

ARMY NURSE CORPS NEWSLETTER

“Ready, Caring, and Proud”

Volume 02 Issue 07

April 2002



Message from the Chief



I write this month's newsletter from a new location and a new senior leadership position within the Army Medical Department. On March 14th, I was given the opportunity to assume command of the U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM), located at the Edgewood Area of Aberdeen Proving Ground, Maryland. I look at this opportunity as a humbling, yet very exciting, opportunity to lead a fantastic group of professionals in ensuring world-class health promotion and preventive medicine programs are provided to our soldiers, their family members and our retirees. We will miss the many friends and professional acquaintances that we have made in the Pentagon, Office of The Surgeon General, and the Military District of Washington. As most of you know, I will remain dual-hatted as the Commanding General, USACHPPM and Chief of our great Army Nurse Corps.



Change of Command Official Party: left to right LTG Peake, MG Martinez and BG Bester

USACHPPM has a long, rich history and I would like to take a moment to discuss this organization's past and present mission for those who may not be familiar with its history. The lineage of USACHPPM can be traced back over 50 years when it was originally established at the beginning of World War II. It was originally located at the Johns Hopkins School of Hygiene and Public Health, with a staff of only three individuals and an annual budget of three thousand dollars. It's initial mission of identifying and eliminating occupational

health hazards within the Department of Defense proved to be of great benefit to the nation's war efforts. It became both nationally and internationally known as the U.S. Army Environmental Hygiene Agency and the mission soon expanded to support worldwide preventive medicine programs. In 1994, it was redesignated as the USACHPPM with a worldwide mission to provide technical support for implementing preventive medicine and public health programs as well as health promotion and wellness services into every aspect of the lives of our soldiers, their families and our federal civilian workforce. Today, the team has expanded to over 1,000 members consisting of chemists, engineers, physicians, nurses, epidemiologists and many, many more professionals who work together to meet the challenges of changing missions and managing the health risks of our service members and all those eligible for care.

The mission of USACHPPM is to provide health promotion and preventive medicine leadership and services to counter environmental, occupational and disease threats to health, fitness, and readiness in support of the National Military Strategy. LTG Peake explained during the change of command ceremony that we are a nation at war and the work performed at USACHPPM is key to commanders in the field as they make crucial decisions that affect the health of their soldiers. Lieutenant George Midla, a physician assistant, reiterates this message in an article he wrote for Army Medicine. He explained the increasing importance of preventive medicine to all military operations, especially those performed in environments that may be austere and challenging from a disease, climatic or terrain perspective. As many of you know, Army Nurses play a key role in health promotion and preventive medicine every day, whether in a

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AN Web Site:

www.armymedicine.army.mil/otsg/nurse/index.htm

ANC Branch PERSCOM:

www.perscom.army.mil/ophsdan/default.htm

Article Submissions for the ANC Newsletter

The ANC Newsletter is published monthly to convey information and items of interest to all 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 Feider. The deadline for all submissions is the last week of the month prior to the month you want the item published. We reserve the right to edit and review any item submitted for publication. All officers are eligible to submit items for publication.

TDA facility or a TO&E environment. Our ability to focus on patient and family education in regards to wellness, health promotion and the prevention of disease or injury has provided our patients and communities great benefit for many years now. We will most assuredly be called upon to continue these proactive interventions in the years to come.

I am not the first Army Nurse Corps officer to have the privilege to serve as the Commanding General of USACHPPM. Then BG Nancy Adams was USACHPPM's first Commander and BG Bettye Simmons was its fourth. I am honored to be given this opportunity while at the same time extremely happy to be able to continue to represent each and every one of you in my position as Corps Chief.

Army Nurses are Ready, Caring, Proud!

William T. Bester
BG, AN
Chief, Army Nurse Corps

PERSCOM UPDATE

Army Nurse Corps Branch Web Page

The direct address for our web page is: www.perscom.army.mil/ophsdan/default.htm. Please visit our site to learn more about AN Branch, and for matters pertaining to your military career.

ANC to start using the new AOC codes

We have now transitioned into new AOC codes to accurately reflect the ANC officers' specialties. The new specialty codes are as follows:

- 66B Community Health Nursing – replaces 66H8F
- 66C Psychiatric Nursing – unchanged
- 66E Perioperative Nursing – unchanged
- 66F Nurse Anesthesia – unchanged
- 66G OB/Gyn – replaces 66H8G
- 66G8D Nurse Midwife - replaces 66H8D
- 66H Medical-Surgical Nursing – unchanged
- 66H8A – Critical Care Nursing – unchanged
- 66HM5 – Emergency Nursing – unchanged
- 66P Family Nurse Practitioner – replaces 66H8E

Please note that the AN officers' ORBs will automatically reflect these new AOC codes. Contact your local personnel office if your specialty code is incorrect.

Upcoming Boards

04-21 Jun 02	Senior Service College
09-19 Jul 02	COL AMEDD & RA Selection
09-26 Jul 02	Command & General Staff College
29 Jul-2 Aug 02	LTHET
Oct 02	MAJ AMEDD

See PERSCOM Online (www.perscom.army.mil) for MILPER messages and more board information. To access the messages, go to PERSCOM Online, double click "Hot Topics", and then select MILPER Messages.

FY02 SENIOR SERVICE COLLEGE BOARD: 4-21 June 2002 (Milper Message # 02-089). Eligibility: MAJ(P), LTC & COL, must have completed a minimum of 16 years (192 months) AFCS or maximum of 23 years (276 months) as of 30 Sep 2003. MAJ(P) must be promoted to LTC by June 2002 otherwise will be ineligible for consideration.

Officers that *previously declined* for consideration will not be considered this year, unless they submit a memorandum stating that they want to be considered for this year's SSC board. Officers that were selected in the primary list but declined to attend Resident SSC are no longer eligible to compete. Officers that were offered the opportunity to do the Correspondence SSC but declined are still eligible to compete.

OERs due to OER Branch, PERSCOM: NLT 28 May 2002 Required "thru date" for complete-the-record OER is 29 Mar 2002. POC is Ms. Mary Massie, Development Branch, DSN 221-3157. E-mail massiem@hoffman.army.mil

FY02 AMEDD RA BOARD: 9 July 2002 (Milper Message # 02-092) Eligibility: Officers must be in VI status. MAJ with a minimum of 2 years AFCS, with 14 years or more of AFS and not in a promotable status. CPTs with a minimum of 2 years AFCS, with 10 years or more of AFS, and not in a promotable status.

OERs due to OER Branch, PERSCOM: NLT 2 July 2002 Complete the Record OER is not authorized. Request for microfiche: e-mail: offrcds@hoffman.army.mil or fax: DSN 221-5204 / 703-325-5204. POC is Ms. Brenda Norris, DSN 221-3759; (703) 325-3759 or norrisb@hoffman.army.mil.

LTHET

There is a new development in long term health education and training programs. The Uniformed Services University of the Health Sciences (USUHS) recently received approval from the Maryland State Board of Regents to offer a Masters of Science in Nursing program with a focus in Perioperative nursing. The Army Nurse Corps will participate in this program by directing **all** of our officers who apply for LTHET in Perioperative nursing to attend the USUHS program. Additionally, the ANC will provide an instructor to the USUHS program.

Facts about the program:

1. Program length - 24 months
2. Location - Bethesda, MD
3. Seat allocation - 10 total seats divided among all the services; ANC will be allocated 3-4 seats
4. Applicant must have a minimum of 1-year Perioperative experience
5. Interview - USUHS faculty
6. GPA- 3.0
7. GRE – 1000 (verbal & quantitative)

8. Officers should contact USUHS (Pat McMullen) at 301-295-1080 or the USUHS web site www.usuhs.mil to begin the application process. The officer should concurrently continue the LTHET application process with AN Branch. The USUHS screening board is scheduled for May 2002. The LTHET board (29 July - 2 August 2002) will consider the officers given the green light by USUHS.

The Long Term Health Education and Training Guidelines (FY2003) are available on the Army Nurse Corps Branch Web site. Use the following method to access the current guidelines: Go to www.perscom.army.mil. Click **Officer Management**. Click **Army Nurse Corps**. Scroll down and click **Baylor HCA**, **Nurse Anesthesia**, or **MSN/Ph.D.** Save to favorites. Failure to use this method may result in accessing guidelines that were saved in your computer system as a cookie or temp file from previous years.

Anesthesia Nursing applicants must submit a current audiology test result with the LTHET packet.

Officers selected for LTHET at civilian schools (FY 2002) that are having difficulty obtaining an acceptance letter should contact MAJ Lang. Letters of acceptance were due to AN Branch 28 February 2002. The school selected for attendance must have an Education Service Agreement with the AMEDDC&S. Major Lang, AN Branch has a list of approved schools. The tuition cap for FY2002 is \$3,000/semester or \$2,250/quarter. Officers may attend higher cost schools but must arrange with the college or university to pay the difference between the cost and the tuition cap. AN Branch will generate a Request for Orders (RFO) when the officer forwards an official letter of acceptance from the university or college.

Officers scheduled to begin LTHET at a civilian school (FY 2002) should access the AMEDDC&S Student Detachment web site www.cs.amedd.army.mil/ag/studet/asp to obtain a Student Handbook and in-processing instructions.

If you are currently in LTHET, keep yourself informed of Nurse Corps business by reading the ANC newsletter and web page!

Short Courses

To find out the updated class schedule, please visit the Army Nurse Corps branch web site at <http://www.perscom.army.mil/ophsdan/profdevt.htm>

To find the latest course schedules for military short courses check the following web sites:

Combat Casualty Care Course (C4) and Joint Operations Medical Management Course (C4A): www.dmrti.army.mil
 Chemical Casualty Course: www.ccc.apgea.army.mil
 HNLDC and ANLDC:
www.dns.amedd.army.mil/ANPD/index.htm

Preparation for TDY Courses

Just a friendly reminder, it is the responsibility of each unit to ensure that all officers going TDY are able to meet the Army's height/weight and APFT standards. For any course that generates an AER, officers must be able to pass these standards to pass the course.

