
ARMY NURSE CORPS NEWSLETTER

“Ready, Caring, and Proud”

Volume 5 Issue 6

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Assistant Corps Chief's Message

I am pleased to share with all of you the exciting events that occurred recently in the Army Nurse Corps. On 12 March 2004, we officially bid farewell to BG Bill Bester, our 21st Chief, Army Nurse Corps, with a formal retirement ceremony and official flag retirement ceremony at Fort Sam Houston, TX. Surrounded by scores of dear family, friends and professional colleagues, BG Bester spoke of his love of service and his appreciation for everyone with whom he has known and worked in the past 35 years. During the retirement ceremonies, BG Bester was awarded the Distinguished Service Medal and his official one-star flag was retired and cased for placement in the United States AMEDD Museum. Both ceremonies were extremely moving and are now part of our long and rich history.



The Besters look on as BG Bester's one-star flag is retired at the AMEDD Museum, 12 Mar 04.



The previous evening, the staff of the Office of the Army Nurse Corps hosted a farewell dinner to honor both BG Bester and his lovely wife, Cheryl. The formal events of the evening began with the unveiling of BG Bester's official portrait. The commissioning of an official portrait is a long-standing tradition in the Army Nurse Corps and this portrait will be permanently located in the AMEDD Museum along with the portraits of all former Corps Chiefs. Hundreds of well wishers joined us at the Leon Springs Dance Hall to celebrate BG Bester's career and contributions. Some of the distinguished guests included LTG James Peake, The Surgeon General; MG Barbara Brannon, Assistant Surgeon General, Medical Force Development, & Assistant Surgeon General Nursing Services, HQ USAF; MG (R) Patrick Sculley, his wife Peggy; MG (R) Harold Timboe, his wife Donna; BG Daniel Perugini, Commander US AMEDD Center & School; BG Richard Ursone, Assistant Surgeon for Force Projection; BG William Fox, Commander, Great Plains Regional Medical Command and his wife Janet; BG Sheila Baxter, Deputy Chief of Staff Force Sustainment, MEDCOM and the Assistant Surgeon General Force Sustainment; BG (R) Bettye Simmons, previous Chief, Army Nurse Corps and COL (R) Susan McCall, previous Assistant Chief, Army Nurse Corps. It was my honor to represent the Army Nurse Corps and present BG Bester and Cheryl with distinguished greetings and accolades in recognition of their tremendous sacrifice and dedication.

Lastly, I want to highlight that during the same week, the senior Army Nurse Corps leadership and the Chief Clinical NCOs met in San Antonio, Texas for the purpose of convening our annual Strategic Issues Course and for some, attend the two-day Chief Nurse Orientation. The Chief Nurse Orientation, now in the second year of execution, is an opportunity for our newly selected Chief Nurses to address pertinent leadership issues that they will encounter with their new role. We have found that his course provides the necessary framework of information that is very helpful when assuming the complex role of Chief Nurse.

Tailored to meet the needs of the attendees, the Strategic Issues Course offered varied topics of interest, yet truly represented a reflection of issues and concerns of Army Nurses around the world. The topics discussed ranged from deployment updates and the medical holdover program to updates in nursing education and utilization management. This year, we were pleased to invite Dr. Maria O'Rourke to present her work on Building a Professional Practice Model. Her seminar was very thought provoking and fits nicely with our efforts to strengthen the

The ANC Newsletter is published monthly to convey information and items of interest to all Army Nurse Corps officers. If you have an item that you feel would be of interest to your fellow ANCs, please e-mail the articles to [MAJ Jeanne Larson](mailto:MAJ.Jeanne.Larson). The deadline for all submissions is the third week of the month prior to the month you want the item published. All officers are eligible to submit items for publication. We reserve the right to review and edit any item submitted for publication.

roles of nurses in the clinical and leadership arenas. I would like to thank all of our guest speakers and our fine participants who made this year's Strategic Issues Conference and Chief Nurse Orientation such rewarding and outstanding courses. Clearly, the demand for these courses has been validated and BG Bester and I will recommend that both continue to be offered in future years.

In conclusion, a very special thanks to the ANC staff for all their hard work in making BG Bester's retirement activities and the Strategic Issues Course/Chief Nurse Orientation a huge success and events to be remembered!

Army Nurses are Ready, Caring, and Proud!

Deborah A. Gustke
Colonel, AN
Assistant Chief, Army Nurse Corps

In Memory of Captain Gussie Mae Jones
11 December 1962 - 7 March 2004

Captain Gussie Mae Jones was born in Arkansas and was one of eight children. She began her Army career by enlisting in 1988 as a personnel clerk and climbed to the rank of sergeant. In 1986, Captain Jones earned a bachelor's degree in business administration from Arkansas University Central. She was selected above her peers to attend the Army Enlisted Commissioning Program and earned her second bachelor's degree from Syracuse University in 1998. It was in nursing that she found her passion. Her career as a registered nurse and a commissioned officer began in September 1998 at Brooke Army Medical Center in San Antonio. After completing our specialty course in critical-care nursing in 2002, she was assigned to William Beaumont Army Medical Center, where she excelled in nursing in the intensive care setting. Assigned as a Professional Officer Filler (PROFIS) to the 31st Combat Support Hospital, Captain Jones deployed with her unit to Iraq in February of this year. An emerging leader and dedicated nurse, Captain Jones was admired by her fellow soldiers. On 7 March 2004, Captain Jones died of natural causes in Baghdad, Iraq surrounded by the soldiers with whom she served. Captain Jones devoted 15 years of her life to the service of her Country and the United States Army. She was a soldier and consummate professional nurse whom we are extremely proud to have had in the Army Nurse Corps. CPT Jones represents the best in Army Nursing. We will never forget her sacrifice and willingness to serve. She will be sorely missed.



Kudos and Publications

BG William T. Bester is featured in NurseWeek.com in the 30 Jan 2004 article titled "Brig. Gen. William Bester, on Army nursing" at <http://www.nurseweek.com/5min/bester.asp>. You may also find an article in the Nursing Spectrum Washington, DC/Baltimore Edition 8 Mar 2004. The title of the article is "A Commander, A Chief, and a Nurse." <http://community.nursingspectrum.com/MagazineArticles/region.cfm?CODE=DCB>.

COL Stacey Young-McCaughan and her research team received the 2003 Oncology Nursing Society's "Susan Baird Excellence in Writing Award in Nursing Research" for the paper they published reporting the findings of their research study using an exercise program to improve the health of patients with cancer. [Young-McCaughan, S., Mays M. Z., Arzola, S. M., Yoder, L. H., Dramiga, S. A., Leclerc, K. M., Caton Jr., J. R., Sheffler, R. L., & Nowlin M. U. (2003). Change in Exercise Tolerance, Activity and Sleep Patterns, and Quality of Life in Patients with Cancer Participating in a Structured Exercise Program. *Oncology Nursing Forum*, 30(3), 441-454.]

Congratulations are in order for **MAJ Carlton Brown** on his selection as the 2004 AOCN of the year from Oncology Nursing Certification Corporation. MAJ Brown is currently the head nurse of the Hem/Oncology Ward at Walter Reed Army Medical Center in Washington, DC and will receive the award on 30 April 2004 in Anaheim, CA.

MAJ Diane Heinz, Senior Clinical Instructor, Critical Care/Emergency Nursing Courses Brooke Army Medical Center, Fort Sam Houston, TX was published in the Jan/Feb 2004 issue of *Dimensions of Critical Care Nursing*, Vol 23, No 1. The title of her article is "Hospital Nurse Staffing and Patient Outcomes- A Review of Current Literature."

The Association for the History of Nursing recently accepted **MAJ Jennifer Petersen's** abstract for their annual conference in October 2004. MAJ Petersen is currently the Army Nurse Corps Historian at OTSG and the first Army Nurse to achieve this honor. The title of her paper is "Professionalization: Army Nursing During the Korean War."

CPT Ellen Schimmels, a psychiatric nurse at Landstuhl Regional Medical Center, was published in the March/April issue of *Forensic Nurse Magazine*. The title of the article is "Rehabilitation of Mentally Ill Offenders" and may be accessed at the following link: <http://www.forensicnursemag.com/articles/431corrections.html?wts=20040326095616&hc=2&req=schimmels>.

Attention Deployed Army Nurses: You must maintain a current and unrestricted nursing license. . .

