
ARMY NURSE CORPS NEWSLETTER

“Ready, Caring, and Proud”

Volume 03 Issue 11

August 2003



Chief's Message



This month, I want to provide an update on the Active Duty Health Professional Loan Repayment Program, the ANC Newsletter survey and our current OPTEMPO. The ADHPLRP retention board met on 14-18 July, with an overwhelming response of applicants. 235 Army Nurse Corps Officers applied for loan repayment under this new program. Officers selected will be contacted by PERSCOM in the near future. In addition, the ANC anticipates using 17 loan repayments for direct accessions through recruiting command in FY 03.

I want to take this opportunity to thank you all for taking the time to provide the Corps Chief's Office with valuable feedback about the ANC Newsletter. Over 700 officers and civilians answered the web-based survey over a 30-day period. We will now take the feedback you have provided to us and make any appropriate changes to the newsletter in an attempt to continually improve upon this essential communication tool.

We, in the Army Nurse Corps, continue to play a vital role as our nation responds in force to support Operation Iraqi Freedom and Operation Enduring Freedom. Currently, for this fiscal year, we have deployed 1,360 Army Nurses for a total of 135,853 man-days. On average, each Army Nurse Corps Officer who deploys is deployed for 100 days. Additionally, the USAR has deployed 1,263 ANs in support of OIF and OEF. You should all be extremely proud of the great support you are providing to our Army and to our great Nation, whether you provide that care while deployed in a theater of operations or to our soldiers and their families at your home duty station. On behalf of a grateful AMEDD and an even more grateful Army, I thank you for your continued professionalism and for your selfless service.

Finally, I want to say farewell to the Army Nurse Corps Fellow, Major Laura Feider, who has worked diligently in the Corps Chiefs Office supporting the Army Nurse Corps for the past two years. MAJ Feider has been instrumental in managing the ANC newsletter, our ANC website and the monthly VTCs. In addition, she has worked diligently on Corps-sensitive issues, projects, congressional testimony, and has coordinated actions at senior levels of multiple

governmental agencies. Laura is moving on to the University of Washington to start her doctoral program in nursing science. I want to personally thank her for all her hard work and the selfless dedication she gave to the Office of the Chief of the Army Nurse Corps. COL Gustke and I wish her much success in all her future endeavors. She has been an invaluable asset to our office over the past two years.

The Corps Chief's Office warmly welcomes MAJ Jeanne Larson. Jeanne is coming from Brooke Army Medical Center, where she served as Senior Instructor, Hospital Education.

Army Nurses are Ready, Caring, and Proud!

Bill Bester
BG, AN
Chief, Army Nurse Corps

NEWS FROM AROUND THE AMEDD NEWS FROM AROUND THE AMEDD

Chief, Army Nurse Corps Award of Excellence

It is time again to nominate your junior officers for exemplary performance for the Chief, Army Nurse Corps Award of Excellence. The nominations from Chief Nurses for the Chief, Army Nurse Corps Award of Excellence for Junior Officers are due **NLT 5 SEP 02** to MAJ Jeanne Larson via email, hard copy or fax. Please call MAJ Larson at (210) 221-6221 or email jeanne.larson@amedd.army.mil for any questions. The MOI and sample nomination write-ups are posted on the ANC web page. The COL (Ret) CJ Reddy Junior Officer Leadership Conference is 2-6 November in Washington, D.C.

Strategic Issues Conference

The Strategic Issues Conference is **8-12 September** in San Antonio, Texas. Welcome letters were sent in July to invitees. The POC is LTC Yolanda Ruiz-Isales at (210) 221-6659 for further information.

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 Jeanne Larson. The deadline for all submissions is typically 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.

**The Army Nurse Corps Association (ANCA)
Biennial Convention, San Antonio, TX
25-31 May 2004**

Howdy from Texas! We're looking forward to seeing you in the city of San Antonio on 27-31 May 2004 for a rousing good time celebrating our theme, "As Big As Texas." We're planning good fun, great food and a whole helping of Texas hospitality. Now is the time to start making plans to attend the convention. The beautiful Adam's Mark Hotel on the Riverwalk in San Antonio, will be the site of one of the best conventions around. We have 4 exciting days packed with CE courses, Volksmarching and sightseeing tours of San Antonio and the surrounding areas. For golf enthusiasts, join your friends for a day planned to challenge you at one of San Antonio's fine golf courses. At night, enjoy a variety of restaurants with family and friends alike. So mark off those dates and be prepared for an exciting time "deep in the heart of Texas." More details to follow in future issues of the Connection and on the ANCA website anca@e-anca.org.

Attention All Armed Forces Nurses

The Military Order of the Purple Heart, a veterans' organization comprised of recipients of the Purple Heart Medal, will hold its annual Memorial Service honoring Wartime Nurses at the Nurses Memorial, Arlington Cemetery at 2:00 p.m. on Friday, September 12, 2003.

This annual memorial service gives our National Officers and members of the Military Order of the Purple Heart the opportunity to recognize the Nurses who are instrumental in caring for our wounded service members.

The Nurses Memorial is located in Section 21 of Arlington Cemetery that is just west of the Amphitheater on Porter Drive. Seating will be available. Please notify Joyce Beene, Executive Assistant, at (703) 642-5360 if you plan to attend.

Chemical Casualty Care Course

The U.S. Army Medical Research Institute of Chemical Defense now offers computer-based Chemical Casualty Care courses on-line. Please visit the International Healthcare Information Support Center at <https://ke.army.mil> for details.

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

The Junior Officer's Corner

From the Desk of the Army Nurse Corps Fellow. . .

Greetings from San Antonio! As I transition into this role and learn about the inner-workings of the Army Nurse Corps and the AMEDD I will write about my experiences and share this inside look with you.

Feel free to send an email if you have a burning question about why the Army Nurse Corps works a certain way and I will do my best to get you an answer. Send your inquiries to: jeanne.larson@amedd.army.mil I look forward to hearing from you!

--MAJ Jeanne Larson



Congratulations to COL Maryann Steinmetz, OTSG Staff Officer, for her prestigious Commandant's Award for Excellence in Research and Writing for her paper titled "Army Nurses - an Endangered Species?" at the Industrial College of the Armed Forces.

MAJ Richard Prior, FNP, FMS-BAMC, was awarded the Uniformed Nurse Practitioner Association's (UNPA) 2003 Scientific Award for his research "The Experiences of U.S. Army Primary Care Providers Meeting Sexual Health Care Needs During Post-Vietnam Deployments."

