

# ARMY NURSE CORPS NEWSLETTER

*“Ready, Caring, and Proud”*

Volume 03 Issue 07

April 2003



## Message from the Chief



For the past few weeks, we have all witnessed the events unfolding in Southwest Asia. I can speak for all of us in the AMEDD and Army Nurse Corps leadership when I offer our gratitude and admiration for the soldiers, sailors, airmen and marines who are now in harms way. To all the servicemen and servicewomen, and their families, we offer our wishes for a swift end to the war and a safe return home. COL Gustke and I also wanted to share with you our thoughts on the performance of all Army Nurses, Active and Reserve, plus that of our outstanding civilian nursing personnel in support of our AMEDD mission. In short, we are humbled by your steadfast commitment to providing the best nursing care for our soldiers, families and beneficiaries in all of our healthcare settings.

We are well aware of the tremendous efforts underway in Operation Iraqi Freedom and Operation Enduring Freedom but, at the same time, have not forgotten that many nurses remain in medical treatment facilities in CONUS and all around the world. These nurses continue to provide the cornerstone leadership and nursing care needed to maintain the best quality healthcare services throughout this difficult

time in our history. In addition, it is our Army Nurses and civilian nursing personnel at our fixed hospitals and clinics that are providing the necessary leadership, stability and support to the many Reserve Component nursing personnel that have been mobilized and are backfilling in some of our facilities. These relationships are professionally strong and extremely important to the continuity of our great military healthcare system. We want to acknowledge the vital role that each Army Nurse and civilian

nurse provides, every day, no matter where you serve.

We also want to take this opportunity to commend our NCOs and acknowledge their many significant contributions. They continue to be the backbone of our AMEDD, entrusted with providing the necessary leadership and support to accomplish our critical patient care mission. They have done a superb job in leading, training, and taking care of our soldiers.

Want to thank each and every one of you for continuing well beyond the normal call to duty as we continue to fight the global war on terrorism. We are grateful for your dedication and are extremely proud of all your contributions.

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

Bill Bester  
BG, AN  
Chief, Army Nurse Corps

### **Dr. Anita Newcomb McGee Award Nominations**

The Dr. Anita Newcomb McGee Award recognizes professional and military nursing excellence and is sponsored annually by the Daughters of the American Revolution (DAR). Dr. McGee, known as the “Founder of the Army Nurse Corps,” was the author of the bill to establish the Corps (female). This bill became Section 19 of the Army Reorganization Act of 1901 and established the Nurse Corps as a permanent corps of the Medical Department effective 2 February 1901. The DAR initiated the Dr. Anita Newcomb McGee Award in 1967. This award is presented annually at the DAR Continental Congress in Washington, D.C. at Constitution Hall. A memorandum and LOI were sent to the Chief Nurses in March via email and may be accessed on the ANC website. **Dr. Anita Newcomb McGee award nominations are due to MAJ Laura Feider NLT 16 MAY via email, fax or hard copy to:**

**AMEDD C&S**  
**ATTN: MCCS-CN, Suite 275 (MAJ Feider)**  
**2250 Stanley Road**  
**Ft. Sam Houston, TX 78234-6100**  
**Email: [laura.feider@amedd.army.mil](mailto:laura.feider@amedd.army.mil)**  
**Phone: 210-221-6221/6659**  
**Fax: 210-221-8360**

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

##### **Fort Sam Houston Office**

COL Deborah Gustke  
LTC Yolanda Ruiz-Isales  
MAJ Laura Feider  
Office of the Army Nurse Corps  
AMEDD Center and School  
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2250 Stanley Road  
Fort Sam Houston, Texas 78234  
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(substitute name for all others)

##### **Washington D.C. Office**

LTC Kelly Wolgast  
Headquarters, DA  
Office of the Surgeon General  
6011 5th Street, Suite #1  
Fort Belvoir, VA 22060-5596  
703-806-3027  
DSN 656  
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[kelly.wolgast@belvoir.army.mil](mailto:kelly.wolgast@belvoir.army.mil)

AN Web Site:

[www.armymedicine.army.mil/otsg/nurse/index.htm](http://www.armymedicine.army.mil/otsg/nurse/index.htm)

ANC Branch PERSCOM:

[www.perscomonline.army.mil/ophsdan/default.htm](http://www.perscomonline.army.mil/ophsdan/default.htm)

#### **ANC Newsletter Article Submissions**

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 Laura Feider. The deadline for all submissions is the last 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 after their nursing chain of command reviews the article.

**PERSCOM UPDATE**

**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.

**Upcoming Boards**

JUN 2003	SSC
JUN 2003	LTHET
JUL 2003	COL AMEDD
JUL 2003	RA
JUL 2003	CGSC
SEP 2003	CHIEF NURSE
OCT 2003	MAJ AMEDD
DEC 2003	LTC COMMAND

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

**LTHET**

The Long Term Health Education and Training Guidelines for academic year 2004 are posted on the Army Nurse Corps Branch website. **Go to:** <https://www.perscom.army.mil>. **Find:** Soldier Services Officer Information (middle of page). **Click:** Branch Newsletters. **Click:** Army Nurse Corps. **Click:** LTHET Guidelines.

**Important Dates:**

Action	Due Date	Board Date
Apply to UTHHSC	Prior to 1 May 03	1 May 03
Apply to USUHS	NLT 1 May 03	6 June 03
Apply for LTHET	NLT 12 May 03	16 – 20 June 03

**FAQs:**

**Question:** When can I expect my RFO reporting me to school?

**Answer:** RFOs are being generating at this time for all officers who have a letter of acceptance on file.

**Question:** Is it too late to submit a notice of intent?

**Answer:** No, you can still submit a notice of intent, but be aware of the import dates listed above.

**Question:** Has LTHET been cancelled for the officers who were selected last year?

**Answer:** No, LTHET is still a go.

**Question:** Do I need to submit a height/weight statement with my LTHET packet, if I'm deployed and can't take the APFT?

**Answer:** Submit a height/weight statement that reflects your most recent APFT. Add a sticky note to your packet to remind MAJ Lang that you are deployed. AN Branch will brief the board that some officers are deployed and may be missing the 2003 APFT.

**Question:** I would like to apply for Baylor and/or Nursing Administration. Do I need to submit two packets?

**Answer:** No. Your goals statement should indicate your primary and second choice for graduate education. Your packet will be submitted to the LTHET board for Baylor first, then for nursing administration.

**Question:** Can I use an audiology test taken with my 2002 physical?

**Answer:** No. The audiology test should be taken no earlier than 1 January 2003.

**Question:** I'm a newly promoted major and have not started CGSC. Can I still apply for LTHET without having completed 50% of CGSC?

**Answer:** Yes. The new CGSC requirement was put into the guidelines in order to protect mid to senior level majors against focusing on graduate education at the expense of military education. Military education, especially CGSC, is a promotion discriminator.

**Acceptance Letters:**

Officers selected by the 2002 LTHET board should be in the process of obtaining acceptance to their civilian school of choice. Officers should have a letter of acceptance on file at Branch NLT 30 March 2003. Fax a copy of the acceptance letter to MAJ Lang at 703-325-2392. Include in the letter the date for the 1<sup>st</sup> day of classes (not orientation).

**Short Courses**

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 (JOMMC):

[www.dmrta.army.mil](http://www.dmrta.army.mil)

Chemical Casualty Course: <https://ccc.apgea.army.mil/>

HNLDC and ANLDC:

[www.dns.amedd.army.mil/ANPD/index.htm](http://www.dns.amedd.army.mil/ANPD/index.htm)

**AMEDD Officer Advanced Course**

Officers who are scheduled for a deployment that will prevent them from attending OAC phase 2 within the required two-year window should request a waiver from the AMEDD Center and School. Contact MAJ Anna Corulli 210-221-6295 for information on requesting a waiver.

**CGSC (Reserve Component)**

There is a new process being implemented for officers to apply for CGSC RC:

**CGSC Phase 1 and 3**

Contact Jennifer West at 703-325-3159 to apply for Command and General Staff College (Phases 1 and 3).

**CGSC Phase 2 and 4**

To apply for Command and General Staff College (Phases 2 and 4) fax MAJ Lang a DA 3838 [langg@hoffman.army.mil](mailto:langg@hoffman.army.mil).

**CGSC Correspondence Course**

Fort Leavenworth has a new web address for CGSC correspondence information and course requests - <https://cgsc2.leavenworth.army.mil/nrs/cgsoc/application/application.asp>. You must have an AKO password to enter the site.

**Interested In Selecting Future Army Nurse Corps Officers?**

AN Branch is looking for volunteers to serve as USAREC Accession Board Members. This is a fantastic opportunity to learn about the Board process as well as influence the future of the Army Nurse Corps. Board members must hold the rank of Major or higher. Boards meet each month for 3-4 days and are held at USAREC Headquarters at Fort Knox, Kentucky. Upcoming start dates for the Boards are 8 Apr 03, 13 May 03, 17 Jun 03, 22 Jul 03, 26 Aug 03, and 23 Sep 03. If interested in this terrific Board Member opportunity, please contact LTC Flavia Diaz-Hays at PERSCOM, [diazf@hoffman.army.mil](mailto:diazf@hoffman.army.mil).

