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# ARMY NURSE CORPS NEWSLETTER

*“Ready, Caring, and Proud”*

Volume 04 Issue 9

June-July 2004

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## *Assistant Corps Chief's Message*

This will be my final opportunity to address this magnificent Corps as the Assistant Chief. When soldiers reflect on their careers, we think about the many opportunities we have had and the many accomplishments we have achieved along the way. We try to find that one moment that defined our careers. For me, it has been serving as the Assistant Chief of the finest Corps in the Army Medical Department. Rising from a “brash” young Lieutenant, simply trying to serve 3 years without incident, to serving as Assistant Chief of the Nurse Corps was a magical leap. Please indulge me as I thank all those who have made this last four years the pinnacle of a thirty-year journey.

To all those youthful company grade officers who toiled on the wards whether in garrison or in the field, not because they wanted to, but because it was the right thing to do, my heartfelt thanks. You are the bedrock of our Corps, and exemplify everything that is good and honorable about our profession and service. In my travels as the Assistant Corps Chief, I have been humbled as I watched your continued service despite the long hours, many months away from home, and keeping your emotions in check to comfort others. That is selfless service and I thank you for it. Each one of you is very special to this “Army of One.” Stick with it. Our warriors need you more than ever before!

To our mid-level leaders with the daunting task of leading and developing our youth, my sincere thanks. You have heard BG Bester and me say many times that it is your leadership that has the most impact on our young officers decision to stay the course. Look at the retention numbers, the best they have been in 10 years!! They reflect your commitment and ability to recognize the potential of our youth and mold them into our future leaders. Keep doing what you do best!! Our future depends on it!!!

To our senior leaders and staff, who have weathered the many changes not only in our Corps over the last four years, but also the AMEDD, I say thank you. You have had the challenge to make sense out of chaos. Despite these challenges, you have kept our Corps' values intact and made the Army Nurse Corps footprint a permanent fixture in every venue within the AMEDD. We are at the table to stay!!! In some cases we are at the head of the table!!! Never let our seat go unfilled!!!

To our many civilian nurses, a special note of thanks. Without your service there would not be an AMEDD. You fill our shoes when we deploy and work side by side with us when we are at home. You add stability to our force and develop our youth into expert practitioners. Thank you for all that you have done and do everyday for our Corps.

To our fine Enlisted force, the greatest medics in the world, a great big HOOAH! To say you are the “backbone” of the Army is not enough. You are the glue that holds us together. You have allowed our officers to lead you and you have taught us how to be great and compassionate leaders. You have put your self in harm's way to care for our warriors and you have held the hand of old warriors. Some of you have even paid the ultimate sacrifice. You are the “right” arm of our Corps. It is because of you the AMEDD is relevant and ready. Thank you for letting me serve you and the honor of promoting some of you. You represent the best in the AMEDD.

A special thanks to my staff over the last four years, LTC Yolie Ruiz, LTC Kelly Wolgast, LTC Ellen Forster, COL Margaret Bates, MAJ Pat Ahearne, MAJ Laura Feider, and MAJ Jeanne Larson. Through your efficient management and attention to detail, I was able to focus on the key issues within the Corps. You never lost me (heaven knows each of you at some time wanted too!), never missed a deadline, and always recognized the importance of every mission you were given. Through the laughter and the problems, both personal and professional, you were each there in your own special way. I could not have done it without each of you. My deepest of thanks.

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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 Eric Lewis](mailto:MAJ Eric Lewis). 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.

Finally, I want to extend my very deepest appreciation to the one person who made it all possible, BG Bill Bester. On 22 February 2000 at 2230 hours I received a call that forever changed my life. The voice on the other end simply said, "Deb, this is Bill Bester, I want you to be my Deputy." Never in a million years did I think I would ever rise to such a position, and here it was. Not only did BG Bester ask me to be his Deputy, but also he handed me operational control of the Army Nurse Corps. He trusted my decisions and valued my advice. He became my mentor and my friend. Together we challenged the AMEDD, elevated the Nurse Corps' footprint within the AMEDD, and implemented valuable programs that will have a lasting impact on our military nurses, civilian nurses, and Enlisted force. We have left our mark on the AMEDD as a "TEAM." He taught me the value of the word "we" and that being inclusive is the foundation of all success. He is one of a kind, and we are so much better and richer for knowing and working with him. Thank you Sir, for your leadership, guidance, and trust.

In conclusion, I want to thank each of you for your support and hard work over the last four years. I leave this position and the Army knowing that we have achieved so much good together. Now, the next leadership team will take you all to even greater heights. Thanks for all of the memories. I will cherish them forever. May God bless each of you and may your futures be bright and full of happiness and success in the years to come.

*Army Nurses are Ready, Caring, and Proud!*

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

***Office of the Chief, Army Nurse Corps Staff Update:  
Fond Farewells and Warm Welcomes***

The Office of the Chief, Army Nurse Corps bids a fond farewell to our Senior Staff Officers, LTC Yolanda Ruiz-Isales and LTC Kelly Wolgast who are both transitioning in June. LTC Ruiz-Isales departs for Washington, DC where she will be the Health Fitness Officer at the Health Clinic for the National Defense University (NDU) and Industrial College of the Armed Forces (ICAF) for school year 2004-2005. LTC Ruiz-Isales will then attend ICAF as a student the following year. LTC Wolgast leaves the D.C. office for Carlisle, PA where she will attend the Army War College. We extend our sincere thanks and appreciation to these two tremendous and dynamic officers for all their hard work in orchestrating the complex work of the Office of the Chief. Best wishes to each of you!!

We also want to say a fond farewell to our AN Fellow, MAJ Jeanne Larson. MAJ Larson is transitioning to Brooke Army Medical Center in San Antonio where she will assume a clinical leadership position. We especially thank MAJ Larson for all her work on the AN Newsletter and the AN website, both of which are "first class." Our very best wishes to MAJ Larson in all her future endeavors.

Our Special Assistant, CPT Daniel "Rowdy" Anthony has also departed for Fort Campbell, KY where he will assume a Head Nurse role. We extend our sincere thanks to him for all his assistance in support of the office mission. Our very best wishes to CPT Anthony in all his future endeavors.