According to a recent memo from HQ, MEDCOM, "the Chief Counsel of Department of Defense Health Affairs (DoD HA) has opined that healthcare workers who must maintain a current valid, unrestricted license or national certification to practice must keep that license and/or certification current while deployed." This requirement will not be waived for any individual and each license or certification holder is personally responsible to maintain these items. Individuals must contact the state board or national certification agency themselves and determine how best to handle the situation. Workable options may include early renewal, delegation by power of attorney to someone else to renew or web-based renewal. If your state requires proof of continuing education (CE), please check with your unit educator for the best ways to accomplish this while deployed. Additional options may be found on the AMEDD C&S Department of Nursing Science's page for on-line resources: <http://www.dns.amedd.army.mil/CEU.htm>. POC: LTC Elaine Fleming at Elaine.fleming@amedd.army.mil or Comm: 210-221-8104, DSN: 471-8104.

***What Nursing Means to Me
By 1LT Thelma Nicholls***

Each day as I take the drive to and from work, leaving so many personal and family matters unattended, I often ask myself if nursing is worth the hassle and sacrifice involved. I joined the Army Nurse Corps in 2003. On September 16, 2003, in the presence of my family and some of my closest friends, I was commissioned a 1LT. My heart swelled with joy and pride as I took the oath and received my first salute. After saying goodbye to my co-workers and a job I loved very much, I went off to the Officer Basic Course. It was at OBC that I first realized the uniqueness of my role as an Army Nurse. During one of my many classes, I realized that the men and women who defend this Country are counting on the Army Nurse Corps, of which I am a small, but vital part, to assist with the conservation of their fighting strength. This is an awesome and humbling responsibility.

My emotions were varied throughout OBC, but they climaxed when I, in my Class A uniform, stood proudly with my fellow classmates at graduation. We accomplished the task that was set before us and we were now officers of the United States Army. I have never felt such pride and honor in my entire life, and doubt there is anything that could give me that feeling again.

My first assignment was to Winn Army Community Hospital, Fort Stewart, GA. As a cardiovascular nurse, everyday life is hectic, and I seldom have an opportunity to rest. I work daily to adapt to the environment of a community hospital and to my role as an officer in the Army. I often ponder my decision to join the Army and whether I would fit into Army nursing. This prompted me to define my role as a nurse and to decide if this is where I want to make my small contribution to society. The following is what I came up with.

To understand what nursing is, one must first define the word. Many definitions exist and some misrepresent the complex knowledge and skill of professional nursing. Florence Nightingale defined nursing over 100 years ago as "the act of utilizing the environment of the patient to assist him in his recovery" (Nightingale, 1860). Many nursing theorists have also emerged over the years. Virginia Henderson was one of the first modern nurses to define nursing. In 1960 she wrote, "The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death)and to do this in such a way as to help him gain independence as rapidly as possible." (Henderson 1966, p.3) Recently, I read this alarmingly true statement of what nursing has become to many and how others view the profession. "Nurses collectively have been characterized by feelings of inadequacy, powerlessness, and frustration and avoidance of accountability for autonomous practice. Competition for status has interfered with a spirit of collegiality and shared respect. As a result, nursing has been largely a labor force rather than a significant influence on the health care delivery system." (Leddy, 1998)

Despite the many definitions of nursing, my personal experience tells me that there is more to nursing than theories, perceptions or competitions. This is seen on a daily basis in the MICU/PACU. We have a mixture of active duty, Reservists, and civilians who come together to provide excellent patient care to the Soldiers of the 3rd Infantry Division, their family members and all our beneficiaries. This combined group of individuals gives of their time, experience, talent and skills amidst difficulties. The current turmoil in Iraq does not deter us from coming to work everyday with renewed strength and commitment to support the Country's fighting force. When we care for the Soldiers and send them back to their families. Ultimately, we send those Soldiers back to the larger family of the United States Army where they can defend the freedom of this great Nation.

I am proud to be a part of the Army Nurse Corps and the United States Army where individuals are bound together by commitment and dedication to quality patient care. The Army Nurse Corps epitomized the slogan “An Army of One” where one finds *Different Individuals Valuing Each other and our patients Regardless of Skin color, Intellect, Talent or Years.*

References

- Leddy, Susan, and J. Mae Pepper (1998). *Conceptual Bases of Professional Nursing*. (4th Ed.). Philadelphia: Lippincott
 Nightingale, G. (1860). *Notes on Nursing: What It Is, and What It Is Not*. Commemorative Edition. Philadelphia: Lippincott
 Henderson, V. (1966). *The Nature of Nursing: A Definition and Its Implications for Practice, Research and Education*. New York: Macmillan

***From the Desk of the Army Nurse Corps Fellow. . .
 By MAJ Jeanne Larson***

Author’s Note: I recently had the opportunity to speak, via e-mail, with MAJ Jack Davis, AN, FNP, who is currently serving in a Brigade Surgeon role in Balad, Iraq. MAJ Davis originally deployed to Kuwait with the 10th CSH from Fort Carson, CO. When medical assets were further distributed in Iraq due to new and changing missions, MAJ Davis was selected to serve as the Brigade Surgeon for the 17th Field Artillery Brigade from Fort Sill, OK. As this is an unusual and non-doctrinal position for an Army Nurse, I asked MAJ Davis about his experience in the Brigade Surgeon role. The following is an excerpt of his reply.

At the time I deployed with the 10th CSH, my job was as the head nurse of ICU #1. I still carried the 8A skill identifier as an ICU nurse from before my FNP training. I was glad to go and felt that I could do that job, as well as help in the CSH clinics to maintain my family practice skills. Due to the speed of the ground war, and fate, it turned out that the 10th would remain in Kuwait. After about 60 days there, the assets of the 10th began to be used to cover short falls in the medical units in Iraq. The call came down for a primary care provider to work in a brigade aid station. The position was for a general practice physician. I volunteered. My name and qualification were sent to 30th Medical Brigade and after consideration the position was approved.



My first thoughts were panic, followed by excitement. When I arrived in Balad, Iraq, right in the middle of the “Sunni Triangle” and after a five-hour helicopter ride from Kuwait, I had no idea that I would be assuming the role of Brigade Surgeon. After a few moments of introspection, I decided that it was “no big deal” and that I could do this. My skills as a family nurse practitioner are good and I have my prior combat arms experience to fall back on when working with the Field Artillery soldiers. I knew this was an opportunity to excel and break new ground for Army Nurse Corps officers.

The most challenging aspect of this position has been finding a balance between being a primary care provider and an officer in a combat arms unit. As the Brigade Surgeon, I interact with many of the leaders within the brigade and was pressed to learn the nuances of the relationship I would have with my superiors as well as other leaders of the same grade. I also learned how to marry my implicit role in organizing the care provided by the other providers with the explicit chain of command provided by the respective Battalions that we all support. Finding the medium between the two and satisfying both military requirements and the standards of care was sometimes frustrating.

The most valuable skills in this position are leadership, organization, time management, and interpersonal communication. Frequently, each of the four Battalions within the Brigade is tasked with a separate and distinctly different mission requiring different types of medical support. Insuring that we could support the missions sometimes seemed like juggling many different balls in the air at once. Interpersonal skills became paramount when dealing with the Brigade staff, the Battalion commanders, and the neighboring units. Networking with other medical and non-medical units vastly facilitated mission accomplishment. This networking increased the medical efficiency of the brigade and simplified my duties.

My perspective toward the Army Nurse Corps has definitely changed with this experience. After a certain amount of introspection, I realized that my first thoughts about this position were that it was out of my scope and I could not do it. I realized that that was almost an automatic way of thinking that may have kept me from accepting the challenge regardless of my skills. I see the Army Nurse Corps now as an organization that is changing and evolving with the times and the American military. As a Nurse Corps officer, many of the skills that I am well familiar with as a nurse, such as personnel management and leadership, facilitated success in the role of Brigade Surgeon in a combat zone. It became obvious very quickly that the Army Nurse Corps had prepared me better than I realized for this opportunity.

My advice to anyone would be to be assertive and have confidence in yourself and your abilities. Maintain your military professionalism and sharpen your primary care skills. Being familiar with the issues related to the mission at hand. Take advantage of the variety of training through the PROFIS system, the AMEDD Officer Advanced Course, and opportunities like competing for the Expert Field Medical Badge. All these can and will assist in accomplishing any mission you are given.

1st Quarter CY 2004 JCAHO Military Fellow Report by LTC Karen Grace and LTC Ritza Reese**JCAHO Standards Related Questions**

The Joint Commission provides accredited organizations two methods to answer standards related questions; both are located on the JCAHO website. First, review the JCAHO website Frequently Asked Questions (FAQ's). The Standards Interpretation Group develops FAQ's when a significant number of organizations inquire about a standard. The FAQ's are organized by manual followed by chapter and then by topic. The FAQ information is updated at a minimum annually or more frequently to ensure the information is accurate. Any question not answered on the FAQ site can be sent to the Standards Interpretation Group. Questions sent to the Standards Interpretation Group are handled three different ways: e-mail, telephone or fax. To e-mail a question, locate the Joint Commission web site at <http://www.jcaho.org> and click "Top Spots, Standards FAQs." To speak with a Standards Interpretation Group staff member call (630) 792-5900 from 0830 to 1700 CST and to fax a question, use the number (630) 792-5942. All faxes must include the information listed on the standards question submission form. The military fellows assigned to the Joint Commission are also available to answer questions from the field. Please contact us at rreese@jcaho.org and kgrace@jcaho.org.