**Generic Course Guarantee**

Information on GCG 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 POCs**

**Critical Care Course, Emergency Nursing Course:** Course dates are 6 April-30 July 03 for both courses. The next course dates are 24 August-19 December 03. POC is LTC Diaz-Hays at [diazf@hoffman.army.mil](mailto:diazf@hoffman.army.mil).

**Psychiatric-Mental Health:** The next course is 27 JUL-29 OCT 03. MAJ Agin, [agind@hoffman.army.mil](mailto:agind@hoffman.army.mil).

**OB-GYN Nursing Course:** There are still seats available for the 13 APR-05 AUG 03 course at TAMC. The next course is scheduled for 24 AUG-19 DEC 03. MAJ Agin at [agind@hoffman.army.mil](mailto:agind@hoffman.army.mil)

Interested applicants 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 Diaz-Hays at [diazf@hoffman.army.mil](mailto:diazf@hoffman.army.mil) or MAJ Agin at [agind@hoffman.army.mil](mailto:agind@hoffman.army.mil).

**Perioperative Nursing Course Manager:**

There are changes taking place with the Perioperative courses for May 2003. Because of all the deployments, we are consolidating the available students from four sites into two sites. The courses at Walter Reed Army Medical Center and Brooke Army Medical Center will continue as scheduled. The courses at William Beaumont Army Medical Center and Madigan Army Medical Center are delayed and will stand back up when officers re-deploy. For any questions, please contact LTC Jane Newman at PERSCOM @ [newmanj@hoffman.army.mil](mailto:newmanj@hoffman.army.mil).

**Community Health Nurse Course:** The next 6A-F5 Principles of Military Preventative Medicine (Community Health Nurse) AOC Course is scheduled for 7 SEP -7 NOV 03. The pre-requisite for the CHN AOC Course is the 6H-F9 STD/Communicable Disease Intervention Course scheduled for 24 AUG-5 SEP 03. Interested officers should contact the **Community Health Nursing Manager:** MAJ 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 FY03 AOC/ASI Course dates are listed at [https://www.perscomonline.army.mil/ophsdan/anc\\_profdevt.htm](https://www.perscomonline.army.mil/ophsdan/anc_profdevt.htm).

**Assignment Opportunities for 66F and 66E**

**66E** – 31<sup>st</sup> CSH, Ft. Bliss, TX, Summer 03  
47<sup>th</sup> CSH, Ft. Lewis, WA, Summer 03

**66F** –Ft. Rucker, AL, Spring 03  
Ft. Leavenworth, KS, Summer 03  
Ft. Hood, Summer 03  
31<sup>st</sup> CSH, Ft. Bliss, TX, Summer 03  
47<sup>th</sup> CSH, Ft. Lewis, WA, Summer 03  
160<sup>th</sup> FST, Landstuhl, Germany, Summer 03

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). For these and other opportunities, please inquire to LTC Newman ASAP, [newmanj@hoffman.army.mil](mailto:newmanj@hoffman.army.mil).

Please contact MAJ Doreen Agin, [agind@hoffman.army.mil](mailto:agind@hoffman.army.mil), for details on **66B, 66G, 66G8D, 66C, and 66C7T** openings or check our website at [https://www.perscomonline.army.mil/OPhsdan/anc\\_assignments.htm](https://www.perscomonline.army.mil/OPhsdan/anc_assignments.htm).

**Assignment Opportunities for 66H Lieutenants**

Assignment opportunities available for 66H Lieutenants include WBAMC El Paso, TX; Ft. Polk, LA; Ft. Irwin, CA; Ft. Jackson, SC; Wuerzburg and Alaska. **I can negotiate follow on assignments for officers that volunteer to select locations, i.e. Ft Polk, Ft Irwin.** If interested, please contact LTC Diaz-Hays at: [diazf@hoffman.army.mil](mailto:diazf@hoffman.army.mil).

**Assignment Opportunities for Captains**

Fort Irwin and Alaska are two locations where 66H's are still needed for Summer 03. 66H8As are urgently needed in Germany and Korea. **I can negotiate a follow on assignment of choice for officers that volunteer for Korea.** The website has been updated with all the openings remaining for this summer. Contact MAJ(P) Greta Krapohl at [krpohlg@hoffman.army.mil](mailto:krpohlg@hoffman.army.mil).

**Assignment Opportunities for MAJ and CPT(P) 66H, 8A, M5 and 66P**

Assignment opportunities are still available for upcoming summer cycle 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). There are still a variety of critical TOE opportunities available. **I can negotiate a follow on assignment for**

officers that volunteer for select locations, (Fort Irwin and Fort Polk). For those who are PCS vulnerable for Summer 03, please contact MAJ Ahearne, [ahearnep@hoffman.army.mil](mailto:ahearnep@hoffman.army.mil).

**ARMY NURSE CORPS HISTORY: PRESERVING  
OUR PAST FOR OUR FUTURE**  
**A Guide To Historical Data Collection**  
*MAJ Jennifer Petersen*

**ARMY NURSE CORPS: PROUD TO CARE**  
*MAJ Jennifer Petersen*

The month of April is recognized as National Poetry Month, an annual celebration of poetry and its central place in American culture. Army nurses have often used poetry to reflect on their service in various military operations. The Army Nurse Corps Historical Collection contains a wide variety of poetry written by Army nurses throughout our history. The following poem recognizes National Poetry Month. Perhaps it will also offer inspiration to our comrades currently serving in Operation Iraqi Freedom. An Army Nurse serving with the 8th Evacuation Hospital wrote this piece during Operation Desert Shield/Desert Storm.

Proud to Care by CPT Karen Whisenant, AN  
Operation Desert Shield/Desert Storm  
February 1991

In World War I, we went "Over There",  
For chemical casualties we did care.  
In World War II, from Atlantic or Pacific,  
In "Harms Way", for wounds horrific.  
Undaunted by air raids, kamikazes and tanks,  
Even as POW's, we gave thanks,  
That we, as Americans, did care.  
In Korea at Field and MASHs plenty,  
For Allied troops and enemy many.  
From Inchon to Pusan, the Yalu to the Yellow,  
The Army Nurse Corps did care.  
In Vietnam, with its many legacies,  
Of fear, nightmares, shame and memories.  
The one memory should remain  
Strong, clear and true,  
We were there and we did care,  
For and about you.  
Grenada and Just Cause are recent history.  
Small groups of Army Nurses called on in mystery.  
Many volunteered, but few were selected,  
Yet they remained proud to care.  
As now Desert Shield becomes Desert Storm,  
Families and friends left behind is the norm.  
We train as we work for mass injury,  
Chemical or biological what will it be?  
By land, sea or air, how will they come?  
We wait as the others before us have done,  
And now we see as others past,  
No matter the politics, the dye has been cast.  
As our history empowers us, as our actions declare,  
The Army Nurse Corps is, truly "Proud to Care."

Historical Data located at the Army Nurse Corps Collection, United States Army, Office of Medical History, Office of the Surgeon General, Washington D.C.

History provides a basis for the present and a direction for the future. The Army Nurse Corps has a truly rich and proud history. All Army Nurse Corps Officers have a professional responsibility to collect, document and preserve events that occur within the Corps. The following outline provides guidelines and resources regarding the collection of historical data during deployments.

**Journal:** A chronological record of events pertaining to a unit or a staff section during a given period.

Journals are among the most important organizational records of an operational or historical nature. Journals may be recorded manually with pen and paper or electronically with computer. Journals and journal files are designed to do the following:

1. Assist in a more efficient conduct of operations.
2. Provide a ready reference for the commander and staff and for higher and lower headquarters.
3. Serve as a record for historical research, training matters, and operational reviews.
4. A ready reference from which an accurate and detailed after action may be written.

**Guidelines for Maintaining a Journal:**

1. The amount of detail recorded in the journal will vary according to the quality of available personnel and the type of operations. Entries should be made daily as events occur and contain the date (to include year) and the time of event. A journal entry should not be altered except to correct typographical or similar errors. The officer who keeps the journal will initial all corrections (in the same manner as nursing notes are corrected). If an entry is incorrect, confusing or incomplete, a correction or addition in a later entry may be made with a cross-reference to the original entry. The documents (if applicable) that authorize the organizational or operational changes should be cited. The name and title of the individual maintaining the journal should appear on the journal. The unit, command or organization to which the journal pertains should be clearly identified.

2. Documentation should begin with notification of deployment. The first entry should note the mission of the deployment. The last entry should cover the debriefing at the end of the mission.

