an official copy of the JST on the [Department of Defense's website](#).



Air Force, Air National Guard, and Air Force Reserve personnel have METC training credit documented on a CCAF transcript. CCAF awards Associate of Applied Science degrees and is regionally accredited by the Southern Association of Colleges and Schools (SACS). Air Force personnel should contact CCAF to request official transcripts

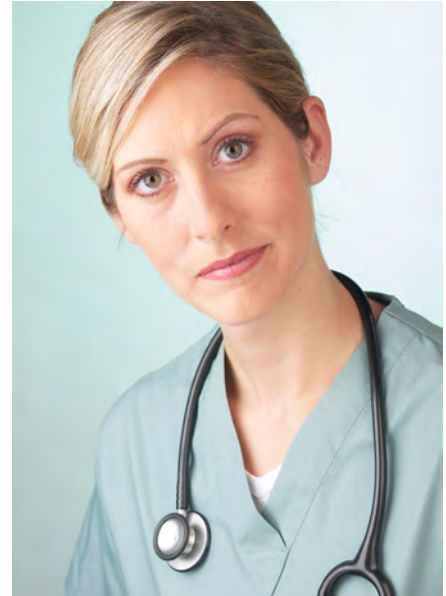
at the [CCAF website](#).

METC's academic catalog contains much of the same information found in any other college or university catalog. The following information can be found by accessing METC's [academic catalog](#):

- admissions requirements and procedures,
- student transfer policies,
- grading system,
- program descriptions, and
- credentialing and accreditation information.

For questions regarding METC's academic programs, programs of instruction (POI) materials, curriculum plans (CP), and program accreditations, contact:

Director, Strategic Planning & Partnership
Medical Education and Training Campus
3176 CPL Johnson Road, Bldg. 1291
JBSA Fort Sam Houston, Texas 78234-1247
(210) 808-6365
Email: Barry.s.moore4.civ@mail.mil



EXISTING DEGREE PATHWAY PROGRAMS

METC has established degree bridge partnerships with 63 academic institutions and over 600 degree pathways for its graduates of various enlisted military healthcare occupations. These partners include colleges and universities that have demonstrated a willingness to work with Active Duty service members and other veterans while providing as many transferrable credits as feasible based on compatibility of coursework. These institutions have also determined specific degree paths whereby current and former military personnel who graduate from specific occupational specialties can pursue higher education with a shortened journey to degree completion. Overall, these partnerships can bring mutual benefit to the academic institutions, service members, veterans, prospective employers, and communities worldwide where credentialed military health professionals function.

For more information, contact the Director, Strategic Planning and Partnerships via METC Operations Division:
Barry.S.Moore4.civ@mail.mil

SECTION 2: METHODS OF MILITARY TRAINING RECOGNITION

While in the Armed Forces, service members receive in-depth training for the career field in which they are assigned. Military training programs offer service members the ability to participate in college-level learning through traditional coursework in the classroom and hands-on occupational training during their assignments at various duty stations.

The Department of Defense Form 214 (DD 214), Certificate of Release or Discharge from Active Duty, is issued upon a military service member's retirement, separation, or discharge from Active Duty in the Armed Forces of the United States. The DD 214 is used to verify a member's primary specialty held during their time of service. On the form, box 11 contains the member's specialty code, title, and the time period they held the occupation. Many institutions use the form to verify the healthcare specialty the member was assigned; this information can then be the starting point for evaluating military training for transfer credit.

One of the most common ways to recognize the college-level learning a veteran or service member received is through either a Joint Services Transcript (JST) or Community College of the Air Force Transcript (CCAF).

As noted above, the JST contains all of the military training opportunities in one convenient form. Credit recommendations are provided by the American Council on Education (ACE) whose faculty assessment teams have evaluated the course materials and assessments through a rigorous site visit and a consensus on credit recommendations for each training course reviewed. Through the [Military Guide](#), ACE provides Military Course Exhibits which contain learning outcomes for military training and occupations. For more information on how to search the Military Guide, see [Appendix B](#).

JST and CCAF transcripts are generally reviewed by institutions' registrars or transcript evaluators for awarding transfer credit, which is often the starting process of prior learning assessment for military-affiliated students. In many institutions, this review is done on a case-by-case basis, which can be time consuming. A more streamlined approach that can serve many more students more efficiently involves the use of crosswalks.

A crosswalk is a database or repository of military occupations and training courses that have been articulated as a group (as opposed to being assessed on an individual basis at time of enrollment). Frequently, crosswalks evolve from an institution wanting to take a deeper look into learning outcomes and the curriculum used during military education programs, rather than relying solely on the ACE recommendations. When faculty from the institution examines the military curriculum, they can compare it directly to their own and assess the alignment of specific objectives, learning outcomes, and competencies. Once the military course meets the required threshold of learning outcomes or competencies, transfer credit is awarded.

When a course does not meet the minimum threshold, or gaps in required learning outcomes exist between the school's and military's curriculum, an institution can choose to look into building a course or program to meet



these gaps in learning. The creation is considered a gap or bridge program.

DEFINING PLA

Prior learning assessment is not just one method or tool. It includes methods such as:

- **Individualized student portfolios** or portfolio assessments, conducted by individual colleges or a third party like CAEL's LearningCounts.org, a national online prior learning assessment service.
- **Challenge exams** or customized exams offered by some colleges to verify learning achievement; these may be current course final exams or may be other tests developed at the department level for assessing general disciplinary knowledge and skill.
- **Evaluation of corporate and military training** by the American Council on Education (ACE) and National College Credit Recommendation Service (NCCRS); ACE and NCCRS publish credit recommendations for formal instructional programs offered by non-collegiate agencies. ACE provides military training recommendations through the Department of Defense contract.
- **Standardized exams** such as Advanced Placement Examination Program, or AP Exams, offered by the College Board; College-Level Examination Program, or CLEP Exams, also offered by the College Board; Excelsior College Exams (formerly Regents College Exams or ACT/PEP Exams); and the DANTES Subject Standardized Tests, or DSST Exams, conducted by the Chauncey Group International, a division of Thomson Prometric.
- **Program evaluations** done by individual colleges of non-collegiate instructional programs that award credit for those who achieve recognized proficiencies, also known as local evaluation of training.



SECTION 3: FACTORS TO CONSIDER IN DEVELOPING A BRIDGE PROGRAM

Often an institution can meet the needs of their military-affiliated students by articulating or crosswalking METC's curriculum to their own. As long as there is sufficient alignment between your institution's curriculum and METC's, your school may find it can stop the program development process at the creation of a crosswalk. If you find that METC curriculum does not meet the minimum threshold for learning outcomes matches for school or regulatory standards, your team may want to consider developing a bridge program that covers the gaps.

The following section provides information on many of the factors to consider when deciding if a military crosswalk or bridge/gap program is right for your institution's healthcare program. It contains information regarding factors for success, staffing considerations, key regulatory rules and processes, design considerations, implementation steps, and evaluation. The guide will take a look at market demand, the student pipeline, ease of enrollment, staffing/team composition, and regulatory considerations. When exploring these different factors, you may find one option to be more advantageous or cost effective over another. Use this guide to help determine which option may work best for your school. Through the process, some questions can be answered immediately while others can only be answered once a decision is made to develop a crosswalk or bridge program.

MARKET DEMAND

When beginning to look at the market, you must first look at your current market and how growth within the population will meet your institution's strategic plans and enrollment goals.

- Do you currently have an active pipeline for military-affiliated students?
- What degree programs are your current military students pursuing?
- Does most of your current military population attend traditional on-campus classes or online courses? Is more of your population attending a specific satellite or an extension campus versus the main campus?
- Can your veterans services office keep up with the demands of your current population?
- Do you have any military installations near your school? Be sure to include Reserve and National Guard units in your scan.

The best designed crosswalk or bridge program will not succeed if there are not adequate numbers of enrolled students to sustain the program your school is planning to create. A market analysis is a must before embarking down the road of designing a bridge program.

STUDENT PIPELINE

Related to the question of market demand is the pipeline of students to keep the program going. There are several factors to consider:

- How many cohorts are you planning to start each academic year? See [Section 3, 85/15 Rule](#) for more information.
- What is the minimum and maximum number of students you plan to allow in each cohort?
- What is the minimum number of students needed for the program to break even financially? Per cohort? Annually?

As with any population, recruitment is essential to developing a military-affiliated student pipeline. The following questions must be answered when creating an enrollment pipeline:

- Do you plan on enrolling veterans, Active Duty, Reserve, National Guard members, or a combination of all eligible military-affiliated students?

- Depending upon your target population, do you have enough veterans, Active Duty, Reserve, or National Guard members in your area to sustain your minimum pipeline requirements? Will your program allow for online coursework, which may allow for a broader pool geographically?
- Which military career fields or specialties will you be reviewing and incorporating into the design of your program? Crosswalks or bridge programs are designed to coordinate with specific Military Occupational Specialty codes (MOS), Air Force Specialty Codes (AFSC), and Navy Ratings, which allows you to further narrow your recruitment of prospective students.
- Are you planning to recruit regionally or nationally for students?

If your program is planning on recruiting locally or regionally, it is highly recommended that you work with faculty, enrollment management, and veterans services teams to determine the quantity and interest of veterans and service members to attend your program. Some states' Veterans Affairs agencies may have relevant information to aid you in this process. In addition, the [Multi-State Collaborative on Military Credit](#) (MCMC), a collaborative of 13 states, may have helpful information for its member states. You also want to conduct an analysis of your current military population to ascertain the number of military-affiliated students enrolled, popular degree awards, where they reside, etc.

Location is an essential factor for non-online programs when assessing the market viability of a program. You will want to identify any local military installations for Active Duty, National Guard, and Reserve units in the associated MOS or career fields.

EASE OF ENROLLMENT

A program which is cumbersome for students to enroll, attend, or complete often fails. The following considerations should be addressed for a program to be attractive to the military-affiliated student:

- If your student population is primarily Active Duty, is your campus easily accessible? Do you have a satellite location or the ability to hold non-clinical courses on base for various work shifts? Does your curriculum support an online or hybrid model of delivery?
- Does your location support additional cohorts funneling to your clinical sites? If not, can clinical sites be added to your current offerings? If clinical rotations are difficult to complete or too much time lapses between offerings, students are not likely to continue at your institution.
- Are your veterans services staff or School Certifying Officials (SCO) present at program information sessions, tour dates, and orientations? Is it clear to prospective students what steps they need to take if utilizing both financial aid and veterans benefits? Are there two separate processes the student needs to complete to draw from both sources of assistance? Often, military-affiliated students do not realize military education benefits are not always addressed by the department that oversees financial aid and can be located in a different area on campus. Without proper guidance, students may not receive the correct information regarding their military benefits, which will cause financial issues and deter students from continuing in the process.
- Are there different payment methods and options for military-affiliated students who may be utilizing GI Bill® benefits that do not always pay in a timely manner? Do you require a down payment while waiting for benefits to arrive? This may be a deterrent for prospective students. Do you have book stipends or short-term loans to assist students until their benefits arrive?
- How easy is it for students to leave and re-enter the program? Military members may need to leave on

GI Bill® is a registered trademark of the U.S. Department of Veterans Affairs (VA). More information about education benefits offered by VA is available at the official U.S. government website at <https://www.benefits.va.gov/gibill>.

deployment or temporary duty orders or for other unforeseen events. Have you worked with your veterans services staff to ensure your policies and procedures are up to date and communicated to students and faculty and staff?

- Is it clear how military-affiliated students have their military training evaluated for credit awards? Do you charge for transferring military credit? Prospective students will take these factors into account when deciding on a program.

STAFFING/TEAM COMPOSITION

Developing a bridge program requires a considerable time commitment on the part of the faculty, staff, and administration, particularly in the planning phase. Before embarking on this effort, you want to determine whether a bridge program is a good fit for your institution.

The Team

Ensuring all factors are considered when researching and designing your program is critical, and your team composition is essential.

Faculty, administrative staff, registrar, transcript evaluators, veterans services coordinators, and School Certifying Officials (SCOs) must be engaged in the planning process. Start with the entire team and determine what functions each role will provide throughout the process. Often tasks need to be undertaken at the same time to arrive at the end goal. You do not want to discover an important element was missed early in the planning and have to begin over or wait for the finalization of a process while the rest of the project sits on hold.

Designing a veteran-specific program from admission to completion requires additional considerations to address unique logistical specifications. Collaboration between the registrar, financial aid, and academic administrators is critical to determine how and when students are admitted, whether military courses qualify for transfer credit, and how veteran students may use various educational assistance benefits.

At the institutional level, the first step in the process is to ensure administrative support. To accomplish this task, be sure the proposed crosswalk or bridge program is in alignment with the mission of the institution and you can describe how it strategically supports the achievement of program and organizational goals. Understand the financial impact of the program and the method for financing whether through internal assets, external grants, or private gifts. Putting on an administrative mindset when presenting the opportunity will help persuade the leadership of the college or university.

Faculty

Curriculum is the domain of the faculty and committed faculty members are needed to support the program. When considering a program of study for veterans, identifying and seeking the input of faculty who are veterans or family members of veterans or Active Duty service members can create champions in supporting the program. For those faculty and staff who are unfamiliar with military culture, providing a professional development program in military culture and student veterans can help create awareness of the unique strengths military veterans and service members often bring to the classroom. This training and increased awareness also encourages buy-in for recognizing appropriate military learning for college credit.

When developing a crosswalk, consider the following faculty considerations:

- Who will review the METC curriculum alongside the school's curriculum? Does this need to be a chair of a department? Can an adjunct be utilized?
- Is the curriculum review considered an additional duty to a faculty member's load and is additional

- compensation required by position type or by a collective bargaining agreement (CBA)?
- How many faculty members must be involved to approve the crosswalk and any bridge program?
- What kind of administrative support will faculty need to accomplish the review?
- Is training needed for faculty to evaluate JSTs or METC curriculum?
- How will the faculty member or team work with the registrar for the final evaluation to be entered into the school's database?
- Does your institution have an internal or external platform or database that will also need to be updated with the articulated courses?
- Will the program be in compliance with your accreditor's policies on prior learning assessment?

If you are designing a bridge program, the following should be considered after the above list of items is complete:

- If program courses are to be offered independently of traditional courses, will existing faculty teach the program or will new faculty need to be hired? If so, will overload or additional compensation be required for existing faculty?
- Is there a need for additional compensation or an increase in their load for the faculty who spend time in the lab/simulation versus a traditional lecture course? Are these courses compensated differently?
- Will you need additional classroom space?
- Do you need to purchase additional equipment for the bridge program? Does the financial plan include depreciation and a timeline for replacement of the equipment?
- Who will liaise with the state licensing board to ensure their rules and regulations are met?
- What additional advertising expenses will you need to launch and maintain the new program?

REGULATORY CONSIDERATIONS

Once the initial decision is made to dive deeper into creating a bridge program there are several levels of stakeholders from which your institution will need to seek further guidance and approval:

- state professional regulatory boards, if the program of study requires legislative oversight;
- accrediting organizations, both regional and professional; and
- the VA and State Approving Agency (SAA).

