



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO

6000
Ser M9/I11UN093000775
9 Sep 2011

MEMORANDUM FOR COMMANDER, NAVY MEDICINE EAST
COMMANDER, NAVY MEDICINE WEST
COMMANDER, NATIONAL CAPITAL AREA
COMMANDER, NAVY MEDICINE SUPPORT COMMAND

Subj: NAVY MEDICINE TRAINING REQUIREMENTS FOR HEALTH CARE
PROFESSIONALS IN TRAUMATIC BRAIN INJURY

- Ref: (a) OASD (HA) Memorandum, "Clinical Guidance for Mild Traumatic Brain Injury in Non-Deployed Medical Activities" dated 29 Oct 2007
(b) Directive Type Memorandum 09-033, "Policy Guidance for Management of Concussion/Mild Traumatic Brain Injury in the Deployed Setting" Change 2, dated 2 February 2011
(c) VA/DoD Clinical Practice Guideline for Management of Concussion/mild Traumatic Brain Injury, April 2009

1. This memorandum promulgates training requirements throughout Navy Medicine shore activities for medical personnel in the identification and management of traumatic brain injury (TBI). TBI is a commonly sustained injury in overseas contingency operations, and can also occur in routine operational and training environments, as well as in off-duty settings. The effects of TBI can range from minimal and transient to significant and lasting, depending on the individual, the degree of injury, and early access to appropriate treatment. Post-concussive symptoms and those occurring secondary to TBI can impact physical, cognitive, and psychological functioning as well as duty status. The effects can be further affected by co-occurring factors, such as post traumatic stress, familial conflict, and other issues that may develop post-deployment and/or post-injury.

2. TBI severity is classified as mild, moderate, or severe. Mild TBI is characterized by: Loss of Consciousness (LOC) from 0-30 minutes, Alteration of Consciousness (AOC) or mental state up to 24 hours, Post-Traumatic Amnesia (PTA) up to 24 hours, or a Glasgow Coma Scale (GCS) score ranging from 13 to 15. Moderate TBI is characterized by: a GCS score ranging from 9 to 12, a period of LOC between 30 minutes and 24 hours, AOC greater than 24 hours, and PTA between 1 and 7 days. Severe TBI is characterized by: a GCS score ranging from 3 to 8, LOC and AOC greater than 24 hours and PTA greater than 7 days. The effects of TBI can result in physical and neurological deficits such as headache, dizziness, seizure activity, weakness, balance difficulties, change in vision or hearing, praxis, paresis/plegia, sensory loss, aphagia, sleep disturbances, intracranial lesion, and cognitive and behavioral changes. These changes may or may not be transient in nature. Blasts, fragments, bullets, motor vehicle crashes, falls, and sports injuries are leading causes of TBI among military personnel.

Subj: NAVY MEDICINE TRAINING REQUIREMENTS FOR HEALTH CARE
PROFESSIONALS IN TRAUMATIC BRAIN INJURY

3. Reference (a) provides clinical management guidance for acute and sub-acute TBI in non-deployed medical activities. Reference (b) is the Deputy Assistant Secretary of Defense Directive Type Memorandum which provides clinical practice guidelines for TBI in the deployed setting and mandates the development of an effective training plan for medical personnel. Navy medical personnel assigned as medical treatment facility (MTF) based providers will be trained to provide TBI assessment and treatment. Reference (c) is the joint Veterans Affairs (VA)/ Department of Defense (DoD) Clinical Practice Guideline (CPG) for evidence-based mild TBI/concussion management in any VA or DoD healthcare setting. The intent of the training prescribed below is to ensure medical personnel are able to provide care consistent with the references.

4. For MTF-based providers and clinical support staff, minimum training will consist of the following:

a. All providers and clinical support staff assigned to direct clinical care settings where initial diagnosis and/or referrals involving potential TBI cases would occur (emergency departments, urgent care clinics, sick call, family practices clinics, Patient-Centered Medical Homes, psychiatry clinics, psychology clinics, neurology services, occupational therapy, speech and language pathology, audiology, ophthalmology, and optometry) and all case managers:

(1) One of the following short courses, available on-line at <https://mhslearn.csd.disa.mil>:

(a) TBI: Introduction, or

(b) Diagnosing Mild Traumatic Brain Injury.

