

**BY ORDER OF THE COMMANDER  
AIR EDUCATION AND TRAINING  
COMMAND**



**AIR EDUCATION AND TRAINING  
COMMAND INSTRUCTION 48-103**

**24 APRIL 2018**

***Aerospace Medicine***

**TRAINING HEALTH AND HUMAN  
PERFORMANCE PROGRAM**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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This instruction implements Air Force Policy Directive (AFPD) 48-1, *Aerospace Medicine Program*, AFPD 36-26, *Air Force Military Training*, Air Force Instruction (AFI) 48-101, *The Aerospace Medicine Enterprise*, AFI 48-105, *Surveillance, Prevention, and Control of Diseases and Conditions of Public Health or Military Significance*, AFI 48-123 *Medical Examination and Standards*. This instruction directs policy for the Training Health and Human Performance (THAHP) program. The THAHP program consists of all health service activities that directly support execution of the Air Education and Training Command's primary mission. These health services support areas include aviation, occupational, environmental, and operational medicine; industrial hygiene; public health; force health readiness and protection, human performance, sustainment, and optimization, while supporting all training pipelines. This instruction provides guidance on the organizational structure, functional responsibilities, and operational scope and capabilities of the Air Force Training Health and Human Performance program. It applies to all Air Force Active Duty. It supports Joint (Army, Navy, Marine), Air National Guard (ANG), Air Force Reserve Command trainees, students and Allied Nation training missions taking place in AF facilities and on AF installations. This publication does not apply to Air National Guard, nor the Air Force Reserve Command (AFRC) units, but specifically include THAHP program to Air National Guard and Air Force Reserve Command trainees and students. Unless otherwise specified, AETC/SG is the waiver authority for this instruction (T-2). Forward proposed unit level supplements to this instruction to AETC/SG for coordination prior to certification and approval. Submit suggested improvements to this instruction via AF form 847, *Recommendation for Change*

of *Publication*, through command channels to AETC/SG workflow email (T-2). Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*; route AF Form 847s from the field through the appropriate functional's chain of command. The authorities to waive wing/unit level requirements in this publication are identified with a Tier ("T-0, T-1, T-2, T-3") number following the compliance statement. See AFI 33-360, *Publication and Forms Management*, Table 1.1 for a description of the authorities associated with the Tier numbers. Submit requests for waivers through the chain of command to the appropriate Tier waiver approval authority, or alternately, to the Publication OPR for non-tiered compliance items. This publication is compliant with AFI 90-201 and associated Self-Assessment Communicator (SAC) is completed. This publication requires collecting and/or maintaining information protected by the Privacy Act (PA) of 1974 and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Ensure all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of in accordance with Air Force Records Disposition Schedule (RDS). See [Attachment 1](#) for a glossary of references and supporting information. See [Attachment 2](#) Military Training Consult Service (MTCS).

## **SUMMARY OF CHANGES**

This publication has been revised. This rewrite of AETCI 48-103 is in response to customer feedback and process improvements which incorporates changes that more specifically define activities. Removes and replaces indicators of success found in [Chapter 3](#). Removes the line-commander supplemental nutrition training template. Revises the indicators paragraphs and adds the Mission Essential Tasks and Line Support (METALS) indicator.

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## CHAPTER 1

### PROGRAM OVERVIEW FOR TRAINING HEALTH AND HUMAN PERFORMANCE PROGRAM

#### 1.1. Introduction and Overview.

1.1.1. The military accession training environment presents unique challenges in ensuring force health protection, minimizing adverse health-related impacts, and optimizing human performance. Examples of the challenges in military training courses include intense, prolonged physical activities, unique emotional/cognitive demands, and challenging living arrangements.

1.1.2. This Instruction provides guidance, highlights responsibilities, establishes procedures, mission essential tasks/activities for line support (METALS) and indicators for the Training Health and Human Performance (THAHP) program. The intent is to provide a framework for medical support to ground based training pipelines focused on optimizing warrior development in alignment with specific missions described in AFD 48-1, *Aerospace Medicine Enterprise*.

