

NATO Special Operations Forces Medical Engagements and Partnering Course: Initial Curriculum Recommendations from the NSHQ SOFMEP Committee

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ABSTRACT

Military partnering operations and military engagements with host nation civil infrastructure are fundamental missions for NATO Special Operations Forces (SOF) conducting military assistance operations. Unit medical advisors are frequently called upon to support partnering operations and execute medical engagements with host nation health systems. As a primary point of NATO SOF medical capability development and coordination, the NATO Special Operations Headquarters (NSHQ) sought to create a practical training opportunity in which medical advisors are taught how to prepare for, plan, and execute these complex military assistance operations. An international committee of SOF medical advisors, planners and teachers was assembled to research and develop the curriculum for the first NSHQ SOF Medical Engagement and Partnering (SOFMEP) course. The committee found no other venues offering the necessary training. Furthermore, a lack of a common operating language and inadequate outcome metrics were identified as sources of knowledge deficits that create confusion and inhibit process improvement. These findings provided the foundation of this committee's curricular recommendations. The committee constructed operational definitions to improve understanding and promote dialogue between medical advisors and commanders. Active learning principles were used to construct a curriculum that engages learners and enhances retention of new material. This article presents the initial curriculum recommendations for the SOFMEP course, which is currently scheduled for October 2012.

is to promote the interoperability of international Special Operations Forces (SOF), as different nations have varying structural organizations and doctrinal processes. The NSHQ created the NATO SOF Medicine Development Initiative (NSMDI) to assist nations with developing their SOF medical capabilities by providing common training, promoting knowledge sharing, and synchronizing NATO SOF medical practices. The NSHQ Medical Branch is responsible for implementing NSMDI measures and facilitating the training of SOF medical advisors.

The Medical Branch launched the inaugural five-day Special Operations Medical Leaders Course (SOMLC) in October 2011, during which physicians and medics were taught how to plan, prepare for, and execute NATO SOF's three core missions: Direct Action, Special Reconnaissance, and Military Assistance. Special Operations Forces have unique capabilities that make them particularly useful in military assistance missions.² Because of these unique capabilities, the NSHQ senior medical advisor devoted two full days to teaching principles of SOF military assistance, which encompasses a broad range of activities that support friendly assets through training, advising, and mentoring.³ Military assistance operations are challenging and often require medical advisors to assume an active role in planning and execution. The SOMLC military assistance training focused on SOF medical support for military partnering operations and military medical engagements of host nation health systems as the utilization of these operations has significantly increased over the past decade. A brief overview of these operations is provided below.

Introduction

The NATO Special Operations Headquarters (NSHQ) is a "primary point of development, direction, and coordination for all NATO Special Operations-related activities."¹ A key component of the NSHQ's mission

Military Medical Engagements and Military Partnerships

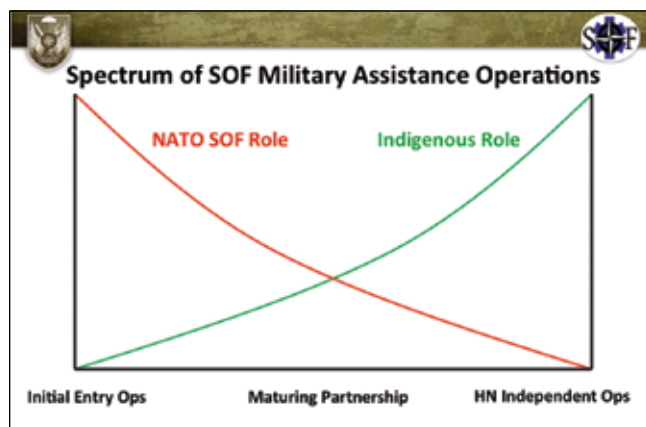
A NATO SOF unit interfaces with host nations or indigenous forces in numerous ways, including engaging

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with host nation medical infrastructure and partnering with indigenous friendly forces. These two missions are distinct from one another, but often overlap in SOF environments such as stability operations, which typically involve concomitant security and health sector improvement objectives. In addition, both missions are tied to the same operational end state: improvement of host nation capacity and sustainability.⁴ In both instances, operational effectiveness can be measured by the difference between the host nation's and SOF's contributions. This spectrum is graphically represented in Figure 1.⁵ Following initial entry operations, coalition SOF forces shoulder most of the workload. As time progresses, the host nation's role progressively increases while the SOF role decreases. Medical advisors can use this graphical model to evaluate host nation capabilities and subsequent SOF medical support requirements.

