



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY

2300 E STREET NW

WASHINGTON DC 20372-5300

IN REPLY REFER TO

BUMEDINST 3500.3A

BUMED-M5

6 Jun 2006

BUMED INSTRUCTION 3500.3A

From: Chief, Bureau of Medicine and Surgery

Subj: NAVAL OPERATIONAL MEDICAL LESSONS LEARNED SYSTEM (NOMLLS)

Ref: (a) OPNAVINST 3500.37C
(b) Marine Corps Order 3900.15A
(c) FY 04-09 Defense Planning Guidance (DPG)
(d) DOD Training Transformation Implementation Plan of 10 Jun 2003
(e) CNO msg R 290027Z JAN04
(f) OPNAVINST 5450.215C

Encl: (1) Acronyms and Definitions
(2) NOMLLC Web Site Quick User Guide
(3) Operational Medical Lessons Learned Submission Process
(4) Operational Medicine Lessons Learned Subject Matter Experts (SMEs)

1. Purpose. To issue Chief, Bureau of Medicine and Surgery (BUMED) policy, establish responsibilities, and prescribe general procedures in support of the NOMLLS. This instruction further amplifies references (a) and (b) to integrate all medical lessons into the Naval Operational Medical Lessons Learned Center (NOMLLC), a division of Naval Operational Medicine Institute (NOMI), Pensacola, FL. This instruction is a complete revision and must be read in its entirety. Enclosure (1) provides acronyms and definitions.

2. Cancellation. BUMEDINST 3500.3.

3. Mission. To establish the capability to collect, review, validate, and disseminate key observations, insights, and lessons of medical support to Navy and Marine Corps operations. The use of lessons learned is required for improved Navy medical readiness. Reference (c) highlighted the importance of an effective lessons learned program. Reference (d) identified the need to ensure that lessons learned are integrated into the development of new training processes and systems. Training transformation requires the correlation of lessons learned from both operational medicine and training venues. Lessons learned from operations will serve as the principle source for the design of future naval medical education and training curricula, courseware, training events, and execution of medical operational support of the warfighter. Lessons learned from medical support of operational missions must be systematically captured, utilized in ongoing exercises, and integrated into concept development to generate new tactics, techniques, procedures, and doctrine.

4. Program Components. Per reference (e), NOMI has been designated by the Chief of Naval Operations (CNO) as a Warfare Center of Excellence (WCOE). In this capacity, NOMI will collect and disseminate information by identifying significant issues and providing feedback to all operational medical activities to improve situational awareness and Health Service Support (HSS) readiness. NOMLLC will include the following essential components:

a. Unclassified and classified databases that form the basis for a “knowledge portal” to enable all authorized users to collaborate and share information. This portal is a knowledge management and information tool that provides Navy Medicine with a method to identify, capture, and share information collected from medical observations in support of operations, exercises, training events, and other activities for the purpose of improving HSS warfighter capabilities. This will enhance collaboration between all Navy and Marine Corps medical support commands and organizations as well as support a collaborative, technology solution to facilitate the sharing and integration of joint observations, findings, and lessons learned across the joint lessons learned community of practice. The goal in sharing knowledge is to highlight positive and negative experiences, as well as provide direct support to issue resolution processes.

b. Coordination and collaboration with Fleet, Marine Forces, and BUMED SMEs to propose solutions to support and sustain future operational medicine development.

c. Portals that will track and support the Remedial Action Programs (RAP) within the Navy Lessons Learned System (NLLS) and Marine Corps Center for Lessons Learned (MCCLL).

5. Process. NOMLLC will provide a rapid, agile, and comprehensive means to capture observations and lessons learned in support of ongoing operations. In partnership with other stakeholders, NOMLLC will facilitate the analysis and dissemination of input to determine its significance and appropriate level of action by Navy and Marine Corps leadership. Enclosure (2) provides the user a quick review of the NOMLLC Web site which can be accessed at <https://mll.nomi.med.navy.mil>.

a. There are three sources of collection: Active collection, passive collection, and direct reporting.

(1) Active Collection. Operational commanders can recommend formation of active collection teams to support significant operations or events. Once this recommendation is endorsed by the Commander, U.S. Fleet Forces Command (COMUSFLTFORCOM) or Marine Forces Command (MARFORCOM), then Navy Warfare Development Command (NWDC) or Marine Corps Combat Development Command (MCCDC) will build teams out of WCOEs and other sources of SMEs, including academic and contractor personnel, as appropriate, to enable effective collection with minimal impact on operational forces conducting events.

(2) Passive Collection. Data collection may be conducted via on-site observation, direct participation, or off-site information collection. Passive collection activities are not limited by time, location, personnel training, or event and provide NOMLLC an adaptive and responsive source of lessons learned inputs. Consists of reviewing information from outside sources generally focused on two information classes:

(a) Cruise reports or After Action Reports (AARs).

(b) Information harvested from other medical lessons learned Web sites.

(3) Direct Reporting. Any user may originate an observation on any subject, tied to or independent from existing Data Collection Analysis Plans (DCAPs).

b. All medical observations, whatever the source, should be forwarded to NOMLLC following the review and approval of the local unit commander. While medical observations can be submitted at any time, the following guidelines are provided to maximize their potential value:

(1) Forward key observations and data as they occur, whenever possible, and forward all observations immediately following a significant operational event.

(2) At a minimum, Lessons Learned packages (AAR/cruise reports) should be submitted to cover deployment and post-deployment periods, following each major exercise, and during or after each major workup.

(3) The Lessons Learned process provides a unique opportunity to focus immediate attention on urgent issues that impact the doctrine, organization, training, material, leadership, personnel and facilities (DOTMLPF) pillars and/or to report changes in the operating environment based on changes in technology or concept of employment.

c. Vetting, Validation, and Dissemination of Medical Observations, enclosure (3):

(1) When an observation is received by NOMLLC, an instant message is sent to the originating command verifying receipt and a unique identification number is assigned that can be used by the originator's command to monitor the processing of their input. Observations will be internally screened, collated, and coded for DOTMLPF issues and medical functional areas.

(2) Observations are then electronically vetted by the appropriate group of operational medical SMEs, specialty leaders, or community advisors depending on the issue. External SMEs have 10 working days to provide feedback to NOMLLC. Enclosure (4) provides a list of commonly used SMEs.

(3) Vetted medical observations shall be considered either unsubstantiated, validated NOMLLs requiring sustainment, or candidate NOMLLs that require further remedial action. Validated NOMLLs are officially entered into the Naval Operational Medical Lessons Learned Center Database (NOMLLCDB) which makes them available for general review and feedback to the originator.

(4) Candidate NOMLLs will be forwarded by NOMLLC to BUMED-M5 for additional analysis as required, and review by the Surgeon General. Approved candidate NOMLLs will be returned to NOMLLC for submission to NLLS and MCCLL. Disapproved candidate NOMLLs may be returned to the originator by NOMLLC for reevaluation and resubmission as appropriate.

(5) BUMED-M5 shall have direct liaison authorization (DIRLAUTH) with NOMLLC for medical lessons learned and after action reviews.

d. Remedial Action. Approved candidate NOMLLs will be forwarded to those resource sponsors that can best effect affirmative process change. The primary resource sponsors are Budget Submitting Office (BSO) 18 (BUMED), BSO 27 (U.S. Marine Corps Forces Command (MARFORCOM)/U.S. Marine Corps Forces, Pacific (MARFORPAC)/U.S. Marine Corps Forces, Central Command (MARFORCENT) and BSO 60/70 (Commander, U.S. Fleet Forces Command (COMUSFLTFORCOM)/Commander, U.S. Pacific Fleet (CPF)). NOMLLs requiring remedial action shall be considered completed after implementation of corrective actions that result in improved performance or capability.

(1) Candidate NOMLLs identified under the cognizance of BSO 18 will be submitted to BUMED-M5 and monitored by NOMLLC.

(2) Candidate NOMLLs identified under the cognizance of BSO 27 will be submitted to MCCLL, with copy to Headquarters Marine Corps (Health Services) (HQMC/HS), and monitored by NOMLLC.

