

Training and Evaluation Outline Report

Status: Approved

15 May 2024

Effective Date: 15 May 2024

Task Number: 08-SEC-2000

Task Title: Provide Medical Intelligence

Distribution Restriction: Approved for public release; distribution is unlimited.

Destruction Notice: None

Foreign Disclosure: FD2 - This training product has been reviewed by the training developers in coordination with the Joint Base San Antonio, Fort Sam Houston/US Army Medical Center of Excellence (MEDCoE) foreign disclosure officer. This training product can be used to instruct international military students when the country meets specific criteria. Specify requirement(s) that each country must meet (select all that are appropriate): 1) Must purchase equipment through FMS Not Applicable; 2) Must be a member of a specific group or coalition Not Applicable; 3) Must have an accepted clearance (must be authorized under an identified general security agreement with the US); 4) May not attend FD3 modules Not Applicable; 5) Other Army Security Cooperation Agreement for International Foreign Military Students.

Supporting Reference(s):

Step Number	Reference ID	Reference Name	Required	Primary	Source Information
	ADP 3-0	Operations	Yes	No	
	ATP 2-01.4	Preparation of the Operational Environment	Yes	No	
	ATP 3-34.5	Environmental Considerations	Yes	No	
	ATP 4-02.10	Theater Hospitalization	Yes	No	
	ATP 4-02.55	ARMY HEALTH SYSTEM SUPPORT PLANNING	Yes	No	
	ATP 4-02.8	Force Health Protection	Yes	No	
	ATP 5-19	Risk Management	Yes	No	
	FM 4-02	ARMY HEALTH SYSTEM	Yes	Yes	
	FM 7-0	Training	Yes	No	

Conditions: While conducting routine operations, the section receives an operations order (OPORD) from higher headquarters (HQ) to provide medical intelligence in support of the operational mission in an operational environment (OE). The commander issues medical planning and execution guidance as situations change. The section is established and operational to support the higher HQ directed mission. The section has primary access to main supply routes, approved external sustainment support, and is accessible to all supported and supporting customers/units. Continuous voice, data, full motion video communications capabilities if required and authorized in accordance with (IAW) OPORD, tactical and digital radios, data networks, command, and control (C2) information systems, and other medical and Army command network capabilities are established and operational. The required joint, and host nation (HN) applicable regulations, approved internal and external tactical standard operating procedures (TSOPs)/standard operating procedures (SOPs) Army regulations (ARs), Army doctrine publications (ADPs), Army techniques publications (ATPs), field manuals (FMs), technical bulletin medical (TB MED), Joint Trauma System Clinical Practice Guidelines (JTS-CPGs) and Army Health System (AHS) plans are on-hand as reference material. The team has been provided guidance on rules of engagement (ROE) for this mission and are continuously receiving updates as situations and mission requirements change. Three or more operational variables of political, military, economic, social, information, infrastructure, physical environment, time (PMESII-PT) should be present. Mission, enemy, terrain and weather, troops and support available, time available, civil considerations, and informational considerations (METT-TC (I)) identified constraints must be considered. The section is not likely to be attacked with hostile enemy fire or chemical agents. This task will be performed under day and night in either/or a combination of OEs and in one or more of the three training environments to standard as outlined in the training evaluation matrix of this task. All authorized equipment is on hand and operational. All personnel are available to provide support during all day and night operations. Specified time constraints are identified in the OPORD. The section has adequate resources and time to prepare. Section leaders are present in the area of operation (AO) to provide further guidance, as necessary.

Note: The condition statement for this task is written assuming the highest training conditions reflected on the Task Proficiency matrix required for the evaluated unit to receive a trained (T) rating. Not all sub-steps of this task are applicable to every situation. Therefore, the evaluating HQ commander will determine prior to evaluation which steps are designated "N/A" in advance of conducting the evaluation.

Note: Training begins with the execution of pre-combat checks and inspections. Training ends when the designated training objectives for the particular training events or exercises are performed IAW training & evaluation outline (T&EO) and to Army standard. Unit leadership should conduct an after action review (AAR) to determine future training requirements for the unit and provide feedback to the proponent.

Task Evaluation Criteria Matrix Operational Environment (OE) Definitions:

Static: a static training environment has aspects of operational variables needed to stimulate mission variables that are fixed throughout the unit's execution of the task.

Dynamic: a dynamic training environment has operational variables and threat tactics, techniques, and procedures (TTP) for assigned counter tasks that change in response to the execution of friendly force tasks.

Complex: a complex training environment requires a minimum of four-terrain, time, military (threat), and social (population) or more operational variables; brigade and higher units require all eight operational variables to be replicated in varying degrees based on the task being trained.

Single threat: a single threat in a training environment is a conventional force, irregular force, criminal element, or terrorist force.

