



# NWCWG Position Task Book for Medical Unit Leader (MEDL)

PMS 311-39

AUGUST 2024

## SIGNATURE PAGE

### Initiation

Trainee's Name: \_\_\_\_\_

Initiated By: \_\_\_\_\_

Home Unit/Agency: \_\_\_\_\_

Title: \_\_\_\_\_

Home Unit Address: \_\_\_\_\_

Home Unit/Agency: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

IQCS/IQS#: \_\_\_\_\_

### Verification

I verify that \_\_\_\_\_ has successfully performed the tasks of the position, as documented on position evaluation records and the position evaluation table and should be considered for certification in the position.

Final Evaluator Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Title: \_\_\_\_\_

Home Unit/Agency: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Agency Certification

I certify that \_\_\_\_\_ has met all the requirements for qualification in the position and that such qualification may be issued.

Certifying Official Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Title: \_\_\_\_\_

Home Unit/Agency: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# INSTRUCTIONS FOR NWCG NEXT GENERATION POSITION TASK BOOK

The Next Generation Position Task Books (Next Gen PTBs) are designed to provide a format that enhances the feedback an evaluator provides to a trainee. An evaluator using the Next Gen PTB has a mechanism to rate how well the trainee performs each task and to provide written narratives to accompany the evaluation ratings using the position evaluation records.

The Next Gen PTB has three components: The **SIGNATURE PAGE**, **POSITION EVALUATION TABLE**, and **POSITION EVALUATION RECORDS**.

## SIGNATURE PAGE:

The signature page documents three phases of the Next Gen PTB: initiation, verification, and agency certification.

The initiation block is filled out by the home unit/agency when the Next Gen PTB is issued. It indicates that the designated individual is recognized by the home unit/agency as a trainee in the position.

The verification block is completed by the final evaluator once the trainee has successfully met or exceeded satisfactory performance of all tasks in the Next Gen PTB and is recommended for certification by the final evaluator.

The agency certification block is completed by the certifying official of the home unit/agency. It provides a record that the trainee has been certified and is qualified in the position.

## POSITION EVALUATION TABLE:

The position evaluation table is used to record the evaluations that a trainee receives for each training assignment. A rating must be provided for each task in the position evaluation table on every training assignment.

The position evaluation table lists the tasks required to be evaluated for successful performance in the position. See the *NWCG Incident Position Standards for Medical Unit Leader*, PMS 350-39, for explanations of each task. Additional tasks that are not required to be evaluated are covered in the Incident Position Standards. These tasks still represent standards for successful performance in the position and should be included in a comprehensive training assignment.

The Next Gen PTB includes four columns to record ratings for each task. If the training assignment is not the first assignment for a trainee, the evaluator should review the position evaluation table and position evaluation records of the previous training assignments. A trainee does not have to complete four training assignments to be recommended for certification. The home unit will determine the appropriate number of assignments. If additional training assignments are needed, a second position evaluation table should be utilized and attached to the PTB.

Each task must be rated during each training assignment. The evaluator will rate the performance of the tasks as follows:

**N/O** = No opportunity to perform the task.

**D** = Does not meet the standard for the task as described in the Incident Position Standards.

**M** = Meets the standard for the task as described in the Incident Position Standards.

**E** = Exceeds the standard for the task as described in the Incident Position Standards.

The evaluator will indicate their rating of the trainee's performance by marking their rating (N/O, D, M or E) in the column for each task in the position evaluation table. If the trainee does not meet the standard (i.e., is rated D for a task), the evaluator must provide written explanation with suggestions for improvement in the position evaluation record. This may include redirecting the trainee to the Incident Position Standards for review. Written feedback is encouraged for all other ratings. Prior to certification, the trainee must attain a rating of M or E for each of the identified tasks.

Each task has a code associated with the type of training assignment where the task must be completed. Tasks must be evaluated on the specific types of incidents/events for which they are coded. If multiple codes are listed for a task, the task must be evaluated on one of the listed incidents/events. For example, W/S indicates the task must be performed on a wildfire or during a simulation. The codes are defined as:

**I = Incident:** Task must be performed on an incident managed under the Incident Command System (ICS). Examples include wildland fire, structural fire, oil spill, search and rescue, hazardous material, and an emergency or non-emergency (planned prescribed fire or unplanned) event.