Officer Advanced Course

Officers should not report to the AMEDD Officer Advanced Course without being confirmed a seat in the Army Training Requirements and Resources System (ATRRS). Major Lang is responsible for entering officers into the ATRRS system after receiving proper notification from the officer's unit. Officers who report to OAC without proper registration are subject to being turned away and returned to their unit. There are seats available in the July and September OAC. Officer Advanced Course dates are posted at: <http://www.perscom.army.mil/ophsdan/profdevt.htm>.

CGSC and CAS3 through the Reserves

Taking **CGSC** and **CAS3** through the **Reserves** is very popular and classes fill quickly. Please plan early. Send your completed 3838s, signed by your respective chain of command, and fax to **LTC Jane Newman** at **DSN 221-2392**, com. **703-325-2392** (newmanj@hoffman.army.mil).

UPDATE - All the centrally funded seats for CGSC have been filled for summer 2002.

The Reserve option is still possible, if funded by your individual facilities. Please, still send your completed DA 3838s to LTC Newman for ATRRS entry and tracking. The web address is www-CGSC.army.mil. If you have ATRRS CGSC & CAS3 related questions, the contact is Ms Jennifer West **DSN 221-3159**.

Information for the Reserve Component (RC) CAS3 can be found on line. The information pertains to AD officers attending Reserve Component CAS3. Points of contact (POC) for specific reserve component regions are listed. Please do not attempt to register on-line. Registration for CAS3 and CGSC must be processed through your respective local training chain of command. LTC Newman is the AN Branch POC. Ms Jennifer West (DSN 221-3161) is an additional POC for specific questions.

If you are currently enrolled in another service's CGSC or are contemplating signing up for another service's CGSC, please contact your PMO to discuss your plan first!

Generic Course Guarantee

Information on GCG is located in our website (<http://www.perscom.army.mil/ophsdan/profdevt.htm>).

AOC/ASI Producing Courses POCs

Critical Care Course, Emergency Nursing Course, Psychiatric-Mental Health and OB-GYN Nursing Course Manager: LTC Hough at houghc@hoffman.army.mil

Seats are available in the JUL 02 OB-GYN Course in Hawaii. Please submit your application as soon as possible. Please see your Chief Nurse or Nursing Education personnel for more information or contact LTC Hough at houghc@hoffman.army.mil.

Perioperative Nursing Course Manager: LTC Newman at newmanj@hoffman.army.mil.

Community Health Nursing Manager: LTC Ross at rossa@hoffman.army.mil

Please see your facility's Nursing Education Representative or nursing chain of command if you are interested in attending. Please note FY02 AOC/ASI Course dates are listed at <http://www.perscom.army.mil/ophsdan/profdevt.htm>.

66F/66E Assignment Opportunities

Assignment opportunities are available for 66Fs at Ft. Benning, Ft. Bragg, Ft. Campbell (FORSCOM), Ft. Gordon, Ft. Hood, Ft. Huachuca, Ft. Leonard Wood, Ft. Leavenworth, Ft. Polk, Ft. Stewart, Tripler, William Beaumont, WRAMC, Europe (two FORSCOM, two TDA) and Korea, summer 2002. Assignment opportunities for 66Es include Ft. Sill, Ft. Rucker, Tripler, Europe (FORSCOM) and Korea. For these and other opportunities, please inquire with LTC Newman ASAP, newmanj@hoffman.army.mil.

Assignment Opportunities for 66H Lieutenants

Looking for a change of pace or just a different environment? If you are a medical-surgical LT with at least 2 years Time on Station (TOS) and are willing and able to move this summer, there are assignment opportunities in Alaska, Ft. Bragg, NC (28th CSH), and Ft. Hood, TX (21st CSH) just to name a few. If you are interested, please contact LTC Charly Hough at houghc@hoffman.army.mil

Assignment Opportunities for Captains

Still a critical need for 8A's at Fort Riley, Fort Leonard Wood and Fort Stewart (must have two years TOS). MEDDAC assignments can be a nice change from working in a MEDCEN assignment. If interested, please notify your Chief Nurse and contact MAJ Greta Krapohl at krpohl@hoffman.army.mil. *I will be keeping the website updated with all assignment opportunities.*

AN BRANCH PERSONNEL E-MAIL ADDRESSES

Please note that our e-mail addresses are not linked with the MEDCOM e-mail address list. We continue to receive numerous calls from the field about "undeliverable" messages when you try to send us e-mail messages. Our e-mail addresses are as follows:

- | | |
|--|--|
| COL Feeney-Jones
feeneys@hoffman.army.mil | MAJ Krapohl
krpohl@hoffman.army.mil |
| LTC Haga-Hogston
hagas@hoffman.army.mil | MAJ Lang
langg@hoffman.army.mil |
| LTC Newman
newmanj@hoffman.army.mil | CPT(P) Gahol
gaholp@hoffman.army.mil |
| LTC Hough
houghc@hoffman.army.mil | Ms. Bolton
boltonv@hoffman.army.mil |
| LTC Ross
rossa@hoffman.army.mil | Mr. Shell
shellj@hoffman.army.mil |

**Smart Tips from the Future Readiness Officer
CPT(P) Bob Gahol**

Locating Missing Documents in Preparation for the Selection Board

It is very important that awards, badges, and degrees found on your uniform and ORB are supported by documentation on your microfiche. The board members are very detailed-oriented and thoroughly review your photo, ORB and microfiche. If you are missing awards and/or documents, please contact the originating unit to obtain a copy. Note that DA 638s, Recommendations for Awards, are not authorized on the microfiche. You must have a copy of the certificate or orders.

HOW TO GET REPLACEMENT OF AWARD ORDERS AND CERTIFICATES:

AR 600-8-22, Military Awards, 25 Feb 95, Para 10-3C of Reference A allows commanders having award approval authority to issue a replacement certificate to soldiers serving under their command jurisdiction, provided a copy of the orders announcing the award accompanies the request. The replacement certificate will be annotated with the original order number (e.g., per Permanent Orders XX-XX, 1 Jan 00). The same command positions are allowed to issue replacement orders for soldiers serving under their command jurisdiction provided a copy of the certificate accompanies the request. The replacement orders will have a statement following the authority leadline showing that the order superseded previously issued orders (e.g., this order superseded PO XX-XX, 1 Jan 00).

HOW TO GET YOUR PARACHUTIST BADGE ORDERS:

If you graduated greater than 10 years ago, call (706) 545-7457. If you graduated between 2 and 10 years ago, call Mr. Otis Hollins at (706) 545-2014. If you graduated less than 2 years ago, call Ms Carswell at (706) 545-1462.

HOW TO GET YOUR SPECIAL FORCES TAB ORDERS:

To account for the Special Forces Tab on your microfiche, a copy of the orders awarding the Special Forces Tab needs to be placed on the microfiche. The Qualification Course diploma is not authorized for placement on the microfiche. To obtain a copy of your Special Forces Tab orders, call the Student Records Office at USAJFKSWCS at (910) 432-1581.

HOW TO GET YOUR EFMB ORDERS:

To account for the EFMB orders, you must contact the originating unit that sponsored the training. There is no central holding facility for these orders. Another option is to ask a friend you took the training with if they have their orders, and to submit the orders with all the participant names on it.

HOW TO GET YOUR AIR ASSAULT ORDERS:

To account for your Air Assault orders, email your inquiry to: AFZB-PTM-AAS@emh2.campbell.army.mil. You can then fax a copy of your certificate to DSN: 635-2113 or (270) 798-2113, and they will search for your documentation. It takes approximately one week for your orders to be located.

HOW TO GET YOUR AMEDD COURSES

CERTIFICATES: To obtain copies of missing certificates from AMEDD related courses, call Ms. Joyce Gross at the Registrar's Office, Academy of Health Sciences at (210) 221-7388 / DSN 471- 7388

New Website!

Do you want to know the latest about the Army Stop-Loss Program? How about the latest information on the Montgomery GI Bill? Check out the Adjutant General Directorate (TAGD) website at <http://www.perscom.army.mil/tagd/index.htm> for much useful information.

**DEPARTMENT OF NURSING SCIENCE
NEWS**

91WM6 Branch

Under the Medical Reengineering Initiative, the Practical Nurse duty assignment changed from Minimal Care Wards (91C10) to Intensive Care Units/Intermediate Care Wards (91WM610) necessitating the need to train with greater emphasis in critical care and trauma management. To assist with restructuring the course and developing a new program of instruction, the Practical Nurse Branch is coordinating several workshops with Active and Reserve Component Practical Nurse Course personnel. The significant change in the training mission requires the collective experience, knowledge, and expertise of many to ensure success in redesigning a new curriculum.

The 91WM6 (Practical Nurse) Branch hosted a three-day Educational Training Exercise (ETX) in San Antonio, Texas from 13-15 March 2002 with members of the Total Army School System (TASS) Battalions, LPN Detachments. Nineteen USAR personnel brought their talents, skill, and knowledge, to the training exercise. Their high degree of enthusiasm and productivity made the ETX extremely successful in meeting the goals of completing a draft Course Management Plan (CMP); developing a framework for the 91WM6 Critical Care Curriculum component; and revising/reviewing over 500 test questions as part of a standardized Exam Bank.

