

**BY ORDER OF THE COMMANDER  
59 MEDICAL WING**

**59TH MEDICAL WING INSTRUCTION  
36-2601**



**4 OCTOBER 2024**

**Personnel**

**HUMAN RESOURCE DEVELOPMENT**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

---

**ACCESSIBILITY:** Publications and forms are available on the e-Publishing website at [www.e-Publishing.af.mil](http://www.e-Publishing.af.mil) for downloading or ordering.

**RELEASABILITY:** There are no releasability restrictions on this publication.

---

OPR: 59 MDW/SGNE

Certified by: 59 MDW/SGA  
(Lt Col Cristy A. Long)

Supersedes: 59 MDWI 36-2601, 1 June 2021

Pages: 16

---

This instruction implements Department of the Air Force Policy Directive 36-26, *Total Force Development*. This Medical Wing Instruction (MDWI) provides policies, procedures, and responsibilities for managing 59th Medical Wing (MDW) human resource development programs and applies to all personnel assigned, attached, or under contract to the 59 MDW with the exception of the 959th Medical Group (MDG). This instruction does not apply to the Air National Guard or Air Force Reserve. This publication requires the collection and or maintenance of information protected by the Privacy Act of 1974 authorized by 10 U.S.C. 55, Medical and Dental Care, The Health Insurance Portability and Accountability Act (HIPAA), DoD 6025.18-R and E.O. 9397 (SSN). Collected information is "For Official Use Only" Requested to release Privacy Act information to person or agencies outside the DoD must be in accordance with (IAW) AFI 33-332, *Air Force Privacy and Civilian Liberties Program*; and DoD 5400.74-R/AF *Supplement, Freedom of Information Act Program*. The applicable SORN F044 AF SG D, and Automated Medical/Dental Record System is available at: <http://dpclo.defense.gov/privacy/SORNS/SORNS.html>. Refer recommended changes and questions about this publication to the Office of Primary Responsibility using the AF Form 847, Recommendation for Change of Publication. Requests for waivers must be submitted to the OPR listed above for consideration and approval. Ensure that all records generated as a result of processes prescribed in this publication adhere to Air Force Instruction 33-322, *Records Management and Information Governance Program*, and are disposed of in accordance with the Air Force Records Disposition Schedule which is located in the Air Force Records Information Management System.

## ***SUMMARY OF CHANGES***

The publication has been revised. This rewrite of 59 MDWI 36-2601 includes updated training for leadership, competency assessment, and in-service training program.

### **1. Board of Directors (BOD) and Training Leadership.**

1.1. The 59 MDW provides an annual operating budget to support education and training programs. The BOD is ultimately accountable to ensure everyone in the military treatment facility meets job qualifications and is competent to meet member's responsibilities and performance expectations. In addition, the leaders ensure that members' competencies are assessed, maintained, demonstrated, and continually improved. When indicated by competency evaluations, the BOD may direct group commanders to take actions to limit services provided at Wilford Hall Ambulatory Surgical Center (WHASC) to protect the safety of patients.

1.2. Group Commanders. Provide and ensure qualified staff members through Defense Health Agency (DHA) manpower allocations and contractual arrangements via Professional Development and Enlisted Specialty Training Programs. Provide a work environment that promotes self-development and learning for all staff. Plan a budget to support and update training resources; provide training opportunities outside the local Military Treatment Facility.

1.3. Squadron Commanders: Provide a work environment that promotes self-development and learning for all staff. Appoint, in writing, squadron Education and Training Representative (ETR) as the liaison between the squadron, group, flight, and the wing Division of Education and Training (DET). Appointed ETRs will oversee the squadron/flight training needs, competency assessments, and other training programs.

### **2. Training Leadership.**

2.1. Flight Commanders/Work Center Leaders. Appoints, in writing, a primary and secondary Education and Training Representative (ETR) to assist with education and training requirements. Are responsible for providing unit-specific orientation at the time of employment and when there are changes in staff roles and/or responsibilities. Assign trainers or preceptors to all newly assigned individuals. Ensure individuals are oriented to key safety content such as the provision of care, environment of care, and infection control/blood-borne pathogens prior to functioning independently. Ensures staff attends required training and is accountable for no-shows. Are responsible to provide unit-specific orientation at the time of employment and when there are changes in staff roles and/or responsibilities. Assign trainers or preceptors to all newly assigned individuals. Ensure individuals are oriented to key safety content such as the provision of care, environment of care, and infection control/blood-borne pathogens prior to functioning independently.

