

CRITICAL CARE AIR TRANSPORT JOB ANALYSIS FOR CURRENT AND PAST CONFLICTS



AFRL

Joshua N. Burkhardt¹, Richard J. Strilka², Mark Cheney³, Kent Etherton⁴, Maia P. Smith⁵, Katelyn Kay⁴, Christopher Horn¹, Valerie G. Sams¹, Gregory Cizek⁶, Jennifer Winner⁴

¹ Center for Sustainment of Trauma & Readiness Skills, Cincinnati, OH
² Department of Surgery, University of Cincinnati Medical Center, Cincinnati, OH
³ Center for Sustainment of Trauma & Readiness Skills, Omaha, NE
⁴ 711th Human Performance Wing, WPAFB, OH
⁵ Cape Fox Federal Integrators, Chantilly, VA
⁶ University of North Carolina School of Education, Chapel Hill, NC

Introduction

- Critical Care Air Transport (CCAT) teams will face unprecedented challenges in large-scale operations (LSCO)
- There is a lack of comprehensive job analysis defining CCAT tasks
- Systematic analysis of CCAT operations will inform training and aid identification of knowledge, skills, and abilities (KSAs) for LSCO

Methods

- Developed a comprehensive task inventory
 - Materials leveraged: 2019 CCAT-Advanced Course Training Standard, Unit Type Code Materials
- Recruited 35 CCAT subject matter experts
 - Physicians, nurses, and respiratory therapists
 - Operational experience from Operations Iraqi Freedom and Enduring Freedom
- Experts independently rated role-specific tasks using Likert-type scales
- Calculated “Very Critical”, “Very Frequent”, or “Very Important” tasks = scoring at or above 90th percentile
 - **Criticality:** Risk of adverse consequences if performed incorrectly
 - **Frequency:** How often performed
 - **Importance:** Calculated product of normalized criticality and frequency scores