When formal approval of an accreditation body or state regulator is required, it will be important to know the specific processes for seeking approval. Nursing provides a good example of how the approval process might work. Every state has a legislatively identified professional board with oversight of educational offerings leading to licensure of an individual as a registered nurse. State boards of nursing have rules and regulations regarding what is required in a nursing curriculum, needed school resources, and expected competencies for graduates. A given state board of nursing may or may not require a formal review and approval of a previously accredited curriculum; however, failing to confirm whether or not the state board has particular review and approval requirements may lead to an unexpected and unwelcome surprise should the first class of graduates fail to secure authorization to sit for a licensing exam.

For both public and private institutions, select regional and professional accrediting organizations serve as the authorized representative of the U.S. Department of Education (ED). Accreditation is important because it is required for the institution to be eligible for federal financial aid as well as for federal grants for research and program development.

Developing a veterans program at any institution of higher education requires a thorough review and comprehension of national and state regulatory requirements related to veterans education benefits. The U.S. Department of Veterans Affairs (VA) provides oversight and regulation of veterans education benefits. Military-affiliated students may be eligible for numerous types of benefits with varying rules for eligibility and disbursement. The SCO and the veterans services staff are trained local experts in the vast array of VA benefits and should advise the team during the analysis of the program approval process and structure as related to veterans education benefits.

All programs must be approved for VA benefits prior to enrolling students. If not, students may not be eligible to receive their military benefits. If you create a new program, your institution must seek State Approving Agency (SAA)/VA benefit approval. The function of the SAA is to ensure that education and training programs approved to receive VA education funding comply with federal guidelines and provide quality instruction. The SCO will work with your state's SAA or VA Education Liaison Representative (ELR) to gain approval for the program and its requirements.

85/15 RULE – LIMITS ON THE PROPORTION OF STUDENTS WHO ARE USING VA EDUCATION BENEFITS

One requirement created to ensure federal funds are spent on legitimate courses of study is the 85-15 Rule. The 85-15 Rule requires that an educational organization receiving certification from the VA for education benefits ensures no more than 85% of the students enrolled in a course of study or curriculum can be veterans receiving federal VA education benefits. At least 15% of students in the same course of study must be students who are not receiving VA assistance.

Computing of the 85-15 percentages is generally performed by the SCO at an institution. The computation is based on the total number of students enrolled in a curriculum or course and what percentage of those students are receiving VA

benefits versus those who are not. It is a good thing to remember that not all veterans are eligible to receive VA education benefits and may fit into either category; verification of each military-affiliated student's benefit status is required to ensure an accurate calculation.

There may be some confusion as to how to define a course or course of study. If a similar course or curriculum has different attendance requirements, completion lengths, concentrations, or other variables, then a separate 85-15 computation is required per Title 38 CFR §21.4201(e)(1). For more information on the 85-15 rule see the [VA's website](#).

YELLOW RIBBON – SUPPORT FOR PROGRAMS COSTING MORE THAN THE VA TUITION CAPS

Yellow Ribbon schools are institutions of higher education that choose to enter into an agreement with the VA to accept Post 9/11 GI Bill® benefits above the annual tuition and fees cap while the school contributes a portion of the excess amount towards the student's overall cost. An institution's SCO will be able to determine if the bridge program may need to access funds under the Yellow Ribbon program. If Yellow Ribbon funds are needed for the new program, annual budgets may need to be realigned to ensure availability of funds for the new students. In addition, the Yellow Ribbon program should be incorporated into the new program's marketing strategy as an attractive feature for student veterans.

"An 85-15 percent ratio must be computed for each course of study or curriculum leading to a separately approved educational or vocational objective" (38 USC §21.4201(e) (1)).

This provision was approved by Congress as a mechanism to ensure the quality of educational offerings to veterans.

SECTION 4: IMPLEMENTATION STEPS

Planning is at the heart of any good program design. Determining what steps are needed to achieve the objective will greatly increase the likelihood of success. As educators, often on a tight timeframe and with limited resources, it is good to have a clear idea of some critical key operational planning steps. These steps include:

1. Defining the goals
2. Identifying needed resources
3. Forming the program team
4. Planning the work & setting deadlines
5. Implementing the plan
6. Monitoring implementation
7. Evaluating outcomes
8. Anticipating the unexpected



Defining the goals requires an understanding of what the desired endpoint will be. In this phase, the program manager has the opportunity to ensure that critical stakeholders agree on the desired outcomes for the program. Goals may cover programmatic objectives, marketing plans, desired admission or enrollment numbers, and personnel development. The number and type of goals will be defined based upon the complexity of the program, type of organization, and expectations of stakeholders.

Once the goals are identified, the program manager will be able to determine what resources are required in terms of financial support and team requirements, build timelines for program design tasks, and begin the design of the curriculum.

DESIGNING THE CURRICULUM

Veterans bring a great deal of training and experience to the academic environment. Designing curriculum that will identify this military training and learning for college credit is best developed by starting with an existing curriculum and determining what modifications would successfully coexist with your program objectives. The military's competency-based learning model provides student veterans an advantage in their ability to directly apply knowledge and skills in the academic environment. The clinical application and proficient demonstration of these skills could be used in fulfillment of academic credit.

THE CROSSWALK PROCESS

Faculty reviewers should create a method for reviewing your institution's existing curriculum with METC's. It is recommended to first start with a side-by-side comparison of corresponding course learning outcomes and competencies in both of the healthcare curriculums. METC offers numerous healthcare related courses with content closely aligned to college-level courses. If an institution desires to award credit for knowledge gained from military training, it is advisable to contact METC and request a copy of the current curriculum for the related healthcare field closely aligned to the college degree being offered. By developing a crosswalk between curriculum adopted by the college or university and the corresponding METC curriculum, it is possible to determine specific courses in which veterans may receive transfer credit.

Section 5 of this guide provides further direction on starting the crosswalk process and examples of how a school's curriculum is reviewed alongside METC's. Once you begin to crosswalk METC's healthcare curriculum, you will be able to determine if gaps exist in the learning that occurred during the METC training and that of your own institution's program. At this point, your team should make a decision in moving forward with the design of a bridge/gap program or stopping at the crosswalk.

PROGRAM SPOTLIGHT:

LANSING COMMUNITY COLLEGE— MILITARY MEDIC TO PARAMEDIC PROGRAM (MM2P)



Lansing Community College's 34 credit hour MM2P program was specifically designed for military medics; Army healthcare specialists (68W), Navy Hospital Corpsmen (HM), and Air Force Aerospace Medical Service Technicians (4N0X1). The goal was to create a two-stage pathway for military medics to transition to careers as paramedics and nurses. Lansing's program is fully face-to-face and runs on an 8-month, lockstep, cohort model. The MM2P program is in its fifth year and has graduated 7 cohorts totaling 51 students. The program is Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredited and holds an 81% NREMT pass rate, with a graduation rate of 81%.

In 2010, Lansing Community College faculty examined METC curriculum and assessed the gaps between military training and outcomes and Lansing's traditional paramedic curriculum. It was determined that military medics would receive 8–9 experiential learning credits in Nursing as well as Anatomy & Physiology, shortening the traditional time to completion by almost 3 months.

Students entering the MM2P program go through a battery of practical application and written competency exams to evaluate basic skills in a number of areas (e.g., CPR, splinting). In conducting this evaluation over seven cohorts, the faculty realized that experience between medics varies and often left gaps in skillsets fundamental to civilian healthcare. To fill in learning gaps, Lansing is in the process of implementing a 2-week "boot camp" that military medics will be required to complete prior to starting the MM2P program.

Students pursuing admission to the MM2P program must meet these criteria:

- Army healthcare specialists (68E), Navy Hospital Corpsmen (HM), Air Force Aerospace Medical Service Technicians (4N0X1)
- Admission to LCC
- Completion of special MM2P application
- Current or prior NREMT certification at EMT level
- Current Michigan EMT licensure or application
- Current CPR certification
- Passing of ICHAT criminal background check

Students enrolled in the military medic program take the same five courses as their traditional peers; however, the curriculum was deliberately crafted so that redundancies between military training and Lansing's academic curriculum were eliminated:

- Medical Trauma
- Cardiology
- Pharmacology
- Paramedic Skills
- Clinicals (hours are significantly reduced for military medics)

For more information, visit www.bit.ly/MMedic2P or to view a video about the MM2P program, visit www.bit.ly/llcvideo

LAUNCH

Marketing an education program to veterans or Active Duty service members begins with developing a plan that includes both short-term and long-term goals and supporting activities. Understanding who your veteran prospects are and where they live will influence your decision on how to direct your promotion and communication. Your marketing plan should take into account your institutional policies on marketing and communications, such as use of social media, working with the press, and the use of promotional items and materials. You will also want to secure approval for a marketing budget. Media purchases and material can be costly and determining how to stretch those funds locally and on the Internet will be a critical step. If your school has a marketing department, there may be individuals on staff who can advise and leverage their knowledge to enhance your efforts.

THE MARKETING PLAN

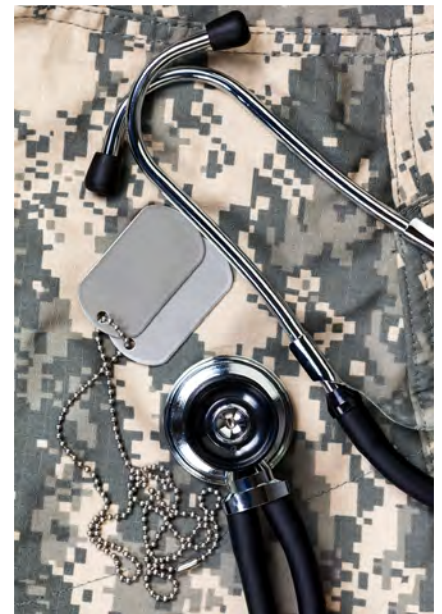
Your marketing plan would also benefit from having knowledge about where and how Active Duty military members and veterans search for information about educational opportunities. Insights about where to market information may be gained by conducting a veterans' focus group to learn the best way to reach your market. Answering the questions below will help increase your success in reaching the right individuals and ensure you are using your marketing dollars to your school's best advantage:

- How does the service member in preparation for separation from the service learn about education and career options?
- Are there organizations that veterans in your area look to for news and support?
- What websites or social media are of value to veterans in your community?
- What veterans and military periodicals in circulation are most often received?

BRANDING & COMMUNICATION CAMPAIGN

A good place to begin the process is by reviewing your institutional policies regarding specific use of colors, banners, and logos. Your marketing and communications/public affairs department will assist you in developing a brand specific to the program, using the terms military or veteran to ensure identification by your target audience. If military emblems are being considered, carefully review images and seek permission before printing or distributing, as it is not usual for such images to be protected by a copyright. It is not uncommon for stock images containing men and women in uniform to be incorrect (people wearing the uniform incorrectly, ribbons or rank insignias are wrong, hair or jewelry is out of regulation, etc.). Take the time to make sure your marketing images are correct – veterans know the difference! Also, remember the term GI Bill® is a registered trademark and must be annotated as such with a trademark attribution notice, as seen earlier in this guide.

Consider developing multiple types of marketing materials, including brochures and promotional items to distribute at education or career fairs. When developing your promotional items for your program, think about size,



portability, and the amount of information that can be printed on the items. Find out what collateral is valued by your target market and select appropriately. Also, be sure that the items you order for distribution are large enough to hold not only the name of your program but also your web address or phone number where further information can be found by the prospective student.

A major component of marketing includes development of an easily accessible webpage with program information and the use of social media. Make sure to format key webpages to pop up in searches by prospects through search engine optimization. As your program evolves, be sure you are making updates and changes on your webpage to ensure accurate information. Finally, look into promoting your program through vehicles like Facebook ads and military-specific blogs.

If you have the budget, advertising may be an option, but this approach needs scrutiny to determine which organizations/periodicals provide the best potential return on your investment. Military organizations and online websites directed towards veterans require evaluation to determine legitimacy. Another option is to consider placing advertisements in local military installation publications, such as monthly online base or related organizations' (such as the USO or military family association) newsletters. The costs for advertising in a military base paper or newsletter in the area closest to your institution are generally much lower than national military newspaper advertisements and target the population in the general vicinity of your program.

No-cost advertising strategies might include reaching out to radio stations, television news programs, and the newspaper. Local news outlets are often eager to find public interest stories, especially about veterans and military members in the community. Contact local reporters and present your proposal for a story with your students and program as the focus. Word of mouth is always cost effective. Sharing information about your program with friends, family, and local organizations interested in promoting opportunities for veterans may lead to surprising contacts.

WORKING WITH MILITARY BASES

As you prepare to launch your program, it is invaluable to determine which military installations are in your area and to gain access to the bases to disseminate promotional items and meet with the education office on base to discuss your program in greater detail. Strict rules exist regarding how and when colleges and universities may share information with military members. Comprehensive instructions for university access to all branches of the military are provided via the Department of Defense (DOD) Voluntary Education [Memorandum of Understanding \(MOU\) website](#). At this site you will also find links to individual military branches' websites. The Frequently Asked Questions (FAQ) link for installation Base Access provides quick references about the process.



The base education advisor is responsible for overseeing access and will have different titles depending upon which branch of service runs the base. In the Army, the Education Services Officer (ESO) and Education Services Specialist (ESS) are key individuals to develop a relationship between your institution and the military personnel in your area. Each branch of the military has specific requirements for accessing their installations to disseminate information on education programs, even if the program is specifically for veterans. For example, the process to begin access on an Army base includes completing a Help Desk case through the [GoArmyEd](#) website. Access to Air Force bases requires completion of requests through the [Academic Institution \(AI\) Portal](#). The AI Portal requires institutional user account access and may require an additional step to identify the institutional account controller

prior to gaining access to request appointments on military installations. Any opportunities to provide information on the program through military fairs or workshops should be explored with the education advisor.

Marketing and communication for veterans' education requires a great deal of thought and persistence. It is our goal that by using the tools provided in this guide you will be assisted in expediting the process to ensure timely and comprehensive opportunities for disseminating your military-connected educational offerings.

EVALUATION

Evaluating the success of a veteran's education program follows the same principles used to evaluate other programmatic initiatives. Program evaluation should be continuous and include conducting a thorough review of the outcomes of the program, including student satisfaction, retention and graduation rates, graduate performance on licensure and certification exams, job placement, and operational costs.

When beginning your planning for evaluation, determine what criteria is needed to meet your institutional goals and be successful. Develop a plan to capture all of the data required to measure your outcomes, this may include collection of data at the start of the application or prospect stage for a student.

Tracking student success from initial admissions through graduation is a major component of program evaluation. A successful program demonstrates high levels of student satisfaction and achievement, including favorable faculty evaluations, program completion, and passing national licensure examinations. Student satisfaction and performance is not the sole measure of success. Another measure of student performance is employment rates post-graduation. If the university or college does not have a specific software tool to monitor and track student performance, faculty and administrators will need a system to input data and analyze outcomes.

PROGRAM SPOTLIGHT:

UNIVERSITY OF NORTH CAROLINA— GREENSBORO SCHOOL OF NURSING— VETERAN ACCESS PROGRAM (VAP)



THE UNIVERSITY of NORTH CAROLINA
GREENSBORO

The [University of North Carolina—Greensboro School of Nursing](#) launched the Veteran Access Program (VAP) in 2015. The program, started with the support of a HRSA grant, provides veterans access and specialized support to obtain a Bachelor of Science in Nursing degree. Individualized plans of study allow student veterans with medical training to accelerate through the program. The faculty received specialized training materials from the Bob Woodruff Foundation and from Solider to Student II to support student success. Last year the program experienced over a 95% National Council Licensure Examination (NCLEX) pass rate.

