Training and Evaluation Outline Report

Status: Approved
22 May 2024
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Task Number: 08-PLT-0316

Task Title: Provide Sick Call Services

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Supporting Reference(s):

Step Number	Reference ID	Reference Name	Required	Primary	Source Information
	AR 385-10	The Army Safety and Occupational Health Program	Yes	No	
	ATP 3-34.5	Environmental Considerations	Yes	No	
	ATP 4-02.2	Medical Evacuation	Yes	No	
	ATP 4-02.4	Medical Platoon	Yes	Yes	
	ATP 4-02.6	THE MEDICAL COMPANY (ROLE 2)	Yes	No	
	ATP 5-19	Risk Management	Yes	No	
	FM 4-02	ARMY HEALTH SYSTEM	Yes	No	
	FM 7-0	Training	Yes	No	
	JTS-CPGS	Joint Trauma System Clinical Practice Guidelines	Yes	No	

Conditions: While conducting routine operations, the medical platoon (PLT) (Role 1)/medical treatment PLT (Role 2) receives an operation order (OPORD) from higher headquarters (HQ) to provide sick call services in support of the operational mission during large-scale combat operations. The commander issues medical planning and execution guidance. The PLT is established and operational to support the higher HQ directed mission. The PLT has primary access to main supply routes and approved external sustainment support. 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 applicable regulations, training circulars (TC), approved internal and external standard/tactical operating procedures (SOPs/TACSOPs), Army regulations (ARs), Army doctrine publications (ADPs), Army techniques publications (ATPs), technical manuals (TMs), field manuals (FMs), and Army health system (AHS) plans are on-hand as reference material. The PLT has been provided guidance on rules of engagement 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 PLT 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 operational environments (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 PLT has adequate resources and time to prepare. PLT 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 designated training objectives for the training events or exercises are performed to Army standard. Unit leadership should conduct an after-action review (AAR) to determine future training requirements for the unit.

Task Evaluation Criteria Matrix 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.

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.

 This task should not be trained in MOPP 4.

Standards: Medical PLT (Role 1)/medical treatment PLT (Role 2) personnel provide sick call services in support of operational forces throughout the AO with the use of all available equipment and personnel within the specified time constraints in the mission OPORD and IAW the approved Army standards identified in the task evaluation criteria matrix and in the task performance steps which are included in this task, ATP 4-02.4, 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), TMs, FMs, ADPs, and specified ARs.

Note: Leaders may include, are but are not limited to, the PLT leader, field surgeon, physician assistant (PA), medical PLT sergeant (PSG), emergency care sergeants (SGTs), health care SGTs, and/or others as determined by the commander IAW the table of organization and equipment (TO&E).

Live Fire: No

Objective Task Evaluation Criteria Matrix:

Plan and Prepare		Execute						Evaluate	
Operational Environment (SQD & 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) — Night	Commander(s) or element senior/key leader(s) will determine if training will be conducted under live, virtual, or constructive training environmental conditions using corresponding event types (for example, STT, STX, FTX, etc.) in order to facilitate the Crawl, Walk, Run methodology of training progression to support unit training management (UTM) and recommended combined arms training strategy (CATS). All external evaluations (EXEVALs) must be conducted in a live environment.	>=75%	>=80%	Yes	>=80% GO	All	>=85% GO	T	T
Static (Single Threat) — Night		60-74%	60-79%	No	65-79% GO		75-84% GO	P	P
Static (Single Threat) — Day		<=59%	<=59%		<65% GO	<All	<=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 for preparing Soldiers for deployment. The RR tasks are a part of the complete MOS/AOC critical performance 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. Please let us know if you find any errors or if you would like to recommend any improvements to the performance steps or other information in this collective task. 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@army.mil. Your recommended changes will be reviewed, validated to ensure approved Army or joint doctrine supports your recommendation(s) and implemented, as applicable.

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, C2 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 (DNBI) requirements, chemical, biological, radiological, and nuclear (CBRN) threats are real, and units must be prepared to operate in these environments.
• Predictive medical logistics (MEDLOG) planning, coordination, and synchronization is critical to supporting Class VIII 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: While conducting routine operations, the medical PLT (Role 1)/medical treatment PLT (Role 2) receives an OPORD from higher HQ to provide sick call services in support of the operational mission during large-scale combat operations.

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. Medical PLT leaders conduct troop leading procedures (TLP) in order to provide sick call services.

   Note: For the purpose of the collective task, medical PLT leaders/personnel will apply to the Role 1 medical PLT and/or Role 2 medical treatment PLT leaders and/or personnel.

Prepare

* 2. Medical PLT leaders prepare to execute the plan.

     a. Maintain medical C2 over PLT.

     b. Establish priorities of work.

     c. Delegate roles and responsibilities prior to operations.

     d. Ensure scarce AHS support resources are efficiently employed.

     e. Implement approved developed policies and TACSOP/SOP for BAS operations.

     f. Coordinate logistics support, if necessary.

  3. Medical PLT personnel establish a battalion aid station (BAS) IAW leader's guidance and the TACSOP.

     a. Conduct inventory and inspection of medical equipment set (MES), tactical combat medical care and patient decontamination and chemical treatment, identifying shortages and/or deficiencies.

     b. Prepare to provide sick call services.