CPT Jodelle Schroeder, the Division nurse with the 1st Infantry Division was featured in the Ft. Riley newspaper in an article about using the SimMan while training medics. Click on the link below to read the article: <http://www.riley.army.mil/newspaper/Archive/> (2 July issue)

**DAR Recognizes Top Army Nurse
LTC Kelly A. Wolgast**

Colonel Elizabeth "Liz" Mittelstaedt received the Dr. Anita Newcomb McGee Award from the Daughters of the American Revolution (DAR) on 11 July 2003 during the DAR Annual Congress in Constitution Hall in Washington, DC. This award is presented annually by the National Society of the Daughters of the American Revolution to an active duty Army Nurse Corps officer who exemplifies excellence in professional and military nursing. It is a public acknowledgement of outstanding service rendered by Army Nurse Corps officers and encourages and stimulates competitive excellence among Army Nurses.

The Dr. Anita Newcomb McGee award was established in 1967 in honor of Dr. Anita Newcomb McGee. Dr. Newcomb

McGee, known as the "Founder of the Army Nurse Corps," was the author of the bill to establish an Army Nurse Corps (female). This bill became Section 19 of the Army Reorganization Act of 1901 that established the Nurse Corps as a permanent corps of the Medical Department effective 2 February 1901. In early 1898, Dr. McGee, as Director of the DAR Hospital Corps, was instrumental in providing highly qualified nursing graduates for appointment as contract nurses for the Army during the Spanish-American War. As a result of her success, she was appointed by The Surgeon General as Acting Assistant Surgeon General in charge of the Nurse Corps Division and began the work of establishing military nursing as a career.

Currently the Deputy Commander for Nursing at Bassett Army Community Hospital, Fort Wainwright, Alaska, COL Mittelstaedt was recognized for her expertise in leadership, clinical practice, research and education. "I am truly honored to receive such a prestigious award and owe great thanks to all the wonderfully supportive people that I have worked with throughout my career," said Mittelstaedt.



COL Elizabeth Mittelstaedt and BG Bill Bester

Earning a Bachelor of Science degree in Nursing from South Dakota State University in 1978 and a Master of Science degree in Nursing from the University of Washington in 1993, COL Mittelstaedt also completed the U.S. Army Command and General Staff College in 1989, the AMEDD Executive Skills Course in 2002, and was inducted into the Order of Military Medical Merit in 1997. For her exceptional abilities in nursing, COL Mittelstaedt was awarded the coveted "9A" Proficiency Designator in Nursing in 2000 by The Surgeon General.

Initially assigned in 1978 as a surgical staff nurse at MAMC, COL Mittelstaedt's talent for caring was quickly recognized and she rapidly advanced in clinical roles in postpartum, antepartum, and labor and delivery (L&D) units. She held staff nurse positions in obstetrics, gynecology, L&D and the newborn unit at Weed Army Community Hospital, California (1981-83). She was also stationed at the 121st Evacuation Hospital, Korea (1983-84), Tripler Army Medical Center,

Hawaii (1985-87), and Gorgas Army Hospital, Panama (1989). She served as the Head Nurse of L&D at MAMC from 1987-89 and 1990-91. Next she was selected to be an ANC Professional Development Officer from 1993 to 1996. In this job she provided career counseling, planning, monitoring, and assignment for over 800 officers worldwide.

Moving to the position of Chief, Maternal Child Health Nursing Services at MAMC from 1996 to 2001, she had responsibility for 6 inpatient units and clinics and over 140 staff. In 2001, she was selected to be the Research Project Officer to spearhead the Army Nursing Outcomes Database. While serving in Nursing Research Service, she was also responsible for developing research projects, mentoring nurses in the research process, and administering externally funded grants. COL Mittelstaedt recently completed an assignment as MAMC's Consolidated Education Chief, with responsibility for staff education and training for over 2,600 staff members and a near \$1 million budget.

COL Mittelstaedt holds many honors and awards. In 1997, she was named the Maternal Child Health Consultant to The Surgeon General. She has received numerous national military nursing awards including the Association of Military Surgeons of the United States prestigious Clinical Nursing Excellence Award in 1999. In 2000, COL Mittelstaedt was nominated in three Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) Armed Forces Section award categories—Clinical, Education and Research – an achievement unprecedented in ANC history. She won the Award for Excellence in Nursing Education against stiff competition. She also won the Evangeline G. Bovard Award for outstanding service at MAMC in 2001.

Additionally, COL Mittelstaedt holds specialty certifications as a Lactation Counselor, a Perinatal Loss Resolve Thru Sharing Counselor, and a Certified Child Passenger Safety Technician. COL Mittelstaedt has extensive expertise in car seat safety and was recognized by an article in the Army Times. She co-authored several car seat policies and was nominated for a car seat education grant from the Paul Newman/Fisher House Foundation. A highlight of her innovative and motivating leadership was her creation of a Ft. Lewis and McChord Air Force Base Child Car Seat Program that has trained over 80 hospital staff and community members to inspect car seat safety and has significantly improved the well-being of the local population of children. For her efforts she was also given the Southwest Washington Perinatal Education Consortium, Wyeth-Ayerst Award in 2001.

Publications

Congratulations to **COL Stacey Young-McCaughan**, Chief, Outcomes Management at the MEDCOM for her recent publication: Young-McCaughan, S., Mays M. Z., Arzola, S. M., Yoder, L. H., Dramiga, S. A., Leclerc, K. M., Caton Jr., J. R., Sheffler, R. L., & Nowlin M. U. (2003). Change in

Exercise Tolerance, Activity and Sleep Patterns, and Quality of Life in Patients with Cancer Participating in a Structured Exercise Program in Oncology Nursing Forum, 30(3), 441-454.

COL Art Wallace, Executive Director TRICARE Pacific, recently published a book chapter in "Career Opportunities," (2003) Building and Managing a Career in Nursing - Strategies for Advancing Your Career, published by Sigma Theta Tau International and NurseWeek Publishing.

***A Deployed 66H in an ICU: My Perspective
CPT Hector Erazo***

The 28th Combat Support Hospital (CSH) was the first CSH in theater and the most forward during combat operations in Operation Iraqi Freedom. It remains one of the largest and busiest on the battlefield. As a member of the 28th CSH, I am assigned to the Intensive Care Unit (ICU) #2, which is also designated as the Pediatric Intensive Care Unit (PICU). Having experience in the PACU, but none in an ICU or PICU setting, I questioned my clinical adeptness (especially in a combat environment).