UNCG's VAP program is uniquely designed for veterans from all branches of the Armed Forces, including past service in the National Guard or Reserve, especially those who have military health experience and training. UNCG employs a variety of prior learning assessment methods to evaluate military medics for academic placement:

- **Portfolio:** This method is most commonly utilized for students enrolled in the VAP program. Students compile a portfolio containing their military transcripts, a written description of their military training, experiences, and learning, and any supplemental materials the student wishes to include (e.g., a letter from a commanding officer).
- **JST Evaluation:** Most veterans earn some college credit based on the ACE recommendations for military courses on the JST.
- **Competency-Based Exams:** Competency testing is conducted in a simulation lab where students are given the clinical outcomes and competencies as well as national standardized clinical course exams. UNCG uses ATI testing, and the student must earn a minimum score of 1 (out of a possible 3) on each competency to earn credit. UNCG charges a small fee for competency-based testing.

UNCG designed a specialized 3 credit gap-course for VAP students titled "Transitions to Civilian Nursing." The course is both writing and speaking intensive, providing opportunities for VAP students to earn general education credit, in addition to the fundamentals of civilian nursing that are not included in the military curriculum. The course is offered at the beginning of the program and purposefully creates camaraderie among classmates. Senior nursing majors are also brought in to encourage and assist in transition to civilian life and the rigorous nursing program.

UNCG partnered with Cone Health, a large non-profit healthcare network that serves the greater Greensboro area. Cone Health was named as a partner in the initial VAP grant application and agreed to provide customized clinical experiences for VAP students as well as hire VAP graduates. UNCG now has expanded their partnerships with several other healthcare systems in the area, including two VA hospitals.

SECTION 5: WORKING WITH METC CURRICULUM FOR A CROSSWALK

This section of the guide takes you through preparing for articulating METC curriculum to your school's courses. A checklist is provided below to aid in this process.

CHECKLIST FOR PREPARING FOR MILITARY CREDIT ARTICULATION

1. Look at the initial JST/Military Guide Exhibits to determine the institutional course curriculum needed to access as a starting point for the initial review.
2. Review the institutional Military Credit Transfer Policy.
 - Are revisions needed prior to the articulation/crosswalk project moving forward?
 - Are transcript evaluators trained in reading JST and CCAF documents? Is there documentation of the evaluator's procedures to provide continuity during staff turnover?
3. Determine the institutional approvals needed for the project.
 - Document the chain of approvals for both the initial and subsequent reviews.
4. Determine if your licensing board has any policies or guidelines for working with military credit award for military training.
 - What documentation will the board require when they review your program for approval?
5. Develop an internal form for evaluations. For your convenience, a sample form is located in [Appendix C](#).
 - Review licensure guidelines and determine if certain learning objectives require a specific number of hours for licensure/certification and annotate them on the evaluation form.
6. Determine the minimum percentage of learning outcomes from the institution's curriculum needed to match METC's curriculum prior to awarding military credit transfer for the school's course.
 - Are there options or flexibility if some learning outcomes are not covered in METC's curriculum?
 - Can a student test for proficiency in an area to serve this purpose?
7. Gather the curriculum and list of textbooks/course materials used at your institution, JST/Military Guide Exhibits related to the MOS or rating you will be reviewing, and the corresponding curriculum from METC.
 - Decide what exhibits are artifacts that need to be archived for the specified evaluation for institutional approvals, licensure board reviews, and program updates.
8. Read through the JST recommendations, followed by the METC curriculum, to familiarize yourself with each service's format.
 - Dive in and familiarize yourself with the Program of Instruction (POI) or Curriculum Plan (CP) from METC. Each military branch's format varies. Some documentation provides a more narrative description of learning outcomes similar to a syllabus and other programs list specific outcomes in tables.
 - METC documents contain lists of equipment used in clinical tasks and the instructional textbooks for the courses.
 - Methods of instruction and hours of instruction for lesson and clinical tasks can also be found within the POI or CP.

9. Determine if you will look at Military Guide Exhibits for specialized training at duty assignments after the veteran's or service member's initial training at METC.
 - Often training continues once a service member arrives at their duty station. Will your institution review specialty trainings? If yes, how will this review occur, and who approves the credit awards?
10. Once the initial review is complete, decide when it should be reexamined.
 - It is always best to have a well-documented plan on how often evaluations are reassessed. Will the original determination stand until a change in program curriculum or will it expire?
 - How will program updates trigger a review of the original articulation?
 - For subsequent reviews: Who reviews the documentation, a single reviewer or a team approach?

SECTION 6: CROSSWALK STEPS

Once you gather the necessary documents, it helps to familiarize yourself with the POI or CP containing METC's curriculum. The following figures highlight the matching process between a school's program and METC's POI or CP. METC's documentation has a vast array of information and is quite versatile when trying to determine if learning outcomes match. The guide reviews examples of several types of items found within the course records.

Figures 1 and 2 showcase various methods to review METC's POIs and documentation to assess how the learning objectives are met within their courses, from a narrative format to equipment lists and clinical task charts.

Figure 1: METC Curriculum Samples

METC Curriculum Samples

METC curriculum narrative examples

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: 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. Coagulopathies, 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.

METC curriculum has breakdowns by clinical tasks in addition to narrative sections.

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

| Individual Task Summary - Lessons | | | | |
|-----------------------------------|----------------------------------|--------------------|----|----|
| 081-000-0038 | Initiate an Intravenous Infusion | 081-C168W273 / 1 © | No | No |
| 081-000-0039 | Manage an Intravenous Infusion | 081-C168W005 / 1 © | No | No |

METC curriculum course objectives

Course Objectives and Levels of Learning:

| Learning Objective # | Lesson Name | Lesson Objective | Level of Learning | | |
|------------------------------|---|---|-------------------|--------------|-----------|
| | | | Cognitive | Psycho-motor | Affective |
| Unit 1: Surgical Specialties | | | | | |
| 1.1.1 | Surgical Case Worksheet Overview | Reproduce surgical case worksheets on an assigned case. | C1 | | |
| 1.2.1 | General Surgery | Name anatomy, tools/instruments, simple facts and terms, and pathophysiology related to scrub/circulator duties during general surgery procedures. | C1 | | |
| 1.3.1 | Obstetrics / Gynecological (OB/GYN) Surgery | Name anatomy, tools/instruments, simple facts and terms, and pathophysiology to scrub/circulator duties during Obstetric and Gynecological surgical procedures. | C1 | | |

| Learning Object Id | Hours | Method of Instruction | Mode of Delivery |
|---------------------|-------|--|----------------------|
| Introduction | 0.1 | (LE) Lecture | Resident Instruction |
| TLO - ELO A - LSA 1 | 7.0 | (PE) Practical Exercise (Hands-On/Written) | Resident Instruction |
| TLO - ELO A - LSA 2 | 0.8 | (DSL) Discussion (Small or Large Group) | Resident Instruction |
| TLO - ELO A - LSA 3 | 1.0 | (TE) Test | Resident Instruction |
| Summary | 0.1 | (DSL) Discussion (Small or Large Group) | Resident Instruction |

Total (50 min hr) 9.0

Figure 2: METC Curriculum Samples (Continued)

When a faculty member begins matching their institution’s learning objectives to METC’s, often they will need to review several different METC lessons to determine if there is a suitable match. The following examples show several ways matches are located.

METC Curriculum Samples (continued)

METC curriculum equipment lists

NSS (LIN): 6515-01-498-1114 () Batteries, Alkaline, Size AAA, Model 0040-0136 Intravenous Infusion Pump

| Lesson / Version: | Step | Student Ratio | Student Qty | Instructor Qty | Support Qty | CRI | Max | OPTEMPO Mins | OPTEMPO Hours |
|--------------------|-------------------------|---------------|-------------|----------------|-------------|-----|-----|--------------|---------------|
| 081-C168W025 / 1 © | TLO - Perform cardio... | 1:6 | 50 | 0 | 0 | Yes | 50 | 0.0 | 0.0 |

Remarks: Must exchange battery once it no longer works. 66. Will need to be replaced, due to life cycle of battery.

METC curriculum timeframes and methods of instruction

Program Length Consolidated Courses

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

| Method of Instruction: | Hours |
|--|------------|
| (LE) Lecture | 0.1 |
| (DSL) Discussion (Small or Large Group) | 0.9 |
| (TE) Test | 1.0 |
| (PE) Practical Exercise (Hands-On/Written) | 7.0 |
| Total Hours (Admin & Academic, 50 min hr) | 9.0 |

Figures 3-5 show the matching of a school’s EMT curriculum learning objectives to the Army’s 68W METC curriculum with learning objectives in a narrative format. In Figure 3, the school’s learning objective is matched in one lesson of METC’s curriculum but in Figure 4 the match is over several of METC’s lessons.

Figure 3: School EMT Curriculum to 68W METC Curriculum

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: 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. 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.

Figure 4: School EMT Curriculum to 68W METC Curriculum

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:

7. Metabolic, anaphylactic, septic, hypovolemic, hemorrhagic, respiratory, cardiogenic, neurogenic, and psychogenic shock conditions.

68W METC Curriculum, pg 19

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

68W METC Curriculum, pg 36

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.

68W METC Curriculum, pg 39

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.

This example highlights theory as well as practical training used during METC's lessons. The training student to instructor ratio is often included in the METC course narratives.

Figure 5 shows where METC's lesson utilizes nationally recognized training standards from DOT and NREMT.

Figure 5: School EMT Curriculum to 68W METC Curriculum

School EMT Curriculum to 68W METC Curriculum

School EMT Curriculum

B. Identify the roles and responsibilities of the Basic EMT.

C. Describe the components and principles of medical legal issues as they apply to the pre-hospital provider including:

68W METC Curriculum, pg 61 and

Title: EMT Module 1 (Foundations)

Purpose: This module covers chapters 1-8 in the Brady 13th edition of the Emergency Care book. The student will acquire fundamental knowledge of the EMS system, understand the safety concerns and well-being issues of the EMT and the introductory of medical/legal and ethical issues involved in the care of the emergent patient. Students also learn the proper techniques for safely moving and lifting patients and the various devices utilized in this task. The student also begins learning the anatomical, physiological and medical terms and abbreviations that will be utilized throughout their entire career as EMTs. Lastly, students will be able to describe typical characteristics and concerns for each stage of the human life span.

68W METC Curriculum, pg 12

Action Identify the attributes to becoming a Nationally Registered EMT

Text:

Condition: Given lists, definitions or scenarios involving pre-hospital situations

Standard: IAW Department of Transportation (DOT) and NREMT National Standards Curriculum

Remarks: Chapter 1 provides an overview to the Emergency Medical Services (EMS) system, including information about the privileges and scope of practice of the Emergency Medical Technician (EMT). The EMT is an integral member of the EMS team, whose purpose is to deliver medically-trained personnel to the patient in the pre-hospital environment as quickly as possible, to provide emergency care at the scene, en route to the hospital, and at the hospital. Chapter 2 is designed to demonstrate to the 68W how their

themselves. Chapter 4 outlines the medico/legal and ethical issues that may arise any time an EMT responds to a call. There are many decisions that EMTs are faced with whether on or off duty. Applying this knowledge may reduce or prevent the legal liability the 68W may face as they conduct emergency responses as an EMT. Chapter 5 introduces the 68W student to basic medical terminology and the

This example highlights that METC curriculum uses the standard DOT and NREMT curriculum. Schools are able to validate METC training based on these national requirements.

Figure 6 highlights a section of METC's lessons where clinical tasks are listed. The breakdown of individual clinical tasks assists a school in determining if their state licensure requirements are met within METC's curriculum. Figure 7 also shows a clinical task breakdown for the METC lesson as well as the specific equipment utilized in the lesson, including the national stock number.

Figure 6: School EMT Curriculum to 68W METC Curriculum

School EMT Curriculum to 68W METC Curriculum

School EMT Curriculum

P. Show the appropriate use of the following dressings and bandages:

1. Pressure dressings
2. Sling and swathe
3. Elastic bandages
4. Trauma dressings
5. Occlusive dressings

68W METC Curriculum, pg 83, 89, and 51

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

Individual Task Summary - Lessons

| | | | | |
|--------------|--|--------------------|-----|----|
| 081-000-0099 | Apply a Hemostatic Dressing | 081-C168WMD7 / 1 © | No | No |
| 081-000-0100 | Apply a Pressure Dressing to an Open Wound | 081-C168W003 / 1 © | Yes | No |
| 081-68W-0265 | Apply a Sling and Swath | 081-C168W122 / 1 © | No | No |
| 081-68W-0069 | Apply an Occlusive Dressing | 081-C168W120 / 1 © | No | No |

Action Text: Perform Combat Medic core individual skills

Remarks: This session is designed to test the Combat Medic on the application of the advanced individual skills necessary to treat a casualty in a combat environment to include: Emergency Cricothyroidotomy, Occlusive Dressing, Needle Chest Decompression, Saline Lock and IV Fluid Initiation, Intraosseous Infusion, Combat Application Tourniquet, Sam Junctional tourniquet, Emergency Trauma Bandage, and a random skill of 1 out of the 3 functional wound pressure dressings. Instructors set up testing stations with all the required supplies to perform the skill at their stations to include training manikins and devices that the skill is performed on. Students

Clinical tasks are highlighted in this METC reference. METC training lists individual clinical tasks that the student must perform to pass. Institutions are able to determine if METC's tasks match their state's licensure requirements.

METC curriculum has breakdowns by clinical tasks in addition to narrative sections.

Figure 7: School EMT Curriculum to 68W METC Curriculum

School EMT Curriculum to 68W METC Curriculum

School EMT Curriculum

U. Set up and maintain IVs in the pre-hospital setting.

68W METC Curriculum, pg 76 and 88

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

Individual Task Summary - Lessons

| | | | | |
|--------------|----------------------------------|--------------------|-----|----|
| 081-000-0038 | Initiate an Intravenous Infusion | 081-C168W273 / 1 © | No | No |
| 081-000-0039 | Manage an Intravenous Infusion | 081-C168W005 / 1 © | No | No |
| 081-68W-0235 | Remove an Intravenous Infusion | 081-C168W055 / 1 © | Yes | No |

Action Text: Establish vascular access

Condition: Given a casualty requiring vascular access in a combat environment

Standard: Without compromising aseptic procedures and patient safety

Remarks: This lesson focuses on the proper technique of initiating an intravenous infusion, a saline lock and the use of a F.A.S.T. 1 Intraosseous device. 68Ws will also learn indications for using different types of IV solutions (colloid and crystalloid). 68W students also are given instruction on osmotic pressure and its use for battlefield fluid resuscitation. An overview of complications for vascular access and the proper treatments are also presented. This lesson culminates in a demonstration and a practical exercise where the student must demonstrate competency while initiating multiple intravenous lines, followed by saline locks and the insertion of a F.A.S.T. 1 device. Department of Combat Medic Training Course Director requires when an invasive procedure is completed by a trainee on a second trainee, there will be an instructor to student ratio of 1:1 at the time the needle pierces the skin. Training directors are responsible to ensure 100% compliance with this policy.