(2) Appropriate referral management and coding practices. DoD Coding guidance is available online from the Defense and Veterans Brain Injury Center at [http://www.dvbic.org/Providers/TBI-Clinical-Tools-\(1\).aspx](http://www.dvbic.org/Providers/TBI-Clinical-Tools-(1).aspx).

b. All psychologists, psychiatrists, social workers, licensed therapists/counselors, neurologists, case managers, occupational therapists, speech and language pathologists, nurses assigned to direct care of those with history of TBI, audiologists, ophthalmologists, health educators, TBI program managers, and personnel assigned to emergency departments, urgent care settings, and sick call-type settings shall also complete one of three online courses. The courses, all of which are available at MHS Learn (<https://mhslearn.csd.disa.mil>), are:

(1) TBI 201 (TBI Overview for Health Care Personnel),

(2) TBI: Concussion Management: Sequelae and Treatment of Mild TBI, or

(3) TBI Screening, Evaluation, and Treatment.

Subj: NAVY MEDICINE TRAINING REQUIREMENTS FOR HEALTH CARE
PROFESSIONALS IN TRAUMATIC BRAIN INJURY

c. All primary care providers assigned to branch health clinics or urgent care settings shall also complete TBI 401: Primary Care Assessment and Management of Concussion, available online at <https://mhslearn.csd.disa.mil>.

5. Training for students at Naval Operational Medicine Institute, Surface Warfare Medicine Institute, Naval Special Operations Medical Institute, Naval Expeditionary Medical Training Institute, Naval Undersea Medical Institute, and Naval Aerospace Medical Institute shall consist of didactic and hands-on elements and include training in the In-theater Clinical Practice Guidelines and the DTM (reference (b)). The Bureau of Medicine and Surgery's Deputy Chief, Wounded, Ill, and Injured (BUMED-M9) will assist in annual curriculum updates.

6. Roles and Responsibilities.

a. Deputy Chief, BUMED-M9 shall:

(1) Determine training requirements based on DoD policy, current standards of care, best practices, and lessons learned.

(2) Oversee the development of a role-based curriculum for the various provider levels and disciplines requiring training.

(3) Ensure requirements and the currency of the curriculum content are reviewed and updated at least annually. This review will include input from Deputy Chief, Total Force (BUMED-M1), Navy Medicine Regional Commanders' representatives, and the Specialty Leaders for Psychiatry, Psychology, Neurology, Ophthalmology, Family Practice, Physician Assistants, Nurse Practitioners, and the BUMED Independent Duty Corpsman Program Manager.

b. Commander, Navy Medicine Support Command shall:

(1) Oversee the execution and management of TBI training throughout Navy Medicine.

(2) Advise BUMED-M9 of any issues affecting implementation and sustainment of TBI training.

c. Navy Medicine Manpower, Training, and Education Command shall:

(1) Collaborate with BUMED-M9 to ensure training materials are adapted to the target audiences and are available in the most efficient and effective format (face-to-face, Defense Connect Online didactic training, computer-based, etc).

(2) Ensure that the training process is fully implemented in the specified training programs no later than six months after the effective date of this memorandum.

Subj: NAVY MEDICINE TRAINING REQUIREMENTS FOR HEALTH CARE
PROFESSIONALS IN TRAUMATIC BRAIN INJURY

d. Naval Operational Medicine Institute shall ensure training is integrated into Navy Aeromedical Institute, Navy Expeditionary Medical Training Institute, Navy Undersea Medicine Institute, Surface Warfare Medical Institute, Naval Special Operations Medical Training Institute, and Independent Duty Corpsman training programs,

e. Commanders, Navy Medicine Regions shall:

(1) Ensure all providers identified in paragraph 4 receive training within 90 days of reporting to an MTF.

(2) Provide subject matter expert input to curriculum review and development as requested by BUMED M9.

(3) Support directed training efforts.

f. Commanders, Commanding Officers, and Officers-in-Charge of Navy MTFs shall ensure:

(1) Newly reporting staff identified in paragraph 3 receive training within 90 days of reporting.

(2) Currently assigned staff identified in paragraph 3 receive training within 6 months of the date of this policy.

7. My points of contact for any questions or concerns are CDR Jack Tsao, MC, USN, TBI Program Manager, BUMED M92, at (202) 762-3070 or Jack.Tsao@med.navy.mil, Dr. Alia Creason, Clinical Psychologist, Navy TBI Office, at (202) 762-3072 or Alia.Creason.ctr@med.navy.mil, or Mr. Richard Masannat, TBI Project Manager, at (202) 762-3025 or Richard.Masannat.ctr@med.navy.mil.


A. M. ROBINSON, JR.