(3) Candidate NOMLLs identified under the cognizance of BSO 60/70 will be submitted to NLLS, with copy to COMUSFLTFORCOM and COMPACFLT Surgeons, and monitored by NOMLLC.

(4) Quarterly updates on the status of candidate NOMLLs submitted to resource sponsors will be requested by and provided to NOMLLC. Tracking shall continue until such time as the NOMLLs are completed or 2 years have elapsed without action.

(5) NOMLLC will provide a consolidated quarterly report to BUMED-M5 via the chain of command.

6. Roles and Responsibilities

a. BUMED

(1) Ensure HS activities and personnel assigned in support of exercises, contingencies, and operations have access to the NOMLLCDB and are trained in the lessons learned process. (BUMED-M3).

(2) Ensure deployable units and personnel review and include Lessons Learned from previous deployments, operations, or exercises (as appropriate) in preparation for future operations. (BUMED-M3).

(3) Facilitate remedial action on prioritized candidate NOMLLs for BSO 18 and monitor remedial action on candidate NOMLLs for all BSOs. (BUMED-M5).

(4) Provide assistance in the promulgation of candidate DCAPs that can be used for deploying medical units and active data collection teams across the range of military operations. (BUMED-M5).

(5) Designate BSO 18 SMEs to assist in the vetting of medical observations. Some SMEs are assigned by billet and position and others by specialty leader or area of expertise. (BUMED-M1).

(6) In accordance with reference (f), BUMED coordinates:

(a) With COMUSFLTFORCOM /CPF Surgeons to:

1. Direct Fleet medical activities to submit rapid, near real time medical observations to NOMLLC in addition to their respective chains of command.

2. Include medical lessons learned (MLL) training for designated medical staffs as part of the Fleet Readiness Training Plan (FRTTP).

3. Coordinate with NWDC to provide assistance in the collection of medical observations as required.

4. Facilitate active collection and collaboration among members of Fleet medical activities in support of NOMI as the responsible WCOE. Designate SME active collection teams on request.

5. Designate an NOMLLS point of contact (POC) to collaborate with NOMI and the U.S. Joint Forces Command (USJFCOM) Joint Center for Operational Analysis (JCOA).

(b) With Force Surgeons and Medical Representatives of Navy and Marine Corps Operational Component Commands to:

1. Direct medical activities to submit rapid, near real time medical observations to MCLLS in addition to their respective chains of command.
2. Include MLL training for designated medical staffs as part of the pre-deployment workup program or as part of the unit's training, exercise, and employment plan (TEEP).
3. Coordinate with the Training and Education Command (TECOM), via MCCDC, to include lessons learned collection training in USMC curricula.

(c) With NWDC Health Service Support Division to:

1. Provide guidance and policy in support of the NOMLLS process as outlined in reference (a).
2. Task NOMI for participation in both passive and active data collection as needed.

(d) With MCCDC Health Services Integrator to:

1. Request assistance in support of MCCLL for input and vetting of medical observations.
2. Request NOMI to participate in active collection of data.

(e) With Senior Fleet and Force Medical Department Officers to:

1. Submit Lessons Learned to NOMLLC, in addition to their appropriate chain of command.
2. Review NOMLLCDB as part of the organizational deliberate planning process for upcoming operations, training exercises, and port visits.

b. Navy Medicine Support Command (Includes NOMI responsibilities)

- (1) Integrate MLL into all phases of the Navy medical training.
- (2) Designate an officer as having responsibility for overseeing NMSC and NMETC roles and responsibilities for MLL.

- (3) Ensure NOMI provides program oversight of NOMLLC.
- (4) Ensure NOMI coordinates vetting and validation processes with BUMED-M5 that leverage existing SMEs throughout Navy Medicine.
- (5) Ensure NOMI serves as the Navy lead for MLL as WCOE.
- (6) Ensure NOMI provides representation to JCOA meetings and conferences to support the Joint Lessons Learned Program (JLLP) as requested by USJFCOM or COMUSFLTFORCOM.
- (7) Ensure NOMI distributes Lessons Learned products to assist in mission planning, training, and situational awareness.
- (8) Ensure NOMI actively assists in the facilitation of AARs and the creation of reports identifying recommendations for improvement and suggested change agents.
- (9) Ensure NOMI identifies and monitors remedial action items.
- (10) Ensure NOMI maintains the NOMLLCDB and Web site on the Unclassified but Sensitive Internet Protocol Router Network (formerly called the Non-secure Internet Protocol Router Net) (NIPRNET) and Secret Internet Protocol Router Network (SIPRNET).

7. Guidance and Clarification. Additional guidance can be obtained by contacting the Director, NOMLLC at commercial (850) 452-7713 or DSN 922-7713, or e-mail: mllstaff@nomi.med.navy.mil.



D. C. ARTHUR

Distribution is electronic only via the Navy Medicine Web site at:
<http://navymedicine.med.navy.mil/default.cfm?seltab=directives>

ACRONYMS AND DEFINITIONS

PART I – ACRONYMS

AAR	After Action Report
AFMIC	Armed Forces Medical Intelligence Center
BSO	Budget Submitting Office
BUMED	Bureau of Medicine and Surgery
CLM	Command Lesson Manager
COMPACFLT	Commander, Pacific Fleet
COMUSFLTFORCOM	Commander, U.S. Fleet Forces Command
CONOPS	Concept of Operations
DCAP	Data Collection Analysis Plan
DOD	Department of Defense
DOTMLPF	Doctrine, Organization, Training, Material, Leadership, Personnel and Facilities
DPG	Defense Planning Guidance
FRTP	Fleet Readiness Training Plan
GMO	General Medical Officer
HM	Hospitalman
HSS	Health Service Support
JCIDS	Joint Capabilities Integration and Development System
JCOA	United States Joint Forces Command Joint Center for Operational Analysis
JLLP	Joint Lessons Learned Program
LMS	Lessons Management System
MARFORCENT	Marine Corps Forces, Center Command
MARFORCOM	Marine Forces Command
MARFORPAC	Marine Corps Forces, Pacific
MCCDC	Marine Corps Combat Development Command
MCCLL	Marine Corps Center for Lessons Learned
MEDBN	Medical Battalion
MLL	Medical Lessons Learned
NAMI	Naval Aerospace Medical Institute
NAVMEDLOGCOM	Naval Medical Logistics Command
NC	Nurse Corps
NEHC	Navy Environmental Health Center
NEMTI	Naval Expeditionary Medical Training Institute
NIPRNET	Non-secure Internet Protocol Router Net - Unclassified but Sensitive Internet Protocol Router Network (formerly called the Non-secure Internet Protocol Router Net)
NKO	Navy Knowledge Online

NLLDB	Navy Lessons Learned Database
NLLS	Navy Lessons Learned System
NMETC	Naval Medical Education and Training Command
NMIMC	Naval Medical Information Management Center
NOMI	Naval Operational Medicine Institute
NOMLLC	Naval Operational Medical Lessons Learned Center
NOMLLCDB	Naval Operational Medical Lessons Learned Center Database
NOMLLS	Naval Operational Medical Lessons Learned System
NSTI	Naval Survival Training Institute
NUMI	Naval Undersea Medical Institute
NWDC	Navy Warfare Development Command
POC	Point of Contact
POMI	Plans Operations Military Intelligence
RAP	Remedial Action Program
SER	Senior Enlisted Representatives
SIPRNET	Secret Internet Protocol Router Network
SME	Subject Matter Expert
SPECWARCOM	Special Warfare Commands
SWMI	Surface Warfare Medicine Institute
TECOM	Training Education Command
TEEP	Training, Employment, and Exercise Plan
TMO	The Medical Officer of the Marine Corps
TTP	Tactics, Techniques, and Procedures
TYCOMs	Type Commanders
USJFCOM	United States Joint Forces Command
WCOE	Warfare Center of Excellence
WWW	World Wide Web