We would like to warmly welcome COL Barbara J. Bruno, Acting Assistant Chief, Army Nurse Corps as well as our new Senior Staff Officers, LTC Sheri Howell and LTC Chris Johnson, and our incoming AN Fellow, MAJ Eric Lewis. COL Bruno is currently serving as the AN Staff Officer assigned to AMEDD Personnel Proponency Directorate at Ft. Sam Houston, TX. LTC Howell joins us from Fort Irwin, CA and will be located in the San Antonio office. LTC Johnson joins us from Brooke Army Medical Center in San Antonio, TX and will be located in the Washington, DC office. MAJ Lewis joins us directly from his masters program at the University of Virginia and also will be located at the San Antonio office. Welcome again and best of luck to each of you as you begin your new roles in support of the Chief and Assistant Chief, Army Nurse Corps.

## ***Kudos and Publications***

Congratulations to all of the award winners from the recent **PJ Verhonick Nursing Research Course** (26-29 April):

***Evidence Based Practice/Clinical Innovation:***

**LTC Deborah J. Kenny, AN** and **CDR Maggie Richard, NC, USN**, *Evidence-Based Performance Improvement Project.*

**Research Conducted while in a Master's Program:**

**CPT Constance L. Jenkins, AN** and **CPT Aaron Elliott, AN**, *Identifying Ethical Issues of DAC & ANC CRNAs.*

**Research Conducted while in a Doctoral Program:**

**LTC Mona O. Bingham, AN**, *Do Outcomes of a School Based Intervention to Improve Cardiovascular Health Vary By Gender, Race, Socioeconomic Status or Residential Setting?*

**Research Conducted while in a Non-Research Role:**

**LTC Kimberly K. Smith, AN**, *Evaluation of Staff's Retention of BCLS & ACLS Skills.*

**Three poster awards were:**

**First Place:** **CPT Michael K. Thomas** and **CPT Jeremy Jones**, "Perceptions of US Army CRNAs Relating to Retention in the US Army."

**Second Place:** **MAJ Mary Moore**, **LTC Deborah Kenny**, and **LTC Veronica Thurmond**, "Personal and Professional Issues Associated with OIF/OEF of Nurses in Military Hospitals."

**Third Place:** **COL Mike Custer**, "An Evaluation of an Unintended Pregnancy and STD Prevention Program among US Army Soldiers."

Kudos to **LTC Petra Goodman** for her recent publication "Factors related to childbirth satisfaction" in the *Journal of Advanced Nursing*, 46 (2), 212-219.

Kudos to **LTC Hyacinth Joseph** for her recent publication "Prostate cancer screening among military service members" in the April edition of *Military Medicine*, 169(4), 257-260.

Congratulations to **COL Stacey Young-McCaughan** for receiving the Yale School of Nursing's Distinguished Alumna Award for 2004 on June 5 in New Haven, CT.

Kudos to **CPT Tara Hayden** who was the focus of an article titled "Nurses are Heroes Too." Posted by the Army News Service on the Army Public Affairs website.

Congratulations to **LTC(P) Pat Patrician** on her selection to receive the 2004 Anita Newcomb McGee award.

***New Competency Resource launched for the AMEDD***

The new Tri-Service Healthcare Competency Assessment Website was created to 1) standardize the template (not the content) for initial and ongoing competency assessment tools across the AMEDD and to 2) share examples from Brooke Army Medical Center's custom designed library of over 350 unit and/or job specific clinical and administrative competency tools. The tools incorporate Balanced Scorecard goals, soldier readiness, scope of practice, age, language, and cultural-specific competencies in a format that targets technical, critical thinking, and interpersonal skills.

The posted tools, accessed at <https://akm.amedd.army.mil/competency>, have had all formatting removed so that they can be downloaded and edited to meet the needs of your unit or facility. This information is not prescriptive in nature but only shared to help other facilities as they tackle the issue of competency assessment and JCAHO compliance. More tools and materials are being added everyday as they are being converted from the BAMC format. LTC Kimberly Armstrong at the AMEDD Center and School is spearheading this project and may be contacted at (210) 221-6073, DSN 471-6073, or at [Kimberly.Armstrong@amedd.army.mil](mailto:Kimberly.Armstrong@amedd.army.mil) for any questions.

***2nd Quarter CY 2004 JCAHO Military Fellow Report  
by LTC Karen Grace and LTC Ritza Reese***

**[Organ Donation News Release](#)**

In March 2004 the Joint Commission launched a national campaign to help individuals prepare to become living organ donors and to make the process as safe as possible by becoming active, involved and informed. The focus on living organ donors represents an important

expansion of the Joint Commission's award-winning "Speak Up" program which is now in its third year. That program has urged patients to take an increasingly active role in their own care. For further details click on the above link.

#### **Journal Articles of Interest 2nd Quarter CY04**

**Benchmark:** "Tool Tutor: Selecting the Right Tool" (January/February 2004)

**Patient Safety:** "Systems Tracers & Focus on Safety" (February 2004)

**The Source:** "Strategies to Meet Revised Infection Control Standards (February 2004)

For more information please contact: LTC Ritza Reese at 630-792-5784; [reese@jcaho.org](mailto:reese@jcaho.org) or LTC Karen Grace at 630-792-5711; [kgrace@jcaho.org](mailto:kgrace@jcaho.org)

#### ***Critical Care Website now live***

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. Click on the Enterprise Consultancy Website at <http://ec.amedd.army.mil/> and select the nursing button on the left menu. 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](mailto:lisa.snyder@us.army.mil).

#### ***Field Sanitation and Hygiene by COL Barbara Scherb, FORSCOM Chief Nurse***

Field sanitation and hygiene in deployed environments are problematic, especially for women. Furthermore, mitigating attempts such as limiting intake of fluids can result in serious health consequences, and even death. The Army is interested in pursuing products that would improve hygiene and sanitation for women in the field. The Army would like to hear from women who have deployed regarding their suggestions for products, policy, individual supply issue, etc. Please submit suggestions and comments to COL Barbara Scherb, OTSG Consultant on Nursing Readiness at [Barbara.Scherb@us.army.mil](mailto:Barbara.Scherb@us.army.mil) or (404)464-7327//DSN 367-7327.