3. All important incidents should be recorded, as follows:

- a. The time of receipt or transmission of important messages, orders, and reports.
- b. Visits of higher commanders and staff officers and actions taken because of their visits.

- c. Absence of commanders or section chiefs from the command post, their destination, time of departure and time of return.
- d. Conferences.
- e. Start and finish of troop movements and the attachment and detachment of units.
- f. Military operations or training exercises.

4. A brief synopsis of written messages or orders should be included in the journal, and file copies of the originals included in the journal file. It is especially important that verbal messages or orders be entered in full.

5. The following items could also be included in the journal:
- a. Notes on conversations.
  - b. Observations on weather conditions.
  - c. Observations on other factors that influence the outcome of an operation.
  - d. Discussions of liaison activities.
  - e. Morale and factors affecting it.
  - f. How staff spend their time when not performing their primary jobs/duties.
  - g. Stressors present that affect staff or mission accomplishment.
  - h. Lessons learned: nursing issues, equipment issues, communication issues, etc.
  - i. Humorous anecdotes.

**Journal File:** A file containing material that supports entries in the journal. The journal file should include the information listed below:

- 1. Copies of orders.
- 2. Periodic reports of the unit and its subordinate and attached units.
- 3. Available periodic reports of higher and adjacent units.
- 4. Messages.
- 5. Memorandums
- 6. Conference/staff meeting notes.
- 7. Personnel reports.
- 8. Other statistics and data considered appropriate.
- 9. Graphic materials including photographs, slides, maps, organization and flow charts, sketches, briefing charts or slides and overlays.

**Security Classification of Journal and Journal Files:**

Generally speaking, most journals and journal files developed by the Chief Nurse will not need to be classified. However, this is an area that must be addressed. In determining if a security classification is needed, consideration should be given to the overall picture/story presented by the journal as well as the highest classification of any item contained therein. The overall classification of a document or group of physically connected documents shall be at least as high as that of the most highly classified component (AR 380-5). If, in the opinion of the Chief Nurse, the unit journal needs to be classified, she/he will mark the material with the appropriate classification and safeguard that journal. The next step is to transmit the journal under appropriate safeguards to a classification authority in the Chain of Command for

evaluation. FORSCOM units would forward the journal to the FORSCOM Commander, ATTN: FORSCOM Chief Nurse. She would then forward the journal on to the Office of Medical History.

**Personal Journals:**

Staff members should be encouraged to keep their own journals. Personal journal records provide the historian with fresh insights into the unit, mission and people that make up the unit. Additionally, personal journals provide staff with something to share with the folks back home.

**Photographs, Slides, Digital Images:**

Slides, photographs and digital images taken during the deployment are especially welcomed at the Office of Medical History as well. On request, the History Office will make copies and return original photographs and slides to their owner. When sending slides and photographs, please identify the places, faces, and people in the pictures.

**Oral History:**

Oral history activities, an integral part of the Army Historical Program, focus on persons, events, and topics of historical interest to the Army. The after-action interview or combat after-action interview is normally conducted by military history detachments or official historians during wartime, operations other than war, and military exercises as part of their mission to collect and preserve historical documentation on U.S. Operations. The after-action interview is conducted as soon as possible following an event.

**Disposition of Journal and Journal Files:**

At the conclusion of the deployment the original of the journal and journal file should be maintained with the unit and filed in an 870-S file (see AR 340-18 for further guidance on filing system). A copy of the journal and journal file should be forwarded to the Army Nurse Corps at the following address:

**Office of Medical History  
Attention: DASG-MH  
Army Nurse Corps Historian  
5109 Leesburg Pike  
Suite 401B  
Falls Church, VA 22041**

This official unit journal becomes the property of the United States Army. If anyone wishes to publish the journal or contents thereof, they must obtain permission from the Army.

**Questions:**

If you have questions about journals or donations to the Army Nurse Corps Historical Collection or would like to complete an oral history call: (703) 681-2849 or DSN 761-2849.

**References:**

Army Regulation 220-15, Field Organizations, Journals and Journal Files, DAHQ, effective 1 January 1984.  
Army Regulation 870-5, Military History: Responsibilities, Policies, and Procedures, DAHQ, effective 1 November 1982.

**COMBAT TRAUMA REGISTRY  
DEMONSTRATION PROJECT**  
*COL Kathleen Dunemn CNM, PhD,  
Associate Project Director*

The purpose of the Combat Trauma Registry Demonstration Project is to examine the feasibility of identifying, collecting, and reporting combat trauma care information from the point of injury to return to duty, discharge from active duty, or death of combat casualties. Throughout the last year, the AMEDD Combat Trauma Registry (CTR) has been in the development phase at the Center for AMEDD Strategic Studies (CASS) on Fort Sam Houston, Texas. Two Army Nurse Corps Officers were key to the development phase of the CTR computer application, MAJ Laura Favand (WBAMC, Fort Bliss, Texas) and MAJ Lisa Lehning (BAMC, Fort Sam Houston, Texas). These AN officers contributed not only their expert knowledge of trauma casualty care during the development phase of the computer application, but contributed numerous hours of their own time collecting, entering, and validating data about military personnel injured in Southwest Asia since 11 September 2001.

One of the major features of the CTR is the recording and tracking of patient outcomes. In any care setting, the interaction of patient factors, the environment, and the health care delivery system influence the outcome of care. Outcomes of interest include patient outcomes such as morbidity and mortality and process outcomes such as length of stay and total resources consumed for the episode of care associated with the injury. Care of combat trauma casualties is a unique subset of trauma care. Many unpredictable factors cause the combat environment to be unique and hostile. Factors such as Mission, Enemy, Terrain and Weather, Troops Available, and Time (METT-T) all place unique constraints on the timing and delivery of combat casualty care in an operational or combat environment.

During combat missions, the ability of healthcare providers to reach the combat casualty at the point of injury or evacuate the casualty to the next level of care is constrained due to operational conditions. Doctrine, Training, Leadership, Organization, Materiel, and Soldier (DTLOMS) dimensions, including locally defined Tactics, Techniques, and Procedures, define the Combat Health Support (CHS) healthcare delivery system. Accurate records of the care provided to combat injured are required to understand more fully the interaction of Patient, METT-T, and DTLOMS factors on the treatment and outcomes of combat casualty care. The CTR provides a system of accurate record keeping of the combat injuries, treatment, and other related factors associated with casualty care to include the outcomes of the care received.

As a trauma registry is a key component of civilian trauma programs, a combat trauma registry is a key component of the combat trauma care system. The CTR provides the means to collect, store, and report near real-time and/or the most current data about military personnel injured (i.e., battle and non-battle injuries) in a theater of operations to include data about

the injury event, severity, healthcare provided at various echelons of care, patient outcomes, and the use and performance of protective devices. During previous military conflicts and wars, this information was collected primarily retrospectively and not aggregated for several years after the combat events. Retrospective data collection is limited due to the degradation of the information and the loss of this valuable information over-time. Whereas, near real-time and recent retrospective data collection can provide data that is more comprehensive with increased reliability and validity. The information from the enhanced timely analyses of these data can then be used to improve the delivery of trauma care to combat trauma patients during the same conflicts. Additionally, the aggregated data can be used as input into the planning factors used to develop CHS models for future military operations.

A PC "field" version of the CTR has been fielded to the following: AMEDD units deploying and already deployed to Southwest Asia; US Navy medical personnel who will serve aboard the USNS Comfort in the eastern Mediterranean; and most recently the CTR has been fielded to all medical Navy and Marine units for data entry. For more information about the AMEDD Combat Trauma Registry Demonstration Project please contact COL Dunemn at (210) 221-2088 (DSN 471).

**DUAL SERVICE**  
*COL Wayne Van Hamme, AN, USAR, Chief Nurse*  
*LTC Francis Devlin, AN and*  
*LTC Rob Bauerle, AN, USAR*

The 396th Combat Support Hospital, both the HUB out of Vancouver, Washington and the HUS out of Spokane, Washington, of the 70th Regional Support Command activated 25 Jan 03 and moved to the mobilization site at Fort Lewis, WA within three days. We have soldiers from at least 23 different Army units as well as IMA and PROFIS soldiers from across the country blended into our unit.

Activating this unit of nearly 560 personnel has been exciting. The first challenge confronting the unit was to inventory our DEPMEDS equipment, a large piece of which had been stored in decrement at Sierra Army depot in the original packing boxes. All 114 containers, mil vans and ISO's from Spokane, Vancouver and Sierra were opened, unpacked, inventoried and functionally repacked for movement to theater. Assisted by the fine folks at USAMMA, the soldiers of the 396<sup>th</sup> worked overlapping ten-hour shifts to complete the task in eleven days. At the same time, unit personnel completed the requirements necessary for unit validation. The SRP included immunizations, credentials verification for the providers, weapons qualification, lane training, mandatory briefings and hands-on equipment training.