2.2. ETRs. Oversees work center orientation, in-services, continuing education, competency assessments, and other training programs. Will act as liaisons between the flight/work center, squadron, group, and the DET.

2.3. DET Chief. Provides overall leadership and guidance to all 59 MDW education and training programs. Assesses the overall educational needs of the wing, coordinates/ presents a variety of education/training activities and programs. Manages wing-level education and training requirements.

- 2.3.1. Acts as a consultant to the executive staff to interpret education policies and procedures. Compiles wing aggregated data and provides a Status of Training report to the executive staff and an annual comprehensive summary. Coordinates education and training initiatives from Air Force Medical Service (AFMS) for all 59 MDW personnel.
  - 2.3.2. Acts as a resource on training issues for assigned personnel, i.e., active duty, civilians, contractors, volunteers, and Air Reserve Component personnel.
  - 2.3.3. Ensures adherence to professional standards governing training programs to include orientation, continuing education, competence-based training, skills verification, and in-services.
  - 2.3.4. Assists personnel in obtaining required continuing education opportunities locally or within civilian organizations.
  - 2.3.5. Counsels staff on education opportunities and applications processes for Air Force and civilian schools.
  - 2.3.6. Advises on educational opportunities available to promote career progression or meet special requirement for Air Force Specialty Code (AFSC) and/or medical wing needs.
  - 2.3.7. Assists all sections with unique education and training needs such as documentation processes, needs assessments, and training resources.
  - 2.3.8. Is administratively responsible for assisting members to locate education offerings that award continuing education credit.
  - 2.3.9. Reviews and analyzes course critiques and implements improvements based on course critique analysis.
  - 2.3.10. Evaluates education programs for currency, evidence-based processes, quality, and efficiency in accomplishing stated objectives.
  - 2.3.11. Attends committees, work groups, and meetings to determine opportunities within the San Antonio Military Health Service market to improve educational strategies. Networks with Sister Services and civilian partners to maximize training opportunities.
  - 2.3.12. Assists employees in locating continuing education opportunities to ensure maintenance and currency of necessary skills. Educate employees in new or changing technologies and educational protocols; maintain regulatory and national standards to meet employees' identified education needs.
- 2.4. Education and Training Personnel are assigned to the DET and serve as educational consultants and liaisons between the units, Groups and Wing. Manages and tracks competency information. ETRs should provide the commanders with a status of training report.
- 2.4.1. Education and Training Officer (ETO). Oversee competency assessment, documentation, and provide guidance in competency evaluation for non-privileged personnel. The Credentials Review Committee oversees privileged IAW AFI 44-119, *Medical Quality Operations* and DHA-PM 6025.13, *Clinical Quality Management in the Military Health System*.
  - 2.4.2. Joint Centralized Credentials Quality Assurance System (JCCQAS). Database will be maintained within the DET for non-privileged personnel.

- 2.4.2.1. Will notify the Wing and Group Chief Nurses if a member fails to renew their license or required certification.
- 2.4.2.2. Information will be maintained within DET databases for individuals that require a national certification or national registration to perform their job.
- 2.4.2.3. Maintains competency documentation for individuals with national certification or national registration that are not in JCCQAS, on a tracking report.
- 2.4.2.4. Updates will be provided to Wing and Group Functional Managers on status of required national certification or registrations.
- 2.4.3. Conducts an annual needs assessment for the 59 MDW personnel and assist in providing in-services identified for the topics requested.
- 2.4.4. Maintains oversight and tracks educational training requirements for personnel.

### **3. Staff Members.**

- 3.1. Assume individual accountability for attaining and maintaining clinical and/or managerial competency.
- 3.2. Meets or exceeds continuing education requirements to maintain current licensure and board/national certification. Maintains Continuing Education (CE) credits for professional licensure IAW individual state requirements and AFSC specific requirements.
- 3.3. Identifies one's individual training needs and seeks professional growth opportunities.
- 3.4. Documents attendance of in-service presentations, Medical Wing/Medical Group and unit specific training, annual training, continuing education, etc. in the Competency Assessment Folder (CAF) and Enlisted authorized automated training record.
- 3.5. Complies with Comprehensive Medical Readiness Program requirements for individual AFSC and ensures proper documentation in Medical Readiness Decision Support System (MRDSS) for courses conducted by Education and Training staff.