The Practical Nurse Educators Conference (PNEC) for 2002 will convene in San Antonio, Texas from 6-10 May 2002 at the Holiday Inn Select Hotel. The goal of this year's PNEC is to focus on development of course materials including a new 91WM6 Program of Instruction. Participants will continue to align the current curriculum with the new 91WM6 Critical Task List and assist with further development of critical care skills training; and test design. We look forward to future collaboration with USAR and Active component personnel as we continue to build the ASI M6, restructure the practical nurse course, and develop quality-training products. The MOS 91W is the primary MOS, therefore, all soldiers must be 91W qualified. Enlisted medics who have graduated from the MOS Medical Specialist, 91B10 course and converted to 91WY2 may attend the ASI M6 course through

FY04. Soldiers who do not hold the MOS 91W must apply through Reenlistment or Reclassification and if approved, will be scheduled to attend the 91W course prior to M6 training. For further information contact SFC Rodney Robertson, DSN 471-8454 or COM (210) 221-8454.

Advanced Nurse Leadership Course - VTT

March 4 – 8, 2002 marked a successful pilot Advanced Nurse Leadership Course (ANLC) using Video Tele-training (VTT). Sixteen participants at over six sites completed and evaluated the initial course. Feedback was positive and included both the benefits and negatives of using this venue for the course. Future participants will recognize and appreciate the contributions of these charter members. **Key points for all ANLC participants:**

- Phase I must be completed *two weeks* before Phase II.
- Twenty-one seats have been allocated for OCONUS participants to come TDY to Fort Sam Houston. Please contact your education coordinators for more information.
- Homework and group projects are assigned.
- Everyone is highly encouraged to participate over VTT.

This is a great opportunity for leadership training for field grade ANs and we hope that others share our excitement in continuing this important course across the airwaves.

AN Officers should contact MAJ Gary Lang at PERSCOM to enroll. **Reserve Officers** should contact LTC Mary Fell at ARPERSCOM to enroll. **DAC RNs** need to fax a DA 3838 to DSN 471-8114 or (210) 221-8114 to enroll.

91D Short Course

The 91D Short Course, officially known as the Surgical Support Postgraduate Course, will be held at **Ft. Sam 9-13 June 2002**. This course is designed for NCOICs and the information should be disseminated once they return back to their duty stations.

Attendance and central funding is limited with priority being given to NCOs that have not been previously funded for the Short Course. Any additional slots and/or available funding will be awarded on a first come first served basis upon receipt of appropriate paperwork. POC for the course is SSG Walling at (210) 221-1582 (DSN 471-1582) or email louis.walling@amedd.army.mil. Additional information can also be obtained on the 91D Website at www.dns.amedd.army.mil/91d.

Request for attendance **MUST** be sent no later than 60 days before the start date, (11 April 2002) for the Surgical Support NCO Short Course.

Active Component soldiers apply by submitting DA3838 to: DEPT OF HEALTH ED & TNG, ATTN MCCS HEI, CDR AMEDDC&S, 1750 GREELEY RD STE 205, FT SAM HOUSTON, TX 78234-5075. Paperwork may be faxed to SSG Walling at (210) 221-0675 (DSN 471-0675).

Army National Guard soldiers apply thru SSG Walling, on National Guard Bureau (NGB) Form 64, or contact MSG Eisenbart, NGB Surgeon's Office at DNS 327-7145, (703) 607-7145, FAX (703) 607-7187, or e-mail richard.eisenbart@ngb-armng.ngb.army.mil.

In order to hold seats, a copy of the form must be faxed to SSG Walling. Fax them to: ATTN SSG WALLING, DNS 471-0675, (210) 221-0675 or email louis.walling@cen.amedd.army.mil.

Army Reserve soldiers apply through unit training channels on DA Form 1058 to: ARPERSCOM, ATTN ARPC HS OPS MR KOSITZKE, 1 RESERVE WAY, ST LOUIS, MO 63132-5200. Phone (314) 592-0444, 1-800-325-4729 option 7, FAX (314) 592-0433, or e-mail donald.kositzke@arpstl.army.mil. Contact: Project Officer or AMEDDC&S Program Manager, DSN 471-0144, (210) 221-0144, FAX DSN 471-2832, (210) 221-2832, or e-mail dale.turner@amedd.army.mil.

**OPERATION ENDURING FREEDOM
Kandahar, Afghanistan 250th FST (ABN)
MAJ Michael Sadler**

Greetings from Kandahar, Afghanistan and the 250th Forward Surgical Team (ABN), commanded by LTC (P) Clifford A. Porter, Team Sergeant SSG Darken Forrest, and Chief Nurse MAJ Michael D. Sadler.



The 250th deployed mid October 2001 to a friendly Gulf Coast nation where it teamed up with an Air Force EMEDS to provide medical services. On Christmas day, the 250th moved forward in slices to Kandahar International Airport, Afghanistan. Once the majority of the 22-member team was in country, LTC Porter tackled the delicate political task of organizing and centralizing all medical assets. Army, Navy and Air Force teams melted together leaving service identities behind to provide a seamless flow of medical support.

Shortly after setting up shop, the 250th FST was deep into surgical cases. Our surgeons, LTC(P) Porter, LTC Arrington, LTC Place and MAJ (P) Rush learned first hand what surgery under fire was all about. CPT(P) West and CPT Regot provided anesthesia during this dangerous time. When the patient was moved to the recovery area, MAJ Sadler provided post anesthesia care, while automatic weapons and flares crackled outside the tent. The coordinated probing attack of the al-Qaida was easily turned away by over powering fire

power of the U.S. Marines. But those few hours of patient care under fire will live with the 250th FST forever. Kandahar continues to be active in its offensive actions against the Taliban and al-Qaida forces. This is a war fought by conventional and Special Operation units. The 250th FST is proud to be in direct support of the Combined Special Operations Task Force South-Forward. Kandahar contains a multi-national gathering of elite special forces from countries all over the globe with the united goal of ending terrorism now and for future generations.

The base itself is exactly what one would expect to find forward. Accommodations are Spartan; no showers, no hot chow, bottled water when available, no running water and no toilets. Meals are MREs, electrical power is inconsistent and dust is everywhere.

While all the medical care providers have stepped up for the challenges here, I am especially proud of our Nurse Corp Officers who make this team function efficiently and effectively. CPT Glen Carrelson, M5, OIC ER/ATLS, CPT(P) Darrel Dodge, 6D, OIC OR, CPT(P) Brad West and CPT Jim Regot 66F (CRNAs) and MAJ Michael Sadler, 8A, OIC ICU/PACU and Chief Nurse of the 250th FST.

As our time comes to a close and we rotate back to our loved ones, we know the nurses following us will continue the proud tradition of the Army Nurse Corps. The Army Nurse Corps can hold its head high knowing nurses and medics like these are forward providing care to preserve the fighting strength and keeping America, America!

**JTF-BRAVO MEDICAL ELEMENT
HONDURAS
1LT Julie Mcnett**

The Medical Element (MEDEL) nurses at Joint Task Force-Bravo work hard daily. JTF-Bravo is located in Soto Cano Air Base, Honduras. MEDEL's mission is to provide medical support for all US military activities in Central America. The EMT runs daily sick call and on the average sees two trauma cases a month. The OR team operates twice a week in the small community of La Paz as an ongoing Medical Readiness Training Exercise (MEDRETE).



February was a busy month for MEDEL. 1LT Flynn and 1LT Glancy, EMT staff nurses, assisted in conducting an optometry and ophthalmology MEDRETE in Choleteca, Honduras, along with health care workers from Brooke Army Medical Center and Wilford Hall. In a two-week period, they saw over 1700 patients. Along with conducting visual screenings and distributing eyeglasses, many patients received corrective surgeries for problems ranging from cataracts to strabismus repairs. 1LT Flynn stated, "The MEDRETE really opened my eyes to the health care we take for granted in the US. One man had no vision for two years due to cataracts and we were able to restore his sight."

On 4 February 2002, nineteen Honduran nurses participated in a respiratory nursing seminar that MEDEL sponsored. 1LT Glancy, 1LT McNett, (EMT staff nurses), CPT Rawlings (staff nurse, OR), and 1LT Oliver, EMT staff nurse, taught classes on topics ranging from COPD, ARDS, and care of ventilated patients. Later in the afternoon, we participated in hands-on round robin stations to further enhance the skills learned from the morning presentations. 1LT Oliver said, "I enjoyed the opportunity to share knowledge with our Honduran counterparts. We worked around the language barrier and learned a lot from each other."

MAJ Saddler, Chief, Preventive Medicine, organized a MEDEL sponsored health fair for all of JTF-Bravo. Soldiers, airmen and Marines received information on a variety of health topics, to include smoking cessation, fitness, and nutrition guidelines. They participated in blood pressure and cholesterol screenings and were able to experience the "drunk goggles" to show how easily alcohol affects your coordination. Around 150 soldiers attended the health fair this year.

In March, CPT Beuhner, Head Nurse, EMT, conducted a general MEDRETE in several villages within the local area. For the first three days medics, physicians, physician assistants, and nurses from MEDEL provided the health care. An Air National Guard unit from Battle Creek, Michigan, took over for the remainder of the MEDRETE. During the two-week period, over 3000 patients received Preventive Medicine education and vitamins. Many of these patients went on to see the physicians, dentists, or an optometrist. Immunizations were also given. Many of these villages are very isolated and this provided the only health care these people will receive all year.

COL Gustke paid MEDEL a visit in March. While at Soto Cano, she visited CPT Beuhner's MEDRETE, attended a surgery visit in La Paz, and observed a post wide MASCAL exercise. She flew, courtesy of the 228th AV REG MEDEVAC bird to Tegucigalpa to tour Hospital Militar, Hospital Escuela, and DIME to get a feel for the quality of health care available in Honduras and discuss nursing issues with the hospitals' Chief Nurses. She provided the nurses and medics of MEDEL with information on the current state of the Army Nurse Corps. She also participated in the Women's History Luncheon with Dr. Dermith, the first female surgeon in Honduras, as the guest speaker. We would like to thank

COL Gustke for taking the time to come visit Soto Cano and the Army Nurse Corps officers!