Shortly after our arrival at Fort Lewis, the 47th CSH stationed at Fort Lewis and staffing Madigan Army Medical Center activated and deployed. The personnel from the 396th began the dual roles of preparing for deployment while also providing the necessary personnel to support the patient care

needs at MAMC. Providers from the 396th are staffing the TMC to provide sick call coverage, our surgeons are working in the OR, and the Anesthesiologists/CRNA's and peri-operative nursing personnel are staffing six to seven OR rooms per day. 396th personnel have assisted in over 400 OR cases since we arrived. One of our surgeons performed the first open heart cases done at Madigan in recent months and the crew assisting was entirely 396th staff. Our robust nursing staff is working in nearly every area of the hospital to include Med-Surg, PACU, ICU, Peds, Mother/Baby, OR, and Psych. We work as teams with each RN paired with a M6 and a 91W. These teams are also the teams that would work together during a deployment. In addition, we are supporting many of the ancillary care areas to include radiology, pharmacy, respiratory care and nutrition care.

The experience that we are receiving at MAMC has been beneficial to the overall deployment preparation for the 396<sup>th</sup>. We will continue to meet the mission needs at Fort Lewis as well as prepare for our anticipated deployment. The 396<sup>th</sup> stands ready to answer the call. "Caring for the Best."

**ADVANCING NURSING PRACTICE**  
**Putting Evidence Into Nursing Practice**  
*LTC Deborah Kenny*

Nurses at Walter Reed Army Medical Center have embarked on a journey to make all their nursing procedures evidence-based. Within the department's Performance Improvement Framework, WRAMC Nursing selected three areas of nursing practice that were identified as areas for improvement or where variations in practice existed. For example, one of the nursing units noted that there appeared to be an increase in the number of patients with pulmonary emboli. Although at-risk patients were being placed on DVT precautions, there were many perceptions of what constituted a DVT prevention protocol and their care differed from unit to unit.

Areas chosen for the development of evidence-based protocols at WRAMC were: tracheostomy care, deep venous thrombosis (DVT) prevention, and enteral feedings. Examination of these three areas demonstrated that there was little consistency in the practice of these procedures throughout the hospital and that staff knowledge varied. Some nurses based their practice on what they had been taught in nursing school or by other, more experienced nurses on their unit. Some nurses based practice on textbook information or on content from journal articles.

Teams comprised of staff nurses and nurse researchers were formed to look at each of these practices more closely, to review and analyze the literature, and then develop and implement a protocol based on the literature. We quickly discovered that the nurses were very enthusiastic about learning the process, reading relevant research and developing these evidence-based nursing protocols. However, they felt unskilled and uncomfortable with literature searches as well as reading and interpreting research reports. Education in these areas was necessary in order for the nurses to feel at ease with

research. Each team was meeting separately to discuss their own area of protocol development, but they also met together to discuss overall progress and problem solve. These larger meetings were the perfect medium to educate the nurses about searching the literature and interpreting research reports. A simple research report critique was developed and practice articles given to the nurses. These articles were discussed with opportunities for questions. The nurses were then given assignments to find articles pertaining to their topic and critique them using a provided format. The nurse researchers were available to help the nurses with any questions about their articles.

We know that difficulties may be encountered whenever new practices are to be implemented. Rogers (1995), in his "Diffusion of Innovations Model", describes several characteristics of innovations that can cause problems in their adoption. These can include complexity of the innovation, perceived advantage of adoption and compatibility with current practices. This applies to both the innovation itself, in this case, evidence-based protocols, as well as the process of implementation. It often results in re-invention of the innovation or adaptation of the implementation process. Adaptation is very important and contributes immeasurably to the success of adopting change.

For example, the protocol teams at WRAMC found that they had to adapt their development process. This was due to the fact that (a) many team members deployed and (b) the need to quickly put the protocols into place. The three teams were combined into one to develop and implement a protocol for tracheostomy care. Currently, they are reorganizing their efforts to work within a short time-line to collect data on the current state of practice, procure and analyze the literature on different aspects of tracheostomy care and to develop and implement a protocol. Because development of this evidence-based protocol has administrative support, a champion to provide guidance and commitment of the team members, the adaptation of this process is expected to proceed quickly and smoothly. We anticipate that this process will result in a positive change for both nurses and patients. Once this protocol is piloted, then adopted throughout the facility, nurses will work to restart the other two protocol areas.

Again, developing and implementing evidence-based nursing procedure protocols is not just a product; it is a process that requires time and flexibility. It involves looking at current practice, determining what evidence is available, making decisions about changing practice, making the change and evaluating whether or not the change was effective.

If anyone at any other MTF has developed, or is in the process of developing evidence-based nursing protocols, I would encourage you to send your story so that others can benefit from your experiences. If anyone has any questions about the process, please e-mail me at [deborah.kenny@na.amedd.army.mil](mailto:deborah.kenny@na.amedd.army.mil) or contact me at DSN 662-7025 and answers can be discussed in a future column.

**Reference:**

Rogers, E.M. (1995). *Diffusion of innovations* (4<sup>th</sup> ed.). New York: The Free Press.

**MATERNAL CHILD HEALTH CONSULTANT**  
**LTC(P) Ramona Fiorey**

We are always looking for more information and products that can improve our quality of patient care as well as patient and staff education. The following are some that are available:

The procedure and site verification record (MEDCOM FORM 741-R (Test)) is now directed by MEDCOM for use in all MTFs. There is also a MEDCOM Circular that provides information on the use of the MEDCOM FORM. The purpose of the new form is to provide a standard process and procedure for site verification in all settings where surgery and/or procedures are performed in order to eliminate the occurrence of sentinel events involving errors of surgical procedures.

This obviously includes obstetrical procedures done in Labor and Delivery Units. Proponent for this is COL Judy Powers at MEDCOM at 210-221-6622, email [judith.powers@amedd.army.mil](mailto:judith.powers@amedd.army.mil).

An updated version of The Female Soldier's Readiness Guide has recently been published. This publication was originally intended for Commanders, but provides pertinent information that can help nurses answer questions often asked by active duty patients. Topics include Army Regulations related to pregnancy profiles, physical training, and exercise. It is available at [www.lewis.army/201/eo/femalereadiness.htm](http://www.lewis.army/201/eo/femalereadiness.htm).

Kudos to the Air Force for development of an interactive CD Rom entitled "Interactive Guide to Pregnancy." This CD (also available on VHS) is a patient education tool that contains five CDs with fairly comprehensive information for the trimesters of pregnancy. It addresses diet, weight gain, exercise, common ailments by trimester, and what can be expected during provider visits throughout pregnancy. There are specific segments for adolescent and over 35 pregnant women, and Dads. It has nice photographs of fetal development, and also includes printable lists for a variety of topics including birth plan, hospital packing list, and baby shopping list. This is a very well done program that is pleasant to view and easy to use. It is probably most appropriate for outpatient care, but could also be an excellent education tool for hospitalized antepartum patients. It is available free of charge from [www.cemm.org](http://www.cemm.org).

Spencer's Infant and Children's Clothing Company, in partnership with the American Red Cross Armed Forces Emergency Services (AFES), is offering a gift of infant layettes to babies of soldiers deployed in support of Operation Enduring Freedom from September 11, 2002 to present. To receive the gift, the service member must be (or have been) deployed overseas or aboard a ship at sea directly supporting Operation Enduring Freedom in Kuwait (Camp Doha) or Saudi Arabia (PSAB), the Caucus Region (Afghanistan, Uzbekistan, Pakistan, etc) or the Phillipines. To receive the layette, the mother needs to complete a certificate and mail it

to Spencer's Inc, ATTN: Cleo Hiatt, PO Box 988, Mt. Airy, NC 27030. The company will custom design a layette and mail it to the family. If this program is not already in effect in your MTF, contact your Red Cross office for assistance.

A new video (December 2002) entitled "More Than Baby Blues: Unmasking Postpartum Depression" can be purchased at [www.paracletepress.com](http://www.paracletepress.com). It is a 30-minute video that can be used for patient and staff education. POC is Treva at 800-451-5006. It can be ordered at [222.paracletepress.com](http://222.paracletepress.com) for \$79.95 plus \$5.95 shipping and handling.

The "OB Challenge" continues. Some of you are sitting in on the teleconferences chaired by Dr. Carlson, the OB Physician Consultant TSG. The efforts to enhance the quality and caliber of obstetric services in our MTFs continue. Some time ago I asked for contributions to the newsletter of initiatives that MTFs have implemented. LTC Judy Penniston at Womack AMC, Fort Bragg, contributed the following:

A number of initiatives have been implemented at Womack Army Medical Center. Since November 2002, one can hear the sounds of Brahms Lullaby throughout the Medical Center. The lullaby is played for 20 seconds each time a baby is born. Womack has an average of 240-280 births a month, so the lullaby is heard an average of 8-12 times each day. Each time it is played it brings smiles to faces of the new families, patients and visitors alike.