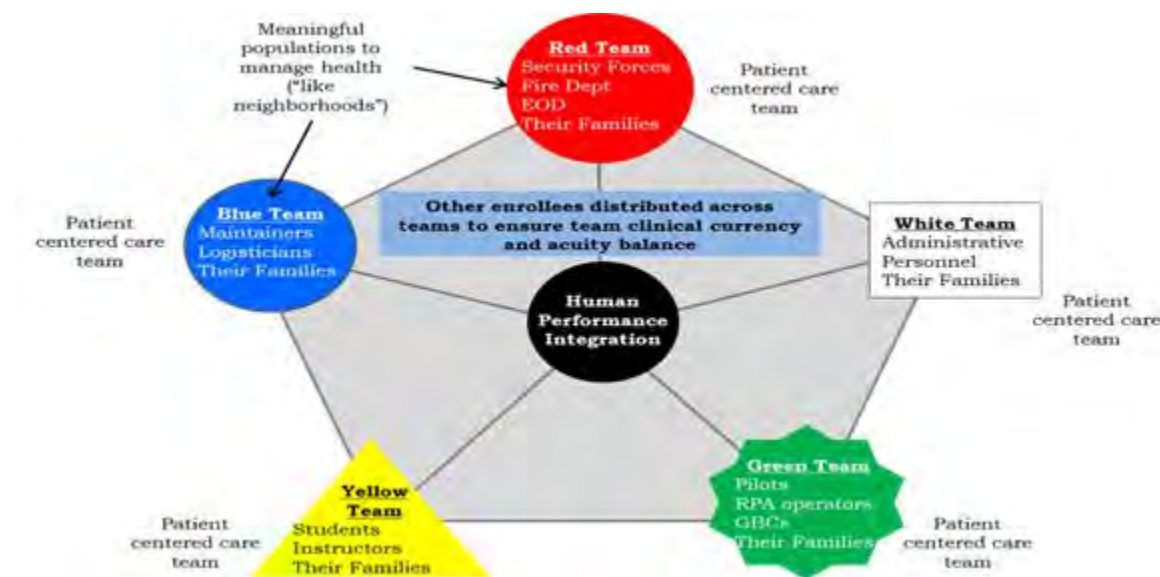
1.1.2.1. Promote and Sustain a Healthy and Fit Force--Provide proactive surveillance activities required to ensure the success and safety of all personnel in training and directly involved in training Military Training Instructors (MTIs) and Military Training Leaders (MTLs).

1.1.2.2. Prevent Illness and Injury--Understand trainee morbidity/mortality trends, provide activities and expertise crucial to illness, injury, casualty prevention, and to optimize the safety and health of training personnel in any circumstance or location.

1.1.2.3. Restore Health--Provide clinical services for trainees and training staff under any circumstance required for the training mission.

1.1.2.4. Optimize and Sustain Human Performance—THAHP program is the operationalization of the yellow team as defined in the Human Performance CONOPS (**Figure 1.1**). Research and employ objective occupation selection criteria, evidenced-based medical standards, and the tools and techniques necessary to sustain the levels of individual physical and cognitive performance planned for and expected of the human components of weapon systems.

Figure 1.1. Human Performance CONOPS Graphic



## 1.2. AETC Unit Level Management.

1.2.1. Management of the THAHP programs to achieve objectives and desired effects will follow established principles of program management:

- 1.2.1.1. Establish clear prevention objectives and goals
- 1.2.1.2. Define tasks and responsibilities necessary to achieve objectives
- 1.2.1.3. Specify clear and reasonable timelines
- 1.2.1.4. Ensure accountability
- 1.2.1.5. Measure effectiveness of reaching the objectives and desired effects
- 1.2.1.6. Redirect local plans, policy, and practices as needed to better achieve desired effects

## 1.3. THAHP Program Scope.

1.3.1. The THAHP program is an AETC enabling capability, focused on the analysis of, preparation for, and response to operationally-driven health issues impacting trainees and training support staff. The THAHP program directly supports the Line of the Air Force (LAF) training missions and leadership by ensuring Preventive Medicine (PM) practices are used to prevent and minimize the impact of injuries and illnesses in AF training populations. In addition to traditional PM efforts, THAHP program includes performance-focused interventions, where appropriate, similar to sports medicine for high performing athletes. THAHP programs should monitor cadre behavior with respect to recruits, students and trainees. AETC has implemented the Military Training Consult Service in order to strengthen institutional safeguards in MTI selection and sustainment ([Attachment 2](#) Military Training Consult Service).