COL Gustke and LTC(P) Clark at a MEDRETE

On a non-medical note, MEDEL sponsors two local orphanages, with over 120 children. Every Wednesday afternoon, MEDEL loads a van with donated clothes, hygiene items, school supplies and the children's favorite candy and visits the orphanages. Many people in MEDEL enjoy and participate in these visits. The kids run up to the van when we visit and individual attention brings smiles to their faces. 1LT McNett, Project Officer for the orphanage, sees school supplies and shoes as the children's most urgent needs. "We are trying to pass on the message to incoming personnel to obtain donated items from their home units to help out the kids."

MEDEL nurses will continue to be busy in the upcoming months. Along with our daily mission, we will participate in several more MEDRETEs and will conduct another nursing seminar in April. We will continue to be "*Here to Serve-Fit to fight.*"

**DEPARTMENT OF COMBAT MEDIC
TRAINING
Caring For The Soldier
CPT Wendy Mello**

I decided to write about my role as a soldier advocate and mentor for this newsletter. We often get so focused on the mission, that we forget about those who make the mission possible.

Each of these students and instructors are individuals who have goals and aspirations, which often fall well beyond the 91W course. A crucial feature of my job is to not only ensure that every soldier-medic is trained to the standard to save lives in any health care arena, but to also ensure each possesses the fundamental tools to succeed in any future endeavor. Similarly, I must also insist that every instructor has the opportunity to succeed at their job and to also progress in their professional development.

My position entails leading a training team with up to 28 NCO instructors, coordinating additional instructor support, and ensuring the successful graduation of up to 340 students after

an intensive and demanding 16-week course. For every day of those 16 weeks, I have the opportunity to counsel, mentor and provide guidance to every soldier-medical and every instructor.

After months on the job, it still amazes me to see the personal drive and ambition that some of the students possess, and how easily that drive and ambition is unlocked in others by fulfilling my mentoring role. From helping a struggling student on a road march, to providing reassurance while they obtain their IV certification, or to clarifying difficult concepts in the classroom, this role is never-ending. These soldier-medics are the future of the Army Medical Department, and it is up to us to train each one to meet the standard and give them the requisite skills needed to succeed.

To assist in fostering top performance from my instructors, I developed and implemented an award program for my training team. As is often the case, the best and hardest working instructors sing a silent tune, with little formal recognition. From attending physical training at 0500, to planning and reviewing for their next class, to spending countless hours re-teaching students, the instructor's job entails more than a full day. Every instructor plays a key role in this program's success, and it is up to every leader to ensure credit is awarded when due.

My position has enabled me to touch and mold the lives of the future of the Army Medical Department. The experience here is proving to be invaluable and is one of the best positions an Army Nurse Corps officer can have. It's a job where I can tie my role as a nurse and my role as a leader...to care for each soldier and ensure each one's success.

WOMEN'S HISTORY MONTH
MAJ Debora Cox, AN Historian

Dr. Anita Newcomb McGee, daughter of the noted astronomer Simon Newcomb, was born in Washington, D.C., on 4 November 1864. She married geologist and anthropologist, Dr. W.J. McGee, in 1888, and in 1892 completed her medical degree at what is now The George Washington University. One of the few woman physicians then in Washington, she practiced until 1896 when she increasingly devoted her attention to her family and to active involvement in scientific, medical, and civic activities.

At the outbreak of the Spanish-American War in April 1898, Dr. McGee organized volunteer nurses for the Daughters of the American Revolution (DAR). BG George M. Sternberg, The Surgeon General of the Army, soon turned to her and the DAR to assist the Army Medical Department to solve its desperate need for trained nurses. She quickly began screening and hiring hundreds of women as contract nurses for the Army. Recognizing her organizational abilities, Sternberg appointed her an Acting Assistant Surgeon (equivalent to a temporary rank of 1st lieutenant) on 29 August 1898-the only woman ever to hold such an appointment.

With the end of the brief war with Spain, Dr. McGee pursued the establishment of a permanent Army Nurse Corps. At the request of BG Sternberg, in 1900 she drafted Section 19 of the Army Reorganization Bill pertaining to the establishment of the Army Nurse Corps. In December 1900, with the passage of the Bill assured, she left the Army after selecting her assistant, Mrs. Dita Hopkins Kinney, as the first Superintendent of the new Army Nurse Corps. Today, Dr. McGee is recognized as the founder of the Army Nurse Corps.

In the years after 1900, she remained exceptionally active. A progressive for her time, she combined a successful professional career with motherhood. She made numerous notable contributions to medicine, nursing, and the AMEDD. At the time of her death in October 1940, it was noted that one of Dr. McGee's greatest contributions was to reestablish the role and value of women in military nursing that Florence Nightingale had pioneered in the Crimean War. Dr. Anita Newcomb McGee was buried with full military honors beside her father in Arlington National Cemetery.

To read more about Dr. Anita Newcomb McGee, click on this link to the AMEDD History website
http://www.armymedicine.army.mil/history/ameddcorp/armynurse/McGeeWHMSpecial/McGee_Content.html

The **Dr. Anita Newcomb McGee Award** recognizes professional and military nursing excellence and is sponsored annually by the Daughters of the American Revolution (DAR). The DAR initiated this award in 1967, which is presented annually at the DAR Continental Congress in Washington, D.C. at Constitution Hall. Congratulations to this year's winner, **LTC(P) Laura Brosch**, Chief Nursing Research Services at Walter Reed Army Medical Center and Nursing Research Consultant to OTSG. The award will be presented at the DAR Congress the week of 1-7 July 2002 in Washington, D.C.

RESEARCH UPDATE

“Army Hospitals: Work Environment, Quality of Care, and Intent to Leave”
LTC Patricia A. Patrician, PhD

As the current global nursing shortage unfolds, recruitment and retention of qualified nurses are expected to become fiercely competitive for both civilian and military health care organizations. Decreasing nurse supply because of the aging nursing workforce and dropping enrollment in nursing schools, coupled with increasing demands for nursing services will culminate in predicted vacancies of over 1,000,000 registered nurses by the year 2010. Civilian hospitals currently are offering unprecedented economic incentives to attract and retain experienced nurses; fiscal constraints in the military health care system do not allow for the same types of rewards. Economic incentives are not the only factors driving nurse retention decisions. Nurses want respect and recognition for their work, authority commensurate with their responsibility, autonomy to make decisions that affect patient

care, and a work environment that facilitates safe patient care. All of these factors were identified in magnet hospitals, so named for their ability to attract and retain experienced nurses. The work environment attributes that characterize magnet hospitals have also been associated with better patient, nurse and organizational outcomes.

With this in mind, nurse researchers at Walter Reed Army Medical Center, working in consultation with Dr. Linda Aiken's research group from the University of Pennsylvania, are conducting an AMEDD-wide study on the work environment attributes in all of our inpatient units in CONUS, Alaska, and Hawaii. This study will identify the extent to which work environments characteristic of magnet hospitals exist within the Army health care system. It will also help us understand the relationship among the work environment, nurse-rated quality of patient care, and the intent of military and civilian nurses to leave the Army health care system. The population for this study is military and civilian nurses working in all inpatient units within Army medical treatment facilities (MTFs) in the continental U.S. The data will be obtained through cross-sectional surveys. This study will provide a snapshot of the quality of work environments in Army hospitals and explore how work environment attributes relate to intentions to leave the AMEDD workforce and ratings of patient care quality. This study may have significant implications for attracting and retaining quality nurses in the Army health care system. The findings from this study will allow targeted interventions to create, sustain, or enhance work environments that foster nurse retention in Army hospitals. It may also provide an empirical basis for marketing strategies aimed at retention.

**MATERNAL CHILD HEALTH NURSING
CONSULTANT
LTC Ramona Fiorey**

I attended a local conference recently that had some very good speakers and presentations. Bonnie Flood Chez, a nationally known speaker particularly in the area of electronic fetal monitoring, provided some excellent information about medical-legal suits resulting from her substantial experience as an expert witness. In a lawsuit, the plaintiff must prove that there was a breach of duty by the health care provider/facility, that an injury occurred, and that the injury was caused by the breach of duty. 85% of cases settle in favor of the physician/nurses. 15% go to the settlement process or the case is dropped. Ms. Chez cited specific allegations that are made in litigations involving perinatal nursing:

- Inadequate policies and procedures to guide care of obstetric and neonatal patients.
- Non-adherence to established hospital policies/procedures or JCAHO standards of care.
- Improper evaluation and/or triage of obstetric patients
- Inadequate monitoring/documentation of all aspects of the observation period and labor (particularly cervical ripening and induction/augmentation).

- Inaccurate interpretation of fetal heart rate patterns with electronic fetal monitoring.
- Failure to notify primary care provider of significant changes in the patient's clinical condition, or to summon pediatric/neonatal specialists.
- Inadequate/untimely response to emergencies.
- Improper resuscitation of the depressed newborn.
- Inadequate assessment and monitoring of the infant in the first hours after delivery.
- Failure to recognize and respond accordingly to inappropriate medical care (use of chain of command).
- Failure to follow medical orders or following inappropriate orders.
- Improper/uninformed patient consent.
- Failure to establish and/or follow a nursing plan of care.
- Inadequate/absent documentation.

Obstetrics is a specialty at high risk for litigation and none of us want to be named or involved in a suit. We need to recognize precipitating factors and ensure that unit policies and procedures are current and adequate, but not severely limiting (for example, policies that include tasks that need to be done on a timeline – increasing dosage/vital signs in oxytocin induction - should give some flexibility). In litigations, policies can be subpoenaed and plaintiff attorneys will hold the defendant to the letter of the policy. Ms. Chez recommended that in a high-risk situation, the physician and nurse should discuss the event and make sure there is similarity with response, treatment, timelines, etc. before documenting on progress and nursing notes. This does not mean altering facts, of course. Remember that patients and their families are entitled to know when errors have occurred during their care. Lawsuits may be avoided when communication between care providers and patients/families is open, honest and meets the patient's/family's needs.