### **4. Orientation Program.**

- 4.1. In-processing and orientation to 59 MDW is led by DET personnel assigned to the Learning Resource Center (LRC). Categories of personnel include but not limited to active-duty military, civil service, contract employees, Individual Mobilizations Augmentees (IMAs), affiliate providers, students under Training Affiliate Agreements (TAAs), and volunteers etc.
- 4.2. Commander Support Staff, Civilian Personnel Liaison, Contract Personnel Liaison, and/or Volunteer Services Liaison will provide incoming personnel and their supervisor with the appropriate Group in-processing checklist. Personnel assigned to the 59 MDW will attend facility and Newcomer's Orientation at Joint Base San Antonio (JBSA)-Lackland.
- 4.3. DET will plan, conduct, evaluate, report, and maintain documentation on WHASC Newcomer's Orientation, to meet regulatory agencies' training requirements and notify Group Commanders when a member fails to attend and/or complete required MDW orientation. The commanders will initiate follow up action to ensure the member completes orientation.

4.3.1. LRC is the point of contact to conduct and evaluate JBSA-Lackland orientation program. Newly assigned personnel to JBSA-Lackland will report to the LRC to schedule facility orientation and receive a copy of a checklist outlining required training.

4.3.2. Personnel assigned to 59 MDW DET will complete base and facility orientation within 45 duty days of assignment to include volunteers [excluding permissive temporary duty (TDY) days].

4.3.3. Newly assigned personnel to JBSA-Randolph will report to the Command Support Staff and Education and Training office to schedule facility orientation and receive a copy of their in-processing checklist at Randolph.

4.3.4. All newly assigned personnel to 59th Training Group (TRG) will report to the Personnel and Administration Flight at Fort Sam and will be provided a group in-processing checklist. All newly assigned personnel to the 59 TRG will report to their squadron to receive an additional in-processing checklist.

4.3.5. Facility orientation of personnel attending formal training programs may be modified to meet student needs and may be conducted by the program coordinator as long as the curriculum addresses required orientation objectives.

4.4. Personnel are expected to complete work center and job-specific orientation within the specified time established by their assigned duty section. Training should be established for standardization in a unit training continuity binder (paper or electronic copy) which is specific for the work center and includes all competency-based job specific orientation. Documentation of completion are maintained in the CAF or Enlisted authorized automated training record.

4.4.1. Work center orientation consists of, but not limited to the physical layout of the work center/unit; work center leadership; infection control; policies and instructions; and safety procedures.

4.4.2. Job-specific or competency-based orientation will include specific tasks needed to perform job functions and requirements for qualification validation. A review of the job description, position statement and/or core document may be used to validate specific position requirements.

4.5. Individuals who augment units (i.e., Shadow program, Memorandum of Understanding/TAAAs, affiliate provider, or manning assist personnel), must have documentation of orientation to an area prior to being permitted to work there.

## **5. Competency Assessment.**

5.1. Competency assessment applies to all staff, including military (officer and enlisted), civilians, contractors, and volunteers who work in the same capacity as staff that provide treatment, services, and patient care.

5.2. It is each individual's responsibility to acquire, maintain, and improve job competency in order to meet performance expectations as outlined in AFI 44-102, *Medical Care Management* and 59 MDWI 44-133, *Plan for the Provision of Patient Care*, and AFI 46-101, *Nursing Services and Operations*, to function within the scope of practice as outlined within their job description/performance standards.

5.3. Required and recommended training courses and training needs assessment for TRG faculty members are outlined in AETCI 36-2651, *Basic Military and Technical Training*. Faculty Evaluations are accomplished IAW the Community College of the Air Force Campus Affiliations Policies, Procedures and Guidelines to periodically evaluate teaching effectiveness.

5.4. Squadrons, flights, and work centers assess the competency of assigned members IAW DAFI 36-2406, *Officer and Enlisted Evaluation Systems*, and DAFI 36-129, *Civilian Personnel Management and Administration*. Competency is assessed at the completion of orientation, prior to the employee working independently. Competency is also assessed whenever there is a change in equipment and/or clinical practice.

