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THIS EDITION'S FEATURE ARTICLES:

- Warrior Model for Human Performance and Injury Prevention: Eagle Tactical Athlete Program (ETAP) Part I
- Warrior Model for Human Performance and Injury Prevention: Eagle Tactical Athlete Program (ETAP) Part II
- Air Force Preventive Medicine's Role in the War Against Terrorism: New Missions for the Global Counterinsurgency
- Acetazolamide or Not, Prior To Ascent?
- Scapula Fracture Secondary to Static Line Injury in a 22 year-old Active Duty Soldier
- Public Health Foodborne Illness Case Study During a Special Operations Forces Deployment to South America Michael Mc

Dedicated to the Indomitable Spirit & Sacrifices of the SOF Medic

Journal of Special Operations Medicine

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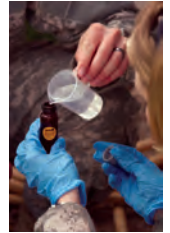
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The Combined Joint Special Operation Task Force-Afghanistan preventative medicine team recently surveyed firebase Thomas, near Shindand district, in Herat province, to ensure the servicemembers there are protected from environmental hazards. The preventative medicine team places five drops of acid into their first water sample, which will be sent to a lab in the U.S. for testing. (U.S. Army photo by SFC Marie Schult/Released)




FROM THE EDITOR

JSOM DISCLAIMER STATEMENT: The *Journal of Special Operations Medicine (JSOM)* presents both medical and nonmedical professional information to expand the knowledge of SOF military medical issues and promote collaborative partnerships among services, components, corps, and specialties. It conveys medical service support information and provides a peer-reviewed, quality print medium to encourage dialogue concerning SOF medical initiatives. The views contained herein are those of the authors and do not necessarily reflect the Department of Defense. The United States Special Operations Command and the *JSOM* do not hold themselves responsible for statements or products discussed in the articles. Unless so stated, material in the *JSOM* does not reflect the endorsement, official attitude, or position of the USSOCOM-SG or of the Editorial Board.

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Lt Col Michelle DuGuay Landers

Critical Care Credentials for the SOF Advanced Tactical Practitioner

COL Andre Pennardt, MD, FACEP, FP-C, CCP-C
Bob Hesse, FP-C, CCP-C, CFRN

Special Operations medics are expected to provide superior care to critically ill and injured casualties in the most austere environments. Successful stabilization of these casualties often requires knowledge and application of various critical care skills by the SOF medic in the field. Proposals or initiatives to introduce new diagnostic and therapeutic capabilities into this far forward setting often result in controversy and significant debate among senior SOF medical personnel. Examples over the past several years include rapid sequence intubation, combat sedation, recombinant Factor VIIa, fresh whole blood transfusion, and the battlefield use of ultrasound.

While attaining certification as an Advanced Tactical Practitioner (ATP) demonstrates that a SOF medic possesses the minimum amount of medical knowledge required to successfully care for patients in combat and austere environments, it does not guarantee the presence of critical thinking skills that typically develop from clinical practice and experience. Exhibiting sound clinical judgment and critical reasoning is one of the best ways SOF medics can counter the arguments of detractors who might seek to limit the medics' scope of practice. Internationally recognized critical care credentialing exams, such as Certified Flight Paramedic (FP-C[®]) and Critical Care Paramedic (CCP-C[®]), are awarded in part on the basis of successful demonstration of critical reasoning and are currently being pursued by some SOF units as a means to further enhance the clinical credibility of ATPs.

