



Commanders are ultimately responsible for unit readiness, but NCOs also play a critical role in training and developing Soldiers. This shared accountability emphasizes the importance of equipping medical NCOs with the real-world experience they need to develop true proficiency. (Photo courtesy of Command Sgt. Maj. Victor J. Laragione)

Enhancing Medical NCO Expertise

By Command Sgt. Maj. Victor J. Laragione

Medical Center of Excellence

Introduction

I had the privilege of traveling to numerous installations and engaging with NCOs and officers within the medical community. During these travels, I've witnessed remarkable leadership and dedication to the mission.

However, a recurring theme has emerged: inconsistent practice and repetition needed to maintain proficiency and expertise among medical NCOs in their Military Occupational Specialty (MOS). While there are pockets of excellence, this article highlights the challenges faced by those still developing the skills of their craft and MOS.

This issue doesn't exist in isolation. Every Soldier, from infantry to signal to aviation, relies on trained medical professionals, especially on their worst days. When injuries happen, combat medics stabilize the wounded and return them to the fight. Their ability to

execute clinical tasks quickly and confidently is as vital as their soldiering skills.

Proficiency in both isn't optional; it's expected. Investing in developing medical NCOs isn't just a medical concern; it's a force-wide priority with real operational consequences.

Role of NCOs and Commanders in Training and Development

Commanders are ultimately responsible for unit readiness, but NCOs also play a critical role in training and developing Soldiers. This shared accountability emphasizes the importance of equipping NCOs with the real-world experience they need to develop true proficiency. While they're expected to be subject matter experts (SMEs), many lack hands-on opportunities to master their MOS.

As a combat medic, I experienced this firsthand.

After completing Advanced Individual Training (AIT) and airborne school, I reported to my unit, where duties

focused more on logistics than medicine. It wasn't until I treated my first trauma injury that I realized how little practical medical experience I had.

My skills improved while working with my battalion physician assistant (PA) and senior treatment NCO, conducting sick call at the aid station and troop medical clinic, and supporting trauma cases in the emergency department.

These sets and repetitions were essential to my growth. Unfortunately, many medics today lack access to similar opportunities, leaving serious gaps in their development.

Clinical Experience for Medical NCOs

Why:

Combat medics must be able to identify and treat disease and non-battle injuries, as well as provide trauma and prolonged field care. These capabilities are critical to conserving unit fighting strength and saving lives in training and combat environments.

Medics develop proficiency in these areas by engaging in hands-on experiences through sick-call operations, ambulance ride-alongs, and rotating through emergency rooms, inpatient wards, and specialty clinics where they encounter various medical conditions and scenarios.

How:

To build clinical competence, medics need real-world clinical exposure. This exposure is essential for fostering the critical thinking and decision-making skills required in high-pressure environments.

Classroom instruction and simulations have their place, but they can't replicate the complexity and urgency of real patient care.

Commanders wouldn't certify a tank crew without gunnery tables and live-fire exercises, and that same mindset should be applied when preparing medical personnel. Medics must be given the same opportunity to train in realistic, mission-aligned settings that test and refine their skills.

What:

Unfortunately, the shift of PAs from battalion aid stations to Soldier-centered medical homes has significantly reduced medics' clinical learning opportunities. This reassignment has disrupted access to consistent, quality sets and repetitions, causing essential skills to atrophy.

Leaders must recognize this gap and take deliberate action by leveraging military treatment facilities, civilian hospitals, and EMS systems to ensure their enlisted medical department specialists (68-series personnel) receive the clinical rotations necessary to develop mastery.

Hands-on training is essential to develop proficiency and must be prioritized over reading and simulations, which provide limited preparation.



A recurring theme within the medical community is the inconsistent practice and lack of hands-on experience for medical NCOs. This leads to a proficiency and expertise gap in their military occupational specialty (MOS). (U.S. Army photo by Staff Sgt. Felix Mena)

Sustaining Expertise Across the 68-Series

Just as combat medics must maintain proficiency in trauma care, sick call, and prolonged care, other 68-series Soldiers must also stay proficient in their respective MOS.

Surgical technicians (68D) who fail to maintain proficiency in sterile techniques, instrument handling, and surgical procedures risk compromising patient outcomes with potential for increased infections and increased time on the operating table.

Similarly, radiology technicians (68P) must remain current on imaging techniques and proper body positioning. A lack of proficiency can lead to delays in both trauma and routine care and increased radiation exposure to patients.

Commanders and leaders must be deliberate in finding opportunities for these Soldiers to gain the sets and repetitions needed to maintain proficiency.

Low-density specialties such as laboratory technicians, practical nurses, and dental assistants face additional challenges due to limited staffing and reduced access to consistent training environments, making deliberate skill sustainment equally critical for their roles.

The 68-series career field encompasses 21 MOSs, each with its own special requirements.

While much of the discussion has focused on clinical experience, another challenge arises for medical NCOs assigned to military treatment facilities (MTFs).

In my experience, NCOs in hospital settings often take on leadership and administrative roles, limiting their chances to practice hands-on patient care. Leaders must recognize this dynamic and ensure they have opportunities to hone their technical skills and maintain proficiency, even in environments where patient care is the primary mission.