5.5. Competency must be assessed, demonstrated, and documented. Individuals may not function independently until the following has been completed: Newcomers' Orientation, work center-specific orientation, and competency assessments.

5.5.1. Supervisors will evaluate member's competency using the assigned AFSC's Career Field Education and Training Plan and documented electronically in the My Training system. (enlisted personnel only):

5.5.2. At the completion of orientation and prior to the employee working unsupervised, or when an employee is new to a job due to a transfer or promotion.

5.5.3. When there is a change in medical equipment used on the job.

5.5.4. When there is a change in practice, such as the establishment of new standards of care, adoption of new clinical practice(s), or establishment of new administrative procedures.

5.6. Assessments are conducted by using any combination of the following: Review of competency documentation, interview, peer reviews, verbal questioning, written test, direct performance observation, or review of process outcome(s).

5.7. Aspects to consider when evaluating include, but not limited to, performance and documentation of the following:

5.7.1. Current licensure.

5.7.2. Current certification by a professional board or organization.

5.7.3. Currency in applicable life support training.

5.7.4. Currency in readiness/deployment skills training.

5.7.5. Currency of section orientation.

5.7.6. On-the-job training and task/skills training.

5.7.7. Currency and appropriateness of continuing education.

5.7.8. Currency of mandatory 59 MDW/section training including safety, quality improvement, infection control, and medical equipment operation.

5.7.9. Patient safety reports and/or other quality improvement data.

5.7.10. Currency of unit-specific competencies and/or professional requirements.

5.7.11. As applicable, currency of population specific care considerations, including knowledge of growth and development, the unique safety, and social needs of the population served.

5.7.12. Currency in disaster preparedness and medical readiness training.

5.7.13. Compliance with individual position descriptions and performance standards requirements.

5.7.14. Currency in principles of information management (for staff members whose job description includes data collection and interpretation responsibilities).

5.7.15. Currency and status of waivers for personnel performing tasks not included within their scope of practice.

5.7.16. Medical records and peer review.

5.8. Registered nurses are subject to nursing competency assessment, telehealth training and medication practice described in AFI 46-101.

5.9. Competency of personnel in a training status [students in an Air Force approved training program, i.e., Phase II training, Graduate Medical Education (GME) residency, etc.] is governed by the AFI or Program Specific guidance associated with each training program. Competency evaluation procedures for GME participants are documented in San Antonio Uniformed Services Health Education Consortium policy.

## **6. Management for those with skill and/or knowledge deficiencies.**

### **6.1. Marginal Performance:**

6.1.1. If an individual does not successfully complete the competency performance, ETOs should be consulted to assist with a review and evaluation of the initial training plan and assessment for learning disabilities as needed.

6.1.2. When, as a result of competency evaluation, a staff member is identified as having knowledge or skill-level deficiencies, a formal process is instituted to determine if the staff member would benefit from retraining. The appropriate 3-letter and/or Functional Managers will be consulted when this occurs (SGN, SGH, SGA, SGP, SGD, SGB). In the event the staff member is a civilian, the Civilian Human Resources Agency (CHRA) will be notified.

6.1.3. The member and supervisor, along with the 3-letter if indicated, will develop a program with specific goals and objectives. A timeline with milestones will be developed along with a means of evaluation. The member and supervisor will agree on weekly feedback. The supervisor will keep the 3-letter informed.

6.1.4. Upon completion of specific training the supervisor, in consultation with the Flight CC and 3-letter, will make recommendation to return to un-supervised status.

6.1.5. A supervisor may initiate a performance-based action under Chapter 43 of Title 5 of the U.S. Code for any civilian employee exhibiting skill-level deficiencies or other incompetence, which could result in removal from employment. Under Chapter 43, agencies must provide employees time to improve their performance before they can face demotion or removal. CHRA should be fully apprised of the situation in order to provide

relevant and timely advice to the supervisor on an appropriate course of action to ensure Federal regulations are followed.

6.1.6. Disposition addresses those instances where attempts at retraining have been unsuccessful.

6.1.7. The 3-letter is consulted. The process IAW AFI 44-119, DHA-PM 6025.13, *Clinical Quality Management in the Military Health System*, and other applicable DoD, DHA, and AF guidelines will be followed.

6.2. All staff members will have documentation of job competency and qualifications. This will be accomplished through the Career Field Education and Training Plan for enlisted members in My Training, and for all others, a CAF IAW AFI 44-119/DHA guidelines.