It is not uncommon for medical-surgical nurses (66Hs) to be assigned to an ICU in a CSH. In the predeployment phase, I prepared by attending the Trauma Nursing Care Course (TNCC), recertifying my Advance Cardiac Life Support (ACLS), purchasing a book on critical care nursing and obtaining my conscious sedation certification. I was confident that with my previous PACU and staff nurse experience on a cardio thoracic ward, telemetry unit (and with the assistance of the outstanding ICU nurses as my preceptors), I would make a successful transition into my new role.

The ICU nurses provided information on management of a mechanically ventilated patient. They explained the basic aspects regarding ventilator management: how it functions, the alarm system and how to trouble shoot problems. The respiratory therapists were also very helpful. After working alongside and shadowing the ICU nurses, I was ready to take care of my first ventilated patient: an Iraqi male, gunshot wound to the chest. He was sedated with Versed and was receiving Neo-Syneprine and Dopamine intravenously to help maintain his blood pressure. He had a physician's order to titrate these vasopressors to maintain his blood pressure as well as to maintain his sedation on Versed. If the patient required an increase in Versed to maintain his level of sedation, then his blood pressure dropped. As a result, an increase in the rate of Neo-Syneprine was required to maintain an adequate blood pressure. It was a fine balance in achieving the correct drip rates to keep him adequately sedated as well as maintain a sufficient blood pressure. My prior clinical experience coupled with my recent ICU training, made me successful in providing optimal care to this patient.

The next intubated patient that I provided care to was a 10 year old Iraqi civilian boy. He presented to the 28th CSH with shrapnel wounds as a result of a landmine explosion. It was a

challenge for me because he was intubated and he was my first pediatric patient. To overcome this challenge, I relied on my experience with the first intubated patient as well as a medication book and The Harriet Lane Handbook. This handbook provides classic, clinical features such as diagnostic guidelines, recommended tests, therapeutic information, step-by-step emergency management protocols and sound, personal advice from physicians at The John Hopkins Hospital. This patient also was on multiple IV medications to maintain adequate sedation, blood pressure and pain control. With the available resources I passed the challenge.

In addition to intubated patients, I cared for critically injured patients who had pelvic fractures, multiple chest tubes, amputated limbs, closed head injuries, multiple traumas from vehicle crashes and severe burns. If you are a 66H assigned to a CSH in an ICU, you can succeed with determination, dedication, motivation and a willingness to learn. You *can* overcome insurmountable obstacles. The knowledge and skills acquired will give you the confidence to progress with your nursing career and obtain future goals. You will accumulate memories that will last you a lifetime and serve as an inspiration to others.

Editor's note: When CPT Erazo was contacted about the status of the 10-year old boy he gladly gave this update: "He had a great recovery. He remained in the ICU for 4 weeks. One of the reasons why is because we had difficulty in extubating him. He was not able to maintain his O2 sats at an adequate level and in turn he was intubated once again. In addition, he had to have a chest tube placed. Aggressive pulmonary toilet activities were initiated and were successful. Subsequently, he was able to get extubated. The child actually walked out of the 28th CSH. It was a great feeling to know that I played a role in his recovery because that is what nursing is all about."

***OB/GYN CONSULTANT NEWS
LTC(P) Ramona Fiorey***

Several months ago I initiated an email group of MTF OB/GYN nurse managers on Outlook to improve our ability to communicate with each other. Identification of people in these positions is sometimes difficult and the mail group membership is ever changing. If you are a Head Nurse or Maternal/Child/OB/GYN section chief and have not received messages from me related to issues of concern to obstetric unit managers, or if you have changed positions or relocated, please send me an email message with your full email address. I will also be sending out the OB Nursing Consultant Surveys for review and updating this month and request that they be returned by the end of August. I hope to include the surveys on the web site currently under development. If you have a policy, form, competency orientation, other document, or a suggestion for something you think OB/GYN/NBN nurses working in Army MTFs could benefit from and would like to have included on the web site, please send it to me at ramona.fiorey@nw.amedd.army.mil

Over 2,000 nurses from the U.S. and Canada attended the AWHONN National Convention in Milwaukee in June. The overall caliber of the program and presentations was excellent. The opening address, “The Culture of Nursing: The Differences we Share”, and one of the general sessions, “Us Versus Them and Being in the Middle: Challenges and Opportunities” were both truly excellent presentations that are worth buying from AWHONN (available on audio cassette at the AWHONN website for \$12 each). They are highly motivating, interesting, and capture some of the sentiment that brought many of us into nursing. Sometimes we just need to hear that we do make a difference.

AWHONN continues to develop and make available programs for continuing education. Two good CD programs available from the AWHONN web site are “Universal Screening for Domestic Violence” (cost is \$30) and “Hyperbilirubinemia in the Neonate” (cost is \$50). The CDs both contain presentation packages that include Lifelines and JOGN articles that pertain to the presentation, a script and Power Point presentation, note taker, and an application to AWHONN for continuing education credit. The Domestic Violence CD also includes an abuse assessment screening tool. The cost for the continuing education credits (2.2 and 2.0, respectively) is \$10 for AWHONN members and \$20 for non AWHONN members. These programs can be used by individuals or presented to a group. It is not permissible to use the scripts of the presentations to develop a facility CE awarded presentation.

I would like to recommend two excellent articles for professional reading: “Common Areas of Litigation Related to Care During Labor and Birth” (Journal of Perinatal Neonatal Nursing, 2003. Rice-Simpson, K. Vol. 17, No. 2, pp. 110-125) is a succinct description of the most common allegations for litigation related to obstetric care and the associated standards of practice and care that, when used appropriately, can help prevent litigation.

The other article, “Adverse Perinatal Outcomes & Preventing Common Accidents” (AWHONN Lifelines, 2003. Jun/Jul. Rice-Simpson, K. and Knox, E., pp. 223-227) relates how medical accidents are being analyzed using frameworks based on methods successfully used for reducing error in other high-risk environments. The article uses actual scenario analysis to demonstrate how accidents occur and strategies for reducing error. This article would be an excellent resource for staff inservices and developing unit/section/department performance improvement programs. Of particular interest is the growing understanding in health care that error “is a normal part of human experience and is not reflective of personality defect, bad intention or laziness” and that the “blame and shame” models often used in health care facilities to prevent errors are not successful at error/accident prevention. Rather, creating patient safety should include “team-based strategies aimed at recognition, mitigation, and recovery rather than continuing to rely on prevention of error.”