A second initiative is the "Mother's Meal" to celebrate the birth of a baby. The "New Mother's Menu" service began on 21 January 2003. On the Mother Baby Unit, families are provided with a leather bound restaurant style menu with a selection of 4 entrees created by our awesome dining facility staff. They include seasoned rib-eye steak, manicotti, chicken cordon bleu and lemon baked fish. Sparkling cider, vegetables, bread and a dessert selection accompany each meal. Mothers and their guests may order the meal for either lunch or dinner. The meal is complimentary for the mother and guests may purchase the meal for \$5.50. In preparation for the program's start, staff members throughout the Maternal Child Nursing Section and the hospital sampled the various selections. All of the entrees were determined to be delicious!

Kudos to Womack! If you have a "success story" in your facility related to the "OB Challenge," please consider sharing it through the newsletter. You can email to me and I will include it in the OB Consultant news article, or you can submit it to MAJ Laura Feider via email.

Don't forget the national AWHONN conference being held in Milwaukee, WI from 1-4 June. This conference always has excellent speakers, the most current topics of interest, a wide array of vendors, and an opportunity to network with our civilian counterparts. Last year there were few ANC attendees. It will be challenging this year to attend, but it is important for nurses in MTFs to keep abreast of current innovations that are being implemented throughout the country.

**A UNIQUE EDUCATIONAL  
EXPERIENCE AT USU**  
*CPT Stacy Usher*

The Uniformed Services University of the Health Sciences (USUHS) offers a tremendous learning environment for Federal nurses who are seeking their advanced education in Nursing. I personally chose the USUHS Family Nurse Practitioner (FNP) program based on its reputable status, a near perfect FNP board certification pass rate, and the opportunity to remain in a military setting. I share with my USU peers a common mission of 'learning to care for those in harms way'. USUHS students wear uniforms, Army, Air Force, Navy, or Public Health Service, and attend school fulltime while continuing to receive full salary and benefits. The USU Graduate School of Nursing (GSN) offers graduate programs in advanced practice nursing to include Family Nurse Practitioner, Nurse Anesthesia and Clinical Nurse Specialist – with a Perioperative focus. This fall, USU will welcome the first candidates into the Doctorate program.

USU is known as the premier academic center for military medicine. It specializes in preparing its graduates for practice, education and research in support of military medicine. This includes instruction on the prevention, diagnosis, and treatment of disease and battle injuries in hostile and austere conditions, often involving illnesses and injuries rare in the American population. The curriculum of the GSN emphasizes clinical decision-making in the Federal health care system, response to operational commitments and changing environments, and evaluation of population health and its outcomes. Graduates are prepared to practice autonomously in a variety of practice settings.

The curriculum continues to be responsive to demands within the Federal health care system. The GSN has expanded clinical offerings for the Nurse Practitioner students and now includes experiences in both primary and specialty care. Also, the curriculum has been strengthened with an increased focus on leadership. This year, the GSN incorporated rotations with senior healthcare executives in the metropolitan Washington, DC area to give students the opportunity to enhance their understanding of healthcare policy from a broader system perspective.

For the first time, second year Family Nurse Practitioner students joined fourth-year medical students in the Military Contingency Medicine (MCM) course, a four-week course focused on the assessment and treatment of diseases and injuries unique to deployments and war. The MCM course includes a three-day Advanced Trauma Life Support course and a one-week field exercise (nicknamed Bushmaster) at Camp Bullis, near San Antonio, TX. Nurses and medical students developed a better understanding of the role of the senior medical officer on the battlefield as well as a common respect for the contributions that each health care professional brings to the care of patients.

I feel honored to attend the USU GSN and look forward to graduation in May 2003. I feel very prepared to assume my duties as a Family Nurse Practitioner and will continue to provide expert nursing care to our soldiers, their families, and our deserving retirees. For those of you interested in obtaining an advanced degree, I encourage you to look at the programs at USU. The benefit is enormous. "I'd like to thank CPT Ann Nayback for her assistance in developing this article."

**86<sup>th</sup> COMBAT SUPPORT HOSPITAL (CSH)**  
**Cares In Kuwait**  
*CPT Michael Wissemann*

In late January, over two-hundred personnel from the 86<sup>th</sup> Combat Support Hospital at Fort Campbell deployed to Camp Udairi, Kuwait in support of Operation Enduring Freedom (OEF). This is the second deployment for this unit in support of OEF. It follows the historic first simultaneous deployment of a CSH to two different theaters. The 86<sup>th</sup> provided Level 3 health care support to Operation Anaconda while also deployed to Kosovo and Macedonia in support of Operation Joint Guardian. The 86<sup>th</sup> usually falls under the operational command of the 44<sup>th</sup> MEDCOM, Ft Bragg, North Carolina.

The 86<sup>th</sup> rapidly set up an 8 bed EMT, 4 OR tables, two ICUs and 3 ICWs for a total of 84 beds. Current support capabilities include X-ray, lab (including blood bank), pharmacy, and physical therapy and an Air Force Aero-medical Evacuation Liaison Team (AELT). The CSH is capable of sitting up 296 beds with a full compliment of medical personnel and equipment.

The CSH planned in anticipation of a potential deployment order since last summer. This included many FTXs with FORSCOM nurses and rotating medics throughout many different hospitals (including Blanchfield ACH at Ft Campbell and William Beaumont at Ft Bliss) at twice the normal rate. A JRTC rotation at Fort Polk last November sharpened the soldiers' field skills, where they also became familiar with a new rapid deployable asset, the BASE-X tent. This 25' x 18' tent can be set up by 8 to 10 persons in about 15 minutes. With the tent already wired, it easily accepts four ATLS beds or two OR beds. The CSH has also added a handheld trauma ultrasound and a digital X-ray to its arsenal of patient care items.

The 86<sup>th</sup> Combat Support Hospital is also the first hospital to utilize the Chemically Protected barrier known as CP DEPMEDS. This 'bubble' that looks nothing like its name implies, is rather a plastic liner that protects the soldiers inside through the use of positive pressure vents and filters. Fitting between the liner and the tent, it is nearly invisible, but allows those inside to operate without the use of JLIST or masks while a chemical environment may persist outside.

Since arriving in theater, the CSH has cared for a number of patients, to include gunshot wounds from training accidents to rollover vehicle accidents with moderate casualties. In-service classes are held three times a week geared towards the medics,

with topics varying from chest tube insertions to triage in a mass casualty situation.

While no one knows quite how long the 86<sup>th</sup> CSH will remain in theater, or what our future holds, one thing is clear. The soldiers who are deployed to Kuwait and the Southwest Asia Theater of Operations now have a care facility in theater that is staffed with experienced providers and medics, fully prepared to save their lives. That should be a comfort to the soldier, regardless of what they do for the Army.

**212<sup>th</sup> MOBILE ARMY SURGICAL HOSPITAL**  
**Skilled And Resolute**  
*CPT Molly K. Shiffer, AN*

On 17 January, I deployed with the 212<sup>th</sup> MASH from Miesau, Germany along with 8 others from the 67<sup>th</sup> CSH for their deployment to Kuwait in support of Operation Enduring Freedom. The 212<sup>th</sup> MASH is the last standing Mobile Army Surgical Hospital in the Army. Coming from a CSH, I had to learn the makeup and capabilities of the MASH. In one word - mobility! On 14 February, after arriving to the Kuwait City Airport, our 37 vehicles and towed loads made the difficult and hazardous drive across the desert to arrive in Camp Udairi. When the call comes to "cross the berm" the 212<sup>th</sup> will be packed up and ready to go support the warfighters.

The 212<sup>th</sup> is self-supporting. The highly trained and skilled soldiers have set up the only hot water showers on camp as well as laundry services and a MWR tent with internet, morale phone and movies on a big screen every night. Opportunities are abounding for training not typically offered to officers. We are participating in drivers training and learning to operate HMMWVs, 5-tons, dolly sets and even fork lifts. We conducted training on night vision goggles, PMCSing vehicles, wiring a tent for electricity and ECUs (Environment Control Units).

"Skilled" describes the group of nurses here at the 212<sup>th</sup>. They are all motivated and experienced. The 29 officers average 12 years time in service. Our prior service nurses include tankers, MPs, commo, NBC, engineers, OR techs, and medics. This group of nurses is enthusiastic about teaching. A TNCC based short course is being conducted for our 91Ws, 91WM6s, and RNs. Excellent training has been provided by all ranks, including ventilator training, splinting, and chemical and biological casualty management.

When the 212<sup>th</sup> sets up, it will consist of an eight bed EMT, three 12 bed ICUs and a two table OR. To provide the best care to our soldiers, a small slice of the MASH, the Initial Operating Capability (IOC) will move ahead of the MASH. After hitting the ground, the IOC will be ready to receive casualties within two hours. The team consists of four physicians, six RNs, two CRNAs, PAD specialist, xray tech, OR tech, respiratory therapist and a generator mechanic. They will transport their own equipment and supplies for 8 OR cases. Rehearsal is the key for the IOC. They have rehearsed under all situations including at night during red light

conditions.