New Accreditation Participation Requirement (APR)

In support of better engagement of physicians in the accreditation process JCAHO's Accreditation Committee approved revisions for hospitals to the Accreditation Participation Requirement for the Periodic Performance Review (PPR). Effective 1 July 2004, hospitals in concert with the medical staff, must demonstrate that physicians were appropriately involved in the completion of the PPR and development of plans of action.

Updates from the DoD Account Representative

A note to all Army, Air Force and Navy military treatment facilities who have access to the Periodic Performance Review (PPR). The approved method for completing the PPR is the full option.

As a part of the Shared Vision New Pathways survey process, the majority of communication from the Joint Commission previously sent via regular mail will now be sent to organizations electronically. The electronic messages are sent to the organization contacts listed on the organizational JAYCO extranet site. The individual listed as the Chief Executive Officer receives all contact messages either directly or "carbon copy." In order to facilitate timely transmission of messages, your organization contact information should be routinely reviewed and updated on the JAYCO Extranet site. POC is **Lisa Stahly** (630) 792-5746 email: lstahly@jcaho.org

Spouses, Family Eligible for Nursing Scholarships

Army spouses and family members who want to be nurses can apply for a Health and Human Services-sponsored and managed scholarship that pays tuition and other costs. The scholarship carries a required service obligation, which may be completed in a military treatment facility. Information about the scholarship program is available online at <http://bhpr.hrsa.gov/nursing/scholarship/>. Applications for this year's scholarship money are projected to be available by April 2004, the website will have the contact information for requesting an application and additional information on application deadlines.

HHS's Nursing Scholarship Program offers nursing scholarships in exchange for at least two years service at a healthcare facility with a critical shortage of nurses. If awarded a scholarship through the program, recipients may repay the service obligation at an Army medical treatment facility. With direct-hire authority for civilian hiring in place, recipients will be able to apply for hire after they complete their education and become licensed and registered as professional nurses. The program pays tuition, required fees, other reasonable costs (including required books, clinical supplies, laboratory expenses, etc.) and a monthly stipend (\$1,098 for the 2003-2004 academic year). Scholarship applicants must be U.S. citizens or U.S. nationals. They must be enrolled or accepted for enrollment as a full- or part-time student in an accredited school of nursing in a professional program (baccalaureate, graduate, associate degree or diploma). Qualified applicants who have the greatest financial need receive funding preference.

Critical Care Website: Coming soon!

The new **Critical Care Website** will be a one-stop shop for military critical care nurses to obtain vital information regarding patient care and professional development. This site will include important links to professional organizations and will contain research-based SOPs for peers to review and modify for their own facility. We are currently in the development phase and welcome all input regarding the content that should be included. Please send any specific information that can be included in the topics such as SOPs, clinical research, clinical practice techniques, and "war" stories—either literally from the war or day-to-day nursing. For example, critical care issues such as JCAHO requirements, SOPs, patient scenarios, research/evidence-based practice, mentorship and ANC-specific stories.

MAJ Lisa Snyder is working in conjunction with COL Juanita Winfree, the Critical Care Consultant, on this project. You may contact MAJ Snyder at lisa.snyder@us.army.mil.

SNAPSHOTS IN ARMY NURSE CORPS HISTORY: April
By MAJ Jennifer Petersen, AN Historian

April 1945

Six Army nurses and five Army medical officers were among some twenty-nine people killed when the hospital ship *Comfort*, loaded to capacity with wounded being evacuated from Okinawa, was attacked by a Japanese “suicide” plane.



USS *Comfort* Army Nurses view the fuselage of a Japanese “suicide” plane.



Damage on the USS *Comfort* following the attack of a Japanese “suicide” plane.

April 2003

The 212th MASH completed over two weeks of support to the Victory Corps and its two divisions, the 3rd Infantry Division and the 101st Airborne (Air Assault) Division, who had been engaged in combat operations related to OIF. Workload during this timeframe: 734 patients seen in EMT, 406 admissions, 377 evacuations, 260 Return-to-Duty, 630 X-Rays, 380 laboratory tests, 34 units of blood transfused, 1,360 medications dispensed, 100 Operating Room cases, 167 procedures and 104 sterilized loads (212th MASH, Lessons Learned, May 2003).



212th MASH nurses preparing for convoy into Iraq.



212th MASH personnel set up hospital in the vicinity of AN Najaf during Iraq’s worst dust storm in over 30 years.

Historical Data located at the Army Nurse Corps Historical Collection, United States Army, Office of Medical History, Office of The Surgeon General, Falls Church, VA March 2004.

***10th Annual Army Trauma Symposium
9-10 August 2004***

The Trauma Division at Brooke Army Medical Center is proud to announce the 10th Annual Army Trauma Symposium. In keeping with current events, this year's theme, "Trauma Experiences: Iraq," focuses on clinical experiences during Operation Iraqi Freedom. The symposium will be held at the Henry B. Gonzalez Auditorium, San Antonio, Texas on 9 and 10 August 2004. As a moderator for the nursing component, I am seeking individuals who have deployed and are willing to share their clinical experiences. A panel of clinicians with opportunities for individual briefs along with group discussion will best accomplish the symposium goals.

At the symposium's conclusion, participants will be able to:

- Discuss trauma care in a deployed environment
- Identify key variables in providing that care
- Apply the information gained to improve practice and future deployments

Those interested in presenting or have ideas for presentations may contact COL Juanita H. Winfree via e-mail juanita.winfree2@amedd.army.mil or phone DSN 429-1700; Comm: (210) 916-1700.

Additional information on attending the symposium may be obtained from <http://www.hjf.org/events/>

***News from the Population Health and Medical Management Division at the TRICARE Management Agency
By LTC Sheri Ferguson***

The Population Health and Medical Management Division of the Office of the Chief Medical Officer at TMA has produced some information and training opportunities, both face-to-face and on-line, to help you implement your Medical Management programs at the MTF level. Medical Management is the program that encompasses Utilization Management (UM), Case Management (CM), and Disease Management (DM). If you would like to download the draft Medical Management Guide or arrange for training, please note the info and points of contact listed below.

- 1) The Medical Management Guide, a how-to document to help people develop their medical management plans and activities, is available for review and download at the following website: <http://www.dodmedicalmanagement.info/> Feel free to review, download, and share with your peers. It is currently a draft document pending approval. Once it has been through the approval process it will be printed in a similar format as the Population Health Improvement Plan and Guide.
- 2) Basic and Advanced Face-to-Face Training is available for a variety of dates throughout the calendar year. To schedule training, contact your service UM/CM representative, the applicable TRO UM representative for your region, the regional medical command or MAJCOM staff to initiate a request for group training or to find out when training may be scheduled in your region. TMA attempts to get a minimum of 30-40 participants per class, so if your group is that large, contact us directly at TMA teresa.campbell@tma.osd.mil, 703-681-0064.
- 3) The Population Health and Medical Management Support Center website provides access to several one-hour online learning modules. The topics include: ABCs of PHI, Case Management, UM 101, Data Quality, 12-Step Process, InterQual, Milliman, Preventive Medicine Coding and Overweight and Obesity Professional Education. Topics to be added include: The Business of Medical Management, Advanced UM, and Disease Management. CEUs and CME credit are provided upon completion of each module. The URL is <http://www.mhsophsc.org/public/home.cfm> If there are other topics that you believe we should include for online access, please forward your suggestions to LTC Sheri Ferguson sheri.ferguson@tma.osd.mil.
- 4) The Medical Management DoDI is currently being routed for review and approval through the services, Health Affairs, TMA, and DoD. Once the review is completed and approval obtained, the DoDI will be published. Don't wait for the DoDI to begin developing your programs, use the Medical Management Guide to start. Most of the concepts in the Guide are incorporated in the DoDI.
- 5) INTERQUAL products are licensed for use within the MTF. We have had some questions regarding which products are licensed from InterQual for use within the Direct Care System. The following products are provided to each MTF in book form and on a CD. The CD provides the capability to install the software on a stand alone PC or on the Enterprise server within the MTF. The products include **Levels of Care Criteria** including: a) Adult and Pediatric Acute Care; b) Skilled and Subacute; c) Rehabilitation; d) Long term care; e) Adult and Pediatric Home Care and **Care Planning Criteria** including imaging. If you have any questions or would like more information on medical management activities in the MHS, please contact Col Teresa Campbell, LTC Sheri Ferguson, or Maj Lourdes Moore at 703-681-0064.

