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An Ongoing Series

Mastering the Basics Makes the Best Medics in the World

An Interview With Shawn Kane, SWMG (A) Commander and Dean of the JSOMTC

Interviewed by COL (Ret) Andre Pennardt, MD

Please provide our readers a brief overview of the highlights of your Special Operations Forces (SOF) career.

Wow, tough one to answer, because there have been so many opportunities, challenges, and, most importantly, great relationships. One of the highlights definitely has to be helping to set up the CJSOTF-A [Combined Joint Special Operations Task Force-Afghanistan] in Bagram back in late 2001 and early 2002. It was the Wild West, there was pretty much nothing in Bagram, and to . . . help establish the CJSOTF-A and the overall US footprint in the country was an awesome opportunity. The other highlights are the Soldiers and the family members I have had the privilege to work with and care for—some truly amazing people.

COL Shawn Kane

What are the greatest challenges you face as the Special Warfare Medical Group (SWMG) (A) Commander and Dean of the Joint Special Operations Medical Training Center (JSOMTC)?

The greatest challenge is to ensure we graduate the greatest number of medics possible while not sacrificing quality. Our forces are short medics, as well as other skills, so we need to try [to] maximize our graduation rate. Another challenge is focusing on the basics. We are making "apprentice"-level medics, not master medics. I think at times people get distracted by the latest topic and gadget, and tend to move away from the basics. Mastering the basics is what makes our grads the best medics in the world.

In what ways does the JSOMTC ensure SOF medics maintain their skills and certifications? What steps do you take to disseminate lessons learned from the field?

The Special Operations Medics Skills Sustainment Course (SOCMSSC) is how we do this. We run this 9-day course 20 times a year and every graduate is required to come back every 2 years. SOCMSSC covers all the requirements for ATP [Advanced Tactical Paramedic], refreshes the medics on the basics of TCCC [Tactical Combat Casualty Care], and allows for current lessons learned to be shared. SOCMSSC only refreshes SOCM [Special Operations Command]-level task. In 2018, we are looking to start the Special Forces Medical Sargent Skills Sustainment Course. We are still working out the details, but this course will be somewhere between 9 and 15 days and will refresh both SOCM skills and SFMS [Special Forces Medical Sergeant]/SOIDC [Special Operations Independent Duty Corpsman] skills.

How does the JSOMTC staff ensure training materials remain current and reflect changes in standards of medical care?

We don't decide what we teach in a vacuum. Our customers decide and tell us what knowledge, skills, and attributes they want our grads to have. This information comes to us from the JMEAC [Joint Medical Enlisted Advisory Council] and from the 18D Critical Task Review Board. So, once we have an idea of what tasks we are gong to teach, we develop lesson plans and a POI [plan of intent]. These materials are reviewed by multiple personnel, from the course directors, associate deans, and external subject matter experts.

> "We need to make sure we don't live on our laurels."

The time frame of the training pipeline places limits on what medical education can be provided. Which skills, if any, do you wish would receive greater focus in the current curriculum?

I would love for our students to get more clinical hands-on time in an outpatient setting. Many times, there isn't anything exciting about seeing patients in an outpatient setting, but it's a great way to teach and learn critical thinking and medical decision-making. Their trauma skills are excellent and, in a perfect world, they would get more outpatient clinical expertise prior to graduation. But this gap is addressed in unit-specific programs and MPT [medical proficiency training].

Are there changes you would like to see in the USSOCOM Advanced Tactical Paramedic command certification program?

If there was one change that I would like it would be that every ATP is trained here at the JSOMTC. In my opinion, we are slowly moving away from the goal of medical interoperability that we have been working toward for years. It would

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require some changes to our current course, but I think we could do it while meeting the demands of the components and achieving interoperability.

How is the JSOMTC working to prepare SOF medics for Prolonged Field Care (PFC)?

We give our students a brief introduction in the concepts of PFC and give them a brief experience with it during the culmination field-training exercise of SOCM. We don't have enough time to train PFC. If you really are going to train it, you need to have medics sit on and treat real patients for 48–72 hours or longer. PFC is primarily nursing care and the only way to train it is to do it, whether that's at a unit training event or in a hospital. Overall, PFC is a unit-level task and responsibility, so we give them some familiarization.

What do you see as the role of portable ultrasound (US) for SOF in the field?

It is expanding and, as the technology changes, it is getting more practical. My biggest fear with US is that it is a perishable skill. If you do it a lot and know what you are looking at, it's an awesome adjunct; if you don't, its bad, fuzzy black-and-white TV.

What are your top goals in your current position?

Graduate the greatest number of the best medics in the world while also providing sustainment training to ensure they stay the best. Everything we do after that is icing on the cake.

What do you think is the greatest achievement or advance in SOF medicine since combat operations began in 2001?

Greatest achievement or advance would be tough, as we have had so many!! Tourniquets, TC3 [Tactical Combat Casualty Care], FDP [freeze-dried plasma], TXA [tranexamic acid], whole blood, combat-wound pill packs, trauma registry, CASEVAC [casualty evacuation], to name a few. The entire SOF medical enterprise has improved so much and it's also led change in the DoD [Department of Defense] health system. I don't think you can pick one.

What do you consider obstacles, if any, to further advance SOF medicine?

We need to make sure we don't live on our laurels, and we need to continue to search out better ways to provide point of injury care for our Soldiers. We need to make sure that we continue to focus on the basics; if you don't master TC3, there is no reason to do PFC!!

Do you have any predictions for SOF medicine 5–10 years in the future?

It's going to continue to improve by leaps and bounds. We will improve our training, our technology, and our systems to ensure even better care for our Soldiers.

Do you have any recommendations on how to further improve service interoperability in SOF medicine?

We need to train together from day 1 of our medics' initial training through sustainment training. I feel like we are headed back to the pre–9/11 or early GWOT [Global War on Terror] days, with each component doing its own thing. I think we are forgetting the lessons that we learned early on in combat that medic/medical interoperability is vital to the survival of our Servicemembers.

Do you have any final thoughts you would like to share with our readers?

It's a privilege to lead and work at the JSOMTC/SWMG. We produce your medics and if there are things you would like to see them do or not do, please let us know.

COL Kane is commander and dean at Special Warfare Medical Group/Joint Special Operations Medical Training Center, Fort Bragg, NC.

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