PART II – DEFINITIONS

1. Active Collection. Consists of activities specifically generated to collect information on specific operations, training events, or other activities and is conducted on-scene through direct observation, interviews, surveys, and collection of focused information. The on-site active collectors also have the capability to perform an initial analysis of collected data and provide direct and immediate feedback to the commander on their initial observations.
2. Communities of Practice. Within the Lessons Learned programs, communities of practice are populations within the Navy and Joint Forces demonstrating or employing the same core competencies.
3. Concept of Operations (CONOPS). A verbal or graphic statement, in broad outline, of a commander's assumptions or intent in regard to an operation or series of operations. The concept of operation frequently is embodied in campaign plans and operations plans; in the latter case, particularly when the plans cover a series of connected operations to be carried out simultaneously or in succession. The concept is designed to give an overall picture of the operation. It is included primarily for additional clarity of purpose. Also called commander's concept.
4. Doctrine, Organization, Training, Materiel, Leadership, Personnel, and Facilities (DOTMLPF) Process. An evolving process that enables new innovations, new technologies, experimentation, and other assessments to be analyzed at the functional process owner level, at the General Officer or Flag Officer level and then submitted for review, validation, and approval.
5. Finding. A concise statement that summarizes a capability to be sustained, improved, or developed or a deficiency requiring corrective action. A negative finding may be labeled an issue if the finding indicates substandard performance requiring resolution or focused problem solving.
6. Issue. An observed, analyzed, interpreted, and evaluated shortcoming, deficiency, or problem that precludes performance to standard and requires resolution. Issues are also deficiencies or shortfalls identified during naval activity that precludes training or operating to Naval Mission Essential Task standards and require focused problem solving.
7. Joint Capabilities Integration and Development System (JCIDS). An issue resolution process composed of a structured, four-step methodology that defines capability gaps, capability needs, and approaches to provide those capabilities within a specified functional or operational area. Based on national defense policy and centered on a common joint Warfighting construct, the analyses initiate the development of integrated, joint capabilities from a common understanding of existing joint force

operations and doctrine, organization, training, materiel, leadership and education, personnel and facilities (DOTMLPF) capabilities and deficiencies. JCIDS supports the Chairman of the Joint Chiefs of Staff (CJCS) and the Joint Requirements Oversight Council (JROC) in identifying, assessing, and prioritizing joint military capability needs as required by law.

8. Lesson Learned. Results from an evaluation or observation of an implemented corrective action that resulted in improved performance or increased capability. A lesson learned also results from an evaluation or observation of a positive finding that did not necessarily require corrective action other than sustainment.

9. Management Site. The Naval Operational Medical Lessons Learned Center (NOMLLC) is the designated representative to the NLLS for the Bureau of Medicine and Surgery. As the management site, NOMLLC forwards validated observations to the Navy Lessons Learned Database (NLLDB). NOMLLC solicits observations from fleet members regarding health service delivery, validates observations by soliciting evaluation from selected, designated SMEs, and then determines which observations to forward to the Navy Warfare Development Command (NWDC) in the appropriate format for processing. All validated observations are entered into the NOMLLC database. NOMLLC exercises primary quality control on medical lessons learned, ensures inputs are correctly made, validates new lessons learned, and reviews the Naval Operational Medical Lessons Learned Database (NOMLLDB) for currency and adequacy.

10. Observation. A candidate lesson learned which has not yet been validated and approved by the commands. Observations contain information regarding specific events, activities, circumstances, or outcomes and include sufficient factual and contextual information to support validation and analysis of the observations.

11. Operational Lessons Learned. Lessons at the operational level of war are concerned with the employment of military forces in a theater of war or theater of operations to obtain an advantage over the enemy and thereby attain strategic military goals through the design, organization, and conduct of campaigns and major operations.

12. Passive Collection. Such collection may be conducted via on-site observation, direct participation, or off-site information collection. Passive collection activities are not limited by time, location, personnel training, or event and provide the Joint Lessons Learned Program (JLLP) a flexible, adaptive, responsive, and pervasive source of lessons learned inputs. Consists of reviewing information from outside sources generally focused in three information classes: (1) reports; (2) information collected via all-source collection tools; and (3) information collected via individual inputs from observers, trainers, and operators.

13. Primary and Fleet Users. Participate in health care delivery to individual units, ships, squadrons, operational units, training and educational facilities and generate and use lessons learned. The following are examples of primary and fleet users unique to the medical community: fleet hospitals, hospital ships, surgical teams, augmentation teams, forward diagnostic laboratories, dental units, preventive medicine teams, and individual mobilization augmentees deployed in support of operations or exercises.

14. Definition of a Remedial Action Program (RAP) Item. Candidate NOMLLs that reflect a deficiency or shortcoming in existing doctrine, policy, organization, training, education, equipment, or systems which require some action to correct are addressed through the RAP process. The RAP's purpose is to resolve deficiencies identified through the Lesson Learned process to the greatest extent possible or at a minimum, to ensure that the appropriate agency or command is aware of the deficiency and can give it due consideration in future decision making. Lesson Learned issues that are effectively being addressed by an existing program or process do not qualify for assignment as RAP items.

15. Subject Matter Experts (SMEs). Medical representatives of major command, type commanders, fleet commanders, tactical development centers, etc., will provide support to the NOMLLC by reviewing and providing comments within their respective fields of expertise as requested.

16. Sustainment. Once a medical observation has become a validated NOMLL that has resulted in improved performance or capability, action needs to be taken to maintain and support the Lesson Learned until it becomes standard operating procedure.

17. Validation. Within the NOMLLC, validation consists of formal recognition of a medical input as a valid finding. Validation does not qualify the finding as "resolved, solved, or closed" but rather validates the observation for inclusion in NOMLLC products and databases.

18. Vetting. Medical SMEs consisting of the operational surgeons, their medical planners on each of the staffs, community advisors, and specialty leaders are potential pools that would participate in the review process. Vetting will always include the primary operational chains through which the originators input would normally be submitted plus an expanded network of parallel commands similar to a community of practice. For example, a submission from a ship in a task group OPCON to 7th Fleet would be reviewed by the surgeon and planner at 2nd, 3rd, 5th, 6th FLT, PACFLT, NAVFOREUR, NAVCENT, BUMED surface medicine advisor at a minimum. Depending on the issue, it might also be reviewed by the Naval Medical Logistics Command (NAVMEDLOGCOM) if it deals with equipment, the Navy Environmental

Health Center (NEHC) if a preventive medicine or occupational medicine issue, and any clinical specialty leader if the issue relates to the practice of a particular specialty or clinical input is needed.

19. Warfare Centers of Excellence (WCOE). A WCOE is an organization that, with the help of resident SMEs, develops, improves, tests, validates, and evaluates fleet doctrine and platform and mission-specific tactics, techniques, and procedures (TTPs) in surface, air, strike, undersea, amphibious, antiterrorism/force protection, space, mine, special warfare, special operations, electronic, information, logistics, combat medicine, explosive ordnance disposal, or expeditionary warfare. These experts play secondary roles in enhancing the capability of the Navy forces to operate effectively in unilateral, joint, and coalition operations across the broad spectrum of missions and possible operating environments through an active role in fleet training, resulting in increased operational readiness for Navy, Marine Corps, and allied forces. Additional duties of a WCOE may include responsibilities in the areas of operational test and evaluation, research and development, experimentation, modeling and simulation, war gaming, requirements definition, and joint and allied doctrine and TTP development.



NAVAL OPERATIONAL MEDICINE INSTITUTE



Medical Lessons Learned Center

Lesson Management System (LMS)

QUICK Users Guide

This guide was prepared by the staff of the Naval Operational Medical Lessons Learned Center (NOMLLC) for use with the system and databases resident at the Web site, <https://mll.nomi.med.navy.mil>.

Comments are invited and may be posted
as "Feedback" at those Web sites.