Figure 1 *Spectrum of SOF Military Assistance Operations*⁵



Military medical engagements are complex, controversial, and often misunderstood. Much of the ambiguity related to medical engagements stems from it being poorly defined and doctrinally undeveloped.⁶ Medical engagement operations span a continuum of activities, but the medical civic action program (MEDCAP) has emerged as the predominate term that has been used almost interchangeably with all medical engagement operations by militaries, governments and the media. This misnomer is unfortunate because scrutiny and criticism of the MEDCAP began shortly after its inception during the Vietnam War and continues to this day.^{7,8} Similar medical engagement strategies that were developed over the subsequent 40 years garnered comparable reviews. A lack of strategic alignment, capacity building, sustainability, and outcome metrics are cited as the top deficiencies associated with these operations.^{9,10,11} It is tempting to discount all military medical engagement operations altogether because of MEDCAP's perceived shortcomings. Because of these perceptions, some international organizations have called for military medical operations' cessation, when tied to stability objectives.¹²

Partnering with indigenous or host nation security forces is not new to SOF. Special Operations medical advisors must be thoroughly prepared to support partnership operations. Medical advisors must have the ability to develop cohesive training plans that improve capacity and self-sufficiency, while considering command objectives, internal resources, and indigenous capabilities. Furthermore, partnered military operations involve complex human social systems that require interpersonal and relationship development skills.¹³

NATO SOFMEP Course Development

Following SOMLC, feedback from learners and instructors confirmed the complexity of military assistance operations and also identified the need for additional training.¹⁴ The NSHQ senior medical advisor recognized the immediacy and relevancy of these operations and endorsed further research by a planning committee. The committee was tasked with researching and developing a curriculum that would serve as a practical guide for medical advisors serving at the unit level within NATO SOF. This endeavor represents the first time these two operations have been formally developed as a combined curriculum for NATO SOF medical advisors.¹⁵

The SOFMEP Committee was comprised of joint, multinational medical personnel with experience in special and conventional operations. Three of the members were medical faculty development fellows with experience in curriculum design using active learning techniques. Course schedule and products were developed over a five-day planning session. Course products included learning objectives, PowerPoint presentations, manuscripts, and handouts for each topic. Prior to this session, committee members were assigned overlapping areas of literature review related to either military partnerships or medical engagement strategies. On day one of the planning session, each member presented their literature review to inform the committee's decision-making process and to identify common issues.

By reviewing and discussing relevant evidence, we were able to identify that there is insufficient training opportunities to fully prepare SOF medical advisors for military partnering and medical engagement operations. We could not find existing venues offering practical training on these two operations for unit-level SOF medical advisors. This is intriguing, due to the extent of these advisors' involvement in planning and executing these operations. Given the lack of formal training, we surmised that many medical advisors obtain their knowledge through trial and error or informal networks with other advisors. These informal networks may have propagated experiential knowledge, but they did little to advance organizational competencies in medical support of military partnering and medical engagements.

Organizational core competencies are developed through a strong knowledge sharing network.¹⁶ However, a common operating language must exist to support knowledge sharing. We were unable to identify universally accepted definitions for SOF military medical partnering or SOF military medical engagements. NATO relies on outcome measures to assess processes and improve organizational effectiveness.¹⁷ We found that outcome metrics related to medical engagements were inadequate and often underutilized.^{10,11} The absence of a common operating language and inadequate outcome metrics would significantly inhibit organizational learning and knowledge sharing. Therefore, we designed the SOFMEP course to introduce a common operating language and teach the use of outcome measures in order to improve organizational learning.