#### ***Attention Mobilized Reservists: HRC-St. Louis will fund Continuing Health Education Training***

HRC-St Louis is now funding one continuing health education (CHE) training of up to 5-days for US Army Reserve Soldiers per FY while mobilized. This does not include TTAD Soldiers. HRC-St Louis will need a worksheet, "Request for PDE Orders on Mobilized Reservists," a memorandum from the unit commander authorizing absence from duty station in a TDY status, and a copy of mobilization orders. The orders will not cover a rental car or the registration fees. Airline reservations must be made through Carlson Travel or it will not be reimbursed. Professional Development Education (PDE) is funded only if required for promotion.

POC is Mr. Dave McClory, 800-325-4629 x 0466 or 314-592-0466 or e-mail [david.mcclory@arpstl.army.mil](mailto:david.mcclory@arpstl.army.mil)

#### ***Psychiatric Nursing Consultant by COL Christine Piper***

It's been a busy few months. In November I had an opportunity to meet the new graduates of 66C school when I was in the area attending the DoD Suicide Prevention Update. It was good to see them attending the T2 ASIST training, that I referred to in my last newsletter entry (Applied Suicide Intervention Skills Training). Again, I encourage you to attend this program if you have the opportunity, and consider becoming a trainer. We added 2 more of our own as trainers in Ft. Lewis in March: congratulations to MAJ Marta Vives and LTC Lu Doris Reeves. They will both join a very active interdisciplinary training team in Hawaii.

If you haven't read the Mental Health Advisory Report (MHAT) publicly released recently, I encourage you to do so. It can be found on the AMEDD website ([www.armymedicine.mil](http://www.armymedicine.mil)). This interdisciplinary Behavioral Health team visited troops who were deployed in OIF and some redeployed soldiers in CONUS to identify needs for mental health services and evaluate how those services were being utilized. My new job in Iraq as a Behavioral Health Consultant is a result of recommendations from that report.

I had the opportunity to visit with a number of 66C during trips in November (WRAMC) and March (MAMC). It was enjoyable getting to meet face to face those folks that I have only known by email. Some of what I learned from those who had been deployed: Don't ever let your medical-surgical skills go! Be flexible and patient (comes with our specialty). Others have found the tighter staffing situation creating challenges in obtaining regular continuing education, others were getting CE on line. What is clear in this time of op-temp is the need/challenge for balance, both in our military requirements as well as our personal time off.

Two themes in email that we have been working are prescribing authority for Advance Practice Nurses and staffing standards for acute care psychiatry. We will continue to work these over the next several months. I have also suggested some research topics: use of “no self-harm” contracts on acute-care, utilization of advance practice nurses and deployment roles for 66C. MAJ Scott Machaffie, a USAR nurse who joined the staff at MAMC has agreed to do the next article on his work with an outpatient program working with returning soldiers. I encourage others to use this space to get the news out to the corps about the great things you are doing!

### *The Role of the Division Nurse by CPT Jodelle Schroeder*

After almost four years learning, growing and developing my nursing and leadership skills as a lieutenant at MAMC, and having newly pinned on my Captain’s bars, I was itching to experience something new. Talking with then MAJ Greta Krapohl at Branch, I explained that I wanted to try out my skills in a different setting. I wanted to do something that would be out of the ordinary, really test and challenge my skills and abilities. Most importantly I wanted to work with soldiers and medics. Her response was something like this: “We are doing this new thing with the 91W transition. We are putting nurses in the Divisions. Exactly what it entails I’m not sure, but Jodelle, you can come back and tell us what it is all about.”

Now here I sit in the 120-degree heat in the middle of Iraq, knowing that upon redeployment I will be moving on to a new challenge. I can only hope that the Nurse Corps officer who replaces me will find this job as fulfilling as I have. So, what exactly is so great about being a Division nurse, or in my case a Brigade nurse? You are about to find out!

In the “significant duties and responsibilities” section of my OER Support form it says:

Serves as the senior planner and evaluator for all medical training in support of both FSB and BCT METL and specific medical mission requirements. Provides counsel to the commanders and the BCT surgeon on specific medical missions. During tactical operations, serves as the head nurse of a 40-bed patient hold unit, providing initial resuscitation, stabilization and preparation for evacuation of sick or wounded patients. Advises the treatment platoon leader on the establishment, administration and combat readiness of the patient hold and area treatment squads and the assigned medics. Oversees the implementation of the 91W Medical Readiness Proficiency Tables for all medics within 1 BCT. Responsible for the scheduling of required 91W certification and tracking of that status for the 156 medics assigned to 1 BCT. Performs additional duties as assigned.

I can honestly say it is all that and so much more. We all know that nurses, by nature, are a fairly versatile breed. Never did I expect what lay ahead of me. The better part of the first year was spent explaining whom I was and what I was there to do. (I can’t tell you the number of times I heard people say, “We have a nurse?”) As far as I knew, it was to train medics to be ready to provide the best far forward medical care possible to the infantrymen, tankers, engineers, field artillery men and support personnel in the Devil Brigade. What I discovered was that the medics were in need of some serious help. After explaining the 91W transition to brigade leadership, I had to convince them that medics need training just like tankers and infantrymen. They agreed with me. I set out to develop a brigade training and sustainment plan using the Semi-Annual Combat Medic Skills Validation Test (SACMS-VT) as the training and evaluation tool. In the process I became the subject matter expert on 91W transition and sustainment. I interacted with the hospital education staff, the community college, Mr. Booker at DA, the National Registry of EMTs and the AMEDD C&S. I became an instructor, a facilitator, an advocate, a mentor and probably the thorn in a few sides! I even helped procure a Sim-Man for more realistic training. I spent many days swimming upstream against a strong current wondering what I was doing, but it was well worth it to see even the smallest changes. To my pleasant surprise the plan fell into place and I was starting to earn the respect of the brigade leadership.



CPT Schroeder helps load a patient for evacuation.