6.2.1. For non-privileged staff, a six-part CAF will be initiated, regularly updated, and maintained in the duty section. The supervisor/ETR will make the CAF available to the individual for periodic update and review.

6.2.2. Privileged healthcare providers will maintain a six-part CAF, which should be kept by the individual's supervisor/ETR in their work center and available for periodic update and review. The requirement to maintain the CAF should not be confused with the Provider Credentials Files and Provider Activity File requirements. The CAF contains non-credentialed items such as: job description, wing orientation, unit-specific orientation, unit-specific safety, and other unit-specific requirements.

6.2.3. Guidance for CAF content and organization is provided IAW AFI 44-119. All six-part CAF coversheets and required documentation can be found in the Education and Training folder on the 59 MDW share drive.

## **7. In-Service Training Program.**

7.1. In-service topics are identified through unit learning needs assessment, which considers multiple sources of data, including but not all inclusive:

7.1.1. Customer/patient population served, type and nature of service and/or care provided by the department.

7.1.2. Individual staff members' requests; unit mission needs; findings from unit/department performance appraisals of individuals, recommendations from medical staff, supervisors, or commanders.

7.1.3. Findings from quality assessment and improvement activities; peer review activities; environment of care management and emergency procedures drills; infection control activities; information from patient complaints, incident reports, and various inspections.

7.1.4. Advances in health care, technology, policies/procedures, research, new equipment, etc.

7.2. Unit-specific requirements are listed below but not all inclusive:

7.2.1. Fire Safety.

7.2.2. Electrical Safety.

- 7.2.3. Job-specific aspects of patient safety.
  - 7.2.4. Infection Control.
  - 7.2.5. Bloodborne Pathogens.
  - 7.2.6. Emergency Procedures.
  - 7.2.7. Crash Cart/Code Blue.
  - 7.2.8. Anaphylactic Shock.
  - 7.2.9. Restraint and Seclusion.
  - 7.2.10. Abuse Awareness should be part of the unit-specific training plan, as appropriate for the work center.
  - 7.2.11. High risk processes/procedures.
  - 7.2.12. Low volume processes/procedures that individuals should have competencies on but are infrequently done in the unit.
  - 7.2.13. Problem prone issues based on Patient Safety Reports and/or risk assessments done in the unit.
  - 7.2.14. Multi-disciplinary and cross-functional in-services are encouraged.
- 7.3. The ETR(s) will have a mechanism in place to track in-service attendance or participation of all staff.
- 7.4. Each work center will maintain an in-service binder hard copy and/or electronic equivalent which contains, as a minimum, a needs assessment summary, in-service projections, completed in-service documentation forms, a plan for staff make-up training, and master evaluation tools.
- 7.4.1. Documentation of the in-services and unit specific training can be accomplished via RELIAS Platform In-service system. Documentation includes, as a minimum: date/time, speaker, title, learning objectives, summary outline or lesson plan of briefing, how training need was determined, teaching method, method of evaluation, and a roster of personnel trained. Unit ETRs are trained in the usage of RELIAS Platform In-service tool.
  - 7.4.2. Documentation will be maintained in the work center for the current year plus the prior two years.
- 7.5. Work centers will have a mechanism in place to enable shift workers and absent staff to obtain training. For example, video or audio taped training, lesson plan or reference review, self-paced computerized learning program, alternate arrangements for equipment demonstration, etc. When possible, the summary of the in-service will be written so that a non-attendee could obtain essential information by reading the program outline/content.
- 7.6. Self-Learning Packages and other source materials can be used as in-service if appropriate to unit duties and if documented.
- 7.7. All in-service attendances rosters will be kept in the Education/In-service Binders maintained by the ETR.

7.8. Safety and infection control related in-service or ongoing training by each individual will also be documented on AF Form 55, *Employee Safety and Health Record*.

7.9. Facility-level training does not take the place of the work-center specific training.

7.10. All staff members are required to complete annual training IAW Defense Health Agency (DHA) Guidance and/or Program Specific Directors, i.e. HIPAA, Annual Regulatory Training (ART).

## **8. Continuing Education Program.**

8.1. Squadron or Group level permission is required to attend any technical, scientific, or professional meetings, subject to available funds, professional mission, and the individual's performance record.