Hybrid threat: a hybrid threat in a training environment uses diverse and dynamic combination of conventional forces, irregular forces, terrorist forces, and criminal elements unified to achieve mutually benefitting effects.

Live Training Environment: training executed in field conditions using tactical equipment (involves real people operating real systems).

Virtual Training Environment: training executed using computer-generated battlefields in simulators with the approximate characteristics of tactical weapon systems and vehicles. Units use virtual training to exercise motor control, decision-making, and communication skills.

Constructive Training Environment: uses computer models and simulations to exercise command and staff functions. It involves simulated operating simulated systems.

NOTE: LARGE-SCALE COMBAT OPERATIONS:

Elements at echelon should augment their operational training plans to combat threat forces in multidomain operations and to contribute to medical operations during competition, armed conflict, and to return to competition.

Unit commanders must understand the scope and scale of large-scale combat operations and the resulting implications these operations will have on forces employed throughout the operational framework at echelon in the future operating environment (FOE). The FOE will be austere, contested in all domains, and consist of extended lines of communications and complex/distributed terrain. AHS units are essential to combat forces achieving and maintaining freedom of maneuver, extending operational reach and prolonged endurance.

To win in large-scale combat operations, Army medical formations must be highly trained, capable of rapidly clearing wounded from the battlefield, returning wounded to duty as far forward as possible, optimizing ground, air, and maritime medical evacuation (MEDEVAC) capabilities, and overcoming contested logistics. Future operational training must be realistic must integrate live, virtual, constructive, and/or gaming capabilities to replicate conditions our forces are expected to endure during large-scale combat operations.

Some iterations of this task should be performed in MOPP 4.

Standards: Section personnel provide medical intelligence through evaluation and analysis of health threat information and medical surveillance data, in support of the operational mission throughout the AO with the use of all available equipment and personnel within the specified time constraints in the mission OPOD and IAW FM 4-02/emerging doctrine, the approved Army standards identified in the task evaluation criteria matrix and in the task performance steps which are included in this task, the commander's guidance, applicable internal and external TACSOPs/SOPs, appropriate medical regulation(s), and specified ARs, ATPs and TCs.

NOTE: Leaders may include, but not limited to executive officer (XO), command sergeant major (CSM), health service officer, operations noncommissioned officer (NCO), plans NCO, intelligence NCO, chemical, biological, radiological, nuclear (CBRN) NCO, and others as determined by the commander.

Live Fire: No

Objective Task Evaluation Criteria Matrix:

Plan and Prepare		Execute					Evaluate			
Operational Environment	SQUAD & PLT	Training Environment (L/V/C)	% Leaders present at training/authorized	% Present at training/authorized	External evaluation	Performance measures	Critical performance measures	Leader performance measures	Evaluator's observed task proficiency rating	Commander's assessment
Dynamic (Single Threat)										
Static (Single Threat)	Day	60-74%	60-79%	No	65-79% GO	<All	75-84% GO	P	P	
		<=59%	<=59%		<65% GO		<=74% GO	U	U	

Remarks: Readiness requirement (RR) individual critical task lists (ICTLs) are tasks that have been identified by the military occupational specialties (MOS)/areas of concentration (AOC) specific proponent at the United States (U.S.) Army Medical Center of Excellence (MEDCoE) as essential to preparing Soldiers for deployment. The RR tasks are a part of the complete MOS/AOC critical task list, but special emphasis must be put on these tasks to ensure the Soldiers are obtaining the skills crucial to missions that contribute to Army medical solutions during multidomain operations.

The specific RR tasks directly supporting this T&EO can be found in the supporting individual task section of this report.

REPORTING ERRORS AND RECOMMENDING IMPROVEMENTS: You can help improve this collective task. If you find any errors, or if you would like to recommend any improvements to the procedures in this collective task, please let us know. The preferred method is to submit a DA Form 2028 (Recommended Changes to Publications and Blank Forms) with your recommended changes via email to usarmy.jbsa.medical-coe.mbx.collective-training-branch@army.mil. Your recommended changes will be reviewed, validated to ensure approved Army or joint doctrine supports your recommendation(s), implemented as applicable, and a reply will be furnished to you.