The May 2003 issue of Obstetrics and Gynecology (Vol 101(5): Part 1, pp 1039 and 1049) contains two recent ACOG publications regarding treatment of preterm labor that obstetric

nurses should be aware of. The Practice Bulletin discusses the use of tocolytics, antibiotics, corticosteroid use, clinical considerations and ACOG recommendations for treatment of preterm labor. The Committee Opinion presents the new U.S. FDA labeling on Cytotec use and pregnancy. The FDA approved a new label for use of Cytotec during pregnancy www.fda.gov/medwatch/safety/2002/safety02.htm#cytote. The change in labeling does not include claims about Cytotec for use in cervical ripening or labor induction and does not stipulate dosing intervals. Consequently, the ACOG Opinion recommends that Cytotec be used as it previously recommended.

Infection Control Consultant's Corner *Jane Pool RN, MS, CIC*

I want to share with you a revolution that is taking place in many operating rooms – maybe in a military surgical suite near you! There has been a move to gradually shift away from a long held sacred practice – the lengthy pre-operative surgical scrub. For years, surgeons, scrub nurses, and surgical techs have spent as long as 10 minutes scrubbing their hands, forearms and nails with a brush loaded with one of several antimicrobials – povidone iodine (Betadine), Hibiclens – a 4% chlorhexidine gluconate (CHG), 2% CHG products, or PhisoHex.

A comprehensive literature review compiled by the CDC and published in the Hand Hygiene Guideline, Oct 2002, lends evidence-based support and provides guidelines that indicate neither a brush or a sponge is necessary to reduce bacterial counts on the hands of surgical personnel to acceptable levels.¹ At least eight studies are described that indicate that neither a brush nor a sponge is necessary to reduce bacterial counts on the hands of surgical personnel to acceptable levels, especially when alcohol-based products are used.

By decreasing the numbers of resident flora on the hands of the surgical team, the risk of causing a surgical site infection (SSI) is lowered and the likelihood of introducing bacteria onto the surgical field is reduced. Gloves can and do break or tear – so this has always been a rationale for the pre-op skin cleansing. By the way, did you know that surgeons first began wearing sterile surgical gloves in 1910?

The Brush Off

The use of a scrub brush can cause skin damage and long-term skin irritation and will also increase the shedding of skin cells and debris. Having healthy, intact skin is vital in health care to reduce your risk of contracting an infection as well decreasing the chance you may spread an infection to others.

Agents selected for a surgical hand scrub should significantly reduce microorganisms on intact skin; contain a nonirritating antimicrobial preparation; have broad-spectrum activity; be fast-acting and be persistent. Alcohol-based preparations containing 0.5% or 1% CHG or zinc pyrithione have persistent activity that have demonstrated persistence that has equaled or exceeded that of plain CHG or Betadine.

In an article published in JAMA in August 2002, a study reported that the effectiveness of hand-rubbing with an aqueous alcohol solution was equal to that of the more traditional hand scrubbing.² Additional benefits cited included staff satisfaction and improved hand hygiene compliance. Skin dryness and irritation decreased in the hand rubbing group. There was no change in the SSI rate.

To radically change one's time-honored practice is very difficult for most of us – imagine the resistance the English surgeon Dr. Joseph Lister faced when he first proposed the application of carbolic acid to surgeon's hands in the 1800's. He was not a popular guy when he recommended the nurses clean the ORs and the instruments. They initially resented the extra chores, but before his death in 1912 these were accepted practices as evidenced by the decrease in surgical infections. He tried something new – and it worked.

AMEDD Trials

In TRICARE Region One, the clinical trials of two alcohol brushless products have been completed at WRAMC and Bethesda Naval Medical Center and are in progress at Fort Belvoir and Andrews Air Force Base this week. Region Two begins a trial at Fort Bragg on 04 August. In Region 3, the product is in use at Fort Gordon with favorable reports from the surgical team there.

Stay tuned for progress reports on the use of brushless surgical scrubbing and other exciting medical products that are being evaluated and introduced by Infection Prevention and Control in the AMEDD.

¹ Boyce, J., et al. Guideline for Hand Hygiene in Health-Care Settings MMWR, October 25, 2002 Vol. 51 / No. RR-16.

² Parienti, Jean J., et al. Hand Hygiene with an Aqueous Alcoholic Solution vs Traditional Surgical Hand-Scrubbing and 30 Day Surgical Site Infection Rates, JAMA, Aug, 14, 2003 Vol 288, No. 6.

ADVANCING NURSING PRACTICE
Developing an Action Plan to
Implement Evidence into Practice
LTC Deborah Kenny, PhD

Last month's column discussed finding a topic or area for developing an evidence-based protocol. This month we will focus on formulating an action plan to begin the process. This is a necessary step in planning for evidence-based improvements in patient care. This plan should outline both short and long-term goals with suspense dates, steps to reach each goal and individuals responsible for each step. Without this, accountability becomes unclear, deadlines may be missed and goals are not attained. These action plans should be written down and periodically updated.

Once the area of protocol development has been identified, a team that is committed to developing, implementing and evaluating the protocol should be formed. Because the process of developing and implementing an EBP protocol generally takes time, the team leader must be someone who can provide that long-term commitment. Stetler, et al. (1998) advocate

using clinical nurse specialists for this purpose. The team should include not only nursing personnel, but also interdisciplinary stakeholders. For example, all levels of nursing personnel and physicians are involved in Deep Venous Thrombosis (DVT) prevention; they should all be represented on the team. Some stakeholders may not be direct members of the team, but will be needed for support of the project. These people may include Deputy Commanders for Nursing, Section Supervisors, other Advanced Practice Nurses, Medical Service Chiefs, Performance Improvement Personnel and Nursing Educators. They should be consulted as necessary and kept informed of protocol progress.

When the team is identified, it is important to list the goals of the project and set dates for their completion. Remember that this process takes time and it is not realistic to expect that this can be accomplished in a short period. Short-term goals are subdivisions of the long-term goal of implementing a particular Evidence-Based Protocol and may include searching and reviewing the literature, data collection, evaluating staff competencies, educating the staff regarding the change in practice and writing post-implementation evaluations. These short-term goals can be further broken down into the actual steps in the process. These steps will include:

1. Literature search
2. Review of the literature--Needs to be done by more than one person
3. Synthesis of the literature
4. Pre-project data collection to be used for comparison with data collect after implementation
5. Developing the guideline based on the evidence derived from the literature
6. Education and training of the personnel involved in protocol implementation
7. Piloting the protocol on one or two wards
8. Evaluation of the pilot and adapting as necessary
9. Implementing the protocol facility wide
10. Post-implementation data collection for comparison
11. Evaluation of the process
12. Dissemination of your success!

