2 Mar 2026

MEMORANDUM

From: HM2 (FMF) Garcia, Adrian Anthony, USN
To: All Concerned

Subj: STRENSALL MEDICAL CENTRE PCM COURSE OVERVIEW REPORT

Ref: (a) Platoon Combat Medic Version 4.0

1. This correspondence provides a summarized overview of the Strensall Medical Centre (SMC) Tactical Combat Causality Care (TCCC) and Prolonged Causality Care (PCC) course as a Temporary Duty Assignment (TDY) from 25 Feb 26 to 28 Feb 26. Reference (a) provides the course training directives and official practical overview. The information reflects key observations I noted from staff and students and should not be interpreted as a verbatim record.

2. The following are focus points of course concerns and their findings:

a. Course Shorted by four days. Following the implementation of a new airline contract approximately seven weeks prior to the class start date, the SMC staff were required to extend daily training hours and into the weekends to ensure students could meet revised travel timelines. The compressed schedule adversely affected information retention, medical confidence, and overall learning capacity. Instructors noted that the students' strong motivation and professionalism were the primary factors enabling them to meet the accelerated requirements; absent this high level of commitment would have resulted in a direct negative impact on student graduation rate and leaving a negative connotation on ability of the host country's course delivery.

b. Splitting TCCC and PCC. The course should be divided into two separate sessions. Instructors and students agree that the current course format does not allow enough time to address the wide range of student backgrounds. Because staff do not know students' demographics, educational history, or medical experience until they arrive, the variation in age, nutrition, and prior training makes it difficult to tailor instruction effectively within one compressed course. Splitting the course into two separate courses gives both staff and students the time needed to cover all material thoroughly and adjust teaching methods to different learning needs. It also provides students with a mental break, allowing them to complete one course before moving on to the next, which supports better comprehension, retention, and overall performance.

c. Pros and Cons of Combat Experience. When interviewing a student, I was explained that their previous combat experience fuels their drive to learn as much as possible so they can eventually return and teach their peers, just as earlier medics once taught them. They also shared that during some of the course's hands-on training, they experienced moments survivor's guilt with thoughts such as "I could have just done this to save my friend". This briefly disrupted their ability to stay mentally present, making it harder for them to retain information. Although the lapse in attention was short-lived, it was noticeable enough to document.

d. Overall Course Pace. Staff reported that the original course length is challenging but adequate for meeting the required teaching objectives. They also expressed concerns that some previous students struggled with staying mentally engaged or lacked motivation to fully participate. Because of these recurring issues, staff asked whether there might be an opportunity to provide input on extending the course by an additional week and potentially dividing it into two separate sections to better support student learning methods.

3. The following are unique informative findings from instructors and students partaking in the course:

a. Student Requested Medical Topic Implementations. I spoke with a student participating in the course and asked a series of questions about her experience. These included how she felt about the overall structure of the course, whether the information was clear and useful, how easily she was able to retain the material, and what additions or improvements she would like to see in future iterations of the program. She explained that she has prior experience in frontline combat, drone piloting, and providing basic medical care. She also shared several concerns on topics she wishes that were taught in this course due to her personal experience on these topics . These topics included the following:

(1) How to properly manage bacterial infections due to anti-biotic overuse leading to what she called “a flesh eating bacteria”.

(2) Incorporating training on psychological resilience in combat environments, noting that this would better prepare students for the mental demands of battlefield conditions and to provide her future patients with mental relief.

(3) Comprehensive information on identifying and medically managing patients with Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) injuries.

b. Modified Head Bandaging Cap Technique. While speaking with several students around the training site, I learned that some with prior medical and combat experience had adapted their own technique for managing superficial head wounds. One student enthusiastically demonstrated their approach, and the method offered notably secure bandage placement while using less of the anterior chin area an important consideration given how many medical interventions rely on access to that region.

(1) The small technique was a twist of the bandage on the chin reducing the surface area by 50 percent while also increasing the stability of the bandaging.

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