Despite austere conditions, morale is high in the 212<sup>th</sup>. They know they are a highly skilled, highly trained unit with great leadership. The 212<sup>th</sup> is "resolute" and prepared to move forward with the warfighters. We are ready to be there for any soldier that may need us. **Skilled And Resolute! One Team!**

**LANDSTUHL REGIONAL MEDICAL CENTER**  
**CELEBRATES 50 YEARS**

As Landstuhl Regional Medical Center prepares to celebrate it's 50th anniversary, hospital staff, veterans and other individuals part of the hospital's history look back on the significant events that shaped the hospital.

In 1937, German soldiers began construction in the vicinity where LRMC now stands, including the Hitler Jugend Schule (Hitler Youth School). Many of these buildings are still used today at LRMC.



On March 19, 1945, American troops entered Landstuhl and liberated the city. However the U.S. Military didn't take operational control of the hospital until Nov. 28, 1951. Construction of a 1000-bed American-run hospital began several weeks later. The new two-story, 16 inter-connected wing facility, totally modern in it's design and equipment, was completed in March 1953.

On March 9, 1953, 375 patients were moved into the not-yet-completed American hospital at Landstuhl. The official dedication ceremony took place on April 5, 1953 as the 320th General Hospital. Six months later, it was renamed the 2nd General Hospital.

The Hospitals primary mission was to provide support to personnel stationed in France as well as Western Area Command, which was the area west of the Rhine River. The patient load at the time also included members of the French and Canadian armies as well as emergency cases from the German civilian population.

Throughout the Cold War, the 2nd General Hospital continued to expand its structure and modernize its equipment, improving its capabilities. In the 1960's the hospital expanded its services to include specialty treatment care for 19 separate specialties.

Major plans for renovation and new construction began in 1974 totaling over 1 ½ million dollars. This included renovation of the operating room requiring the setup and use of two field operating suites. Also modernized were the

surgical intensive care, intensive care, and surgical intermediate care units.

The 1980s saw a dramatic upsurge in terrorism worldwide. Unfortunately, much of this activity was directed at the United States requiring continual vigilance. Many of the innocent victims of terrorism were treated by the facilities at the 2nd General Hospital.

The hospital was a staple in the European Theater, providing healthcare during several high-profile incidents. Some of these included treating U.S. Marines injured during the aborted 1980 rescue attempt of American hostages in Iran and those injured in the 1983 bombing of the U.S. Marine Corps Barracks in Beirut, Lebanon. Soldiers were also treated at the hospital after being injured in the 1986 LaBelle Disco bombing in Berlin, and in 1988, the hospital treated 500 casualties of the Ramstein Air Show Disaster.

In 1994, the 2nd General Hospital was deactivated and the center was renamed the Landstuhl Regional Medical Center. The hospital also received 274 permanent Air Force staff positions.



LRMC serves as the primary medical treatment center for casualties of U.S. operations within Europe, Southwest Asia and the Middle East. During Operations Desert Shield and Storm, the hospital served as a repatriation point for more than 4,000 American casualties and more than 800 U.S. Military personnel deployed to Somalia were evacuated and treated here.

In addition, the hospital was the treatment point for over one hundred Bosnian refugees injured in the 1994 Sarajevo marketplace bombing. LRMC is a major fixed medical facility assisting in the Balkan operations (Operations Joint Endeavor, Guard, and more currently, now Joint Forge).

The hospital treated American and Kenyan victims of the U.S. Embassy bombing in Nairobi in August 1998 and played an integral part of the three American POWs repatriation. LRMC Personnel treated the sailors injured in the USS Cole bombing. Today, LRMC continues to provide specialty medical treatment to casualties deployed throughout the European Theater, including those injured in Operation Enduring Freedom. LRMC staff also provides specialty care treatment to approximately 300,000 service members and military beneficiaries in the European Theater.

The military staff of the hospital is 76% Army and 24% Air Force. There are also two Navy personnel who serve as liaisons when U.S. Navy and Marine Corps personnel are here

for treatment. The hospital has approximately 120 physicians, 250 nurses, 40 Medical Service Corps officers, 900 enlisted personnel, and 500 civilian employees.

On April 4, 2003, hospital staff, residents of the city of Landstuhl, and distinguished VIPs will celebrate the 50th Anniversary of the Dedication of the Hospital during a formal dinner occasion at the Stadthalle in the city of Landstuhl, followed by an open house at LPMC April 5.

**NEW WOMEN'S HEALTH CENTER**  
**DeWitt Army Community Hospital**  
**CPT Angela Simmons**

Great things are happening in the DeWitt Health Care Network! On 11 March 2003 DeWitt celebrated the grand opening of the new Women's Health Center. The \$4.2 million facility consolidates the Well Woman Clinic and OB/GYN Clinic into a more collaborative service line. This state-of-the-art clinic setting completes the third floor at DeWitt, which is now often referred to as the "Women's Floor" where the Labor and Delivery, Mother Baby Unit and Lactation Services are also located.



**L to R: MG Kiley, COL Williams, COL Sutton, COL Malone, Mrs. Moakler and LTC Earls**  
**(Photo courtesy of Bob Coultas, PA, DACH)**

MG Kevin C. Kiley, North Atlantic Regional Medical Commander and a board certified obstetrician himself, set the tone of the event by emphasizing the importance of women's health care in the continued success of the military healthcare system. COL Loree Sutton, Hospital Commander, LTC Rhonda Earls, AN, and Mrs. Karen Plante welcomed the team of distinguished guests which included COL Eileen Malone, OTSG; COL Thomas Williams, Fort Belvoir Garrison Commander; Captain Anthony Sebbio, USN, TRICARE Northeast; and Mrs. Kathleen Moakler, National Military Family Association.

The opening of the Women's Health Center is a true milestone in DeWitt's efforts to be a leader in providing patient-focused, family-centered health care. It places DeWitt at the forefront of the Surgeon General's OB Initiative that aims to provide better communication and continuity between OB patients and their health care providers. Utilizing an OB team approach,

patients are able to see the same provider in the team throughout their pregnancy and postpartum period.

The opening of the center marks a significant accomplishment for the DeWitt Health Care Network. The DeWitt Team has committed themselves to the continued improvement of facilities, processes, amenities and overall satisfaction in all aspects of women's health. Watch for more great things to come.

**NURSING SPECTRUM ARTICLE**  
**“Caring for Those in Harm’s Way”**

*Capt Meryia Windisch and CPT Anthony Leonard*



*“By no means does the outcome of the battle depend upon numbers, but upon the united hearts of those who fight.”*  
*Kusunoki Masashige (14th century Samurai).*

For Military Healthcare providers, “the fight” is different. They must be prepared to care for the sick, save lives, and beat the odds in severe environments. Many people might think those odds are diminished severely after an injury on the battlefield. But, with the right preparation in operational readiness, nurses and physicians can make the difference.

The fundamental principal for students at the Uniformed Services University of the Health Sciences (USUHS) in Bethesda, MD, is learning to care for those in harm’s way. This requires unique educational experiences that enhance operational readiness in a changing world where the battlefield is not only in foreign lands but also on American soil. And today, dangers include not only traditional weaponry but also weapons of mass destruction.

**Preparing for the “Battle”** As Army Nurse Corps officers in the USUHS master’s degree family nurse practitioner program, our education further prepares us to live out our motto — “Ready, Caring, Proud.” Following the terrorist attacks on the US, the Graduate School of Nursing at USUHS expanded its educational preparation in operational readiness to address the changing nature of threats to both military and civilians involving weapons of mass destruction.

In January 2003, the faculty arranged an interdisciplinary experience for the Military Contingency Medicine course. Historically, this course was designed to enhance the ability of newly-graduated medical students to function as general

medical officers or medical specialists in the air, on land, or at sea. The structure of the course consisted of three weeks of training at USUHS followed by additional preparation at a training site in Texas, culminating in an evaluated experience in a field setting known as “Operation Bushmaster.” The training was comprehensive and included advanced trauma life support (ATLS), care of blast injuries, women’s healthcare in military settings, altitude and dive accidents, pain management, and legal/ethical issues on the battlefield. There was also a class on successfully working with non-governmental agencies and the news media, stemming from experiences encountered during past military operations. Other courses included nuclear, biological, and chemical weapon training; ambulance loading and unloading procedures; radio operations; land navigation; and the role of the combat and civilian medics related to battlefield and humanitarian missions.

**Going to “War”** Operation Bushmaster provided a scenario portraying a hostile environment. The week-long exercise allowed for APN students and medical students to work together in a field environment under simulated battlefield conditions. Seven graduate nursing students, 60 medical students from USUHS, and 11 additional medical students from Japan and the United Kingdom were responsible for triage, management, and evacuation of casualties.