Addressing the Competency Gap

Recent initiatives, such as the competency testing pilot conducted at the Medical NCO Academy, revealed gaps in MOS proficiency among medical NCOs. Medicine is a dynamic field requiring continuous practice and adaptation. Unfortunately, many NCOs lack the clinical experience necessary to maintain their skills.

For example, I encountered staff sergeants with six years of service who never had an actual patient encounter. This lack of experience not only hinders their ability to train junior soldiers but also jeopardizes the unit's ability to respond effectively in combat.

The combat medic specialist (68W) community is making significant strides toward strengthening clinical proficiency through the upcoming enhancements outlined in Training Circular (TC) 8-800, Medical Education and Demonstration of Individual Competence, which aim to elevate recertification standards and training requirements (Department of the Army [DA], 2021).

These efforts build on the foundational elements of Skills Qualification Testing, Table VIII (skills validation and certification that tests proficiency in critical medical tasks in a simulated combat environment), to create a more robust and practical certification process that better reflects the demands medics face in the field.

By focusing on hands-on experience and clinical development, the Army actively addresses long-standing gaps in skill sustainment and prepares combat medics to become true subject matter experts. Continued investment in realistic training and clinical opportunities will ensure they're equipped not just to qualify, but to save lives.

Building Relationships and Leveraging Resources

Medical platoon sergeants must quickly learn that effective unit training management



Spc. Ana Baker, 3rd Medical Command, participated in a ride along with a local ambulance service dispatched to the scene of a motor vehicle accident. Medics develop proficiency by engaging in hands-on experiences through sick-call operations, ambulance ride-alongs, and rotating through emergency rooms, inpatient wards, and specialty clinics where they encounter various medical conditions and scenarios. (U.S. Army Reserve photo by Spc. Ana Baker)

and cultivating strong relationships with battalion command sergeants major (CSMs) and staff are critical to creating meaningful training opportunities for enlisted medical personnel.

An overwhelming number of taskings and the company first sergeants' and platoon sergeants' desire to have medics embedded full-time make it challenging to ensure they get the needed sets and repetitions to maintain proficiency and confidence in their medical tasks.

The key to collective success is deliberate planning and resourcing with approved training plans locked in the training calendar, supported by the battalion CSM and approved by the commander.

Local hospitals and EMS systems often have the capacity and resources to support clinical rotations and ride-alongs, yet these opportunities remain underused.

Division surgeon teams should work with local EMS agencies and require medics to participate in ambulance ride-alongs to gain real-world pre-hospital experience.

Additionally, they should establish relationships with local hospitals and trauma centers, enabling medics to complete emergency room rotations and gain exposure to high-volume trauma cases. These partnerships provide invaluable hands-on learning opportunities, equipping medics with the practical skills and confidence needed to excel in their roles.

Building on these efforts, initiatives such as the Technician Badge, an award recognizing specialized skill and certification for 68-series Soldiers, and streamlined onboarding processes for MTF rotations represent promising steps forward.

These programs are designed to provide medical Soldiers with the certifications and clinical experience necessary to enhance their proficiency.

However, the ongoing military health system's transformation continues to reduce bed capacities and patient complexity in the MTFs. This, combined with a highly competitive learning environment, poses significant challenges.

To address these obstacles, leveraging civilian partnerships is essential, particularly for organizations located on installations without hospitals or medical centers. By expanding these collaborations, we can ensure that medical Soldiers receive the robust training and clinical exposure needed for success.

Conclusion: A Call to Action

Soldiers on the battlefield expect their medics to save lives. To meet this expectation, we must address the competency gaps among medical NCOs and

provide them with clinical experience through sets and repetitions to become SMEs.

Commanders must recognize their role in facilitating these opportunities and prioritize their medical personnel's development. Investing in training, certifications, and clinical rotations equips medical NCOs to conserve fighting strength and maintain combat readiness across the force.

Combat medics don't just support the mission; they make it survivable. Their actions in those first critical minutes after injury determine outcomes far beyond the medical tent.



10th Mountain Division Soldiers take notes during heat injury instruction at Fort Drum, New York, Oct. 22, 2025. Classroom instruction and simulations have their place, but they can't replicate the complexity and urgency of real patient care. (U.S. Army photo by Pfc. Abigail Stewart)

Just as artillery units rehearse fire missions and tank crews run gunnery tables, medical Soldiers must train for the scenarios that push their skills to the limit. Their preparedness allows all other specialties to operate effectively, from treating trauma in a field hospital to triaging injuries in combat.

All leaders share this responsibility and must actively uphold it across every level of the force. They must prepare the medics among them not just to qualify, but to save lives and bring their teammates home. ■



In hospital settings, medical NCOs often find themselves in leadership and administrative roles, which limits their time for hands-on patient care. It's important to introduce real-world clinical exposure over classroom instruction and simulations. This includes rotations in emergency rooms, inpatient wards, and specialty clinics. (U.S. Army photo by 1st Lt. Katherine Sibilla)

References

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