1.3.2. The THAHP program is implemented at all AETC locations with a steady state training mission. This includes Active Duty (AD), Air National Guard (ANG), Air Force Reserve (AFRC), Joint and International students. (T-2)

1.3.3. The Military Treatment Facility will implement and support the THAHP program with assigned personnel as the base operational mission demands. Defining the scope of the THAHP program and missions covered will be the responsibility of the Preventive Medicine Officer in collaboration with Chief of Aerospace Medicine (SGP), Chief of Medical Staff (SGH), Squadron and Medical Group (MDG) commanders, the military training line command and HQ AETC/SGP. Medical support for training is analogous to flight medicine's mission-focused support, but adapted for each Training Mission, pipelines and unique health risks (T-2).

1.3.4. The THAHP program ensures that prevention expertise is provided to establish and maintain pertinent, mission-orientated support to training operations. All THAHP program personnel must be aware of all training pipelines, environments and activities at their assigned location to effectively provide PM support to the commander (T-2).

## CHAPTER 2

### ROLES AND RESPONSILITIES

#### 2.1. Command Surgeon General (AETC/SG).

2.1.1. Chairs the Training Health Committee (THC) (T-2).

2.1.1.1. Oversees THAHP to establish priorities in training pipeline healthcare (T-2).

2.1.1.2. Supports and advocates for training pipeline changes that will improve human performance in the training environment (T-2).

2.1.1.3. Refers issues, as needed, to HAF/SG and/or LAF (T-2).

2.1.2. Determines funding requirements for maintaining and updating electronic and repository for training health data IAW AFI48-105 paragraph 1.7.1 (T-2).

2.1.3. Resources support activities for THAHP programs through the AFMS POM process.

2.1.4. Designates in writing a physician (preferably PM) with training health experience to serve as the AETC THAHP program manager (T-2).

#### 2.2. Training Health Committee (AETC-THC).

2.2.1. Maintains situational awareness of disease patterns, infectious disease outbreaks, injuries, or fatalities associated with training (T-2).

2.2.2. Develops and maintains a charter (T-2).

2.2.3. Identifies and recommends policy, manning, resources and metrics for THAHP programs (T-2).

2.2.4. Provides a forum to resolve issues forwarded from I-THAHPs program managers (T-2).

2.2.5. Membership includes, but is not limited to: AETC, SG, SGP, PHO and THAHP. All other required memberships will be defined in the THC charter. Ad hoc participants are identified and requested as needed.

#### 2.3. Chief of Aerospace Medicine, Air Education and Training Command (AETC/SGP).

2.3.1. Integrates THAHP program into the Aerospace Medicine Enterprise (AME) and mission operations within AETC (T-2).

2.3.2. Serves as Deputy Chair for the THC (T-2).

2.3.3. Coordinates with the AF/SG Consultant for PM and the Aerospace Operations Division (AFMSA/SG3P) as needed (T-2).

2.3.4. Advocates for training health surveillance information management and information technology (IM/IT) requirements (T-2).

2.3.5. Review and approve THAHP Mission Essential Tasks and Line Support METALS (T-2).

#### 2.4. AETC Training Health and Human Performance (THAHP) Program Manager.

- 2.4.1. Develops recommendations for policy, plans and procedures for the THAHP program.
- 2.4.2. Serves as AETC THAHP program expert for installation Training Health issues (T-2).
- 2.4.3. Develops processes for and maintains standardized training health metrics (see paragraph 3.5) and identifies IM/IT reporting solutions.
- 2.4.4. Facilitates I-THAHP program communication, activities, and research projects.
- 2.4.5. Provides resource and personnel guidance, as well as, consultative, analytic and subject matter expertise to I-THAHP program managers.
- 2.4.6. Assists I-THAHP program managers to identify essential data elements to support installation-specific training health mission(s).
- 2.4.7. Ensures clear channels of communication with AF/SG, PM consultant and I-THAHP program managers.
- 2.4.8. Leads periodic teleconference calls with I-THAHP program managers to address training health.
- 2.4.9. Conducts initial and staff assistance visits at training health locations as needed (T-2).
- 2.4.10. Coordinates any required THAHP program related meetings (i.e. THC or ad hoc meetings required to address program issues).
- 2.4.11. Uses PM principles to identify and determine the scope and impact of a problem then develops recommended actions, and implements changes to prevent, mitigate, and manage the problems.

