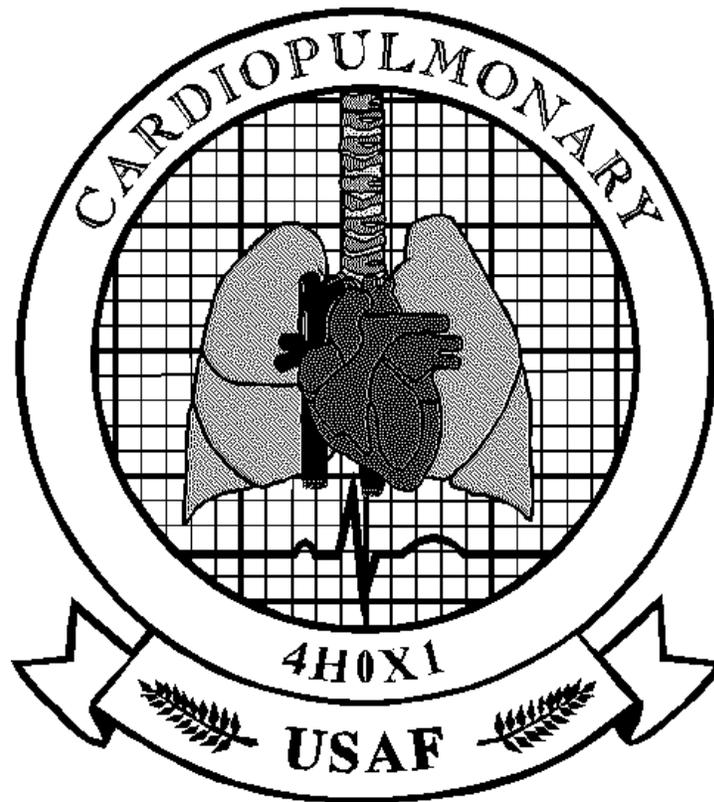


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CFETP 4H0X1
Parts I and II
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**AFSC 4H0X1
CARDIOPULMONARY LABORATORY**



**CAREER FIELD EDUCATION
AND TRAINING PLAN**

**CAREER FIELD EDUCATION AND TRAINING PLAN
CARDIOPULMONARY LABORATORY SPECIALTY
AFSC 4H0X1**

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AFSC 4H0X1

Part I

PREFACE

1. This Career Field Education and Training Plan (CFETP) is a comprehensive core training document that identifies life-cycle training and education requirements, training support resources and minimum core task requirements for the cardiopulmonary laboratory specialty. The CFETP will provide supervisors, trainers and trainees a clear career path to success and instills rigor in unit level training.
2. This CFETP consists of two parts; both are used by supervisors to plan, manage and control training within the career field.
 - 2.1. Part I provides information necessary for overall management of the specialty.
 - 2.1.1. Section A explains how everyone will use the plan.
 - 2.1.2. Section B identifies career progression information, duties and responsibilities, training strategies, and presents career field path using flowcharts.
 - 2.1.3. Section C associates each skill level with specialty qualifications (knowledge, education, training, experience and other).
 - 2.1.4. Section D indicates resource constraints. Some examples are funds, manpower, equipment and facilities; Section E is reserved for transition training guidance. There are currently no transition training requirements for this career field at this time.
 - 2.2. Part II includes the following:
 - 2.2.1. Section A identifies the Specialty Training Standard (STS) and includes duties, tasks, technical references to support training, core tasks, Air Education and Training Command (AETC) formal training conducted by the 882d Training Group (TG) and wartime course requirements.
 - 2.2.2. Section B contains the course objective list and training standards which supervisors will use to determine if airmen satisfied training requirements.
 - 2.2.3. Section C identifies available support materials.
 - 2.2.4. Section D identifies a training course index supervisors can use to determine resources available to support training. Included here are both mandatory and optional courses.
 - 2.2.5. Section E identifies MAJCOM unique training requirements supervisors can use to determine additional training required for the associated qualification needs.

- 2.2.6. Section F explains implementation of the Enlisted Training and Competency Folder for all medical Air Force Specialties (AFS).
3. At unit level, supervisors and trainers use Part II to identify, plan and conduct training commensurate with the overall goals of this CFETP. Using guidance provided in this CFETP will ensure individuals in this specialty receive effective and efficient training at the appropriate point in their careers. This plan will enable users to train today's work force for tomorrow's jobs.

ABBREVIATIONS/TERMS EXPLAINED

Advanced Training (AT). Formal course which provides individuals who are qualified in one or more positions of their Air Force Specialty (AFS) with additional skills/knowledge to enhance their expertise in the career field. Training is for selected career airmen at the advanced level of the AFS.

Air Force Job Qualification Standard/Command Job Qualification Standard (AFJQS/CJQS). A comprehensive task list which describes a particular job type or duty position. They are used by supervisors to document task qualifications. The tasks on AFJQS/CJQS are common to all persons serving in the described duty position.

Allocation Curves. The relation of hours of training in different training settings to the degree of proficiency which can be achieved on specified performance requirements.

Aeromedical Evacuation Contingency Operations Training (AECOT). Formal course designed to familiarize personnel with standardized aeromedical ground support.

Air Reserve Component (ARC). Includes the Air Force Reserves and Air National Guard components.

Career Field Education and Training Plan (CFETP). A CFETP is a comprehensive, multipurpose document encapsulating the entire spectrum of education and training for a career field. It outlines a logical growth plan that includes training resources and is designed to make career field training identifiable, to eliminate duplication, and to ensure this training is budget defensible.

Career Training Guide (CTG). A document that uses Task Modules (TMs) in lieu of tasks to define performance and training requirements for a career field.

Continuation Training. Additional training exceeding requirements with emphasis on present or future duty assignments.

Core Task. A task Air Force career field managers (AFCFMs) identify as a minimum qualification requirement within an Air Force specialty regardless of duty position. In this career field all tasks are taught to the required skill level during Phase I and Phase II training. Core tasks will be signed off by the supervisor upon arrival at the first duty station. ARC personnel see Part II Section E.

Course Objective List (COL). A publication derived from initial/advanced skills course training standard, identifying the tasks and knowledge requirements, and respective standards provided to achieve a 3-/7-skill level in this career field. Supervisors use the COL to assist in conducting graduate evaluations in accordance with AFI 36-2201, Developing, Managing and Conducting Military Training Programs.

Critical Care Air Transport Team Training (CCATT). CCATTs provide in-flight care within the theater of operation to quickly move stable and stabilized patients. It adds an intensive care capability to routine medical flight crews, provides high quality enroute care without draining staff and equipment from theater commanders. Training is conducted at Brooks AFB TX.

Committee on Accreditation for Respiratory Care (CoARC). The CoARC is responsible for assuring that respiratory therapy education programs comply with the standards adopted by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). Its representatives visit respiratory therapy programs to evaluate applications for accreditation and perform periodic reviews. CoARC's mission is to promote quality respiratory therapy education through accreditation services.

Center for Sustainment of Trauma and Readiness Skills (C-STARS). C-STARS is an initiative that places fully trained military nurses, technicians, and physicians in civilian trauma centers that care for large numbers of trauma and critical care patients. This 14-day course is designed specifically for personnel assigned to CCATT UTC's and fulfills the sustainment requirements for CCATT. This sustainment training is accomplished through hands on patient care in a busy urban trauma center as well as in the classroom. The lecture series and skills labs are designed to optimize the student's knowledge of CCATT specific clinical scenarios as well as equipment.

Enlisted Specialty Training (EST). A mix of formal training (technical school) and informal training (on-the-job) to qualify and upgrade airmen in each skill level of a specialty.

Exportable Training. Additional training via computer assisted, paper text, interactive video, or other necessary means to supplement training.

Expeditionary Medical Support (EMEDS). This intensive course is designed to provide field operational training for personnel assigned to EMEDS Unit Type Codes (UTC). The course is a virtual deployment, allowing students the chance to practice their skills in a real field setting.

Field Technical Training (Type 4). Special or regular on-site training conducted by a field training detachment (FTD) or by a mobile training team.

Instructional System Development (ISD). A deliberate and orderly, but flexible process for planning, developing, implementing, and managing instructional systems. It ensures personnel are taught in a cost efficient way the knowledge, skills, and attitudes essential for successful job performance.

Initial Skills Training. A formal resident course which results in award of the entry level AFSC.

Health Service Inspection (HSI). The Air Force Inspection Agency conducts assessments of AF medical units' abilities to fulfill peacetime and wartime missions, including evaluations of medical care and the effectiveness and efficiency of medical management. AF medical units are rated based on health care delivery, resources, and readiness using the three-level grading system of Mission Ready, Mission Ready with Exception and Not Mission Ready. HSIs are normally conducted every 3 years.

Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The Joint Commission evaluates and accredits nearly 16,000 health care organizations and programs in the United States. An independent, not-for-profit organization, JCAHO is the nation's predominant standards-setting and accrediting body in health care.

Joint Readiness Training Center (JRTC). The JRTC represents a unique joint training environment in which Army, Air Force and other joint contingency forces train for rapid deployment and employment against a realistic threat.

Occupational Survey Report (OSR). A detailed report showing the results of an occupational survey of tasks performed within a particular AFS.

On-the-Job Training (OJT). Hands-on, over-the-shoulder training conducted to certify personnel in both upgrade (skill level award) and job qualification (duty position certification) training.

Optimal Training. The ideal combination of training settings resulting in the highest levels of proficiency on specified performance requirements within the minimum time possible.

Qualification Training (QT). Actual hands-on task performance training designed to qualify an individual in a specific duty position. This portion of the dual channel on-the-job training program occurs both during and after the upgrade training process. It is designed to provide the performance skills required to do the job. ARC: See Part II Section E.

Qualification Training Package (QTP). An instructional package designed for use at the unit to qualify, or aid qualification, in a duty position or program, or on a piece of equipment. It may be printed, computer-based, or in other audiovisual media.

Readiness Skill Verification Program (RSVP). AFSC sustainment training designed to ensure all members with a fully qualified AFSC maintain the currency of skills to perform their duties in a deployed setting. NOTE: Refer to the following website for AFSC specific readiness skills training. <https://kx.afms.mil/GlobalMedSupTngEx>

Representative Sites. Typical organizational units having similar missions, weapon systems or equipment, or a set of jobs, used as a basis for estimating average training capacities and costs within the Training Impact Decision System (TIDES).

Resource Constraints. Resource deficiencies, such as money, facilities, time, manpower, and equipment that preclude desired training from being delivered.

Skills Training. A formal course which results in the award of a skill level.

Specialty Training. A mix of formal training (technical school) and informal training (on-the-job) to qualify and upgrade airmen in the award of a skill level.

Specialty Training Package and COMSEC Qualification Training Package. A composite of lesson plans, test material, instructions, policy, doctrine, and procedures necessary to conduct training. These packages are prepared by AETC, approved by National Security Agency (NSA), and administered by qualified communications security (COMSEC) maintenance personnel.

Specialty Training Standard (STS). An Air Force publication that describes skills and knowledge that airman in a particular Air Force specialty needs on the job. It further serves as a contract between the Air Education and Training Command and the user to show the overall training requirements for an Air Force specialty code that the formal schools teach. Serves as identifying scope of practice for members of the 4H0X1 AFSC.

Standard. An exact value, a physical entity, or an abstract concept, established and defined by authority, custom, or common consent to serve as a reference, model, or rule in measuring quantities or qualities, establishing practices or procedures, or evaluating results. A fixed quantity or quality.

Task Module (TM). A group of tasks performed within an Air Force specialty that are performed together and that require common knowledge, skills, and abilities. TMs are identified by an identification code and a statement.

Total Force. All collective Air Force components (active, reserve, guard, and civilian elements) of the United States Air Force.

Training Capacity. The capability of a training setting to provide training on specified requirements, based on the availability of resources.

Training Planning Team (TPT). Comprised of the same personnel as a U&TW, however TPTs are more intimately involved in training development and the range of issues are greater than is normal in the U&TW forum.

Training Requirements Analysis. A detailed analysis of tasks for a particular AFS to be included in the training decision process.

Training Setting. The type of forum in which training is provided (formal resident school, on-the-job, field training, mobile training team, self-study etc.).

Upgrade Training (UGT). Mandatory training which leads to attainment of higher level of proficiency. The term qualification training takes place during upgrade training when it is associated with a 3-skill level or 5-skill level awaiting award of the next higher skill level. Upgrade training to the 7-skill level includes completion of the 7-level CDC. These will be completed by 1 June 2005.

Utilization and Training Pattern. A depiction of the training provided to and the jobs performed by personnel throughout their tenure within a career field or Air Force specialty. There are two types of patterns: 1) Current pattern which is based on the training provided to incumbents and the jobs to which they have been and are assigned; and 2) Alternate pattern which considers proposed changes in manpower, personnel, and training policies.

Utilization and Training Workshop (U&TW). A forum of MAJCOM Air Force Specialty Code (AFSC) functional managers, Subject Matter Experts (SMEs), and AETC training personnel that determines career ladder training requirements.

SECTION A - GENERAL INFORMATION

1. Purpose. This CFETP provides information necessary for Air Force Career Field Managers (AFCFM), MAJCOM functional managers (MFMs), commanders, training managers, supervisors and trainers to plan, develop, manage, and conduct an effective career field training program. This plan outlines the training that individuals in this AFS should receive in order to develop and progress throughout their career. This plan identifies initial skills, upgrade, qualification, advanced, and proficiency training. Initial skills training is the AFS specific training an individual receives upon entry into the Air Force or upon retraining into this specialty for award of the 3-skill level. Normally, this training is conducted by AETC at one of the technical training centers. Upgrade training identifies the mandatory courses, task qualification requirements, and distance learning course completion requirements for award of the 3-, 5-, 7- and 9-skill level. Upgrade to the 9-level is explained in Section C, paragraph 1.13. Please see definition of "upgrade" in Terms Section as it applies to this AFSC. Qualification training is actual hands-on task performance training designed to qualify an airman in a specific duty position. It is designed to provide the performance skills and knowledge required to do the job. Advanced training, if available, is formal specialty training used for selected airmen. Proficiency training is additional training, either in-residence or exportable advanced training courses, or on-the-job training, provided to personnel to increase their skills and knowledge beyond the minimum required for award of the AFSC. The CFETP has several purposes, some are:

1.1. Serves as a management tool to plan, manage, conduct, and evaluate a career field training program. Also, it is used to help supervisors identify training at the appropriate point in an individual's career.

1.2. Identifies task and knowledge training requirements for each skill level in the specialty and recommends education/training throughout each phase of an individual's career.

1.3. Lists training courses available in the specialty. Identifies sources of training and the training delivery method.

1.4. Identifies major resource constraints that impact full implementation of the desired career field training process.

2. Uses. The CFETP will be used at all levels to ensure comprehensive and cohesive training programs are available for each individual in the specialty.

2.1. AETC training personnel will develop/revise formal resident, non-resident, field and exportable training based on requirements established by the users and documented in Part II of the CFETP. They will also work with the AFCFM to develop acquisition strategies for obtaining resources needed to provide the identified training.

2.2. MFMs will ensure their training programs complement the CFETP mandatory initial, upgrade, and proficiency requirements. Identified requirements can be satisfied by OJT, resident training, contract training, or exportable courses. MAJCOM-developed training to support this AFSC must be identified for inclusion into the plan.

2.3. Each individual will complete the mandatory training requirements specified in this plan. The lists of courses in Part II will be used as a reference to support training.