Not to worry, my skills as a critical care nurse would not be put to waste! Instead, I became much more than a critical care nurse! I soon learned that I was the clinical subject matter expert on the ground for the medical treatment capabilities of the Forward Support Medical Company (FSMC). I learned the Medical Equipment Sets (MES) inside and out. I figured out what was useful and what was useless. I taught the medics how to use and maintain the equipment and we developed new packing lists. Not only was I a nurse for the brigade’s go to war mission, but daily I was asked about immunizations, medical evaluation boards, pregnancy, and a host of other medical issues. As OIF continued, the realization came that we could be the next unit to be called upon. When we got the call, I worked with the Brigade Surgeon and the medical company commander to start medically preparing the brigade

for deployment. There was the medical SRP complete with immunizations, equipment and supplies to prepare, medical training to be completed and PROFIS providers to integrate.

After nine months in Iraq I have found myself to be the pharmacist, triage officer, patient tracker, educator, trouble-shooter, mentor, coordinator, the medical supply and equipment expert, advocate, counselor, peacemaker, confidant, soldier and above all *the nurse*. I interact with unit commanders and senior NCOs, medics, soldiers, marines, sailors, special operators, US civilians, local nationals and medical units all to provide the best medical and nursing care possible. I have listened to the hearts of little Iraqi school girls, triaged a 42 casualty MASCAL, done the “thunder run” with the infantry battalion to get medical supplies, been a dental technician, comforted soldiers and looked into the eyes of a young marine with no jaw, gasping for breath and said, “I’m going to put you to sleep now so we can help you breathe. When you wake up everything will be OK. You are going to make it.” Never could I have imagined in my wildest dreams that I would ever have these opportunities. This is what Army Nursing is all about.

So, what does a Division or Brigade nurse do? I don’t think I could sum it up in just one sentence. What I do know is that there is no better feeling than to know that you have made an impact on the lives of soldiers, sailors, marines and airmen. I am not afraid to admit that this job is not for everyone. It is for those who truly have the desire to step up to an enormous challenge and make a difference at the point where the rubber meets the road. No mission too difficult, no sacrifice too great, duty first!

***A Perspective On Transition: From the 28<sup>th</sup> CSH, Tikrit to the 67<sup>th</sup> CSH Tikrit by LTC Daria D. Jones***

There is something on my mind tonight Army Nurse Corps Officers.....there is a reason to think we got it right. The sun is setting hot as our troops roll on, roll out. There are promises and prayers. There is certainly uncertainty in all their eyes, their lives. But they know as long as we are here, they will be all right, as they roll out tonight.

They go out and we go on. From the nurses of the 28<sup>th</sup> to the 67<sup>th</sup>; Soldier you are a part of us, the heart of us. Return to take off your boots, take off your armor, confront your shaky mental health. Return to take off your nightmare and lay it down.

The 28<sup>th</sup> CSH, a senior seasoned group of nurses. A CSH led by a physician. The 67<sup>th</sup> CSH, a young group, new to their chosen profession. A CSH led by a nurse.

For both, there is blood and bodies betrayed. Hot fireclouds reign like heaven falling from the sky. For both something inside us breaking. For nurses of both the 28<sup>th</sup> and 67<sup>th</sup> there is an oath taken that binds us to the fate of those who lay their lives down for their brothers.

The lives of three Soldiers saved by the Chief Nurse of the 28<sup>th</sup> CSH, an Obstetric Practitioner. Joint Vision 2010 unfolding at the 28<sup>th</sup> CSH in Iraq six years ahead of schedule. The 2<sup>nd</sup> pillar of the Force Health Protection strategy singularly fulfilled in the acute care clinic through the work of two 28<sup>th</sup> CSH nurse practitioners.

The 67<sup>th</sup> CSH, a testimony to the treatise that a commander, an Army Nurse Corps Officer, saves lives with an open mind and the stroke of a pen. The standard of care elevated through acquisition of technology. Care no longer relegated to the austerity of the environment.

A CSH committed to the practice of evidentiary based nursing. Support flowing from the 67<sup>th</sup> CSH Tikrit Commander, to the Chief Nurse, to the Head Nurses culminating in each nurse committed to the acquisition of knowledge as clinical power. Military nurses using nursing measures to prevent primary and secondary hypothermia, in the desert. Nurses using nursing measures to save lives.

So roll out young Soldier as June draws to a close and we get closer to the promise made. One more time young Soldier for hope that lives eternally in a nation of sons and daughters born to freedom. Army Nurse Corp Officers, there is something on my mind tonight. There is reason to believe we’ve got it right.

***ADVANCING NURSING PRACTICE  
Putting Evidence Into Nursing Practice***

Previous columns have explained the process for developing and implementing evidence-based practice. Beginning this month, we will showcase how evidence has been used in some of our MTFs to improve patient care as well as decrease costs. This month we will discuss a project submitted by Meg Voelker at Madigan Army Medical Center, designed to improve the care for gastric bypass patients.

*The Gastric Bypass Process Improvement*  
*Meg Voelker, RN, MN*  
*Madigan Army Medical Center*

As the Head Nurse of the General Surgery Clinic, and in preparation for JCAHO's visit in October 2002, we identified Resectional Gastric Bypass (RGB) patients as a population whose care could be improved. Using the Focus PDCA model, we began a performance improvement plan focusing on the initial consultation of these patients and education of the gastric bypass process. While these patients did receive initial education regarding their surgery and its effects, two previous patient surveys of this population conducted by a ward head nurse and a dietician concluded that more education was needed for gastric bypass patients.

I began with a literature review of evidence-based research regarding RGB. Very few articles were available in nursing journals. Those nursing articles available were old (more than 10 years) and were non-evidence-based, expert papers. PubMed, OVID, and Google were searched using the terms: *obesity, gastric bypass* and cross referenced with *nutrition, occupational therapy, physical therapy, and psychology* to get a multidisciplinary approach to this issue. My search was rich with personal witness perceptions, expert opinions, and evidence-based citations. Most of the evidence-based research used the tool, Medical Outcomes Survey Form 36 (SF-36). The form has two domains, Physical and Emotional, each with 4 categories. In the Physical domain section, physical functioning, physical role, bodily pain, general health was addressed. The Mental/Emotional domain section addressed vitality, social functioning, emotional role, and mental health.

