

Military Medical Education and Training Comparison Report

Requirements for
Practical Nursing
Programs

WAC 246-840-548
through 246-840-575

Compared To

Air Force/Navy Basic
Medical Technician
Corpsman Program

Army Health Care
Specialist (68W10)



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Washington State Nursing Care Quality Assurance
Commission



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Dear Paula:

This report presents the completed comparison and review of military medical education and training for Air Force/Navy Basic Medical Technician Corpsman Program and Army Health Care Specialist (68W10) with nursing education requirements in Washington State. The NCQAC requested the comparison in 2011.

Thank you for the opportunity to complete this important and timely comparison and plan.

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Military Medical Education and Training Comparison

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Executive Summary

Background and Purpose

In 2011, the Washington State Legislature passed Senate Bill 5307/ House Bill 1417, directing health professions to evaluate the training men and women receive in the Armed Services and apply it to educational and licensing requirements in the private sector.

“The men and women in our Armed Forces not only acquire valuable skills, they often perform their jobs under the intense life-and-death pressures of combat conditions. It’s a poor use of their time and money to ask folks to get retrained for things they’ve already learned just so they can get a professional license and get to work in a civilian position. This state should be rewarding knowledge, not seat time.” Senator Derek Kilmer, D- Gig Harbor (as cited in House Democrats, 2011).

This document compares two specific courses taught at Medical Education Training Campus (METC) with the Washington Administrative Code (WAC) requirements for Licensed Practical Nurse (LPN) education. The specific courses compared are: Basic Medical Technician Corpsman Program (BMTCP) and the Health Care Specialist (68W10) course.

Conclusions

1. Are the Air Force/Navy BMTCP programs equivalent to WAC standards for LPN education?

The comparison identified distinct differences between the service basic programs and the WAC standards for LPN education. The programs are not equivalent.

2. Is the Army Health Care Specialist (68W10) program equivalent to the WAC standards for LPN education?

The comparison identified distinct differences between the Army Health Care Specialist (68W10) and the WAC standards for LPN education. The programs are not equivalent.

Recommendations

1. How can we assist graduates of Air Force/Navy BMTCP course in closing the gap between current program curriculum and the WAC standards?

Program components necessary to meet WAC standards:

A. Organization and Administration

- Enhance curriculum to meet national accreditation standards.
- Washington State standards require nurse program director/administrator to be licensed in WA.

B. Students

- Written policies and procedures for selection, admission, progression, graduation, withdrawal and dismissal must be available and consistent with the governing institution.

C. Curriculum

- Expand clinical practice hours to allow for implementation/application of clinical skills.
- Increase program hours to meet the 60 quarter hour requirement in Washington.
- Expand theory content to include concepts of:
 - ❖ Microbiology, chemistry and physiology
 - ❖ Personal and vocational relationships
 - ❖ History, trends, licensing and legal issues in nursing
 - ❖ Coordinated care and delegation

2. How can we assist graduates of Army 68W10 course in closing the gap between current program curriculum and the WAC standards?

The organization and administration of this course meets United States Department of Transportation (U.S. DOT) national standards curriculum for Emergency Medical Training (Basic) EMT-B. This is not an LPN course.

The Army does have a version of an LPN producing course, 68WM6. The M6 is an additional skill identifier (ASI) indicating LPN. This is a fully approved vocational nursing education program approved by the state of Texas and National Council State Board of Nursing (NCSBN). Graduates are required to sit for the NCLEX-PN exam to hold the military occupational specialty (MOS) 68WM6.

Description of METC

The different branches of the military joined to form a combined Medical Education Training Campus (METC) in San Antonio, TX. The mission of the combined venture is, “Training the world’s finest Medics, Corpsmen and Techs supporting our Nation’s ability to engage globally” (*Medical Education & Training Campus, 2012*).

In 2005, the Base Closure and Realignment Commission (BRAC) decided to co-locate medical training at Fort Sam Houston, TX. This decision necessitated the creation of METC. According to their brochure:

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. METC is the world’s largest enlisted medical education campus and largest consolidation of military training in Department of Defense history. This allows Soldiers, Sailors, Airmen and Coast Guardsmen to train together like never before, PRIOR to entering the fight (*Medical Education & Training Center, 2012*).

It is a National Strategic Asset that became fully operational September 15, 2011 and graduates over 24,000 military members per year. Warrior care begins here (<http://www.metc.mil/>).