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REGISTRATION

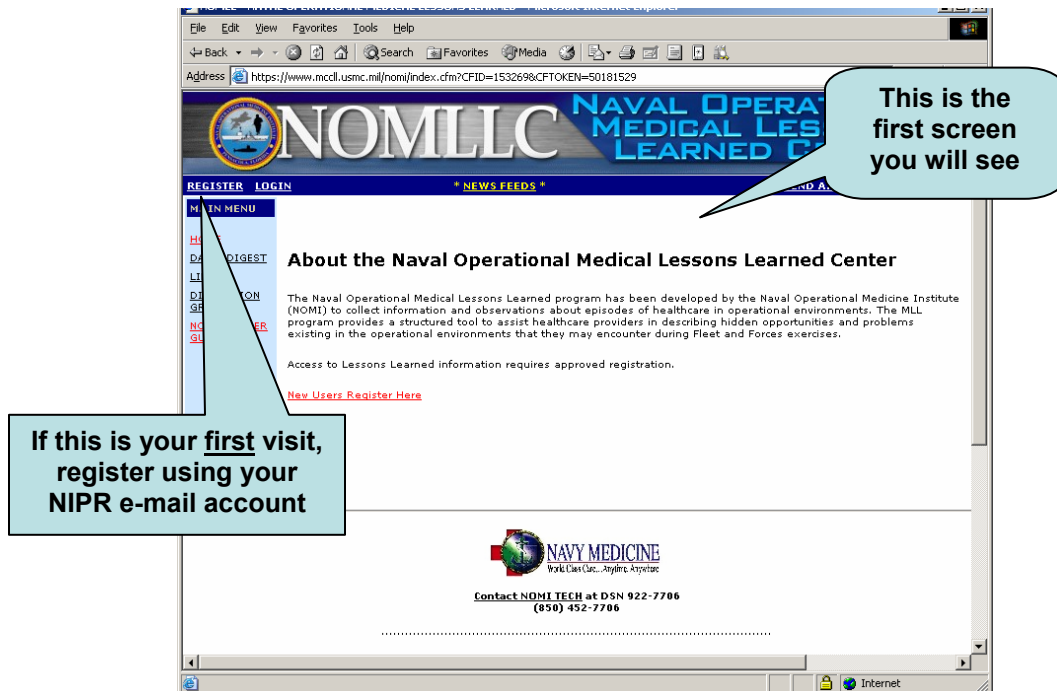


Figure 1. Registration/Login page
Prior to accessing the LMS, the registration process must be completed.

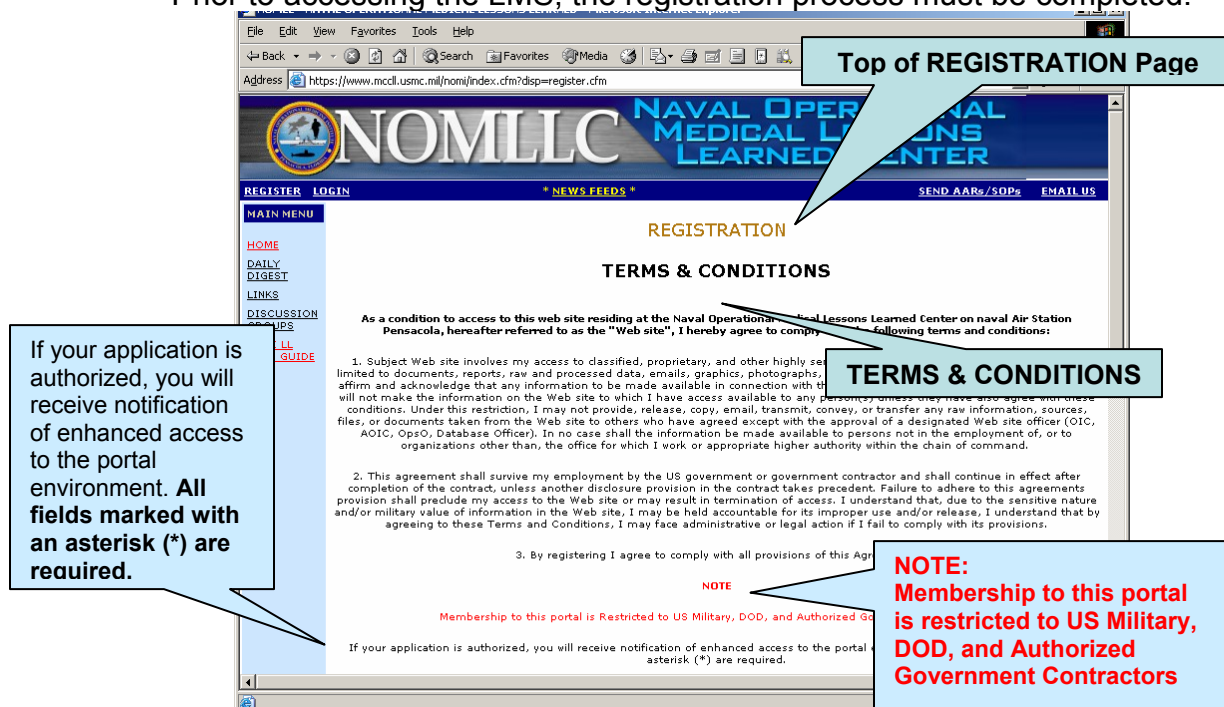


Figure 2. Registration Page

The screenshot shows a web browser window displaying the registration page. The address bar shows the URL: <https://www.mcdl.usmc.mil/nomi/index.cfm?disp=register.cfm>. The page contains a registration form with the following fields and callouts:

- Your e-mail address**: Points to the "EMAIL ADDRESS: *" field.
- Confirm e-mail address**: Points to the "CONFIRM EMAIL ADDRESS: *" field.
- PASSWORD**: Points to the "PASSWORD: *" field.
- Confirm PASSWORD**: Points to the "CONFIRM PASSWORD: *" field.
- Bottom of REGISTRATION Page**: Points to the bottom of the form area.

Other visible text on the page includes: "3. By registering I agree to comply with all provisions of this Agreement.", "NOTE", "Membership to this portal is Restricted to US Military, DOD, and Authorized Government Contractors.", "If notification is authorized, you will receive notification of enhanced access to the portal environment. All fields marked with an asterisk (*) are required.", "Complete the above fields, then [CLICK HERE to Register](#)", "NAVY MEDICINE", "Contact NOMI TECH at DSN 922-7706 (850) 452-7706", and "Internet".

Figure 3. Registration page

LOGIN

Once the registration process has been completed, and the user has received a validation e-mail from the security officer, the user can then login with the e-mail address provided during registration and the corresponding password (NIPRNET Only).

The screenshot shows a web browser window displaying the login screen. The address bar shows the URL: <https://www.mcdl.usmc.mil/nomi/index.cfm?disp=login.cfm>. The page contains a login form with the following fields and callouts:

- LOGIN here after you have registered**: Points to the "LOGIN" button.
- Enter your e-mail address here**: Points to the "Email Address: *" field.
- Enter PASSWORD here**: Points to the "Password: *" field.
- Forgot your PASSWORD, click here**: Points to the "Forgot your password? No problem - click the button below and we will send it to you." link.

Other visible text on the page includes: "NAVY MEDICINE", "Contact NOMI TECH at DSN 922-7706 (850) 452-7706", "Internet", and "Done".

Figure 4. Current Login screen

HOME PAGE

The home page for the LMS as shown in Fig. 5 (NIPRNET version), provides a brief overview of new information. The top of page shows Logout, MyProfile and MyBinders. On the left side of the screen is a menu of functions available. Clicking on a caption takes you to a different screen. Items available include: Recent Products, a Google Type Search, Daily Digest, Lessons and Links.