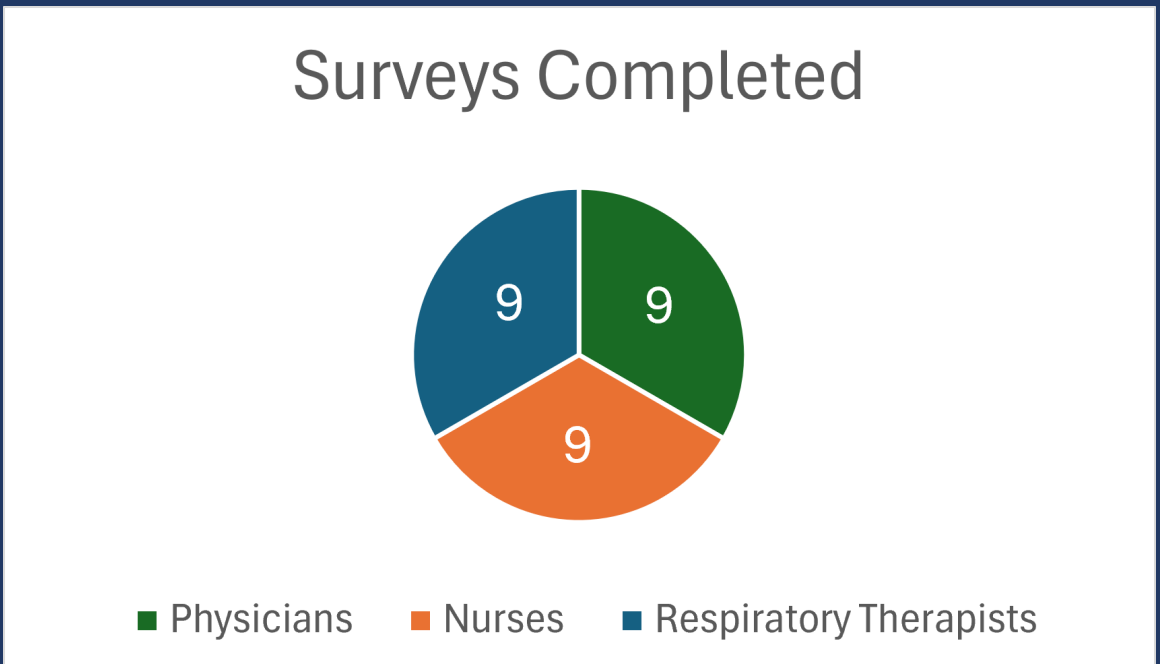


Figure 1

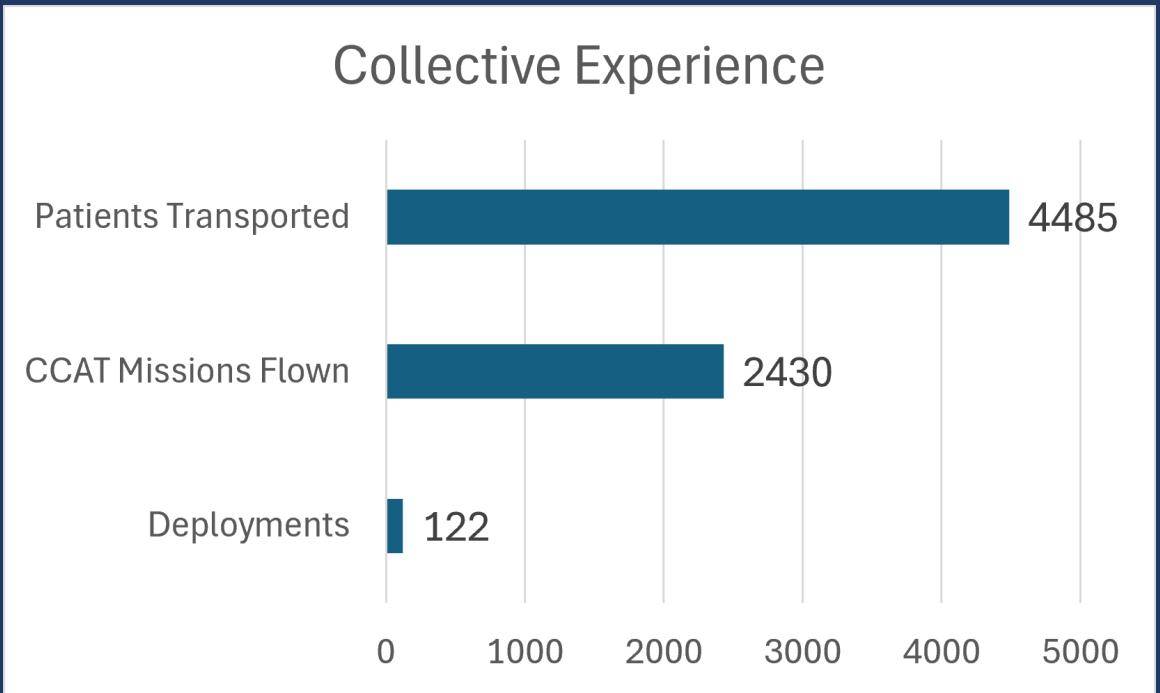


Figure 2

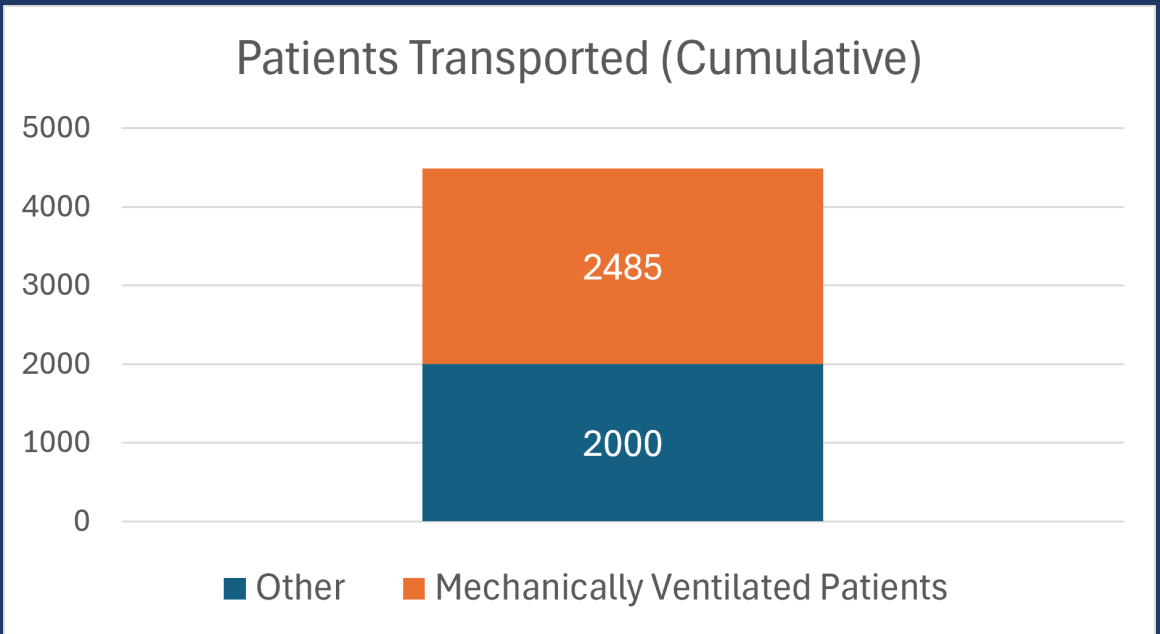


