

INDIVIDUAL SKILLS ASSESSMENT
MODULE 23: Documentation

DATE: _____

STUDENT NAME: _____

RANK: _____

INSTRUCTOR NAME: _____

ROSTER#: _____

INSTRUCTION: This Skills Assessment Checklist should be used by a trainer to grade a student's ability to perform the individual SKILLS for the TCCC Combat Medic/Corpsman (TCCC-CMC) Course. A trainer should use this form when performing the optional individual skills assessment associated with completing a skills station. To successfully demonstrate proficiency, the student should "PASS (P)" all the critical tasks (marked as "C") on the checklist.

This checklist may also be used as a teaching tool at the skills station if the trainer chooses to grade students only during the culminating exercise tactical trauma assessment. Grading during the culminating exercise is mandatory for successful course completion, while grading individual skills during the skill stations is optional.

****Evaluator to provide a casualty scenario with the necessary information to complete the DD Form 1380 and AAR.***

PERFORMANCE STEPS		1 st Attempt		2 nd Attempt	
DD FORM 1380 TACTICAL COMBAT CASUALTY CARE (TCCC) CASUALTY CARD		P	F	P	F
1. Removed the casualty's DD Form 1380 from their Joint First Aid Kit.	C				
2. Filled out the DD Form 1380 with a pen or marker, starting with the front side.	C				
3. Documented Battle Roster # in the appropriate section.					
4. Documented the evacuation priority (urgent, priority, or routine) in the "Evac" section.					
5. Documented name, last four digits of the casualty's Social Security number (SSN), gender, date, time, service, unit, and allergies in the appropriate section.	C				
6. Documented the Mechanism of Injury (artillery, blunt, burn, fall, grenade, gunshot wound (GSW), improvised explosive device (IED), landmine, motor vehicle crash/collision (MVC), rocket-propelled grenade (RPG), or other) in the appropriate section.	C				
7. Documented injuries using the diagrams of the body, identified locations of any injuries with an "X".	C				
8. Circled the numbers (burn percentages) on the figure if the casualty had burns.					
9. Drew a line between the mechanism of injury and the anatomical site of the injury if multiple mechanisms of injury and multiple injuries were present.					
10. Documented vital signs and the time each was assessed in the "Signs and Symptoms" section.					
11. Documented AVPU and the pain scale in the "Signs and Symptoms" section.					



COMBAT MEDIC/CORPSMAN TACTICAL COMBAT CASUALTY CARE
SKILLS ASSESSMENT CHECKLIST



12. Turned the DD Form 1380 over and filled out the back side.					
13. Copied Battle Roster # and Evac from the front page onto the appropriate section on the back page.					
14. Documented all treatments provided in the "Treatments" section.	C				
15. Documented any medications given in the "Med" section.	C				
16. Documented administration of the Combat Wound Medication Package, application of a rigid eye shield (and location), splints or active/passive hypothermia prevention (and the type of device used) in the "Other" section.	C				
17. Used the "Notes" section to record any other pertinent information and/or clarifications.					
18. Documented the first responder's name and the last four of their SSN in the "First Responder" section.					
19. Securely attached the DD Form 1380 to the casualty – appropriate places for attachment include the casualty's belt loop, their left upper sleeve or their left trouser pocket.	C				
Demonstrated TCCC Proficiency: Yes No					
Notes:					

STUDENT NAME: _____ **RANK:** _____

TRAINER NAME: _____ **ROSTER#:** _____



COMBAT MEDIC/CORPSMAN TACTICAL COMBAT CASUALTY CARE
SKILLS ASSESSMENT CHECKLIST



STUDENT NAME: _____

PERFORMANCE STEPS		1 st Attempt		2 nd Attempt	
TACTICAL COMBAT CASUALTY CARE (TCCC) AFTER ACTION REPORT (AAR) COMPLETION AND SUBMISSION		P	F	P	F
1. Obtained a preprinted hard copy TCCC AAR form. (OR) Located the electronic form by logging onto the Joint Trauma System (JTS) homepage at https://jts.amedd.army.mil/ and doing the following: a. Followed the "Documents" hyperlink at the top of the home page. b. Selected "Forms & After Action Report Submission". c. Selected "POI TCCC AAR form" under "Tactical Combat Casualty Care (TCCC)".	C				
2. Filled in casualty, assessment, and treatment data as completely as possible, going from left to right and top to bottom.	C				
3. Saved the TCCC AAR form (either hard-copy or electronic form) for submission to JTS as soon as it was possible according to unit standard operating procedures.					
4. Went back to the same location from where the POI TCCC AAR form was downloaded (https://jts.amedd.army.mil/) to submit the form.					
5. Submitted the AAR form to JTS as an attachment via email to: usarmy.jbsa.medcom-aisr.list.jts-prehospital@mail.mil by doing the following: (a) Clicked on the link: "E-mail TCCC/POI AAR". (b) An email auto-populated the address to which to submit the TCCC AAR. (c) In the SUBJECT line, typed in "TCCC AAR from (your unit)". (d) Attached the TCCC AAR. (e) In the body of the email, typed contact information so that JTS personnel could follow up, if needed.	C				
6. Did not put any patient information in the subject line or in the body of the email.					
7. Followed all instructions on the JTS site for successful submission.					
Demonstrated TCCC Proficiency: Yes No					
Notes:					