Description of Air Force/Navy BMTCP

The Basic Medical Technician Corpsman Program is organizationally and administratively a consolidated course overseen by the Air Force and Navy. Both an Air Force and Navy Department Chair as well as Senior Enlisted leaders primarily address the service-specific needs and requirements. The program director, a Navy Commander, reports to both Chairs. The Director manages three program sections: EMT, Nursing and Support Services. Air Force and Navy service members serve as instructors and support staff within a section. The program of study includes courses which the Air Force and Navy members take together. Additional courses specific to each service complete the entire BMTCP curriculum.

WAC standards applied to BMTCP

WAC 246-840-548: Standards and evaluation of nursing education.

The nursing program shall meet minimum standards established by the commission as detailed in WAC 246-840-550 through 246-840-575. The nursing program shall implement, a written, comprehensive systematic plan for ongoing evaluation that is based on program outcomes and the input of faculty, students, and consumers, and which incorporates continuing improvement.

FINDINGS:

- (1) METC has a “well-defined guidance on the curriculum development/evaluation to include annual curriculum review internally which is presented to (the) stakeholders and their input solicited to further develop the curriculum” (Cdr. Kinsey, personal communication, February 16, 2012).
- (2) Every student in each class fills out an end-of-program survey with questions focused on Education and Training, Instructional delivery and Quality of Life items.
- (3) Post-assessment surveys have just begun with a sample of students in each module within the courses. The program has just completed six months post- graduation of the first cohort in this new consolidation and surveys for feedback have been given to supervisors and students.

WAC 246-840-550: Standard I. Purpose and outcomes for approved nursing education programs.

The purpose and outcomes of the nursing education program shall be stated clearly and must be available in written form.

FINDINGS:

- (1) Each course within the program of study lists the outcomes and appears to be consistent with the current Revised Code of Washington (RCWs or laws).
- (2) Outcomes: The program will prepare corpsmen /technicians to function as entry-level medical personnel in fixed and non-fixed medical facilities, performing duties to provide quality emergency, nursing and primary care procedures. Graduates demonstrate the ability to understand, evaluate and apply information relevant to the role of the basic corpsman/technician; demonstrate essential technical proficiency at the entry level; personal/professional behavior consistent with the expectations of a basic corpsman/technician.

WAC 246-840-555: STANDARD II. Organization and administration for approved nursing education programs.

The nursing education program shall be an integral part of the accredited governing institution.

FINDINGS:

- (1) ACCREDITATION: METC is applying for recommendation of credits for this program through the American Council on Education. This is a Community College of the Air Force credit awarding program that awards credits to both Air Force and Navy members. Air Force members receive 28 credits and Navy members receive 21 credits. METC is also recognized by the National Registry of Emergency Medical Technicians and the Commission on Accreditation of Allied Health Education Programs. They are currently in candidacy status and completing the self-study for the Council on Occupational Education, (COE) approval. The COE will visit the campus in October, 2012.
- (2) Organizational relationships among the programs are clearly articulated.

- (3) The program is organized with clearly defined authority and responsibilities for the nurse administrator.
- (4) There is evidence the faculty participate in determining the academic policies and procedures of the program.
- (5) This is a new consolidated services program and the Student Advisory Board meets monthly with the faculty.
- (6) The program director must be the rank of 0-5, a BSN or MSN registered nurse with a current license, have completed Journeyman Instructor Training or Basic Instructor Course, METC faculty orientation and hold a current BLS certification. The current program director meets those qualifications. Note: Washington requires nurse program director/ administrator to be licensed in Washington.

FOR PRACTICAL AND ASSOCIATE DEGREE PROGRAMS:

- (a) In a program offering practical nursing education or associate degree nursing:

(i) The WAC requires faculty to have a minimum of a BSN and a Masters' degree (preferably in nursing) or a Master of Science in Nursing (MSN) from an accredited college or university. Note: METC requirements do not require an MSN.

- (ii) Educational preparation in teaching nursing.

* METC requires all faculty/ instructors to have completed Basic Instructor Training Course, METC faculty orientation, current BLS Instructor certification for those teaching the course, current EMT certification (required for Air Force faculty and voluntary for Navy faculty) or higher level certification. At this time, some of the nursing faculty have experience in teaching nursing.

- (iii) Curriculum development.

*Curriculum development is included in the instructor course.

(iv) The requirement is that faculty should have 5 years of experience in nursing and 2 years in teaching.

*Some faculty have 5 years of experience in nursing and 2 years in teaching. Evidence that all nursing faculty meet this standard is not apparent at this time.

(v) Current knowledge of nursing practice at the practical nurse or associate degree program level as appropriate.

*Unknown if all faculty have knowledge of LPN practice.

WAC 246-840-560: Standard III. Resources, facilities and services for approved nursing education programs.

A nursing education program shall have the fiscal, human, physical and learning resources, adequate to support program process and outcomes.