During the exercise the students served in a variety of roles, including senior medical officer, commander, radio operator, litter bearer, security, and ambulance platoon leader. For most of the medical students, this was their second stretch of field training. For a majority of the nurses, this was a continuation of training in severe environments — in their previous years of military service, several nurse officers had been deployed on real world missions. Most had already completed the trauma nurse critical care and combat casualty care courses. However, Operation Bushmaster provided nurses the unique clinical and leadership challenge of functioning in an APN role. In particular, it gave them the opportunity to influence medical students as they assumed the role of APNs practicing in military medicine.

Within the first 12 minutes of arriving at Bushmaster — surrounded by trees and the distant sounds of gunfire — we received our first front line ambulance with four casualties. We applied the theory of “care first, tents later” and began providing “tailgate medicine” as our final exam began. Most of our time in the field was scenario-driven and focused on treatment of simulated casualties requiring life-saving interventions. One challenge was locating and organizing needed supplies, such as chest tubes. Challenges for APNs included determining how and when to initiate interventions, such as insertion of chest tubes and needle decompression.

**Different Than the Classroom** During ATLS training, students learned how to stabilize the c-spine; identify a pelvic fracture; read x-rays; perform needle decompression, emergency tracheotomies, venous cut-downs, and pericardiocentesis; and insert chest tubes. Though we

practiced our skills in a lab setting with mannequins that simulated bleeding and breathing, we found that battlefield conditions were much more demanding, especially when the evaluator said, “Nope, we just couldn’t fit that CT scanner on the army truck three miles from the front line. So, what can you do instead?”

We students found ourselves triaging and aggressively maintaining patient care as second nature. Biological and chemical agents played a much bigger part in our scenarios than we had experienced in previous training. The threat of these weapons was ever-present and a time consuming enemy tactic for all medical personnel that required proactive planning. At other times, both nurses and medical students racked their brains attempting to diagnose infrequently seen diseases, such as meningitis and malaria.

The traditional public health knowledge of the nurses enhanced the field experience when a team would contact the service member’s home unit to initiate treatment for communicable diseases. Florence Nightingale would have appreciated our planning and placement of handwashing stations and latrine facilities to address sanitation issues. Without them, troops could end up with non-battle conditions such as typhus or cholera. These diseases can be as devastating as multiple gunshot wounds if an entire unit can’t work due to an epidemic. Exotic diseases were present in our training scenarios as well. With the assistance of battlefield telemedicine and satellite communication with stateside facilities, such as Walter Reed Army Medical Center in Washington, DC, we were able to describe afflictions and send photos of patients for consultation, diagnosis, and treatment.

**Different Country, Different Culture** Several of the scenarios provided unanticipated learning experiences, expanding our thinking from moral, cultural, and geopolitical perspectives. During the third day we treated an enemy prisoner of war (POW), only to have him killed moments later when he was released to his own officials. This provided a lesson in the different ethical and cultural values in the management of POWs by other countries.

Later, the “minister of defense” for our fictitious country visited our site. He wanted to tour our aide station with members of the news media following along. Arriving with his bodyguards, he instigated a potential crisis situation — he wanted to buy all our women soldiers and make them his wives. Once the situation was diffused and his entourage left, we were a lot more comfortable, and somehow our entire unit had bonded over the incident. These experiences were a significant lesson in both cultural and geopolitical aspects of the modern battlefield.

The final night of our field training included a mass casualty incident. We triaged and treated 36 patients strewn across a 40-meter radius, with situations that included a sucking chest wound, the birth of an infant, and multiple burn patients. We were also able to match an amputated arm to the proper soldier

and quickly triaged the casualties, treating and stabilizing the most serious before evacuation.

Nurses learned from, and with, the medical students, which was a new experience for everyone involved. Working synergistically with the medical students, APNs honed their skills and improved readiness. As nurses we developed a better understanding of the role of the senior medical officer on the battlefield. Further, our knowledge and training improved our capability to save the lives of fellow soldiers, sailors, and airmen, as well as civilians, in a humanitarian or wartime mission.

Training also provided life lessons and observations beyond the planned educational experiences. The first two weeks in the classroom environment proved to be a microcosm of the typical lunchroom at any hospital. Although nurses frequently associated only with other nurses, it soon became apparent how much their knowledge and experience benefited the medical students. Once the training moved out of the classroom, the playing field was leveled as we discovered our common goal was to “provide good medicine in bad places.” The most important assets we possessed proved to be our knowledge learned from past nursing experiences and the ability to work with our equipment.

We discovered ways to boost morale during the long period away from home. For example, in testing our telemedicine capabilities, one of the British medical students was able to call his “mum” in London just to say hello, and a Japanese medical student called his fiancée to say something “very mushy” in Japanese.

Referring to the wisdom of his father, a fellow soldier shared a good summary — “People don’t plan to fail, they fail to plan.” We know because of this planned experience, we are better able to take our USUHS training to the next step in caring for those in harm’s way.

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**Graduate Courses in EBP Pre- and Post-Masters and Pre- and Post-Doctoral Courses in EBP**

Formal graduate coursework in evidence-based practice is offered in conjunction with the 2003 EBP Summer Institute. Coursework is provided through the School of Nursing of The University of Texas Health Science Center at San Antonio. Two courses are offered sequentially: one in July and the second in Fall, 2003, totaling 6 semester credit hours. For the first course, attendance at the Institute is requisite and students pay course tuition. For more information, please contact Kathleen Stevens at 210-567-3135 or [stevensk@uthscsa.edu](mailto:stevensk@uthscsa.edu).

**Force Health Protection- A Military Imperative  
11-17 August in Albuquerque, New Mexico**

The Sixth Annual Force Health Protection Conference will be held 11 – 17 August 2003, at the Convention Center in Albuquerque, New Mexico. The theme for the conference is Force Health Protection – A Military Imperative. The U.S. Army Center for Health Promotion and Preventive Medicine, Aberdeen Proving Ground, MD, will host this premier preventive medicine conference.

The conference will provide the multidisciplinary military and civilian force health protection community with the opportunity to increase knowledge and awareness of current issues, attend short courses for professional development, mentor, network, and earn CEUs or CMEs.

The conference begins on Monday 11 August and runs through 14 August. Several post-conference courses will be offered 15-17 August. The core conference will consist of 9 specialty tracks: **VA Veterans' Health, Ergonomics, Environmental Sciences, Advanced Sciences, Occupational and Preventive Medicine, Health Physics and Radiological Sciences, Industrial Hygiene, Population Health and Well-being, and Behavioral Health.**

The conference will include both plenary and breakout sessions designed to provide an exchange of hands-on information that has a wide application within the DoD community in the areas of homeland security/homeland defense, environmental health, population health, behavioral health, injury prevention and other areas of preventive medicine. This is the broadest based conference we have developed, and it is hoped that all specialties will benefit from the wide range of topics and courses being presented.

Technical presentations or papers and technical posters are being solicited through a link on the conference website. Commercial and military exhibits will be an integral part of this conference providing state-of-the-art materials to assist professionals with their jobs at installations and units.

Information on the conference including the call for papers, call for posters, and exhibitor prospectus will be found on the FHP website at: <http://chppm-www.apgea.army.mil/fhp>. The website is currently available for registration. For additional information you may contact: LTC (P) Michael Custer,

# NEWS FROM AROUND THE AMEDD

## NEWS FROM AROUND THE AMEDD

**AACN's National Teaching Institute  
and Critical Care Exposition  
17-22 MAY San Antonio, Texas**

The American Association of Critical Care Nurses (AACN) hosts the annual NTI Conference in San Antonio, Texas from 17-22 MAY. The conference brochure is available online at <http://www.aacn.org/nti>.

**This year, General (Retired) Clara Adams-Ender will receive the prestigious Marguerite Rodgers Kinney Award for a distinguished career, in recognition of her contributions to nursing and critical care on 19 MAY from 0900-1145 at the Henry B Gonzalez Convention Center during the opening session of the AACN National Teaching Institute & Critical Care Exposition.** AACN has reserved seats for Army Nurses in the front rows during the opening session. **If you plan to attend this conference, please wear your Class A Uniform to the Opening Session to support the "sea of green."**

AACN will issue complimentary day passes for ANs who are not attending the NTI, but may be in the local area and would like to attend the Opening Session. The day pass entitles the person to sit in on any of the afternoon education sessions, but unfortunately CE credit cannot be awarded unless the person actually registers.

AACN is requesting several Army Nurses to assist with a recruiting tour of high school students on **22 May from 0830-1300** to talk about nursing, tour the Critical Care Exposition and have lunch. For more information on these events, please contact MAJ Laura Feider at [laura.feider@amedd.army.mil](mailto:laura.feider@amedd.army.mil) or 210-221-6221/6659.