8.1.1. Recommended requirements for Continued Healthcare Education (CHE) TDY funding included programs must provide at least 6 CHE credit hours of instruction per day; program length will be 3-10 days; applicant must have 1-year retainability after course completion date; and program must be applicable to assigned duties. If using a SF Form 182, *Authorization, Agreement, and Certification of Training* it must be routed 30-days prior to TDY start date.

8.2. Civil service personnel are required to complete the same number of CHE hours as prescribed for active-duty personnel in the same AFSC. Contract personnel or other civilian personnel and volunteers are to meet the same number of CHE hours and are required to obtain CHE hours as required per statement of work, and/or to maintain professional licensure as applicable.

8.3. The responsibility for meeting CHE requirements rests with the individual, regardless of funding availability. For more detail on AF CHE requirements by specialty, refer to AFI 41-117, *Medical Service Officer Education*.

8.4. Non-credentialed individuals will provide a copy of their continuing education certificate to DET for it to be loaded in JCCQAS. In addition, IAW Memorandum Continuing Nursing Education (CNE), 13 October 2021; each AF NC officer and civilian-registered nurse employees licensed in states that require CNE will follow state requirements. Those licensed in states with no CNE requirements will accomplish an equivalent of 12 contact hours for each year of their license renewal period and will document contact hours in their CAF on AF Form 2665, *Continuing Education Summary* and include a copy of the course completion certificate.

8.5. Nurses (RN/LVNs) will submit their CNE/Continued Education (CE) certificates to DET to input into JCCQAS when their license is renewed.

8.6. Contract, civilian and volunteer personnel are to meet the same number of CHE hours and are required to obtain CHE hours as required per respective statement of work, and/or to maintain professional licensure as applicable.

8.7. The DET provides oversight, information, guidance, and consultation to groups on continued education IAW AFI 41-117, *Medical Service Officer Education*. DET staff coordinates and conducts annual educational needs for the group/squadrons as applicable, and facilitates planning, conducting, evaluating, and documenting of continued education activities online for the Nurse Utilization and Education Branch (HQ AFPC/DPMNN). HQ AFPC

requires all submissions to be placed 45 days prior to presentation for CNE and 60 days prior to presentation for Continuing Medical Education.

8.8. All USAF Formal School applications are processed through the group Unit Training Managers. Refer to <https://etca.randolph.af.mil> for information.

## **9. Life Support Programs.**

9.1. The Life Support Program is administered IAW American Red Cross, Military Training Network guidelines, and 59 MDWI 44-142, *Code Blue and Purple Management*.

9.2. Personnel working in the Medical Treatment Facility are required to have Basic Life Support training IAW 59 MDWI 44-142. Letters of exemption or waivers for Basic Life Support must comply with AFI 44-102.

9.3. Personnel requiring Advanced Cardiac Life Support and Pediatric Advanced Life Support are identified by Credential managers or supervisors respectfully IAW 59 MDW 44-142, AFI 44-119, AFI 44-102 and AFI 44-103, *The Air Force Independent Duty Medical Technician Program*.

9.4. Resuscitation Function will coordinate Mock Code Blue, IAW MDWI 44-142 ensuring each clinical area receives an evaluation quarterly. If the evaluation is not satisfactory, remedial training is conducted and a re-evaluation is scheduled.

## **10. Licensing.**

10.1. Credentialed personnel must in-process through the Credentials Office. Non-credentialed nursing personnel in-process through the DET if assigned to JBSA-Lackland otherwise through their respective facility.

10.1.1. 559 MDG – Personnel assigned to 559 MDG Randolph whether credentialed or non-credentialed, must in-process through 559 MDG Credentials Office at Randolph.

10.1.2. 59 TRG – Personnel assigned to 59 TRG whether credentialed or not, must in-process through their Core Chief (SGN/ 4N FM).

10.1.3. 959 Air Force personnel must in-process at Troop Support Center at Brooke Army Medical Center (BAMC).

10.2. All assigned personnel who require a license, certification, or registration to perform their duties must maintain an active unrestricted license while working at the 59 MDW. See AFI 44-119, Chapter 4 and DHA-PM 6025.13, *Clinical Quality Management in the Military Health System*. Licensed personnel must submit JCCQAS worksheet upon in-processing.