Taking the time to outline the steps of your action plan before you start will facilitate development and implementation of an Evidence-Based Protocol by providing a written guideline for taking the necessary steps to reach your goals. It also helps to ensure that work is distributed evenly and proceeds according to a schedule. In short, it is the means to success.

Next month's column will focus on the literature search for developing evidence-based protocols. Anyone having specific questions they would like to see answered in the column by evidence-based nursing practice experts, or those wanting to share stories of implementation successes, tips or lessons learned can submit them to me at deborah.kenny@na.amedd.army.mil or contact me at COMM: (202) 782-7025 or DSN 662-7025.

Stetler, C. B., Brunell, M., Giuliano, K. B., Morsi, D., Prince, L., & Newell-Stokes, V. (1998). Evidence-based practice and the role of nursing leadership. *Journal of Nursing Administration*, 28(7/8), 45-53.

ANC HISTORIAN NEWS
“Legacy of Healing and Hope”
Vietnam Women’s Memorial Foundation, Inc.
10th Anniversary Celebration*
MAJ Jennifer Petersen

Vietnam Women’s Memorial (VWMF) 10th Anniversary Celebration is scheduled for November 10-11, 2003 at the Vietnam Veteran’s Memorial, Washington, DC. Please mark your calendar for this event and plan to attend. Check the VWMF website *Upcoming Events Section* for celebration events. Website: www.vietnamwomensmemorial.org

Headquarters Hotel

[The Washington Marriott](#),

1221 22nd Street, NW,
 Washington, DC 20037
 Phone: (202) 872-1500
 800-228-9290
 Fax: (202) 872-1424

Location: 22nd and M Street, NW 3 blocks from Foggy Bottom, 4 blocks from Dupont Circle metro stations. A limited number of rooms are available at reduced rates of \$130.00/night for November 10th and 11th, 2003. *Make early reservations to get this special rate.* Tell them that you are attending the Vietnam Women’s Memorial 10th Anniversary. A hospitality suite for meeting and greeting will be available.

You may also contact the Vietnam Women’s Memorial Foundation (formerly Vietnam Women’s Memorial "Project") at: 1735 Connecticut Avenue NW, 3rd Floor, Washington, DC 20009. Toll free: (866) 822-8963 (VWMF).

Volunteers Needed

If you are interested in helping the VWMF carry out the many activities of our ten-year anniversary, please contact the Vietnam Women’s Memorial Foundation. We are in great need of personnel to help provide information to visitors, to help interview veterans, and to sell products at various celebration events.

Please contact:

Vietnam Women’s Memorial Foundation, Inc
 1735 Connecticut Av, NW, 3rd Floor
 Washington, DC 20009
vwmfdc@aol.com
 Toll free: 1.866.822.VWMF (8963)
 Website: www.vietnamwomensmemorial.org

Visit VWMF website *Marketplace* purchase of commemorative items or call AMEDD Museum Gift Shop at 1-800-523-0015 for product information and catalog.

***Organization title changed from Vietnam Women’s Memorial Project to Vietnam Women’s Memorial Foundation in 2002. This is to reflect current emphasis and goals of the organization.**

Army Nurse Corps History
Voices From the Past: The Army Nurse Corps in the
“Forgotten War”
MAJ Jennifer Petersen

July 27, 2003 marked the observation of the 50th Anniversary of the cease-fire that ended the fighting on the Korean peninsula. The passage of time has not resolved the conflict that has existed on the Korean peninsula since the end of World War II. Today 30,000 troops remain stationed in South Korea, many within target range of the soldiers on the other side of the 38th Parallel.



The 1950-53 fighting between the North, backed by China and the Soviet Union, and the South, backed by the United Nations, cost the lives of an estimated 1.3 million to 2.4 million Koreans. An estimated 900,000 Chinese were killed and wounded. Nearly 37,000 U.S. troops died and another 103,000 suffered wounds. Turkey, Britain, Canada, France, Australia, Greece and other U.N. countries lost between 2,000 and 3,000 troops

The exact number of Army Nurse Corps officers who served during the Korean War is not clear. Estimates of Army Nurse Corps participation range from 540 to 1,502. What is particularly clear is that the Army Nurse Corps contributed with distinction. Below are excerpts taken from oral histories of Army Nurse Corps officers who served in the Korean theater. These selections provide a glimpse of the courage, patriotism and skill that these nurses demonstrated during what is often referred to as the “Forgotten War.” In recognition of the 50th Anniversary of the Korean War cease-fire, the Army Nurse Corps salutes the dedication and self-less service of the Army Nurse Corps officers who served.

First Lieutenant Mary C. Quinn: *“Of course, we just felt that we were there to save the Koreans from the communists coming and taking over the country. We felt that was our mission, to stay that time in Korea. And, you know we felt that it was legitimate. It was a UN operation it just wasn’t American troops. Other troops were there too. Our casualty list at the 3rd Station would vary. We would have times when*

there were very few patients and then the trains we would come in. Most of our patients came to us by train and sometimes there would be a lot of casualties; at times, there wouldn't be hardly any wounded, but there would be a lot of sick. There were the malarias, hepatitis, and a lot of skin problems. There was frostbite, a lot of frostbite. Those were the main things that we had. A lot of the wounded, of course, were shipped off to Japan."