Notes: Commanders/Leaders should consider but are not limited to integrating the following large-scale combat operations conditions into collective training events for their respective formations:

- Scope and scale – casualty streams, evacuation demands, and consumption will be exponentially larger, supporting distributed forces in distributed environments will be challenging.
- Expect to operate under denied, disrupted, intermittent, and limited (DDIL) bandwidth conditions – communications will fail, command and control functions and tasks will be difficult to execute, digital signature must be concealed within the electromagnetic spectrum.
- Maximize return to duty (RTD) – forces may not have freedom of maneuver to allow evacuation and rapid replacement of evacuated Soldiers, RTDs as far forward as possible preserve combat power.
- Utilize role of medical care – support for the distribution of medical resources and capabilities, to include health information technology solutions which replicate casualty/patient encounters, employ emerging capabilities that enable remote and telemedicine – train as you will fight.
- Optimization of triage and evacuation capabilities – air, ground, and sea, participate in all Army training events to rapidly clear battlefield casualties.
- Plan for and manage disease and nonbattle injuries requirements, chemical, biological, radiological, and nuclear threats are real, and units must be prepared to operate in these environments.
- Predictive medical logistics planning, coordination, and synchronization is critical to supporting CLVIII A/B demands and replenishments.
- Remote medical care and procedures - medical personnel will still be required to provide patient care that is potentially beyond their scope of practice/training. Medics and other care providers will often be working independently and far from support.

When conducting collective training, Leaders at echelon must allocate the necessary resources and time to ensure that combat medics, paramedics, and other healthcare professionals receive comprehensive training. Training is conducted to build medical professionals' requisite skills, endurance, and knowledge of cutting-edge technology needed to enhance skills, increase effectiveness in providing medical support, and ultimately improve the overall healthcare provided to warfighters in a large-scale combat operations environment.

Safety Risk: Low

Task Statements

Cue: Upon notification of a mission from higher HQ, the commander directs the appropriate staff/section leaders to provide medical intelligence to support the operational mission in an OE.

DANGER

Leaders have an inherent responsibility to conduct Risk Management to ensure the safety of all Soldiers and promote mission accomplishment.

WARNING

Risk Management is the Army's primary decision-making process to identify hazards, reduce risk, and prevent both accidental and tactical loss. All Soldiers have the responsibility to learn and understand the risks associated with this task.

CAUTION

Identifying hazards and controlling risks across the full spectrum of Army functions, operations, and activities is the responsibility of all Soldiers.

Performance Steps and Measures

NOTE: Assess task proficiency using the task evaluation criteria matrix.

NOTE: Asterisks (*) indicate leader steps; plus signs (+) indicate critical steps.

STEP/MEASURE

GO	NO-GO	N/A
----	-------	-----

Plan

* 1. Section leaders conduct troop leading procedures (TLP) to provide medical intelligence in support of the operational mission in an OE.

* 2. Section leaders plan activities to provide medical intelligence.

- a. Define the OE.
- b. Identify the health threat.
- c. Conduct threat integration (enemy, environment, and health) and information consolidation.
- d. Develop priority information requests and essential elements of friendly information impacting clinical operations.
- e. Plan future operations by developing and coordinating estimates and plans.
- f. Develop and disseminate orders.

Prepare

* 3. Section leaders prepare to provide medical intelligence in support of the operation mission in an OE.

--	--	--

- a. Determine the OE.
- b. Establish mission priorities.
- c. Integrate processes such as intelligence preparation of the battlefield, medical intelligence and the military decision-making process.
- d. Ensure execution of Army Health System (AHS) support supports the combatant commanders decisions and intent.
- e. Determine the operational effects on deployable forces and AHS operations.
- f. Monitor medical surveillance activities within the AO.

Execute

+* 4. Section leaders manage the process to provide medical intelligence in an OE.

--	--	--

- a. Perform all-source intelligence assessments and estimates for the command.
 - (1) Geospatial information.
 - (2) Geography and weather.
 - (3) Climate and weather effects.
 - (4) Terrain analysis.
 - (5) Altitude effects.
 - (6) Describe the battlefield effects.
 - (7) Limits of command.
- b. Conduct analysis and evaluate health threat information and medical and occupational and environmental health (OEH) surveillance data.
 - (1) Endemic, emerging, and pandemic diseases, public health standards and capabilities, and the quality and availability of medical services.
 - (2) Integrated databases on all medical treatment, training, pharmaceutical, and research and production facilities.
 - (3) Impact of foreign environmental health issues and trends on environmental security and national policy.

- c. Conduct medical surveillance activities within the AO.
- d. Disseminate appropriate medical intelligence to supported/supporting units.
5. Advise the commander on nuclear/chemical surety and chemical, CBRN operations.

--	--	--

- a. Access effect of enemy CBRN weapons.
- b. Identify enemy CBRN use on friendly forces.
- c. Determine accuracy, reliability, effectiveness of enemy delivery systems.
6. Section personnel evaluate and interpret medical statistical data.
7. Section personnel establish and operate a net control station radio communications.
- * 8. Identified leaders (certified trainers) evaluate operations (at commander's discretion) IAW FM 7-0
 - a. Request external evaluation.
 - b. Monitor the current situation to collect relevant information.
 - c. Evaluate progress toward attaining end state conditions, achieving objectives, and performing tasks.
 - d. Conduct an AAR to recommend or direct action for improvement.
 - e. Improve coordination and synchronization of support plan as situations change or as a result of an AAR.
 - f. Maintain communications with higher HQ.
 - g. Modify internal and external TACSOPs/SOPs, as necessary.

h. Submit the required reports and updates to higher HQ.