10.3. The JCCQAS Program Administrator maintains licensure, registration, or certification verification for non-credentialed personnel and monitor monthly. Employees, appropriate 3-letter/Functional Managers, and/or their supervisors are notified of expiring licenses within three months of the license expiring.

## **11. Professional Board and National Certification/Registration Examinations.**

11.1. The 59 MDW supports professional board and national certification examinations IAW AFI 41-104, *Professional Board and National Certification Examinations*.

11.2. Personnel who are required to maintain certification must meet and maintain documentation of certification. Credentialed providers furnish the Credentials Office with a copy of the letter or certificate that verifies successful completion of the board and/or certification examination. Non-credentialed personnel provide a copy to JCCQAS Program Administrator to upload in JCCQAS or maintain current copies of certification in their CAF.

## **12. Emergency Medical Technician (EMT) Training.**

12.1. All 4N0X1 personnel are National Registry of Emergency Medical Technicians (NREMT) re-certified and registered IAW the 4N0X1 Career Field Education and Training Plan.

12.1.1. All personnel assigned to Emergency Medical Service/Ambulances – active duty or civilians – must be National Registry of Emergency Medical Technicians/Paramedics IAW 4N Career Field Manager Policy, all 4N0X1 personnel must pass the AF EMS Protocol Test (EMT or Paramedic) in conjunction with their NREMT recertification.

12.2. The 59 MDW Commander appoints a 4N0X1 assigned to DET as the EMT Course Coordinator for the NREMT site code and designates an EMT Course Medical Director. DET staff implements and manages the EMT program through the course coordinator. DET Program Coordinator tracks and updates NREMT registration data.

12.3. Supervisors provide time/opportunity for personnel to achieve/maintain NREMT certification.

12.4. Individuals maintain required NREMT registration with a copy of NREMT certification and are responsible for tracking and maintaining documentation of Continuing Education Units.

## **13. On-The-Job (OJT) Training.**

13.1. 3F2X1 Functional Manager assigns Wing Unit Training Managers to the 59 MDW to oversee the OJT Program IAW DAFMAN 36-2689, *Total Force Development*.

13.2. All Air Force enlisted medical personnel must login to the My Training system. Personnel in the grades of E-1 through E-9 must have active records. Senior Non-Commissioned Officers (MSgt-CMSgt) who are providing patient care will maintain a current Specialty Training Standard and appropriate AF Form 797, *Specialty Training Standard* or AF Form 1098, *Special Task Certification and Recurring Training*. Clinical tasks being performed will be signed off on the individual's AF Form 797 or AF Form 1098 in My Training. (**Note:** Personnel in grades of E-7 through E-9 in retraining status must maintain an active record until they have achieved the appropriate skill level commensurate with their grade.)

## **14. Training Affiliation Agreements.**

14.1. The 59 MDW DET coordinates and manages all non-GME Training Affiliation Agreements IAW DHA-IPM 23-002, *Training Agreements*.

14.1.1. The host program coordinators ensure work center officers in charge, preceptors, trainers, and training affiliates abide by the terms stated in the affiliation agreements. They also ensure orientation to general unit/facility and work center policies are completed before training starts.

14.1.2. The host program coordinators also maintain a database listing the student's name and date(s) of rotation for 5 years.

14.2. The 59 MDW GME Office coordinates and manages TAAs and San Antonio Uniformed Service Health Education Consortium Training Affiliation Agreements for Medical Students, Graduate Medical Education and Graduate Allied Health IAW DHA-IPM 23-002.

14.3. The DET provides facility orientation to meet student needs. This may be conducted by the program coordinator as long as the curriculum addresses all orientation objectives.

## **15. Phase II Technical Training Programs.**

15.1. The 59 TRG develops and coordinates program administration, management, and evaluation procedures for medical training programs.

15.2. The 59 TRG provides oversight to Phase II technical training, and nursing supplemental training IAW AFI 41-105, *Medical Training Programs*.