3. Coordination and Approval. The AFCFM is the approval authority. MAJCOM representatives and AETC training personnel will identify and coordinate on the career field training requirements. The AETC training manager for this specialty will initiate an annual review of this document by AETC and MFMs to ensure currency and accuracy. By using the list of courses in Part II, they will eliminate duplicate training.

CAREER FIELD EDUCATION AND TRAINING PLAN
PART I, SECTION B
CAREER FIELD PROGRESSION AND INFORMATION

1. Specialty Descriptions.

1.1. Cardiopulmonary Lab Chief Enlisted Manager (4H000).

1.1.1. Specialty Summary. Manages the operation of all cardiopulmonary lab activities involving respiratory therapy, invasive and noninvasive cardiovascular procedures, polysomnography, cardiopulmonary rehabilitation, and pulmonary functions. May manage a flight or serve as squadron or group superintendent. Serves as the Air Force Career Field Manager or command consultant. Related DOD Occupational Subgroup: 300.

1.1.2. Duties and Responsibilities.

1.1.2.1. *Plans and organizes cardiopulmonary lab activities.* Coordinates cardiopulmonary lab services to ensure best utilization of resources. Evaluates, budgets and justifies purchase of new equipment. Forecasts annual supply budgets. Develops staffing requirements and allocates personnel to authorized positions. Establishes performance standards to meet pertinent credentialing agency, Air Force, and any applicable local standards. Determines work methods. Establishes work center policies for appropriate use of services within the medical facility. Produces special reports and documents. Ensures development and implementation of appropriate orientation and training programs. Facilitates service-line issues with other sections. Coordinates service-line issues with appropriate level commanders or the medical director. Delegates duties as appropriate for work center mission accomplishment.

1.1.2.2. *Directs cardiopulmonary lab activities.* Develops work methodology. Ensures quality work is performed by personnel. Establishes priorities and controls for operating cardiopulmonary lab activities. Leads/empowers staff in performance management efforts. Conducts staff meetings; ensures in-service programs are based in part on findings from performance management efforts. Establishes methods and practices that encourage self-development and learning for all staff. Develops and directs contingency plans as well as safety and security plans. Directs maintenance of specialty equipment and supplies. Manages all personnel assigned to the Cardiopulmonary Lab. Reviews and ensures completion of all personnel actions and evaluations.

1.1.2.3. *Inspects and evaluates cardiopulmonary lab activities.* Conducts surveys of cardiopulmonary lab services and corrects deficiencies. Interprets formal inspection findings and takes corrective action. Provides resources for research and development projects. Ensures completion of all training requirements including age specific training and other applicable Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and Health Services Inspection (HSI) requirements. Evaluates effectiveness of all training and conformance to established standards. Assesses an individual's ability to achieve job expectations as stated in his or her job description. Evaluates patient care provided by all personnel performing cardiopulmonary lab procedures. Develops layout plans for cardiopulmonary lab facilities.

1.1.2.4. *Manages technical cardiopulmonary lab functions.* Resolves technical problems encountered by lab personnel. Offers advice and guidance to other sections engaged in

services directly affecting the cardiopulmonary lab. Advises medical staff on equipment status, training of personnel, and general cardiopulmonary lab operational efficiency.

1.2. Cardiopulmonary Lab Superintendent (4H091)

1.2.1. Specialty Summary. Manages the operation of all cardiopulmonary lab activities involving respiratory therapy, invasive and noninvasive cardiovascular procedures, polysomnography, cardiopulmonary rehabilitation, and pulmonary functions. May serve as flight or squadron superintendent command consultant and/or AFCFM. Related DOD Occupational Subgroup: 300.

1.2.2. Duties and Responsibilities.

1.2.2.1. *Plans and organizes cardiopulmonary lab activities.* Coordinates cardiopulmonary lab services to ensure best utilization of resources. Evaluates, budgets and justifies purchase of new equipment. Forecasts annual supply budgets. Develops staffing requirements and allocates personnel to authorized positions. Establishes performance standards to meet pertinent credentialing agencies, Air Force, and any applicable local standards. Determines work methods. Establishes work center policies for appropriate use of services within the medical facility. Produces special reports and documents. Ensures development and implementation of appropriate orientation and training programs. Establishes methods and practices that encourage self-development and learning for all staff. Facilitates service-line issues with other sections. Coordinates service-line issues with appropriate level commander and the medical director. Delegates duties as appropriate for work center mission accomplishment.

1.2.2.2. *Directs cardiopulmonary lab activities.* Develops work methodology. Ensures quality work is performed by personnel. Establishes priorities and controls for operating cardiopulmonary lab activities. Leads/empowers staff in performance management efforts. Conducts staff meetings; ensures in-service programs are based in part on findings from performance management efforts. Develops and directs contingency plans as well as safety and security plans. Ensures sustainment training is conducted to meet war skill competencies. Directs maintenance of specialty equipment and supplies. Manages all personnel assigned to the Cardiopulmonary Lab. Reviews and ensures completion of all personnel actions and evaluations.

1.2.2.3. *Inspects and evaluates cardiopulmonary lab activities.* Conducts surveys of cardiopulmonary lab services and corrects deficiencies. Interprets formal inspection findings and takes corrective action. Provides resources for research and development projects. Ensures completion of all training requirements including age-specific training and other applicable Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and Health Services Inspection (HSI) requirements. Evaluates effectiveness of all training and conformance to established standards. Assesses an individual's ability to achieve job expectations as stated in his or her job description. Evaluates patient care provided by all personnel performing cardiopulmonary lab procedures. Develops layout plans for cardiopulmonary lab facilities.

1.2.2.4. *Manages technical cardiopulmonary lab functions.* Resolves technical problems encountered by lab personnel. Offers advice and guidance to other sections engaged in services directly affecting the cardiopulmonary lab. Advises medical staff on equipment status, training of personnel, and general cardiopulmonary lab operational efficiency.

1.3. Cardiopulmonary Lab Craftsman (4H071).

1.3.1. *Specialty Summary.* Supervises cardiopulmonary lab activities. Participates in planning, directing, evaluating and performing duties in the cardiopulmonary lab, to include respiratory therapy, invasive and non-invasive cardiovascular procedures, polysomnography, cardiopulmonary rehabilitation, and pulmonary functions. Related DOD Occupational Subgroup: 300.

1.3.2. Duties and Responsibilities

1.3.2.1. *Plans and schedules cardiopulmonary lab activities.* Develops written policies and procedures. Controls utilization of space, supplies and equipment. Prepares budgets and requisitions for supplies and equipment. Determines work priorities and develops and enforces performance standards. Ensures appropriate use of physician and technician time

1.3.2.2. *Supervises cardiopulmonary lab activities.* Implements work methodology. Ensures quality work is performed by personnel. Establishes priorities and controls for operating cardiopulmonary lab activities. Leads/empowers staff in performance management efforts. Conducts section staff meetings; ensures in-service programs are based in part on findings from performance management efforts. Establishes and implements methods and practices that encourage self-development and learning for all staff. Implements contingency, safety, and security plans. Ensures performance of equipment maintenance and availability of supplies. Supervises all personnel assigned to the section. Completes personnel actions and evaluations.

1.3.2.3. *Inspects and evaluates cardiopulmonary lab activities.* Inspects facilities and equipment for proper maintenance, operation and use. Evaluates cardiopulmonary lab activities using metrics and makes recommendations for corrective actions. Ensures completion of all training requirements including-age specific training, sustainment training to meet war skill competencies, and other applicable JCAHO and HSI requirements. Ensures effectiveness of Enlisted Specialty Training (EST). Assesses an individual's ability to achieve job expectations as stated in his or her job description. Evaluates the quality of patient care and initiates corrective action as needed.

1.3.2.4. *Performs technical cardiopulmonary lab functions.* Performs all specialized diagnostic and therapeutic procedures. Operates physiological and specialized equipment. Collects, calculates, and processes data for physician interpretation. Monitors and documents patient care. Adheres to infection control standards. May develop and instruct Phase I, Phase II and Critical Care Air Transport curriculum.

1.4. Cardiopulmonary Lab Journeyman/Apprentice (4H051/4H031).

1.4.1. *Specialty Summary.* Performs cardiopulmonary lab duties in respiratory therapy, invasive and non-invasive cardiovascular procedures labs, polysomnography, cardiopulmonary rehabilitation, and pulmonary functions. Performs administrative and routine maintenance tasks. Related DOD Occupational Subgroup: 300.

1.4.2. Duties and Responsibilities.

1.4.2.1. *Performs cardiopulmonary lab team functions.* Assists with the diagnostic and therapeutic procedures of the heart and lungs. Assists in preparing and calibrating specialty equipment. Operates and monitors physiological equipment. Assists in collecting and calculating physiological data for physician interpretation. Adheres to infection control/universal precautions. May assist with the development and instruction of Phase I and II curriculum.

1.4.2.2. *Performs administrative, maintenance and supply functions.* Cleans, disinfects, sterilizes, or prepares for sterilization, cardiopulmonary equipment. Performs operational checks and inspections of equipment. Assists in determining stock levels; prepares requisition for supplies.

2. Skill/Career Progression. It is essential that everyone involved in training does his or her part to plan, develop, manage, conduct, and evaluate an effective training program. The guidance provided in this part of the CFETP will ensure individuals receive viable training at the appropriate points in their career. The following narrative and the AFSC 4H0X1 career field flow charts identify the training career path. It defines the training required in an individual's career.

2.1. Apprentice (3-skill level) Training. Initial skills training in this specialty consists of the tasks and knowledge training provided by two in-resident courses: Cardiopulmonary Laboratory Apprentice (Phase I), located at Sheppard AFB, Texas; and Cardiopulmonary Laboratory Apprentice (Phase II) at Andrews AFB, Maryland, Keesler AFB, Mississippi, Lackland AFB, Texas, Travis AFB, California, Wright-Patterson AFB, Ohio, Nellis AFB, Nevada, Eglin AFB Florida. Initial skills training requirements were identified during the 4H0X1 Utilization and Training Workshop held in February 2004. The decision to train specific tasks and knowledge items in the initial skills course is based on review of the occupational survey report (OSR) data, training requirements analysis (TRA) data, and 4H0X1 subject matter experts (SME) input. Task and knowledge training requirements are identified in the specialty training standard in Part II, Sections A and B.

2.2. Journeyman (5-skill level) Training. The individual is eligible for upgrade to the 5-skill level with recommendation of the supervisor after a minimum of 15 months upgrade training. Upgrade training includes phase II training. Five-skill level qualification must meet phase II skill-levels. Completion of all STS core tasks is mandatory for the award of the 5-skill level. (Refer to Core Tasks, page 2.) However, the supervisor is not restricted to 15 months time in training and may extend time in training to meet the needs of the individual. With justification on a case-by-case basis, the AFCFM may waive time in training experience requirements for retrainees to attain a previously held skill-level, but may not waive academic requirements. A CDC is not required for this AFSC. ARC see part II, Section E.

2.3. Craftsman (7-skill level) Training. Training to the 7-skill level in this specialty consists of 1) selection for promotion to the rank of staff sergeant, 2) completion of all STS core tasks (refer to core tasks, pg 2), 3) 12 months time in training from the beginning of the promotion cycle, and 4) Completion of the 7-level CDCs. With justification on a case-by-case basis, the AFCFM may waive time in training experience requirements for retrained to attain a previously held skill-level, but may not waive academic requirements. Continuation training should be made available and is based on the individual's training needs. To assume the rank of master sergeant individuals must be graduates of the NCO Academy in-residence.

2.4. Superintendent (9-skill) Training. To be awarded AFSC 4H091, an individual must be a senior master sergeant.

2.5. Chief Enlisted Manager (CEM). AFSC/CEM code 4H000 awarded upon selection for promotion to chief master sergeant.

3. Training Decisions. This CFETP was developed to include life-cycle training requirements for this specialty. Included in the spectrum was the strategy of when, where, and how to meet these training requirements. The strategy must be apparent and affordable to reduce duplication of training and eliminate a fragmented approach to training. The following training decisions were made during the AFSC 4H0X1 Utilization and Training Workshop, held February 2004 at Sheppard AFB, TX.

3.1. Initial Skills Training. The initial skills course was revised to provide training needed to prepare graduates for Cardiopulmonary Lab related positions.

3.2. Advanced Skills Training (7-level). The 7-level CDC is intended to prepare staff sergeants for increased management responsibilities and provide training in the skills necessary for success and advancement within the Cardiopulmonary Lab career field. Finalized version of the 7-level CDCs will be available on or before 1 June 2005.

3.3. Training resources. The MAJCOM representatives and SMEs at the February 2004 U&TW determined no need for career field QTPs.

3.4. RSV training. Senior leadership must ensure compliance with training requirements of all 4H0X1 personnel to meet readiness roles associated with respiratory therapy skills. Unit Type Codes (UTCs) will demand more career field members prepared to exercise these skills. This does not mean that the cardiovascular and pulmonary function requirements of medical facilities are to take a secondary role to the respiratory therapy section. Refer to STS column. Internal management of the 4H0X1 resources must include appropriate respiratory therapy training of all personnel as may be provided by the medical facility. This training is absolutely necessary to meet Critical Care Air Transport Team (CCATT) and other UTC requirements. Report concerns immediately to the local readiness office to be forwarded to the MAJCOM for resolution if the leadership feels that there is no adequate local training capability in respiratory therapy to meet UTC taskings. Potential Memoranda of Understanding with local facilities may prove to be viable training options. Cardiopulmonary Lab personnel will stand ready to continue with peacetime roles and move rapidly into a readiness posture if this training policy is thoroughly understood and supported by commanders and senior medical leaders and implemented through the technical leadership of the individual labs. <https://kx.afms.mil/GlobalMedSupTngEx>

4. Cardiopulmonary Lab Career Field Path. Charts depicting the Cardiopulmonary Lab career path are presented on the next few pages. The career path at Figure 1-1 outlines when training is required for each skill level and function within an enlisted AFS. Figure 1-2 illustrates cardiopulmonary training and career ladder progression.