Captain Barbara Cullom: *"We had a wonderful group of nurses in that no one needed to be reminded they were needed should an influx of patients occur. We had a special flag that went up when that happened. It seemed they had an uncanny sense that they needed to look in that direction to check-out the flag. If they were off duty, even though they should have been resting, they came to help until things settled down again."*

Lieutenant Elizabeth Starkey: *"I thought I was going by jeep or truck. But I went in a helicopter called a "bell-chopper". That was exciting. They put my duffel bag on the outside litter. We landed right on the hospital complex. The unit had just recently moved. They had leap frogged to move out because the MASH was the unit nearest to the front line that you could get."*

Major Elizabeth N. Johnson: *"I deployed with the 8076th MASH. We landed in Pusan. We put our trucks containing all of our equipment onto flat cars and we went north by train. We had some very young doctors that had just come over from the States."*

First Lieutenant Mary C. Quinn: *"The way the MASH was set up, we had a Receiving Ward and we had a Holding Ward. Patients would come in here; go this way to pre-op, and then surgery was right across this way. Then on the other side of surgery, down this way, was the post-op. It was sort of like a square."*

Major Elizabeth N. Johnson: *"I think we all worked very hard and we saved a lot of lives. That was the secret of the MASH unit, because of the quickness in which the patients were brought to us, operated on, and dispatched back to the lines and to Japan."*

Major Angie Kammerand: *"In regards to being a nurse in a POW hospital, I felt that it was a wonderful opportunity to show them what democracy was like and to treat them as if they were like anybody else. Most of them didn't even know why they were there. They just followed their orders. I thought it was a wonderful opportunity to demonstrate democracy."*

Lieutenant Mary Pritchard: *"What was the nurse like in Korea? I think that she had a lot of empathy. I think that she had sympathy. She had interest. She had a lot of respect. Yes, a lot of dignity. She believed in herself and she believed in her nursing ability and she was a hard worker. She was a good American."*

Historical Data located at the Army Nurse Corps Collection, United States Army, Office of Medical History, Office of the Surgeon General, Washington D.C. February 2003

**THE OCONUS TRICARE PARTNERSHIP
WITH INTERNATIONAL SOS –
A Valuable Active Duty Benefit in the Remote Pacific
COL Art Wallace, AN, Executive Director,
TRICARE Pacific**

What happens when you're involved in a motor vehicle accident while TDY in Bangkok, Thailand or injured on leave while water skiing in Dunedin, New Zealand? Who do you contact for health care assistance if you develop signs and symptoms of appendicitis while visiting Beijing or acquire decompression illness after scuba diving offshore in Vietnam? Answer: International SOS, a benefit that is not known to many AMEDD planners and health care personnel.

For the past four years, TRICARE Pacific Lead Agency and the TRICARE Management Activity have had a contractual partnership with International SOS, an international health services' assistance company with many corporate clients. Under this agreement, urgent and emergency health care is provided under a cashless/claimless system to active duty service members (ADSM) who are TDY/TAD/deployed, or on leave. The primary benefit is establishment and access to a network of quality health care providers and designated civilian hospitals throughout the Western Pacific. ISOS has a contracted staff of over 700 nurses, pharmacists, and physicians who provide care under a "Western standard" of health care. In some instances, the designated foreign hospitals are JCAHO accredited. In other words, the ISOS regional offices and alarm centres "know their local terrain." In most cases, care is provided in facilities located in urban areas. On a case-by-case basis, ISOS will dispatch an ambulance with medical attendant to rural areas where an ADSM is hospitalized and requires transfer to specialized care.

Whenever a ADSM requires urgent or emergent (definitions provided at end of article) medical or dental care in the remote Pacific or in a country without a military medical treatment facility (MTF), a phone call to [the ISOS Alarm Centre in Singapore \(IDD Code + 65-6-338-9277\)](tel:+6563389277) will put you in touch with an English-speaking RN or administrator who will provide necessary assistance and guidance. Collect calls are accepted. By using the ISOS network, one will not incur (in most instances) up-front, out-of-pocket costs, and will not have claims to file. NOTE: It is not available for routine visits, treatments, or prescriptions.

Pacific countries currently covered: Australia, Cambodia, Fiji, India, Laos, Malaysia, Myanmar, New Zealand, Philippines, Singapore, Thailand, Bangladesh, China, Hong Kong, Indonesia, Madagascar, Mongolia, Nepal, Palau, Saipan, Sri Lanka, and Vietnam. In some instances, ISOS will assist with the transfer of acutely ill or trauma patients from countries

with limited medical capabilities to the nearest regional network facility in cities like Singapore, Bangkok, or Sydney.

For emergency procedures in any foreign Pacific country without a MTF or nearby deployed field hospital, first dial the local phone number for ambulance services as provided by the US Embassy or deployed unit or task force surgeon. Always have the phone number, POC, and address of “where you are or can be reached” available. If an ADSM has been taken to a local hospital for emergency treatment or hospitalization, contact ISOS as soon as possible so they can initiate case management tracking. Their case managers are vital links in communicating patient status to the regional case manager at TRICARE Pacific and theater MTF case management network.

For urgent care in a remote Pacific location, placing a call to the ISOS Alarm Centre will:

1. Locate a qualified health care provider (HCP) or clinic
2. Avoid potential payment up front for care (although cannot always be assured)
3. Avoid filing claims if the HCP is in the ISOS network.

Otherwise, you can expect to pay the host nation HCP at time of service. Then you will need to file a claim with the TRICARE region where you are enrolled.

Over the past four years, ISOS has coordinated urgent/emergent health care for ADSM traveling through the remote Pacific and routine health care for nearly 3000 permanently assigned TRICARE beneficiaries in remote Pacific areas. Their air ambulance services and medical flight teams have been a valuable alternative to military AE resources in remote areas.

The future global ADSM traveling and deployed benefit will provide similar health care coverage in Europe, Africa, and South America. Details of this program will be available in FY 04.

Questions regarding the ISOS/TRICARE Pacific ADSM travel benefit in remote countries should be addressed to CDR Tom Halliwell, Regional Operations, and COL Art Wallace, Executive Director, TRICARE Pacific.

Definitions:

Emergency care: Care provided for a sudden and unexpected onset of a medical or psychiatric condition or the acute exacerbation of a chronic condition that is threatening to life, limb, or sight and requires immediate medical treatment.

Urgent care: Treatment for a medical or psychological condition that would cause undue discomfort to the patient or that may worsen if not treated within 24 hours.

91W CLINICAL TRAINING **SFC Bobby Cunningham** **Dept of Combat Medic Training**

At the Department of Combat Medic Training, a liaison with Brooke Army Medical Center has been facilitated to provide the opportunity for 91W students to experience real world clinical training. During the 16 week 91W Health Care Specialist Course students receive clinical training at BAMC and the McWethy Troop Medical Clinic. Most soldiers are not aware of the extensive and in-depth training the 91W student receives during their sixteen-hour clinical experience. There are many facets of training for the 91W student, but there is no substitute when it comes to actual patient care. With the initial focus on pre-hospital care for the first 13-14 weeks of MOS training, the student must now quickly adjust to the new and somewhat surreal clinical training experience.