**W = Wildfire:** Task must be performed on a wildfire incident.

**RX = Prescribed fire:** Task must be performed on a prescribed fire incident.

**R = Rare event:** Rare events such as accidents, injuries, vehicle, or aircraft crashes occur infrequently and opportunities to evaluate performance in a real setting are limited. The evaluator should determine, through interview, if the trainee would be able to perform the task in a real situation.

**S = Simulation:** Task must be performed during a simulation. The simulation activity must realistically mimic the task and allow the evaluator to determine if the trainee would be able to perform the task in a real situation. Resources are available on the NWCG Leadership Committee's Tactical Decision Games webpage <https://www.nwcg.gov/wfldp/toolbox/tactical-decision-games>.

**O = Other:** In any situation (classroom, simulation, daily job, incident, prescribed fire, etc.).

## **POSITION EVALUATION RECORD:**

The position evaluation record is used to document the specific details of each training assignment, and to document the evaluators final recommendation regarding position certification. A new position evaluation record is required for each training assignment.

### **Position Evaluation Record Number**

Each evaluator will need to complete a position evaluation record. Each position evaluation record should be numbered sequentially. Place this number at the top of the position evaluation record page and use this number to determine which column to rate the trainee in the position evaluation table.

### **Trainee Information**

Print the trainee's name and indicate if the assignment is virtual.

### **Evaluator Information**

Print the evaluator's name, position on the incident/event, IQCS/IQS number, home unit/agency, and the home unit/agency address and phone number. Evaluators must be either qualified in the position being evaluated or supervise the trainee, and final evaluators must be qualified in the position they are evaluating. The evaluator's relevant qualification field is below the evaluator's signature line on the position evaluation record.

## Incident/Event Information

**Incident/Event Name:** Print the incident/event name.

**Reference:** Enter the incident code and/or fire code.

**Duration:** Enter inclusive dates during which the trainee was evaluated.

**Incident Kind:** Check the kind of incident and specify if other (e.g., search, and rescue, flood, etc.).

**Location:** Enter the geographic area, agency, and state.

**Management Type or Prescribed Fire Complexity Level:** Check the ICS organization level or the prescribed fire complexity level.

**Fire Behavior Prediction System (FBPS) Fuel Model Group:** Check the fuel model group that corresponds to the predominant fuel type in which the incident/event occurred.

**Grass Group** (includes FBPS Fuel Models 1 – 3): 1 = short grass (1 foot); 2 = timber with grass understory; 3 = tall grass (1½ - 2 feet)

**Brush Group** (includes FBPS Fuel Models 4 – 6): 4 = chaparral (6 feet); 5 = brush (2 feet); 6 = dormant brush/hardwood slash; 7 = southern rough

**Timber Group** (includes FBPS Fuel Models 8 – 10): 8 = closed timber litter; 9 = hardwood litter; 10 = timber (with litter understory)

**Slash Group** (includes FBPS Fuel Models 11 – 13): 11 = light logging slash; 12 = medium logging slash; 13 = heavy logging slash

## Evaluator's Recommendation

The last block in the position evaluation record is for the evaluator's recommendation of trainee. The evaluator will initial only one line 1 – 3. If the evaluator is recommending the trainee for certification, the evaluator will also fill out the verification block of the Signature Page.

## Remarks on Individual Performance

This section provides space for written narrative of the trainee's performance. If the trainee does not meet the standard (i.e., is rated D for a task), the evaluator must provide written explanation with suggestions for improvement on the position evaluation record. This may include redirecting the trainee to the Incident Position Standards for review. Written feedback is encouraged for all other ratings. This is meant as an opportunity to provide informative and constructive feedback to the trainee and the trainee's home unit, so they know what to focus on in the future.

At the conclusion of the training assignment, the evaluator and trainee should discuss the training assignment, ratings, and evaluator recommendations. When this is done, the trainee, and evaluator will sign and date the position evaluation record on the lines indicated.

Additionally, the Next Gen PTB can be used as an evaluation tool for qualified individuals.