ENLISTED EDUCATION AND TRAINING PATH

EDUCATION AND TRAINING REQUIREMENTS		AVERAGE SEW-ON TIME FOR PROMOTIONS
☞ BASIC MILITARY TRAINING		6 MONTHS
☞ APPRENTICE TECH SCHOOL = 3-SKILL -CARDIOPULMONARY LABORATORY APPRENTICE (PHASE I AND II)		16 MONTHS
☞ UPGRADE TO JOURNEYMAN = 5-SKILL -MINIMUM 15 MONTHS ENLISTED SPECIALTY TRAINING (EST) -RECOMMENDATION OF SUPERVISOR		36 MONTHS
☞ AIRMAN LEADERSHIP SCHOOL -MUST BE A SRA WITH 48 MONTHS TIME IN SERVICE, OR BE A SSGT -RESIDENT GRADUATION IS A PREREQUISITE FOR SSGT SEW-ON		7.5 YEARS AVERAGE
☞ UPGRADE TO CRAFTSMAN = 7-SKILL -MINIMUM RANK OF SSGT -12 MONTHS EST -COMPLETION OF 7-LEVEL CDC (EXPORTABLE COURSE (CDC)) -MUST BE 7-LEVEL TO SEW-ON TSgt		16 YEARS AVERAGE
☞ NONCOMMISSIONED OFFICER ACADEMY -MUST BE A TSgt OR TSgt SELECTEE * -RESIDENT GRADUATION IS A PREREQUISITE FOR MSGT SEW-ON		19.2 YEARS AVERAGE
☞ USAF SENIOR NCO ACADEMY -MUST BE A MSGT, SMSgt OR SMSgt SELECTEE * -RESIDENT GRADUATION IS A PREREQUISITE FOR CMSgt SEW-ON		21.5 YEARS AVERAGE
☞ UPGRADE TO SUPERINTENDENT = 9-SKILL -MINIMUM RANK OF SMSgt		
☞ OJT TRAINER: -BE APPOINTED AND CERTIFIED -ATTEND FORMAL EST TRAINER TRAINING -BE A 5-LEVEL OR A SENIOR QUALIFIED 3-LEVEL (ENLISTED) -POSSESS A HIGHER SKILL OR EXPERIENCE (CIVILIAN) LEVEL		
☞ OJT CERTIFIER: -BE APPOINTED AND CERTIFIED -ATTEND FORMAL EST CERTIFIER COURSE -POSSESS AT LEAST A 5-SKILL LEVEL OR BE A SSGT -HAVE EQUIVALENT EXPERIENCE (CIVILIAN) -BE A PERSON OTHER THAN THE TRAINER		

*ACTIVE DUTY ONLY

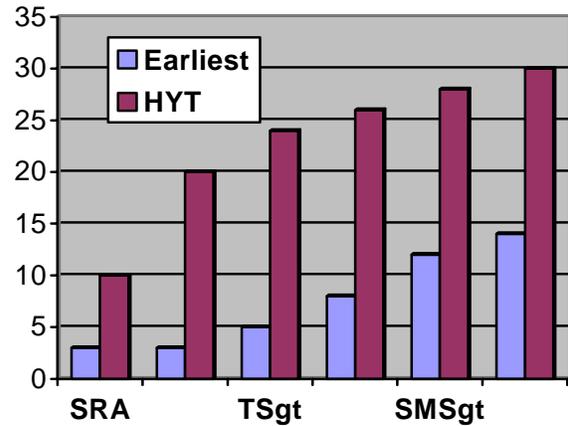


Figure 1-1. Enlisted Education and Training Path

CARDIOPULMONARY TRAINING AND CAREER PROGRESSION

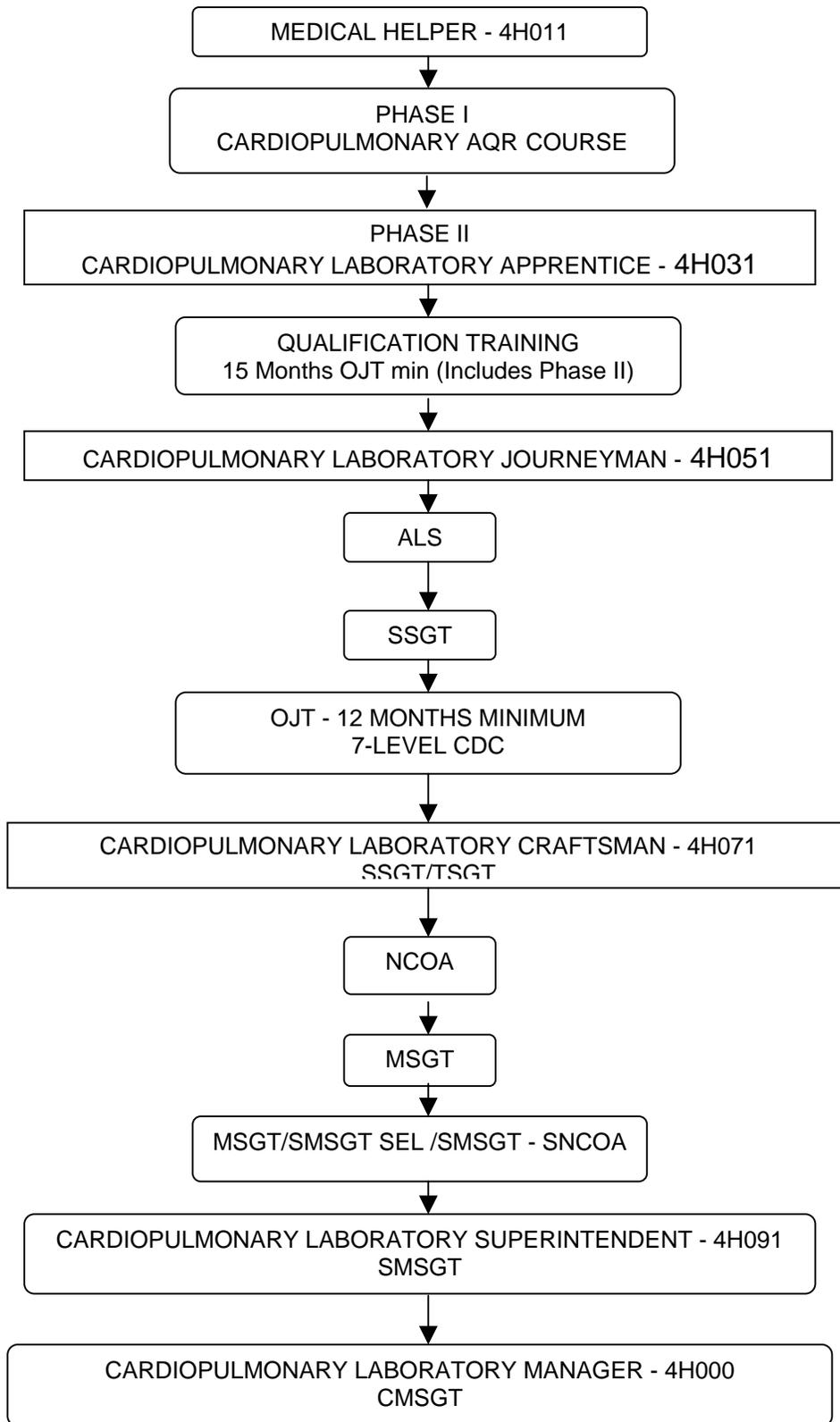


Figure 1-2. Cardiopulmonary Laboratory Training and Career Progression

5. Community College of the Air Force (CCAF) Academic Programs. Enrollment in CCAF occurs upon completion of Basic Military Training. Off-duty education is a personal choice but is highly encouraged. CCAF provides the opportunity to obtain an Associate in Applied Sciences Degree in Cardiopulmonary Laboratory Technology, and when applicable, Instructor of Technology and Military Science. **NOTE:** An accredited associate degree is required for taking the National Board for Respiratory Care (NBRC) certification examination. In addition to the associate degree program, CCAF offers the following:

5.1. Occupational Instructor Certificate. Given upon completion of instructor qualification training consisting of an instructor methods course and supervised practice teaching. CCAF instructors, who possess an associate degree or higher, may be nominated by their school commander/commandant for certification as an Occupational Instructor.

5.2. Trade Skill Certification. When a CCAF student separates, retires or obtains commission, a trade skill certification is awarded for the primary occupational specialty. The college uses a competency based assessment process for trade skill certification at one of four proficiency levels - Apprentice, Journeyman, Craftsman (Supervisor), or Master Craftsman (Manager). All are transcribed on the CCAF transcript.

5.3. Degree Requirements: The 5-skill level must be held at the time of program completion. A student must complete all degree requirements before separating, retiring or becoming a commissioned officer.

5.3.1. Technical Education (24 Semester Hours): A minimum of 12 semester hours of Technical Core subjects/courses must be applied and the remaining semester hours applied from Technical Core/Technical Elective subjects/courses. Requests to substitute subjects/courses must be approved in advance by the services branch at CCAF.

5.3.2. Leadership, Management, and Military Studies (6 Semester Hours): Professional military education and/or civilian management courses.

5.3.3. Physical Education (4 Semester Hours). This requirement is satisfied by completion of basic military training.

5.3.4. General Education (15 Semester Hours): This requirement is satisfied by application of courses accepted in transfer or by testing credit.

5.3.5. Program Elective (15 Semester Hours): Satisfied with applicable Technical Education: Leadership, Management, and Military Studies; or General Education subjects/courses, including natural science courses meeting General Education Requirements (GER) application criteria. Six semester hours of CCAF degree-applicable technical credit otherwise not applicable to this program may be applied.

5.3.6. GER Application Criteria: Satisfied by application of courses accepted in transfer or by testing credit. The criteria for application of courses to the GER are as follows:

Must not be developmental, preparatory, remedial refresher, or review.

Must be from a regionally accredited institution or a recognized candidate for accreditation.

Must be listed and identified in offering institution's freshman and sophomore general education graduation requirement.

Must have been completed with a "C" grade or better or equivalent.

Must not duplicate or significantly overlap another course or test applied to the degree program.

Must not be a special topic, special problem, workshop, or similar course.

Must not be narrowly focused on skills, techniques, and procedures peculiar to a particular occupation.

This degree program is recognized by the National Society for Cardiovascular Technology/
National Society for Pulmonary Technology. The following are specific requirements:

Subject	Semester Hours
Technical Education (Subject/Courses)	24
Technical Core	
Advanced Cardiopulmonary Procedures	9
Cardiopulmonary Anatomy and Physiology	6
Cardiopulmonary Instrumentation	3
Cardiopulmonary Invasive/Noninvasive Diagnostic Procedures	12
Cardiovascular and Pulmonary Diagnostic Principles	8
CCAF Internship	18
Clinical Respiratory Therapy	8
Pulmonary Diagnostic Procedures	8
Respiratory Therapy	6
Technical Electives	
AF Enlisted Professional Military Education	6
Computer Science	3
Emergency Medicine	6
Medical Readiness	3
Medical Technology	3
General Education (Subjects/Courses)	15
Oral Communication: Speech	3
Written Communication : English Composition	3
Mathematics: Intermediate algebra or a college-level mathematics course is required. If an acceptable mathematics course is applied as a Technical or Program Elective, a natural science course meeting GER application criteria may be applied as a General Education Requirement.	3
Social Sciences: Anthropology, Archaeology, Economics, Geography, Government, History, Political Science, Psychology, Sociology	3
Humanities: Fine Arts (History, Criticism, and Appreciation), Foreign language, Literature, Philosophy, Religion	3

Graduates who desire non-invasive cardiovascular credentialing should contact:

Cardiovascular Credentialing International (CCI)
1500 Sunday Drive, Suit 102
Raleigh, NC 27607
(800) 326-0268 or (919) 861-4539
Fax: (919) 787-4916

Graduates who desire pulmonary function or respiratory therapy credentialing should contact:

National Board for Respiratory Care, Inc.
8310 Nieman Road
Lenexa, KS 66214-1579
(913) 599-4200
Fax: (913) 541-0156

Those who desire echocardiography credentialing may contact:

The American Registry of Diagnostic Medical Sonographers
51 Monroe Street, Plaza East One
Rockville, MD 20850-2400
(301) 738-8401 or (800) 541-9754
Fax: (301) 738-0312

SECTION C - SKILL LEVEL TRAINING REQUIREMENTS

1. Purpose. Skill level training requirements in this career field are defined in terms of tasks and knowledge requirements. This section outlines the specialty qualification requirements for each skill level in broad, general terms and establishes the mandatory requirements for entry, award and retention of each skill level. The specific task knowledge, task performance, and subject knowledge training requirements are identified in Part II, Section A (STS), Attachment 1, Block 4, Sections A, B, and C of this CFETP.

2. Apprentice Training Requirements (3-skill level)

2.1. Specialty Qualification

2.1.1. Knowledge. Knowledge mandatory of: general anatomy and physiology, including cardiopulmonary system structures, functions and pathology; pharmacology; patient care theory, procedures and techniques; medical terminology; aseptic techniques; medical ethics; resuscitation techniques; maintaining and operating cardiopulmonary laboratory diagnostic and therapeutic equipment; medications; computer systems; readiness and resources management; age-specific concerns for this specialty.

2.1.2. Education. Successful completion of high school or college courses in algebra and chemistry is mandatory for entry into this AFSC.

2.1.3. Training. Completion of the Cardiopulmonary Lab Apprentice courses--Phase I and Phase II--is mandatory for award of AFSC 4H031. ARC: see Part II, Section E.

2.1.4. Other. Minimum General AQE is 43.

2.2. Training Sources and Resources. Completion of the Cardiopulmonary Laboratory courses, J3AQR4H031 004 (Phase I) and J5ABO4H031 002 (Phase II), satisfies the knowledge and training requirements specified by the specialty qualification (above) for award of the 3-skill level. The Plan of Instruction (POI) identifies all knowledge and tasks, with their respective standards. They are available upon request from the 383 TRS/XUFA at Sheppard AFB, Texas. Training resources will be indicated in STS, column 4D. A list of all training courses to support Cardiopulmonary Lab is at Part II, Section D, of this CFETP.

2.3. Implementation. The Cardiopulmonary Laboratory Apprentice course is a category A course requiring mandatory attendance. There is no proficiency advancement through the basic course (Phase I). Proficiency advancement in Phase II is determined by the course supervisor on a case-by-case basis. Job qualification starts when an individual begins phase II training. Thereafter, it is initiated anytime an individual is assigned duties they are not qualified to perform

3. Journeyman Training Requirements (5-Skill Level):

3.1. Specialty Qualifications. All 4H031 qualifications apply to the 4H051 requirements

3.1.1. Knowledge. Knowledge is mandatory of: general anatomy and physiology, including cardiopulmonary system structures, functions and pathology; pharmacology; patient care theory, procedures and techniques; medical terminology; aseptic techniques; medical ethics; resuscitation techniques; maintaining and operating cardiopulmonary laboratory diagnostic and

therapeutic equipment; medications; computer systems; readiness and resources management; age-specific concerns for this specialty

3.1.2. Education. Individuals must be graduates of Airman Leadership School to assume the grade of staff sergeant.

3.1.3. Training. The individual is eligible for upgrade to the 5-skill level with recommendation of the supervisor after a minimum of 15 months upgrade training. Upgrade training includes phase II training. Five-skill level qualification must meet phase II skill-levels. Completion of all STS core tasks is mandatory for the award of the 5-skill level. (Refer to Core Tasks, pg. 2.)

3.1.4. Experience. Prior qualification as a Cardiopulmonary Lab apprentice is mandatory. Experience is mandatory in performing diagnostic and therapeutic procedures in caring for and treating specialty patients. Individuals must have the supervisor's recommendation for award of the 4H051 AFSC based on completion of core tasks.

3.1.5. Other. Participation in continuing health education programs is desirable. Credentialing by a civilian professional organization is strongly encouraged.

3.2. Training Sources and Resources. Completion of Phase II satisfies the knowledge requirements specified in the specialty qualification section (above) for award of the 5-skill level (refer to Core Task, pg. 2). The STS identifies all core tasks required for qualification, which may be further refined by the supervisor for the specific duty position.

3.3. Implementation. Entry into qualification training is initiated at the start of Phase II. It is also initiated anytime an individual is assigned duties they are not qualified to perform.

4. Craftsman Training Requirements (7-Skill Level):

4.1. Specialty Qualification. All 4H051 qualifications apply to the 4H071 requirements

4.1.1. Knowledge. Knowledge is mandatory of: general anatomy and physiology, including cardiopulmonary system structures, functions and pathology; pharmacology; patient care theory, procedures and techniques; medical terminology; aseptic techniques; medical ethics; resuscitation techniques; maintaining and operating cardiopulmonary laboratory diagnostic and therapeutic equipment; medications; computer systems; readiness and resources management; age-specific concerns for this specialty; and personnel and unit management

4.1.2. Education. To assume the grade of master sergeant, individuals must be graduates of the NCO Academy.

4.1.3. Training. The following is mandatory for the award of the 7-skill level: 1) at least 12 months time in training from the beginning of the promotion cycle, 2) completion of all STS core tasks (refer to Core Tasks, pg. 2), and 3) completion of the Cardiopulmonary Laboratory 7-level CDC.