Infection Control Consultant's Corner: Spring is in the Air, but That's Not All...
By Jane Pool RN, MS, CIC

SARS and influenza weighed heavily in the air this past year. In response to the potentially serious outcomes of the rages of these airborne illnesses, the CDC has given us an idea for a new practice. "Respiratory Etiquette" is the newest infection control term and practice in the AMEDD in 2004. If you take a look around in your reception areas, you may notice that your infection control team has displayed posters and placed containers of alcohol hand rinse for the patients to use. "Cover that cough" and "Would you mind wearing this mask, please" are the newest in things to say in a patient waiting area. For more information, visit: <http://www.metrokc.gov/health/providers/Cover-Your-Cough.pdf>.

TB or Not TB

Did you know that in the late 1980's the CDC predicted that there would only be 3.5 cases per 100,000 population in the U.S in the year 2000? Unfortunately, we fell short of this goal. In 2003, there were a total of 14,871 TB cases in the U.S. or 5.1 cases per 100,000 population. Despite a steady decrease in cases between 1992 and 2002 (>50%), this 2003 data represents only a 1.4% decrease in cases and a 1.9% decline in the rate from 2002. Recently, the CDC encouraged collaborative efforts toward the global fight against TB, and stated "adequate local resources are essential to eliminating TB in the United States."¹

OSHA

Last New Year's Eve brought a surprise announcement from OSHA. They revoked the "Respiratory Protection for *M. Tuberculosis*" (29 CFR 1910.139) standard. For a long time, ICPS have been waiting for the definitive final TB rule that would update and clarify our practices. We were quite surprised when OSHA announced it would begin applying the existing General Industry Respiratory Protection Standard (29 CFR 1910.134) for protection against TB². This added the following new concerns: medical evaluations must be done before fit-testing (now to be done annually) and new record keeping and training requirements. Your Industrial Hygiene staff can be very helpful in assisting with your fit-testing needs – an annual requirement that has not changed for the Army - and that is the GOOD NEWS. The AMEDD is already very much in line with these requirements as we have been following Army Reg 11-34, "The Army Respiratory Protection Program" since February 1990. In the civilian community however, several professional groups are challenging this rule and a compliance extension has been granted until July 2004 to allow time for HCWs to plan accordingly.

TB Terms

For years, everyone has used the term "PPD" when referring to the annual requirement for TB skin testing. The new language of TB prefers the more literal term Tuberculin Skin Testing (TST). In a memorandum from OTSG, dated 27 May 2003 "Army Latent Tuberculosis Infection (LTBI) Surveillance and Control Program," LTG James Peake recommends that HCWs and those with increased occupational risk should have initial two-step TSTs. This can screen for those who were exposed to TB and developed an *M. tuberculosis* infection years since their last TST. When the first TST is placed – a negative reaction occurs. However, this TST may stimulate (boost) their ability to react to tuberculin, causing a positive reaction to subsequent tests. In some people who are infected with TB, a delayed-type hypersensitivity to tuberculin may wane over the years. When these people are skin tested many years after infection, they may have a positive reading. This boosted reaction may be misinterpreted as a new infection. Booster phenomenon is seen more frequently with age and in persons who have had a prior BCG vaccination.

Two-Step Testing is performed on new staff arriving for duty and who cannot prove they have had a negative TST within the past twelve months. On hire, place the initial TST, then 48-72 hours later, read and document the reaction.³ Measure only the induration and record in millimeters – i.e. a negative reading is "0 mm." If 1st test is positive, consider the person infected. If 1st test is negative, give a second test 1-3 weeks later. If 2nd test is positive, consider the person infected. If 2nd test is negative, consider the person uninfected.

If the HCW has a documented history of a positive TST prior to employment at a new facility, a TB Screening (via a questionnaire) will be given. The Occupational Health Professional will make the determination for any necessary chest x-rays. There are no recommendations for routine interval chest x-rays for staff with a past history of positive TSTs. Hand in hand, Infection Control, Occupational Health and Industrial Hygiene will take care of your respiratory health while on duty – Now, take a deep breath – AHHHHHHH - it's spring!

References

1. Centers for Disease Control and Prevention. Trends in Tuberculosis --- United States, 1998—2003. MMWR 2003; 53(10); 209-214.
2. www.osha.gov
3. http://www.cdc.gov/nchstp/tb/pubs/corecurr/Chapter4/Chapter_4_Skin_Testing.htm

News from the Chief, Evidence-Based Practice, USAMEDCOM
By COL Stacey Young-McCaughan

The results of 2002 Health Related Behaviors among Military Personnel have been officially released and a copy of the full report can be found on the TMA website at <http://www.tricare.osd.mil/main/news/art0514.html>. A link to these findings is also posted on the QMO web site, www.QMO.amedd.army.mil, under Metrics on the CPG home page. This survey is administered to a sample of active duty personnel every three years. Of note, cigarette and heavy alcohol use are higher than they were in the 1998 survey, and the survey was answered before all the deployments for OEF and OIF. One short-coming of this survey is the inability to relate the findings back to a specific region or facility. It would be really helpful to know which facilities have low smoking rates to identify best practices. However, these findings can provide a benchmark or comparison data for your local clinical practice guideline initiatives.

Please feel free to contact me at Stacey.Young-McCaughan@cen.amedd.army.mil or DSN: 471-8297 or Comm: 210-221-8297 if you have any questions about this survey or Clinical Practice Guidelines.

Putting Evidence Into Nursing Practice
Writing an Evidence-Based Practice Guideline: Web Resources
By LTC Deborah Kenny

Once the literature in your topic area is reviewed and synthesized, recommendations for practice are made and data surrounding current knowledge practice at your facility is collected, it is time to begin development of a practice guideline. The fact is, there are many guidelines that are already written and it is likely that you can find one and adapt it for your use so you will not necessarily need to start from scratch or re-invent the wheel. Unfortunately, many of those guidelines are written for medical practice and you will have to weed through them to find those that are pertinent to nursing care. One of the best places to begin is the National Guideline Clearinghouse at www.guideline.gov, which has over 1000 guidelines. At the website, there is a "browse" area that contains three sections: 1) Disease/Condition, 2) Treatment/Intervention, and 3) Organization. In each of these sections, many guidelines under different sub headings can be found. These guidelines contain the evidence grading and evaluation levels discussed in the November 2003 Army Nurse Corps Newsletter. For example, under the section, "disease/condition", you can find a subheading of bacterial infections. Within that section, there is a guideline for the management of intravascular catheter-related infections, which provides recommendations for many different types of catheters and bacterial organisms. Parts of this guideline could be used to write a policy specific to your facility or nursing unit.

Another good website for evidence-based guidelines is the Agency for Healthcare Quality and Research (AHRQ) at www.ahrq.gov. This website provides evidence reports on many topics as well as several on-line clinical guidelines for care with evidence ratings and recommendations. For example, there are two comprehensive guidelines on pressure ulcer prevention and care that contain much useful information for facility specific policies.

There are also many nursing specific web resources for practice guidelines. These include the Joanna Briggs Institute (<http://www.joannabriggs.edu.au/about/home.php>) or the University of Iowa Research Dissemination Core (<http://www.nursing.uiowa.edu/centers/gnirc/protocols.htm>). Both have many nursing specific guidelines for care, however the Joanna Briggs Institute guidelines are accessible only to members and the University of Iowa charges a nominal fee to download the guidelines.

If you cannot find a guideline that has already been written on your topic area, it is a good idea to start with the current policies and incorporate the evidence you have found in your literature search. This was the case with the WRAMC Pet Therapy policy. The current policy was outdated and needed revision. Several pertinent changes were made based on the literature surrounding animal visitation in the areas of infection control and animal handling. If you have no current policy in your topic area, don't hesitate to call other MTFs to see if they have practice guidelines that can be adapted to your clinical area. There are also many websites that can assist with writing a policy from scratch if necessary. One of the most useful is <http://evidence.ahc.umn.edu/ebn.htm>. It is a site from the University of Minnesota that gives information about evidence-based nursing and contains many resources for learning and implementing evidence-based practice (EBP) at your facility.

The increasing emphasis on EBP makes it crucial for nurses to know how to evaluate research and put it into practice. Next month, I will discuss tips for implementation of an evidence-based guideline. Anyone having specific questions they would like to see answered in this column by evidence-based nursing practice experts, or those wanting to share stories of implementation successes, tips or lessons learned can submit them to me at deborah.kenny@na.amedd.army.mil or contact me at Comm: (202) 782-7025 or DSN 662-7025.

ARMY One Source: Real help. Anytime. Anywhere.