Figure 3

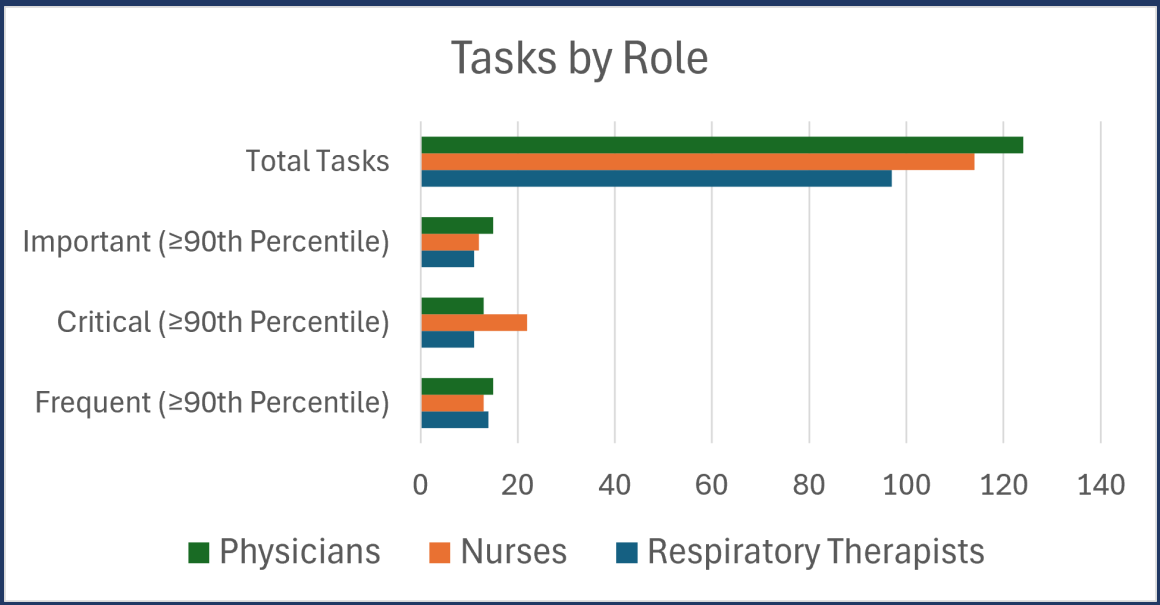


Figure 4

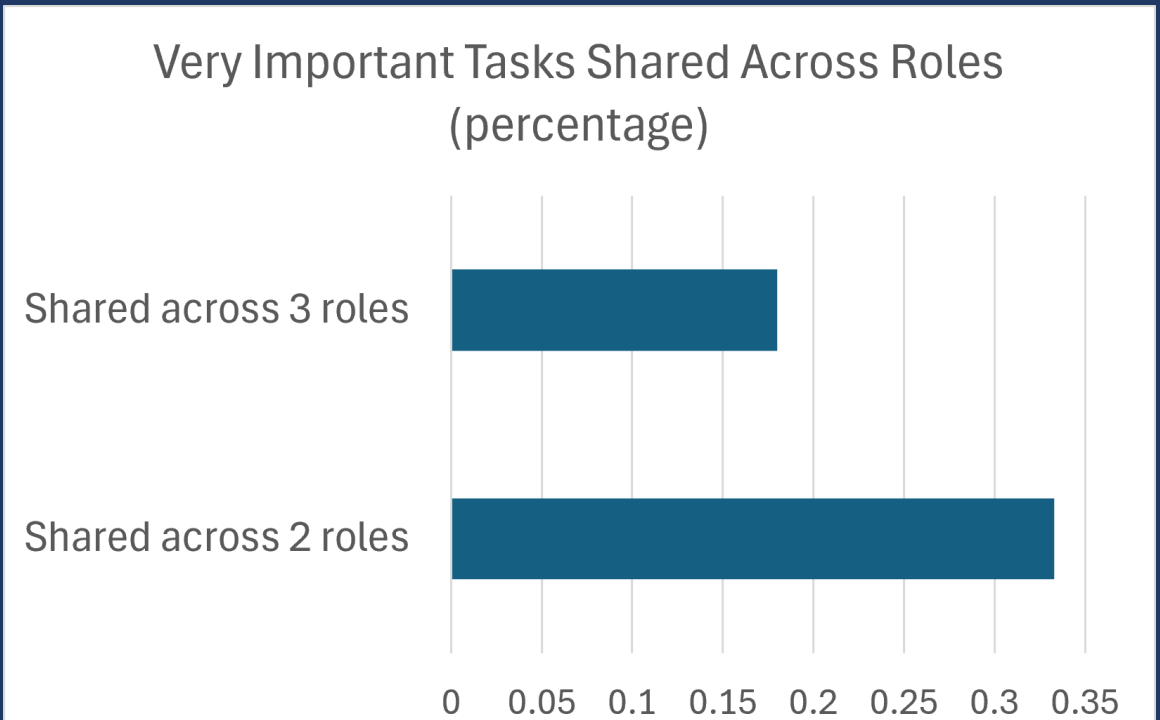


Figure 5

Figures 1-3. Demographics.

Figures 4-5. Distribution of tasks across roles.

Figure 6. Very Critical Tasks (≥90th Percentile) by Critical Care Air Transport Team Provider Role.