4.1.4. Experience. Prior qualification as a Cardiopulmonary Lab Journeyman is mandatory. Experience is mandatory in performing and supervising the performance of diagnostic and therapeutic procedures in caring for and treating specialty patients.

4.1.5. Other. Participation in continuing health education programs is desirable. Credentialing by a civilian professional organization is strongly encouraged.

4.3. Implementation. Entry into qualification training is initiated at the beginning of the promotion cycle for E-5. The Cardiopulmonary Laboratory 7-level CDC must be completed to be awarded the 7-level.

5. Superintendent Training Requirements (9-Skill Level).

5.1. Specialty Qualification:

5.1.1. Knowledge. Knowledge is mandatory of: general anatomy and physiology, including cardiopulmonary system structures, functions and pathology; pharmacology; patient care theory, procedures and techniques; medical terminology; aseptic techniques; medical ethics; resuscitation techniques; maintaining and operating cardiopulmonary laboratory diagnostic and therapeutic equipment; medications; computer systems, readiness and resources management; age-specific concerns for this specialty. Also required, personnel and unit management.

5.1.2. Education. The Senior NCO Academy is desirable and highly encouraged.

5.1.3. Experience. Prior qualification as a Cardiopulmonary Lab Craftsman is mandatory. Experience is mandatory in performing and supervising the performance of diagnostic and therapeutic procedures in caring for and treating specialty patients.

5.1.4. Other. Participation in continuing health education programs is desirable. Credentialing by a civilian professional organization is strongly encouraged.

5.2. Training Sources and Resources. The Senior NCO Academy will be used for training.

5.3. Implementation. The 9-skill level is restricted to senior master sergeants. Active duty personnel will only be awarded the 9-skill level upon SMSgt sew-on. Qualification training is initiated anytime an individual is assigned duties for which they are not qualified to perform.

SECTION D - RESOURCE CONSTRAINTS

1. Purpose. This section identifies known resource constraints which preclude optimal/desired training from being developed or conducted, including information such as cost and manpower. Narrative explanations of each resource constraint and an impact statement describing what effect each constraint has on training are included. Also included in this section are actions required, office of primary responsibility, and target completion dates. Resource constraints will be, as a minimum, reviewed and updated annually.

2. Apprentice Level Training:

2.1. Constraints. Three skill level courses, Cardiopulmonary Laboratory Apprentice (J3AQR4H031 004 (Phase I) and J5ABO4H031 002 (Phase II)) will require very minor revisions. Insufficient number of Phase II training sites.

2.2. Impact. Limits number of students.

2.3. Resources Required. Alternative bedded medical facilities (with emergency room and critical care services)

2.4. Action Required. Conduct feasibility studies to determine alternate sites.

2.5. OPR/Target Completion Date. AF CFM/FY 2006.

3. There were no 5- or 7- level resource constraints identified at the Feb 04 U&TW.

SECTION E – Transition Training Guide

Currently there are no transition training requirements. This area is reserved.

CAREER FIELD EDUCATION AND TRAINING PLAN

PART II, SECTION A

CARDIOPULMONARY LABORATORY SPECIALTY TRAINING STANDARD

1. Introduction. This Specialty Training Standard (STS) implements technical training provided by Air Education and Training Command with the class entering 050119 and graduating 050428 for course J3AQR4H031 005, and the class entering 050131 and graduating 050920 for course J5ABO4H031 001.

2. Purpose of this STS. As prescribed in AFI 36-2202, this STS:

2.1. Lists in column 1 of attachment 1, Tasks, Knowledge, Technical References (TRs), and Core Tasks, airmen need to perform duties in the 3-, 5-, and 7- skill level AFSC in the Cardiopulmonary Laboratory ladder of the Airman Medical career field. These are based on an analysis of the duties in AFMAN 36-2108.

2.2. Shows core task requirements. Tasks that are identified with an asterisk (*) in column 1 of attachment 1 are the core tasks. (refer to Core Task, pg. 2).

2.3. Shows the training resources requirements. A number in Column 4E identifies the training resources used to support training of the task.

2.4. Identifies RSVP requirements (Column 4E).

2.5. Provides OJT certification columns in attachment 1 to record completion of task and knowledge training requirements.

NOTE: Trainers and certifiers must comply with documentation policy defined in AFI 36-2201 volume 3, dated 15 Jan 04, para 8.8.

2.6. Shows formal training requirements. Columns 4A, 4B, and 4C of attachment 1 show the proficiency to be demonstrated on the job by the graduate as a result of training in courses J3AQR4H031 005 (PDS Code QLI), J5ABO4H031 002 (PDS Code PLO), and 4H071 7-Level CDCs, respectively. Tasks coded in column 2 are trained in the resident initial skills wartime course.

2.7. Becomes a job qualification standard (JQS) for OJT when placed in AF Form 623, On-The-Job Training Record, and used according to AFI 36-2201. For OJT, the tasks in column 1 of attachment 1 are trained and qualified to the go/no go level. Go means the individual can perform the task without assistance and meets local requirements for accuracy, timeliness, and correct use of procedures.

2.8. Is a guide for development of promotion tests used in the Weighted Airman Promotion System (WAPS). Specialty Knowledge Tests (SKT) are developed at the USAF Occupational Measurement Squadron by senior NCOs with extensive practical experience in their career fields. Questions are based on study references listed in WAPS Catalog published by the Extension Course Institute (ECI). Individual responsibilities are in Chapter 1 of AFI 36-2605.

3. Proficiency Code Key. Attachment 1 contains the proficiency code key used to indicate the level of training and knowledge provided by resident training.

4. Recommendations. Report unsatisfactory performance of individual course graduates, inadequacies of and suggested corrections to this STS to the AF Cardiopulmonary Careerfield Manager (CFM), 89 MDOS/SGOML, Andrews AFB MD. Reference specific paragraphs. A Customer Service Information Line has been installed for the supervisor's convenience to identify graduates who may have received over or under training on tasks/knowledge items listed in this training standard. For a quick response to problems, call our 24-hour Customer Service Information Line, DSN 736-2385 or e-mail: 882trg.csil@sheppard.af.mil.

This CFETP supersedes CFETP 4H0X1, May 2001.

BY ORDER OF THE SECRETARY OF THE AIR FORCE

OFFICIAL

GEORGE PEACH TAYLOR JR
Major General, USAF, MC, CFS
Surgeon General

3 ATTACHMENTS

1. Qualitative Requirements
2. Bibliography of 4H0X1 Training References
3. Summary of STS Proficiency Codes

THIS BLOCK IS FOR IDENTIFICATION PURPOSES ONLY		
NAME OF TRAINEE		
PRINTED NAME <i>(Last, First, Middle Initial)</i>	INITIALS <i>(Written)</i>	SSAN
PRINTED NAME OF TRAINER AND CERTIFYING OFFICIAL AND WRITTEN INITIALS		
N/I	N/I	

QUALITATIVE REQUIREMENTS

PROFICIENCY CODE		
	SCALE VALUE	DEFINITION: The Individual
TASK PERFORMANCE LEVELS	1	Can do simple parts of the task. Needs to be told or shown how to do most of the task. (EXTREMELY LIMITED)
	2	Can do most parts of the task. Needs help only on hardest parts. (PARTIALLY PROFICIENT)
	3	Can do all parts of the task. Needs only spot check of completed work. (COMPETENT)
	4	Can do the complete task quickly and accurately. Can tell or show others how to do the task. (HIGHLY PROFICIENT)
* TASK KNOWLEDGE LEVELS	a	Can name parts, tools, and simple facts about the task. (NOMENCLATURE)
	b	Can determine step by step procedures for doing the task. (PROCEDURES)
	c	Can identify why and when the task must be done and why each step is needed. (OPERATING PRINCIPLES)
	d	Can predict, isolate, and resolve problems about the task. (ADVANCED THEORY)
** SUBJECT KNOWLEDGE LEVELS	A	Can identify basic facts and terms about the subject. (FACTS)
	B	Can identify relationship of basic facts and state general principles about the subject. (PRINCIPLES)
	C	Can analyze facts and principles and draw conclusions about the subject. (ANALYSIS)
	D	Can evaluate conditions and make proper decisions about the subject. (EVALUATION)
EXPLANATIONS		
<ul style="list-style-type: none"> * A task knowledge scale value may be used alone or with a task performance scale value to define a level of knowledge for a specific task. (Examples: b and 1b) ** A subject knowledge scale value is used alone to define a level of knowledge for a subject not directly related to any specific task, or for a subject common to several tasks. - This mark is used alone instead of a scale value to show that no proficiency training is provided in the course or CDC. X This mark is used alone in course columns to show that training is required but not given due to limitations in resources. 		

NOTE 1: Users are responsible for annotating training references to identify current references pending STS revision.

NOTE 2: Tasks identified with an asterisk (*) in column 1 of attachment 1, are the core tasks that personnel must be trained and certified on to complete qualification/duty position training (refer to Core Task, pg. 2).

NOTE 3: Training references (TRs) in the source summary are commercial publications or other service publications that are essential for OJT and mission accomplishment. TRs listed in the STS are for the new directives; refer to attachment 2 for the old directives and continue to use them until the new directives are published. The element supervisors will consolidate the requirements for the element they support and order publications through the hospital library activity.

NOTE 4: Tasks identified with a plus sign (+) in column 1 indicates CoARC required items.

NOTE 5: Items coded in column 2 are the tasks and knowledge items that are trained in the resident wartime course. The Phase II course J5ABO4H031 002 will be discontinued when the resident wartime course is implemented.

NOTE 6: Method of RSV training. Approved resources should be used to train. RSVs for the AFRC and ANG will be accomplished every two AEF cycles (30 months).

Readiness Skills Verification Program (RSVP) website is: <https://kx.afms.mil/GlobalMedSupTngEx>

	- STS 4H0X1 -	2.	3. Certification for OJT					4. Training Proficiency Codes				
	1. TASKS, KNOWLEDGE, TECHNICAL REFERENCES AND CORE TASKS	War-time Tasks	A Start Date	B Complete Date	C Trainer's Initials	D Trainee's Initials	E Certifier's Initials	A Phase I	B Phase II	C 7 Skill Level CDC	D Training Resources	E RSV training
1. COMMON CARDIOPULMONARY CAREER FIELD EXPERIENCE												
	1.1. MEDICAL READINESS (Initial Medical Readiness Training, directed by AFI 41-106, is provided in the Basic Medical Readiness course, conducted at the 882d Training Group, Sheppard AFB, TX. Completed training is documented on AF Form 1098 for each course graduate. Continuing/ongoing Medical Readiness Training for the individual is the responsibility of each medical facility)	-	-		-							
	1.2. Career ladder progression TR: CFETP 4H0X1							A	-	B		
	1.3. Career enhancement/credentials							A	B	B		
	1.4. Duties TR: CFETP 4H0X1	*						B	-	B		

	- STS 4H0X1 -	2. War-time Tasks	3. Certification for OJT					4. Training Proficiency Codes					
			A Start Date	B Complete Date	C Trainer's Initials	D Trainee's Initials	E Certifier's Initials	A Phase I	B Phase II	C 7 Skill Level CDC	D Training Resourc es	E RSV training	
	1. TASKS, KNOWLEDGE, TECHNICAL REFERENCES AND CORE TASKS												
	1.5. USAF Medical Service TR: AFD 41-2, AFD 44-1												
	1.5.1. Mission						A	–	B				
	1.5.2. Organization						A	–	B				
	1.5.3. Function						A	–	B				
	1.6. Operation Security (OPSEC) vulnerabilities TR: AFI 10-1101	*					B	–	–				
	1.7. AF Occupational Safety and Health (AFOSH) Program TR: AFI 91-301, AFI 91-302												
	1.7.2. Hazards	*					A	B	–				
	1.7.3. AFOSH Standards TR: AFI 91-302, AFI 41-203; <u>Accreditation Manual for Hospitals, V1</u>	*					A	B	B				
+	1.7.4. General safety principles	*					A	B	–				
	1.7.5. Use safety practices												
*+	1.7.5.1. Electrical equipment TR: <u>Textbook of Cardiovascular Technology, Chap 5;</u> <u>Fundamentals of Respiratory Care,</u> Chap 2	*					b	3c	–				
*+	1.7.5.2. Compressed Gases TR: <u>Fundamentals of Respiratory Care, Chap 33</u>	*					b	3c	–				
*	1.7.5.3. Caustic and corrosive chemicals	*					b	3c	–				
*+	1.7.5.4. Drugs and solutions TR: <u>Fundamentals of Respiratory Care, Chap 32; Clinical Application of Respiratory Care,</u> Chap 5	*					b	3c	–				

	- STS 4H0X1 -	2.	3. Certification for OJT					4. Training Proficiency Codes					
			A Start Date	B Complete Date	C Trainer's Initials	D Trainee's Initials	E Certifier's Initials	A Phase I	B Phase II	C 7 Skill Level CDC	D Training Resourc es	E RSV training	
	1. TASKS, KNOWLEDGE, TECHNICAL REFERENCES AND CORE TASKS	War- time Tasks											
*+	1.7.5.5. Sharp instruments and glassware	*						2b	3c	-			
*+	1.7.5.6. Personal protective equipment TR: AFOSH personal protection standard	*						2b	3c	-			
*+	1.7.5.7. Preventive maintenance of equipment	*						b	3c	-			
	1.8. Accident reporting TR: AFI 91-202							b	2b	b			
	1.9. Professional and patient relationships TR: AFI 36-2909; <u>Fundamentals of Respiratory Care</u> , Chap 1, 4												
+	1.9.1. Professional relations	*						A	B	-			
+	1.9.2. Professional standards	*						A	B	-			
+	1.9.3. Medical Ethics	*						A	B	-			
2. MEDICAL LOGISTICS PROCEDURES													
TR: AFMAN 23-110													
*	2.1. Air Force accountability	*						B	-	B			
	2.2. Request for issue/turn-in preparation												
	2.2.1. Supplies							-	-	b			
	2.2.2. Equipment							-	-	b			
	2.3. Report of survey system TR: AFI 23-220							A	-	B			
	2.4. Material Categories							-	-	B			
3. CARDIOPULMONARY LABORATORY ADMINISTRATION													
	3.1. Resource Management												
	3.2. Medical expense and performance reporting system (MEPRS) data TR: DOD 6010.13M; AFI 41-102							A	-	-			

- STS 4H0X1 -		2.	3. Certification for OJT					4. Training Proficiency Codes				
1. TASKS, KNOWLEDGE, TECHNICAL REFERENCES AND CORE TASKS		War-time Tasks	A Start Date	B Complete Date	C Trainer's Initials	D Trainee's Initials	E Certifier's Initials	A Phase I	B Phase II	C 7 Skill Level CDC	D Training Resources	E RSV training
	3.2.1. Review medical expense and performance reporting system (MEPRS) data TR: DOD 6010.13M; AFI 41-102							–	–	B		
	3.2.2. Identify staffing requirements TR: AFI 38-201, AFMAN 36-2108, AFMS 5212							–	–	B		
	3.2.3. Develop staffing plans TR: <u>Accreditation Manual for Hospitals, V1</u> , AFMAN 36-2108							–	–	b		
	3.2.4. Develop budgeting requirements TR: AFI 41-120, AFI 41-201							–	–	b		
	3.3 Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) TR: AFI 44-119; <u>Accreditation Manual for Hospitals, V1</u>							A	–	B		
	3.4. Performance Improvement TR: AFI 90-1102							A	-	B		
	3.5. Health Services Inspection (HSI)							A	–	B		
	3.6. Schedule patients							–	-	–		
	3.7 Develop medical procedure schedules							–	–	–		
	3.8. Proper telephone techniques							-	b	–		
+	3.9. Intro to Computers							A	2b	–		
4. FUNDAMENTALS OF PATIENT CARE												
TR: <u>Fundamentals of Respiratory Care</u> , Chap 3, 44, 45												
+	4.1. Basic psychology of human needs	*						A	B	–		
+	4.2. Structure and function of human body	*						A	B	–		
+	4.3. Cardiopulmonary risk factors	*						A	B	–		
+	4.4 Medical terminology	*						B	–	–		
+	4.5. Patient sensitivity	*						A	B	–		

Attachment 1. Continued.