Army One Source - a Soldier and family resource program to help you run your life a little smoother.

In recognition of the sacrifices each Soldier and family are making as part of the Global War on Terrorism, the Army has implemented a new program of services and counseling support called Army One Source – a pre-paid Soldier (Reserve, National Guard and Active Duty) and family resource program to help make your life a little easier. Army One Source is fast, private and easy to use. It's at no cost to you. And best of all, it's there for you any time of the day or night, wherever you are.

The program offers private counseling support for all Soldiers or families. Services include individual, marital, and family counseling. Counseling occurs off post, after hours, through a civilian provider in your community. Records remain private and chain of command is not notified unless there are issues of abuse or dangerousness. All Guard, Reserve, and Active Soldiers and family members are eligible regardless of active duty status. Counseling may be directly accessed through the Army One Source number, 1-800-464-8107.

Army One Source will also provide information, advice and support on a wide range of everyday issues including:

- Parenting and child care
- Midlife and retirement
- Deployment and Return
- Work
- Grief and loss
- Education
- Relocation
- Everyday issues
- Managing people
- Addiction and recovery
- Older adults
- Financial and Legal
- International
- Emotional well-being

Keep reading to see how Army One Source has made a difference in the lives of some Soldiers and their families who have used its service:

Reconnecting with Family

When a soldier returns from deployment, the initial exuberance may give way to some difficulties in reconnecting with family members who remained behind. A call to Army One Source can arrange a referral to a private counselor in the community. All National Guard, Army Reserve and Active Duty soldiers and family members residing in CONUS are eligible.

Choosing a Summer Camp

"I don't really know where to start," the single father said when he called Army One Source. "I have custody of my two children this summer. I've been browsing through Army One Source Online and I read the articles on planning summer activities. I even found some specific camps that sound interesting in your Camp Locator, but I have questions and I'd like to know more about some activities in my area."

To help him get the answers he needed, an Army One Source consultant asked about the children's ages, their interests and personalities, the family's budget and other relatives who lived nearby. A few days later, the consultant mailed information about local day camp programs, along with tips on what to look for when choosing an overnight camp or a day program.

Plugging a Leaky Roof

"My neighbor has been watching my house while I'm away. He just called to say there is water running down my walls after the recent storm and the roof's leaking!" a Soldier exclaimed when she called Army One Source. "What can I do? I have a meeting tomorrow and can't just cancel and come home."

The Army One Source consultant got right to work, and quickly identified several licensed, reputable roofers and contractors not far from the Soldier's home – some with after-hour emergency numbers. He even located an insured, bonded individual who could stay at her house while estimates and repairs were made.

Get in touch with Army One Source today.

From the U.S.: **800-464-8107**

International: **800-464-81077 (dial all eleven digits)**

International collect: **484-530-5889**

Or: www.armyonesource.com

first screen will request entry of the following:

User ID: army

Password: onesource

DEPARTMENT OF LEGAL MEDICINE, Armed Forces Institute of Pathology Nursing Risk Management Publications

Armed Forces Institute of Pathology Nursing Continuing Education Online

These continuing education offerings are accredited by the Maryland Nurses Association for a total of **18 Contact Hours** in continuing education in nursing.

Publications

Nursing Risk
Management 2003

Contact hours in nursing continuing education are **free** for active duty/reserve military and full time DoD federal health care providers. The cost to non-federal providers is \$10.00 for each issue.

Nursing Risk
Management 2002

The Nursing Risk Management journal (formerly the Journal of Nursing Risk Management) is a nursing journal located at the Department of Legal Medicine's Internet address:

*Journal of
Nursing Risk
Management
2000*

<http://www.afip.org/Departments/legalmed/jnrm.html>.

*Journal of
Nursing Risk
Management
1999*

The contact hours in nursing continuing education can be earned online by following the instructions in each issue. Each issue contains valuable clinical practice tips, case studies, and references.

*Journal of
Nursing Risk
Management
1998*

Authors and editorial board members are needed for the Nursing Risk Management. An honorarium of \$500.00 may be paid to authors of articles accepted for publication. Questions concerning manuscripts and author guidelines should be addresses to the editor.

DLM also publishes [Legal Medicine](#) annually. Physicians may earn continuing medical education credits online by following the instructions in each issue.

Telephone: 301-295-7242 / FAX: 301-295-7217
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Webmaster: singhm@afip.osd.mil
Editor: casha@afip.osd.mil

SIXTEENTH Annual
KAREN A. RIEDER NURSING RESEARCH POSTER SESSION

CALL FOR ABSTRACTS

The Karen A. Rieder Nursing Research Poster Session is sponsored by the Navy Nurse Corps and is dedicated to sharing professional nursing research findings. Registered nurses in the federal services and the American Red Cross are invited to submit abstracts for the Sixteenth Annual Karen A. Rieder Nursing Research Poster Session to be held during the 110th Annual Meeting of the Association of Military Surgeons of the United States (AMSUS) in Denver, Colorado, 14-19 November 2004. The poster session will be held Monday evening, 15 November 2004. The overall theme for this year's AMSUS meeting is "Supporting the Nation at War".

Requirements

- * The principal investigator must be a registered nurse in the federal service or the American Red Cross.
- * The research must have been initiated and/or completed within the past five years.
- * Abstracts must be limited to two typed pages. Abstracts longer than two pages will not be considered.
- * Studies involving human subjects or animals may be required to have an Institutional Review Board (IRB) Approval number. Funding sources should be noted on the abstract and poster (i.e. TSNRP, ANF, SST).
- * Abstracts must include names, addresses, phone numbers, and e-mail addresses of all authors/investigators.
- * **Posters must fit on a bulletin board, approximately three feet by six feet (which will be provided for your use).**
- * **Submit an original abstract as an E-mail attachment in MS Word.** (Faxed abstracts will not be accepted.)
- * Abstracts must be received by the deadline: **09 July 2004.**
- * Abstracts must address the following:
 - Aims/objectives of the study, including hypotheses or research questions
 - Theoretical framework (if applicable)
 - Research design, methods, and statistical analysis
 - Study findings and implications for nursing

Selection of Abstracts for Presentation

- * Abstracts will be reviewed and selected by a committee of Nurse Researchers.
- * The selection committee will consider diversity of topics and exhibition space in making selections.
- * All accepted abstracts will be reproduced in a "book of abstracts".
- * At least one of the study authors must be present at the session, Monday, 15 November 2004.

ABSTRACT SUBMISSION DEADLINE: 09 July 2004

Please submit an original abstract as an E-mail attachment (MS Word) to:

Harry J. Tillman Ph.D.
 CAPT, NC, USN
 Deputy Director, Navy Nurse Corps (Code M09BNCB)
 Bureau of Medicine and Surgery
 2300 E Street NW
 Washington, DC 20378-5300
 Email: hjtillman@us.med.navy.mil

For further information please contact:

CAPT Harry J. Tillman NC, USN
 Phone: 202-762-3043 DSN: 762-3043
 Email: hjtillman@us.med.navy.mil

CDR Civita Allard NC, USNR
 Phone: 315-792-5529
 Email: callard98@hotmail.com

Notification of acceptance and further instructions will be sent no later than 02 August 2004

The 110th Annual Meeting of the Association of Military Surgeons of the United States (AMSUS) will be held in Denver, CO from 14-19 November 2004. The following information details this year's AMSUS Awards Program:

AMSUS 2004 ANNUAL AWARDS PROGRAM

The Association of Military Surgeons of the United States (AMSUS) acknowledges the abilities of many outstanding Federal healthcare individuals each year through the Awards Program.

The Awards are presented at the Association's Annual Meeting during the Annual Dinner. Each recipient is presented his or her award personally by the Executive Director and the Surgeon General or Chief Medical Director of his or her service. Photographs of the award recipients are printed in the meeting program.

Nineteen of the awards are competitive awards. Members are encouraged to nominate individuals for these awards. Only through input from the members can the awards program be considered a success. (We also accept nominations from non-members.) AMSUS Awards Committee members, comprised of representatives of the Federal health agencies, select the competitive award winners.

Three of the awards are essay awards. Without research and other studies, the healthcare field would become stagnant. AMSUS takes great pleasure in acknowledging those individuals who have made efforts in these areas, realizing the enormous amount of time and work necessary to complete any one project. The impact of these projects on the healthcare field is enormous. It takes a special individual to take that vital step toward continued learning.

AMSUS has six awards for which nominations are not taken. Four of these awards are lecture awards. The recipients of these awards are individuals in different fields of study who have made contributions to their fields in the past and who can make additional contributions to military healthcare by presenting a lecture at the AMSUS Annual Meeting relating to the theme for that meeting, for the benefit of the AMSUS member. The other two awards that are non-competitive are The Founder's Medal and the Joel T. Boone Award. These two award recipients are chosen by the Association for service, over an extended period of time, to AMSUS.