NSN (LIN): 6515-01-498-1114 () Batteries, Alkaline, Size AAA, Model 0040-0136 Intravenous Infusion Pump

| Lesson / Version: | Step | Student Ratio | Student Qty | Instructor Qty | Support Qty | CRI | Max | OPTEMPO Miles | OPTEMPO Hours |
|--------------------|--------------------------|---------------|-------------|----------------|-------------|-----|-----|---------------|---------------|
| 081-C168W025 / 1 © | TLO - Perform cardio.... | 1:6 | 50 | 0 | 0 | Yes | 50 | 0.0 | 0.0 |

Remarks: Must exchange battery once it no longer works. 6s. Will need to be replaced; due to life cycle of battery.

Schools are able to see the specific equipment METC uses to train their students. National stock numbers are utilized, when appropriate.

METC curriculum has breakdowns by clinical tasks in addition to narrative sections.

METC curriculum also shows equipment utilized in training.

In the next set of examples, a schools' surgical technician curriculum is matched to the Army's 68D MOS and Navy's HM-8483 Rating. The METC learning outcomes for this program are presented slightly differently than the previous examples because it is utilizing a CP and not a POI. Figure 8 shows how METC's documentation presents the learning outcomes for this particular lesson in a table format. Remember, one lesson may not meet all of a school's learning outcomes. Figure 9 showcases several more learning outcomes matched with an additional METC course. At this point in the review, not all of the school's learning outcomes are met and a school will need to determine if there is enough alignment in the educational outcomes to award transfer credit into their existing program. If it is determined there is too much of a difference in the learning outcomes and transfer credit is unable to be awarded, this area is identified as a gap. To fill the gap, it may be suitable to build a bridge course or program.

Figure 8: School Surgical Tech Curriculum to Army 68D and Navy HM-8483 METC Curriculum

One METC course may not meet all of the school's learning outcomes.

School Surgical Tech Curriculum to Army 68D and Navy HM-8483 METC Curriculum

School Surgical Tech 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.

68D and Navy HM-8483 METC Curriculum, pg 26-27

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.

Course Objectives and Levels of Learning:

| Learning Objective # | Lesson Name | Lesson Objective |
|------------------------------|---|--|
| Unit 1: Surgical Specialties | | |
| 1.1.1 | Surgical Case Worksheet Overview | Reproduce surgical case worksheets on an assigned case. |
| 1.2.1 | General Surgery | Name anatomy, tools/instruments, simple facts and terms, and pathophysiology related to scrub/circulator duties during general surgery procedures. |
| 1.3.1 | Obstetrics / Gynecological (OB/GYN) Surgery | Name anatomy, tools/instruments, simple facts and terms, and pathophysiology to scrub/circulator duties during Obstetric and Gynecological surgical procedures. |
| 1.11.1 | Trauma & Emergency Surgery | Name anatomy, tools/instruments, simple facts and terms, and pathophysiology to scrub/circulator duties during trauma and emergency surgical procedures. |
| 1.12.1 | Neurosurgery | Name anatomy, tools/instruments, simple facts and terms, and pathophysiology to scrub/circulator duties during neuro-surgical procedures. |
| 1.13.1 | Pediatric Surgery | Name anatomy, tools/instruments, simple facts and terms, and pathophysiology to scrub/circulator duties during pediatric procedures. |
| 1.14.1 | Clinical Training and Employment Skills and Opportunities | Determine the requirements, standards, practices, and opportunities for a successful career in the various roles of a surgical technologist in the clinical setting. |

| | | |
|--------|---|---|
| 1.4.1 | Orthopedic Surgery | Name anatomy, tools/instruments, simple facts and terms, and pathophysiology to scrub/circulator duties during Orthopedic surgical procedures. |
| 1.4.2 | Orthopedic Surgery | Assist with the application of orthopedic surgical equipment and supplies. |
| 1.5.1 | Genitourinary (GU) Surgery | Name anatomy, tools/instruments, simple facts and terms, and pathophysiology to scrub/circulator duties during genitourinary surgical procedures. |
| 1.6.1 | Plastic and Reconstructive Surgery | Name anatomy, tools/instruments, simple facts and terms, and pathophysiology to scrub/circulator duties during plastic surgical procedures. |
| 1.7.1 | Cardiothoracic and Peripheral Vascular Surgery | Name anatomy, tools/instruments, simple facts and terms, and pathophysiology to scrub/circulator duties during cardiac, thoracic, peripheral, and vascular surgical procedures. |
| 1.8.1 | Ophthalmic (Eye) Surgery | Name anatomy, tools/instruments, simple facts and terms, and pathophysiology to scrub/circulator duties during Ophthalmic (Eye) surgical procedures. |
| 1.9.1 | Otorhinolaryngologic (Ear, Nose and Throat) Surgery | Name anatomy, tools/instruments, simple facts and terms, and pathophysiology to scrub/circulator duties during Otorhinolaryngologic / Ear, Nose and Throat (ENT) surgical procedures. |
| 1.10.1 | Oral and Maxillofacial (OM) Surgery | Name anatomy, tools/instruments, simple facts and terms, and pathophysiology to scrub/circulator duties during Oral and Maxillofacial (OM) surgical procedures. |

Figure 9: School Surgical Tech Curriculum to Army 68D and Navy HM-8483 METC Curriculum (Continued)

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.

School Surgical Tech Curriculum to Army 68D and Navy HM-8483 METC Curriculum (continued)

School Surgical Tech 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.

68D and Navy HM-8483 METC Curriculum, pg 14-15 and 18-19

BIOL 101 Anatomy and Physiology
 This course provides in-depth instruction into, Introduction to Anatomy and Physiology as well as Pharmacology and Anesthesia. Lessons are comprised of lecture and practical laboratory time using models and virtual computer programs. This includes identification of structures, interrelationships of systems, and cellular / organism physiology. The instructional design for this course is Group Lock Step.
 Prerequisite(s): Completion of METC in Processing and METC Administrative Requirements.

| Unit 1: Introduction to Anatomy and Physiology | | | Unit 2: Surgical Pharmacology and Anesthesia | | |
|--|--|---|--|---------------------------|---|
| 1.1.1 | Surgical Terminology | Utilize prefixes, word roots, and suffixes to create medical terms related to surgery and anatomy and physiology to include pronunciation. | 2.1.1 | Body Systems & Physiology | Define the human body systems structures and functions as well as Surgical Pharmacology and Anesthesia facts. |
| 1.2.1 | Introduction to Anatomy and Physiology | Define Anatomy and Physiology (A&P) terminology, how cells and tissues function and basic knowledge of surgical incisions, wound classification, and wound healing. | 2.2.1 | Surgical Pharmacology | Employ the principles and steps of procedure for working with pharmacological agents in a surgical setting. |
| 1.3.1 | Body Systems & Physiology | Define the human body systems' structures and functions. | 2.2.2 | Surgical Pharmacology | Demonstrate safe and proper handling of medications and solutions onto the sterile field. |
| 1.4.1 | Special Sense Organs | Select the facts and specification of Ear, Eye, Nose, and Throat (EENT) anatomy and the special sense organs. | 2.3.1 | Surgical Anesthesia | Identify basic facts and terms associated with assisting anesthetic delivery and management of patient complications. |

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.

| | | |
|-------|---|---|
| 2.2.1 | Robotics, Laser Safety and Applications | Outline the principles of robotics / laser safety measures. |
|-------|---|---|

The last example of matching learning objectives will focus on a school's nursing curriculum to METC's Navy Hospital Corpsman Rating curriculum. Figure 10 shows one METC course meeting several of the school's learning outcomes.

Figure 10: School Nursing Curriculum to Navy Hospital Corpsman METC Curriculum

School Nursing Fundamentals to Navy Hospital Corpsman METC Curriculum

School Nursing Curriculum

- Apply basic history and physiological assessment skills associated with the gastrointestinal, integumentary, urinary, respiratory, cardiovascular, and musculoskeletal systems, as well as safety, pain, fluid and electrolyte balance, nutrition, pharmacology, and coping stress for the adult client
- Apply principles of nursing and related sciences in implementing fundamental nurse care associated with gastrointestinal, integumentary, urinary, respiratory, cardiovascular, and musculoskeletal systems, as well as safety, pain, fluid and electrolyte balance, nutrition, pharmacology, death & dying, and coping-stress in meeting the needs of clients through the adult lifespan

Navy Hospital Corpsman METC Curriculum, pg 6, 7, and 24

BMT 101N HM Fundamentals

Course Description:
 This course is divided into three units of instruction covering the multifaceted skill sets needed for the global theatre of operation Navy Hospital Corpsman operate in. Unit one prepares the student for National Registry certification in Emergency Medical Technology via standardized state code skills testing methodology. Students receive instruction on Navy Medicine foundation programs, the role of the Hospital Corpsman, apprentice level instruction on Chemical Biological Radiological Nuclear and High-Yield Explosives (CBRNE) and Tactical Combat Casualty Care (TCCC), all which are required in the assessment and management of a combat casualty from point of injury to a higher level of care. Unit two provides the student with instruction on Hospital Corpsman duties, responsibilities, and scope of practice in typical environments: Hospitals, Expeditionary, and shipboard medicine. Students are exposed to clinical management, principles of patient assessment and treatments. Emphasis is placed on the assessment and treatment of: Preventive Medicine, Basic Laboratory, Emergency Dental Treatments, Head/Eyes/Ears/Nose and Throat, Neurological, Respiratory, Cardiovascular, Gastrointestinal, Musculoskeletal, Lower Back, and Integumentary systems. In unit three, students will participate in a facilitated clinical rotation within one of five local Department of Defense, Veterans Association or civilian training program hospitals. This synthesis phase challenges students to apply assessment and patient care skills in the inpatient, outpatient, and emergency medicine environment.

At times, one METC course meets several of the school's learning outcomes.

Below in Figure 11, METC's use of the American Nurses Association (ANA) standards in their lessons is shown.

Figure 11: School Nursing Curriculum to Navy Hospital Corpsman METC Curriculum (Continued)

School Nursing Fundamentals to Navy Hospital Corpsman METC Curriculum (continued)

School Nursing Curriculum

- Identify legal and ethical guidelines of nursing practice and professional practice standards
- Recognize client rights in the delivery of healthcare
- Maintain client and organization confidentiality
- Apply the nursing process when providing healthcare

Navy Corpsman METC Curriculum, pg 24-26

NURS 101 Basic Nursing Fundamentals

Course Description:
This course provides the student with basic knowledge and skills needed to perform patient care within the parameters of the nursing specialty. Subjects presented in the curriculum include infection control, nursing technologies, interpersonal relationships and customer service, primary care optimization, focused basic inpatient and outpatient care. Course content complies with The Joint Commission (TJC), American Heart Association (AHA), Centers for Disease Control and Prevention (CDC) guidelines, American Nurses Association (ANA) standards and applicable service instructions. This course is a prerequisite for the Intermediate Nursing Fundamentals course.

Distribution of Contact Hours:

| Unit # | Unit Title | Did 1:25 | Int Did 1:12 | Lab/ Prac 1:06 | Lab/ Prac 1:12 | Clin | West 1:25 | PTest | Other | Req'd Act. | Total |
|--------------|-----------------------------------|-----------|--------------|----------------|----------------|----------|-----------|----------|----------|------------|-----------|
| 1 | Basic Nursing Fundamentals Theory | 7 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 10 |
| 2 | Introduction to Infection Control | 6 | 0 | 6 | 0 | 0 | 3 | 0 | 0 | 0 | 16 |
| 3 | Documentation | 6 | 2 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 11 |
| 4 | Basic Nursing Fundamental Skills | 15 | 0 | 0 | 17 | 0 | 3 | 0 | 0 | 0 | 35 |
| Total | | 34 | 2 | 6 | 17 | 0 | 12 | 0 | 0 | 0 | 71 |

This example shows the American Nurses Association (ANA) standards are used as a basis in METC's curriculum for this course. Again, this validates the level of training.

Course Objectives and Levels of Learning:

| Learning Objective # | Lesson Name | Lesson Objective | Level of Learning | | |
|---|--|---|-------------------|--------------|-----------|
| | | | Cognitive | Psycho-motor | Affective |
| Unit 1 - Basic Nursing Fundamentals Theory | | | | | |
| 1.1.1 | Human Growth and Development and Aging Process | Identify the concepts of human growth, development and the aging process. | C1 | | |
| 1.1.2 | | Identify the concepts of cultural diversity related to patient care. | C1 | | |
| 1.2.1 | Basic Medical/Ethical Issues | Identify the medical, ethical and legal issues related to patient care. | C1 | | |
| 1.3.1 | Patient/Provider Communication | Describe the concepts of effective patient and provider communication. | C1 | | |
| 1.4.1 | Managed Care and TRICARE | Identify the basic concepts of managed care. | C1 | | |

In Figures 12 and 13, clinical tasks are highlighted to demonstrate the lesson's focus on both the theory and associated task. Schools can validate alignment with their state's licensure requirements.

Figure 12: School Nursing Curriculum to Navy Hospital Corpsman METC Curriculum (Continued)

School Nursing Fundamentals to Navy Hospital Corpsman METC Curriculum (continued)

School Nursing Curriculum

5. Describe infectious process and explain body defenses against infection and standard precautions related to a safe work environment for the healthcare provider.

Navy Corpsman METC Curriculum, pg 25

| Learning Objective # | Lesson Name | Lesson Objective | Level of Learning | | |
|-----------------------------------|---|---|-------------------|--------------|-----------|
| | | | Cognitive | Psycho-motor | Affective |
| Unit 2 - Infection Control | | | | | |
| 2.1.1 | Introduction to Infection Control/Blood Borne Pathogens | Identify the concepts of infection control and blood borne pathogens. | C1 | | |
| 2.1.2 | | Demonstrate standard procedures for infection control. | | P1 | |
| 2.1.3 | | Perform standard procedures for hygiene precautions. | | P2 | |
| 2.2.1 | Standard Precautions | Identify the concepts of standard precautions. | C1 | | |
| 2.2.2 | | Perform donning and doffing of sterile gown & gloves. | | P2 | |
| 2.3.1 | Patient Isolation | Identify the concepts of patient isolation. | C1 | | |
| 2.3.2 | | Perform isolation procedures. | | P2 | |
| 2.3.3 | | Demonstrate the disposal of hazardous medical substances. | | P1 | |

The table shows both the theory and clinical levels of learning for this course, which validates the student must be proficient in the skill, not just the theory.

Figure 13: School Nursing Curriculum to Navy Hospital Corpsman METC Curriculum (Continued)

School Nursing Fundamentals to Navy Hospital Corpsman METC Curriculum (continued)

School Nursing Curriculum

- 16. Perform blood glucose testing.
- 17. Collect urine specimen-routine/clean catch.
- 18. Apply urine collection devices-infants/external catheters.
- 19. Assess bowel sounds.