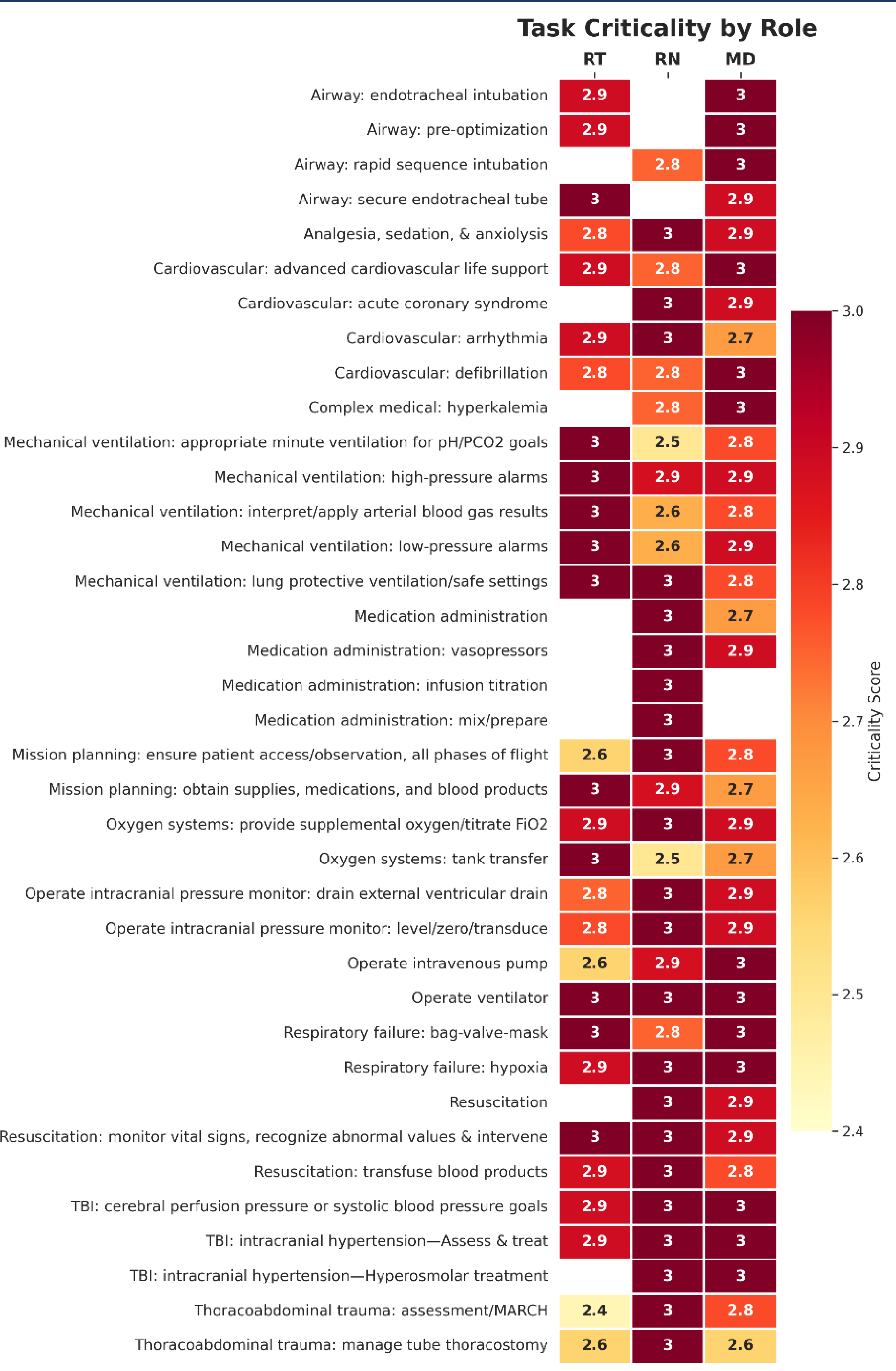


Figure 6

Results

- 27 subject matter experts completed surveys
 - 9 physicians, 9 nurses, 9 respiratory therapists
 - 122 deployments, 2430 CCAT missions
 - 4485 patients transported (55% mechanically ventilated)
- Nurses had the most “Very Critical” tasks
 - Nurses: n = 22
 - Physicians: n = 13
 - Respiratory Therapists: n = 11
- Four tasks rated as “Very Important” for all roles
- “Very Important” tasks were evenly divided between physical and cognitive tasks
 - 18% shared across the 3 roles
 - 33% shared by at least 2 roles

Discussion

- First-of-it’s-kind multi-role CCAT job analysis
- Foundation for evidence-based framework to inform:
 - Training prioritization
 - Sustainment program design
 - Readiness assessment
- Role-specific task distribution has critical implications for LSCO:
 - Team composition
 - Cross-training strategies
 - Personnel augmentation
- Impact: Will inform CCAT KSAs and support development of training and assessment paradigms for contested, resource constrained environments

References

- Burkhardt, J. N., Strilka, R. J., Cheney, M., Etherton, K., Smith, M. P., Kay, K., ... & Winner, J. (2026). Critical Care Air Transport Job Analysis for Current and Past Conflicts. *Military Medicine*, <https://doi.org/10.1093/milmed/usag208>