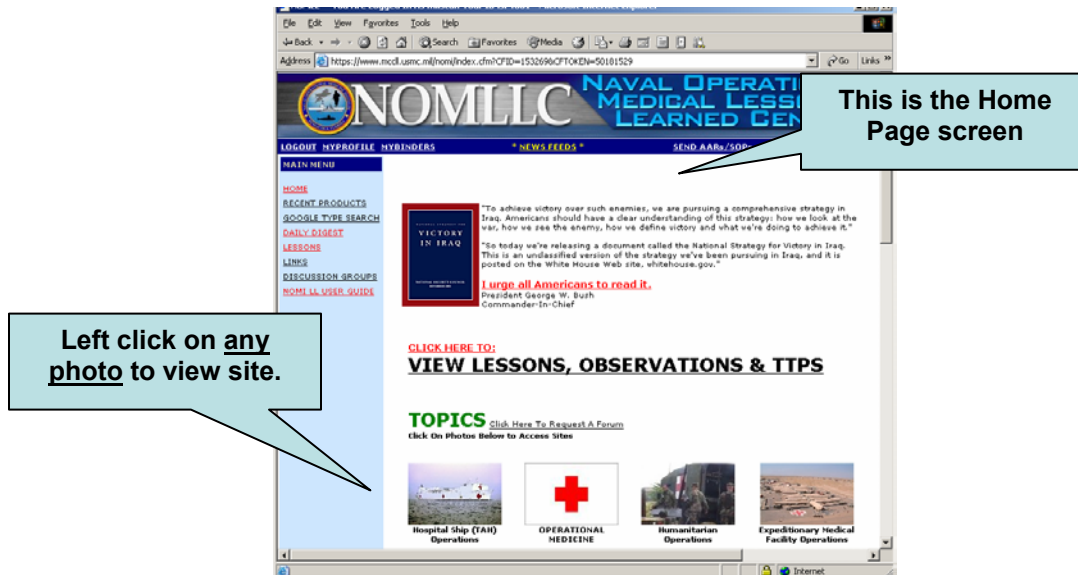


Figure 5. NOMLLC LMS HOME PAGE after login

Once the user logs in, the LMS home page is displayed as shown above. This is a display of **TOPICS** available for viewing. Each site includes Announcements, Links, Lessons, Discussions and some related documents. A discussion forum can be activated for the purpose of expressing views and passing information relative to the subject being addressed.

The bottom portion of the HOME PAGE (Fig. 6) contains topical **REPORTS**.

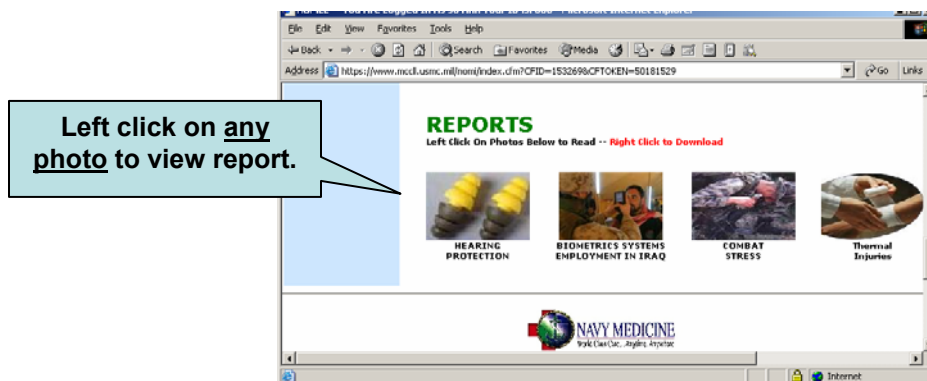


Figure 6. Reports

MyProfile

A profile is established for each user based on the registration information. This profile can be updated after your initial and subsequent logins. MyProfile (Fig. 7) allows the user to access their personal profile. This profile includes contact information, search preferences and personal data.

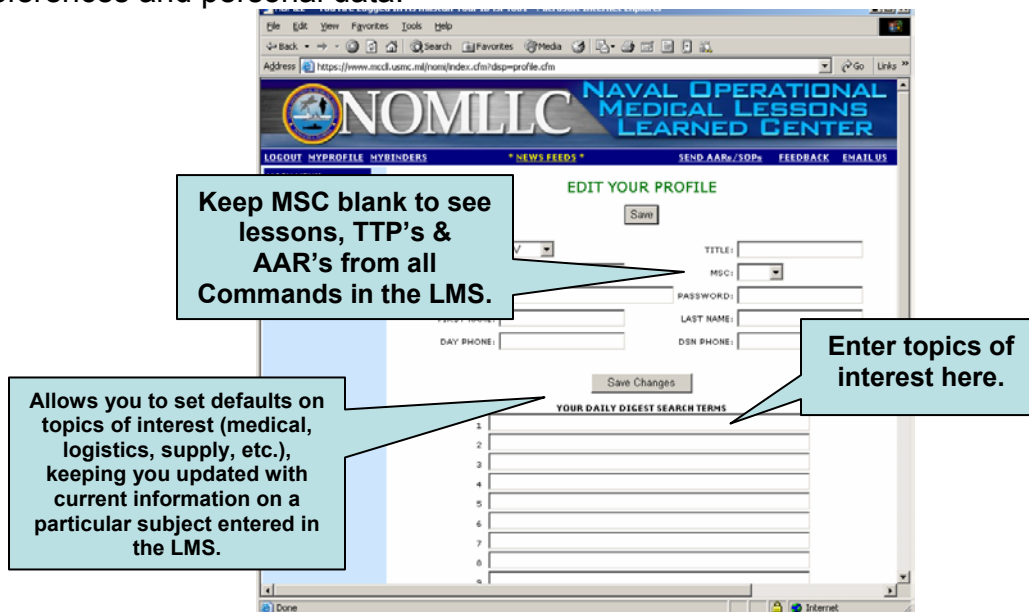


Figure 7. MyProfile page

VIEWING A BINDER (Fig. 8)

To view all of the items contained within a Binder, click on the Binder Title. The Binder Items screen will be displayed with all of the items that are part of the Binder - such as LMS records, Consolidated Document Repository records, etc.

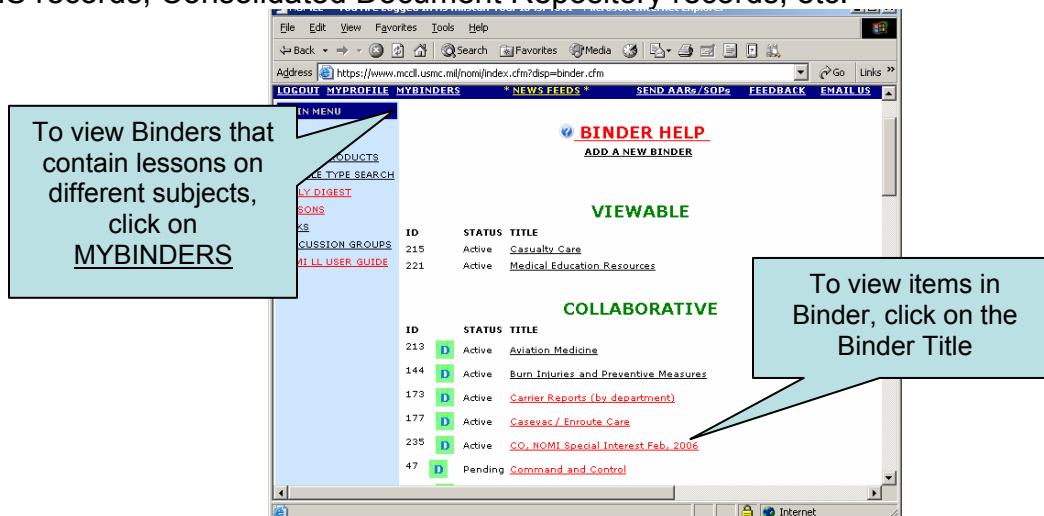


Figure 8. Binders

VIEWING A BINDER ITEM (Fig. 9)

To view a Binder Item click on the Item Title. A separate window will display the item (Fig. 9). To return to the Binder, simply close the item window.

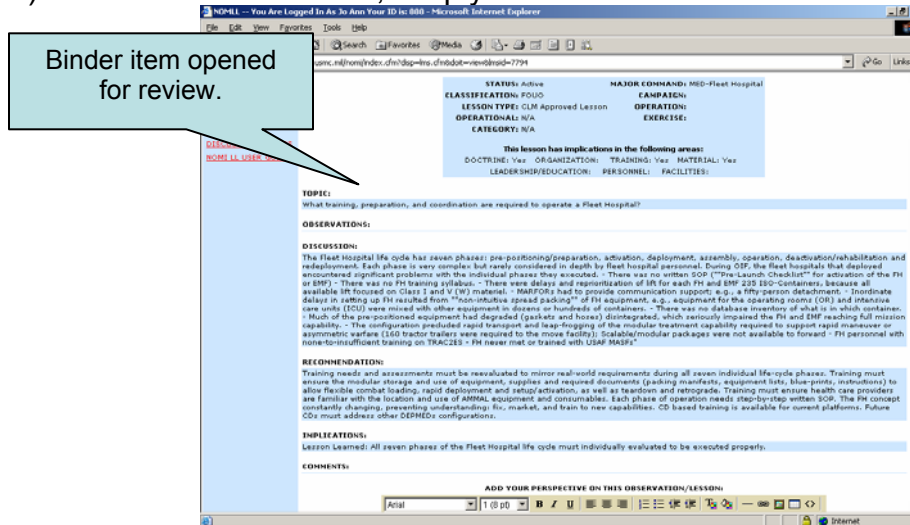


Figure 9. Opened item from Binder

RECENT PRODUCTS

Selecting Recent Products displays the most recent NOMLLC products by type (the NIPR version shown below). Products on the SIPR also include the ID number and date the document was posted. Both NIPR/SIPR include a brief description of the document (Fig. 10). Links to the products can be accessed through the ID number and the underlined file name.