- STS 4H0X1 -		2.	3. Certification for OJT					4. Training Proficiency Codes				
1. TASKS, KNOWLEDGE, TECHNICAL REFERENCES AND CORE TASKS			War-time Tasks	A	B	C	D	E	A	B	C	D
		Start Date		Complete Date	Trainer's Initials	Trainee's Initials	Certifier's Initials	Phase I	Phase II	7 Skill Level CDC	Training Resources	RSV training
*+	4.6. Obtain vital signs	*						2b	3c	–		
*+	4.7. Obtain patient history	*						1b	3c	–		
+	4.8. Provide patient instruction/education							A	B	–		
	4.9. Microbiology											
*+	4.9.1. Apply aseptic techniques	*						b	3c	–		
+	4.9.2. Infection control	*						A	B	–		
+	4.9.3. Universal precautions, respiratory protection/isolation	*						A	B	–		
+	4.9.4. Bacterial vs. viral hematology	*						A	B	–		
+	4.9.5. Air and Bloodborne Pathogens							A	B	–		
5. CARDIOVASCULAR ANATOMY AND PHYSIOLOGY												
TR: <u>Principles of Anatomy and Physiology</u> , Chap 19, 20, 21; <u>Fundamentals of Respiratory Care</u> , Chap 8; <u>Textbook of Cardiovascular Technology</u> , Chaps 1, 2, 4, 6												
+	5.1. Cardiovascular terminology	*						B	–	–		
+	5.2. Structure and function of the heart	*						B	B	–		
+	5.3. Structure and function of the vascular system	*						B	–	–		
+	5.4. Hemodynamics	*						B	B	–		
+	5.5. Regulation of heart and circulation	*						B	–	–		
+	5.6. Electrophysiology of cardiac muscle	*						B	–	–		
+	5.7. Cardiac cycle	*						B	–	–		
+	5.8. Acquired cardiovascular disease	*						A	B	–		
+	5.9. Congenital cardiovascular disease							A	B	–		
+	5.10. Dynamics of cardiovascular dysfunction							A	B	–		
6. PULMONARY ANATOMY AND PHYSIOLOGY												

- STS 4H0X1 -		2.	3. Certification for OJT					4. Training Proficiency Codes				
1. TASKS, KNOWLEDGE, TECHNICAL REFERENCES AND CORE TASKS		War-time Tasks	A	B	C	D	E	A	B	C	D	E
			Start Date	Complete Date	Trainer's Initials	Trainee's Initials	Certifier's Initials	Phase I	Phase II	7 Skill Level CDC	Training Resources	RSV training
TR: <u>Principles of Anatomy and Physiology</u> , Chap 23; <u>Clinical Application of Respiratory Care</u> , Chap 1, 7, 14, 15, 24; <u>Fundamentals of Respiratory Care</u> , Chaps 5, 7, 9, 12, 13, 16, 20; <u>Clinical Application of Blood Gases</u> , Chaps 1,2,3,4, 7, 8, 9, 10, 13												
+	6.1. Pulmonary terminology	*						B	-	-		
+	6.2. Structure and functional dynamics	*						B	-	-		
+	6.3. Dynamics of gas exchange	*						B	-	-		
+	6.4. Regulation of respiration	*						B	-	-		
+	6.5. Application of math concepts	*						2b	-	-		
+	6.6. Gas physics	*						2b	-	-		
+	6.7. Chemistry of acid-base physiology	*						A	B	-		
+	6.8. Restrictive lung processes							A	B	-		
+	6.9. Obstructive lung processes							A	B	-		
7. CARDIOPULMONARY TEAM FUNCTIONS												
TR: <u>Cardiac Catheterization and Angiography</u> . Chap 2, 7, 8, 9, 12, 13, 19, 22, 29; <u>Rapid Interpretation of EKGs: Textbook of Cardiovascular Technology</u> , Chap 8, 11; <u>Heart Disease</u> , Chap 6, 7, 8, 9, 22, 41												
	7.1. Assist physician											
	7.1.1. Hemodynamic monitoring							-	-			
	7.1.2. Angiography							-	-			
	7.1.3. Angioplasty							-	-			
	7.1.4. Coronary atherectomy and stents							-	-			
	7.1.5. Rotational ablation							-	-			
	7.1.6. Electrophysiology studies							-	-			
	7.1.7. Pacemaker interrogation							-	-			
	7.1.8. Thrombolysis							-	-			
*	7.1.9. Bronchoscopic examination TR: <u>Fundamentals of Respiratory Care</u> , Chap 29; <u>Respiratory Care</u> , Chap 26	*						a	2b	-		

	- STS 4H0X1 -	2.	3. Certification for OJT					4. Training Proficiency Codes					
			War-time Tasks	A Start Date	B Complete Date	C Trainer's Initials	D Trainee's Initials	E Certifier's Initials	A Phase I	B Phase II	C 7 Skill Level CDC	D Training Resources	E RSV training
	1. TASKS, KNOWLEDGE, TECHNICAL REFERENCES AND CORE TASKS												
	7.1.10. Max O2 study TR: <u>Manual of Pulmonary Function Testing</u> , Chap 7							a	–	–			
	7.1.11. Drug or physiologically induced asthma study TR: <u>Manual of Pulmonary Function Testing</u> , Chap 8							a	2b	–			
*	7.1.12. Exercise (stress) testing TR: <u>Textbook of Cardiovascular Technology</u> , Chap 8; <u>Heart Disease</u> , Chap 5							b	3c	–			
+	7.1.13. Cardiopulmonary rehabilitation TR: <u>Principles and Practice of Pulmonary Rehabilitation</u> , Chap 14, 16, 22, 23, 24; <u>Pulmonary Rehabilitation Guidelines to Success</u> , Chap 1, 2, 3, 4, 7, 14, 26, 27							–	–	–			
	7.1.14. Radionuclide studies TR: <u>Textbook of Cardiovascular Technology</u> , Chap 8; <u>Heart Disease</u> , Chap 9							–	a	–			
	7.1.15. Tilt table testing TR: <i>Journal of American College of Cardiology (JACC)</i> , Vol. 28, 1996, p. 263-275; <i>JACC</i> vol. 65, 1996, p. 1322-1327; <i>JACC</i> vol. 22, 1993, p. 594-597; <i>JACC</i> vol. 17, 1991, p. 125-130; <i>Pacing and Clinical Electrophysiology</i> , vol. 14, 1991, p. 1528-1537; <i>American Journal of Cardiology (AJC)</i> , vol. 70, 1992, p. 605-609; <i>AJC</i> vol. 69, 1992, p.755-760; <i>American Journal of Medicine</i> , vol. 90, 1991, p. 6-10; <i>Annals of Internal Medicine</i> vol. 114, 1991, p. 1073-1079; <i>Annals of Internal Medicine</i> Vol. 118, 1992, p. 358-363; <u>Advanced Cardiac Life Support Manual</u> ; <u>Heart Disease</u> , Chap. 22, 30							–	–	–			

- STS 4H0X1 -		2.	3. Certification for OJT					4. Training Proficiency Codes				
1. TASKS, KNOWLEDGE, TECHNICAL REFERENCES AND CORE TASKS			War-time Tasks	A Start Date	B Complete Date	C Trainer's Initials	D Trainee's Initials	E Certifier's Initials	A Phase I	B Phase II	C 7 Skill Level CDC	D Training Resources
	7.2. Assist physician in cardiopulmonary emergency procedures <u>Fundamentals of Respiratory Care</u> , Chap 29, 30, 34; <u>Clinical Application of Blood Gases</u> , Chap 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 20, 24, 25, 26; <u>ACLS Manual</u>											
*+	7.2.1. Operate mechanical ventilators	*						2b	3c	-		Q20mo
*+	7.2.2. Operate arterial blood gas machines	*						b	3c	-		Q20mo
*+	7.2.3. Operate co-oximeters	*						b	3c/X	-		
*+	7.2.4. Operate pulse oximeters	*						2b	3c	-		Q20mo
*+	7.2.5. Operate D.C. defibrillators	*						2b	3c	-		Q20mo
*+	7.2.6. Operate monitoring units	*						b/2b	3c	-		Q20mo
*+	7.2.7. Operate EKG machines	*						2b	3c	-		Q20mo
*+	7.2.8. Perform arterial puncture	*						2b	3c	-		Q20mo
*+	7.2.9. Interpret warning/lethal arrhythmias	*						2b	3c	-		Q20mo
+	7.2.10. Perform cardiopulmonary resuscitation (CPR)	*						2b	-	-		
*+	7.2.11. Interpret arterial blood gases	*						2b	3c	-		Q20mo
	7.2.12. Establish peripheral IV	*						a	b	-		
*+	7.3. Assist physician in administration of emergency medication TR: <u>ACLS Manual</u>	*						b	3c	-		
	7.4. Perform code cart checks							-	3c	-		
8. CARDIOLOGY DIAGNOSTIC PROCEDURES												
TR: <u>Textbook of Cardiovascular Technology</u> , Chap 7, 9, 10; <u>Echocardiography</u> , Chap 1, 2, 3, 4, 6, 7, 9; <u>Heart Disease</u> , Chap 4, 22; <u>Electrocardiograph in Clinical Practice</u> ; <u>Rapid Interpretation of EKGs</u>												
*+	8.1. Interpret EKGs	*						2b	3c	-		
*+	8.2. Perform electrocardiograph tests	*						2b	3c	-		

- STS 4H0X1 -		2.	3. Certification for OJT					4. Training Proficiency Codes				
1. TASKS, KNOWLEDGE, TECHNICAL REFERENCES AND CORE TASKS			War-time Tasks	A	B	C	D	E	A	B	C	D
		Start Date		Complete Date	Trainer's Initials	Trainee's Initials	Certifier's Initials	Phase I	Phase II	7 Skill Level CDC	Training Resources	RSV training
8.3. Perform echocardiograph tests												
8.3.1. 2-D and M-mode								a	1b	–		
8.3.2. Doppler/color flow								a	1b	–		
8.3.3. Contrast studies								–	a	–		
8.3.4. Stress echo								–	a	–		
8.3.5. Transesophageal echo								–	a	–		
*	8.4. Perform Holter monitoring tests							b	3c	–		
9. PULMONARY DIAGNOSTIC PROCEDURES												
TR: <u>Clinical Application of Blood Gases</u> , Chap 25, 26; <u>Manual of Pulmonary Function Testing</u> , Chap 1, 2, 3, 4, 5, 9; <u>Respiratory Care</u> , 8, 9, 10, 11												
*+	9.1. Perform routine spirometry/flow volume loops	*						2b	3c	–		
*	9.2. Perform lung volume tests							a	3c	–		
*	9.3. Perform lung diffusing capacity tests							a	3c	–		
	9.4. Raw/Gaw by Body Box							a	3c	–		
*+	9.5. Perform blood gas analysis	*						b	3c	–		
*+	9.6. Perform post-bronchodilator studies							b	3c	–		
	9.7. Perform maximum voluntary ventilation							2b	3c	–		
	9.8. Sleep Disorders											
	9.8.1. Perform polysomnography							–	–	–		
	9.8.2. Perform multiple sleep latency test (MSLT)							–	–	–		
	9.8.3. Titrate BiPAP/CPAP							–	–	–		
	9.8.4. Perform ambulatory sleep diagnostic tests							–	–	–		
	9.8.5. Perform actigraphy							–	–	–		

- STS 4H0X1 -		2.	3. Certification for OJT					4. Training Proficiency Codes				
1. TASKS, KNOWLEDGE, TECHNICAL REFERENCES AND CORE TASKS			War-time Tasks	A	B	C	D	E	A	B	C	D
		Start Date		Complete Date	Trainer's Initials	Trainee's Initials	Certifier's Initials	Phase I	Phase II	7 Skill Level CDC	Training Resources	RSV training
	9.8.6. Perform Multiple Wakefulness Tests							–	–	–		
	9.9. Perform user maintenance											
*+	9.9.1. Pulmonary function system	*						b	3c			
	9.9.2. Body plethysmograph							a	3c	–		
*+	9.9.3. Blood gas machine/Co-oximeter	*						b	3c	–		Q20mo
	9.9.4. Sleep equipment							–	–	–		
*	9.9.5. Fiberoptic bronchoscope	*						b	3c	–		
10. RESPIRATORY CARE												
TR: Accreditation Manual for Hospitals, V1 ; Fundamentals of Respiratory Care , Chap 16, 29, 30, 31, 32, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43; Clinical Application of Respiratory Care , Chap 4, 6, 7, 8, 9, 10, 11, 12, 14, 15, 16, 17, 18, 19, 20, 21; Clinical Application of Blood Gases , 26, 27; Respiratory Care , 9, 12, 15, 16, 17, 18, 19, 20, 21, 22, 26, Appendices A, B, C; Respiratory Therapy Equipment												
+	10.1. Respiratory therapy terminology	*						B	–	–		
+	10.2. Mathematics and Physics of gases in respiratory therapy	*						B	–	–		
	10.3. Arterial blood gas quality control											
*+	10.3.1. Perform arterial blood gas quality control procedures	*						a	3c	–		Q20mo
+	10.3.2. Arterial blood gas quality control programs							A	B	B		
+	10.3.3. College of American Pathologists (CAP)							A	B	B		
	10.4. Administration of oxygen and mixed gas therapy											
*+	10.4.1. Operate pressure regulator	*						1b	3c	–		Q20mo
*+	10.4.2. Operate flow meters	*						1b	3c	–		Q20mo
*+	10.4.3. Operate oxygen blenders	*						1b	3c	–		Q20mo
*+	10.4.4. Operate oxygen analyzers	*						1b	3c	–		Q20mo

- STS 4H0X1 -		2.	3. Certification for OJT					4. Training Proficiency Codes				
1. TASKS, KNOWLEDGE, TECHNICAL REFERENCES AND CORE TASKS			War- time Tasks	A Start Date	B Complete Date	C Trainer's Initials	D Trainee's Initials	E Certifier's Initials	A Phase I	B Phase II	C 7 Skill Level CDC	D Training Resourc es
*+	10.4.5. Use gas delivery devices	*						1b	3c	–		Q20mo
	10.5. Neonatal/Pediatric respiratory management											
+	10.5.1. Care of the neonatal/pediatric patients							A	C	–		
	10.5.2. Set-up and operate high frequency ventilators							a	b	–		
+	10.5.3. Operate neonatal/pediatric ventilators							1b	2b	–		
	10.6. Skilled Nursing Facilities (SNFs)/Home Healthcare											
+	10.6.1. General principles of home healthcare							B	C	–		
+	10.6.2. General principles and organization of skilled nursing facilities (SNFs)/longterm care/rehabilitation facility							B	–	–		
+	10.6.3. Operate home ventilators							2b	-	–		
*+	10.7. Change respiratory equipment components	*						b	3c	–		
+	10.8. Give intermittent positive pressure breathing treatments							a	2b/X	–		
	10.9. Perform user maintenance											
*+	10.9.1. Volume ventilators	*						2b	3c	–		Q20mo
*+	10.9.2. Pressure ventilators	*						2b	3c	–		
*+	10.9.3. Oxygen analyzers	*						2b	3c	–		Q20mo
+	10.9.4. BiPAP/CPAP equipment							2b	3c	–		
*+	10.9.5. Pulse oximeters	*						2b	3c	–		Q20mo
	10.10. Operate											
*+	10.10.1. Wright respirometer	*						2b	3c	–		Q20mo

Attachment 1. Continued.