NOMINATION SUBMISSION

As a member, you are in the unique position to nominate a deserving individual for an AMSUS competitive award. So many individuals do outstanding work in their fields, yet are never recognized publicly for that work. This is your opportunity to see that recognition is given. If you know of someone who should receive recognition, and whose work qualifies them for one or more of the AMSUS awards, please take a little time to let us know.

The deadline for nominations and essay submissions is 30 June. Nominations and essay submissions must be postmarked with a United States Postal Service postmark by 30 June to be considered for that year's awards program. Nominations hand delivered by 30 June are also eligible. (Nominations received that have a postmark dated after the deadline will be returned.) Be sure to include a return address. Send all nominations and essay submissions to: AMSUS Awards, 9320 Old Georgetown Road, Bethesda, Maryland 20814.

Remember that the individuals on the awards committee probably do not know anything about the person being nominated. The only way they can make a decision is by reading the material you send. The required information to include when nominating an individual:

1. A cover letter explaining why you feel that individual deserves the award.
2. A curriculum vitae for the individual nominated.
3. A listing of the individual's publications, awards, honors, and other professional accomplishments
4. A short, one-line citation suitable for use on a plaque or scroll.

Any supporting letters from other individuals must be included with the nomination package.

Send one original and six copies of the entire nomination Package. We must have the full name and address of the individual being nominated, as well as the name and address of the individual sending the nomination. NOTE: Absolutely **no submissions** will be accepted over the facsimile machine.

For the essay awards, each submission is sent directly by the author. The essay awards are not nomination awards. Submissions for the essay awards are not processed for publication in *Military Medicine*. A separate submission to the journal is required for consideration. Individuals chosen to receive awards will be notified by mid-August.

NURSING AWARDS

CLINICAL NURSING EXCELLENCE AWARD

Established in 1989 to recognize and honor accomplishments and work performance in clinical nursing, resulting in contributions of an outstanding and sustained nature by a nurse, who has had substantial impact on the mission of a Federal Health Agency.

Qualifications: Any professional nurse whose current duty assignment is in clinical practice in the Federal Nursing Services is eligible to compete for this award. No person shall be eligible for a second award. All nominees must be AMSUS members or eligible for membership. A plaque and a monetary award are presented. This award is sponsored by Johnson and Johnson Healthcare Systems.

The recipient should be one who:

1. Evidences resourcefulness and dedication in helping to accomplish the mission of the Federal Health Agency;
2. Demonstrates professional and technical skills and competence raising the quality of nursing;
3. Shows evidence of exceptional ability to apply nursing standards of practice;
4. Remains involved in continuing education as a participant, organizer, or sponsor;
5. Is of such excellence as to merit AMSUS recognition.

Recent Clinical Nursing Excellence Award recipients:

- 1999** Lieutenant Colonel Elizabeth A. Mittelstaedt, AN, USA
2000 Marilyn Lynn, M.S.N., VA
2001 Colonel Linda H. Yoder, AN
2002 Lieutenant Colonel John S. Murray, USAF, NC
2003 Lieutenant Commander Mark Martineau, USPHS

FEDERAL NURSING SERVICES AWARD

An essay award. The Federal Nursing Services Award is presented to a professional nurse from the Federal Nursing Services who has submitted an essay on the results of a study or a scholarly paper that would have an impact on nursing.

Subject material may pertain to:

- A report of a collaborative study;
- Testing models;
- Changing or improvements of nursing standards;
- Implementation and evaluation of quality assurance programs;
- Replicating studies;
- Client and staff education and/or evaluation of continuing education.

The essay must be an original work, have not been published previously, and not be in the process of being considered for publication elsewhere. If it is a research study, the work must have been undertaken within the past five (5) years.

All nominees must be AMSUS members or eligible for membership. A plaque and monetary award will be presented.

The original manuscript and ten (10) copies are requested for review. The deadline for submission of the essay is **30** June.

Recent Federal Nursing Service Award Recipients:

- 1999** Colonel Christine A. Wynd, AN, USAR
2000 Colonel Marilyn A. Ray, USAFR, NC, Ret.
2001 Not Given
2002 Colonel Margaret Chamberlain Wilmoth, AN, USAR
2003 Captain Felecia Rivers, AN, USA

ENLISTED AWARD**LEWIS L. SEAMAN ENLISTED AWARD FOR OUTSTANDING OPERATIONAL SUPPORT**

This award is made possible through funds first provided to the Association in **1900** by the late Major Lewis Livingston Seaman, a Surgeon of the First US. Volunteers, Spanish American War. After many years of not being awarded, the Lewis L. Seaman Enlisted Award for Outstanding Operational Support was established in **1998** to recognize an enlisted medical healthcare professional who has made a significant impact in the areas of patient care, clinical support or healthcare management, and to his or her service's medical mission.

The award is to be presented to an Active Duty, Reserve or Guard enlisted professional of the Army, Navy, Air Force, or Coast Guard holding the rank of E-5 through E-9, who has exhibited outstanding accomplishments in advancing the healthcare mission of his or her service through demonstrated sensitive and quality patient care and service, clinical support or healthcare management. All nominees must be AMSUS members or eligible for membership. A plaque and a monetary award are presented.

Criteria for the award, in addition to the required material from page 1, include statements from the nominator regarding all or most of the following:

- a. Demonstrated contributions, dedication, and resourcefulness in providing patient care, clinical support or healthcare management.
- b. Outstanding service, devotion, and/or compassion while performing his or her duties.
- c. Procedures or methods developed by the nominee which resulted in significant reduction in man hours, expenditures or materiel.
- d. Job knowledge and performance demonstrating competence, initiative, and leadership.
- e. Dedication in helping accomplish the medical mission.
- f. Involvement in continuing education as a participant, organizer, or sponsor.
- g. Humanitarian and community involvement.

Recent Lewis L. Seaman Enlisted Award Recipient:

- 1999** Staff Sergeant Samir I. Shahin, USAF
- 2000** Master Sergeant Scott P. Graham, USAF
- 2001** Chief Petty Officer Joseph Carr, USN
- 2002** Master Sergeant David M. Dombrowski, USA
- 2003** Master Sergeant Daren Robinson, USAF

AMSUS 2004

The Federal Nursing Section Poster Session is sponsored by the Federal Nursing Service Chiefs and is dedicated to sharing professional nursing knowledge and improving the delivery of health care services. Registered nurses in the federal services and the American Red Cross are invited to submit a poster abstract for the Federal Nursing Section Poster Session to be held during the **110th Annual Meeting of the Association of Military Surgeons of the United States (AMSUS) in Denver, Colorado 14-19 November. The poster session will be held Monday evening, 15 November 2004.**

FEDERAL NURSING SECTION POSTER SESSION Call for Posters

“AMSUS: Supporting Our Nation at War”

ABSTRACT SUBMISSION DEADLINE: 2 JULY 2004

Below are some examples of topics that relate to the theme of the 2004 conference.

- Educational Technology
- Joint Medical Training
- Innovative Clinical Practice Issues
- Joint Operational Exercises
- Clinical Pathways
- Joint Service Initiatives
- Health Promotion Initiatives
- Deployment Issues
- Put Prevention into Practice
- Medical Preparedness
- Leadership
- Patient Evacuation
- Field Nursing
- Mobilization
- Nursing Management of CBRNE (Chemical, Biological, Radiation, Nuclear and High Explosives)
- Multidisciplinary Approach to Care

Requirements

- *This program differs from the Karen Rieder Nursing Research Poster Session. Research is not required.
- * The principal poster presenter must be a registered nurse in the federal service **or** the American Red Cross.
- * Posters must fit on an easel approximately four feet by 6 feet. Easel will have firm backing.
- * Abstracts must be limited to two typed (12 font) pages. Abstracts longer than two pages will not be considered.
- * Abstracts must include names, addresses, phone numbers, and e-mail addresses of all authors.
- * Submit an original abstract in hard copy (NOT FAXED) or as an e-mail attachment in MS Word.
- * Abstracts (hard copy or e-mail) must be received by **2 July 2004**.
- * Abstracts must address the following:
 - Aims/objectives of the poster
 - Findings and/or implications for nursing

Selection of Abstracts for Presentation

- * Abstracts will be reviewed and selected by Federal Nursing Section representatives from each service.
- * The selection committee will consider diversity of topics and exhibition space in making selections.
- * Unless otherwise specified, the principal presenter on the abstract will be expected to present at the session.

