

Actual state of affairs of the training of the medical service personnel training prior to deployment in a foreign operation at Role 1

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Summary:

This work presents the current system of the medical personnel training for foreign mission. Members of the Medical Service of the Czech Armed Forces have been a part of troops participating in different operations out of the Czech Republic for nearly 20 years. Successful performance of the tasks is, apart from other things, dependent on quality of the training as well which medical personnel and the support units complete before their deployment to the foreign mission.

Training for a foreign mission is divided into two parts: military (performed by all the members together) and specialized (performed by individual professions). This training for the Medical Service is provided by the Medical Service Support Department of the Forces Support Command in Hradec Králové in co-operation with the Department of Military Health Care Organization, the Department of Military Hygiene at the Faculty of Military Health Sciences of the University of Defence and other medical subjects in the area of CBO Těchonín. The training is divided into 3 phases: theoretical (gaining all the available information from the deployment), methodical (application and enlargement of military skills) and practical (trying out theoretical and practical specialized skills in real situations). Unification of training forms and methods for performance of tasks in foreign missions including training contents is necessary for high-quality and effective training of the Medical Service personnel.

Key words: Medical Service, the Czech Army Forces, foreign mission.

Nearly twenty years have passed since deployment of medical detachment within chemical unit in operations Desert Shield and Desert Storm in 1990/1991 on the territory of Saudi Arabia and Kuwait. From this moment it started a modern history not only of the „post revolutionary“ Armed Forces of the Czech Republic (ACR), but also of its military healthcare service [1]. Medical detachment members are an integral part of

the units and contingents participating in operations outside the territory of the Czech Republic, irrespective of whether they are deployed under full-valued field hospital unit type (Afghanistan, Iraq) or as doctors, nurses and medics of self standing combat or support units (the former Yugoslavia). The fact remains that the medical personnel specialists at all levels are always very positively evaluated for their work, and it un-

doubtedly contributes to the quality, evenness and focus of preparation prior to their actual deployment [1].

Organizing, planning, preparation and execution of military healthcare service professionals have continuously developed during these almost twenty years, mainly due to changes of modern warfare nature [2,3,4]. From the symmetric operations, for instance the Gulf War mentioned above, and its “second act” named officially Enduring Freedom in 2002/03, to now more typical asymmetric operations in their wide range and specifics. This indicates that the high quality training of medical personnel has never been and even today is not considered to be a simple matter [5]. It is understood to be constantly evolving process and it is necessary to respond to each kind of operation requirements. Although the conditions may vary in different types of deployment, we can find points identical for each of them and as such can be generalized [6]. The objective of those who plan the content of medical professionals training, originates from the effort to set up the most realistic conditions and requirements prevailing in the area of deployment. Their correct evaluation, prioritization, processing of optima scope of employment covering the whole spectrum of possible actions is very important. It does not cover only a special medical training, but also a combined training part. It also entails organizational tasks such as planning area of deployment, time for training, providing material, equipment, lecturers and instructors.

The main objective is to prepare medical service personnel for their work in a particular foreign operation, to give them guidance on how to react in certain situations, but also to drill some specific activities. Meaningful, effective and quality training is always dependent on feedback. It is necessary for the organizers of preparation to collect and identify trainee’s opinions and personal views on training, not only immediately after its completion, but especially when returning from an operation, because only thus can objectively evaluate the effectiveness of training to further improvement.

Contingent training [5,6]

Predeployment training is based on CGS ACR regulation concerning preparation troops prior

to deployment to a military foreign operation. This document contains compulsory topics and scope for military as well as special training. Further topics reflect specific needs and requirements of the Contingent Commander or the unit itself, usually based on the nature of received operational tasks, commander’s own experience gained from previous operations, additional requirements and options. The actual preparation of the contingent is divided into combined and specialized part, where all trainees carry out the first, the other by professionals covering individual military occupations, including military medical service.

In the last few years, the guarantee of military medical personnel predeployment training, particularly in Afghanistan and Kosovo, became a Medical Support Department of the Headquarters of Support Forces, whose members plan, organize and conduct the preparation of medical service professionals twice a year. It should be emphasized that this training is attended by medical service members of the Czech Armed Forces, regardless of their affiliation to operational levels. The decisive factor is a medical unit to be deployed, consisting of medical service personnel employed in various medical units and facilities (such as infirmaries, battalion aid stations, military hospitals, etc.). Based on the experience of medical personnel training it is proved that it is vital to coordinate medical teams prior to a Comprehensive Field Exercise (CFE) of contingent. During the CFE there is no space available for organizing professional activities, the need is to provide full-range medical support to exercising units. Therefore, medical units must be ready to perform assigned tasks prior to the practical exercise of the entire contingent. A good example is the medical support site in KFOR providing the role I care.