- STS 4H0X1 -		2.	3. Certification for OJT					4. Training Proficiency Codes				
1. TASKS, KNOWLEDGE, TECHNICAL REFERENCES AND CORE TASKS			War- time Tasks	A Start Date	B Complete Date	C Trainer's Initials	D Trainee's Initials	E Certifier's Initials	A Phase I	B Phase II	C 7 Skill Level CDC	D Training Resourc es
*+	10.10.2. Peak flow meter	*						2b	3c	–		Q20mo
*+	10.10.3. Inspiratory force meter	*						2b	3c	–		Q20mo
*+	10.11. Respiratory Pharmacology/Prepare respiratory medication	*						b	3c	–		Q20mo
	10.12. Administer respiratory medication											Q20mo
*+	10.12.1. Metered dose inhalers	*						b	3c	–		
*+	10.12.2. Hand held nebulizers	*						b	3c	–		
*	10.12.3. Dry powder inhaler	*						b	3c	-		
*+	10.13. Initiate emergency treatment for adverse reactions to respiratory medication	*						b	3c	–		Q20mo
*+	10.14. Operate nebulization devices	*						b	3c	–		
*+	10.15. Operate humidification devices	*						b	3c	–		
	10.16. Airway management											
*+	10.16.1. Assist physician with intubation procedures	*						b	3c	–		Q20mo
*+	10.16.2. Assist physician with extubation procedures	*						b	3c	–		Q20mo
*+	10.16.3. Apply suctioning techniques	*						b	3c	–		Q20mo
*+	10.16.4. Ensure airway patency	*						b	3c	–		Q20mo
+	10.17. Give specialized breathing instructions							1b	3c	–		
*+	10.18. Instruct use of incentive spirometry							2b	3c	–		
	10.19. Perform chest physiotherapy											
+	10.19.1. Chest Percussion							b	3c			
+	10.19.2. Postural Drainage							b	3c			

- STS 4H0X1 -		2.	3. Certification for OJT					4. Training Proficiency Codes				
1. TASKS, KNOWLEDGE, TECHNICAL REFERENCES AND CORE TASKS			War-time Tasks	A Start Date	B Complete Date	C Trainer's Initials	D Trainee's Initials	E Certifier's Initials	A Phase I	B Phase II	C 7 Skill Level CDC	D Training Resources
+	10.19.3. Flutter Valve							b	3c	-		
	10.19.4. Percussion Vest							b	-	-		
	10.20. Team functions during long/short term ventilation											
*+	10.20.1. Operate pressure ventilators	*						2b	3c	-		
*+	10.20.2. Operate volume ventilators	*						2b	3c	-		Q20mo
*	10.20.3. Operate transport ventilator	*						2b	3c	-		Q20mo
	10.20.4. Nitric Oxide delivery system							A	-	-		
*	10.20.5. Transport mechanically ventilated patients (internal or external)	*						b	3c	-		Q20mo
	10.20.6. Mechanical ventilation at altitude	*						B	-	-		Q20mo
*+	10.20.7. Operate manual breathing devices	*						1b	3c	-		
*+	10.20.8. Assist physician in weaning patient from ventilator	*						2b	3c	-		
+	10.20.9 Operate BiPAP/CPAP							a	3c	-		
*+	10.21. Clean equipment	*						b	3c	-		
*+	10.22. Disinfect equipment	*						b	3c	-		
*+	10.23. Sterilize equipment	*						b	3c	-		
*+	10.24. Dispose of contaminated materials	*						b	3c	-		
	10.25. Patient Assessment/Documentation											
*+	10.25.1. Pre/{Post-treatment evaluation	*						2b	3c	-		
*+	10.25.2. Physical findings/observations	*						b	3c	-		
*+	10.25.3. Close out consultations	*						b	3c	-		
11. SUPERVISION												
TR: AFI 36-2201, AFI 36-2403, AFI 36-2503, AFI 36-2907, AFMAN 36-2108 AFPAM 36-2241, Vol 1												

Attachment 1. Continued.

	- STS 4H0X1 -	2.	3. Certification for OJT					4. Training Proficiency Codes					
			War-time Tasks	A Start Date	B Complete Date	C Trainer's Initials	D Trainee's Initials	E Certifier's Initials	A Phase I	B Phase II	C 7 Skill Level CDC	D Training Resources	E RSV training
	1. TASKS, KNOWLEDGE, TECHNICAL REFERENCES AND CORE TASKS												
	11.1. Orient new personnel							-	-	B			
	11.2. Assign personnel to work areas							-	-	B			
	11.3. Plan work assignments and priorities							-	-	B			
	11.4. Schedule work assignments							-	-	B			
	11.5. Establish												
	11.6.1. Work methods							-	-	B			
	11.6.2. Performance standards							-	-	B			
12. TRAINING													
TR: AFI 36-2201, AFCAT 36-2223													
	12.1. Evaluate personnel to determine need for training							-	-	B			
	12.2. Proficiency code key							-	-	B			
	12.3. Planning and supervising OJT												
	12.3.1. Prepare job qualification standards							-	-	B			
	12.3.2. Conduct training							-	-	B			
	12.3.3. Counsel trainees on their progress							-	-	B			
	12.3.4. Monitor effectiveness of												
	12.3.4.1. Career knowledge upgrade training							-	-	B			
	12.3.4.2. Job proficiency upgrade training							-	-	B			
	12.3.4.3. Qualification training							-	-	B			
	12.4. Maintain training records							-	-	B			
	12.5. Evaluate effectiveness of training programs							-	-	B			

	- STS 4H0X1 -	2.	3. Certification for OJT					4. Training Proficiency Codes				
	1. TASKS, KNOWLEDGE, TECHNICAL REFERENCES AND CORE TASKS	War-time Tasks	A Start Date	B Complete Date	C Trainer's Initials	D Trainee's Initials	E Certifier's Initials	A Phase I	B Phase II	C 7 Skill Level CDC	D Training Resources	E RSV training
	12.6. Recommend personnel for training							-	-	B		

SUMMARY OF CHANGES

This revision updates qualitative requirements based on analysis of the Occupational Survey Report and Training Extract for AFSC 4H0X1, January 2004. This STS was revised and updated based on applications of OSR data, U&TW decisions, and Committee on Accreditation for Respiratory Care (COARC) accreditation. Numerous changes were made to the STS, a detailed listing of the changes will be filed in the Training Manager's 4H0X1 Case File.

TECHNICAL REFERENCE (TR) SOURCE SUMMARY
FOR COMMERCIAL AND OTHER SERVICE PUBLICATIONS
STS 4H0X1

Accreditation Manual for Hospitals, Volumes 1 and 2 (current edition), Joint Commission on Accreditation of Healthcare Organizations

American Journal of Cardiology (AJC), vol. 70, 1992, p. 605-609

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Dubin, Dale. Rapid Interpretation of EKGs. 5th ed., Cover Publishers, 1998

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Feigenbaum, Harvey. Echocardiography. 5th ed., Lea & Febiger, 1986

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Ruppel, Greg. Manual of Pulmonary Function Testing. 7th ed., C.V.Mosby Co., 1997

Shapiro, Barry A. Clinical Application of Blood Gases. 5th ed., Year Book Medical Publishers, 1994

Shapiro, Barry A., et al. Clinical Application of Respiratory Care. 4th ed., Year Book Medical Publishers, 1991

Textbook of Advanced Cardiac Life Support, (most current edition) American Heart Association

Tortora/Grabowski. Principles of Anatomy and Physiology, 9th ed., John Wiley & Sons, Inc.

AIR FORCE INDEXES (AFIND)

<u>New Short Title</u>	<u>Publication Date</u>	<u>Old Short Title/Comments</u>	<u>Publication Title</u>
AFIND 2	1 NOV 97	AFR 0-2	Numerical Index of Standard and Recurring Air Force Publications
AFIND 9	1 NOV 97	AFR 0-9	Numerical Index of Departmental Forms

AIR FORCE INSTRUCTIONS (AFI)

<u>New Short Title</u>	<u>Publication Date</u>	<u>Old Short Title/Comments</u>	<u>Publication Title</u>
AFI 10-1101	31 MAY 01	AFR 55-30	Operations Security (OPSEC)
AFI 23-220	1 JAN97	AFR 68-1	Mgt of Government Property Reports of Survey for Air Force Property
AFI 33-360V1	30 JAN 04	AFI 37-160, Vol 1	Air Force Content Management Program - Publications
AFI 36-704	22 JUL 94	AFR 40-750	Discipline and Adverse Actions
AFI 36-807	21 JUN 99	AFR 40-610	Weekly and Daily Scheduling of Work and Holiday Observances
AFI 36-1203	1 MAY 96	AFR 40-771	Administrative Grievance System
AFI 36-2101	30 APR 01	AFR 35-1	Classifying Military Personnel
AFI 36-2201V1	1 OCT 02	AFR 50-12; AFR 50-23, AFR 50-38; AFR 50-42, AFR 50-44	Training Development, Delivery and Evaluation
AFI 36-2406	1 JUL 00	AFI 36-2403	Officer and Enlisted Evaluation System
AFI 36-2503	20 JUL 94	AFR 39-30	Administrative Demotion of Airmen
AFI 36-2618	1 APR 99	AFR39-6M	The Enlisted Force Structure
AFI 36-2907	1 MAY 97		Unfavorable Information File (UIF) Program
AFI 36-3003	12 JAN 04	AFR 40-630	Military Leave Program
AFI 38-201	30 DEC 03		Determining Manpower Requirements

Attachment 2. Continued.

AIR FORCE INSTRUCTIONS (AFI) (continued)

New Short Title	Publication Date	Old Short Title/Comments	Publication Title
AFI 41-102	1 JUL 96		The Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities
AFI 41-104	25 MAY 94	AFR 169-4	Professional Board and National Certification Examinations
AFI 41-105	5 MAR 04	AFR 169-9	Medical Training Programs
AFI 41-106	12 FEB 03		Medical Readiness Planning and Training
AFI 41-115	28 DEC 01	AFR 168-2 AFR 168-6 AFR 168-19	Authorized Health Care and Health Care Benefits in the Military Health Services System (MHSS)
AFI 41-120	18 OCT 01	AFR 168-4	Medical Resource Operations
AFI 41-201	25 MAR 03	AFR 167-7	Managing Clinical Engineering Programs
AFI 41-203	19 JUL 02	AFR 160-3	Electrical Safety in Medical Treatment Facilities
AFI 44-102	17 NOV 99	AFR 160-12	Community Health Management
AFI 44-108	1 JUL 00	AFR 160-41	Infection Control Program
AFI 44-119	24 JUN 01	AFR 168-13	Clinical Performance Improvement
AFI 44-135	27 JUL 94	AFR 168-4	Clinical Dietetics
AFI 46-102	1 JUL 95	AFR 168-4	Nursing Care
AFI 90-301	30 JAN 01	AFR 123-2; AFR 123-11	Inspector General Complaints
AFI 90-302	Pending	AFR 123-2	Air Force Fraud, Waste, and Abuse Prevention, Detection, and Remedies
AFI 91-202	1 AUG 98	AFR 127-2	The US Air Force Mishap Prevention Program
AFI 91-301	1 JUN 96	AFR 127-12	Air Force Occupational and Environmental Safety, Fire Prevention and Health (AFOSH) Program
AFI 91-302	18 APR 94		Air Force Occupational and Environmental Safety, Fire Protection and Health (AFOSH) Standards

AIR FORCE MANUALS (AFMAN)

<u>New Short Title</u>	<u>Publication Date</u>	<u>Old Short Title/Comments</u>	<u>Publication Title</u>
AFMAN 23-110V2 PT13	1 APR 01	AFMAN 23-110V2	Standard Base Supply Customer's Procedures
AFMAN 33-326	1 NOV 99	AFMAN 37-126	Preparing Official Communications
AFMAN 36-2108	31 OCT 03	AFR 39-1	Enlisted Classification
AFMAN 36-2125	Pending	AFM 30-130, Vol 2 AFM 30-130, Vol 3 AFM 30-130, Vol 4 AFM 30-130, Vol 6	Personnel Data System (PDS) Unit/GSU Support; Personnel Concept III End Users Manual; Base Level Personnel Data System Civilian (PDS-S) Users Manual; Personnel Concept III/Personnel System Management (PSM) Users Manual
AFMAN 36-2622, Vol 5	1 MAR 97	AFM 30-130, Vol 1	Personnel Concept III (Civilian) End Users Manual
AFMAN 37-139	1 MAR 96	AFR 4-20, Vol 2 (formerly AFR 12-50, Vol 2)	Records Disposition Schedule
AF MAN 41-216	11 AUG 03		Defense Medical Log Standard Support (DMLSS) User Manual
AFMAN 44-144	12 JUN 04	AFR 168-4	Nutritional Medicine
AFMAN 67-1, Vol 5	DEC 93	NA	Air Force Medical Materiel Management System--General

AIR FORCE PAMPHLETS (AFPAM)

<u>New Short Title</u>	<u>Publication Date</u>	<u>Old Short Title/Comments</u>	<u>Publication Title</u>
AFPAM 36-106	20 Dec 93	AFR 40-293	Supervisor's Records
AFPAM 36-107	13 DEC 93	AFR 40-296	Personnel and Position Actions
AFPAM 36-2241, Vol 1	1 JUL 03	AFR 50-34, Vol 1	Promotion Fitness Examination(PFE) Study Guide
AFPAM 36-2241, Vol 2	1 JUL 03	AFR 50-34, Vol 2	USAF Supervisory Examination (USAFSE) Study Guide

Attachment 2. Continued.