FINDINGS:

(1) Classrooms, labs and conference rooms:

*Space is managed by an electronic system referred to as the Event Management System, (EMS). METC has provided the program with adequate space and accommodations for classrooms and skills labs.

(2) Offices:

*Every faculty member has a space. Many junior staff are located in cubicles. *Key faculty have closed door office space.

(3) Clinical Facilities:

(a) The military services have a large variety of facilities, clinics and hospitals to provide sites for clinical practice offering opportunities to provide care to diverse ethnic and cultural backgrounds.

* The Navy students have 40 hours of clinical practicum noted in the curriculum.

* The Air Force students have 240 hours of clinical practicum as phase 2 of the program.

(b) Clinical practicum facilities:

*The clinical practicum facilities are of the variety and population required to provide the students the diverse experiences to meet the objectives.

(c) Clinical facilities accreditation:

*All fixed military hospitals are accredited by the Joint Commission on Accreditation of Healthcare Services' (JCAHO).

*All military clinics are accredited by either JCAHO or the Accreditation Association for Ambulatory Health Clinics.

(d) Program hours for class and clinical practice do not exceed 40 hours per week:

*The combined hours for class and clinical practice do not exceed 40 hours a week for the students.

(4) Library facilities:

* The METC campus has a Memo of Agreement with the U.S. Army Medical Department (AMEDD) Center and School, Stimson Library for both physical and on-line access to their library.

(5) The administration, faculty and students must conduct periodic evaluation of resources, facilities and services.

*The review is conducted in conjunction with the annual review process.

(6) The nursing program must demonstrate adequate support for faculty, support personnel, equipment, supplies and services.

*The METC is adequately supported through the U.S. military system for both personnel and fiscal resources.

WAC 246-840-565: Standard IV. Students In approved nursing education programs.

The approved nursing education program shall provide students the opportunity to acquire and demonstrate the knowledge, skills and abilities for safe and effective nursing practice.

FINDINGS:

(1) Written policies for selection, admission, etc.:

*Policies for admission to the program vary slightly between the Navy and the Air Force.

*The Navy requires that students applying must be active duty Navy, Navy Reserve, or Coast Guard. They must have the enlisted rank of E-1 to E-7, a high school graduate or GED equivalent.

* Air Force applicants may be active duty, Air Guard, or Air Reserve. They must have the enlisted rank of E-1 to E-7, a high school diploma or GED equivalent, a driver's license and must have no felony convictions.

(2) The approved nursing education program shall:

(a) Develop policies specific to nursing students.

*The policies and procedures are specific to the students in the program.

(b) Maintain a system of student records:

*Records are maintained by the registrars' office.

(c) Provide a written statement of student rights and responsibilities:

*METC currently has 2 documents, Student Administration Guide and Student Evaluation Plan, which addresses both the rights/responsibilities of the student to include for example, standards of academic integrity and conduct, policies on attendance, electronic media, and classroom procedure/policies. There is a section on "unsuitability" which facilitates the ability to remove/or relieve a student if they illustrate certain traits which are not compatible or in alignment with the core values of the profession for which they are being trained. The plan is to merge both of these documents.

(d) Standards for transfer students:

*There are no policies for transferring students into the program.

(3) (Standard applies only to RN students)

WAC 246-840-570: Standard V. Faculty in approved nursing education programs.

Each nursing education program shall have a sufficient number of professionally and academically qualified faculty with adequate diversity of expertise in nursing to meet the nursing education program purpose, outcomes and quality improvement.

FINDINGS:

(1) Ratio of faculty to students.

* Faculty and staff must have general faculty qualifications. They must complete the Basic Instructor Training Course and METC faculty orientation, have current BLS Instructor Certification, current NREMT-B (National Registry Emergency Medical Technician- Basic) or higher level certification, an associate's degree or within 12 credit hours to be completed within 12 months.

* The ratio of instructor to students is 1:25 in the classroom and 1-10 in the labs. Under review at this time is changing the ratio of instructor to student according to the content in the lab, e.g., venipuncture lab, having a ratio of 1:2 possibly. The ratio of instructor to student in the clinical setting is 1:10.

(2) Not applicable, refers to process when exceeding the acceptable ratio.

(3) Clinical preceptors:

*It is in the plan to utilize clinical preceptors in the clinical practicum portion. Due to this being a new consolidated program, sufficient numbers of preceptors were not in place at the start of the program. The Navy students have 40 hours (5days) of clinical experience on campus. The leadership is developing strategies to have adequate numbers of preceptors in place on campus. Due to the shortage of preceptors, the program is notifying the students' home stations that students would need more than an orientation upon their arrival. Air Force students will have 240 hours (6 weeks) of preceptored clinical practice at their home duty stations.