Navy Corpsman METC Curriculum, pg 27-28

Course Objectives and Levels of Learning:

| Learning Objective # | Lesson Name | Lesson Objective | Level of Learning | | |
|---|--|--|-------------------|--------------|-----------|
| | | | Cognitive | Psycho-motor | Affective |
| Unit 1 – Intake and Output | | | | | |
| 1.4.1 | Urinary Catheters | Explain the concepts and procedures for urinary catheterization including sterility. | C2 | | |
| 1.4.2 | | Perform a urinary catheter insertion and removal. | | P2 | |
| Unit 2 – Intermediate Nursing Skills | | | | | |
| 2.1.1 | Urine, Stool, Sputum, and Throat Specimen Collection | Explain the basic concepts and principles for collecting and testing specimens. | C2 | | |
| 2.2.2 | | Explain the concepts and procedures for capillary testing for glucose. | C2 | | |
| 2.2.3 | | Demonstrate venipuncture to collect a laboratory specimen | | P1 | |
| 2.2.4 | | Perform capillary testing to collect a laboratory specimen | | P2 | |

Clinical tasks are easily identifiable for schools to determine if licensure requirements are met.

CONCLUSION

The information in the guide was provided to assist you with the next steps after your METC tour. Not all of the examples and strategies may apply to your institution, but it is our intention to provide your school with a helpful start.

Remember, you are not alone in your efforts; others have developed crosswalks and bridge programs for the military-affiliated population. If questions arise, it is recommended your team reach out to one of your peer institutions that has embarked on creating a crosswalk or bridge program.

The appendices contain documents and an information list to further assist you.

We wish you success!

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APPENDIX A: MEDICAL EDUCATION & TRAINING CAMPUS (METC) PROGRAMS

CONSOLIDATED PROGRAMS

Advanced Field Medical Support Systems (USAF, USA, USN)
Advanced Sterilization Systems (USAF, USA, USN)
Behavioral Health Technician (USAF, USA, USN)
Biomedical Equipment Maintenance Management (USAF, USA, USN)
Biomedical Equipment Maintenance Technician (USAF, USA, USN)
Cardiovascular Technician (USA, USN)
Computed Tomography Systems (USAF, USA, USN)
Computer Based Medical Systems (USAF, USA, USN)
Dental Advanced Fixed Laboratory I Technician (USAF, USN)
Dental Advanced Fixed Laboratory II Technician (USAF, USA, USN)
Dental Advanced Removable Laboratory Technician (USAF, USN)
Dental Basic Laboratory Technician (USAF, USA, USN)
Diagnostic Medical Sonographer (USAF, USN)
Healthcare Administration Specialist (USAF, USA)
Histotechnician (USAF, USN)
Mammography Imaging Systems (USAF, USA, USN)
Medical Laboratory Technician (USA, USN)
Medical Logistics (USAF, USA)
Neurodiagnostic Technologist (USAF, USN)
Nuclear Medicine Technologist (USAF, USA, USN) Nutrition and Diet Therapy (USAF, USA) Occupational Therapy Assistant (USA, USN)
Ophthalmic Technician (USAF, USA)
Orthopedic Specialty Technician (USAF, USA, USN) Otolaryngology Technologist (USAF, USA) Pharmacy Technician (USAF, USA, USN, USCG) Physical Therapy Assistant (USAF, USA, USN) Preventive Medicine (USA, USN)
Radiographic Acceptance Procedures (USAF, USA, USN)
Radiographic/Fluoroscopic Imaging Systems (USAF, USA, USN)
Radiologic Technologist (USAF, USA, USN)
Respiratory Specialist (USA, USN)
Surgical Technologist (USAF, USA, USN) Telemedicine Systems (USAF, USA)
Ultrasound Imaging Systems (USAF, USA, USN) Urology Technician (USAF, USN)

SERVICE SPECIFIC PROGRAMS

Aerospace Medical Services
Apprentice (USAF)
Air Force Dental Assistant (USAF)
Army Dental Assistant (USA)
Cardiopulmonary Laboratory
Apprentice (USAF)
Combat Medic Specialist (USA)
Cytotechnology (USA)
Dental Advanced Laboratory
Technician (USN)
Hospital Corpsman Basic (USN)
Independent Duty Medical
Technician (USAF)
Healthcare Administration Specialist (USAF, USA)
Medical Laboratory Apprentice (USAF)
Medical Material Supervisor (USAF)
Navy Dental Assistant (USN)
Nutrition Management and Accounting (USAF)

NOTE: This information is consistent with the METC 2017-2019 Program Catalog. USAF stands for United States Air Force. USA stands for United States Army. USN stands for United States Navy.

APPENDIX B: HOW TO USE ACE'S GUIDE TO EVALUATION OF EDUCATIONAL EXPERIENCES

SEARCHING THE MILITARY GUIDE FOR ACE EXHIBITS FOR SPECIFIC MOS OR RATING

ACE's Guide to the Evaluation of Educational Experiences in the Armed Services is located at <http://www.acenet.edu/news-room/Pages/Military-Guide-Online.aspx>

College Credit for Military Service
Military Guide

Guide to the Evaluation of Educational Experiences in the Armed Services

ACE's Military Guide presents credit recommendations for formal courses and occupations offered by all branches of the military. These credit recommendations appear on the service member's Joint Services Transcript (JST).

All recommendations are based on ACE reviews conducted by college and university faculty members who are actively teaching in the areas they review.

The Military Guide includes all evaluated courses and occupations from 1954 to the present. New courses and occupations are continually being evaluated by ACE, and these entries are added on a daily basis.

RELATED CONTENT

- > Military Guide Home
- > How to use the Military Guide
- > Frequently Asked Questions
- > The Academic Review Task Force

Search Courses

Course exhibits begin with a two-letter code.

Search Occupations

Occupation exhibits begin with a three-letter code.

1. Click on the Search Occupations button.
2. Enter the Occupation Designator for the specific MOS or rating. 68W=Army Medic, 68D=Army Surgical Tech, and HM=Navy Corpsman

GUIDE TO THE EVALUATION OF EDUCATIONAL EXPERIENCES IN THE ARMED SERVICES

Search Occupations

Limit search results to current occupations only.

The fastest way to find an occupation is by ACE ID number.

ACE ID Number **Search**

If you do not know the ACE ID number, you can search on one or more of these fields.

Occupation **▼**

Occupation Title

Occupation Designator

Year

Month **▼**

Search

MILITARY GUIDE

RELATED CONTENT

- > Military Guide Home
- > How to use the Military Guide
- > Frequently Asked Questions
- > Search Courses
- > Search Occupations

More stories on College Credit for Military

3. Below are the searches returned for the MOS's and ratings. Select the most recent exhibit for your search.

6 Occupations Found Search Again Print Page Download List

Show entries Filter Results:

| ACE ID | Start Date | End Date | Team Rev'd | Title |
|------------|------------|----------|------------|----------------------------------|
| CGR-HM-001 | 01/1971 | 12/1982 | 09/1984 | Hospital Corpsman (1/71-12/82) |
| NER-HM-001 | 06/1971 | 04/1992 | 12/1981 | Hospital Corpsman (6/71-4/92) |
| NER-HM-002 | 05/1992 | 07/2003 | 05/1993 | Hospital Corpsman (5/92-7/03) |
| NER-HM-003 | 08/2003 | 09/2005 | 08/2003 | Hospital Corpsman (8/03-9/05) |
| NER-HM-004 | 10/2005 | 07/2015 | 10/2006 | Hospital Corpsman (10/05-7/15) |
| NER-HM-005 | 08/2015 | Present | 10/2015 | Hospital Corpsman (8/15-Present) |

Showing 1 to 6 of 6 entries First Previous **1** Next Last

1 Occupations Found Search Again Print Page Download List

Show entries Filter Results:

| ACE ID | Start Date | End Date | Team Rev'd | Title |
|-------------|------------|----------|------------|--------------------------------------|
| MOS-68W-001 | 10/2006 | 12/2014 | 09/2004 | Health Care Specialist (10/06-12/14) |

Showing 1 to 1 of 1 entries First Previous **1** Next Last

| | | | | |
|-------------|---------|---------|---------|--|
| MOS-68D-005 | 10/2006 | 05/2009 | 11/1996 | Operating Room Specialist (10/06-5/09) |
|-------------|---------|---------|---------|--|

Showing 1 to 5 of 5 entries First Previous **1** Next Last

4. Review the exhibit returned from your search.

Occupation Exhibit Back to Results Print Page

NER-HM-005

HOSPITAL CORPSMAN

- HM3
- HM2
- HM1
- HMC
- HMCS
- HMCM

Exhibit Dates: 8/15–Present.

Career Pattern

HN: Hospitalman (E-3). **HM3:** Hospital Corpsman, Third Class (E-4). **HM2:** Hospital Corpsman, Second Class (E-5). **HM1:** Hospital Corpsman, First Class (E-6). **HMC:** Chief Hospital Corpsman (E-7). **HMCS:** Senior Chief Hospital Corpsman (E-8). **HMCN:** Master Chief Hospital Corpsman (E-9).

Description

Summary: Hospital Corpsmen (HM) assist in the prevention and treatment of disease and injury using first aid and preventive medicine procedures; assist in the prevention and treatment of dental diseases and disabilities; assist with physical examinations; provide patient care and assist in the administration of medicinal and parenteral solutions; perform general laboratory, pharmacy, and other patient support services, assist in the administrative supply and accounting procedures within medical departments ashore, afloat, and with the Marine Corps; instruct medical and non-medical personnel in first aid, self-aid, personal hygiene, and medical records maintenance; assist in the transportation of the sick and injured; and provide assistance in the maintenance of environmental and occupational health standards and in Chemical, Biological, Radiological and Nuclear Explosive (CBRNE) casualties and other contingencies. Senior hospital corpsmen perform supervisory, technical, planning, and management functions in support of medical readiness and quality healthcare delivery. In addition to their general assignments, hospital corpsmen trained as technicians perform specialized functions within the operational forces, clinical specialties, and administrative departments and may be assigned independent of a medical officer. **HM3:** Performs patient assessments, provides emergency treatment; manages and maintains medical equipment; provides assistance to medical and nursing staff; assists with administration procedures, infection control, laboratory test procedures, material management, documentation, and routine medical and dental care; conducts oral presentations; and prepares written reports, briefs, and memos while understanding and accommodating the cultural differences in communications required for different locales. **HM2:** Able to perform the duties required for HM3; assists in maintaining organizational conformity related to accrediting and compliance with healthcare standards; reviews and screens medical records; assesses physical and mental ability to perform job functions; establishes professional relations and fosters team building; supervises subordinate staff; counsels and mentors patients and supervised staff; coordinates training; manages logistical concerns related to day-to-day functions; and provides patient education. **HM1:** Able to perform the duties required for HM2; conducts personnel evaluations, career counseling, and scheduling of staff based on departmental and organizational demands and needs. **HMC:** Able to perform the duties required for HM1; develops, performs and administers project management initiatives following general project management principles. **HMCS:** Able to perform the duties required for HMC; develops and implements policies and practices in human resources and develops and enforces policies and procedures required to ensure optimal performance of health care operations. **HMCN:** Able to perform the duties required for HMCS; utilizes and develops long-range comprehensive plans related to the mission and vision of the organization and develops and implements concepts of organizational leadership to motivate staff and develop functional teams.

Related Competencies

Communications topics include computer applications, conflict resolution, cultural awareness, listening skills, oral communication, presentation skills, and written communications. **Health assessment** topics include body systems examination, characteristics and etiology of infectious diseases, data collection (anthropometric and vital signs), health history, Health Insurance Portability and Accountability Act (HIPAA), medical records management (EMR), patient care documentation, and physical examination. **Emergency medical technician field experience** topics include advanced airway management, advanced life support, emergency stabilization, infection control, intravenous therapy, medication administration, oxygen therapy, patient assessment, patient safety, patient transport, and spinal immobilization. **Emergency medical technician clinical experience** topics include blood loss mitigation, breathing and airway management, burn treatment, cardiopulmonary resuscitation (CPR), dental assessment, infection control, intravenous therapy, medication administration, oxygen therapy, pain management, patient assessment, patient safety, patient transport, primary care, triage, and urinary catheterization. **Emergency medical technician basic** topics include airway stabilization, applied pharmacology, basic airway management, basic life support (BLS) for providers, burn management, chest wounds, cultural awareness, dental emergencies, dental injuries, emergency stabilization, fluid resuscitation, hemorrhage control, minor surgical procedures, oxygen therapy, preventive health care, shock management, and wound care. **Supervision** topics include collaboration, decision-making, problem solving, resource management, scheduling, staff engagement, and teamwork. **Nursing fundamentals** topics include aseptic techniques, biomedical waste handling, clinical procedures, illness and disease concepts, intravenous therapy, isolation techniques, material safety data sheets, medical documentation, medical terminology, medication administration, patient safety, patient transportation, triage, and wound management. **Emergency medical technician advanced** topics include abdominal wounds, advanced airway management, advanced cardiopulmonary life support (ACLS), complex injury management, dental assessment, dental emergencies, dental injuries, emergency transport complications management, hemorrhage management, intravenous access, multi-system illness management, musculoskeletal injury stabilizations, and trauma management. **Introduction to public health** topics include communicable disease prevention and control, direct and indirect transmissions, disease treatment management, environmental inspection procedures, environmental sanitation standards, health maintenance of the individual, and sexually transmitted disease (STD) education and prevention. **Personnel management** topics include awards and ceremonies, benefit administration, career counseling, counseling, motivation, and scheduling. **Project management** topics include budget development, budget forecasting, critical thinking, procurement, research, software analysis, and status report communication. **Human resources management** topics include career planning, compensation planning, employee rights and discipline, personnel budgeting, personnel evaluation development, policies development, procedure development, and training and development. **Operations management** topics include budgeting, contingency planning, logistics coordination, organizing, planning, quality control, risk analysis, and risk management. **Strategic management** topics include forecasting and planning, needs analysis, scenario analysis, scenario planning and development, strategic thinking, succession planning, and SWOT analysis. **Organizational leadership** topics include communications, diversity, ethics, mission, predictive analysis, team development, and vision.

Recommendation, HM3

In the lower-division baccalaureate/associate degree category, 3 semester hours in communications, 3 in health assessment, 2 in emergency medical technician field experience, 2 in emergency medical technician clinical experience, and 3 in emergency medical technician basic (10/15)(10/15).

Recommendation, HM2

In the lower-division baccalaureate/associate degree category, 3 semester hours in communications, 3 in health assessment, 2 in emergency medical technician field experience, 2 in emergency medical technician clinical experience, 3 in emergency medical technician basic, 3 in supervision, 3 in nursing fundamentals, 3 in emergency medical technician advanced, and 3 in introduction to public health (10/15)(10/15).