AIR FORCE HANDBOOKS (AFH)

<u>New Short Title</u>	<u>Publication Date</u>	<u>Old Short Title/Comments</u>	<u>Publication Title</u>
AFH 33-337	30 JUN 97	AFH 37-137	The Tongue and Quill

AIR FORCE CATALOGS (AFCAT)

<u>New Short Title</u>	<u>Publication Date</u>	<u>Old Short Title/Comments</u>	<u>Publication Title</u>
AFCAT 36-2223	1 JUL 97	AFR 50-5	USAF Formal Schools Catalog

AIR FORCE OCCUPATIONAL, SAFETY AND HEALTH STANDARDS (AFOSH STD)

<u>New Short Title</u>	<u>Publication Date</u>	<u>Old Short Title/Comments</u>	<u>Publication Title</u>
AFOSH STD 91-8	1 OCT 98	AFOSH STD 127-8	Medical Facilities
AFOSH STD 91-31	1 OCT 97	AFOSH STD 127-31	Personal Protective Equipment
AFOSH STD 91-32	SEP 98	AFOSH STD 127-32	Emergency Shower and Eyewash Units
AFOSH STD 91-43	OCT 97	AFOSH STD 127-43	Flammable and Combustible Liquids
AFOSH STD 91-68	1 OCT 97	AFOSH STD 127-68	Chemical Safety

DEPARTMENT OF DEFENSE DIRECTIVES (DODD)

<u>New Short Title</u>	<u>Publication Date</u>	<u>Old Short Title/Comments</u>	<u>Publication Title</u>
DODD 5500.7-R	AU93	AFR 30-30	Joint Ethics Regulation
DODD 5500-7C1	NO94		

DEPARTMENT OF DEFENSE MANUALS (DODM)

DODM 6010.13	OCT 95		Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities
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SUMMARY OF STS PROFICIENCY CODES

Proficiency codes in columns 4A, 4B, and 4C of the STS represent the performance and knowledge levels required of formal course graduates. AETC uses these training levels to guide its training course development efforts. It is imperative these levels are realistic and obtainable for AETC to meet its contractual obligations with the using MAJCOMs. When this STS was revised, an overall audit of proficiency codes was done to assess the task and subject knowledge taught in formal courses.

Part II, Section B - Course Objectives

1. Explanation. This section provides guidance for supervisors to use as an evaluation tool for course graduates. All student measurement is based on training objectives. Objectives are used in formal training to specify precisely what behavior the student is to demonstrate, the conditions under which the behavior will be accomplished, and the minimum standard of performance. They describe only the behavior that directly lead to or specifically satisfy a job performance requirement. An objective is a statement of instructional intent. Use this section as a guideline for evaluating graduates of the initial skills courses.

1.1. Measurement. Each objective is indicated as follows: W indicates task or subject knowledge, which is measured using a written test. PC indicates required task performance, which is measured with a performance progress check. P indicates required task performance, which is measured with a performance test. PC/W indicates separate measurement of both knowledge and performance elements using a written test and performance progress check.

1.2. Standard. The standard is 70% on written examinations. Standards for performance measurement are indicated in the objective and delineated on the individual progress checklist. Instructor assistance is provided as needed during the progress check, and students may be required to repeat all or part of the behavior until satisfactory performance is attained.

1.3. Proficiency level. Most tasks performance are trained and qualified to the "Go" level in Phase II portion of the 3-level training. "Go" means the individual can perform the task without assistance and meets local demands for accuracy, timeliness, and correct use of procedures. ("Go" level equates to 3c in the STS Proficiency code key). Other tasks are taught to the "2b" proficiency level which means the student can do most parts of the task, but does need assistance on the hardest parts of the task (partially proficient). The student can also determine step-by-step procedures for doing the task.

2. Course Objective List. To obtain a complete copy of the course objective list, contact:

Training Development Element
383 TRS/XUFE
939 Missile Rd
Sheppard AFB TX 76311-2260.
Phone: DSN 736-7646 or Comm: (940) 676-7646.

Part II, Section C- Training Resources/Support Materials

Part II, Section D – Training Course Index

AIR FORCE RESIDENT COURSES

Course Number	Course Title	Location
J3AQR40030 002	Basic Medical Readiness	Sheppard AFB TX
J3AQR4H031 004	Cardiopulmonary Laboratory Apprentice (Phase I)	Sheppard AFB TX
J5ABO4H051 002	Cardiopulmonary Laboratory Apprentice (Phase II)	Andrews AFB MD Keesler AFB MS Lackland AFB TX Travis AFB CA Wright-Patterson AFB OH Nellis AFB NV Eglin AFB FL
B3OZYCCATT-000	Critical Care Air Transport Training (CCATT) Aeromedical Evacuation Contingency Operations Training (AECOT)	Brooks AFB TX
J3ORR4000 003	Expeditionary Medical Support (EMEDS)	Sheppard AFB TX
B4OZYSTARS-CI1	AF Center for Sustainment of Trauma and Readiness Skills (C-STARS)	Cincinnati OH

**AIR FORCE INSTITUTE FOR ADVANCED DISTRIBUTED LEARNING (AFIADL)
COURSE (FORMERLY EXTENSION COURSE INSTITUTE (ECI))**

Course Number	Course Title	Location
CDC 4H071 01 0306	Cardiopulmonary Laboratory Craftsman	Maxwell AFB, Gunter Annex, AL

PART II, Section E – MAJCOM Unique Requirements

1. Purpose: This section applies to all Cardiopulmonary Lab personnel assigned to all Air Reserve Component (ARC) and Air National Guard medical units.

1.1. Qualification Training (QT) Requirements (known as Seasoning Training in the ANG):

Upon completion of the Cardiopulmonary Lab Apprentice course (Phase I and II), all Cardiopulmonary Lab Apprentices (non-prior service and retrainees) will be assigned to a medical center for up to 180 days. (AFRC CFM must approve a waiver package for less days of qualification training.) This assignment is to assist the ARC personnel in acquiring proficiency in performing tasks associated with respiratory therapy and cardiopulmonary diagnostics for award of the 5-skill level. The ARC unit's desired training location will be honored to the maximum extent possible based on clinical training opportunities at that desired location.

Phase II and Qualification Training Locations are as follows:

- a. Andrews AFB, Maryland
- b. Keesler AFB, Mississippi
- c. Lackland AFB, Texas
- d. Travis AFB, California
- e. Wright-Patterson AFB, Ohio
- f. Nellis AFB, Nevada
- g. Eglin AFB, Florida.

1.1.1. ANG personnel must request seasoning training days through the Base Education and Training Office prior to completion of Phase I and II. ANG retrainees (prior-service personnel) may not receive the full 180 days of seasoning training due to limitations of seasoning days. Personnel that do not receive approval for 180 days of seasoning training should coordinate with ANG CFM.

1.1.2. The apprentice will be assigned to cardiopulmonary laboratory with emphasis in critical care settings as well as pulmonary function activities. This training will enable the apprentice to best fulfill contingency requirements. Active duty personnel will ensure that appropriate experiences and supervision are provided to assist the apprentice in gaining the desired confidence and proficiency.

1.1.3. Training. The individual is eligible for upgrade to the 5-skill level with recommendation of the supervisor after a minimum of 15 months upgrade training. Upgrade training time includes phase II training. Five-skill level qualification must meet Phase II skill-levels. Completion of all STS core tasks for the assigned duty position is mandatory for the award of the 5-skill level. (Refer to Core Tasks, pg. 2.)

1.1.4. RSV – RSVs for the AFRC and ANG will be accomplished every two AEF cycles (30 months).

RSVP web site is: <https://kx.afms.mil/GlobalMedSupTngEx>

1.1.5. Waivers: The Air Force Career Functional Manager approves waivers for certified and/or registered respiratory therapists that have completed an accredited Respiratory Therapist course. Waiver packages will follow Director of Personnel (DP) waiver guidelines and approval

process. Placement in Critical Air Transport Team (CCATT) UTCs is mandatory. Personnel not assigned to CCATT UTCs must complete 4HOX1 Phase I and Phase II technical school. Tech school for civilian certified respiratory technicians assigned to the CCATT UTCs only.

2. Purpose: This section applies to all Cardiopulmonary Lab personnel assigned to the Air Force Special Operations (AFSOC)

2.1 Additional training is required for 4HOX1's to be eligible for assignment in AFSOC QC4 UTC at Hurlburt Field FL or at Wilford Hall Medical Center Lackland AFB TX.

2.2 The training areas include the following.

2.2.1. Medical: All can be done prior to assignment to AFSOC

2.2.2. Emergency Medical Technician-Basic (EMT-B) (intermediate level preferred)

2.2.3. Advanced Cardiac Life Support (ACLS) Certified

2.2.4. Center for Sustainment Training and Readiness Skills (C-STARS)

2.2.5. IV Insertion (797 or through EMT-I)

2.2.5.1. Foley Catheter Insertion (797)

2.2.5.2. Intubation (797 or EMT-I)

2.2.5.3. Operational: (Most done before assignment to AFSOC)

2.2.5.4. Expeditionary Medical Support (EMEDS)

2.2.6. Critical Care Air Transport Team (CCATT) Course

2.2.7. Physiologic Training

2.2.8. Survival Escape Resistance and Evaluation Level B (SERE-B) Brooks AFB

2.2.9. Air Evacuation Contingency Operations Training (AECOT)

2.2.10. Joint Readiness Training Course (JRTC)

2.2.11. Hazardous Cargo/Pallet Build-up

2.3. The following will be completed after being assigned to QC4.

2.3.1. Introduction to Special Operations Course (ISOC)

2.3.2. Dynamics of International Terrorism (DIT)

2.3.3. Joint Special Operations Medical Officer Orientation Course (JSOMOOC)

2.3.4. Operational Emergency Medicine and Skills (OEMS)

2.3.5. Helicopter Emergency Egress Device (HEED)/Dunker Training

2.3.6. Night Vision Goggles (NVG) Training

Part II, Section F - Documentation of Training (Medical Specific)

1. Development of a Work Center Training Plan and the Enlisted Training and Competency Folder. The focus of this training guidance is to bring all training documentation back into one "OJT" record. Over the years, training documentation has taken on many forms. Previous restrictions imposed by AFR 50-23 On-the-Job Training, allowed only certain documents to be maintained in the OJT record. Changing medical training requirements created a need for additional ways to document training outside the OJT record. The end result was that each training location created different means to document training. Often a section might have training documented in three or more locations which made the training documentation and review process difficult to manage. Individuals involved in the training process, not to mention inspection teams, found it difficult to get a good overview of the training process because they had to search through several different tracking folders to find the information they were looking for. Training documentation became very cumbersome to say the least. Air Force Instruction 36-2201 (Developing, Managing, and Conducting Training), paragraph 4.4.3., authorized Career Field Managers to bring training documentation back into one "OJT" record. Thus, the Enlisted Training and Competency Folder was created. The following training information provides specific guidance along with recommended documentation, consistent with current Air Force instruction/directives. This training guidance has focused on two main areas: 1) Developing a Master Training Plan and 2) Documentation of the Training in the Enlisted Training and Competency Folder (a six-part folder).

2. Developing a Master Training Plan (MTP)

2.2. What Is It? A Master Training Plan is a reference guide developed for each section that includes all facets of training for individuals assigned. It is to be used as a reference source for the type of training and training documentation that occurs with each assigned member. The MTP is used to standardize training and to give trainers, trainees, supervisors, NCOICs, and OICs an overview of the training process for the duty section. The MTP is also used as a means to reduce the amount of paperwork previously required during the training process.

2.3. What's In It? Keep in mind that the Master Training Plan is an overview of training for the duty section. It should include all documents involved in the training process for the duty section. Training will vary from section to section and person to person, but there are certain documents that will be a standard requirement for all MTPs. They are listed below.

2.3.1. Unit Specific Orientation Checklist

2.3.2. Job description for each duty position within the duty section (see AFMAN 36-2108)

2.3.3. Job Qualification Requirements

2.3.4. Uses of AF Form 623 and Job Qualification Standards (JQS's)

2.3.5. Performance standards/position qualification training for each duty position

2.3.6. Master Career Field Education Training Plan (CFETP)

2.3.6.1. Identifies all tasks required for the duty section

2.3.6.2. Standardized reference source for initiating individual training

2.3.6.3. Impact of training on career progression

2.3.6.4. Qualification Training Packages (QTPs) required to perform peacetime/wartime duties.

2.3.6.5. Required for all tasks identified in the CFETP that requires completion of a QTP before certification.

2.3.6.6. Required for all tasks not listed in the CFETP and/or identified by the duty section as a high risk procedure or task. Note: the tasks included in the CFETP have already been reviewed. Those identified as high risk usually have a QTP. Other tasks in the CFETP **do not** require QTPs.

3. Documentation of Training. The Enlisted Training and Competency Folder

3.1. The purpose of this section is to provide guidelines and examples of proper documentation for the many forms used in training of medical personnel (4XXXXs). Training documentation helps us to assess readiness capability, individual strengths and weaknesses, and resources needed to support quality patient care. It also helps us meet all Joint Commission on Accreditation of Health Organizations (JCAHO) and regulatory requirements. The Enlisted Training and Competency Folder is limited to the forms presented here and those prescribed in AFI 36-2201. Your unit training manager can also assist you with specific questions on training documentation.

4. Documents Included in 4XXXX Training Records

4.1. To assemble a 4H0X1 training record, utilize a standard six-part folder (NSN 7530-00-990-8884, Folder, 6 Section). Attach (glue, tape, or staple) a computer generated or typewritten title "Enlisted Training and Competency Folder" centered on the front cover. Additionally, include the member's/trainee's full name (Last Name, First Name, Middle Initial), rank, and SSAN. Other sections of the six-part folder are discussed in detail in the paragraphs below. Parts 2 through 5 are intended to replace the existing AF Form 623 and the documents contained therein. Training documents normally filed in the AF Form 623 will be filed in the six-part folder under parts 2 through 5 in the same sequence that they appear in the current AF Form 623. Index tabs/tabbed dividers may be used in parts that contain multiple documents. When multiple copies of any form are placed in the OJT record, they are placed in chronological order with the most current documentation on top. When building the new six-part folder, the parts of the folder will contain the documents filed in the sequence, shown in Figure 2-3.

ENLISTED TRAINING AND COMPETENCY FOLDER

Guess, John.
SRA 123-45-6789

PART 1 - AF Form 55 - Safety Training - Core Competencies	PART 3 SECTION A: AF Form 1098, Mandatory Training/ In-service Documentation SECTION B: AF Form 1098, QTP Documentation (NOTE: This section not applicable to the Cardiopulmonary Lab) SECTION C: AF Form 1098, RSV Documentation	PART 5 AF Form 2096 or MilPDS product showing upgrade
PART 2 * SECTION A: AF Form 623B SECTION B: CFETP SECTION C: AF Form 797	PART 4 SECTION A: AF Form 623A SECTION B: AETC Form 156 (NOTE: Removed after upgrade to 5-level) SECTION C: AF Form 803 (NOTE: Removed after upgrade or no longer applicable)	PART 6 SECTION A: Continuing education SECTION B: Certificates required by the career field SECTION C: Career field manager directed documents

Figure 2-3. Organization of the 4H0X1 OJT Record

4.2.1. PART 1. AF Form 55 - *Employee Safety and Health Record* is also maintained in PART 1 (first 2-pronged section) regardless of grade or training status. AFI 91-301, *Air Force Occupational and Environmental Safety Fire Protection, and Health (AFOSH) Program*, June 1996, authorizes supervisors to file the AF Form 55 with the AF Form 623, On-the-Job Training Record. AF Form 803, *Report of Task Evaluations*, if used, will be maintained outside of six-part folder.