Note: the remainder of WAC 246-840-570 does not apply.

WAC 246-840-575: Curriculum for approved nursing education programs.

The curriculum must provide diverse learning experiences consistent with program outcomes. Clinical experience must include opportunities to learn and provide care to clients from diverse

ethnic and cultural backgrounds. The emphasis placed on these areas and the scope encompassed shall be in keeping with the purpose and outcomes of the program.

FINDINGS:

(1) The curriculum covers many areas of patient care including outcomes for each course. There are limited actual clinical opportunities.

* During Phase I, much of each course includes hands-on practicum in a skills lab with return demonstration and is very procedurally-based.

* Phase II of the course includes 40 hours (5 days) of clinical for the Navy students at METC.

*Phase II for the Air Force students includes 240 hours (6 weeks) of clinical practicum at a Military Treatment Facility.

(2) The length, organization, content, methods of instruction and placement of courses must be consistent with the purpose and outcomes of the program.

*The program is divided into 6 separate college courses with the Navy graduates earning 21 credits and the Air Force graduates earning 28 credits from the Community College of the Air Force.

*The first section prepares corpsmen/technicians to function as entry-level medical personnel in fixed and non-fixed medical facilities, performing duties to provide quality emergency, nursing and primary care procedures. Graduates demonstrate the ability to understand, evaluate and apply information relevant to the role of the basic corpsman/technician; demonstrate essential technical proficiency at the entry-level; and personal and professional behavior consistent with the expectations of the basic corpsman/technician.

*The second section is a course focused on the knowledge and skills required for Air Force students to take the National Emergency Technician exam. The Navy students do not take the national exam as it is not a requirement of their service. The content and labs include airway management, patient assessment/vital signs, medical assessment, medical intervention, trauma skills, trauma intervention and a very short 1 hour on obstetrics/pediatrics.

*The third section is for Navy students only and focuses on the Fundamentals of the role of the corpsman, history, and traditions.

*The fourth and fifth sections focus on Nursing I and Nursing II. Content covered includes infection control, isolation, patient movement, hygiene, documentation, the inpatient care environment, medication calculations and administration, catheters, venipuncture, wound management, admit and discharge procedures and IV therapy. Practicum is in a skills lab environment.

*The last section is only for Navy students. The Enhanced Assessment Program is focused on “sick call screening”. This course is geared to assessing the most commonly seen conditions in a generally healthy population. Students are taught how to focus an exam on a chief complaint, determine the next steps, interventions and treatments. The practicum portion is presented in the skills lab where the student is given a scenario to address.

FOR PRACTICAL NURSE PROGRAMS:

(2) (a) The practical nurse certificate must be at least 60 quarter credits. Concepts of social, behavioral and related foundation subjects may be integrated, combined or presented as separate courses.

* The total quarter credit hours for the course are calculated to be:

-Navy students, 40 credits

- Air Force students, 53 credits.

(b) Biological and related foundation subjects may be integrated, combined or presented as separate courses.

* Normal growth and development, and some elements of psychology appear throughout the curriculum. Basic anatomy, physiology and pathophysiology is present, however, elementary concepts of microbiology, chemistry and physics are not apparent. Pharmacology and applied mathematics are introduced in N. 201, Intermediate Nursing.

(c) Principles and skills:

* Nursing ethics is discussed in Nursing 101, Basic Nursing Fundamentals. There is no evidence of content related to nursing history, trends, standards of practice, licensure or legal aspects of nursing. There are topics relating to care of the medical-surgical patient, however, the type/age of the patient is not defined. Ante/ intra/ and postpartum and newborn care are addressed in BMTC 103 Emergency Medical Technician Basic. Geriatric and mental health concepts are present.

* Medical and surgical: There are elements of medical-surgical nursing throughout the course addressing the life-span.

* Ante/intra/post/newborn: Content is evident in the course BMTC 103.

*Geriatrics: Content is integrated in several of the courses.

* Mental health: Behavioral emergencies are addressed in BMTC 103.

(d) All nursing courses shall include:

* Client needs: Safe and effective care environment is noted, health promotion and maintenance is not addressed consistently, psychosocial integrity is not evident in the courses, and physiological integrity is consistent.

* Skills lab/clinical practice: In Phase 1, the students practice skills and procedures in a practicum lab with supervision. Skills lab in the basic combined program is 150 hours.

-Additional skills lab hours in Navy-specific courses are 36 hours.

-Additional skills lab hours in the Air Force-specific courses are 48 hours.

* Coordinated care/delegation.