The 91W students are placed into training teams lead by one of our experienced clinical instructors. They are dispersed throughout BAMC and the TMC to start on their clinical training requirements that include physical assessments, vital signs, and invasive procedures. The students have the opportunity to initiate an intravenous line, draw blood, administer immunizations and insert urinary catheters and nasogastric tubes. Since the 91W program started in October 2001, the students have performed over 20,000 invasive procedures without incident. This could not have been accomplished without the expert clinical instruction and the professional BAMC mentors.

The 91W clinical training started with ten patient care areas, and has expanded to accommodate 400 students in seventeen outpatient and inpatient environments. Some of these include the Emergency Department, Post Anesthesia Care Unit, Gastroenterology Clinic, Cardiac Catheterization Clinic, Oral and Maxillofacial Surgery, Intensive Care Units, inpatient wards, and the Troop Medical Clinic. Almost all of the students enjoy using their newfound skills and get a sense of how demanding the Health Care Specialist MOS will be. There is no substitute for realistic training. The 91W clinical student who successfully starts an intravenous line on one of our veterans or family members today, will gain the confidence and experience that will be needed on the battlefield tomorrow.

For more information contact:

Bobby J. Cunningham Jr.
SFC, 91W Clinical NCOIC
Dept of Combat Medic Training
Office: 210.916.3679
DSN: 471.3679

Bobby.Cunningham2@amedd.army.mil

PERSCOM UPDATE

Army Nurse Corps Branch Web Page

Our web page address is:

<https://www.perscom.army.mil/opmd/Branch%20Homepages.htm> Please visit our website to learn more about the AN Branch and for matters pertaining to your military career.

U. S. Army War College Distance Education Graduation Class of 2003

On 25 September the Army War College Distance Education Program graduated 282 students who represent a broad spectrum of backgrounds and experiences in military service. The following Army Nurse Corps officers received a diploma from the Army War College (Military Education Level 1-MEL 1) and a Masters of Strategic Studies:

COL Margaret Bates	Ft. Benning
LTC (P) Suzan Denny	TAMC
COL Sharon Deruvo	Ft. Carson
LTC Paul Kondrat	MAMC
COL Joan Vanderlaan	Ft. Hood
COL Julie Zadinsky	DDEAMC

Upcoming Boards

SEP 2003	CHIEF NURSE
OCT 2003	MAJ AMEDD
NOV 2003	CHIEF, ANC
DEC 2003	LTC COMMAND
DEC 2003	COL COMMAND
FEB 2004	LTC AMEDD

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

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

Officer Record Brief

<https://isdrad15.hoffman.army.mil/SSORB/>

Photo (only if your photo was taken after 1 OCT 02. Earlier photos will be in hard copy here at branch until the board file is prepared by the DA Secretariat)

<https://isdrad15.hoffman.army.mil/dapmis/execute/ImageAcceptProlog>

Microfiche

<https://ompf.hoffman.army.mil/public/news.jsp>

LTHET

Officers scheduled to start school this fall should access the AMEDD Student Detachment website to get information on

inprocessing: www.cs.amedd.army.mil/hrbc/studet. The site will include an inprocessing checklist and the student handbook. If you have questions about school, call LTC Diaz-Hays at 703-325-2398.

The following Army Nurse Corps officers were recommended and approved for attendance to LTHET FY2004. Congratulations to all of them!

Anesthesia Nursing:

CPT Alabran, Roy
 CPT Andalis, Maevelyn
 CPT Bracken, Samuel
 CPT Bryant, Jennifer
 1LT Chervoni, James
 CPT Cline, Michael
 CPT Close, Lillian
 *Mr. Duncan, Robert
 CPT Flores, Jesus
 1LT Frazier, Franklin
 CPT Fredregill, Robert
 1LT Garrett, Brent
 MAJ Harmon, Robert
 CPT Hart, David
 *Mr. Hayes, Brett
 *Mr. Heck, Paul
 *Mr. Hills, Reginald
 CPT Hunter, Nekita
 MAJ Johnson, Clunie
 1LT Jurgensmeyer, Chris
 1LT Kesler, James
 CPT Mark, Terrence
 CPT McNutt, Lori
 CPT Meyer, Steven
 CPT Murphy, Michael
 CPT Neil, Christy
 CPT Neil, Michael
 1LT O'Connor, Matthew
 CPT Redmond, Angela
 CPT Ribbing, Sherri
 *Mr. Tognoli, Dennis
 CPT Taylor, John
 *direct accession

Baylor:

CPT Davis, Robert
 CPT Hanson, Jennifer
 CPT Harrington, Jason
 CPT Sharpe, Melaina
 CPT White, Carla

Family Nurse Practitioner:

MAJ Brown, Terry
 CPT Dean, Lori
 CPT Hokanson, Heather
 MAJ Jimenez, Edgar
 CPT McArthur, Rebecca
 CPT Meyer, John
 CPT Napper-Reed, Stacey
 CPT Norwood, Ricky

CPT Reamer, Darrell
CPT Tabakman, Bo'zhena

Perioperative Nursing:

CPT Courts-Carter, Monique
MAJ Newkirk, Laura
CPT Rawlings, Thomas

Community and Public Health:

CPT Adkins, Farrell
CPT Lea, Jolene
CPT Nee, David

CNS, Maternal Child:

CPT Junghahn, Faith

Midwifery:

MAJ DePacheco, Minerva
CPT Forristal, Amanda
CPT Speers, Brittany

Informatics:

CPT Cha, Eric
CPT Watkins, Miko

CNS, Critical Care:

CPT Bannon, Jennifer
CPT Geslak, Kimberly
CPT Hubbs, Gregory
CPT Stich, John
CPT Weisgram, Brian

CNS, Emergency Trauma:

MAJ Baker, Tracy
CPT Hartman, Irma
CPT Winter, Joseph

CNS, Medical Surgical

CPT Black, Simona
CPT Connor, Bethany
CPT DeRamus, Denita
CPT Durham, Tamara
CPT Hairston, Tykise
CPT Hills, Jenise
CPT Kang, Hyun
CPT Kobiela, Ann
CPT Quintana, Christine
CPT Rinehart, Rene
CPT Stinehart, Saundra
CPT Whitfield, Rhonda

CNS, Psychiatric Nursing

CPT Aramanda, Larry
CPT Gormley, Kevin

Nursing Administration:

MAJ Cabell, Joseph
CPT Simmons, Angela

Nursing Education

CPT Longenecker, Kelly
CPT Nohrenberg, Jana
CPT Richardson, Kathleen
CPT Simmons, James
CPT Winn, Angela

Ph. D. Nursing

MAJ Coe, Thomas
MAJ Cruthirds, Danette
MAJ (P) Krapohl, Greta
MAJ Lang, Gary
CPT (P) Loughren, Michael
LTC Prue-Owens, Kathy
MAJ Trego, Lori

What to do next:

Officers selected for school should send message to LTC Diaz-Hays at diazf@hofman.army.mil via AKO account. The message should include the following: "I accept LTHET graduate studies in the following specialty_____. I understand my ADSO will be _____ years plus _____ years remaining on previous ADSO (if any).