## COMPLETION OF A NEXT GEN PTB:

When an evaluator recommends a trainee for certification, the trainee is responsible for ensuring the Next Gen PTB is complete and submitted to the home unit/agency for review by the certifying official. The complete Next Gen PTB package includes the signature page with the verification block signed by the final evaluator, the position evaluation table, and every position evaluation record.



# NWCG POSITION EVALUATION TABLE

## MEDICAL UNIT LEADER

### (MEDL)

Trainee Name: \_\_\_\_\_

All tasks must be evaluated and assigned one of the four ratings for each assignment. If the trainee does not meet the standard (i.e., is rated D for a task), the evaluator must provide written explanation with suggestions for improvement on the position evaluation record. Written feedback is encouraged for all other ratings.

**N/O** = No opportunity to perform the task.

**D** = Does not meet the standard for the task as described in the Incident Position Standards.

**M** = Meets the standard for the task as described in the Incident Position Standards.

**E** = Exceeds the standard for the task as described in the Incident Position Standards.

**\*For further information about each task see the *NWCG Incident Position Standards for Medical Unit Leader*, PMS 350-39.**

### Standard Tasks for the Position of Medical Unit Leader

	<b>Leadership Level 3, Leader of People (Develop Intent)</b>	CODE	Position Evaluation Record Number			
			1	2	3	4
1	<p>Leaders of people have increasing challenges. They accept responsibility, not only for their own actions, but for those of their team. Leaders of people act to develop credibility as leaders: placing the team ahead of themselves, demonstrating trustworthiness, mastering essential technical skills, and instilling the values of the organization in their teams.</p> <p>[See the <i>NWCG Incident Position Standards for Medical Unit Leader</i>, PMS 350-39, for a description, behaviors, and knowledge representative of a Leader of People.]</p>	ALL				
	<b>Prepare and Mobilize</b>	CODE	Position Evaluation Record Number			
			1	2	3	4
2	Gather critical state, regional, and local emergency medical system (EMS) resource information, regulations, and response capabilities.	I				

## Standard Tasks for the Position of Medical Unit Leader

	<b>Build the Team</b>	CODE	Position Evaluation Record Number			
			1	2	3	4
3	Coordinate with the Logistics Section Chief (LSC) and other functional areas to order emergency response personnel with necessary capabilities and equipment consistent with the current and projected scale of the incident.	I				
4	Establish partnerships with local and regional EMS, hospitals, health clinics, search and rescue teams, fire departments, and public health officials.	I				
5	Validate licensure, qualification, and readiness of assigned personnel and equipment.	I				

	<b>Supervise and Direct Work Assignments</b>	CODE	Position Evaluation Record Number			
			1	2	3	4
6	Provide leadership on incident medical resource decision making.	I				
7	Make daily division assignments for medical unit staff and provide supervision for medical resources.	I				
8	Ensure medical unit staff adhere to proper timekeeping, work-rest ratio, and other applicable guidance defined in the <i>NWCG Standards for Interagency Incident Business Management</i> , PMS 902.	I				

	<b>Perform Medical Unit Leader- Specific Duties</b>	CODE	Position Evaluation Record Number			
			1	2	3	4
9	Develop and maintain a Medical Plan (ICS 206 WF) to assist with an Incident Within an Incident (IWI) response.	I				
10	Maintain 24-hour emergency response readiness.	I				
11	Establish, manage, and maintain medical unit aid station(s).	I				

	<b>Communicate and Coordinate</b>	CODE	Position Evaluation Record Number			
			1	2	3	4
12	Communicate and coordinate with local, regional, and state medical resources.	I				

## Standard Tasks for the Position of Medical Unit Leader

	<b>Communicate and Coordinate</b>	CODE	Position Evaluation Record Number			
			1	2	3	4
13	Establish and maintain positive internal and external interpersonal working relationships.	I				
14	Consult with public health officials on response to medical emergencies that have the potential for a significant number of patients (e.g., communicable disease outbreak).	I				
15	Coordinate with safety and operations functional areas.	I				
16	Coordinate with the Facilities Unit Leader (FACL) to provide and maintain utilities, space, and facilities.	I				
17	Coordinate with the Compensation/Claims Unit Leader (COMP) for patients with injuries or illness requiring care outside the medical unit aid station.	I				
18	Coordinate with the Communications Unit Leader (COML) and Radio Operator (RADO) regarding IWI procedures.	I				