**2.5. Medical Group Commander (MDG/CC) at bases where an I-THAHP is determined to be necessary.**

- 2.5.1. Knowledgeable of the installation's unique training environment(s)
- 2.5.2. Represents I-THAHP at appropriate wing/installation level forums (or designates an alternate).
- 2.5.3. Collaborates with LAF for solutions to issues identified by the I-THAHP program.

**2.6. Aerospace Medicine Squadron Commander (AMDS/CC) or equivalent.**

- 2.6.1. Appoints in writing a physician (preferably a PM, residency-trained) to serve in I-THAHP program manager billets. If unavailable, appoints a non-PM-trained physician in coordination with the AETC THAHP program manager (T-2).
- 2.6.2. Maintains familiarity with the installation's unique training environment(s).
- 2.6.3. Ensures that I-THAHP manager's assigned duties are consistent with paragraph 2.8 (T-2).
- 2.6.4. Ensures continuity THAHP mission during manning deficits (T-2).

**2.7. Group Chief of Aerospace Medicine (SGP).**

- 2.7.1. Integrates THAHP program into the AME (T-2).
- 2.7.2. Provides I-THAHP program technical support (T-2).



- 2.7.3. Maintains familiarity with the installation's unique training environment(s).
- 2.7.4. Continues to execute THAHP mission during manning deficits (e.g., deployments or Permanent Change of Station processes) (T-2).
- 2.7.5. Participates in the local training health and human performance forums as needed.
- 2.7.6. Provides consultation to I-THAHP program managers on all aspects of Aerospace Medicine Programs (T-3).
- 2.7.7. Ensures that Independent Duty Medical Technicians assigned to support Training Health programs function/perform IAW AFI 44-103, *The Air Force Independent Duty Medical Technician Program* (T-3).
- 2.7.8. Consults with MAJCOM/SGP or Command Preventive Medicine Officer on training health issues as needed.
- 2.7.9. Reviews THAHP METALS and forwards to AETC/SGP for approval.

## **2.8. Installation Training Health and Human Performance (I-THAHP) Program Manager.**

- 2.8.1. Knowledgeable of the installation's unique training environment(s).
- 2.8.2. Tracks and trends the training population's health metrics in paragraph 3.5 (T-2).
- 2.8.3. Analyze training health human performance outcomes (T-2).
  - 2.8.3.1. Identify the week and location of training.
  - 2.8.3.2. Identify root cause risk factors for injuries/ illnesses/ attrition.
  - 2.8.3.3. Determine countermeasures to reduce attrition from injuries and illnesses.
- 2.8.4. Conducts epidemiologic investigations and/or focused evaluations of training sites when prompted by injury/illness trends or Wing safety requests. Training sites include field training sites, housing facilities, classrooms, laundry and food service operations, sports facilities, gymnasiums, swimming pools, recreational facilities and fitness centers (T-2).
- 2.8.5. Conducts threat analyses, develops mitigation strategies, and educates/advises installation leadership on:
  - 2.8.5.1. Preventive health interventions critical to training mission success.
  - 2.8.5.2. Adverse health impact of training activities.
- 2.8.6. Represents I-THAHP program at MAJCOM level meetings and other appropriate forums (T-3).
- 2.8.7. The Installation Training Health Work Group (I-THWG) is the forum to report significant surveillance events, the indicators in paragraph 3.5 and other prevention activities. The Aerospace Medical Council (AMC) will be the reviewing authority. If there is no I-THWG the responsibility falls to the AMC.
- 2.8.8. Submits annual I-THAHP program reports to the AETC THAHP manager. The annual report will include standardized metrics (see paragraph 3.5) as well as installation programs/initiatives that may significantly impact the health of training populations (T-2).