The next step in the performance improvement process was enlisting the help of and educating health care support persons. In May 2003, we started a multidisciplinary pathway group. This group consisted of the nutrition department (inpatient & outpatient), surgical inpatient head nurse, occupational therapy, physical therapy, and behavioral health. We discussed each discipline's vision for supporting this population. We had the expert gastric bypass surgeon give an educational presentation of the technical part of the surgery. We had our Chief of Pharmacy attend one of our meetings. Our pharmacist stated he did a literature search with no results, thus he answers questions on a case by case basis. Our endocrinologist discussed the Metabolic Syndrome with us, a syndrome common to these patients.

The multidisciplinary team developed a pathway to educate and prepare this population for the behavioral lifestyle change that happens in the gastric bypass process. We educate in this process to improve one's quality of life, **not** for weight loss to a model's weight. The nutrition department education involves dietary guidelines, diet progression, possible complications, trouble shooting and recommendations. Occupational and Physical Therapy address physical activity, both programmed and lifestyle. Behavioral Health concentrates on life management, goal setting and awareness of family dynamics and social settings issues.

In summary, our gastric bypass process improvement project used the Focus PDCA model. We identified that the process for the RGB population needed improvement. We organized a multidisciplinary team. Literature was shared and expert physicians educated the team. We evaluated the current situation by patient surveys. We analyzed the cause as the need for more education. We developed a preoperative pathway and inpatient nursing order sets. We improved the education via PowerPoint presentations and updated handouts. Soon afterward, we began using the developed pathways and were giving group presentations to at least 10 patients and their support person (spouse, significant other, or friend), twice a month. The entire process took approximately one year of working lunches and team dedication team for improvement, but ultimately saved the clinic 800 minutes or 13.3 hours (40 minutes per initial consultation) per month while improving the quality of care for this population of patients. We plan to compare the staff and patients' satisfaction with this new pathway by conducting a survey. Another goal is to educate health care support staff on the issues of RGB patients and we are currently obtaining more bariatric equipment and beds for the hospital.

*The above project is an excellent example of how evidence can be used to make multidisciplinary changes to improve patient care. 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 and especially lessons learned can submit them to me at [deborah.kenny@na.amedd.army.mil](mailto:deborah.kenny@na.amedd.army.mil) or contact me at Com: (202) 782-7025 or DSN 662-7025.*

***Spouses, Family Eligible for Nursing Scholarships***

Army spouses and family members who want to be nurses can apply for a Health and Human Services (HHS) 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, and 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.

### *A Tribute To A Generation: National WWII Reunion*

On Memorial Day Weekend 2004, The National World War II Memorial was dedicated in Washington, DC, in honor of all veterans of the war, citizens on the home front, and the nation at large. Coinciding with the dedication was a four-day event, Tribute to a Generation: National World War II Reunion which took place on the National Mall at a series of tented pavilions and stages. Veterans and their families were able to enjoy the sights and sounds of music and dance from the World War II era, hear World War II veterans share their



experiences and visit exhibits showcasing first hand accounts of those who served. As part of these activities, MAJ Jennifer Petersen, Army Nurse Corps Historian, moderated a panel of nurses who served during this timeframe. The panel consisted of

Mrs. Anna Busby, Montgomery, AL, who served in Hawaii at the time of the bombing of Pearl Harbor; Mrs. Marian Elcano, Alexandria, VA, who served with the 45<sup>th</sup> Field Hospital in the European Theater; Mrs. Martha Leierer, Dover, PA, who served as a Navy nurse on the USS Solace and COL (R) Margaret Bailey, Washington, DC, who served at Fort Huachuca, AZ and was the first African American woman to achieve the rank of COL in the Army Nurse Corps. The panel was conducted in the Veterans History Project Pavilion and was sponsored by the Library of Congress and Women in Military Service For America. The panelists spent an hour sharing their experiences with a full house of fellow veterans, family members and visitors to the area. The event highlighted the service these women and many others provided to our nation during World War II. In the Army Nurse Corps nearly 60,000 nurses served. They cared for soldiers in combat zones throughout the European and Mediterranean Theaters of War along with supporting stateside hospitals.



### *Wounded Soldiers Begin Rebuilding Their Lives on Ward 57* *by Janet Boivin in the Nursing Spectrum*



Bart Vitelli, amputee clinical nurse specialist (left), and 1st Lt. Megan Parent, RN, a staff nurse on Ward 57, assist soldier Anthony Pizzifred, 19, who lost a leg from a landmine in Afghanistan.

Ward 57, the orthopedic unit at Walter Reed Army Medical Center in Washington, DC, doesn't look much different from the orthopedic unit I worked on about 25 years ago at a suburban hospital in Massachusetts. There are four long hallways, a centralized nursing station in the middle of the halls, and supplies and equipment standing outside some of the patient rooms. But when I looked closer, I saw indications of the special place Ward 57 has become since the war in Iraq started in March 2003. A handmade quilt on one of the walls has a large square decorated with tanks and airplanes that says, "Operation Iraqi Freedom." Another square says, "We are so proud of you." Then there is the quilted square with the words of a song, "I thank my lucky stars to be living here today because the flag still stands for freedom and they can't take that away." Although she didn't write the words or sign the quilt, the name of one of Walter Reed's most famous injured soldiers — Pfc. Jessica Lynch — is sewn in the square.

Ward 57 is where soldiers seriously injured in Iraq, including all soldiers with amputations, are sent for treatment and rehabilitation. I knew when I went to Walter Reed I would see soldiers with missing limbs and arms; but it still took my breath away to see so many young men missing arms, legs, or arms and legs, even two legs. I met one of these young men, Staff Sgt. Heath Calhoun, while visiting the physical therapy room at Walter Reed. Calhoun had lost both legs from the knee down in a rocket-propelled grenade attack in Iraq and was learning how to walk on two prosthetic legs. As Calhoun was guided by the physical therapist, I watched the other young men with missing

limbs and other-war related injuries working hard at their own rehabilitation in the PT room. I wondered how stark the contrast was for these soldiers between the orderliness and cleanliness of the PT room and the bloody, dirty chaos of the violence that must have shattered their bodies.