	<b>Manage Risk</b>	CODE	Position Evaluation Record Number			
			1	2	3	4
19	Account for and monitor the health, safety, and welfare of assigned incident personnel.	I				
20	Anticipate staffing needs; ensure an appropriate level of medical support providers are available and staged appropriately throughout the incident.	I				
21	Ensure adequate personnel and equipment resources are available for emergency medical evacuation of patients from remote areas.	I				
22	Ensure that the Medical Plan (ICS 206 WF) is current and medical responders are briefed with updated communication procedures and transportation plans.	I				

	<b>Document</b>	CODE	Position Evaluation Record Number			
			1	2	3	4
23	Complete, authorize, and ensure timely submission of medical unit documentation through proper channels.	I				
24	Maintain all required incident documentation generated through operation of the incident medical unit.	I				
25	Properly dispose of any Personally Identifiable Information (PII)/ Protected Health Information (PHI) at the end of the incident.	I				

## Standard Tasks for the Position of Medical Unit Leader

	<b>Demobilize</b>	CODE	Position Evaluation Record Number			
			1	2	3	4
26	Anticipate demobilization, identify excess resources, and coordinate with your incident supervisor to prepare the demobilization schedule.	I				



# POSITION EVALUATION RECORD

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## Trainee Information

Printed Name: \_\_\_\_\_ Virtual Assignment: Yes      No  
Position on Incident/Event: \_\_\_\_\_

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## Evaluator Information

Printed Name: \_\_\_\_\_ Evaluator Position on Incident/Event: \_\_\_\_\_  
Home Unit/Agency: \_\_\_\_\_ Evaluator IQCS/IQS #: \_\_\_\_\_  
Home Unit /Agency Address and Phone Number: \_\_\_\_\_

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## Incident/Event Information

Incident/Event Name: \_\_\_\_\_ Reference (Incident Number/Fire Code): \_\_\_\_\_  
Duration: \_\_\_\_\_  
Location (include Geographic Area, Agency, and State): \_\_\_\_\_  
Incident Kind: Wildfire    Prescribed Fire    All Hazard    Other (specify): \_\_\_\_\_  
Management Type: Type 5    Type 4    Type 3    Type 2    Type 1    Complex    Area Command  
OR Prescribed Fire Complexity Level: Low    Moderate    High  
FBPS Fuel Model: Grass    Brush    Timber    Slash

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## Evaluator's Recommendation

(Initial only one line as appropriate)

- \_\_\_\_\_ 1) The trainee meets or exceeds satisfactory performance of all tasks under my supervision and/or on a prior trainee experience, as documented on position evaluation records. I have completed the final evaluator's verification section and recommend the trainee be considered for agency certification.
- \_\_\_\_\_ 2) The tasks indicated on the evaluation table have been performed under my supervision. However, either opportunities were not available for all tasks to be performed and evaluated on this assignment or prior position evaluation records, or the trainee did not meet satisfactory performance on at least one task and needs additional evaluation.
- \_\_\_\_\_ 3) The trainee does not display satisfactory performance of the tasks for the position and additional training, guidance, and/or experience are recommended prior to another training assignment.

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## Remarks on Individual Performance (Use additional sheets as necessary)

Trainee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's Relevant Qualification (or agency certification): \_\_\_\_\_

# POSITION EVALUATION RECORD

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## Trainee Information

Printed Name: \_\_\_\_\_ Virtual Assignment: Yes      No  
Position on Incident/Event: \_\_\_\_\_

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## Evaluator Information

Printed Name: \_\_\_\_\_ Evaluator Position on Incident/Event: \_\_\_\_\_  
Home Unit/Agency: \_\_\_\_\_ Evaluator IQCS/IQS #: \_\_\_\_\_  
Home Unit /Agency Address and Phone Number: \_\_\_\_\_

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Management Type: Type 5    Type 4    Type 3    Type 2    Type 1    Complex    Area Command  
OR Prescribed Fire Complexity Level: Low    Moderate    High  
FBPS Fuel Model: Grass    Brush    Timber    Slash