A MEDCOM Memo you should be aware of provides guidance about screening of females of childbearing age before immunization. Required procedures referred to in the memo will be included in revised AR 40-562 (Immunization and Chemoprophylaxis). POC for the memo is LTC Regina Curtis, (703) 681-3017.

It's time again to take advantage of AWHONN's offer to provide from 500-1500 copies their publication Every Woman to hospitals and clinics for distribution to female patients. This great book is free of charge and can be ordered at www.AWHONN.org. Delivery of the books occurs in late July or early August. There is no shipping charge, but recipient facilities must accept delivery of the books or the facilities will be liable for shipping costs back to AWHONN.

The March 2002 issue of PEDIATRICS has an excellent article written by the American Academy of Pediatrics. The article "Selection and use of the most appropriate car safety seats for growing children: guidelines for counseling parents" is a useful tool for providers to have available in the clinical area.

I am developing a web page for perinatal/GYN nurses working in Army MTFs. Topics will include perinatal bereavement, infant security, car seat safety, links to appropriate web sites, a directory of perinatal/GYN nurse managers, and results of the OB Consultant Surveys. If you have ideas for topics to be included on the page or have policies, programs, information etc you would like to share, please contact me at ramona.fiorey@nw.amedd.army.mil or DSN 782-1244/COM 253-968-1244.

DIRECTOR, HEALTH PROMOTION AND WELLNESS, USACHPPM
COL Gemryl L. Samuels

The Department of Defense (DOD) Survey of Health Related Behaviors Among Military Personnel is a series of studies of health related behaviors among military personnel. These studies were commissioned by the Assistant Secretary for Defense (Health Affairs) and have been conducted approximately every 3 years beginning in 1980. The goals of the last survey in 1998 were:

- To continue to assess the health behaviors of military personnel against selected *Healthy People 2000* target objectives.
- To continue to assess the prevalence of substance use among military personnel.

A random sample of 17,264 active duty military personnel participated in the survey in 1998. This survey included 133 questions for male personnel and 142 questions for female personnel.

Army Nurse Corps officers might be asked to take part in the next study involving the Department of Defense Survey of Health Related Behaviors Among Military Personnel that is expected to be out shortly. The 2001 tri-annual survey was delayed in implementation by the terrorist attacks of SEP 11. USACHPPM summarized the initial results of the 1998 DOD Survey of Health Related Behaviors Among Military Personnel with a focus on U.S. Army personnel, and will do the same with the next survey results.

The following are selected summary points from the 1998 survey:

- Army personnel drink alcohol more heavily than their civilian counterparts.
- Army personnel smoke less than their civilian counterparts.
- Declines in cigarette smoking for military personnel are likely attributable to demographic changes and not to smoking cessation programmatic influences.
- Nearly half of all Army personnel who smoke attempt to quit, but only one in four of those who attempt to quit are successful.
- Smokeless tobacco use declined moderately in the Army, Navy, and Air Force, but the Marine Corps demonstrated a large, statistically significant decline in smokeless tobacco use.

- Illicit drug use remained stable among Army, Navy, and Air Force personnel from 1995 to 1998 but declined significantly among Navy personnel.
- By the Healthy People 2000 guidelines, the prevalence of overweight increased for both under age 20 and age 20 and over, even though the Healthy People 2000 goal for age 20 and over was achieved. However, under new National Heart Lung and Blood Institute Guidelines (1998), both males and females were markedly overweight.
- Five Healthy People 2000 goals were achieved and progress is being made on the others involving health related behaviors. Nevertheless, considerable challenges still remain for five important goals involving cigarette smoking, smokeless tobacco, hypertension, high cholesterol, and hospitalization for injury.
- Hospitalization for injury is four times higher than the Healthy People 2000 goal with the Army having the highest incidence of hospitalization for injury of all the services.
- Stress and depression are significantly associated with poor health status and negative health related behaviors.

These survey findings present significant challenges for the Army in health promotion and preventive medicine. These challenges can be grouped into three main focus areas:

- Reduction of heavy alcohol use.
- Reduction of tobacco use (to include cigarettes, smokeless tobacco, and cigars/pipes).
- Reduction in hospitalization for injuries.

USACHPPM is looking forward to the next Survey of Health Related Behaviors Among Military Personnel. This survey will again be benchmarked against selected Healthy People 2010 target objectives. These benchmarks will then be used to assess progress towards meeting Healthy People 2010 goals.

A full report of the 1998 survey highlights is available on the World Wide Web at <http://www.tricare.osd.mil/analysis/surveys/98survey/survey.html>

PERIOPERATIVE NURSING CONSULTANT
COL Keith E. Essen

We have some very exciting news. As you all know the Army Nurse Corps along with the Air Force and Navy will establish a graduate level Perioperative Clinical Nurse Specialist Program at the Uniformed Services University of Health Sciences (USUHS). LTC Linda Wanzer was selected as the Army faculty member for this program that will accept its first students in the summer of 03. There is a lack of graduate programs that focus on the unique challenges specific to perioperative nursing; this initiative will address that need. A new Perioperative Nursing Course will commence this summer at Walter Reed Army Medical Center that will help us

**COMMUNITY HEALTH NURSING
CONSULTANT**

**The History of Army Community Health
Nursing 1949-1979, The First Thirty Years
Reprint from FM 8-24, 1980
*LTC(P) Sandra Goins***

further augment our 66E inventory. Please continue your efforts to publicize these opportunities and contact LTC Jane Newman regarding potential candidates for this course. More exciting news: Madigan Army Medical Center has implemented the long awaited Operating Room Management Application (ORMA). This computerized information management tool will significantly enhance perioperative clinical and business activities. Congratulations to COL Bonnie Pearson, LTC David Williams, COL (Ret) Joel Messing, and the rest of the Madigan team for paving the way on this complex and challenging endeavor. Walter Reed Army Medical Center projects implementation this summer.

Another new and exciting initiative commenced last month entitled "Enterprise Wide Scheduling". This is in seminal stages right now and portends the possibility of a Tri-Service OR management system for all medical treatment facilities with a surgical mission. Many "lessons learned" from ORMA implementation are being addressed for this initiative. LTC Patti Boone and LTC Jeanette Hammond-Allen are our Army representatives on this very important undertaking.

Of particular salience and concern are ongoing patient safety initiatives. As the result of several Institute of Medicine Reports, new JCAHO requirements, and a host of notorious adverse events depicted in the media, patient safety has gained significant momentum across the full spectrum of healthcare. This will not abate. This will be a continued focus and rightfully so. The operating room is an area that the Institute of Medicine characterizes as an "interactively complex tightly coupled work environment". Translation: things happen fast with unintended consequences. The operating room is an environment replete with potential "failure modes". It is important to stress *proactive* patient safety efforts utilizing the process of Healthcare Failure Mode Analysis as part of your ongoing PI processes.

The VA has shared with us a tool that will facilitate our ability to conduct a relatively painless proactive failure mode analysis. In the operating room many opportunities present that lend themselves to this kind of analysis; these include, but are not limited to, wrong site surgery, medication hand-offs (circulator to scrub—labeling—staff relief), forced air warming, and specimen handling. These represent processes laden with system flaws that are literally "accidents waiting to happen". JCAHO now requires that each Medical Treatment Facility conduct a Failure Mode Analysis. Your patient safety representatives at your facilities are trained in TapRoot Root Cause Analysis and Healthcare Failure Mode Analysis. Please appropriate these tools at your institutions in the perioperative setting. Please feel free to contact me regarding access to these resources and their potential application to your perioperative setting; additionally, the PS Web Page contains a wealth of information at <http://www.cs.amedd.army.mil/qmo/ptsafety/pts.htm>. My email is keith.essen@lnd.amedd.army.mil.

Community Health Nursing originated in the Army with the realization that a soldier who is concerned with the ill health or the welfare of his family cannot be completely committed to the mission of the Army. The first community nursing service was initiated at Fort Devens, Massachusetts in February 1949. This service began as a planned nursing intervention to deal with the anxious young parent who was bringing their infant to the emergency room for various routine infant conditions which the parent did not realize were normal. The service began with the short-term goal of conserving hospital staff for true emergency care and a long-term objective of providing soldiers and their dependents with family-centered services similar to those available in civilian communities through the public health and visiting nurses. The official title for this specialty became Army Health Nursing.

AR 40-551, published in June 1950, was the first regulation governing the specialty of Army Health Nursing. FM 8-24, the first manual for health nurses in the Army, was published in 1959. It provided health nurses with the basic concepts and principles essential to effective accomplishment of health nursing responsibilities and served as an aid in orienting others to the specialty. The first revision of the manual, published in 1972, remained in effect until superseded by this 1979 revision.

From the time community health nursing services were initiated in military installations in both CONUS and overseas, their value was apparent; and the need for greater numbers of well-qualified nurses to practice this new specialty was evident. Therefore, in 1951 the first health nurse was assigned to the Preventive Medicine Division, Professional Service Directorate, Office of the Surgeon General, to assist with matters related to the practice of Army Health Nursing. By 1962, the number of Health Nurses had grown to 90, serving in 35 CONUS installations and 23 overseas locations. The number of authorized Community Health Nurses rose to 120 by 1979.

In July 1961 the Development Training Program in Army Health Nursing was established at Fort Bragg, Fort Knox, Fort Benning, Fort Dix, Fort Leonardwood, Fort Lewis, Fort Ord, and Brooke Army Medical Center. With the discontinuance of this Developmental Training Program in Army Health Nursing in 1969, a 5-week Army Health Nursing Orientation Course (6F-F1) was begun. This course was held twice a year at the US Army Medical Field Service School, Fort Sam Houston, Texas. It was designed to provide baccalaureate-prepared ANC officers with a basic working knowledge of Army health nursing and preventive medicine practices. The course eventually included some rudimentary training in basic

physical assessment skills. Graduates of this course served a minimum of six months with an experienced health nurse before being awarded the health nurse MOS. In March 1973, this basic course for aspiring health nurses was combined with the basic course for preventive medicine officers and sanitary engineers, thus forming a multidisciplinary Community Health and Environmental Science Course (6AF-5).