Since I visited Walter Reed in February, insurgency fighting in Iraq has increased, along with the numbers of soldiers killed and injured. The hospital received 39 patients from Iraq in one week when the insurgency was at its height. Fortunately, the numbers have started tapering off. Many of those servicemembers were Marines fighting in Fallujah, the heart of the insurgency, who were sent to the National Naval Medical Center in Bethesda. There, Navy nurses as well are adapting their nursing care to suit the physical and emotional needs of the wounded Marines. There is no end in sight for the violence in Iraq or the stream of wounded soldiers who return to the U.S. for treatment. They are sent not only to Walter Reed and the National Naval Medical Center, but also to smaller military hospitals and bases across the country. As RNs, many of us may wish there was something we could do to help these soldiers and Marines. But nurses I spoke with on Ward 57 say the best thing we can do for their patients is to not forget them, no matter how long the violence in Iraq continues.

***10<sup>th</sup> Annual Army Trauma Symposium  
9-10 August 2004***

The Trauma Division at Brooke Army Medical Center is proud to announce the 10<sup>th</sup> 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 Monica DeWitte by email [monica.dewitte@cen.amedd.army.mil](mailto:monica.dewitte@cen.amedd.army.mil) or at (210) 916-4326.

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

***AJN Photo Submissions – A Chance to Share Your Experiences with other Nursing Professionals***

The American Journal of Nursing (AJN) has requested photos of Army Nurses from recent operations--either peacekeeping, humanitarian or related to the Global War on Terror. The AJN Editor would like to include them in a military photo spread. If you took interesting photos, while involved in one of these missions, please contact Nicole Mladic at 312.861.5274 or email [Nicole.Mladic@mslpr.com](mailto:Nicole.Mladic@mslpr.com).

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](mailto: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](mailto:hjtillman@us.med.navy.mil)

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

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# ***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, USA  
**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.**

**Human Resources Command (HRC) Update**

**New Deputy, ANC Branch Chief:** We will have turnover in five of our PMO positions at ANC Branch this summer. The first to depart is **LTC Jane Newman**, Deputy and 66E/F manager who is leaving us to join the staff at Fort Carson. LTC Newman has been at Branch for three years and done an incredibly outstanding job of managing the 66E/F population as well as the myriad duties as Deputy. Personally, LTC Newman has been absolutely vital to my orientation and settling into what can be a very unique and challenging role as Chief, Army Nurse Corps Branch. Jane is the epitome of professionalism, both as a registered nurse and Army officer. I know Fort Carson looks forward to having her on their team. With her departure, we welcome **LTC Anna Corulli** into the Deputy role who many of you know from your interactions with her at our accessions desk. Anna has been here almost a year and will serve in the Deputy role for two years. She, as are all of our PMOs, is here to serve you, your organizations and your officers in any way we can. Finally, I would like to welcome **LTC Mike Neft** who will be taking over the 66E/66F desk – he comes to us from WRAMC with a wealth of experience and knowledge and he looks forward to working with all of you. I will keep you informed as more of our new staff arrives during the summer.  
 Roy A. Harris COL, Chief, ANC Branch

**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](http://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.

**FY04 Colonel AMEDD Board**

The FY 04 Colonel AMEDD Promotion Board will convene on 7 Jul 04 to consider Lieutenant Colonels for promotion to Colonel. Officers eligible for consideration must have a date of rank to LTC of 01 Jul 00 for the primary zone and 01 Aug 01 for below the zone. The plan is for this board to be a computerized board. However, during this transition period the system may have a few bugs to workout and we must be ready with a backup board file. This means we need hard copy photos. If you do not have one on file here at branch please visit your local photo shop and have them print you a copy to send to branch. Please review MILPER Message number 04-124 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**

JUN 2004	HPLRP
JUN 2004	SSC (SPECIAL BRANCHES)
JUL 2004	COL AMEDD
JUL 2004	CSC (SPECIAL BRANCHES)
OCT 2004	LTHET
OCT 2004	CHIEF NURSE BOARD

See HRC Online [www.perscomonline.army.mil](http://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:

<b>Officer Record Brief</b> <a href="https://isdrad15.hoffman.army.mil/SSORB/">https://isdrad15.hoffman.army.mil/SSORB/</a>	<b>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)</b> <a href="https://isdrad15.hoffman.army.mil/dapmis/execute/ImageAcceptProlog">https://isdrad15.hoffman.army.mil/dapmis/execute/ImageAcceptProlog</a>	<b>Official Military Personnel File (OPMF previously know as your microfiche)</b> <a href="https://ompf.hoffman.army.mil/public/news.jsp">https://ompf.hoffman.army.mil/public/news.jsp</a>
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<b>Command and General Staff College</b>
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<p><b>Army Reserve Component</b> 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. <i>Summer 04 Phase II must request local funding.</i> <b>Reserve ILE:</b> Fax a DA 3838 to LTC Diaz-Hays at 703-325-2392. <i>Must request local funding for course attendance.</i></p>	<p><b>CGSC Correspondence Course:</b> <a href="https://cgsc2.leavenworth.army.mil/nrs/cgsoc/application/application.asp">https://cgsc2.leavenworth.army.mil/nrs/cgsoc/application/application.asp</a>. 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. No individual requests will be honored. Please fax a DA3838 for course enrollment to (703) 325-2392, DSN 221-2392. This will help with better tracking.

Revised LTHET Guidelines are available on the website. LTHET Board date is: 4-8 October 2004. Packets due to AN Branch 1 Aug 2004. Remember that the schools have their own deadlines for application. Contact LTC Diaz-Hays if questions.

Welcome Mrs. Tawanda Patton who recently joined me in the Education management realm.

If there are any officers selected to attend LTHET in summer of 2004 that are still pending letters of acceptance from a school, please contact LTC Diaz-Hays ASAP! RFOs cannot be generated without the letter of acceptance from school.

The next AMEDD Officer Advanced Course is: 20 Sep-23 Nov 04. Must have Phase I completed prior to requesting enrollment.

**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](https://www.perscomonline.army.mil/ophsdan/anc_profdevt.htm).

**AOC/ASI Producing Courses**

**Critical Care Course,  
Emergency Nursing Course:**

The SEP 04 8A/ M5 course applications is closed. Applications for the 14 FEB - 20 MAY 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](mailto:corullia@hoffman.army.mil).