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## Evaluator's Recommendation (Initial only one line as appropriate)

- \_\_\_\_\_ 1) The trainee meets or exceeds satisfactory performance of all tasks under my supervision and/or on a prior trainee experience, as documented on position evaluation records. I have completed the final evaluator's verification section and recommend the trainee be considered for agency certification.
- \_\_\_\_\_ 2) The tasks indicated on the evaluation table have been performed under my supervision. However, either opportunities were not available for all tasks to be performed and evaluated on this assignment or prior position evaluation records, or the trainee did not meet satisfactory performance on at least one task and needs additional evaluation.
- \_\_\_\_\_ 3) The trainee does not display satisfactory performance of the tasks for the position and additional training, guidance, and/or experience are recommended prior to another training assignment.

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## Remarks on Individual Performance (Use additional sheets as necessary)

Trainee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's Relevant Qualification (or agency certification): \_\_\_\_\_

# POSITION EVALUATION RECORD

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## Trainee Information

Printed Name: \_\_\_\_\_ Virtual Assignment: Yes      No  
Position on Incident/Event: \_\_\_\_\_

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## Evaluator Information

Printed Name: \_\_\_\_\_ Evaluator Position on Incident/Event: \_\_\_\_\_  
Home Unit/Agency: \_\_\_\_\_ Evaluator IQCS/IQS #: \_\_\_\_\_  
Home Unit /Agency Address and Phone Number: \_\_\_\_\_

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Management Type: Type 5    Type 4    Type 3    Type 2    Type 1    Complex    Area Command  
OR Prescribed Fire Complexity Level: Low    Moderate    High  
FBPS Fuel Model: Grass    Brush    Timber    Slash

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## Evaluator's Recommendation (Initial only one line as appropriate)

- \_\_\_\_\_ 1) The trainee meets or exceeds satisfactory performance of all tasks under my supervision and/or on a prior trainee experience, as documented on position evaluation records. I have completed the final evaluator's verification section and recommend the trainee be considered for agency certification.
- \_\_\_\_\_ 2) The tasks indicated on the evaluation table have been performed under my supervision. However, either opportunities were not available for all tasks to be performed and evaluated on this assignment or prior position evaluation records, or the trainee did not meet satisfactory performance on at least one task and needs additional evaluation.
- \_\_\_\_\_ 3) The trainee does not display satisfactory performance of the tasks for the position and additional training, guidance, and/or experience are recommended prior to another training assignment.

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## Remarks on Individual Performance (Use additional sheets as necessary)

Trainee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's Relevant Qualification (or agency certification): \_\_\_\_\_

# POSITION EVALUATION RECORD

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## Trainee Information

Printed Name: \_\_\_\_\_ Virtual Assignment: Yes      No  
Position on Incident/Event: \_\_\_\_\_

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## Evaluator Information

Printed Name: \_\_\_\_\_ Evaluator Position on Incident/Event: \_\_\_\_\_  
Home Unit/Agency: \_\_\_\_\_ Evaluator IQCS/IQS #: \_\_\_\_\_  
Home Unit /Agency Address and Phone Number: \_\_\_\_\_

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FBPS Fuel Model: Grass    Brush    Timber    Slash

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## Evaluator's Recommendation

(Initial only one line as appropriate)

- \_\_\_\_\_ 1) The trainee meets or exceeds satisfactory performance of all tasks under my supervision and/or on a prior trainee experience, as documented on position evaluation records. I have completed the final evaluator's verification section and recommend the trainee be considered for agency certification.
- \_\_\_\_\_ 2) The tasks indicated on the evaluation table have been performed under my supervision. However, either opportunities were not available for all tasks to be performed and evaluated on this assignment or prior position evaluation records, or the trainee did not meet satisfactory performance on at least one task and needs additional evaluation.
- \_\_\_\_\_ 3) The trainee does not display satisfactory performance of the tasks for the position and additional training, guidance, and/or experience are recommended prior to another training assignment.

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## Remarks on Individual Performance (Use additional sheets as necessary)

Trainee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's Relevant Qualification (or agency certification): \_\_\_\_\_