Training organized by the Medical Support Department of Headquarters of Support Forces takes its course in Biological Defence Centre (BDC) Těchonín, where appropriate background is created. Training is carried out in three phases. The first phase covers a theoretical preparation, in which participants get acquainted with the professional duties at deployment location. The second phase, a methodical rehearsal, affects mainly the application and extension of army skills in the performance of professional duties.

The third phase, a practical training, examines the ability to combine both theoretical and practical skills of medical personnel in accomplishing tasks in real situations.

Theoretical preparation

In the first phase of training all available information provided by qualified personnel from previous deployment is utilized, as well as the latest news from medical intelligence sources. Chiefs of medical treatment facilities and other medical units are regularly invited to share their experience and to help to improve the training of medical personnel not only from the treatments, but the site organization of health care and treatment of medical materials. Since it is still a large number of professional soldiers who are sent to foreign operations for the first time, missing or psychological preparation. In the field of language training is to focus primarily on technical terminology and the ability to maintain radio communication.

Methodical training

An integral part of the second phase of the training is methodical training focused on survival in distress. It's organization is engaged by two departments of the Faculty of Military Health Science, University of Defence (FMHS-UD), namely K-302, Department of Military Health Organization and K-307, Department of Military Hygiene [7].

Training takes place under the tactical theme, which is divided into several parts. The goal is not practicing the basic knowledge and skills of combined training, but their extension with emphasis on the ability of application in an international environment.

During the first part all trainees are specified how the organization of activity is set before performing the task off the base. They get acquainted with methods of task assignment, principles of support prior to exiting the base, convoy procedures and last but not least, the principles of using weapons on and off the base. The aim of this part is to familiarize trainees with explicit principles of leaving the base.

The second part of methodical training is focused on helicopter operations. It is divided into

theoretical and practical part. The theoretical part focuses on the principles of preparing the helicopter landing zone, helicopter hand signal guidance, the basic principles of movement in the vicinity helicopter and familiarization with the emergency on-board procedures when airborne. The practical part is focused on the proper technique of helicopter boarding/unboarding, equipment and firearms transport. The aim of this section is to provide training in helicopter transportation and mastering the principles of emergency procedures in situations of crash.

The third part of the training is focused on own survival. Trainees perform their tasks in squads under the tactical theme in outskirts of Těchonín. Squads move to predefined coordination, where they fulfil specific tasks given by training instructors. After assigned task is achieved, instructor provides a brief evaluation and issues new coordinates so the squads can move to another location. In this part the methodical training emphasizes the application of combined skills in carrying out professional tasks on the battlefield and is focused on areas:

- *Topographic survey and preparation*, where trainees practise using military maps, learn principles of map-reading, land navigation, using of compass and GPS devices in unknown terrain. Emphasis is put on the principles of safe movement and navigation on the enemy territory, the determination of the cardinal directions and time using improvised instruments. These skills are reviewed regularly throughout the next training in unknown terrain.
- *Signal preparation and training*, where trainees get familiar with radio assets used in ACR, their operation and the principles for establishing a radio connection. This activity is also rehearsed continuously throughout movement among sites and is partially conducted in English.
- *Medical support request* builds on previous area. Trainees are explained or recapitulated evacuation request procedures or call for support, what are the principles and procedures. Emphasis is placed on the ability to process and transmit request for medical evacuation with forms of CASEVAC, 9-Line MEDEVAC and situational reports METHANE - both

in Czech and English. Trainees must be able to deal with present scenarios during the exercise, where the above-described skills are drilled and tested.

- *Engineer support* preparation is aimed at detecting unmasking symptoms of minefields, mined areas and improvised explosive devices (IEDs) and rehearsal of possible actions performed in minefield on foot as well as on vehicles.
- *Medical aid in emergencies*, where extraction and evacuation procedures are trained, transporting wounded and injured under fire to safety as well as for longer distances, with or without improvised means. Trainees must be able to perform first aid, again, only with makeshift equipment.
- *Alternative alimentation and herbalism*. In this session trainees learn options and techniques to procure and conserve food and water in the wilderness and how to utilize Battlefield Food Rations (BFR). A special attention concerns recognition and correct technique of testing herbs suitable for consumption or treatment.
- The last session concerns *survival skills* and here the following elements are explained to trainees: the principles for selecting adequate area for bivouac in terms of safety precautions, principles of making a fire, procuring water and food, drying wet dress, building improvised shelters, safeguarding, area restoration, covering tracks etc.