GWENDOLYN A. FOSTER  
Brigadier General, USAF, NC,  
Director, Wilford Hall Ambulatory Surgical Center

**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

DAFPD 36-26, *Total Force Development and Management*, 15 April 2022

AETCI 36-2901, *Wear of the AETC Instructor and Master Instructor Badges*, September 2022

AFI 36-129, *Civilian Personnel Management and Administration*, 6 April 2023

DAFI 36-2670, *Total Force Development*, 25 June 2020

DAFMAN 36-2114, *Management of Air Force Reserve Individual (IR) and Full Time Support (FTS) Programs*, 24 May 2021

DAFI 36-2406, *Officer and Enlisted Evaluation Systems*, 4 August 2023

AFI 41-104, *Professional Board and National Certification Examinations*, 21 May 2019

AFI 41-105, *Medical Training Programs*, 5 December 2014

AFMAN 41-108, *Training Affiliation Agreement Program*, 21 August 2019

AFI 41-117, *Medical Service Officer Education*, 25 March 2015

AFI 44-102, *Medical Care Management*, 17 March 2015

AFI 44-103, *The Air Force Independent Duty Medical Technician Program*, 30 August 2018

AFI 44-119, *Medical Quality Operations*, 16 August 2011

AFI 46-101, *Nursing Services and Operations*, 30 January 2015

AETCI 36-2651, *Basic Military and Technical Training*, 3 April 2023

59 MDWI 44-133, *Plan for the Provision of Patient Care*, 5 February 2021

59 MDWI 44-142, *Code Blue and Purple Management*, 3 May 2022

DHA-IPM 23-002, *Training Agreements*, 12 June 2023

DHA-PM 6025.13, *Clinical Quality Management in the Military Health System*, 29 August 2019

***Adopted Forms***

AF Form 55, *Employee Safety and Health Record*

AF Form 797, *Specialty Training Standard*

AF Form 847, *Recommendation for Change of Publication*

AF Form 1098, *Special Task Certification and Recurring Training*

AF Form 2665, *Continuing Education Summary*

SF Form 182, *Authorization, Agreement, and Certification of Training*

***Abbreviations and Acronyms***

**AFSC**—Air Force Specialty Code

**TFTR**—Total Force Training Record  
**BOD**—Board of Directors  
**CAF**—Competency Assessment Folder  
**CE**—Continuing Education  
**CH**—Contact Hour  
**CHE**—Continued Healthcare Education  
**CNE**—Continuing Nursing Education  
**DHA**—Defense Health Agency  
**DET**—Division of Wing Education and Training  
**eCAF**—Electronic Competency Assessment Folder  
**EMT**—Emergency Medical Technician  
**ETO**—Education and Training Officer  
**ETR**—Education and Training Representative  
**GME**—Graduate Medical Education  
**IAW**—In Accordance With  
**IMA**—Individual Mobilization Augmentee  
**JBSA**—Joint Base San Antonio  
**JCCQAS**—Joint Centralized Credentials Quality Assurance System  
**LRC**—Learning Resource Center  
**MDG**—Medical Group  
**MDW**—Medical Wing  
**MDWI**—Medical Wing Instruction  
**NREMT**—National Registry of Emergency Medical Technicians  
**OJT**—On-the-Job Training  
**TAA**—Training Affiliation Agreements  
**TDY**—Temporary Duty  
**TRG**—Training Group  
**WHASC**—Wilford Hall Ambulatory Surgical Center

*Terms*

**Competency Assessment**—Process of evaluating personnel’s performance based on an established set of standards for a particular job position.

**Contact Hour (CH)**—A unit of measurement that describes the number of minutes of an approved, organized learning experience, either didactic or clinical practice. Medical and Nurse Corps have established the following metrics:

Medical Corps: 60 minutes = 1 CH

Nurse Corps: 60 minutes = 1 CH

One quarter from a college class is 12.5 CH

One semester hour from a college class = 15 CH

**Continuing Education (CE)**—Learning activities intended to build upon the education and experiential base of the healthcare professional and certain enlisted AFSCs; and enhance practice, education, administration, research, or theory development.

**Emergency Medical Technician (EMT) Training**—Formal education and certification of professional level providers of emergency care.

**Inservice Training Program**—Activities to assist personnel to maintain competence in fulfilling job responsibilities.

**Medical Training Program**—The combination of all individual courses at the various medical training facilities to include initial skills, supplemental, and Phase II training courses.

**On-the-Job Training (OJT)**—Hands-on, “over the shoulder” training that a duty location uses to certify personnel in both upgrade and job qualification training.

**Orientation Program**—The orientation program introduces new staff to the facility.

**Phase II Medical Training Course**—Provides training in an Air Force Specialty (AFS) or specific duties within an AFS and follows successful completion of Phase I (qualifying course), a Phase II course may award an AFSC.