In 2008, Colonel Warner F. "Rocky" Farr, who was the U.S. Special Operations Command (USSOCOM) Surgeon at the time, and members of the USSOCOM Curriculum and Examination Board (CEB) strongly felt that the ATP should have additional opportunities to obtain advanced credentials based on the extensive knowledge, skills, and critical reasoning of the typical SOF medic. It should be noted that in order to be eligible to take these exams, applicants had to possess a state license or certification as a paramedic. In October of that year, Colonel Farr and select members of the CEB therefore met with representatives of the Board for Critical Care Transport Paramedic Certification (BCCTPC[®]). The intent of this meeting was to demonstrate to the BCCTPC[®] that the current ATP

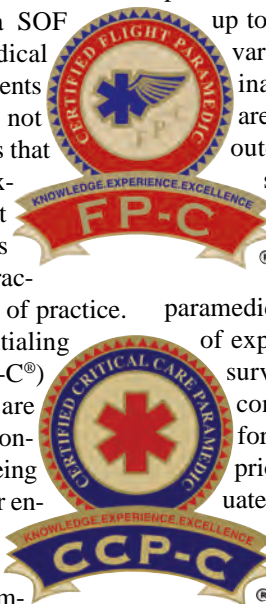
curriculum developed superior medics with extensive training in casualty care in the most challenging settings, well above existing Department of Transportation (DOT) standards. The BCCTPC[®] granted eligibility and two months later the first cohort of ATPs took the FP-C[®] examination at the 2008 Special Operations Medical Association Conference.

For years, civilian flight paramedics in the United States have performed above the DOT baseline paramedic scope of practice. Despite this level of proficiency and expertise, the specific scope of practice for flight paramedics varied significantly among different geographical regions. Some states had statutes that specified a very narrow scope of practice, while others delegated the scope of practice entirely up to the discretion of the local medical director. This variability translated into inconsistent and potentially inadequate knowledge and skill levels in different areas of the country. Consequently, levels of care and outcomes of patients could not be standardized, and successful medical intervention partly depended on the geographic location of patients when injured.

The BCCTPC[®] recognized the need for a national standard that would require civilian flight paramedics to demonstrate a minimum acceptable baseline of expertise within their field. Flight Paramedics were surveyed throughout the U.S. requesting key critical concepts and knowledge that were used while performing their job. The respondents were also asked to prioritize or "weight" their responses in order to evaluate the importance of the concepts. What resulted was a blueprint for an examination that reflected benchmarked level of knowledge the flight paramedic should possess. In 2000 the FP-C exam became a reality.

The vast majority of questions coming from SOF ATPs involve the perceived differences between the Critical Care Emergency Medical Transport Program (CCEMT-P) and credentials such as the FP-C[®]. The CCEMT-P certification represents the successful completion of the course and passing the final exam. The knowledge necessary to pass the examination is provided for the student during the course much like other completion courses such as Advanced Cardiac Life Support, or Pre-hospital Trauma Life Support.

Credentialing examinations, such as the FP-C[®] exam and the Certified Flight Registered Nurse (CFRN[®]) exam, are



not intended as a course completion test like the CCEMT-P, but are instead established to accurately assess current knowledge and critical thinking skills for individuals practicing in a specific role. By doing so, they establish benchmarks for employers and the practitioners regardless of where care is provided. To date, over 1,700 paramedics in North America and Europe have earned the FP-C® credential. Currently many civilian air medical programs require this advanced certification upon date of hire or within a specified time frame. The Commission on Accreditation of Medical Transport Systems (CAMTS) highly recommends the FP-C® credential for paramedics in the industry.

Experience and critical thinking skills are very important for the ATP and other SOF medical personnel as the expected time period for care can range from near immediate tactical evacuation (TACEVAC) to multiple days due to various operational factors. Historically, the primary focus of the ATP has been on trauma care and the initial stabilization of the combat casualty. The ability to meet or exceed the knowledge and critical thinking skills required for FP-C® indicates that the ATP likely also possesses the requisite expertise and capabilities in critical care and extended resuscitation.

Initially the primary interest in the FP-C® credential came from special operations aviation units and their medical personnel. The 160th Special Operations Aviation Regiment (Airborne) (SOAR(A)) has made attaining FP-C® status a prerequisite for becoming “fully mission qualified”. To date over 60% of the ATPs and 11 of the medical officers in the 160th SOAR(A) have achieved FP-C® status. Senior medical leaders in the 160th SOAR(A) noted that since the inception of the FP-C® as a benchmark standard, the unit’s medical capabilities are at a higher level than previously seen. Individual 160th SOAR(A) medics reported that they are more confident in their ability to provide extended care.