APPENDIX C: SAMPLE CROSSWALK EVALUATION FORM

| Course: EMT 101A | | | Date Reviewed: 11/11/17 Reviewer: C. Rathunde | |
|-------------------|---|--------------------------|--|----------------------------|
| School Curriculum | | | METC Curriculum References | |
| Number | Learning Outcomes From School's Curriculum | Licensure Hours Required | References From METC Curriculum | Clinical Hours in Training |
| A | List the pathophysiology, signs and symptoms, and management of the following medical or trauma conditions including: | | N/A | |
| A1 | Cardiac and respiratory arrest | | Pages 17, 23, and 66 | |
| A2 | Injuries to the chest including rib and sternal fractures, pulmonary contusions, pericardial tamponade, pneumothorax, tension pneumothorax, hemothorax, traumatic asphyxia, myocardial contusions | | Page 19 | |
| A3 | Metabolic, anaphylactic, septic, hypovolemic, hemorrhagic, respiratory, cardiogenic, neurogenic, and psychogenic shock conditions | | Pages 19, 36, 39, 41, and 51 | |
| B | Identify the roles and responsibilities of the Basic EMT | | Pages 12 and 61 | |
| C1 | Describe the components and principles of medical legal issues as they apply to the prehospital provider | | Pages 12 and 61 | |
| D | Show the appropriate use of the following dressing and bandages: | | Pages 83, 89, and 51 | |
| D1 | Pressure dressings | | Listed in individual tasks | |
| D2 | Sling and swathe | | Listed in individual tasks | |
| D3 | Elastic bandages | | Listed in individual tasks | |
| D4 | Trauma dressings | | Listed in individual tasks | |
| D5 | Occlusive dressings | | Listed in individual tasks | |
| E | Set up and maintain IVs in the prehospital setting | | Pages 40, 76, 88, and 232 | |

Devise a numbering system that works for you and your reviewers.

List all of the course's learning objectives individually on the form.

Indicate required clinical hours for state licensure.

Use this section to list page references from METC's curriculum matching the school's learning objective.

Reference the number of clinical hours METC training provides.

APPENDIX D: CROSSWALKING EXAMPLES

Figure 1: METC Curriculum Samples

METC Curriculum Samples

METC curriculum narrative examples

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: 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. Coagulopathies, 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.

METC curriculum has breakdowns by clinical tasks in addition to narrative sections.

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

Individual Task Summary - Lessons

| | | | | |
|--------------|----------------------------------|--------------------|----|----|
| 081-000-0038 | Initiate an Intravenous Infusion | 081-C168W273 / 1 © | No | No |
| 081-000-0039 | Manage an Intravenous Infusion | 081-C168W005 / 1 © | No | No |

METC curriculum course objectives

Course Objectives and Levels of Learning:

| Learning Objective # | Lesson Name | Lesson Objective | Level of Learning | | |
|------------------------------|---|---|-------------------|-------------|-----------|
| | | | Cognitive | Psychomotor | Affective |
| Unit 1: Surgical Specialties | | | | | |
| 1.1.1 | Surgical Case Worksheet Overview | Reproduce surgical case worksheets on an assigned case. | C1 | | |
| 1.2.1 | General Surgery | Name anatomy, tools/instruments, simple facts and terms, and pathophysiology related to scrub/circulator duties during general surgery procedures. | C1 | | |
| 1.3.1 | Obstetrics / Gynecological (OB/GYN) Surgery | Name anatomy, tools/instruments, simple facts and terms, and pathophysiology related to scrub/circulator duties during Obstetric and Gynecological surgical procedures. | C1 | | |

| Learning Object Id | Hours | Method of Instruction | Mode of Delivery |
|---------------------|-------|--|----------------------|
| Introduction | 0.1 | (LE) Lecture | Resident Instruction |
| TLO - ELO A - LSA 1 | 7.0 | (PE) Practical Exercise (Hands-On/Written) | Resident Instruction |
| TLO - ELO A - LSA 2 | 0.8 | (DSL) Discussion (Small or Large Group) | Resident Instruction |
| TLO - ELO A - LSA 3 | 1.0 | (TE) Test | Resident Instruction |
| Summary | 0.1 | (DSL) Discussion (Small or Large Group) | Resident Instruction |

Total (50 min hr) 9.0

Figure 2: METC Curriculum Samples (Continued)

When a faculty member begins matching their institution’s learning objectives to METC’s, often they will need to review several different METC lessons to determine if there is a suitable match. The following examples show several ways matches are located.

METC Curriculum Samples (continued)

METC curriculum equipment lists

NSN (LIN): 6515-01-498-1114 () Batteries, Alkaline, Size AAA, Model 0040-0136 Intravenous Infusion Pump

| Lesson / Version: | Step | Student Ratio | Student Qty | Instructor Qty | Support Qty | CRI | Max | OTEMPO Mins | OTEMPO Hours |
|--------------------|-------------------------|---------------|-------------|----------------|-------------|-----|-----|-------------|--------------|
| 081-C168W025 / 1 © | TLO - Perform cardio... | 1:6 | 50 | 0 | 0 | Yes | 50 | 0.0 | 0.0 |

Remarks: Must exchange battery once it no longer works. 6s. Will need to be replaced, due to life cycle of battery.

METC curriculum timeframes and methods of instruction

Program Length Consolidated Courses

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

| Method of Instruction: | Hours |
|--|------------|
| (LE) Lecture | 0.1 |
| (DSL) Discussion (Small or Large Group) | 0.9 |
| (TE) Test | 1.0 |
| (PE) Practical Exercise (Hands-On/Written) | 7.0 |
| Total Hours (Admin & Academic, 50 min hr) | 9.0 |

Figure 3: School EMT Curriculum to 68W METC Curriculum

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: 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. 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.

Figure 4: School EMT Curriculum to 68W METC Curriculum

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:
 - 7. Metabolic, anaphylactic, septic, hypovolemic, hemorrhagic, respiratory, cardiogenic, neurogenic, and psychogenic shock conditions.

68W METC Curriculum, pg 19

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

68W METC Curriculum, pg 36

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.

68W METC Curriculum, pg 39

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.

This example highlights theory as well as practical training used during METC's lessons. The training student to instructor ratio is often included in the METC course narratives.

Figure 5: School EMT Curriculum to 68W METC Curriculum

School EMT Curriculum to 68W METC Curriculum

School EMT Curriculum

- B. Identify the roles and responsibilities of the Basic EMT.
- C. Describe the components and principles of medical legal issues as they apply to the pre-hospital provider including:

68W METC Curriculum, pg 61 and

Title: EMT Module 1 (Foundations)

Purpose: This module covers chapters 1-8 in the Brady 13th edition of the Emergency Care book. The student will acquire fundamental knowledge of the EMS system, understand the safety concerns and well-being issues of the EMT and the introductory of medical/legal and ethical issues involved in the care of the emergent patient. Students also learn the proper techniques for safely moving and lifting patients and the various devices utilized in this task. The student also begins learning the anatomical, physiological and medical terms and abbreviations that will be utilized throughout their entire career as EMTs. Lastly, students will be able to describe typical characteristics and concerns for each stage of the human life span.

68W METC Curriculum, pg 12

Action Identify the attributes to becoming a Nationally Registered EMT

Text:

Condition: Given lists, definitions or scenarios involving pre-hospital situations

Standard: IAW Department of Transportation (DOT) and NREMT National Standards Curriculum

Remarks: Chapter 1 provides an overview to the Emergency Medical Services (EMS) system, including information about the privileges and scope of practice of the Emergency Medical Technician (EMT). The EMT is an integral member of the EMS team, whose purpose is to deliver medically-trained personnel to the patient in the pre-hospital environment as quickly as possible, to provide emergency care at the scene, en route to the hospital, and at the hospital. Chapter 2 is designed to demonstrate to the 68W how their

themselves. Chapter 4 outlines the medico/legal and ethical issues that may arise any time an EMT responds to a call. There are many decisions that EMTs are faced with whether on or off duty. Applying this knowledge may reduce or prevent the legal liability the 68W may face as they conduct emergency responses as an EMT. Chapter 5 introduces the 68W student to basic medical terminology and the

This example highlights that METC curriculum uses the standard DOT and NREMT curriculum. Schools are able to validate METC training based on these national requirements.

Figure 6: School EMT Curriculum to 68W METC Curriculum

Clinical tasks are highlighted in this METC reference. METC training lists individual clinical tasks that the student must perform to pass. Institutions are able to determine if METC's tasks match their state's licensure requirements.

School EMT Curriculum to 68W METC Curriculum

School EMT Curriculum

P. Show the appropriate use of the following dressings and bandages:

1. Pressure dressings
2. Sling and swathe
3. Elastic bandages
4. Trauma dressings
5. Occlusive dressings

68W METC Curriculum, pg 83, 89, and 51

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

| Individual Task Summary - Lessons | | | | | |
|-----------------------------------|--|--------------------|-----|----|----|
| 081-000-0099 | Apply a Hemostatic Dressing | 081-C168WMD7 / 1 © | No | No | No |
| 081-000-0100 | Apply a Pressure Dressing to an Open Wound | 081-C168W003 / 1 © | Yes | No | No |
| 081-68W-0265 | Apply a Sling and Swath | 081-C168W122 / 1 © | No | No | No |
| 081-68W-0069 | Apply an Occlusive Dressing | 081-C168W120 / 1 © | No | No | No |

Action Text: Perform Combat Medic core individual skills

Remarks: This session is designed to test the Combat Medic on the application of the advanced individual skills necessary to treat a casualty in a combat environment to include: Emergency Cricothyroidotomy, Occlusive Dressing, Needle Chest Decompression, Saline Lock and IV Fluid Initiation, Intraosseous Infusion, Combat Application Tourniquet, Sam Junctional tourniquet, Emergency Trauma Bandage, and a random skill of 1 out of the 3 Junctional wound pressure dressings. Instructors set up testing stations with all the required supplies to perform the skill at their stations to include training manikins and devices that the skill is performed on. Students

METC curriculum has breakdowns by clinical tasks in addition to narrative sections.

Figure 7: School EMT Curriculum to 68W METC Curriculum

Schools are able to see the specific equipment METC uses to train their students. National stock numbers are utilized, when appropriate.

School EMT Curriculum to 68W METC Curriculum

School EMT Curriculum

U. Set up and maintain IVs in the pre-hospital setting.

68W METC Curriculum, pg 76 and 88

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

| Individual Task Summary - Lessons | | | | | |
|-----------------------------------|----------------------------------|--------------------|-----|----|----|
| 081-000-0038 | Initiate an Intravenous Infusion | 081-C168W273 / 1 © | No | No | No |
| 081-000-0039 | Manage an Intravenous Infusion | 081-C168W005 / 1 © | No | No | No |
| 081-68W-0235 | Remove an Intravenous Infusion | 081-C168W055 / 1 © | Yes | No | No |

Action Text: Establish vascular access

Condition: Given a casualty requiring vascular access in a combat environment

Standard: Without compromising aseptic procedures and patient safety

Remarks: This lesson focuses on the proper technique of initiating an intravenous infusion, a saline lock and the use of a F.A.S.T. 1 Intraosseous device. 68Ws will also learn indications for using different types of IV solutions (colloid and crystalloid). 68W students also are given instruction on osmotic pressure and its use for battlefield fluid resuscitation. An overview of complications for vascular access and the proper treatments are also presented. This lesson culminates in a demonstration and a practical exercise where the student must demonstrate competency while initiating multiple intravenous lines, followed by saline locks and the insertion of a F.A.S.T. 1 device. Department of Combat Medic Training Course Director requires when an invasive procedure is completed by a trainee on a second trainee, there will be an instructor to student ratio of 1:1 at the time the needle pierces the skin. Training directors are responsible to ensure 100% compliance with this policy.

NSN (LIN): 6515-01-498-1114 () Batteries, Alkaline, Size AAA, Model 0040-0136 Intravenous Infusion Pump

| Lesson / Version | Step | Student Ratio | Student Qty | Instructor Qty | Support Qty | CRI | Max | OPTEMPO Miles | OPTEMPO Hours |
|--------------------|-------------------------|---------------|-------------|----------------|-------------|-----|-----|---------------|---------------|
| 081-C168W025 / 1 © | TLO - Perform cardio... | 1:6 | 50 | 0 | 0 | Yes | 50 | 0.0 | 0.0 |

Remarks: Must exchange battery once it no longer works. 6s. Will need to be replaced, due to life cycle of battery.

METC curriculum has breakdowns by clinical tasks in addition to narrative sections.

METC curriculum also shows equipment utilized in training.

Figure 8: School Surgical Tech Curriculum to Army 68D and Navy HM-8483 METC Curriculum

One METC course may not meet all of the school's learning outcomes.

School Surgical Tech Curriculum to Army 68D and Navy HM-8483 METC Curriculum

School Surgical Tech 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.

68D and Navy HM-8483 METC Curriculum, pg 26-27

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.

Course Objectives and Levels of Learning:

| Learning Objective # | Lesson Name | Lesson Objective |
|------------------------------|---|--|
| Unit 1: Surgical Specialties | | |
| 1.1.1 | Surgical Case Worksheet Overview | Reproduce surgical case worksheets on an assigned case |
| 1.2.1 | General Surgery | Name anatomy, tools/instruments, simple facts and terms, and pathophysiology related to scrub/circulator duties during general surgery procedures. |
| 1.3.1 | Obstetrics / Gynecological (OB/GYN) Surgery | Name anatomy, tools/instruments, simple facts and terms, and pathophysiology to scrub/circulator duties during Obstetric and Gynecological surgical procedures. |
| 1.11.1 | Trauma & Emergency Surgery | Name anatomy, tools/instruments, simple facts and terms, and pathophysiology to scrub/circulator duties during trauma and emergency surgical procedures. |
| 1.12.1 | Neurosurgery | Name anatomy, tools/instruments, simple facts and terms, and pathophysiology to scrub/circulator duties during neuro-surgical procedures. |
| 1.13.1 | Pediatric Surgery | Name anatomy, tools/instruments, simple facts and terms, and pathophysiology to scrub/circulator duties during pediatric procedures. |
| 1.14.1 | Clinical Training and Employment Skills and Opportunities | Determine the requirements, standards, practices, and opportunities for a successful career in the various roles of a surgical technologist in the clinical setting. |

| | | |
|--------|---|---|
| 1.4.1 | Orthopedic Surgery | Name anatomy, tools/instruments, simple facts and terms, and pathophysiology to scrub/circulator duties during Orthopedic surgical procedures. |
| 1.4.2 | Orthopedic Surgery | Assist with the application of orthopedic surgical equipment and supplies. |
| 1.5.1 | Genitourinary (GU) Surgery | Name anatomy, tools/instruments, simple facts and terms, and pathophysiology to scrub/circulator duties during genitourinary surgical procedures. |
| 1.6.1 | Plastic and Reconstructive Surgery | Name anatomy, tools/instruments, simple facts and terms, and pathophysiology to scrub/circulator duties during plastic surgical procedures. |
| 1.7.1 | Cardiothoracic and Peripheral Vascular Surgery | Name anatomy, tools/instruments, simple facts and terms, and pathophysiology to scrub/circulator duties during cardiac, thoracic, peripheral, and vascular surgical procedures. |
| 1.8.1 | Ophthalmic (Eye) Surgery | Name anatomy, tools/instruments, simple facts and terms, and pathophysiology to scrub/circulator duties during Ophthalmic (Eye) surgical procedures. |
| 1.9.1 | Otorhinolaryngologic (Ear, Nose and Throat) Surgery | Name anatomy, tools/instruments, simple facts and terms, and pathophysiology to scrub/circulator duties during Otorhinolaryngologic / Ear, Nose and Throat (ENT) surgical procedures. |
| 1.10.1 | Oral and Maxillofacial (OM) Surgery | Name anatomy, tools/instruments, simple facts and terms, and pathophysiology to scrub/circulator duties during Oral and Maxillofacial (OM) surgical procedures. |

Figure 9: School Surgical Tech Curriculum to Army 68D and Navy HM-8483 METC Curriculum (Continued)

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.