2.8.9. Advises public health officers (PHOs), bioenvironmental engineers (BEEs), immunization clinic staff and health promotion personnel on I-THAHP issues, as required (T-3).

2.8.9.1. Develops local response plans for specific communicable disease outbreaks and/or threats as they occur in the training population. Response plans are executed in coordination with the PHO in the event the outbreak or threat extends to non-training populations (T-3).

2.8.10. Coordinates with Public Health on communicable disease outbreak investigations when they occur in training populations (T-3).

2.8.11. Advises local Training Wing or Group on dietary supplement and caloric intake policies to ensure consistency with Human Performance Resource Center's Operation Safe Supplements <http://opss.org> (T-2).

2.8.12. Assists training command by validating medical necessity, if it exists, for supplemental caloric replacement for trainees in high demand or prolonged training settings to maintain optimal human performance. Provision of Full Meal Rate or provisions beyond Government Meal Rate (~3,600 calories) requires the Training commanders to staff a request to AETC/AFIMSC (T-3).

2.8.13. Acts as primary consultant for Training Squadron (TRS) Commanders regarding matters specified in p.1.1.2.1-4 and the performance scope and practice of THAHP (T-3).

## **2.9. Public Health.**

2.9.1. Supports THAHP programs according to specifications outlined in AFI 48-105, *Surveillance, Prevention and Control of Diseases and Conditions of Public Health or Military Significance* and as needed for epidemiologic investigation (T-3).

2.9.2. Collaborates with I-THAHP and Line of Air Force (LAF) at wing and installation forums for preventing and controlling diseases and injuries in the trainee populations (T-2).

## **2.10. Training Health Clinic.**

2.10.1. Conducts medical in-processing, screenings, immunizations, provides primary care and case management of referral care for training population.

2.10.2. FAC 5226 Training Health can have TRICARE empanelment instructors and their families, but primary responsibility is focus on the care of trainees and students (T-2).

2.10.3. Promptly notifies I-THAHP program manager of unusual injury or illness trends.

## CHAPTER 3

### TRAINING HEALTH AND HUMAN PERFORMANCE PROGRAM

**3.1. Alignment:** As with AFPD 48-1, *Aerospace Medicine Enterprise*, the THAHP program produces four key effects: Promote and Sustain a Healthy and Fit Force; Prevent Illness and Injury; Restore Health; and Optimize and Sustain Human Performance.

**3.2. Key Players:** The THAHP program is comprised of Team Aerospace (TA) resources and activities including but not limited to: Training Health clinics, Preventive Medicine, Aerospace and Operational Physiology, BE, Immunizations, Flight and Operational Medicine, Optometry, Public Health, and Mental Health. Additional specialties outside of TA may be consulted as needed. These personnel work collaboratively for the overall success of the training missions.

**3.3. Objective:** To optimize the health and sustain the performance of training populations.

**3.4. Desired Effects.**

3.4.1. Medically ready, capable and resilient trainers and trainees.

3.4.2. Trusted rapport with Training Command, instructors and trainees; enabling effective assessment of human performance threats and operationally acceptable mitigation (T-2).

**3.5. Indicators.**

**3.5.1. Overall Graduation Rates.**

3.5.1.1. On Time Graduation Rate = Total number of students graduated on time divided by Total number of students brought to school IAW AETCI 36-2642, *Technical and Basic Military Training Administration*.

3.5.1.1.1. AETC/SGPJ will push Tech Training Graduation and Medical Attrition report to Preventive Medicine Officers at training bases to conduct epidemiology and monitor success of prevention programs (T-2).

3.5.1.1.2. 737TRG produces this indicator for BMT and Preventive Medicine Officers at JBSA-Lackland will procure and use this data to conduct epidemiology and monitor success of prevention programs in BMT (T-2).

**3.5.2. Attrition Rates.**

3.5.2.1. Total Attrition Rate Data is a component of the Tech Training Graduation and Medical Attrition report provided by AETC/SGPJ (T-2).

3.5.2.2. Medical Attrition Rate is included in the Tech Training Graduation and Medical Attrition report provided by AETC/SGPJ (T-2).

3.5.2.3. Non-Medical Attrition Data is a component of the Tech Training Graduation and Medical Attrition report provided by AETC/SGPJ (T-2).