*Please submit an original abstract in hard copy or as e-mail attachment in MS Word to:

COL Maryann T. Steinmetz
Office of the Surgeon General, Health Policy & Services
5109 Leesburg Pike, Skyline 6, Suite 684
Falls Church, VA 22042-4258
<mailto:Maryann.steinmetz@otsg.amedd.army.mil>

- *Notification of acceptance and further instructions will be sent no later than 30 July 2004.
- **IF SELECTED, PRESENTERS MUST MAKE THEIR OWN FUNDING ARRANGEMENTS.

Grant Camp 2004

The Resource Center of TSNRP Invites Applications

Grant Camp 2004 is a grant-writing workshop, presented in two phases, sponsored by the Resource Center of the TriService Nursing Research Program.

PHASE I **23 – 28 May 2004.** *Course presentations will cover Principles for Success; Fatal Flaws; Conceptual Framework; Developing Research Objectives; Research Design & Methodology; Measurement & Statistical Analysis; Timelines; Grantee Organizations; IRB Issues; Budgeting & Personnel; Packaging the Proposal; and much more. Sessions will consist of lectures, round-table discussions, and one-on-one consultations with faculty. RESEARCH PLAN required.*

PHASE II **19-20 August 2004.** Mock scientific review. Participants must submit a complete GRANT APPLICATION applying lessons learned in Phase I. Each participant will experience first-hand the scientific review process, serve as peer reviewer, and learn the key criteria used for scoring.

Eligibility

- ❖ All Active Duty, Reserve, & National Guard Nurse Corps Officers are eligible to apply. Target audience - novice or junior investigators with limited research experience.

Requirements

- ❖ Attendance at BOTH Phase I & Phase II of Grant Camp 2004. Phase I will be in Bethesda, MD; Phase II is tentatively scheduled for San Diego, CA.
- ❖ Submit a written RESEARCH PLAN for Phase I and a GRANT APPLICATION for Phase II. Refer to <http://usuhs.mil/tsnrp/applying/submissionguidelines.html>. To navigate the website: Click on PHS 398 Forms, select Full Set of PHS 398 Forms, scroll down to Research Grants - Table of Contents, and then **Submit items A – G under RESEARCH PLAN.**

Submission Deadlines

- ❖ **5 April 2004.** Electronic copy of RESEARCH PLAN and application form must be received in the TSNRP office by 5:00 p.m. Eastern Time.
- ❖ **18 July 2004.** Electronic copy of revised and complete GRANT APPLICATION must be received in the TSNRP office by 5:00 p.m. Eastern Time. Refer to <http://usuhs.mil/tsnrp/applying/submissionguidelines.html>.

Notification

- ❖ **19 April 2004.** Notification of acceptance and further instructions will be sent to applicants via e-mail by 5:00 p.m. Eastern Time.

Disclaimer

- ❖ Attendance at Grant Camp does not guarantee funding of your research proposal.

Please address questions about Grant Camp 2004 to:

Maria Burcroff
 Resource Center Coordinator
 TriService Nursing Research Program
mburcroff@usuhs.mil
 Telephone (301) 295-7064 Fax (301) 295-7052
www.usuhs.mil/tsnrp

Human Resources Command (HRC) Update

Please visit us at <https://www.hrc.army.mil>

Army Nurse Corps Branch Web Page

The direct address for our web page is: www.perscomonline.army.mil/ophsdan/default.htm. Please visit our website to learn more about the AN Branch and for matters pertaining to your military career. You will be forwarded to the HRC Website until all links are completed.

SSC Board

The FY 04 Special Branches SSC Selection Board will convene on 2 Jun 04 and will recess on or about 18 Jun 04. Officers may decline to be considered by the FY 04 Special Branches SSC Board without prejudice. Declination of consideration must be communicated in writing, either via memo or e-mail, to the Army Nurse Corps Branch. Effective with the FY 03 Special Branches SSC Board, officers who declined consideration for SSC in previous years and officers who do not wish to be considered by the FY 04 Special Branches SSC Selection Board must submit a new declination statement. Statements can be faxed to AN Branch at (703)325-22392 or emailed to CPT Simmons at james.simmons8@us.army.mil. Please view MILPER Message number 04-074 for more details. Point of contact at AN Branch is COL Roy Harris or CPT James Simmons at DSN 221-2330 or CML (703) 325-2330.

Upcoming Boards

APR 2004	HPLRP
JUN 2004	SSC (SPECIAL BRANCHES)
JUL 2004	COL AMEDD
JUL 2004	CSC (SPECIAL BRANCHES)
JUL 2004	HPLRP
OCT 2004	LTHET

See HRC Online www.perscomonline.army.mil for MILPER messages and more board information.

As the Board process continues to evolve, the AN Corps must upgrade its preparation process to ensure our records are seen in the best possible light. Board members view three items; the ORB, Photo and Microfiche. These items are at your fingertips via the following links using your AKO USERID and PASSWORD:

<p><u>Officer Record Brief</u> https://isdrad15.hoffman.army.mil/SSORB/</p>	<p><u>DA Photo (only if your photo was taken after 1 OCT 02. Earlier photos will be in hard copy here at branch until the board file is prepared by the DA Secretariat)</u> https://isdrad15.hoffman.army.mil/dapmis/execute/ImageAcceptProlog</p>	<p><u>Official Military Personnel File (OPMF previously know as your microfiche)</u> https://ompf.hoffman.army.mil/public/nets.jsp</p>
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Command and General Staff College

<p><u>Army Reserve Component:</u> Phases 1 and 3: Contact Jennifer West at 703-325-3159. Phases 2 and 4: Fax a DA 3838 to LTC Diaz-Hays at 703-325-2392.</p>	<p><u>CGSC Correspondence Course:</u> https://cgsc2.leavenworth.army.mil/nrs/cgsoc/application/application.asp. You must have an AKO password to enter the site.</p>
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Fellowships

FY 05 Congressional Fellowship: Packets due to AN Branch 1 Aug 2004

FY 05 White House Fellowship: Packets due to AN Branch 1 Dec 04

Education

Reminder that all education requests must come through the Hospital Educators.

Revised LTHET Guidelines are now available on the website. LTHET Board date is: 4-8 October 2004. Packets due to AN Branch 1 Aug 2004. Contact LTC Diaz-Hays if questions.

The next AMEDD Officer Advanced Course is scheduled for: 6 July-3 Sep 04.

A 1610 must accompany all TDYs. If attending a course TDY enroute to a new assignment, a 1610 must accompany the PCS orders for the TDY period.

Generic Course Selection Program

Information on GCSP is located in our website https://www.perscomonline.army.mil/ophsdan/anc_profdevt.htm.

AOC/ASI Producing Courses

<p>Critical Care Course, Emergency Nursing Course: The SEP 04 8A/ M5 course applications are in. Officers can expect notification and phase I enrollment information by 1 APR 04. Applications for the FEB 05 Critical Care and Emergency Nursing Courses must be submitted by 3 SEP 04. Course dates for 2005 are: 14 FEB 05 - 20 MAY 05 & 13 JUN 05 - 20 SEP 05. POC is LTC Corulli at HRC, corullia@hoffman.army.mil.</p>	<p>OB-GYN Nursing Course:* The 2004 Course Dates are: 5 Jan- 27 Apr '04 (course has been filled); 10 May- 31 Aug '04; 13 Sep- 21 Jan 05 Contact MAJ (P) Agin at agind@hoffman.army.mil (please check the website for application due dates)</p>	<p>Psychiatric-Mental Health:** The 2004 Course Dates are: 5 Jan- 27 Apr '04, 10 May- 31 Aug '04; 13 Sep- 21 Jan 05 Contact MAJ (P) Agin ASAP: agind@hoffman.army.mil. <i>The May-Aug 2004 course has been cancelled. Applicants for this course will be deferred to the Sept 2004-Jan 2005 course.</i></p>	<p>Perioperative Nursing Course: There are still seats available for the 14 March 2004 class. The next class will be 1 August 2004 through 24 November 2004. For any questions, please contact LTC Jane Newman at HRC @ newmanj@hoffman.army.mil. For current assignment opportunities, visit https://www.perscomonline.army.mil/ophsdan/anc_assignments.htm</p>
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Interested applicants for the above courses need to seek support from their chain of command and submit a DA 3838, a recent HT/WT/APFT memo and a preference statement (for follow on assignment). Please check the AN branch web site at www.perscomonline.army.mil/ophsdan/default.htm (click on professional development) for information on application suspense dates to AN branch or contact LTC Corulli, corullia@hoffman.army.mil or MAJ(P) Agin at agind@hoffman.army.mil.