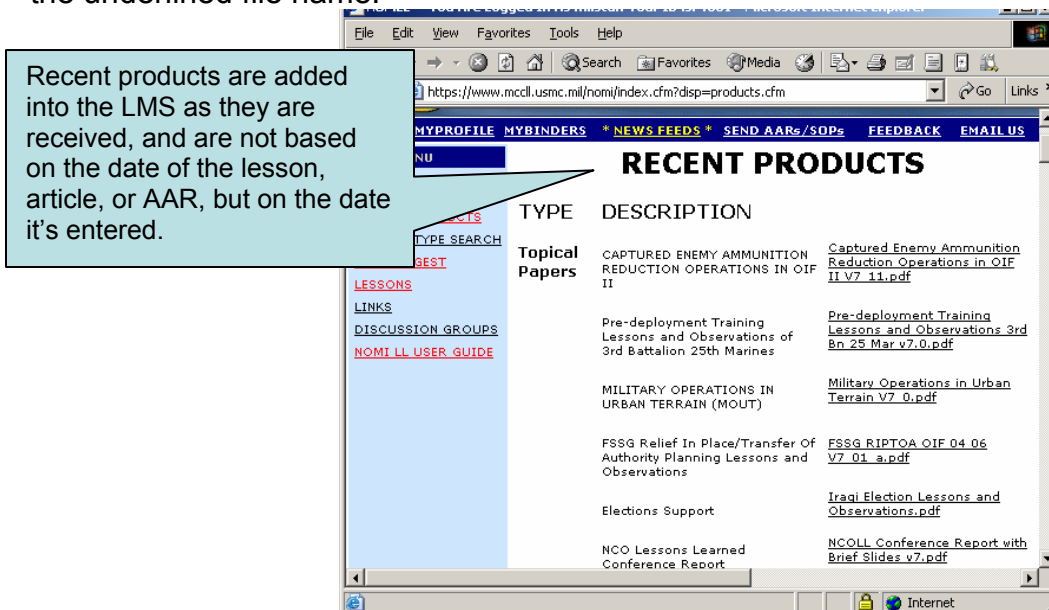


Figure 10. Recent Products Display

GOOGLE TYPE SEARCH (i.e., Global Search)

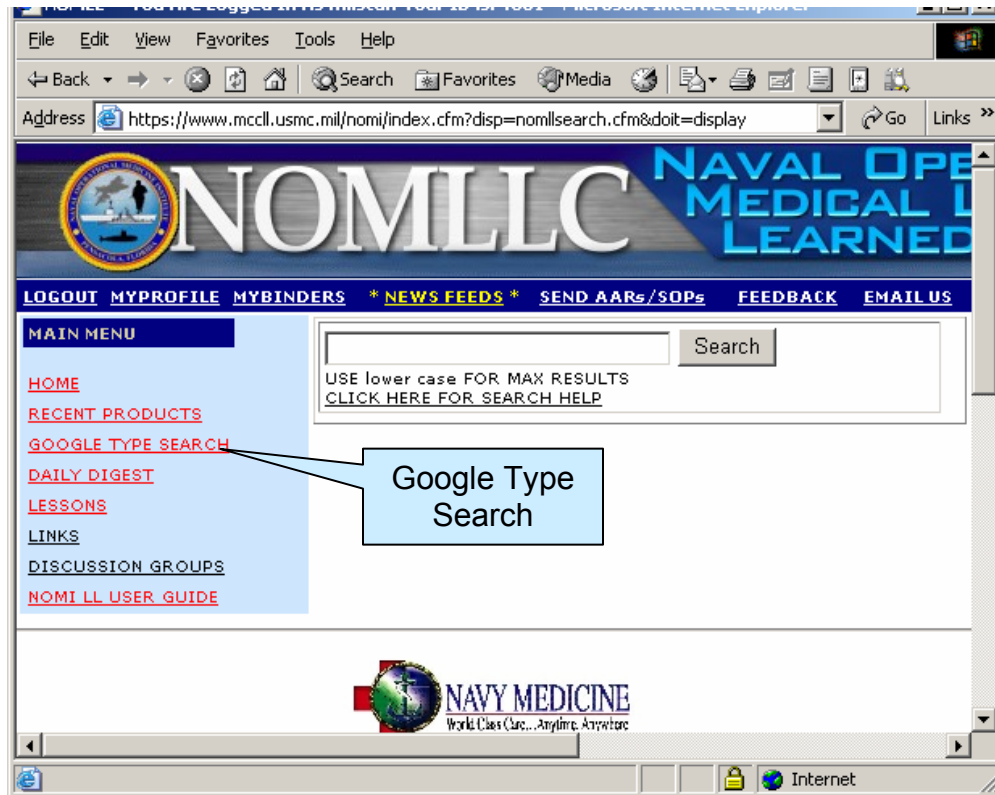


Figure 11. Display of Google Type Search screen.

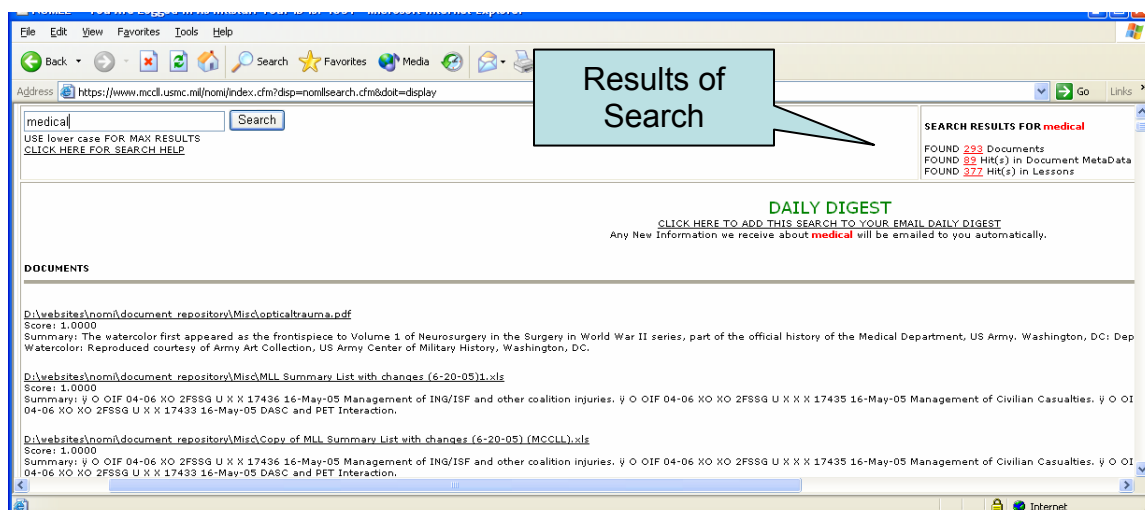


Figure 12. Display of Google Type Search results.

DAILY DIGEST

The Daily Digest allows the user to define up to 10 topics of interest and receive an e-mail notification when new information is available regarding these topics (Fig. 13). The received e-mail will not include any information other than a notification that information is available and a brief description.

Enter topics of interest

Save Changes

YOUR DAILY DIGEST SEARCH TERMS

1	medical
2	patient care
3	first responder
4	field medicine
5	
6	
7	
8	
9	
10	

Figure 13. Daily Digest search terms as displayed in MyProfile.