**3.5.3. Illness and Injury Rates and Patterns.**

3.5.3.1. Incidence Rates for diagnosis categories = Number of cases in each category divided by number of students in training. Time frames tracked could be per week, month, quarter or year. BMT will report these rates separately from tech school. I-THAHP program managers will report overall rates to AETC/SGPJ by wing per annum (T-2).

3.5.3.2. The minimum necessary categories to report are: Lower extremity injuries (including stress fractures, ankle/knee injuries, blisters), Influenza-like illness (ILI), Acute Gastroenteritis, Climatic injuries/Environmental (heat and cold) (T-2).

3.5.3.3. Conduct epidemiologic investigations for any unusual spikes or outbreaks occurring within categories listed in paragraph 3.5.3.2 and report to AETC/SGPJ upon occurrence. (To include other significant occurrences not specifically cited above) (T-2).

**3.5.4. Mission Essential Tasks/Activities for Line Support (METALS).**

3.5.4.1. Prioritized installation specific THAHP Mission Essential Tasks and Line Support (METALS) developed by preventive medicine physician and validated annually by AETC/SGP. ([Attachment 3](#) METALS Template).

3.5.4.2. Annual plan for completion of installation specific THAHP METALS reviewed by SGP and approved by AETC/SGP (T-2).

3.5.4.3. Compliance defined as METALS completion >80% (T-2).

**3.6. Leadership Forums.**

3.6.1. Local training health and human performance working groups.

3.6.2. Training Wing/Group/Squadron meetings.

3.6.3. PHF – Population Health Function.

3.6.4. DAWG – Deployment Availability Working Group.

3.6.5. CAIB – Community Action Integration Board.

3.6.6. IDS - Integrated Delivery System.

3.6.7. AMC – Aerospace Medicine Council.

3.6.8. ESOH Council.

**3.7. Reporting.**

3.7.1. Training Health and Human Performance program review will occur at the working group level or at AMC at a periodicity determined by the SGP.

3.7.2. Training Health and Human Performance indicators will be briefed at least quarterly to the MDG Executive Committee.

3.7.3. The MDG may present some or all of the Training Health and Human Performance indicators at Training Wing or Ops Group staff meetings as desired (after proper coordination).

THOMAS W. HARRELL, Colonel, USAF, MC, SFS  
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Command

## ATTACHMENT 1

## GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

***References***

DoDD 1010.10, *Health Promotion and Disease/Injury Prevention*, August 22, 2003  
DoD 6025.18-R, *DoD Health Information Privacy Regulation*, 24 January 2003  
AFPD 36-26, *Air Force Military Training*, 22 December 2015  
AFPD 40-1, *Health Promotion*, 17 December 2009  
AFPD 44-1, *Medical Operations*, 09 June 2016  
AFPD 48-1, *Aerospace Medicine Program*, 23 August 2011  
AFI 41-210, *Tricare Operations and Patient Administration Functions*, 6 June 2012  
AFI 44-103, *The Air Force Independent Duty Medical Technician Program*, 6 December 2013  
AFI 48-105, *Surveillance, Prevention, and Control of Diseases and Conditions of Public Health or Military Significance*, 15 July 2014  
AETCI 36-2642, *Technical and Basic Military Training Administration*, 24 December 2014

***Prescribed Forms***

No Forms Prescribed

***Adopted Form***

AF Form 847, *Recommendation for Change of Publication*

***Abbreviations and Acronyms***

**AFMS**—Air Force Medical Service  
**ARC**—Annual Resiliency Consultation  
**THAHP**—Training Health and Human Performance Program  
**AETC/SG**—Command Surgeon General, Air Education and Training Command  
**AETC/FM**—Financial Management, Air Education and Training Command  
**AFMOA**—Air Force Medical Operations Agency  
**AFMOA/CC**—Commander, Air Force Medical Operations Agency  
**AETC THAHP**—Training Health and Human Performance Program Manager  
**AFMSA/SG3P**—Air Force Medical Support Agency, Aerospace Operations Division  
**AF/SG**—Surgeon General, US Air Force  
**AMDS/CC**—Aeromedical Squadron Commander  
**BEE**—Bioenvironmental Engineer