Students completing the course with a grade of B or higher received 15 graduate credit hours from Tulane University School of Public Health and Tropical Medicine to apply to a Master in Public Health degree.

In September 1974 the official MOS title was changed from Army Health Nurse to Community Health Nurse. In 1976 the MOS designator "3431" was changed to the specialty skill AOC identifier "66B".

This article is submitted in recognition of National Public Health Week, 1-7 April 2002. This celebration provides an opportunity to recognize the contributions of public health to the nation's well being as well as to focus public attention on major health issues in our communities. Community Health Nurses, as well as other members of the Preventive Medicine Team, work to ensure Healthy People in Healthy Communities. Our mission is to keep our public - soldiers, families, retirees and employees - healthy and fit.

PSYCHIATRIC NURSE CONSULTANT
Field Training Exercise For
Psychiatric Nurse Students
LTC Dorothy A. Anderson

Psychiatric nurses take care of soldiers in garrison and in combat. Psychiatric nurses also take care of soldiers in combat in Combat Stress Control Detachments (CSC). Psychiatric Nurse Course 012 was privileged to participate in realistic training for their roles in CSC. Due to creative thinking by the course director and MAJ Jorge Torres, Company Commander of the 528th CSC in FT Bragg, N.C.; the Psychiatric Nurse Course experienced its first CSC field training exercise.

The students participated in "Operation Purple Shield" from 19 to 25 February. They participated with the 528th CSC; A Co, 261st ASMB; 1493rd Reserve CSC, Raleigh, N.C. and the USMC "OSCAR" Team, Camp Lejeune, N.C. The OSCAR team is the Marine Corps equivalent of the Army's CSC.

During the training, the soldiers got to practice map reading, driving in the dark, digging fighting positions and using night-vision goggles. They responded to ambushes and night attacks. Soldiers also learned the following: NBC, establishing a defensive perimeter and life support, field expedient patient documentation, neuropsychiatric interviewing and triage, managing prisoners of war, and Critical Incident Stress Management.

MAJ Torres expressed the tenants of combat stress during an interview for the Fayetteville Observer in Fayetteville, North Carolina. He stated: "We don't want to harm the soldier by treating him strictly as battle fatigue if he really has a mental illness. We need to fix his mental illness, which is not what we do in the Combat Stress Detachment. We assess, stabilize soldiers and then ship them back if they have a mental illness. The Army believes that in cases of battle fatigue, it is better for a soldier's mental health to recuperate for several days and return to his unit rather than be sent to a distant hospital and not come back."

"We do a lot of normalizing, teaching people that the reactions that they are having, as weird as they may seem back in the normal world, in the craziness of war, they are normal reactions. The main principals are giving the soldier rest, reassurance, and replenishment, which may mean a hot shower, a hot meal and stress management skills. After three days of rest, about 80 to 85% of casualties are able to return to duty."

The students enjoyed the training exercise. They readily admitted that the exercise was challenging, provided invaluable hands on training, and provided a holistic understanding of their role as psychiatric nurses. They expressed that each class should be given the opportunity for a CSC FTX.

If you are interested in becoming a psychiatric nurse, you may apply through your Department of Hospital Education. The course dates are: Class 022: 19 May 02 to 10 Sep 02; Class 013: 13 Oct to 21 Feb 03; Class 023: 16 Mar to 03 Jul 03; and Class 033: 27 Jul 03 to 19 Nov 03.

FORT POLK: From The Maternal/Child Unit
Nurses' Point Of View
COL Donna Chapman

"You've got orders for Fort Polk." The news sometimes sinks hearts, drives many to tears, and brings a sense of impending doom. Visions of Camp Swampy, JRTC, humid weather, crawdads, bugs, snakes, more humid weather, 'Bubbas', mosquitoes, crow stew, and even more humid weather—are not a pretty picture! You've probably all seen the movies--"The Waterboy" and "Joe Dirt;" and think you know what Louisiana is really about.

In the words of CPT Christina Sinelli, "When I found out my next duty station was Fort Polk, I cried in my head nurse's office. I really thought it was the end of the world!" But things are often not as they seem. The following are the reflections from nurses who work in the maternal/child unit at Bayne Jones Army Community Hospital (BJACH); all of who did not want to come to Fort Polk. After coming to BJACH, CPT Sinelli found the people helpful and friendly; "I have met some of my best friends here." She recommends living on post, as it is safe, secure, and very convenient. As a native of Iowa, CPT Sinelli was surprised by the chilly winters, but found spring and fall very pleasant.

1LT Amber Barker was disappointed about Fort Polk being her first duty station – she wanted to travel, but Louisiana is home. She was pleasantly surprised, however, to find a spirit of hospitality at work and a post that was family oriented. 1LT Barker commented that BJACH provided a great place to gain knowledge and experience. The hospital delivers 50-60 babies a month, has both Obstetricians and Family Practice physicians, and is currently developing an initiative to hire nurse midwives. There is great camaraderie between the nursing and physician staffs. Nursing personnel cover both the labor and delivery deck and the newborn nursery (postpartum patients are cared for on the multi-specialty ward). Long range planning calls for the implementation of LDRPs to replace the more traditional model that is now in place. Currently, high-risk OB patients are flown to medical centers throughout Louisiana. As 1LT Barker puts it, “How many of Army nurses have been able to fly with their patients in a helicopter on an AIREVAC transport? Your chances at Fort Polk are high.”

With all the horror stories about Fort Polk, who would want to have Fort Polk as their next duty station! The funny thing is most of those stories originate from people that have never been here or have just been here for field training. Well, I work at BJACH Fort Polk on the L&D and Newborn Nursery, and I can honestly tell you it is not as bad as people elaborate. I absolutely love my job. I have learned so much and I touch a very sentimental part of many family’s dreams. There’s nothing like having a woman scream at you one minute, then apologize and thank you repeatedly for helping them to bring a miracle to life. As for the surrounding area, it’s no secret that Fort Polk lacks a nearby metropolis, but for a couple of years it can be a very interesting place. Louisiana has many festivals, not to mention Mardi Gras. Plus, Houston is relatively close drive to get your big city fix. *Overall, anywhere you are stationed is what you make of it!* If you choose to have a bad attitude, you will be miserable wherever you go. Think of it as an adventure or an opportunity to explore. I found it amazing how many retired military reside here. Just keep your mind open and positive.

Louisiana has many tourist attractions. There are many places to hunt, fish, camp, and hike. There are jazz festivals, plantation tours, alligator farms (yes, it does taste like chicken!), and Civil War sites. Houston and New Orleans are 4 hours away. Fort Polk lies between two small communities; the nearest malls are approximately 1 hour away. Marci Stokes is an R.N. on the maternal/child unit and a spouse of an active duty soldier. Ms. Stokes reports she “would highly recommend a tour to Fort Polk for anyone who likes the outdoor activities and rural lifestyle, yet close enough to enjoy the attractions of city life.” With 7 years as a L&D nurse, Ms. Stokes describes her 1½ years at BJACH as a time that allowed her to master her skills, broaden her knowledge base, and foster confidence in a friendly and supportive environment.

CPT Nadine Malone has been at BJACH for almost 3 years since arriving from Madigan. She says, “after getting over the initial shock and the snickers from others after telling them

about PCSing to Fort Polk, I decided to make the best of it.” CPT Malone reports since being stationed here, there have been more opportunities for attending ACLS, NRP, CE seminars, TDY and participating on committees to implement changes than anywhere she has been previously assigned. “One of the advantages of a MEDDAC,” states CPT Malone, “is that there are times when the census is low – you’re not always in a crisis mode like you might find at a MEDCEN. This allows for the staff to conduct inservices and complete unit projects.” She lives off post and has found the community to be very friendly and plans on retiring here.

Louisiana provides an opportunity to enjoy fine Southern cuisine from crawfish etoufee (pronounced eh-too-fay), dirty rice, and fried pickles to boudin (a sausage/rice mixture). It is an area that can be appreciated by all who enjoy the outdoors. Louisiana is rich in history and is home to the oldest city in the Louisiana Purchase, Natchitoches. And Louisiana has Fort Polk; to some, one of the best kept secrets in the Army. CPT Christina Sinelli aptly describes the feelings of these contributing nurses, “I can now say my assignment here has truly been a blessing in disguise for my family and many others.” And yes, it is hot and humid for several months in the summer.

So, our advice is, “don’t despair when you get those orders for Fort Polk.” Instead, come to Louisiana with an open mind, a willingness to work, and the realization that you are about to meet some of the nicest people in America. We have enjoyed it here and know you will too!

RESERVE IMA NEWS
DIMA, Assistant Chief, ANC
COL Carol Swanson

Seamlessness, The Army, AC/RC Integration. We have all heard these terms at one time or another. For Active Component nurses this is not a concern on a daily basis until a USAR nurse/unit arrives for Annual Training (AT) or there is an AC/RC exercise. For those of us in the Reserve Component, we are most frequently aware of the issue when we are on, or preparing for, our two weeks of AT. The Air Force has achieved AC/RC integration...at least in the Air Evacuation System world. When you board a flight, you may have an active duty pilot, a USAR co-pilot, a medic on AT and a flight nurse on drill status. They work as a team and you could not identify them as “reservists” unless they told you that they were!