Attaining FP-C® and/or CCP-C® status is not easy. Success requires extensive experience and development of sound critical thinking skills. As SOF medicine continues to become more complex, medics must have an avenue to demonstrate a level of knowledge that cannot be provided in the classroom. The BCCTPC® will conduct an FP-C® and a CCP-C® exam at the SOMA Conference in Tampa, Florida on 13 December 2010. A specific time and location will be posted on the SOMA website and announced at the conference. For more information on these examinations, please visit their web site at www.BCCTPC.org.



Meet Your JSOM Staff

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Prior to becoming the USSOCOM Command Surgeon, COL “Tom” Deal served in staff positions at USASOC, JSOC, 7th SFG, and XVIII Airborne Corps. He has commanded field and stateside hospitals and served as Chief of Surgery in the 86th Evac Hospital in ODSS and at Army and civilian community hospitals.

COL Deal obtained his medical degree from University of Tennessee College of Medicine, Memphis, Tennessee, 1974. He completed his general surgery residency at Brooke Army Medical Center 1977-1981 and is certified by the American Board of Surgery.

COL Deal completed his Flight Surgeon’s Course – 2003, Army War College – 1997, Command & General Staff College – 1994, AMEDD Officer Advanced Course – 1991, Military Free Fall School – 1977, Special Forces Officers Course – 1976, and Airborne School – 1975.

COL Deal has also completed Combat Casualty Care Leadership Course (C4A) –1991, Pre-Command Course, Fort Leavenworth – 1994, Senior Officer’s Legal Orientation, Charlottesville -- 1994, Combatant Commander’s Surgeons Course – 1996, AMEDD Pre-Command Course, Fort Sam Houston – 1998, Basic Life Support – current, Advanced Cardiac Life Support, Advanced Trauma Life Support, and Pilot, single engine, land, instrument.

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Lt Col Landers joined the Army Reserve in 1987 and served as a nurse in a Combat Support Hospital unit for three years before switching services in 1990 to become an Air Force C-130 Flight Nurse. She is currently an IMA reservist assigned to HQ AF Reserve Command/SG and is attached to the SOCOM/SG office where she has been in charge of management, production, publication, and distribution of the JSOM since its inception in Dec 2000. Lt Col Landers has a Bachelors in Nursing and a Masters in Business Administration/Management. Her 24 year nursing career includes being a flight nurse in both the military and private sector, 15 years of clinical experience in emergency and critical care nursing, as well as being an EMT and a legal nurse consultant. She also served as the military liaison to the FL 3 Disaster Medical Assistance Team (DMAT). Prior to the SG office, Lt Col Landers’ experience at USSOCOM includes an

assignment in the Center for Force Structure, Resources, Requirements, and Strategic Assessments.

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Pararescue Creed

I was that which others did not want to did what others failed to do. I asked And reluctantly accepted the I fail. I have seen the face of terror; joyed the sweet taste of a moment's hoped...but most of all, I have lived ten. Always I will be able to say, that my duty as a Pararescueman to save a my assigned duties quickly and efficiently, placing these duties before personal desires and comforts.



be. I went where others feared to go, and nothing from those who gave nothing, thought of eternal lonliess ... should felt the stinging cold of fear, and enlove. I have cried, pained and times others would say best forgot-I was proud of what I was: a PJ It is life and to aid the injured. I will perform

**These things I do,
"That Others May Live."**

A Navy Poem

I'm the one called "Doc"... I shall not walk in your footsteps, but I will walk by your side. I shall not walk in your image, I've earned answered the call together, on sea for help was given, I've been on the ocean or in the jungle wear- man, be it Sailors or Marines. and you think of calling him "squid," him did. And if you ever have to go out there and your life is on the block, Look at the one right next to you...



my own title of pride. We've an- and foreign land. When the cry there right at hand. Whether I am ing greens, Giving aid to my fellow So the next time you see a Corpsman think of the job he's doing as those before

I'm the one called "Doc".

~ Harry D. Penny, Jr. USN Copyright 1975

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