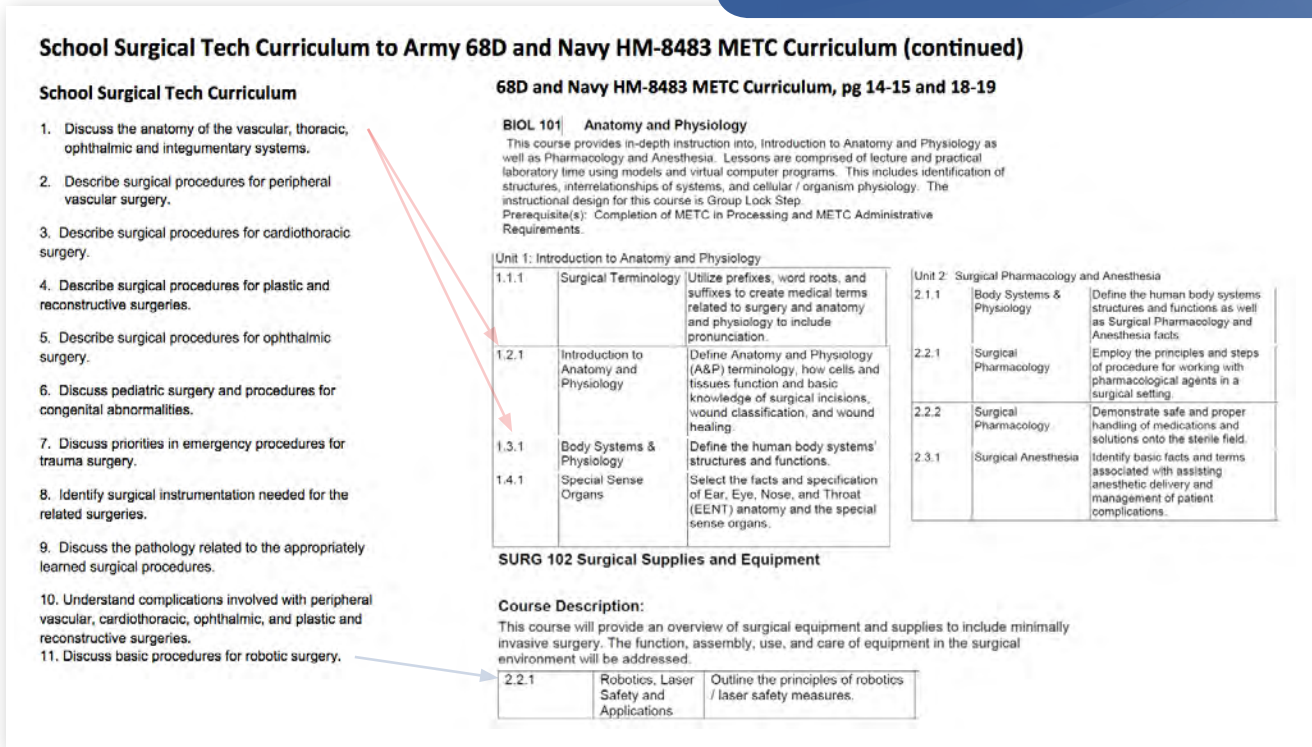


Figure 10: School Nursing Curriculum to Navy Hospital Corpsman METC Curriculum

At times, one METC course meets several of the school's learning outcomes.

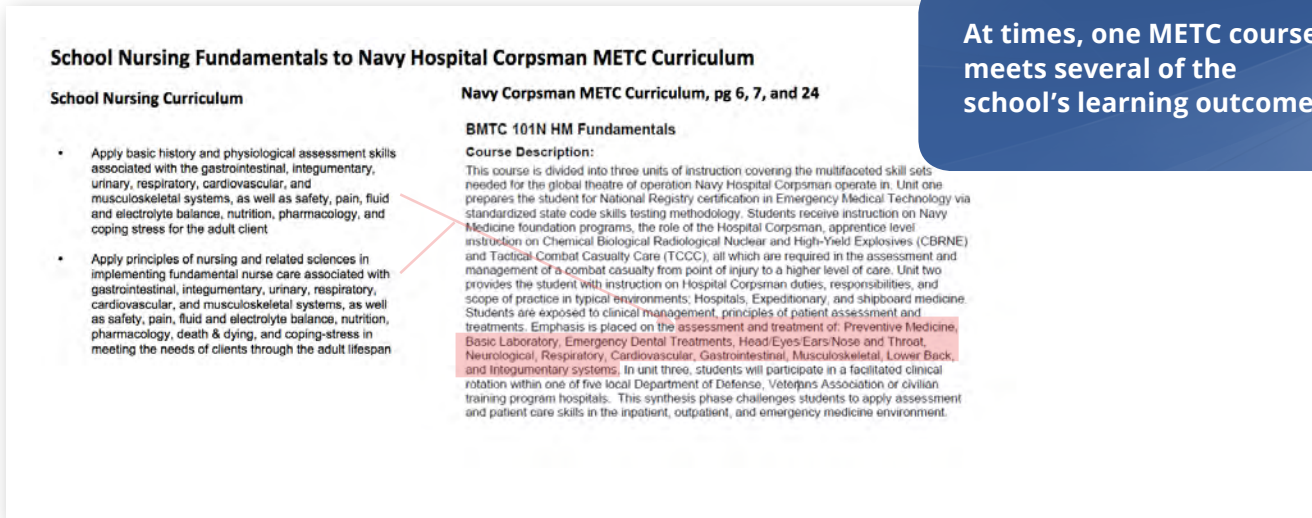


Figure 11: School Nursing Curriculum to Navy Hospital Corpsman METC Curriculum (Continued)

School Nursing Fundamentals to Navy Hospital Corpsman METC Curriculum (continued)

School Nursing Curriculum

- Identify legal and ethical guidelines of nursing practice and professional practice standards
- Recognize client rights in the delivery of healthcare
- Maintain client and organization confidentiality
- Apply the nursing process when providing healthcare

Navy Corpsman METC Curriculum, pg 24-26

NURS 101 Basic Nursing Fundamentals

Course Description:
This course provides the student with basic knowledge and skills needed to perform patient care within the parameters of the nursing specialty. Subjects presented in the curriculum include infection control, nursing technologies, interpersonal relationships and customer service, primary care optimization, focused basic inpatient and outpatient care. Course content complies with The Joint Commission (TJC), American Heart Association (AHA), Centers for Disease Control and Prevention (CDC) guidelines, American Nurses Association (ANA) standards and applicable service instructions. This course is a prerequisite for the Intermediate Nursing Fundamentals course.

Distribution of Contact Hours:

| Unit # | Unit Title | Did 1-25 | Int Did 1-12 | Lab/ Frac 1-06 | Lab/ Frac 1-12 | Clin | Wtest 1-25 | PTest | Other | Req'd Act. | Total |
|--------------|-----------------------------------|-----------|--------------|----------------|----------------|----------|------------|----------|----------|------------|-----------|
| 1 | Basic Nursing Fundamentals Theory | 7 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 10 |
| 2 | Introduction to Infection Control | 6 | 0 | 6 | 0 | 0 | 3 | 0 | 0 | 0 | 16 |
| 3 | Documentation | 6 | 2 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 11 |
| 4 | Basic Nursing Fundamental Skills | 15 | 0 | 0 | 17 | 0 | 3 | 0 | 0 | 0 | 35 |
| Total | | 34 | 2 | 6 | 17 | 0 | 12 | 0 | 0 | 0 | 71 |

This example shows the American Nurses Association (ANA) standards are used as a basis in METC's curriculum for this course. Again, this validates the level of training.

Course Objectives and Levels of Learning:

| Learning Objective # | Lesson Name | Lesson Objective | Level of Learning | | |
|---|--|---|-------------------|--------------|-----------|
| | | | Cognitive | Psycho-motor | Affective |
| Unit 1 - Basic Nursing Fundamentals Theory | | | | | |
| 1.1.1 | Human Growth and Development and Aging Process | Identify the concepts of human growth, development and the aging process. | C1 | | |
| 1.1.2 | | Identify the concepts of cultural diversity related to patient care. | C1 | | |
| Basic Medical/Ethical Issues | | | | | |
| 1.2.1 | | Identify the medical, ethical and legal issues related to patient care. | C1 | | |
| Patient/Provider Communication | | | | | |
| 1.3.1 | | Describe the concepts of effective patient and provider communication. | C1 | | |
| Managed Care and TRICARE | | | | | |
| 1.4.1 | | Identify the basic concepts of managed care. | C1 | | |

Figure 12: School Nursing Curriculum to Navy Hospital Corpsman METC Curriculum (Continued)

School Nursing Fundamentals to Navy Hospital Corpsman METC Curriculum (continued)

School Nursing Curriculum

- Describe infectious process and explain body defenses against infection and standard precautions related to a safe work environment for the healthcare provider.

Navy Corpsman METC Curriculum, pg 25

| Learning Objective # | Lesson Name | Lesson Objective | Level of Learning | | |
|-----------------------------------|---|---|-------------------|--------------|-----------|
| | | | Cognitive | Psycho-motor | Affective |
| Unit 2 - Infection Control | | | | | |
| 2.1.1 | Introduction to Infection Control/Blood Borne Pathogens | Identify the concepts of infection control and blood borne pathogens. | C1 | | |
| 2.1.2 | | Demonstrate standard procedures for infection control. | | P1 | |
| 2.1.3 | | Perform standard procedures for hygiene precautions. | | P2 | |
| 2.2.1 | Standard Precautions | Identify the concepts of standard precautions. | C1 | | |
| 2.2.2 | | Perform donning and doffing of sterile gown & gloves. | | P2 | |
| 2.3.1 | Patient Isolation | Identify the concepts of patient isolation. | C1 | | |
| 2.3.2 | | Perform isolation procedures. | | P2 | |
| 2.3.3 | | Demonstrate the disposal of hazardous medical substances. | | P1 | |

The table shows both the theory and clinical levels of learning for this course, which validates the student must be proficient in the skill, not just the theory.

Figure 13: School Nursing Curriculum to Navy Hospital Corpsman METC Curriculum (Continued)

School Nursing Fundamentals to Navy Hospital Corpsman METC Curriculum (continued)

School Nursing Curriculum

- 16. Perform blood glucose testing.
- 17. Collect urine specimen-routine/clean catch.
- 18. Apply urine collection devices-infants/external catheters.
- 19. Assess bowel sounds.

Navy Corpsman METC Curriculum, pg 27-28

Course Objectives and Levels of Learning:

| Learning Objective # | Lesson Name | Lesson Objective | Level of Learning | | |
|---|--|--|-------------------|--------------|-----------|
| | | | Cognitive | Psycho-motor | Affective |
| Unit 1 – Intake and Output | | | | | |
| 1.4.1 | Urinary Catheters | Explain the concepts and procedures for urinary catheterization including sterility. | C2 | | |
| 1.4.2 | | Perform a urinary catheter insertion and removal. | | P2 | |
| Unit 2 – Intermediate Nursing Skills | | | | | |
| 2.1.1 | Urine, Stool, Sputum, and Throat Specimen Collection | Explain the basic concepts and principles for collecting and testing specimens. | C2 | | |
| 2.2.2 | | Explain the concepts and procedures for capillary testing for glucose. | C2 | | |
| 2.2.3 | | Demonstrate venipuncture to collect a laboratory specimen | | P1 | |
| 2.2.4 | | Perform capillary testing to collect a laboratory specimen | | P2 | |

Clinical tasks are easily identifiable for schools to determine if licensure requirements are met.

APPENDIX E: GLOSSARY OF TERMS

| | |
|---|---|
| accelerated degree programs | A degree program designed to be completed at a faster pace than a traditional degree program or that is offered on a compressed schedule. |
| accreditation | A process in which educational institutions or their individual programs are recognized and endorsed by an external accrediting body after meeting established academic standards for quality. Sometimes accreditation is described as a “good housekeeping seal of approval.” There are three types of accreditation: regional, national, and programmatic/specialized. The Department of Education requires schools be accredited by a recognized agency in order to be eligible for federal financial aid. |
| Advanced Placement (AP) exams | Exams that high school students take after taking Advanced Placement courses. Some colleges will award credit to students earning qualifying scores on these exams. |
| articulation/crosswalk | Determination of how specific courses from one college may count towards a degree program at another college. |
| assessment | Formal methods of evaluating learning. Most methods of assessment also include feedback to the student. Assessment begins as early as the admissions process (evaluating student baseline abilities) and is then evaluated throughout a plan of study. Degree programs also include departing forms of assessment as a student nears the completion of a course or program. |
| boot camp (academic) | A type of course/program designed for participants to focus on developing a particular set of skills with great intensity for a short period of time. Most boot camps also have career services support. |
| certification | A process that confirms professional or technical status, usually after the completion of some sort of external review, education, and/or formal assessment. The certification may also require a practical element, such as number of hours worked. Many certifications require ongoing/continuing education every several years to remain in good certification standing. |
| challenge or departmental exams | A test that faculty at an institution develops to assess a student’s prior learning for the purpose of awarding college credit or advanced standing in a program. See also prior learning assessment. |
| College Level Examination Program (CLEP) Exams | Tests of college material offered by the College Board. There are 33 exams in five subject areas: history & social sciences, composition & literature, science & mathematics, business, and world languages. See also prior learning assessment. |
| competency-based education (CBE) | An educational program or courses focused on student mastery of specific competencies as demonstrated through assessments. Many newer forms of CBE are online and self-paced. |
| credential | A broad term for any qualification of a student’s educational achievements. Typically includes postsecondary degrees (associate and bachelor’s) as well as shorter term postsecondary certificates. |
| credit for prior learning | College credit awarded to a student for learning they acquired outside of college, including learning from work experience, military training, volunteering, hobbies, and self-study. Credit is typically awarded through assessments or through a formal evaluation of a student’s learning. Methods include standardized exams, portfolio assessment, challenge exams, and formal evaluation of non-college training programs. See also prior learning assessment. |