**2003 Summer Institute on Evidence-Based Practice**

You're invited to take part in the 2003 Summer Institute on Evidence-Based Practice "Best Practice: Improving Quality" **July 10-12 2003**, Adam's Mark Hotel in San Antonio, Texas

**Summer Institute**

During this 2½-day interdisciplinary institute, experts will present a coordinated curriculum on EBP. Major topics include response to the current mandate to 'cross the quality chasm' in health care through evidence-based practice, team building for EBP, integrating best practice into systems of care, and the role of clinical associations in EBP. This Institute has been approved for 15.75 hours in AMA Category I Credit and 17.7 Nursing Contact hours. For more information, please visit the website: [www.acestar.uthscsa.edu/institute/su03.html](http://www.acestar.uthscsa.edu/institute/su03.html) or to receive a brochure, send your postal address to [acestar@uthscsa.edu](mailto:acestar@uthscsa.edu).

Conference Director, DSN 584-6250/410-436-6250 or Ms. Jane Gervasoni, Deputy Director, 584-5091/410-436-5091.

**AMSUS 2003**

The Federal Nursing Section of AMSUS 2003 will be accepting abstracts for the Federal Nursing Poster Session to be held on Monday, 17 November 2003. For more information and submission details please see the attached call for posters on page 16.

**17<sup>th</sup> Annual Military Medicine Conference**

The 17th Annual Military Medicine Conference to be held at USUHS on **2-6 Jun 2003** flyer is attached on page 17. All RNs are welcome to attend, although the target audience is the APN as the content will focus on provider specific information. POC for this information is MAJ(P) Reynold L. Mosier, CFNP, Assistant Professor, GSN, Uniformed Services University of the Health Sciences, (301)295-1116, [rmosier@usuhs.mil](mailto:rmosier@usuhs.mil).

**KUDOS**

**LTC Rene Dzienkowski Katial**, AN, currently assigned to Fort Carson, CO was featured in an article entitled "Destination: White House, Viterbo Nurse Finds Challenge and Opportunity" printed in the Viterbo University Magazine, STRIDES, Volume 38, No 2, February 2003. The article profiled LTC Katial's experiences as a White House Nurse from March 1999 to July 2002.

**LTC Susan Raymond**, Head Nurse ICU at Landstuhl Regional Medical Center was featured on The Today Show on 26 March 2003.

**PUBLICATIONS**

**CPT Pamela Carter**, assigned to the 127 Forward Surgical Team, Korea recently, in collaboration with **CPT Cybil True** from FSH, coauthored an article "A Comparison of Tubocurarine, Rocuronium, and Cisatracurium in the Prevention and Reduction of Succinylcholine-Induced Muscle Fasciculations. published in the AANA Journal/Feb 2003, Vol 71, No.1.

**Capt Meryia Windisch** and **CPT Anthony Leonard** both in the USUHS Graduate School of Nursing wrote an article "Trauma Training: Preparing for The Battlefield", Caring for Those in Harm's Way for Nursing Spectrum, Washington, DC/Baltimore Metro Edition. Vol. 13, No 6DC, March 24, 2003.

**CPT Tim Hudson**, White House Nurse, published Hudson, Timothy L., "Maximizing a Transport Platform Through

Computer Technology" CIN: Computers, Informatics, Nursing 2003 (March/April) ; 21(2):72-79.

**MAJ (P) Veronica Thurmond**, a doctoral student at the University of Kansas recently published:

Thurmond, V. A. (2003). Assessing the influence of a Web-based environment on student satisfaction. Society for Information Technology and Teacher Education International Conference, 2003(1), 2518-2525.

Thurmond, V. A. (2003). Examination of interaction variables as predictors of students' satisfaction and willingness to enroll in future Web-based courses while controlling for student characteristics. Society for Information Technology and Teacher Education International Conference, 2003(1), 528-531.

# FEDERAL NURSING SECTION POSTER SESSION

## AMSUS 2003 - "Partnerships In Preparedness, Prevention and Public Health: Protecting the Nation"

### Call for Posters

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 109th Annual Meeting of the Association of Military Surgeons of the United States (AMSUS) in San Antonio, Texas 16-21 November. The poster session will be held Monday evening, 17 November 2003.

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.

**This program is different from the Karen Rieder Nursing Research Poster Session. Research is not required.** Below are some examples of topics which relate to the theme of the 2003 conference.

Educational Technology	Joint Medical Training	Innovative Clinical Practice Issues
Patient Safety	Preventing Medication Errors	Joint Operational Exercises
Clinical Pathways	Joint Service Initiatives	Health Promotion Initiatives
Nurse/Patient Ratios	Deployment Issues	Put Prevention into Practice
Medical Preparedness	Biological Warfare	Multidisciplinary Approach to Care

#### Requirements

- \* The principal poster presenter must be a registered nurse in the federal service or the American Red Cross.
- \* Posters must fit on a table approximately three feet by six feet.
- \* Abstracts must be limited to two typed 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 or as an e-mail attachment in MS Word.
- \* Abstracts (hard copy or e-mail) must be received by the deadline: **11 July 2003.**
- \* 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. Presenters must make their own funding arrangements.

#### **ABSTRACT SUBMISSION DEADLINE: 11 July 2003**

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

LCDR Lisa Marunycz  
 National Institutes of Health  
 9000 Rockville Pike  
 Bldg. 10 Room 7D50  
 Bethesda, MD 20892  
 (301) 496-2259 or (301) 496-2987  
 Email: lmarunycz@mail.cc.nih.gov

**Notification of acceptance and further instructions will be sent no later than 31 July 2003.**

# Seventeenth Conference on Military Medicine

## June 2-6, 2003

### Theme: Military Medical Humanitarian Assistance

In the mid 1980s, USU alumni and other professionals in the Military Health System identified a requirement for an annual continuing education activity that focused specifically on current challenges facing military medicine. The military medicine conferences are planned for physicians, nurses, and other healthcare professionals on active duty and in the reserves, and for healthcare professionals in the federal sector.

At the Military Medicine Conferences in 2001 and 2002, experts looked 25 years into the future to determine what the military medical environment will look like, and began to consider how military medical education needs to be modified to meet the needs of the military in the future. The 17<sup>th</sup> Military Medicine Conference will focus on a Military Unique Curriculum, originally outlined in the late 1980's and revised in the 1990's, that identifies subject matter and skills that are essential for military health care professional training to provide optimal care in operational settings. The conference offers a suite of Military Medical Humanitarian Assistance Courses developed by the CDHAM that prioritize personnel and resources in austere environments, assist in setting up effective, secure medical care facilities in refugees camps, instruct sanitation and public health measures, and recognize key causes of morbidity and mortality essential for the elements of the Military Unique Curriculum. The curricular elements can be integrated into the training of physicians and nurses, incorporating distance learning, simulation, and virtual reality, as well as addressing outcome measures and certification in operational medicine.

The conference will consist of a plenary session with lectures provided by subject matter experts in the fields of humanitarian and disaster assistance medicine followed by work groups covering the listed program topics.

Content, Learning Methods, Outcome Measures, and Certification in Humanitarian Assistance Medicine Workgroups will receive lectures, discuss topics, and engage in breakout sessions in:

- |                              |                            |  |
|------------------------------|----------------------------|--|
| <b>Internal Medicine</b>     | <b>Dermatology</b>         | <b>Pediatric Medicine</b>                    |
| <b>Emergency Medicine</b>    | <b>Preventive Medicine</b> | <b>Veterinary Medicine</b>                   |
| <b>OB/GYN Medical Topics</b> | <b>Psychiatry</b>          | <b>Operational Telemedicine Applications</b> |

**Meeting Location:** Jay P. Sanford Auditorium, Uniformed Services University of the Health Sciences, Bethesda, Maryland. If you will be driving, please visit the USU website at [www.usuhs.mil](http://www.usuhs.mil) for driving and parking instructions, which can be found within the information box located at the bottom of the web page.

**Uniform:** The Washington, D.C. area uniform of the day during the conference is: Army – Class B Uniform, Air Force – Duty Uniform, Navy – Summer Whites/Khakis, and Public Health – Summer Whites. Please do not wear utility uniforms or BDUs.

**Registration and Funding:** There is a registration fee of \$250.00/\$350.00 for non-DoD affiliates.

**Accreditation:** USUHS is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. USUHS is also accredited to provide continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

**Accommodations:** A block of rooms has been reserved at the **Holiday Inn Bethesda, 8120 Wisconsin Avenue, Bethesda, Maryland. Make your reservations as soon as possible and not later than May 16, 2003. Please reserve your room under the "Military Medicine Conference" block of rooms. The room rate is \$150 per night. Reservations can be made by calling (301) 652-2000. Unexpected early departures from the hotel will be charged \$50.00.**

IF YOU REQUIRE ADDITIONAL INFORMATION, PLEASE CALL 301-295-0962.