LTC Diaz-Hays will reply with a congratulations letter and a LTHET agreement. Officers should print the documents, sign the agreement and mail a hard copy of the agreement to AN Branch for placement in the Official Military Personnel File. By signing the agreement, the officer confirms an understanding of the selected specialty, tuition cap and Active Duty Service Obligation (ADSO) associated with graduate studies. For more information on ADSO and tuition cap, please visit our web site at www.perscomonline.army.mil/ophsdan/anc_profdevt.htm.

Fellowships

PERSCOM has opened the nomination process for the White House and Congressional Fellowships. See the AN Branch website for more details.

AMEDD Officer Advanced Course

The next available course is the September – December course. Contact your hospital education officer for enrollment.

CGSC (Reserve Component)

There is a new process 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 to LTC Diaz-Hays a DA 3838 at 703-325-2392.

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. If interested in this terrific Board Member opportunity, please contact MAJ(P) Corulli at PERSCOM, corullia@hoffman.army.mil.

Generic Course Selection Process

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

AOC/ASI Producing Courses POCs

Critical Care Course, Emergency Nursing Course: The August Critical Care and Emergency Nursing Course rosters are published. Officers selected to attend the August courses should receive notification and welcome letters from the course site directors. Applications for the January 04 Critical Care Course must be submitted by 15 August 03. Due to deployment deferments the January 04 Emergency Nursing Course is full. We are only accepting packets for the May and September 04 Emergency Nursing courses. Course dates for 2004 are: 18 Jan- 27 Apr 04; 23 May-31 Aug 04; 26 Sep 04- 21 Jan 05. POC is MAJ/P Corulli at PERSCOM, corullia@hoffman.army.mil.

Psychiatric-Mental Health:

The 2004 Course Dates are:
5 Jan- 27 Apr '04
10 May- 31 Aug '04
13 Sep- 21 Jan 05
Contact MAJ Agin ASAP, agind@hoffman.army.mil.

OB-GYN Nursing Course:

The 2004 Course Dates are:
5 Jan- 27 Apr '04
10 May- 31 Aug '04
13 Sep- 21 Jan 05
Contact MAJ Agin, ASAP at 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 (click on professional development) for information on application suspense dates to AN branch or contact MAJ(P) Corulli, corullia@hoffman.army.mil or MAJ Agin at agind@hoffman.army.mil.

Perioperative Nursing Course Manager:

The delayed course at Madigan Army Medical Center will start 24 August 2003 and run through 19 December 2003. Madigan will not hold the October 2003 course. The other

three sites will hold their October 2003 course as scheduled. All four sites will be back in synchronization starting with the 14 March 2004 class. For any questions, please contact LTC Jane Newman at PERSCOM @ newmanj@hoffman.army.mil.

Community Health Nurse Courses-

The next 6A-F6 Preventative Medicine Program Management Course is 19-30 January 2004. Please send a DA3838 and a Chief, Community Health recommendation letter to MAJ Agin NLT 1 OCT 2003.

6H-F9 STD/Other Communicable Disease Intervention Course (pre-requisite for the 6A-F5 Course):

2-14 Feb 04
24 Aug- 5 Sep 04

6A-F5 Principles of Military Preventive Medicine:

16 Feb- 16 Apr 04
6 Sep- 9 Nov 04

Contact MAJ Agin at: agind@hoffman.army.mil.

Please see your facility's Nursing Education Representative or nursing chain of command if you are interested in attending. Please note FY03 AOC/ASI Course dates are listed at https://www.perscomonline.army.mil/ophsdan/anc_profdevt.htm.

Assignment Opportunities for 66F and 66Es

66E – Please check our website at https://www.perscomonline.army.mil/OPhsdan/anc_assignments.htm.

66F – Ft. Rucker, AL, now.
Ft. Hood, Summer 04
31st CSH, Ft. Bliss, TX, now.
47th CSH, Ft. Lewis, WA, now.
160th FST, Landstuhl, Germany, now.

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. For these and other opportunities, please inquire to LTC Newman, newmanj@hoffman.army.mil.

Assignment Opportunities for: 66B, 66G, 66C

I can guarantee a follow on assignment for officers that volunteer for Korea, Ft Polk, Ft Irwin. Please contact MAJ Doreen Agin, 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.

Assignment Opportunities for 66H Lieutenants

Assignment opportunities available for 66H Lieutenants include **WBAMC El Paso, TX; 115th Field Hospital, Fort Polk, LA; Ft Sill, OK; Ft Rucker, AL; 121 General Hospital, Korea; Wuerzburg; and Walter Reed Army Medical Center** positions are available for winter 2004. I can negotiate follow on assignments for officers that volunteer to

select locations, i.e. Korea. If interested, please contact MAJ(P) Corulli, corullia@hoffman.army.mil

Assignment Opportunities for Company Grade 66H, 66H8A and 66HM5

MAJ(P) Gordon is replacing me on 22 August. She is an outstanding officer with a broad range of experience and knowledge. I know you will enjoy working with her. During the past two years, it has been an honor and privilege to work with everyone. Thank you for your patience and service as we worked together to take care of our nations finest. I have updated the website for winter 2004 openings. Please note the deployment opportunities. If interested please contact MAJ(P) Greta Krapohl at krpohl@hoffman.army.mil.

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

There is still a variety of critical TOE opportunities available. I am looking for someone to fill a 66H MAJ Slot at the 115th Field Hospital at Polk. **I can negotiate a follow on assignment for officers that volunteer for select locations, (Fort Irwin and Fort Polk).** I have an urgent requirement for **66Ps** at Fort Irwin and Fort Huachuca. Assignment opportunities are still available for upcoming summer cycle in a variety of locations, please check our website. If you are PCS vulnerable for summer 2003 and do not have an assignment, please contact MAJ Ahearne, ahearnep@hoffman.army.mil.