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| DSST Credit by Exam Program | Formerly known as the DANTES Program, owned and administered by Prometric, DSST tests knowledge of both lower-level and upper-level college material. There are more than 30 exams in subjects like social sciences, math, applied technology, business, physical sciences, and humanities. See also prior learning assessment. |
| formal evaluation of training programs | The process of evaluating a non-college training program to determine whether the learning obtained through that program is equivalent to college credit. The National College Credit Recommendation Service (NCCRS) and the American Council on Education (ACE) conduct evaluations, for a fee, of training that is offered by employers or other non-accredited providers. Some colleges provide this service for local employers and non-accredited providers as well. See also prior learning assessment. |
| Joint Services Transcript (JST) | A synchronized transcript reflecting training, education, and occupational data for members of the Army, Navy, Marines, and Coast Guard. Each transcript contains academic credit recommendations in the lower and upper division, as evaluated by The American Council on Education (ACE). For more information, please review this document from ACE. |
| license | A special industry-recognized credential awarded by a government agency or a private organization to individuals who complete a special training program, pass an exam, and/or have required work experience. |
| national accreditation | An accreditation status conferred by one of the nationwide accrediting bodies, affirming that an institution has met specific quality standards. Nationally accredited schools can offer federal financial aid to their students. It is important to note that while nationally accredited institutions will usually accept credit from regionally or nationally accredited institutions, regionally accredited schools often do not recognize coursework taken at nationally accredited schools. See the Council for Higher Education Accreditation (CHEA) www.chea.org for more information. |
| placement exam | A test given to students entering a school, college, or university to determine knowledge or proficiency in various subjects (e.g., math or reading) in order to place the student in courses at the appropriate skill level. |
| portfolio | A document or set of documents that a student develops to demonstrate learning acquired outside the college classroom. Typically, a portfolio will include documentation or evidence of learning. |
| portfolio assessment | The process of formally evaluating a student's learning portfolio for the purposes of awarding college credit or advanced standing in a degree or certificate program. See also prior learning assessment. |
| prior learning assessment (PLA) | Methods for awarding college credit to students for learning they acquired outside of college, including learning from work experience, military training, volunteering, hobbies, and self-study. Credit is typically awarded through assessments or through a formal evaluation of a student's learning. Methods include standardized exams, portfolio assessment, challenge exams, and formal evaluation of non-college training programs. See also credit for prior learning. |
| programmatic or specialized accreditation | A specific accreditation conferred onto a degree program by one of the accrediting bodies for that field. Programmatic/specialized accreditation can be important if a student plans to pursue a license or certification within that field. |

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| regional accreditation | <p>The determination by one of six regional accrediting bodies in the United States that a college or university meets a set of quality standards; the six regional agencies include:</p> <ul style="list-style-type: none"> • Middle States Association of Colleges and Schools • New England Association of Schools and Colleges • North Central Association of Colleges and Schools • Northwest Commission on Colleges and Universities • Southern Association of Colleges and Schools • Western Association of Schools and Colleges <p>Regionally accredited schools can offer federal financial aid to their students. It is important to note that while nationally accredited institutions will usually accept credit from regionally or nationally accredited institutions, regionally accredited schools often do not recognize coursework taken at nationally accredited schools. See the Council for Higher Education Accreditation (CHEA) www.chea.org for more information.</p> |
| transcript evaluation | <p>The advising process by which all transcripts submitted during the admission process are assessed to determine what previous coursework can be accepted by the current institution as part of a student's current academic program.</p> |
| UExcel Excelsior College Examination Program | <p>Developed and offered by Excelsior College, these are standardized exams in business and technology, education, humanities, natural science and mathematics, nursing, and social sciences/history. See also prior learning assessment.</p> |

APPENDIX F: O*NET - MOC TEMPLATE

This Workbook contains data compiled by SOLID, LLC for the Multi-State Collaborative on Military Credit (MCMC). It is intended for us by MCMC states in identifying the enlisted healthcare specialties that correspond to civilian healthcare occupations and the number of Service members in those specialties.

The **O*Net-MOC template** shows the relationship between enlisted healthcare specialties across the three military Services and the O*NET Codes and Titles for their corresponding civilian healthcare occupations, within four categories of civilian medical services.

| O*NET Title | O*NET Code | Service | Military Occupational Specialty Title | Specialty Code |
|---|------------|-----------|---|----------------|
| LABORATORY/DIAGNOSTIC SERVICES | | | | |
| Medical and Clinical Laboratory Technicians | 29-2012.00 | | | |
| | | Army | Medical Laboratory Specialist | 68K |
| | | Army | Medical Laboratory Specialist (Biological Sciences Assistant) | 68K/P9 |
| | | Navy | Medical Laboratory Technician, Advanced | HM/8506 |
| | | Air Force | Medical Laboratory Career Track | 4T0X1 |
| Histotechnologists and Histologic Technicians | 29-2011.03 | | | |
| | | Army | Medical Laboratory Specialist (Cytology Specialty) | 68K/M2 |
| | | Navy | Histopathology Technician | HM/8503 |
| | | Air Force | Histopathology Career Track | 4T0X2 |
| Cardiovascular Technologists and Technicians | 29-2031.00 | | | |
| | | Army | Cardiovascular Specialist | 68N |
| | | Navy | Cardiovascular Technician | HM/8408 |
| Diagnostic Medical Sonographers | 29-2032.00 | | | |
| | | Air Force | Diagnostic Imaging Career Track, Ultrasound | 4R0X1B |
| Nuclear Medicine Technologists | 29-2033.00 | | | |
| | | Army | Radiology Specialist (Nuclear Medicine Specialist) | 68P/M5 |

"Analysis of Department of Defense (DoD), Defense Manpower Data Center, Fiscal Year 15 Strength and Separations Data by Military Occupation Code. Prepared by Solid, LLC (June 2016) with permission from DOD."

| O*NET Title | O*NET Code | Service | Military Occupational Specialty Title | Specialty Code |
|--|------------|-----------|--|----------------|
| LABORATORY/DIAGNOSTIC SERVICES | | | | |
| | | Navy | Nuclear Medicine Technologist | HM/8416 |
| | | Air Force | Diagnostic Imaging Career Track, Nuclear Medicine | 4R0X1A |
| Radiologic Technologists | 29-2034.00 | | | |
| | | Army | Radiology Specialist | 68P |
| | | Navy | Advanced X-Ray Technician | HM/8452 |
| | | Air Force | Diagnostic Imaging Career Track | 4R0X1 |
| Magnetic Resonance Imaging Technologists | 29-2035.00 | | | |
| | | Air Force | Diagnostic Imaging Career Track, Magnetic Resonance Imaging | 4R0X1C |
| Neurodiagnostic Technologists | 29-2099.01 | | | |
| | | Navy | Electroneurodiagnostic Technologist | HM/8454 |
| | | Air Force | Aerospace Medical Service Career Track, Neurodiagnostic Medical Technician | 4N0X1B |
| Ophthalmic Medical Technicians | 29-2057.00 | | | |
| | | Army | Eye Specialist | 68Y |
| | | Air Force | Optometry Career Track | 4V0X1 |
| | | Air Force | Optometry Career Track, Ophthalmology | 4V0X1S |
| | | | | |
| EMERGENCY MEDICAL SERVICES | | | | |
| Emergency Medical Technicians and Paramedics | 29-2041.00 | | | |
| | | Army | Special Forces Medical Sergeant | 18D |
| | | Army | Health Care Specialist | 68W |
| | | Army | Health Care Specialist (Nationally Registered Flight Paramedic) | 68W/F2 |
| | | Army | Health Care Specialist (Aero-Medical Evacuation (Rotary Wing)) | 68W/F3 |

| O*NET Title | O*NET Code | Service | Military Occupational Specialty Title | Specialty Code |
|----------------------------|------------|-----------|--|----------------|
| EMERGENCY MEDICAL SERVICES | | | | |
| | | Army | Health Care Specialist (Special Forces Combat Diving, Medical) | 68W/Q5 |
| | | Army | Health Care Specialist (Special Operations Combat Medic (SOCOM)) | 68W/W1 |
| | | Army | Health Care Specialist (Civil Affairs Medical Sergeant) | 68W/W2 |
| | | Army | Health Care Specialist (Civil Affairs Trauma Medical Sergeant) | 68W/W4 |
| | | Army | Health Care Specialist (Immunology and Allergy Specialist) | 68W/Y8 |
| | | Navy | Search and Rescue Medical Technician | HM/8401 |
| | | Navy | Submarine Force Independent Duty Corpsman | HM/8402 |
| | | Navy | Fleet Marine Force Reconnaissance Independent Duty Corpsman | HM/8403 |
| | | Navy | Field Medical Service Technician | HM/8404 |
| | | Navy | Surface Force Independent Duty Corpsman | HM/8425 |
| | | Navy | Fleet Marine Force Reconnaissance Corpsman | HM/8427 |
| | | Navy | Medical Deep Sea Diving Technician | HM/8493 |
| | | Navy | Deep Sea Diving Independent Duty Corpsman | HM/8494 |
| | | Air Force | Aerospace Medical Service Career Track | 4N0X1 |
| | | Air Force | Aerospace Medical Service Specialty Track, Independent Duty Medical Technician | 4N0X1C |
| | | Air Force | Aerospace Medical Service Specialty Track, Flight and Operational Medical Technician | 4N0X1F |
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| O*NET Title | O*NET Code | Service | Military Occupational Specialty Title | Specialty Code |
|---|------------|-----------|--|----------------|
| CLINICAL MEDICAL SERVICES | | | | |
| Psychiatric Technicians | 29-2053.00 | | | |
| | | Army | Behavioral Health Specialist | 68X |
| | | Army | Behavioral Health Specialist (Drug and Alcohol Counseling) | 68X/M8 |
| | | Navy | Psychiatry Technician | HM/8485 |
| | | Air Force | Mental Health Service Career Track | 4C0X1 |
| Respiratory Therapy Technicians | 29-2054.00 | | | |
| | | Army | Respiratory Specialist | 68V |
| | | Navy | Respiratory Therapist | HM/8541 |
| | | Air Force | Cardiopulmonary Laboratory Career Track | 4H0X1 |
| Surgical Technologists | 29-2055.00 | | | |
| | | Army | Operating Room Specialist | 68D |
| | | Navy | Surgical Technologist | HM/8483 |
| | | Navy | Ophthalmic Surgical Technician | HM/8437 |
| | | Air Force | Surgical Service Career Track | 4N1X1 |
| | | Air Force | Surgical Service Career Track, Urology | 4N1X1B |
| | | Air Force | Surgical Service Career Track, Orthopedics | 4N1X1C |
| | | Air Force | Surgical Service Career Track, Otolaryngology | 4N1X1D |
| Surgical Assistants | 29-2099.07 | | | |
| | | Army | Ear, Nose, and Throat (ENT) Specialist | 68U |
| | | Navy | Urology Technician | HM/8486 |
| Licensed Practical and Licensed Vocational Nurses | 29-2061.00 | | | |
| | | Army | Practical Nursing Specialist | 68C |

| O*NET Title | O*NET Code | Service | Military Occupational Specialty Title | Specialty Code |
|---------------------------------|------------|-----------|--|----------------|
| CLINICAL MEDICAL SERVICES | | | | |
| | | Army | Practical Nursing Specialist (Dialysis) | 68C/M3 |
| Medical Appliance Technicians | 51-9082.00 | | | |
| | | Army | Orthopedic Specialist | 68B |
| | | Navy | Orthopedic Cast Room Technician | HM/8489 |
| | | Air Force | Physical Medicine Career Track, Orthotic | 4J0X2A |
| Occupational Therapy Assistants | 31-2011.00 | | | |
| | | Army | Occupational Therapy Specialist | 68L |
| | | Navy | Occupational Therapy Assistant | HM/8467 |
| Physical Therapist Assistants | 31-2021.00 | | | |
| | | Army | Physical Therapy Specialist | 68F |
| | | Navy | Physical Therapy Technician | HM/8466 |
| | | Air Force | Physical Medicine Career Track | 4J0X2 |
| Dental Hygienists | 29-2021.00 | | | |
| | | Army | Dental Specialist (Preventive Dentistry Specialty) | 68E/X2 |
| | | Navy | Dental Hygienist | HM/8708 |
| | | Air Force | Dental Assistant Specialty Track, Dental Hygienist | 4Y0X1H |
| Dental Assistants | 31-9091.00 | | | |
| | | Army | Dental Specialist | 68E |
| | | Navy | Dental Assistant | HM/8701 |
| | | Navy | Advanced Dental Assistant | HM/8702 |
| | | Air Force | Dental Assistant Career Track | 4Y0X1 |
| Medical Assistants | 31-9092.00 | | | |
| | | Air Force | Aerospace and Operational Physiology Career Track | 4M0X1 |
| | | Navy | Aerospace Medical Technician | HM/8406 |

| O*NET Title | O*NET Code | Service | Military Occupational Specialty Title | Specialty Code |
|--|------------|-----------|--|----------------|
| CLINICAL MEDICAL SERVICES | | | | |
| | | Navy | Aerospace Physiology Technician | HM/8409 |
| | | Navy | Hemodialysis Technician | HM/8434 |
| | | Navy | Hospital Corpsman Basic | HM/8499 |
| | | Navy | Hospital Corpsman (Quad Zero) | HM/0000 |
| | | | | |
| MANAGEMENT/LOGISTICS/SUPPLIES | | | | |
| Storage and Distribution Managers | 11-3071.02 | | | |
| | | Army | Medical Logistics Specialist | 68J |
| | | Air Force | Medical Materiel Career Track | 4A1X1 |
| Medical and Health Services Managers | 11-9111.00 | | | |
| | | Army | Chief Medical NCO | 68Z |
| | | Air Force | Health Services Management Career Track | 4A0X1 |
| Dietetic Technicians | 29-2051.00 | | | |
| | | Army | Nutrition Care Specialist | 68M |
| | | Air Force | Diet Therapy Career Track | 4D0X1 |
| Pharmacy Technicians | 29-2052.00 | | | |
| | | Army | Pharmacy Specialist | 68Q |
| | | Navy | Pharmacy Technician | HM/8482 |
| | | Air Force | Pharmacy Career Track | 4P0X1 |
| Medical Records and Health Information Technicians | 29-2071.00 | | | |
| | | Army | Patient Administration Specialist | 68G |
| Occupational Health and Safety Technicians | 29-9012.00 | | | |
| | | Army | Preventive Medicine Specialist | 68S |
| | | Army | Preventive Medicine Specialist (Health Physics Specialist) | 68S/N4 |
| | | Navy | Preventive Medicine Technician | HM/8432 |

| O*NET Title | O*NET Code | Service | Military Occupational Specialty Title | Specialty Code |
|--|------------|-----------|--|----------------|
| MANAGEMENT/LOGISTICS/SUPPLIES | | | | |
| | | Navy | Radiation Health Technician | HM/8407 |
| | | Air Force | Bioenvironmental Engineering Career Track | 4B0X1 |
| | | Air Force | Public Health Career Track | 4E0X1 |
| Veterinary Assistants and Laboratory Animal Caretakers | 31-9096.00 | | | |
| | | Army | Animal Care Specialist | 68T |
| Agricultural Inspectors | 45-2011.00 | | | |
| | | Army | Veterinary Food Inspection Specialist | 68R |
| Medical Equipment Repairers | 49-9062.00 | | | |
| | | Army | Biomedical Equipment Specialist | 68A |
| | | Army | Biomedical Equipment Specialist (Deployable, Computed Axial Tomography (CAT) Scan) | 68A/M1 |
| | | Navy | Biomedical Equipment Technician | HM/8410 |
| | | Air Force | Biomedical Equipment Career Track | 4A2X1 |
| Dental Laboratory Technicians | 51-9081.00 | | | |
| | | Army | Dental Specialist (Dental Laboratory Specialist) | 68E/N5 |
| | | Navy | Dental Laboratory Technician, Basic | HM/8752 |
| | | Navy | Dental Laboratory Technician, Advanced | HM/8753 |
| | | Navy | Dental Laboratory Technician, Maxillofacial | HM/8765 |
| | | Air Force | Dental Laboratory Career Track | 4Y0X2 |
| Ophthalmic Laboratory Technicians | 51-9083.00 | | | |
| | | Army | Optical Laboratory Specialist | 68H |
| | | Navy | Optician | HM/8463 |