***(66G) OB/GYN Duty Locations- This is a list of all the MTF's that have OB/GYN services-please use this list when filling out preference statements:** Korea-121 Gen Hospital; Tripler AMC, Hawaii; Heidelberg, Germany; Landstuhl, Germany; Wuerzburg, Germany; Fairbanks, Alaska; Ft Irwin, California; Madigan AMC, Washington; Ft Carson, Colorado; Ft Hood, Texas; Ft Leonard wood, Missouri; Ft Polk, Louisiana; Ft Riley, Kansas; Ft Sill, Oklahoma; William Beaumont AMC, Texas; Ft Belvoir, Virginia; Ft Bragg, North Carolina; Ft Knox, Kentucky; Ft Benning, Georgia; Ft Campbell, Kentucky; and Ft Stewart, Georgia

**** (66C) Psychiatric Mental Health Nurse Duty Locations- This is a list of all the MTF's that have inpatient psychiatric services-please use this list when filling out preference statements:** Korea-121 Gen Hospital; Tripler AMC, Hawaii; Landstuhl, Germany; Wuerzburg, Germany; Madigan AMC, Washington; Ft Hood, Texas; Ft Leonard wood, Missouri; William Beaumont AMC, Texas; Walter Reed AMC, D.C.; Ft Bragg, North Carolina; Dwight David Eisenhower AMC, Ft Gordon, Georgia; Ft Benning, Georgia; Ft Jackson, South Carolina and Ft Stewart, Georgia

Community Health Nursing Course Dates

<p>6H-F9 STD Intervention Course (pre-requisite for the 6A-F5 Course): * 24 Aug- 5 Sep 04</p>	<p>6A-F5 Principles of Military Preventive Medicine: 6 Sep- 5 Nov 04</p>
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Contact MAJ (P) Agin at: agind@hoffman.army.mil. Please see your facility's Nursing Education Representative or nursing chain of command if you are interested in attending. Please note FY03 AOC/ASI Course dates are listed at https://www.perscomonline.army.mil/ophsdan/anc_profdevt.htm.

Assignment Opportunities

<p>66H Lieutenants: Assignment opportunities available for 66H Lieutenants include DDEAMC, FT Gordon, GA; WBAMC, El Paso, TX; MEDDAC, Fort Polk, LA; Ft Sill, OK; Ft Riley, KS; 121 General Hospital, Korea. Army Medical Center positions are available for summer 2004. I can negotiate follow on assignments for officers that volunteer to select locations, i.e. Korea. If interested, please contact LTC Corulli, corullia@hoffman.army.mil</p>	<p>HOT! HOT! HOT! 66E – Heidelberg, Germany – Summer 2004. 66F – Ft. Hood, summer 04 47th CSH, Ft. Lewis, WA, now. Korea, summer 2004. Follow on assignments can be negotiated. Other assignment opportunities are available for 66Fs and 66Es in a variety of locations. Please check our website at https://www.perscomonline.army.mil/OPhsdan/anc_assignments.htm. Please direct inquiries to LTC Newman, newmanj@hoffman.army.mil.</p>
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Company Grade 66H, 66H8A and 66HM5

*****We must have 100% fill on all TO & E / FORSCOM/ and Korea slots. This includes Division Nurse slots & CSH slots.

-Looking for a clinically sound 66H to be OIC of the Yuma Clinic at Fort Irwin.

KOREA: We have openings NOW for 66H and we will need two M5s for Winter FY2005 PCS cycle. We can negotiate your follow on assignment.

GERMANY: We have openings NOW in Heidelberg, 212th MASH, and Wuerzburg for 66Hs, 66H8As and M5s. Also we have an opening at Heidelberg Clinic.

FORSCOM: Openings NOW at 212th MASH, 67th CSH, 10th CSH, 21st CSH, 14th FH, 115th FH, and the 86th CSH.

66H: Opportunities exists at WRAMC, WBAMC, DDEAMC, Forts Carson, Leonard Wood, Bragg, Campbell, Rucker, Irwin,

66H8A: Openings are at Carson, Leonard Wood, Hood, Polk, & Riley, WBAMC, WRAMC, DDEAMC, MAMC, and TAMC

66HM5: Openings are at Fort Hood, Fort Benning, Fort Stewart, Fort Sill, & Fort Polk

*****Once we have confirmed your next assignment, we recommend you correspond with the Deputy Commander for Nursing/Chief Nurse at the gaining unit to give the leadership an opportunity to know your experience as well as what some of your future goals might be in advance of your arrival.

DIVISION NURSE: Must fill Friedberg, Germany/ Fort Carson /Fort Riley /Fort Hood / Fort Polk. These are two year assignments and "critical" to ensuring our 91Ws are clinically competent to aid our Soldiers on the battlefield.

DEPLOYMENT: Looking for volunteer to deploy to Kuwait & assume position as OIC for TMC/ER. Deployment is for 6 months.

MISC: Please inform your nursing chain of command if you are signing up for OAC Phase 1. You will have two years to complete OAC once you sign up for phase 1and this time frame is critical as to whether you attend phase 2 enroute or TDY & return. Once you are 1LT (P), you are eligible to sign up for phase 1.

Please call me or email gordonv@hoffman.army.mil.

HOT-HOT-HOT!!! CPT and MAJ 66H, 8A, M5 DIVISION NURSE Positions:

- | | |
|-----------------------------------------------------------------------|--------------------------------------------------------------------|
| 25th ID - Hawaii | 2nd ACR - 2d SPT SQDN - Fort Polk |
| 1st MED BDE - 566th ASMC - Fort Hood | 2d ID – 296 th FSB – Fort Lewis |
| 1st ID - 101st FSB - Fort Riley (Deployed - Intratheater PCS) | 62d Med Grp – 549 th Med Co – Fort Lewis |
| 1st AD - 125th FSB - Fort Riley | 1 st ID – 299 th MSB – Wuerzburg |
| 782 nd Division slot @ Fort Bragg (must be jump qualified) | 1 st AD – 501 st FSB – Friedberg |
| | 1 st AD – 47 th FSB - Landstul |
| | 1 st ID – 701 st FSB – Wuerzburg (MUST FILL) |

If you are interested in being a Division Nurse, please call LTC Gordon or MAJ Ahearne to discuss what this awesome and challenging position entails

66B, 66C, 66G, 66G8D	Open Assignments	Contact agind@hoffman.army.mil
AOB	LOCATION	WHEN
66G	LRMC, Heidelberg, Wuerzburg, Alaska, and Irwin	Summer 04
66G	Heidelberg, Wuerzburg, Alaska and Korea	Winter 05
66G-Head Nurse	Polk, Bragg, Stewart	Summer 04
66B staff	Korea, Knox, Germany, Polk, Rucker	Summer 04
66C	Korea, Hood, WBAMC, LRMC and WRAMC	Summer 04

MAJ and CPT(P) 66H, 8A, M5 and all ranks 66P:

Summer 2004 job openings are posted please check the website at:

https://www.perscomonline.army.mil/ophsdan/anc_assignments.htm

FORSCOM: Due to current operation tempo all TOE positions are required to be filled at 100%. There are still a variety of critical TOE opportunities available both in FSTs and CSHs.

8A Opportunities

10th CSH Fort Carson

86th CSH Fort Campbell

28th CSH Fort Bragg

M5 Opportunities

31st CSH Fort Bliss (Currently Deployed, you would be sent forward to Iraq)

28th CSH Fort Bragg

86th CSH Fort Campbell

66H Opportunities

115th Field Hospital Fort Polk

I am looking for someone to fill a 66H MAJ Slot at the 115th Field Hospital at Polk. I can negotiate a follow on assignment for officers that volunteer for select locations, (Fort Irwin and Fort Polk).

*******I have an immediate fill requirement for 66Ps at Fort Leonard Wood and Korea.**

I am also looking for a Hem/Onc trained 66H MAJ for head nurse positions at Fort Bliss and Tripler. Thank you all very much for your support!!!!

MAJ Ahearne: patrick.ahearne@us.army.mil

Office of the Chief, Army Nurse Corps	
<p>Fort Sam Houston Office COL Deborah Gustke LTC Yolanda Ruiz-Isales MAJ Jeanne Larson AMEDD Center and School ATTN: MCCS-CN, Room 275 2250 Stanley Road Fort Sam Houston, TX 78234 210.221.6221/6659 DSN 471 Fax: 210.221.8360</p>	<p>Washington, DC Office LTC Kelly Wolgast Headquarters, DA Office of the Surgeon General 6011 5th Street, Suite #1 Fort Belvoir, VA 22060-5596 703.806.3027 DSN 656 Fax: 703.806.3999 kelly.wolgast@belvoir.army.mil</p>
<p>yolanda.ruiz-isales@amedd.army.mil</p>	<p>AN Website: http://armynursecorps.amedd.army.mil/</p>
<p>jeanne.larson@amedd.army.mil</p>	<p>AN Branch HRC: www.perscomonline.army.mil/ophsdan/default.htm</p>