**OB-GYN Nursing Course:\***

The last 2004 Course Date is 13 Sep- 21 Jan 05 Contact MAJ (P) Agin at [agind@hoffman.army.mil](mailto:agind@hoffman.army.mil) (please check the website for application due dates)

**Psychiatric-Mental Health:\*\***

The Sept 2004 course dates have been changed. The new course dates are 22 Aug-17 Dec 2004 Contact MAJ (P) Agin ASAP: [agind@hoffman.army.mil](mailto:agind@hoffman.army.mil).

**Perioperative Nursing Course:**

The next class will be from 18 JUL 04 through 9 NOV 04. Packets will be accepted by exception only. For any questions, please contact LTC Neft at HRC @ [neftm@hoffman.army.mil](mailto:neftm@hoffman.army.mil). For current assignment opportunities, visit [https://www.perscomonline.army.mil/ophsdan/anc\\_assignments.htm](https://www.perscomonline.army.mil/ophsdan/anc_assignments.htm)

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](http://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](mailto:corullia@hoffman.army.mil) or MAJ(P) Agin at [agind@hoffman.army.mil](mailto: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**

**6H-F9 STD Intervention Course** (pre-requisite for the 6A-F5 Course): \* 24 Aug- 5 Sep 04

**6A-F5 Principles of Military Preventive Medicine:** 6 Sep- 5 Nov 04

Contact MAJ (P) Agin at: [agind@hoffman.army.mil](mailto: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 AOC/ASI Course dates are listed at <https://www.perscomonline.army.mil/ophsdan/anc/profdevt.htm>. Also note that 6H-F9 is now two phases, with Phase One needing to be completed prior to applying to Phase Two. For information visit the website <http://www.cs.amedd.army.mil/dphs/CHP/index.html>

### *Assignment Opportunities*

#### **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. I can negotiate follow on assignments for officers that volunteer to select locations, i.e. FT Polk. If interested, please contact LTC Corulli, [corullia@hoffman.army.mil](mailto:corullia@hoffman.army.mil)

#### **HOT! HOT! HOT!**

66E – Heidelberg, Germany – Summer 2004.  
WBAMC Fall-Winter, FY05  
WRAMC Fall, FY05

66F – Ft. Hood, summer 04  
47<sup>th</sup> CSH and MAMC, Ft. Lewis, WA, now.  
Korea, winter FY05

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](https://www.perscomonline.army.mil/OPhsdan/anc_assignments.htm). Please direct inquiries to LTC Neft, [neftm@hoffman.army.mil](mailto:neftm@hoffman.army.mil).

#### **Company Grade 66H, 66H8A and 66HM5**

**KOREA:** We have openings NOW for 66Hs and we will need one M5s for Winter FY2005 PCS cycle. If you are an 8A and want to PCS to Korea summer 2005, please let AN Branch and your nursing chain know.

**GERMANY:** We have openings NOW in Heidelberg, and Wuerzburg for 66Hs, 66H8As and M5s. We are asking for volunteers for the LRMC, Heidelberg, and Wuerzburg clinic openings in summer 2005.

**FORSCOM:** Openings NOW 67<sup>th</sup> CSH, 21<sup>st</sup> CSH, and 115<sup>th</sup> FH.

**66H:** Opportunities exists at WBAMC, Forts Leonard Wood, Bragg, Knox & Rucker.

**66H8A:** Openings are at Forts Carson, Leonard Wood, Hood, & Riley, and WRAMC

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

**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 clinical competent to aid our Soldiers on the Battlefield.

**USAREC/ROTC Nurse Counselors:** AN Branch projects four ROTC Nurse counselors positions and four USAREC positions opening summer 2005. The ROTC locations are Fort Belvoir, Fort Bragg, Presidio, & Fort Sam Houston. The USAREC locations are 1<sup>st</sup> Region Maryland, 1<sup>st</sup> Region New York, 5<sup>th</sup> Region New Orleans, LA, and 6<sup>th</sup> Region Santa Ana, CA. If you are interested in this great assignment, then make an appointment with your Chief Nurse to discuss this career move. AN Branch will need your Chief Nurse’ endorsement before we can put your packet forward. This is a nominative position and if you are selected, then the ROTC and USAREC Chief Nurses will identify which location you will fill.

**91WM6 Instructor:** Looking for 66H8A CPT or Major to teach at the schoolhouse. Wanting to fill this position NOW. Please call me or email [gordonv@hoffman.army.mil](mailto:gordonv@hoffman.army.mil).

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](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.

**IMMEDIATE OPENINGS!**

**8A Opportunities**

**10<sup>th</sup> CSH Fort Carson**

**M5 Opportunities**

**31<sup>st</sup> CSH Fort Bliss (Currently Deployed, you would be sent forward to Iraq)**

**86<sup>th</sup> CSH Fort Campbell**

**14<sup>th</sup> Field Hospital, Fort Benning**

**66H Opportunities**

**115<sup>th</sup> Field Hospital Fort Polk**

**14<sup>th</sup> Field Hospital, Fort Benning**

*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 Leonardwood, Fort Drum and William Beaumont.**

*I am also looking for a Hem/Onc trained 66H MAJ for head nurse positions at Fort Bliss and Tripler.*

*Position available now for CPT/MAJ 66H8A to instructor at the 91WM6 program at DDEAMC.*