4.2.2. PART 2.

4.2.2.1. **PART 2, SECTIONS A and B.** AF Form 623 and Career Field Education and Training Plan (CFETP): Attach the front cover (Containing Sections 1-4) of member's current AF Form 623 onto **PART 2** (second two-pronged section) of the six-part folder. **Note: Maintenance of AF Form 623 is mandatory for Airman in grades Airman Basic through Technical Sergeant. In addition, an AF Form 623 is required for SNCOs, regardless of grade if in retraining status, or if directed by the Air Force Career Field Manager, Commander, or supervisor.** A blank CFETP may be placed here to use as scope of practice for SNCOs not in retraining status. Place the AF Form 623 cover only in **PART 2**. Ensure all appropriate areas of the form are properly completed before posting in this part. This document is formally recognized by the personnel system in contingencies and deployments as the official "cover" of the formal training record.

NOTE: If the front cover of the AF Form 623 is attached to the outside of the six-part folder, *this makes the entire folder an OJT record subject to all OJT documentation requirements.*

4.2.2.1.1. The Specialty Training Standard (STS) contained within the CFETP will be used to record training proficiency in mandatory core tasks and various tasks that are required for an individual to perform duties in a specific work area.

4.2.2.1.2. A master task listing for the work center is maintained in the master training plan for the duty section. Circle core tasks and other tasks the individual is required to perform in his/her current duty position.

4.2.2.2. **PART 2, SECTION C.** AF Form 797, *Job Qualification Standard Continuation/Command JQS*. This form will be used to document training for tasks that are not otherwise documented in the CFETP or tasks that are waived by the MAJCOM. (See AFI 36-2201, paragraph 7.4 and Figure 2-4 below.)

JOB QUALIFICATION STANDARD CONTINUATION/COMMAND JQS								
		CERTIFICATION						
TASK NUMBER	TASKS, KNOWLEDGE AND TECHNICAL REFERENCES	START DATE	CERTIFYING OFFICIAL'S INITIALS	TRAINEE'S INITIALS	MAJCOM DIRECTED USE ONLY			COMPLETION DATE
1	Retrieve and send electronic mail. TR: Medical Group Instruction 40-5							
2	Fabricate CPAP device. TR: 4H0X1 OI xxx							
3	Prepare cardiac catheterization instruments for pick up and delivery to sterile supply. TR: 4H0X1 OI xxx							
TRAINEE NAME SANCHEZ, ELIZABETH								

AF FORM 797, MAY 87 (EF)

PREVIOUS EDITION IS OBSOLETE

Figure 2-4. Sample AF Form 797 Documentation

4.2.3. **PART 3.** This section is subdivided into Sections A, B, and C as follows. It contains AF Form 1098 for mandatory training/in-service documentation, QTP documentation, and RSV documentation. Part 3 can be divided as follows:

4.2.3.1. **SECTION A.** This section documents mandatory recurring training. (See Figure 2-5.) Examples are BLS training, Patient Sensitivity training and other mandated training as stipulated by JCAHO standards, Air Force, or facility directives. Mandatory training requirements may vary from facility to facility. These requirements should, at a minimum, be reviewed on an annual basis and updated as required.

SPECIAL TASK CERTIFICATION AND RECURRING TRAINING

				EVALUATION OF TRAINING			
TASK OR RECURRING TRAINING AND TECHNICAL REFERENCES	DATE COMPLETED	SIGNATURE OF CERTIFYING OFFICIAL	INITIAL OF TRAINEE	SCORE OR HOURS	TYPE	FREQUENCY	DUE DATE
A.	B.	C.	D.	E.	F.	G.	H.
BLS Training	1 Apr 96			4	C	Bi-annual	1 Apr 97
Patient Sensitivity	20 Mar 96			P		A	20 Mar 97
Hospital Safety	12 May 96			P		A	12 May 97
QA&I	12 May 96			P		A	12 May 97
Infection Control	12 May 96			P		A	12 May 97
NAME OF TRAINEE (Last, First, Middle Initial)			GRADE		UNIT AND OFFICE SYMBOL		
LONG, JAMES			SrA		SGDL		

AF FORM 1098, APR 85 (EF)

PREVIOUS EDITION WILL BE USED

Figure 2-5. Sample Mandatory, Recurring Training Documentation

4.2.3.2. **SECTION B.** This section is reserved for documenting Qualification Training Packages (QTPs); however, this specialty does not currently have QTPs. The Air National Guard sustainment training is documented in this section. Air Force Reserve sustainment training will be documented on AFRES overprint of AF Form 1098, and filed in this section.

4.2.3.3. **SECTION C.** AF Form 1098s in this section will be used to document in-service training. (See Figure 2-6.)

SPECIAL TASK CERTIFICATION AND RECURRING TRAINING

				EVALUATION OF TRAINING			
TASK OR RECURRING TRAINING AND TECHNICAL REFERENCES	DATE COMPLETED	SIGNATURE OF CERTIFYING OFFICIAL	INITIAL OF TRAINEE	SCORE OR HOURS	TYPE	FREQUENCY	DUE DATE
A.	B.	C.	D.	E.	F.	G.	H.
BiPaP	1 Apr 96			1 hour			
Asthma Recovery	20 Mar 96			2 hours			
Ventilator Quality Control	12 May 96			2 hours			
NAME OF TRAINEE (Last, First, Middle Initial)			GRADE	UNIT AND OFFICE SYMBOL			
SWAILS, PALMER L.			CMSGT	SGMP			

AF FORM 1098, APR 85 (EF)

PREVIOUS EDITION WILL BE USED

Figure 2-6. Sample In-Service Training Documentation

4.2.4. PART 4. Part 4 contains Section A, AF Form 623A, *On-the-job training record continuation sheet*; Section B, AETC Form 156, *Student Training Report*; and Section C, AF Form 803, *Report of task Evaluation*. Part 4 is divided as follows:

4.2.4.1. **SECTION A.** AF Form 623a, *OJT Training Record Continuation Sheet/Automated product*. This form will be utilized to document all progress of individual training to include facility orientation, duty section specific orientation, upgrade/job qualification training progress/status, additional pertinent training, skill level/task decertification procedures, and supervisor/trainer/certifier entries. The entire process must be well documented on this form (See Figures 2-7, 2-8, and 2-9). All individuals involved in the training process must document training progress, as it occurs, in this section. *Progress/status of members in qualification training will be documented at least monthly.*

4.2.4.1.1. Upgrade Training (5-7-and 9-skill levels). Please refer to "Terms" definition of upgrade training.

4.2.4.1.2. Document the member's entry into upgrade/**qualification** training and periodic (minimum monthly) evaluations of training progress.

4.2.4.1.3. Information on extensions, waiver requests, or breaks in training should also be clearly documented with copies of any related correspondence.

4.2.4.1.4. Further training pertinent to the duty section and or unit effectiveness can also be documented on the AF Form 623a.

4.2.4.1.5. Document any decertification proceedings to include dates, reasons for decertification, and other applicable information, on the AF Form 623a.

4.2.4.1.6. Once an individual completes upgrade/**qualification** training commensurate to his/her rank and maintains an appropriate skill level, his/her supervisor should continue to review requirements, progress, and individual training needs. ***OJT record reviews should, at a minimum, coincide with member's performance feedbacks to ensure documentation currency and appropriateness. Review of OJT records is not required for senior NCOs, except for those in retraining status.***

4.2.4.2. **Job Description and Performance Standards.** The Job Description/Performance Standards for each duty position should be maintained in a Master Training Plan (MTP) within individual duty sections. An AF Form 623a reflecting the members job description/performance standard will be maintained in **PART 4** of the six-part folder. Note: An AF Form 623a overprint/automated product may be used to document both supervisor/subordinate reviews. (See Figure 2-10.) The following statements will be annotated and jointly reviewed by the supervisor/subordinate:

4.2.4.2.1. "I know where to find a current copy of my Job Description/Performance Standards".

4.2.4.2.2. "I have read, discussed with my supervisor, and understand my Job Description/Performance Standards".

4.2.4.2.3. "I understand my duties and responsibilities for the position that I am currently working in".

4.2.4.2.4. "If I have questions or concerns about my Job Description/Performance Standards, I will seek assistance from my supervisory personnel in my chain of command".

4.2.4.2.5. "It is my responsibility to review my Job Description/Performance Standards with my supervisor during each feedback session and with each change in supervisor/duty position".

4.2.4.2.6. A signature and date block for both supervisor and subordinate will reflect mutual understanding of above statements. Recommend several signature and date spaces for continual review process when overprint/automated products are utilized.

4.2.4.2. **SECTION B.** AETC Form 156, *Student Training Report*. This form follows students throughout initial training and will be maintained until the individual is awarded the -skill level.

4.2.4.3. **SECTION C.** AF Form 803, *Report of Task Evaluations*. This form is used to evaluate members on task performance during upgrade training and is removed after upgraded or when no longer needed.

**ON - THE - JOB TRAINING RECORD
CONTINUATION SHEET**

14 Feb 1996

SrA Jones is assigned to the Medical/Surgical ward on this date. SSgt Smith has been assigned as a trainer for SrA Jones. SSgt Smith will orient SrA Jones to the unit using the medical/surgical orientation checklist located in the Master Training Plan dated 17 March 94. An initial interview was accomplished on this date. SrA Jones enjoyed his hospital orientation and is looking forward to the unit orientation. He expressed his concern on meeting previously scheduled appointments while under the unit orientation. I informed SrA Jones that time to attend his appointments would be scheduled as needed. SrA Jones stated that his goals during the orientation process were to learn as much as possible and to question the trainers when he was not clear as to the training provided. SrA Jones seems to be very enthusiastic about working on the ward and has expressed his desire to take on any challenges that the trainers have to offer.

SrA Jones	SSgt Smith Respiratory Care
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27 Feb 1996

A mid-orientation progress check was accomplished on this date. SrA Jones has progressed throughout the medical/surgical orientation checklist dated 17 Mar 94, with little to no difficulty. He completed his review of the unit specific OIs and has begun required reading of applicable hospital OIs. SrA Jones will complete the remainder of his orientation on night shift beginning 28 Feb 96.

SrA Jones	SSgt Smith Respiratory Care
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12 Mar 96

SrA Jones has completed all training on the medical/surgical unit orientation checklist dated 17 Mar 94. A review of the checklist with SrA Jones indicates that he was knowledgeable of all items discussed. SrA Jones stated that he feels comfortable with the training provided and believes that he is ready to be released from orientation. I recommend SrA Jones be released from orientation on this date

SrA Jones	SSgt Smith Respiratory Care
Concur	Concur

(a) MSgt Finish, NCOIC	Capt Done, OIC
-------------------------------	-----------------------

Respiratory Care	Medical Director
-------------------------	-------------------------

SAMPLE ORIENTATION DOCUMENTATION

a) AF FORM 623a PREVIOUS EDITION WILL BE USED MAR 79

Figure 2-7. Sample 4H0X1 Orientation Documentation

**ON - THE - JOB TRAINING RECORD
CONTINUATION SHEET**

(ii)

(iii) INITIAL BRIEFING

(Trainee Orientation)

_____ has been briefed on the On-The-Job Training (OJT) Program and how he/she fits into the program while in upgrade/**qualification** training. Trainees acquire job qualification while performing on the job under supervision. Requirements from AFI 36-2101, 36-2108, and 36-2201 were covered. AF Forms 623, 623a, 797, 2096, and the CFETP, STS/JQS or automated JQS, which serves to make up the individual training record, was explained. Responsibilities of the commander, base training, unit education and training manager (ETM), immediate supervisor, trainer, and trainee were discussed. Requirements for awarding the 5-skill level in your AFSC 4H0X1: **(1) Completing a minimum of 12 months time in training from date of assignment to first permanent duty station; (2) certification of duty position core tasks; and (3) recommendation of supervisor. Requirements for awarding the 7-skill level are: (1) promotion to staff sergeant; (2) completion of all core tasks for the duty position; (3) 18 months time in training from beginning date of promotion cycle and; (4) completion of craftsman course.** Each airman in grades E1 through E6 (and SNCOs in retraining status) have an AF Form 623 which must contain a CFETP or JQS. The CFETP or JQS may contain 150 or more separate tasks but it should be annotated to show only those tasks the airman is required to perform in his/her current duty position, all AFI 36-2108 mandatory requirements for upgrade, if any, and core task requirements. In the JQS there is a space for both the supervisor and the trainee to initial to certify training is complete. In the CFETP, the trainer, trainee, and certifier have a space to initial when training is completed. **After upgrade/qualification training the CFETP or JQS will continue to be used to document further qualification training.**

ETM'S SIGNATURE

TRAINEE'S SIGNATURE

DATE

LAST NAME FIRST NAME MIDDLE INITIAL

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Figure 2-8. Sample Initial Upgrade/*Qualification* Training Briefing

ON - THE - JOB TRAINING RECORD CONTINUATION SHEET		
<i>TRAINEE'S RESPONSIBILITIES DURING QUALIFICATION/UPGRADE TRAINING</i>		
1. Read and understand your Air Force Specialty (AFS) description, training requirements, objectives, and training record (AF Form 623). 2. Attain and maintain qualification in your assigned AFS. 3. Review and discuss training requirements with supervisor regularly. Provide input on your training and ask questions. 4. Upon satisfactory completion of your time in training requirements and position qualification, your supervisor will initiate action to award the 5-skill level.		
<i>ETM'S SIGNATURE</i>	<i>TRAINEE'S SIGNATURE</i>	<i>DATE</i>
LAST NAME	FIRST NAME	MIDDLE INITIAL

1) **AF FORM 623a MAR 79** **PREVIOUS EDITION WILL BE USED**
 Figure 2-9. Sample Upgrade/*Qualification* Documentation

ON - THE - JOB TRAINING RECORD CONTINUATION SHEET		
23 July 97		
I know where to find a current copy of my job description and performance standards. I have read and discussed them with my supervisor, and understand my duties and responsibilities. If I have questions or concerns I will seek assistance from my supervisor.		
//Signed// KRAMER, CARL, A1C, USAF Cardiopulmonary Laboratory		
23 July 97		
A1C Kramer has completed his review of his job description and performance standards on this date. I am confident that he is thoroughly familiar with standards and expectations. At this time A1C Kramer has no questions or concerns.		
//Signed// ABLES, LINDA, CMSgt, USAF OJT Trainer, Cardiopulmonary Laboratory		
LAST NAME	FIRST NAME	MIDDLE INITIAL

AF FORM 623a MAR 79 **PREVIOUS EDITION WILL BE USED**

Figure 2-10. Sample Job Description/Performance Standards Review

4.2.5. PART 5, AF Form 2096, *Classification On-The-Job Training Action*. This form will be used to document official training actions, i.e., award of skill level, training status changes, decertifications, and award of special experience identifiers (SEIs). NOTE: A PC III automated document may be substituted for AF Form 2096.

4.2.6. PART 6.

4.2.6.1. **SECTION A.** Continuing Education. This part will contain the National Certification/Registration and Continuing Education Reports as applicable to the member's AFSC/current duty position as required by the Air Force Medical Service. The form must contain documentation of the individual's current certification card number and expiration date. There are currently no National Certification/Registration and Continuing Education Reports requirements for AFSC 4H0X1. However, since many AFSC members do maintain certifications and registrations in respiratory therapy, cardiovascular technology and/or pulmonary functions, copies of CEUs may be documented in this section.

4.2.6.2. **SECTION B.** Certificates required by the career field.

4.2.6.3. **SECTION C.** CFM Directed Documents. Supplemental AFSC-specific documentation instructions. Each Career Field Manager is authorized and encouraged to supplement or revise the general guidance contained in section F of the CFETP to ensure the documents filed in the six-part folder accurately reflect the needs of their AFSC/Medical specialties.