-There is no content evident that addresses these concepts.

Description of Army Health Care Specialist (68W10) program

The Army's Health Care Specialist course, 21 July 2010 version (300-68W10) is organizationally and administratively an Emergency Medical Training (Basic) EMT-B course with additional soldier skills and warrior training specific to the Army's mission. The students are certified to the national standards of EMT-B and may choose to sit for the National Registry Emergency Medical Training – Basic (NREMT-B) exam. The course is accredited through National Commission for Certifying Agencies (NCCA) and meets or exceeds the United States Department of Transportation (U.S. DOT) national standards curriculum for EMT-B.

WAC Standards applied to Health Care Specialist (68W10)

This course does not meet WAC 246-840-548 "Standards and Evaluation of Nursing Education" requirement necessary for consideration as a LPN course. It was never designed or intended to teach nursing skills or provide pseudo LPN skills to the United States Army.

The Army does have a version of an LPN producing course, 68WM6. The additional skill identifier, (ASI) M6 denotes LPN. This is a fully approved vocational nursing education program by the state of Texas. Graduates are required to sit for the NCLEX-PN exam to hold the military occupational specialty (MOS) 68WM6.

The Army has targeted several MOS's that have civilian equivalent occupations and dubbed them "Bright Outlook". Bright Outlook refers to expected growth in the chosen field with a high chance of employment post military service. They have even created a research website Credentialing Opportunities On-Line (COOL), <https://www.cool.army.mil/> to assist soldiers in comparing military skills and training with civilian occupations.

Conclusions and Recommendations

After careful review, it is the conclusion of this report that neither the Air Force/Navy BMTCP nor the Army Health Care Specialist (68W10) programs currently meet the academic or practicum criteria outlined in WAC's 246-840-548 through 246-840-575 for licensure in Washington State as an LPN. It is significant to note that the military has designed these programs to meet the mission and objectives of the military.

Our recommendations are three-fold for the BMTCP course:

Organization/Administration, Students and Curriculum.

Organization and Administration

- Enhance curriculum to meet national accreditation standards.
- Washington State standards require nurse program director/administrator be licensed in WA.

Students

- Written policies and procedures for selection, admission, progression, graduation, withdrawal and dismissal must be available and consistent with the governing institution.

Curriculum

- Expand clinical practice hours to allow for implementation/application of clinical skills.
- Increase program hours to meet the 60 quarter hour requirement in Washington.
- Expand theory content to include concepts of:
 - ❖ Microbiology, chemistry and physiology
 - ❖ Personal and vocational relationships
 - ❖ History, trends, licensing and legal issues in nursing
 - ❖ Coordinated care and delegation

Our recommendations for Army 68W10 course are to continue with the current practice of following national standards of EMT-B. No further recommendations are necessary.

References

- Curriculum for approved nursing education programs, WAC § 246-840-575 (2005).
- House Democrats. (2011, January 19). Kilmer, Rolfes bills reduce redundant training for veterans [Web log comment]. Retrieved from <http://www.housedemocrats.wa.gov/news/kilmer-rolfes-bills-reduce-redundant-training-for-veterans/>
- Medical Education and Training Campus. (2012). *Medical Education & Training Campus* [Brochure]. Retrieved from http://www.metc.mil/news/downloads/METC_brochure.pdf
- Standard 1: Purpose and Outcomes for Approved Nursing Education Programs, WAC § 246-840-550 (2005).
- Standard II: Organization and administration for approved nursing education programs, WAC § 246-840-555 (2005).
- Standard III: Resources, facilities and services for approved nursing education programs, WAC § 246-840-560 (2005).
- Standard IV: Students In approved nursing education programs, WAC § 246-840-565 (2005).
- Standard V: Faculty in approved nursing education programs, WAC § 246-840-570 (2005).
- Standards and Evaluation of Nursing Education, WAC § 246-840-548 (2005).

Appendix A

THE METC MISSION STATEMENT:

Train the World's Finest Medics, Corpsmen, and Techs Supporting our Nation's Ability to Engage Globally

THE VISION:

Become a National Strategic Asset

Our job #1 is training individuals to be the world's **finest** Medics, Techs, and Corpsmen-to have them leave us with the best knowledge, the best skills, the best attitudes, and (consequently) the best chance of success as they apply each of those things in support of our Country. Our graduates must be the finest in 3 domains:

- **Finest** as purveyors of their technical craft;
- **Finest** as upright Sailors, Soldiers, Airmen, Coast Guard, and others; fit to operate and excel within their service specific culture; and
- **Finest** as individuals who understand and can execute their roles in joint endeavors.

JME&T High Level Operational Concept Description