Digest search terms can be added directly through the “My Profile” link or by selecting “Click here to add this search to your e-mail daily digest” located at the bottom of the search results.

LESSONS

Selection of Lessons on the NOMLLC menu allows the user to define a search solely within the lessons learned repository (Fig. 14).

Figure 14. Display of Lessons search fields.

Lessons can be searched by: ID number, Unit, Warfighting Function, Text, Campaign, Operation, Exercise, and Operational menus. A search can be further defined by adding new terms in the search options without hitting Reset. To avoid limiting the number of lessons searched, **“Reset”** should be selected prior to beginning a new search (Fig. 15).

Figure 15. Display of Lessons search fields cont.

Lessons are displayed as shown below in (Fig. 16). Each lesson has an associated ID number, date, status, topic, command, unit, and campaign. These categories are defined as follows:

- ID number: A number assigned by the system that can be used to directly access a specific lesson.
- Date: Corresponds to the date the lesson was uploaded or date of incident (lesson provider defined).
- Status: Standard users will only see those lessons designated as “active” by the command lesson managers.
- Topic: Lessons are displayed in black while tactics, techniques, and procedures (TTPs) are color coded **BLUE** for friendly and **RED** indicating enemy.
- Command: Corresponds to the organization where the lesson originated.
- Unit: Corresponds to the unit that loaded the lesson.
- Campaign: Corresponds to the campaign associated with the lesson.

Select the Campaign (i.e., OUA, OEF, OIF-I, OIF-04-06, etc.) by clicking on the arrowhead to display the choices and make your selection from the drop-down that you want to search.

Select the Unit (i.e., 1st MARDIV, 3rd MAW, 11th MEU, etc.) by clicking on the arrowhead to display the choices and make your selection from the drop-down that you want to search.

Select the Operation (i.e., OUA, OEF, OIF-I, etc.) by clicking on the arrowhead to display the choices and make your selection from the drop-down that you want to search.

Select the Exercise (i.e., TAOR 05, annual installation exercises, etc.) by clicking on the arrowhead to display the choices and make your selection from the drop-down that you want to search.

To view Lessons, Observations, or TTPs in a continuous document vice opening each individual item one at a time, click on the Book Format button shown below.

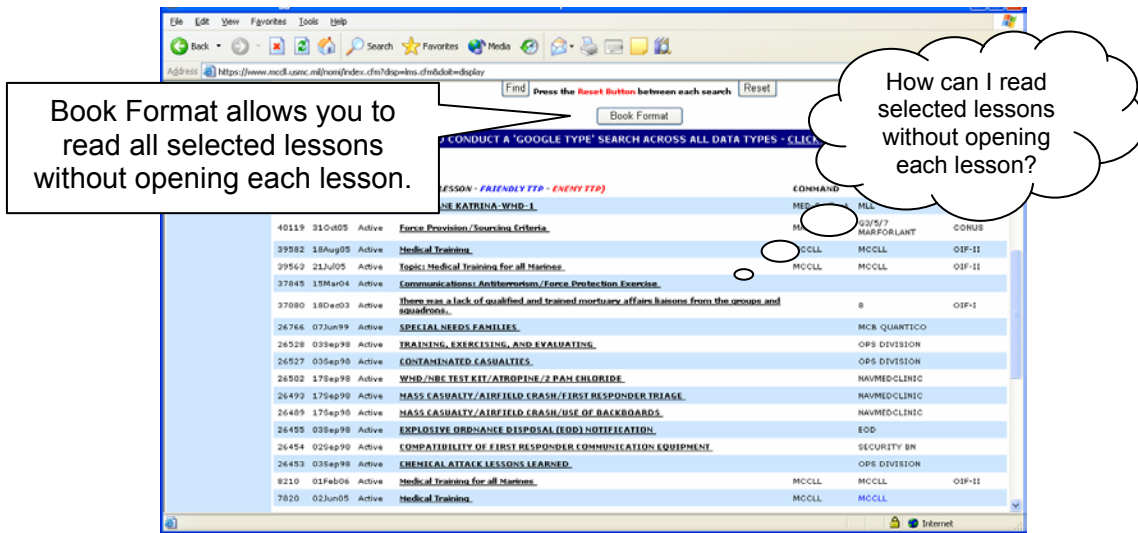


Figure 16. Display of Lessons search cont.

Selection output will appear as shown below.

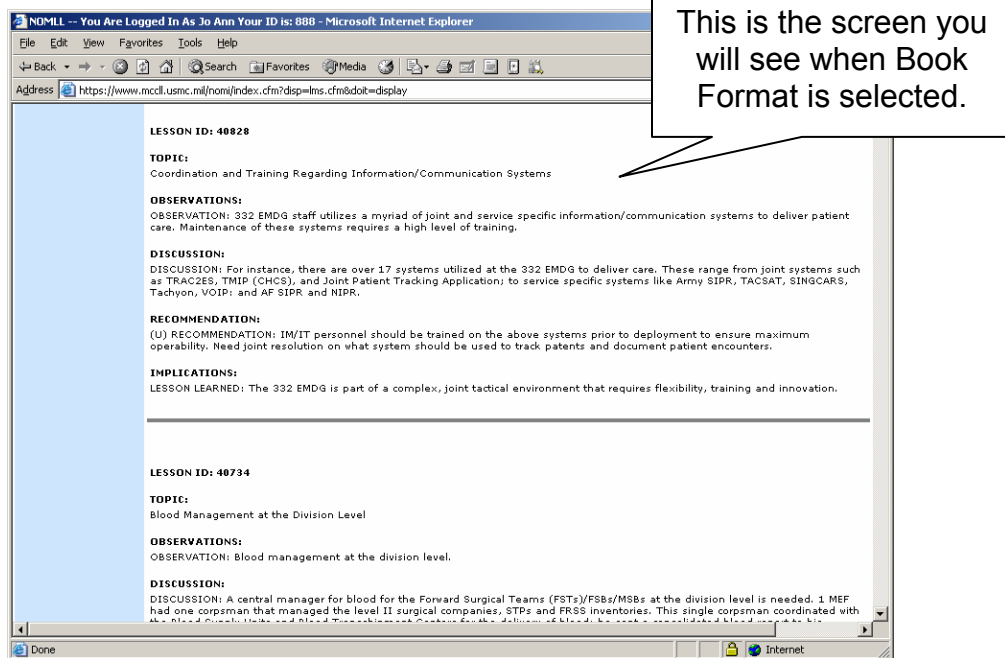


Figure 17. Display of Lessons in Book Format.

ADD A LESSON (Record):

Any user can add a potential lesson to the LMS by selecting the Add A Record link located at the top left on the lessons page of the site (Fig. 14). The standard NOMLLC user can only view lessons with a status designated as “active” by the command lesson manager (CLM).

The LMS lessons format is designed to guide the user to produce lessons in a standard structure. This format includes topic, observation, discussion, recommendations, implications, event description, and posted by data.

The preformatted word processing template allows the user to cut and paste information produced in windows based word processors. Additionally, the user can further define the text with the command buttons provided above each window.

Topic/Issue:

Provide a short descriptive title of the topic, issue, or lesson to be addressed.

Observation:

(What is the issue?) Provide a direct statement concerning the Topic/Issue.

Discussion:

(Discuss the issue). Provide a thorough and detailed explanation of the Topic/Issue.

Recommendation:

(What is your recommendation for improvement?) Provide any recommendation to rectify or mitigate the issue if applicable.

Implications:

(What happens if your recommendation is not adopted? What if it is?) Provide a statement concerning your view of what the issue effects and how.

Comments:

Provide any comments concerning the issue.

Event Date:

This field is used to specify the date of the event or date of the product that details the event.

Environmental:

This field provides a drop-down menu with eight options for environmental conditions: Arid/Desert, Arctic/Cold Weather, Mountain, Riverine, Tropical/Jungle, Urban, Woodland, and Temperate.

Weather:

This field provides a drop-down menu with three options for temperature range; below 30° F, between 30° F and 80° F, and above 80° F.

Event Description:

(What specific event or series of events motivated you to write this lesson?). Describe the specific event or situation in which the issue occurred. (Not the same as the discussion).