Dialogue cannot exist without shared understanding. A common operating language supports mutual dialogue and enhances informed medical support of command objectives and knowledge sharing. For example, a commander may define a medical engagement as a medical civic action program (MEDCAP) while his medical advisor defines it as a medical seminar (MEDSEM) while another advisor defines it as mentoring host nation physicians.¹⁸ Contrast the medical engagement example with an ambush or raid, both of which have generally understood doctrinal definitions. Commanders and medical providers possess a common understanding of terminology and are able to dialogue and achieve effective medical support. Similarly, knowledge sharing between medical advisors is fostered through a common operational understanding of these mission sets.

We developed definitions for both medical partnerships and medical engagements to support communication between SOF commanders and their medical advisors. These definitions were refined throughout the session and ultimately approved by the NSHQ medical advisor:

SOF Military Medical Partnerships

SOF medical training, mentoring, and advising of partnered forces that is aligned with command objectives and conducted to enhance operational medical capacity and promote self-sustainability

SOF Medical Engagements

A spectrum of medical operations aligned with command objectives, coordinated with indigenous assets and conducted to improve populace health, enhance medical care, and advance host nation capacity

Both definitions emphasize the importance of quality medical initiatives that are aligned with command intent and offer dialogue opportunities between commanders

and their medical advisors. In addition, they offer operational parameters that are flexible enough to fit numerous situations. We recommend these definitions for immediate doctrinal adoption to eliminate confusing terminology and promote effective knowledge sharing.

Measures of effectiveness are crucial to identifying best practices, process improvement opportunities and enhancing organizational knowledge. Therefore, we identified the need to teach development, collection, and evaluation of good measures of effectiveness. When considering operational end-states, performance measures are important, but not nearly as helpful as effectiveness measures. Consequently, the SOFMEP course will focus on developing quality measures of effectiveness. Learners will be given a model and checklist tool. Then they will use the tool to develop measures for an operation following an analysis exercise of a command campaign plan. Learners will also be expected to use the tool to develop measures for each of the subsequent topics. A simple process improvement model will also be presented to demonstrate how measures can be used to evaluate and improve medical operations.

The committee's curriculum recommendations were guided by a need to provide a training opportunity that would address the lack of universally accepted definitions and outcome measures. Additional topics were identified that will provide learners with the knowledge and tools they will need to effectively plan a medical partnership or medical engagement. These included pre-deployment preparation, mission analysis, outcome measures, non-governmental organization (NGO) relations, and cross-cultural negotiation. These topics, which are particularly important for NATO SOF medical advisors who have variable training and experience in SOF medical planning, create a common operating picture for the learners. The complete course schedule and topic objectives are presented in Table 1.

Relationships between SOF medical advisors and NGOs will be explored during the SOFMEP Course. Interactions between these two entities on the modern battlefield are inevitable and international military directives mandate coordination of activities when possible while preserving NGO neutrality.^{19, 20} Fortunately, mutual alignment between these independent organizations and SOF is possible due to the overarching goal of stability and security to reduce and prevent conflict.²¹ A standardized algorithm will be presented during the course to guide approaches and interactions with non-governmental organizations. The essential differences and commonalities between SOF and NGOs will be explored in detail. Course material will highlight the importance of researching a given NGO, respecting their neutrality, and identifying mutually supporting initiatives. Learners will practice the standardized approach through role playing exercises.