**BMT**—Basic Military Training  
**CAIB**—Community Action Information Board  
**ELS**—Entry Level Separation  
**ESOH**—Environmental, Safety, and Occupational Health  
**IDS**—Integrated Delivery System  
**IM/IT**—Information Management and Information Technology  
**I-THAHP**—Installation Training Health and Human Performance Program  
**I-THWG**—Installation Training Health Working Group  
**LAF**—Line of the Air Force  
**MAJCOM**—Major Command  
**MAJCOM/SG**—Major Command Surgeon General  
**MD360**—Multi-Dimensional 360 Assessment  
**MDG/CC**—Medical Group Commander  
**MTCS**—Military Training Consult Service  
**MTF**—Military Training Flight  
**MTI**—Military Training Instructor  
**MTL**—Military Training Leader  
**PHO**—Public Health Officer  
**PHF**—Population Health Function  
**PM**—Preventive Medicine  
**SAT**—Students Awaiting Training  
**SIT**—Students Ineffective Training  
**SOT**—Students Out of Training  
**SGP**—Chief, Aerospace Medicine  
**TA**—Team Aerospace  
**THC**—Training Health Committee  
**TRS**—Training Squadron

### ***Terms***

**Surveillance**—systematic collection, analysis, interpretation, and dissemination of injury and illness-related data. Surveillance systems aid in the identification of unique training-related health hazards, risks, and exposures.

**Training Health**—applied Preventive Medicine and epidemiologic principles used to control disease, reduce injuries, and optimize human performance in the military training environment.

## ATTACHMENT 2

### MILITARY TRAINING CONSULT SERVICE

**A2.1. Objective:** This instruction describes newly established medical processes in support of USAF Basic Military Training (BMT) operations, specifically the Military Training Consult Service (MTCS) to support psychological resiliency for instructors and enhance safe, effective performance throughout the special duty assignment.

A2.1.1. MTCS is a four-member team of psychologists and mental health technicians assigned to the 59th Medical Wing, 559th Medical Group, 559th Aeromedical Squadron and embedded into the 37th Training Wing, 737th Training Group, BMT to provide command consultation, assist in Military Training Instructor (MTI) selection and training, and psychological resiliency support.

**A2.2. Responsibilities:**

A2.2.1. The 37th Training Wing will ensure sufficient resources for MTCS operations.

A2.2.2. The 37th Training Wing will assure compliance with this guidance memorandum.

**A2.3. MTCS:**

**A2.3.1. MTI Selection:**

A2.3.1.1. MTCS will develop and monitor the MTI Psychological Screening Protocol for effective use and potential improvements, and will provide updates and training to Air Force Medical Services (AFMS) providers in the use of the protocol.

A2.3.1.2. MTCS will administer the Multi-Dimensional 360 Assessment (MD360) to candidates being considered for MTI duty.

A2.3.1.3. MTCS will receive and review results of the psychological screening interview and provider assessment, will integrate results from the MD360, and will make recommendation on psychological fitness/suitability and safety risk to the 737 TRG. Protected Health Information will be disclosed in accordance with DoD 6025.18-R, *DoD Health Information Privacy Regulation*.

A2.3.1.4. MTCS will continually monitor and statistically analyze the effectiveness of instruments for ongoing validation and improvement.

**A2.3.2. Command Consultation:** MTCS will serve as consultants to Group, Squadron, and Flight leadership regarding psychological/behavioral issues that may impact individual, group, or unit safety and mission performance. This may include conducting focused attitude/climate assessment of units, groups, or individuals regarding performance and resiliency issues. MTCS may also conduct program evaluation analyses as requested by command, as well as review and interpret survey and other data for trend information for the command.

**A2.3.3. Instructor Consultation Services:** MTCS will provide or arrange for a continuum of service options for assistance, including educational trainings and consultation to individuals, groups, and family members of MTIs in topics relevant to MTI duty performance, resiliency, work-life balance, and relationships. These prevention/education efforts are not associated with medical/mental health documentation of any kind. MTIs, staff, or family members who

may need or desire mental health, medical, or other services will be educated regarding resources available in the area.