Execute

* 4. Medical PLT leaders synchronize operations to provide sick call services, when the operational situation permits.

     a. Provide direct oversight and supervision of assigned medical personnel.

     b. Maintain medical situational awareness.

     c. Monitor operational security.

     d. Track combat proficiency training of BAS personnel.

     e. Request MEDEVAC (ground and air) of patients.

     f. Ensure that field medical records are maintained.

     g. Monitor clinical procedures for compliance IAW the physician and/or PA's guidance and Joint Trauma System Clinical Practice Guidelines (JTS-CPGS).

     h. Manage class VIII burn-rates and resupply throughout operations.

     i. Request logistics support, when required.

     j. Monitor risk management, safety, and environmental protection for compliance with appropriate publications and directives.

     k. Maintain communications with battalion surgeon, higher HQ, and supported units.

     l. Provide appropriate personnel and/or battalion S-1 with identification and disposition of patients processed through the BAS.

+ 5. Medical PLT personnel process patients for sick call services IAW developed policies, procedures, medical directives and/or the physician and/or PA's guidance.

   Note: Medical PLT personnel treat patients including civilians, refugees, detainees, and enemy prisoners of war (EPWs) according to the provisions of the Geneva Conventions (GC).

     a. Record patient data on daily disposition log and/or appropriate forms available.

     b. Triage patients in order to prioritize treatment.

     c. Perform appropriate medical assessment.

     d. Order appropriate tests per physician and/or PA's orders/directives to include but not limited to laboratory and radiology tests.

     e. Provide patients with the appropriate JTS-CPGs intervention/treatment according to provider's role of care and scope of practice and according to the provisions of the GC.

     f. Employ isolation techniques when contagious patients are identified.

     g. Prepare medications for issue IAW orders/directives.

     h. Direct patient to RTD with appropriate documentation/profile and instructions on self-care.

     i. Complete the appropriate medical record and/or electronic health record).

     j. Prepare patients for MEDEVAC to the supporting MTF for treatment beyond PLT's capabilities.

     (1) Prepare medical records for transport with patient.

     (2) Transport patient's individual protective equipment (body armor, helmet, and muzzles for military working dogs), if worn, and other personal equipment (sleeping bag, personnel hygiene items) for DNBI patients, if space is available or if required by theater evacuation policy.

* 6. 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

 * 7. 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: Never

MOPP 4 Statement: None

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
1.	081-70B-2000	Develop an Army Health Systems Plan	081 - Medical (Individual)	Approved
2.	081-000-2776	Monitor Medical Readiness Data	081 - Medical (Individual)	Approved
2.	081-COM-2000	Coordinate Medical Activity Support	081 - Medical (Individual)	Approved
3.	081-000-2002	Manage Logistical Supplies	081 - Medical (Individual)	Approved
4.	081-000-2724	Employ Telemedicine	081 - Medical (Individual)	Approved
4.	081-COM-3001	Supervise Casualty Treatment and Evacuation	081 - Medical (Individual)	Approved
4.	081-000-2754	Conduct Prehospital Medical Direction for Air Ambulance Operations	081 - Medical (Individual)	Approved
4.	081-68W-3012	Manage a Unit's Medical Supply	081 - Medical (Individual)	Approved
4.	081-68W-3009	Interpret Running Estimates Tracking	081 - Medical (Individual)	Approved
5.	081-000-0055	Perform Casualty Triage	081 - Medical (Individual)	Approved
5.	081-000-0032	Treat an Allergic Reaction	081 - Medical (Individual)	Approved
5.	081-68W-0063	Treat a Soft Tissue Injury	081 - Medical (Individual)	Approved
5.	081-68W-0168	Treat Dental Emergencies	081 - Medical (Individual)	Approved
5.	081-000-0016	Treat a Casualty for a Heat Injury	081 - Medical (Individual)	Approved
5.	081-000-0025	Treat a Poisoned Casualty	081 - Medical (Individual)	Approved
5.	081-000-0051	Manage a Minor Laceration	081 - Medical (Individual)	Approved
5.	081-000-0072	Perform a Medical Patient Assessment	081 - Medical (Individual)	Approved
5.	081-000-0110	Apply an Elastic Bandage	081 - Medical (Individual)	Approved
5.	081-000-0118	Treat a Radiation Casualty	081 - Medical (Individual)	Approved
5.	081-000-1006	Administer Medication	081 - Medical (Individual)	Approved
5.	081-68W-0293	Load Casualties on an Air Ambulance	081 - Medical (Individual)	Approved
5.	081-68W-0294	Unload Casualties from an Air Ambulance	081 - Medical (Individual)	Approved
5.	081-68W-0298	Transport a Casualty Using a Litter	081 - Medical (Individual)	Approved
5.	081-000-0052	Treat a Casualty for Insect Injury	081 - Medical (Individual)	Approved
5.	081-000-1001	Assess Patient Vital Signs	081 - Medical (Individual)	Approved
5.	081-68W-1653	Manage Canine Emergencies	081 - Medical (Individual)	Approved
5.	081-000-0017	Treat a Casualty for a Cold Injury	081 - Medical (Individual)	Approved
5.	081-000-0103	Treat Common Musculoskeletal Disorders	081 - Medical (Individual)	Approved
6.	150-COM-7230	Conduct an After Action Review for a Training Event	150 - Mission Command (Individual)	Approved
6.	150-COM-7133	Identify Potential Training Issues	150 - Mission Command (Individual)	Approved
7.	150-LDR-5045	Receive Feedback	150 - Mission Command (Individual)	Approved

Supporting Drill(s): None

Supported AUTL/UJTL Task(s):

Task ID	Title
ART 4.3	Provide Health Service Support
OP 4.4.3	Provide Health Services

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