Posted By:

Posted by section automatically fills in user information as listed in user profile (First Name, Last Name, Rank, E-mail, DSN, Telephone, and Unit).

Attaching Files:

Files can be attached to lessons, which may further elaborate the issue. Files may be pictures, film clips, or sound files. Files sizes less than 6 MB generally have no difficulty uploading; larger files may experience problems based on circumstances at upload.*

* Size limit of files can vary depending on various factors that include, but are not limited to: speed of connection, traffic on net, type of net, etc.

Save:

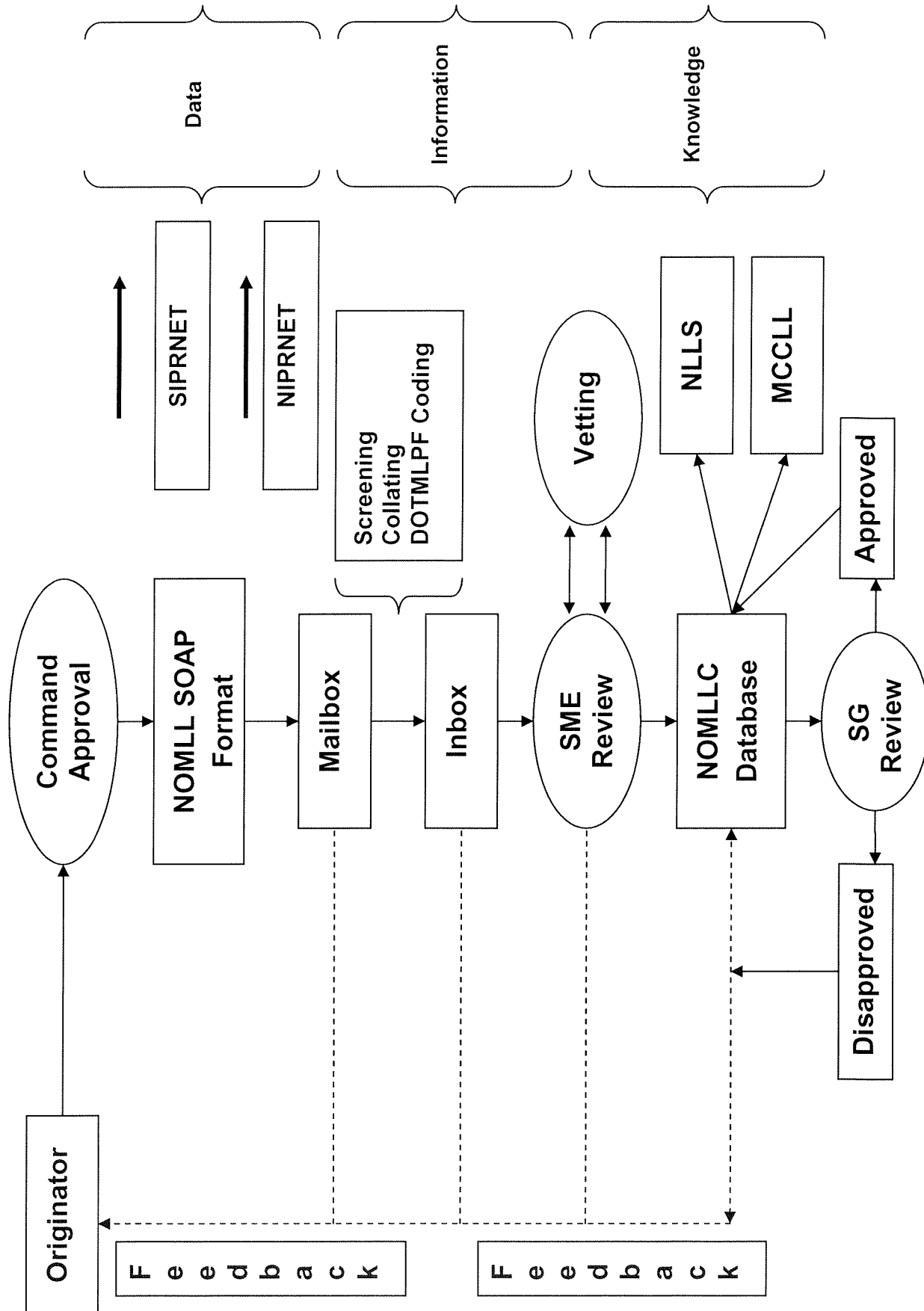
The file must be saved to input the lesson into the system, with the lesson held in a pending status until approved by the CLM. Further editing of the lesson must be coordinated through the lessons manager.

NOMLLC Points of Contact:

This is a rapidly evolving program that will continue to change to respond to the needs of the users. Questions regarding this system should be directed to the NOMLLC Operations Officer or directly to the NOMLLC. The NOMLLC is located in Pensacola, FL, and can be reached via telephone at commercial (850) 452-7716 or DSN 922-7716. The Feedback link located to the far right of the black navigation bar on the Web site will provide a page to send an e-mail to the NOMLLC.

NAVAL OPERATIONAL MEDICAL LESSONS LEARNED SUBMISSION PROCESS

BUMEDINST 3500.3A
6 Jun 2006



The submission and processing of observations from operational forces proceeds through the following steps: The originator of the SOAP note seeks this line command's approval for the release of information. When approved, this information is forwarded to the NMOLLC via SIPRNET or NIPRNET depending upon the classification of the content. The arriving submission goes into a "mailbox" and an instant message is sent to the originating command that the submission has been received and provides a unique identification number that can be used by the originator's command to monitor the processing of their input. The submissions are then collated, coded, and screened. These processed inputs are passed into the mailbox for review by the in-house SMEs. After review and comments by the in-house SMEs the submissions are electronically vetted by the appropriate group of operational medical SMEs, specialty leaders, or community advisors depending on the issue. Once the vetting process is completed and pending a final review of all comments by the center's SMEs, the now validated submission is entered into the official NOMLL database. Following SG review and approval, candidate NOMLLs are converted to the appropriate Service format as NLLS or MCLLS and sent to NWDC and/or MCCDC. Candidate NOMLLs that are disapproved by the SG are returned to the originator by NOMLLC for reevaluation and resubmission as appropriate. Access to the database on the NIPRNET side for searches or other use is limited to military members having an NKO account. Access to the classified database via SIPRNET will be controlled by policies established by NWDC and SPANAR.

**OPERATIONAL MEDICINE LESSONS LEARNED
SUBJECT MATTER EXPERTS (SMEs)**

- NOMI
 - Surface Warfare Medicine Institute (SWMI).
 - Naval Undersea Medical Institute (NUMI).
 - Naval Survival Training Institute (NSTI).
 - Naval Aerospace Medical Institute (NAMI).
 - Naval Expeditionary Medical Training Institute (NEMTI).
- OPNAV
 - N931
- SPECIAL COMMANDS
 - Navy Medicine Support Command.
 - Naval Medical Logistical Command (NAVMEDLOGCOM) (Material).
 - Navy Environmental Health Center (NEHC) (industrial health officer/ environmental health officer/preventive medicine technician [IHO/EHO/PMT]).
 - Naval Medical Information Management Center (NMIMC) (Information Management/Information Technology/Communications [IM/IT/COMM]).
 - Naval Special Warfare Commands (SPECWARCOM).
 - Armed Forces Medical Intelligence Center (AFMIC).
- USMC
 - Marine Corps Forces/Marine Expeditionary Force/Major Subordinate Command (MARFOR/MEFs/MSCs) surgeons, medical planners, and command master chief.
- USN
 - Fleet Forces Command (FFC)/numbered fleet surgeons, medical planners, and senior enlisted representatives (SER).
 - Type Commanders (TYCOMs) surgeons, medical planners, and SER.
- BUMED
 - M1
 - M3
 - Aviation Medicine
 - Undersea Medicine
 - Surface Medicine
 - M5

- SPECIALTY LEADERS
 - Clinical (All inclusive)
 - Community
 - General Medical Officer (GMO).
 - Plans, Operations and Medical Intelligence (POMI).
 - Operational Nurse Corps (NC).
 - Hospitalman (HM) Enlisted Technical Leaders.