It should be noted that this training is focused on the real state of emergency, when the trainees carry only equipment necessary for survival and rely on themselves and their skills. All activities are focused on practical training, because only in this way the trainee can gain self-confidence to master any challenging situation, which may undoubtedly occur during performing duties in foreign operations. Therefore, all training conducted in terms of the constant movement, sometimes up to a total distance of 20 km and tasks performing under pressure, because only this may examine the physical and mental endurance of trainees, and let them assess, whether they are able to handle these situations. The aim of this phase of training is to understand the principles of survival and to help to promote self-confidence of trainees to overcome hardships and discomfort.

Practical training

The third phase combines all the theoretical and practical skills of medical personnel concerning dealing with special tasks in real situations. Besides operatives and trainees, a referee is involved as well, who closely monitors the action of medical personnel making subsequent evaluation. If there were major mistakes, the referee is authorized to pause the action, notify errors made and indicate the correct solution or procedure. Then the exercise may continue. The masking of injured and wounded is largely achieved though cooperation with the Hospital Base, figurants are provided by the FHS UD. The referee board is nominated from the medical staff of the Medical Support Department, dispensaries and Hospital Base. These are experienced professionals who have successfully accomplished foreign operations at different stages of health care. To make lives of trainees more distressful, some figurants are instructed to simulate post-traumatic stress behavior in order to disrupt the team actions. Teams are also forced to deal with transporting of dead.

At this stage of training medical teams are assembled to perform various tasks. They consist of a doctor, paramedic and driver with allocated ground ambulance. Actions are performed in two phases. The first phase is focused on performing actions by the medical team. Meanwhile, the second phase includes the cooperation of several teams in the area of deployment, primarily in terms of mutual team coordination at the scene.

The first stage is aimed at the interplay within the medical team. Scenario considers fewer casualties with light and moderate wounds. It is mostly modelled as an accident during the training or improper weapon handling at the base. Medical team enters the scene right after the first aid by non-medical personnel is provided, for example by combat life savers (CLS). Based on their request for assistance medical team initiate its action. At the site they perform necessary tasks to stabilize wounded and prepare them for evacuation to a medical facility. This usually represents simulated higher stage of medical care (Role 2) of an alliance partner. To achieve this, doctor is required to communicate and maintain patient records in English.

Due to efficient use of time for non-exercising teams, members of CBD Těchonín organize a parallel training focused on providing first aid using the training phantom.

The second stage is aimed at cooperation among teams and coordination with other elements on the scene, including control authorities. In most cases, traffic accidents with or without international element are simulated. Similarly like in the previous scenario, figurants play their role here, but this time the situation is, more critical with higher amount of victims sustaining severe to heavy injuries. Occurrence of such a situation is immediately reported to the appropriate level of command, which carries out the activation of medical teams. According to the relevance, the first team entering the scene may ask for additional support, such as aeromedical evacuation or other specialists. Referee board monitors not only the level of treatment provided by medical teams, but also their decision-making process, management and coordination of medical units on the scene. Assessment comprises the speed and quality of triage, methods of treatment and sequence determination prior to evacuation. Other factors assessed include the coordination on the site of intervention, its overall length and methods of communication with the operation centre. Injuries are then transported to medical facilities where, as in the previous phase, doctor passes on patient with his/her medical records and provide all information available in English. Teams at this stage are also required to deal dead soldier transport.

It follows that these stages are focused exclusively on the medical service actions. A presence of combat units or military police personnel on the scene would bring a new dimension into the training, what is our ambition of further improvement.

Conclusion

The aim of this article was to bring closer the organization of medical service personnel training prior to deployment in a foreign operation at Role 1 stage from the perspective of FHS UD and MS-DoHSF and simultaneously analyse its current condition. Even though the current form of training signifies in most cases satisfactory premises to meet specific requirements, it is still necessary to seek for the optimal variant of the training. If we manage to integrate our training in to a coherent training framework in the future, it would certainly be very beneficial. The MSDoHSF last year has attempted this approach, but on behalf of restrictions since 1st October 2009 it will not be capable to fulfil this task.

The starting point is the necessity to organize training of medical personnel prior to deployment in foreign operations continuously at all stages of ACR Medical Service by explicit concept. It is necessary to precisely define the therapeutic procedures and standards for pharmaceuticals and medical supplies used in operations and based on these assumptions plan the training. Also remains a necessity to analyse medical service needs and requirements to transfer them into the training outline with respect to its specifics. It is very important to handle both general needs assessment, i.e. those that are essential for members of medical service regardless of functional classification, as well as those specific to individual duties. The preparation for tasks performed in foreign operations must be comprehend standardization of forms and methods for high quality and effective medical personnel training.

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