Assess

* 9. Commander assesses training and renders a proficiency assessment (Trained, Practiced, and Untrained) based on observed task performance and other feedback IAW FM 7-0.

--	--	--

- a. Takes a holistic view of various forms of feedback when assessing training.
- b. Records assessment results for future reference.

Task Performance Summary Block										
Training Unit			ITERATION							
			1		2		3		4	
Date of Training per Iteration:										
Day or Night Training:			Day / Night		Day / Night		Day / Night		Day / Night	
			#	%	#	%	#	%	#	%
Total Leaders Authorized		% Leaders Present								
Total Soldiers Authorized		% Soldiers Present								
Total Number of Performance Measures		% Performance Measures 'GO'								
Total Number of Critical Performance Measures		% Critical Performance Measures 'GO'								
Live Fire, Total Number of Critical Performance Measures		% Critical Performance Measures 'GO'								
Total Number of Leader Performance Measures		% Leader Performance Measures 'GO'								
MOPP LEVEL										
Evaluated Rating per Iteration T, P, U										

Mission(s) supported: None

MOPP 4: Sometimes

MOPP 4 Statement: Some iterations of this task should be performed in mission-oriented protective posture (MOPP) Level 1-4 as directed by the commander and/or leaders. At MOPP 4, performance degradation factors increases planning completion times. Ensure to comply with commanders guidance and unit SOP when conducting operations in MOPP gear. Chemical protective clothing ensemble and field protective mask restrict movement and activities. Wear appropriate MOPP gear only when threat forces have used chemical, biological, radiological, and nuclear (CBRN) weapons or as command directed. MOPP gear should be worn during CBRN training exercises. During MOPP training, leaders must ensure personnel are monitored for potential heat and cold weather injuries. Command policies, Army regulation, and unit SOP must be followed during times of increased heat category in order to avoid heat related injury. Consider the MOPP work/rest cycles and water replacement guidelines IAW CBRN and Army regulations.

NVG: Never

NVG Statement: None

Prerequisite Collective Task(s): None

Supporting Collective Task(s):

Step Number	Task Number	Title	Proponent	Status
1.	71-PLT-5100	Conduct Troop Leading Procedures	71 - Mission Command (Collective)	Approved

OPFOR Task(s): None

Supporting Individual Task(s):

Step Number	Task Number	Title	Proponent	Status
1.	150-LDR-5012	Conduct Troop Leading Procedures	150 - Mission Command (Individual)	Approved
2.	081-72D-2011	Conduct Medical Intelligence Preparations of the Environment	081 - Medical (Individual)	Approved
4.	081-70H-2009	Conduct Medical Intelligence Assessment	081 - Medical (Individual)	Approved
4.	081-72D-2016	Develop Threat Assessment for Industrial Chemical Exposure	081 - Medical (Individual)	Approved
4.	081-72D-2009	Predict Population and Individual Health Risk from Exposure	081 - Medical (Individual)	Approved
4.	081-72D-2012	Predict Health Consequences of Chemical Biological Radiological Nuclear Agents	081 - Medical (Individual)	Approved
9.	150-C2-5124	Refine the plan	150 - Mission Command (Individual)	Approved

Supporting Drill(s): None

Supported AUTL/UJTL Task(s):

Task ID	Title
OP 4.4.3.4	Mitigate Health Threats
ST 4.2.2.3	Manage Medical, Dental, and Veterinary Services and Laboratories

TADSS

TADSS ID	Title	Product Type	Quantity
No TADSS specified			

Equipment (LIN)

LIN	Nomenclature	Qty
No equipment specified		

Materiel Items (NSN)

NSN	LIN	Title	Qty
No materiel items specified			

Environment: Environmental protection is not just the law but the right thing to do. It is a continual process and starts with deliberate planning. Always be alert to ways to protect our environment during training and missions. In doing so, you will contribute to the sustainment of our training resources while protecting people and the environment from harmful effects. Refer to the current Environmental Considerations manual and the current GTA Environmental-related Risk Assessment card. ATP 3-34.5.

Safety: In a training environment, leaders must perform a risk assessment in accordance with current Risk Management Doctrine. Leaders will complete the current Deliberate Risk Assessment Worksheet in accordance with the TRADOC Safety Officer during the planning and completion of each task and sub-task by assessing mission, enemy, terrain and weather, troops and support available-time available and civil considerations, (METT-TC). Note: During MOPP training, leaders must ensure personnel are monitored for potential heat injury. Local policies and procedures must be followed during times of increased heat category in order to avoid heat related injury. Consider the MOPP work/rest cycles and water replacement guidelines IAW current CBRN doctrine. ATP 5-19.