We have programs within The Army to integrate AC/RC. Besides exercises, there are programs where RC integrate into the AC world and AC integrate into the RC world. In the RC-to-AC world these programs are related to the TDA units. US Army Hospitals (USAH) have a wartime mission to backfill or expand the Medical Treatment Facility (MTF) to which they are aligned. Their slots are related to the MOB TDA of that facility and they train annually at that facility, and in some cases drill there each month. The Individual Mobilization Augmentees (IMAs) are individual soldiers assigned to slots

FT. SAM OFFICERS ATTEND INTERNATIONAL HUMANITARIAN COURSE

By Edward Rivera

that are also determined by the MOB TDA. They perform AT at that facility, and some, Drilling IMAs (DIMA) also perform drills there.

In the AC to RC world, there are several programs. AC nurses are assigned to RC TO&E units and work with the Active Guard Reserve (AGR), who are full time reservists, and the drilling reservists in a unit. There are three multi-compo units to which nurse corps officers are assigned, the 3rd MEDCOM, and the 48th and 228th CSH. These have AC, AGR, and drilling reservists as a part of their structure. There is also the AC to RC PROFIS program, which fills RC vacancies and provides integrated training. This program has improved RC readiness.

The AC and RC have different personnel issues and promotion structures which offer challenges to integration. However, we can learn about each other and work together in order to promote understanding. When our paths do cross we can impact the seamlessness and enhance mobilization readiness. USAR officers and personnel separating from active duty can address questions to their Personnel Management Officer (PMO) at AR-PERSCOM: 800-325-4729, extension 2 for Nurse Corps, extension 4 for enlisted. Also, information for RC is on the AR-PERSCOM web site www.2xcitizen.usar.army.mil. I can be reached for suggestions, questions and comments by e-mail at carol.swanson@us.army.mil

CRITICAL CARE CONSULTANT AACN's NTI Military Networking Event *COL Juanita Winfree*

The American Association of Critical Care Nurses (AACN) is an organization dedicated to providing members with the knowledge and resources necessary to provide quality care to critically ill patients. The AACN represents more than 65,000 nurses in the U.S. and 45 countries worldwide. In 1974, AACN introduced the National Teaching Institute (NTI) and Critical Care Exposition as a vehicle to disseminate state of the art critical care nursing knowledge. NTI attracts more than 6,000 participants providing critical care nurses with education, practical hands on skill experiences, pertinent critical care research opportunities and exhibitors.

As the Critical Care Consultant, I will not be in attendance this year, however, I encourage Army Nurses attending to take this opportunity to meet and network with other military nurses, and on return to their duty station to share with colleagues the knowledge gained at the conference. Several Army Nurse Corps Officers will be attending the conference; MAJ Spencer, MAJ Feider and MAJ Snyder are coordinating a networking time and place for military nurses to network during the conference. Point of contacts are MAJ Lindie Spencer, belinda.spencer@cen.amedd.army.mil, at 210-916-4908 or MAJ Laura Feider, laura.feider@amedd.army.mil, at 210-221-6221.

Enjoy the conference and networking opportunities!

Humanitarian aid has become a common term heard on the news. But for many Americans it just means air lifting food and supplies, giving medical treatment or providing a safe place for refugees. But, humanitarian aid is far more intricate than what is shown on television, as two Fort Sam Houston lieutenant colonels found out when they recently attended the International Diploma in Humanitarian Assistance (IDHA) course in Geneva.

According to LTC Toni K. Massenburg, chief, Nursing Education Branch, the course sponsored by the Center for International Health and Cooperation provides an operational and academic intensive training for those who participate in humanitarian crises, particularly during armed conflicts and disasters.

The overall course objectives provide volunteers and professionals, from a wide variety of backgrounds, a comprehensive insight into the needs of refugees and internally displaced people in acute and chronic settings, and equip them with the awareness, understanding and skills that are essential for effective service in a humanitarian crisis.

“In any humanitarian assistance situation there are many organizations that need to work together,” said LTC Catherine C. Oshiek, Dean of Education and Training for the Defense Medical Readiness Training Institute. “As U.S. military members this course helps us understand what goes into humanitarian assistance from a point of view other than our own,” said Oshiek.

The IDHA is a multidisciplinary program created to simulate a humanitarian crisis, with twelve-hour days, six days per week for a full month. The IDHA is held twice a year: in winter in Geneva and in summer in New York. Participants who have successfully completed the course will obtain the International Diploma in Humanitarian Assistance (IDHA) from the CIHC, Fordham University, the University of Geneva and the Royal College of Surgeons of Ireland.

In order to enable humanitarian aid workers engaged in the field to attend the training program and, in an attempt to create a teaching program which reflects the complexity and intensity of conditions faced by humanitarian workers, the course has been designed as an intensive four-week training program.

A multidisciplinary approach has been taken, covering the full range of disciplines, which are involved in humanitarian programs. These include management, logistics, health, psychology, social sciences, anthropology, engineering, communication, agriculture, environment, education, conflict

resolution, international law, civil/military relations, security, media, politics and economics.

An important aspect of the IDHA program is to promote an approach of cooperation and teamwork rather than competition and individualism. This is encouraged at a personal level in the sharing of expertise as a member of a 'syndicate' composed of people from a wide variety of experiences and organizations who will work together as a team for the duration of the course. Each syndicate is assigned to one of the core tutors who will act as a mentor for the students in the syndicate. There are six syndicates.

“Attendees were from a wide variety of backgrounds which provided the opportunity to discuss a wide range of ideas,” said Massenburg. I was able to get a great deal of information to pass on from the course.” Massenburg explained that there was a bit of anti-military sentiment expressed by some of the course attendees, but after interaction many of the stereotypes expressed by both military and non-military attendees were dispelled. “Most of the time when the U.S. goes in to provide humanitarian assistance, we go in, accomplish our mission and then we leave,” said Oshiek. “For the relief workers already there it can cause a disruption in what they have been doing or may cause them to change things after we leave the area.”

Analysis of important humanitarian crises, both complex emergencies and natural disasters is a feature of the course, which was introduced in response to feedback from students on previous courses.

Case studies focus on examples of acute, escalating and chronic crises. Lessons were drawn from their origin, evolution, and where appropriate, resolution. Particular attention is given to the role of the international community in cooperation with local authorities and civil society in attempting to avert and/or respond to these crises.

According to Oshiek the course enabled her to learn more about humanitarian operations and interaction between organizations in order to improve lesson plans developed at DMRTI. “Just like the military, relief organizations have their own way of operating, the IDHA course gave us insight and hopefully a migration to a worldwide standard for providing humanitarian assistance.”

**CONFERENCE GIVES NURSES A PLACE TO
SHOWCASE WORK**
COL Catherine Schempp

Now in its 15th year, the Pacific Nursing Research Conference has become a mainstay for showcasing research. The conference, co-sponsored by Tripler Army Medical Center (TAMC) and the University of Hawaii's (UH) School of Nursing and Dental Hygiene, had over 125 military and civilian nurses from around the world in attendance. The program entitled “The A to Z of Clinical Nursing Research: Novice to Expert” was designed to interest the clinician and educator alike. With the backdrop of the island paradise

Oahu, the conference was infused with cultural traditions such as Pulé and hula. The Pulé, breaking of the morning, was very powerful. The Pulé was a prayer to call forth the spirit gods to open the minds of the participants to the knowledge from the conference.

Dr. Carmen Portillo from University of California San Francisco, set the stage for the conference with her keynote on community based nursing research as a metaphor for caring. Dr. Portillo reminded us all that our research is based in communities of various ethnic origins and respecting those communities is a part of the nurse's caring framework. The first day's workshops focused on qualitative and quantitative research design and methodology – a good reminder of things forgotten or not yet learned. Packed with strategies to obtain funding to support research ideas, Dr. Murdaugh's plenary session on Creative Grant Writing was a big hit!

Congratulations go to MAJ Laura Feider, CPT Elizabeth Pulatie et al. and Chi-Chui Stephen Hung for taking home awards for their top poster presentations.

Dr. Jean Reeder, COL (Ret) AN and now CEO of J. Reeder Consulting, transitioned the conference on the second day into the hospital setting with her keynote on patient safety issues as a relevant research focus. Following her lead, Dr. Lori Loan presented a workshop on advancing patient safety through nursing quality measurement. Other workshops discussed issues related to conducting international research and survey research. No conference these days would be complete without addressing the issues of human subjects protection given so many cases hitting the news. Finally, the plenary session for the diehard conference goers concluded the conference with a panel discussing on the role of the non-profit research organization in assisting the researcher.

MAHALO to all the participants who are dedicated to improving their practice through research and to the Tripler AMC and UH planning committee for continuing to create a first-rate conference!

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No matter where you are stationed – Germany, Japan, Korea, Italy or the United States – if you're an Army nurse seeking credits for licensure and certification, or just want to be current in your field, check out the *Online Case Studies for Nursing* from the Honor Society of Nursing, Sigma Theta Tau International at www.nursingsociety.org.

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The Online Case Studies for Nurses provide point-of-care knowledge to support decision-making skills necessary for managing complex health care situations including

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- Ethics
- Forensic nursing
- Genetics
- Infectious diseases
- Menopause
- Obstetrical care
- Organ Transplantation
- Osteoporosis in women
- Pain management--non-pharmacological interventions
- Pain management--pharmacological interventions
- Parish nursing
- Pediatrics
- Postmenopausal chronic health issues

Share your expertise! We need more expert nurses from around the world to serve as case study authors, peer reviewers and beta testers.

If you are looking for an opportunity to publish internationally in a peer-reviewed, electronic format, become a case study author. Experienced Sigma Theta Tau International staff members will provide you with all the support you need – case study template, technological consultation, and editorial assistance.

Peer-reviewers are needed to provide expert evaluation and recommendations to authors using specific criteria. This is a key role in maintaining quality education programs that reflect current nursing knowledge and practice. Applicants need at least five years topic-related practice experience to qualify as a peer-reviewer.