#### A2.3.4. MTI Special Duty Annual Resiliency Consultation:

A2.3.4.1. All MTIs will receive an Annual Resiliency Consultation (ARC) in support of safe and effective functioning and resilience through MTI special duty. Timing at 12, 24, and 36 months is intended to coincide with early in-duty performance following training, at approximate mid-tour, and prior to completion of the assignment.

A2.3.4.1.1. This ARC is a non-clinical consultation and is a coaching session; and, is not a mental health visit. The ARC focus is resiliency for BMT Flight Commanders and their professional growth, as well as effective management and support of subordinate MTIs. This program assists flight commanders in familiarization with the advantages of MTCS and indications for MTI referral.

A2.3.4.2. ARC is comprised of an individual preventive mental health screening with MTCS staff regarding psychological and behavioral health and risk factors relevant to safe and effective performance in MTI special duty. Education and appropriate referrals will be provided to the MTI if needed or desired. A brief notation of this consultation during MTI special duty status will be made in the electronic medical record. Individual information discussed will be confidential except as mandated by law or regulation.

A2.3.4.3. If determination is made that an MTI's current stressors or risk factors interfere significantly with the mission of safe and effective training, in an emergency, or otherwise mandated by law or regulation (e.g. suspected family maltreatment), recommendations will be made to the MTI and to his/her commander regarding potential risks to duty performance/safety, as well as options for care. Documentation will be made in the electronic medical record to support care and return to duty as appropriate.

A2.3.4.4. Aggregate data from ARCs may be used to monitor and advise leadership regarding trends, issues/challenges of MTI duty, as well as make organizational recommendations to improve the overall wellbeing, resilience, and performance of MTIs.



## ATTACHMENT 3

## THAHP MISSION ESSENTIAL TASKS AND LINE SUPPORT (METALS) TEMPLATE

Table A3.1. THAHP Mission Essential Tasks and Line Support (METALS) Template

Checklist	
	<b>Operational Support of Training Command and Missions</b>
	Threat Assessments: Emerging Diseases
	R&D of Human Performance Enhancement Technologies
	Preventive Medicine Capability Gap Analysis
	Interface w/ Government/Non-Government Orgs (Contagious Diseases)
	Public Affairs: Answering Queries as Subject Matter Expert
	Post Outbreak Response and Risk Communication to the Units
	Health and Medical Surveillance Activities
	Coordinate Training Health Working Group Meetings: THC and Line Leaders
	Assist Training Support Departments with Data Collection, Analysis
	Develop and/or Provide Automated Processes, Tools to Facilitate Data Management from Sources (ex. Mental Health, Public Health, ER)

	<b>Preventive Medicine Site Visits</b>
	Training Squadron Visits (Epidemiology, Observation, Communication)
	Field Training Site Visits (Health hazards, Disease vectors, Heat, Cold)
	Base Facility Visit (Gas mask cleaning, Clothing issue, Med lab)
	Accession Bloodwork Testing and Counseling Sites (BMT / Officers)
	<b>Preventive Medicine Product Development and Implementation</b>
	Injury Prevention Programs
	Hot Weather Injury Prevention Program
	Influenza / Febrile Respiratory Illness Prevention Program
	Vector Borne Disease Prevention Program
	Training Command ORM Reviews (event driven)
	Written Articles/Preventive NOTAMS, Publication of Case Reports
	Program Development and Evaluation as Required by Surveillance Results
	Oversight and Coordination of Training Focused Process Improvements

	<b>Clinical Preventive Medicine</b>
	Travel Medicine: interviews and medications
	Support Line Fulfillment of Training PHA requirements
	<b>Training Command Optimization Reviews</b>
	Review medical reasons for washback
	<b>MEB, Profiling, and Special Program Dispositions</b>
	THAHP Profiling Officer: application of standards to indiv defects
	MEB Case Work-up and Summary Writing
	Clearances (Security, Overseas, etc.)
	<b>Team Aerospace Activities</b>
	Epidemiological Outbreak Investigation
	Mishap Investigation: medical member of SIB/AIB
	Ensure Proactive Care Coordination for MEDHOLD students

	<b>Additional Assigned Duties (may include)</b>
	Medical Review Officer for Drug Screening Program
	Medical Team Chief for Emergency Ops Center