Table 1 *SOFMEP Course Schedule and Objectives*

Venue	Day	Topic	Objectives
Classroom Instruction	1	Predeployment Preparation	• Develop a predeployment planning and preparation checklist • Identify medical intelligence and site survey needs • Determine capability variations of coalition and partnered forces • Establish medical equipment and training requirements
		Mission Analysis	• Assess campaign plans and command intent • Learn a standardized approach to mission analysis • Use the spectrum of operations chart to guide planning • Practice mission analysis and COA development
	2	Outcome Measures and Process Improvement	• Define measures of performance and effectiveness • Develop outcome metrics for medical initiatives • Learn a process improvement and knowledge sharing model
		Medical Support of Military Partnerships	• Align partnership initiatives with command intent • Assess the medical training and advising needs of a partnered force • Develop a plan that enhances partner capacity • Plan initiatives that promote self-sustainability • Design an effective medical plan for combined operations
	3	NGO Relations	• Define Non-Governmental Organizations (NGO) • Discuss the spectrum of NGO entities • Review literature critique of NGOs • Assess the effect of SOF presence in an area where a NGO is present • Practice a standard approach to NGOs
		Negotiating Across Cultures	• Review impact of language/gestures on cultural understanding • Examine an approach to negotiations that is open and adaptive • Practice interacting with other cultures through role play
		Medical Engagement Strategies	• Assess host nation medical infrastructure and organization • Determine the SOF role in overall host nation health improvement • Align medical engagement initiatives with command intent • Discuss the connection between security and medical engagement • Tie engagement strategies to desired outcome metrics • Plan a medical engagement for a given operational environment
Capstone Exercise	4	Mentored Planning Session	• Identify pre-deployment requirements for an assigned campaign • Assess command objectives and conduct mission analysis • Develop COAs for medical partnering and engagement initiatives
	5	Mission Analysis Briefs	• Present COAs to a commander or operations officer • Recommend a COA and present a detailed plan • Answer all command questions appropriately

We will also teach cross-cultural communication and negotiation so learners will discover how to maintain relationships and trust, even in the face of disagreement. These concepts will likely be foreign to most medical advisors thrust into a SOF partnering mission. SOFMEP students will learn how to research cultural points of interaction, avoid cultural stereotyping and exploit cultural constants that satisfy the needs of all parties.^{22,23} The Platinum Rule of “Do unto others as they themselves would do unto them”, will be explored as guide to planning for cross-cultural communication.²⁴

Active Learning

Three of our committee members are completing their final year of a medical faculty development fellowship that emphasizes active learning methods to teach adult learners. Active adult learning techniques were incorporated into the curriculum to enhance learner satisfaction and

the retention of course content. The curriculum consists of three days of classroom-based, dialogue learning that includes daily opportunities for learners to practice what they have learned. This engagement of learners is a cornerstone of adult learning.²⁵ The SOFMEP curriculum maintains learner engagement by sequentially introducing new material and allowing learners to practice with the material daily.

Learner engagement culminates in a capstone exercise requiring the use of all materials presented during the course. The class will be divided into small teams and each team will be assigned an instructor-mentor. Teams will be given mission scenarios in varied geographic locations and at different points along the spectrum of operations curve. The mentored planning session will continue for an entire day. Teams will conduct mission analysis and develop courses of action for both medical partnering and engagements that support a given campaign

plan. On the following day, teams will present their analysis and courses of action to a non-medical, NSHQ commander or operations officer. The teams will briefly outline all courses of action and then provide a detailed operations plan for their recommended course. Following their briefs, the teams will then field all questions from the commanding officer. This exercise was designed to enable practice and familiarize teams with the types of questions they can expect from their commanders when they return home and prepare to integrate their new knowledge.

Conclusion

The SOFMEP course was developed to prepare NATO SOF medical advisors for the challenges of supporting military partnerships and conducting medical engagements with host nation health systems. The committee found that a lack of common operating language was preventing mutual dialogue and insufficient outcome metrics were limiting process improvement. These findings were thoroughly addressed throughout the curriculum. The first SOFMEP course is scheduled for October, 2012. Medical advisors interested in attending the course should contact the NSHQ medical advisor.

This article outlines our initial curriculum recommendations. The SOFMEP course will be fully evaluated in subsequent articles. The way ahead includes developing knowledge sharing venues that will collect and facilitate the transfer of lessons learned and best practices. An equally important pathway for progress is developing NATO SOF and NATO doctrine that provides better guidance for the alliance in these complex medical operations. Complete literature reviews of medical engagements and military medical partnering operations will be presented in subsequent articles. We anticipate that those articles will promote continued dialogue within the SOF community and inform the creation of doctrine to guide improved operational effectiveness.

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