Volunteers are also needed to beta-test the courses before they are posted on the Web site. After a case study has completed the peer-review process, the beta-tester reviews it to determine the number of contact hours. Beta-testers are RNs with varying education (BSN to PhD) and experience (novice to

expert) willing to periodically dedicate 1-2 hours to evaluate a case study from a learner's perspective.

Case study authors, reviewers and beta-testers are recognized for their volunteer contributions on our Web site at www.nursingsociety.org. To learn more about the *Online Case Studies for Nursing* or to volunteer, visit our Web site or e-mail: onlinece@stti.iupui.edu.

Sigma Theta Tau International Honor Society of Nursing is accredited as a provider of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation (ANCC).

NEWS FROM AROUND THE AMEDD NEWS FROM AROUND THE AMEDD

12th Annual Phyllis J. Verhonick Nursing Research Course

*Military Nursing Research:
Meeting the Challenges of Readiness in
Healthcare 29 April- 3 May 2002
San Antonio, Texas*

See the registration flyer at the end of this newsletter on page 20. To access the calendar of events and full agenda for PJV Conference, open the ANC web page and "click on" professional development.

This promises to be an exciting, dynamic research course!

AUSA Medical Symposium

The U.S. Army Surgeon General in cooperation with AUSA is sponsoring the AUSA Medical Symposium, 6-10 May 2002, at the Henry B. Gonzalez Convention Center, San Antonio, Texas. Seven conference groups will convene to attend general audience, as well as individual conference group sessions. Major conference groups include Baylor Preceptors, CSM/SGM, DENCOM, MTF Commanders, Operational Officers, Quality Management and Senior Leaders. The conference theme is "Adapting for Today-Transforming for Tomorrow". The agenda promises to offer something for everyone! To view the entire agenda and register, log on to www.ausa.org. Continuing education units have been applied for to include ACHE, CEU and CME. **An informal DCN/CN meeting is planned for Thursday, 9 May, from 1700-1900 at the Convention Center.** The POC for this conference is COL Carol Jones, Chief Nurse, MEDCOM. Contact her by phone @ DSN 471-6606 or email at Carol.Jones2@amedd.army.mil.

12th Annual Asia-Pacific Military Medicine Conference

The U.S. Army, Pacific (USARPAC), USARPAC Surgeon, MG Nancy Adams and Malaysian Armed Forces are sponsoring the Twelfth Annual Asia-Pacific Military Medicine Conference (APMMC) in Kuala Lumpur at the Sunway Resort Hotel, 21-26 April 2002. The theme of this conference is "Military Medical Interoperability." Other topics include the military aspects of humanitarian deployments, environmental medicine, infectious diseases, psychiatry, combat medicine, including medical strategies for low-intensity battles, technological advances in telemedicine, and other military relevant medical topics. Over 30 foreign countries will be invited to present and exchange medical information.

Interested military medical personnel are invited to attend. Approximately 24 hours of category 1 Continuing Medical Education (CME) will be awarded for attendance at this conference. Continuing nursing education contact hours will be awarded. The current per diem for Kuala Lumpur is 107 U.S. Dollars (64/lodging plus 43/mi&e).

The POC for this conference is COL Stephanie Marshall at Tripler, who may be reached via email @ stephanie.marshall@haw.tamc.amedd.army.mil.

ANCA NEWS

The ANCA web site, <http://e-anca.org>, is up and running! Give it a try. You'll note that there is a *members-only section* with limited access, and in a couple of weeks you will receive the combination to this section, in the same envelope as your ANCA ballot (don't forget to vote). For security reasons, usernames/passwords are not being sent by e-mail; however, if you'd like to have yours early, call me at 210-494-7029 and I'll be glad to phone or fax it to you. Nickey McCasland
Webmaster, e-anca.org
Email: nmccasland@satx.rr.com or webmaster@e-anca.org
Pho: 210-494-7029
Fax: 210-494-7029

Website for Women Vets

The following Internet Links are provided as information resources for women veterans:

<http://www.va.gov/womenvet/page.cfm?pg=26>

Medscape Article Access

To access MEDSCAPE, click on this Web address, or cut and paste it into a browser window. This article notification service provided by <http://www.medscape.com>

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- * 100+ online medical journals
- * Conference Coverage
- * Daily Medical News

Free email is also available to Medscape members -- the perfect solution for the mobile professional.



CPT Ricky Norwood, perioperative nursing, was recently recognized as the Brooke Army Medical Center's BG Lillian Dunlap Nursing Excellence Award winner. The award is given annually to recognize an outstanding junior Army Nurse Corps officer who exemplifies excellence in caring. Record numbers of junior officers were nominated for the award, which is based on respect for human dignity, leadership qualities, "whole"istic care of the patient, promotion of camaraderie, competence and professionalism.

LTC(P) Anthony Ettipio, Nursing Informatics Consultant, has recently passed the national certification exam for, and been designated a *Certified Professional in Healthcare Information and Management Systems (CPHIMS)*, which formally recognizes the highest standards of knowledge and competency to practice in the healthcare information and management systems field. Eligibility to sit the exam requires 3-5 years of prior, full-time information management experience, depending upon one's degree.

COL Analiza Savage, Chief Nurse at Ft. Stewart was selected to attend the 2002 Helene Fuld Health Policy Leadership Fellowship.

COL Deborah Gustke, Assistant Chief, ANC is featured and discusses "Managing Nurses in the Military" in *Nursing Spectrum*, March 25, 2002, Vol. 12, No. 6, pages 8-9.



MAJ John Canady, AN, Walter Reed Army Medical Center, **MAJ Mary Hargrove**, AN, Tripler Army Medical Center; and **CPT Anita Ganz**, AN, Madigan Army Medical Center published "Transient radiculopathy after subarachnoid block with 5% lidocaine or 0.75% bupivacaine in three surgical positions" in the October 2001 issue of *AANA Journal*.

MAJ Veronica A. Thurmond is a doctoral student attending the University of Kansas Medical Center, School of Nursing and published: **Thurmond, V.A., & Boyle, D.K.** (2002). An integrative review of patients' perceptions regarding telehealth used in their health care. *The Online Journal of Knowledge Synthesis for Nursing*, 9(2). Available online from <http://www.stti.iupui.edu/library/ojksn/>

MAJ Caterina Lasome, a doctoral student at the University of Maryland recently published with Agazio, J. B., Pavlides, C. C., **Lasome, C. E. M.**, Flaherty, N. J., & Torrance, R. J. (in press). Evaluation of a virtual reality simulator in sustainment training. *Military Medicine*.

MAJ Linda W. Fisher, SERMC Nurse Methods Analyst, has had accepted for publication "Comparison of Specialty Referral Patterns of Primary Care Providers" in the *Journal of Healthcare Management* in the May/June Issue.



**“Ready, Caring and Proud Giclée Painting”
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**12th Biennial
Phyllis J. Verhonick
Nursing Research Course**

***Military Nursing Research:
Meeting the Challenges of Readiness in Healthcare***

***29 April- 3 May 2002
St. Anthony Hotel, San Antonio, Texas***

This Course includes presentations by U.S. Army nursing leaders, nationally known nursing experts, clinical experts, and active-duty, reserve, and retired military nurse researchers from the Army, Navy and Air Force. The Course will also feature award-winning abstract and paper presentations, a poster session and roundtable discussions providing a variety of valuable networking opportunities. Clinical innovation and research utilization projects will be showcased as well as content on assessment of staffing effectiveness and measurement of patient outcomes. A variety of research toolkit sessions will round out the program.

Highlights

- ◆ TriService Nursing Research Welcome reception on Sunday, 28 Apr 2002
- ◆ Dinner on the San Antonio River, Thursday 2 May, 2002, 1800 hrs

Invited Speakers

- ◆ **Elizabeth Bridges, RN, PhD**
Lieutenant Colonel, US Air Force Nurse Corps
Blast Injury Patterns after Terrorist Attacks
- ◆ **Cheryl Bland Jones, RN, PhD**
Issues in Retention Research
- ◆ **Linda Yoder, RN, PhD**
Colonel, US Army Nurse Corps
Business Analyses: Toolkit Essentials
- ◆ **Bonnie M. Jennings, RN, DNSc, FAAN**
Colonel (ret), US Army Nurse Corps
Exploring the Quality Chasm: State of the Science, State of the Art
- ◆ **Ms. Paula Knudsen**
IRBs as a Growth Industry
- ◆ **Lori A. Loan, RN PhD**
Technology Tools: Indispensable Research and Writing Resources on the Web

Conference Site:

A block of rooms has been reserved at the St. Anthony Hotel. Room reservations can be made by calling (210) 227-4392 NLT 29 March 2002. When making your reservations, indicate that you are affiliated with Phyllis J. Verhonick Military Nursing Research Course. You MUST request the conference rate when making the reservation; the hotel will not honor a request for the convention rate at the time of checkout. The cost of the hotel is \$88/night.

**For more information:
Call LTC Laura Brosch, AN 202-782-7025 (DSN 662)
or email: laura.brosch@na.amedd.army.mil**

CONFERENCE REGISTRATION

Please Register by **8 April 2002**. There is a \$40 fee that covers morning and afternoon refreshments. **You will receive additional conference information after registration.**

Continuing education contact hours pending. \$40 enclosed _____ Make checks payable to LTC Laura Brosch

Mail or email to: LTC Laura Brosch, AN Nursing Research Service, Walter Reed Army Medical Center, Washington D.C. 20307; laura.brosch@na.amedd.army.mil

Name: _____ Rank/Service: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number (W) _____ (H) _____: Email: _____

I will be attending TSNRP reception, Sunday 28 April 2002 _____ YES _____ NO

I will be attending River Walk dinner, Thursday, 2 May 2002 _____ YES _____ NO _____ \$23/person enclosed

Please send me information about the TriService Nursing Research Program sponsored "Writing for Publication Workshop to be held on Saturday, 4 May 2002 _____