*Thank you all very much for your support!!!!*

**MAJ Ahearne: [patrick.ahearne@us.army.mil](mailto:patrick.ahearne@us.army.mil)**

**Office of the Chief, Army Nurse Corps**

<p><b>Fort Sam Houston Office</b>            COL Barb Bruno            LTC Sheri Howell            MAJ Eric Lewis            AMEDD Center and School            ATTN: MCCC-CN, Room 275            2250 Stanley Road            Fort Sam Houston, TX 78234            210.221.6221/6659            DSN 471            Fax: 210.221.8360</p>	<p><b>Washington, DC Office</b>            LTC Christine Johnson            Headquarters, DA            Office of the Surgeon General            6011 5<sup>th</sup> Street, Suite #1            Fort Belvoir, VA 22060-5596            703.806.3027            DSN 656            Fax: 703.806.3999  <a href="mailto:christine.johnson@belvoir.army.mil">christine.johnson@belvoir.army.mil</a></p>
<p><a href="mailto:sheri.howell@amedd.army.mil">sheri.howell@amedd.army.mil</a></p>	<p>AN Website:  <a href="http://armynursecorps.amedd.army.mil/">http://armynursecorps.amedd.army.mil/</a></p>
<p><a href="mailto:eric.lewis@amedd.army.mil">eric.lewis@amedd.army.mil</a></p>	<p>AN Branch HRC:  <a href="http://www.perscomonline.army.mil/ophsdan/default.htm">www.perscomonline.army.mil/ophsdan/default.htm</a></p>

### ***LONG TERM HEALTH EDUCATION TRAINING (LTHET) STUDENT CHECKLIST***

This checklist contains important tuition, fee, and book reimbursement information for students. The student may be responsible for payment of some portion of tuition and fees charged by the school. Selection of a school with tuition and fees at or below the limit of Army-provided funds will result in significant savings to the student. Information on fees and book allotments can also be found in the Handbook for Students. **Please initial each checklist entry below** to indicate you have read and understood the information. Sign your name at the bottom of the checklist. Return the checklist within 90 days of program acceptance to:

Academy of Health Sciences  
Department of Health Education and Training (DHET)  
1750 Greeley Road, STE 201, ATTN MCCS-HEC  
Fort Sam Houston, TX 78234-5075  
FAX: (210) 221-2832/DSN 471-2832

\_\_\_\_1. **TUITION:** Each Corps has a cap on the amount of money that it will pay for LTHET tuition regardless of whether the tuition is in-state or out-of-state. The student will be responsible for negotiating with the school to try to obtain in-state tuition. In-state tuition at some schools may exceed the cap. The student will be responsible for payment of in-state or out-of-state tuition that exceeds the cap. In some instances, a student may receive approval for additional financial support that exceeds the cap. A request and justification for cap exception must be submitted to and approved by the Corps DHET Program Manager.

\_\_\_\_2. **MEDICAL COVERAGE:** Many schools require students to enroll in their medical insurance programs, but they will waive the requirement if the student provides proof of valid insurance. TRICARE provides health care coverage for Uniformed Service members. It is the student's sole responsibility to show the TRICARE insurance information to the school to obtain a waiver for school insurance. Any health insurance costs charged to the student by the school will be the sole responsibility of the student. Schools may also have a mandatory medical service fee or health service fee that is separate from health insurance. This fee is considered a reimbursable expense.

\_\_\_\_3. **REIMBURSABLE EXPENSES:** Reimbursable expenses in the amount authorized by current policies and procedures include, but are not limited to, books and reference materials; mandatory facility operations fees; initial identification cards; required expendable school supplies; fees for the Graduate Record Examination or other equivalent examinations (not licensure examinations); fees for transcripts required for entrance only into the training program; and application fees and graduation fees charged by the educational institution, unless otherwise covered. Master's thesis and doctoral dissertation are also covered. Payments are not authorized for students who have been granted an extension. The Book/Expense Reimbursement Form should be submitted upon successful completion of the first term, along with a grade report. AECF students may request a book reimbursement within 90 days of enrollment of each semester in an amount not to exceed the maximum allowable book reimbursement amount.

\_\_\_\_4. **NON-REIMBURSABLE EXPENSES:** Non-reimbursable fees include, but are not limited to transportation; parking; recreation; athletics; orientation; registration for non-credit courses, newspaper and magazine subscriptions, unless required by the discipline; and fraternity and sorority fees/pins/rings. Fees for malpractice insurance are also not covered due to provisions within the Federal Tort Claims Act (FTCA). This statute provides coverage for military personnel while acting within the scope of their employment. The student may be able to negotiate the waiver of a fee for malpractice insurance. If the school will not waive the fee, call your DHET Program Manager.

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Rank: \_\_\_\_\_

Corps: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Date: \_\_\_\_\_

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

**BOOK/EXPENSE REIMBURSEMENT REQUEST**

Students Enrolled in Civilian Fully Funded Degree-Producing Programs  
(Replaces Previous Book Reimbursement Request)

MEMORANDUM FOR: Academy of Health Sciences  
Department of Health Education and Training  
1750 Greeley Road, STE 201, ATTN MCCS-HEC  
Fort Sam Houston, TX 78234-5075

SUBJECT: Request for Payment

1. Full Name: \_\_\_\_\_ Rank: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ SSN: \_\_\_\_\_

E-Mail \_\_\_\_\_ Corps \_\_\_\_\_

Day Time Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Number ( ) \_\_\_\_\_ - \_\_\_\_\_

2. I am requesting reimbursement payment for:  
Annual Allowable Book Reimbursement ( ) Thesis ( ) Dissertation ( )  
for Academic Year \_\_\_\_\_.

Signature \_\_\_\_\_ Date \_\_\_\_\_

3. **Submit annual request for book reimbursement upon successful completion of the first semester or quarter.** The Book/Expense Reimbursement Request form must be accompanied with a grade report from the first term of the current academic year. AECF students may request a book reimbursement within 90 days of enrollment of each semester in an amount not to exceed the maximum allowable book reimbursement amount. Please allow 30-45 days for processing before calling to check the status of your request.

4. **Submit Thesis and Dissertation requests within 90 days of conferring of the degree.** Students must submit proof of evidence that the degree has been conferred by providing a copy of the final transcript with degree and date. If the degree has not been conferred within 90 days, call your DHET Program Manager.

5. **Submit a separate request for each reimbursement claim.** Fax your requests to (210) 291-2832, along with a copy of your orders and any amendments. If you want Direct Deposit of your reimbursement, contact the LTHET funds management technician at (210) 295-9365.

6. For additional information on tuition, fees, and reimbursements, refer to the Handbook for Students, Chapter 7. The Handbook can be accessed at the Student Detachment website:

[www.cs.amedd.army.mil/hrbc/studet/](http://www.cs.amedd.army.mil/hrbc/studet/)