
ARMY NURSE CORPS NEWSLETTER

“Ready, Caring, and Proud”

Volume 02 Issue 05

February 2002



Message from the Chief



"Some of us can say we are citizens of our state and citizens of our country, but this lady is a citizen of the world." Senator Blake T. Newton, Virginia.



Ruby Ficklin Bryant
24 April 1906—3 January 2002

On Monday, 7 January 2002, BG (Ret.) Adams-Ender, LTC (P) Margaret Bates, MAJ Debbie Cox and I traveled from Washington D.C. to the quaint rural community of Emmerton, Virginia, where we attended a very moving burial service and reception in honor of our ninth Corps Chief, COL Ruby F. Bryant. I would like to take this opportunity to share with you a glimpse into the life of this beloved Army nursing leader and patriot. We, as a Corps, have greatly prospered having been lead by such an extraordinarily compassionate and blessed lady.

A native of Emmerton, Virginia, COL Bryant graduated from Farnham High School and attended the State Teacher College in Fredericksburg. She then taught school for four and a half years in Richmond County, where she met a friend who was attending nursing school at the Walter Reed Army School of Nursing. Having always wanted to go into nursing, COL Bryant decided to pursue nursing as a career and enroll into the School of Nursing at Walter Reed. In 1932, COL Bryant graduated from the Walter Reed Army School of Nursing and served as a civilian nurse at Walter Reed General Hospital, caring for patients from the Civilian Conservation Corps

Camp. She was commissioned as a Second Lieutenant on 4 December 1934. COL Bryant remained at Walter Reed General Hospital until August 1937 when, "having seen the Army and the nurses, and having heard about their travels," decided that she wanted to serve overseas. She applied for foreign service and received orders to the Philippine Islands. For two months, she and fellow service members traveled aboard the transport ship *U. S. Grant*, through the Panama Canal, and continued on to the Philippine Islands. From October 1937 - May 1940, COL Bryant served as a staff nurse, first at Fort Mills Station Hospital, Corregidor, Philippines, and then at Sternberg General Hospital in Manila. In personal correspondence, she described the joys and challenges of providing nursing care during typhoons and even an earthquake. She was one of seven nurses who assisted in setting up and equipping the now famous Malinta Tunnel Hospital, where American troops sought shelter in the 1942 Japanese invasion of the Philippine Islands. Years later COL Bryant stated, "I had no idea and I don't think many of us realized how close we were to war. So many of my friends were caught over there and became prisoners of the Japanese for three years."

Returning to the United States in September of 1940, COL Bryant was assigned as Assistant Chief Nurse at the Station Hospital, Fort Benning, Georgia. Her clinical and leadership prowess were well established and she rapidly advanced in rank successfully serving in positions of increased responsibility throughout the 1940's. During World War II, she served as Chief of Nursing Services for the 4th Service Command in Atlanta, Georgia. COL Bryant returned to the Philippines in 1945 as Director of Nurses for the Philippine-Ryukyus Command with duty in Manila, Philippines. In January 1947, she was

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AN Web Site:

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

ANC Branch PERSCOM:

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

Article Submissions for the ANC Newsletter

The ANC Newsletter is published monthly to convey information and items of interest to all nurse corps officers. If you have an item that you feel would be of interest to your fellow ANCs, please e-mail the articles to MAJ Feider. The deadline for all submissions is the last week of the month prior to the month you want the item published. We reserve the right to edit and review any item submitted for publication. All officers are eligible to submit items for publication.

transferred to Tokyo, Japan, as Director of Nurses for the Far East Command with the Army of Occupation. COL Bryant loved to travel and while stationed in the Far East she immersed herself in Asian culture, art and history, interests she would sustain for the rest of her life.

COL Bryant returned to the United States in January of 1948, where she was assigned as the Chief Nurse, Sixth Army, Presidio of San Francisco, California. Also in 1948, COL Bryant was one of the first Army nurses to be selected to attend the newly established Medical Service Officers Advanced Course, Fort Sam Houston, Texas. Three of these first five Army nurses went on to become Chiefs of the Army Nurse Corps.

During her tenure as Corps Chief, 1 October 1951 through 30 September 1955, she masterfully dealt with a severe nursing shortage. The first two years of her term coincided with the latter half of the Korean War, so to rectify matters COL Bryant called reserve nurses to active duty, approved a team of full-time Army Nurse Corps procurement positions, and actively sought opportunities to publicize the need for more nurses. In 1952, COL Bryant established a career guidance program for Army nurses to help leader develop our junior officers through progressive assignments, inservices, and formal education. In 1954, she established the Registered Nurse Student Program, which financed a bachelor or master's degree for 250 qualified individuals who then went on to serve in the ANC. She also was involved in the establishment of formal Departments of Nursing within all Army hospitals. Chief nurses were then viewed on the same level with other chiefs of major services, had direct access to the hospital commander and for the first time, the enlisted nursing staff would come under the direct authority of Army Nurse Corps officers. In addition, she supported and worked toward the passage of the Bolton Amendment, which authorized the commissioning of male nurses in the reserve of the Army Nurse Corps.

Upon completion of the statutory four-year term as Chief of the Army Nurse Corps, COL Bryant reverted, by law, to her permanent grade of lieutenant colonel and was assigned in 1955 as Chief, Nursing Service, Medical Division, Europe. Her sense of humor and humility are reflected in an excerpt from an interview where she describes this decision, "I wasn't ready to retire. I was offered some civilian jobs, but the Army looked better to me. So I decided to stay on." COL Bryant truly loved soldiering and caring for the Army family.

With the passage of Public Law 85-155 in 1958, which authorized the permanent rank of colonel in the Regular Army for three Army Nurse Corps officers, she was promoted to the permanent grade of colonel in the Regular Army. On 30 June 1961, COL Bryant retired after having completed her final tour on active duty as Director, Nursing Activities, Brooke Army Medical Center, Fort Sam Houston, Texas. COL Bryant was the recipient of many honors, including the Legion of Merit. She also received an honorary Doctor of Law degree from the Medical College of Virginia, Richmond in Virginia on May 31, 1955.

Following her illustrious twenty-six year career in the Army, COL Bryant returned home to her beloved family in Warsaw, Virginia. She became actively involved in the local community and her family church, while continuing to travel extensively throughout the world, collecting art and fine antiques. Matriarch of the Ficklin Bryant family, COL Bryant was affectionately called "Our Worldly Aunt," by the many nieces and nephews whom she deeply loved, mentored and inspired throughout her life.

In an excerpt from a poem, written by her nephew Ficklin Bryant, COL Bryant is fondly remembered.

Living with joy—Day after day

COL Ruby Bryant lived her life- 95 years, just that way.
With common sense and dignity, she knew of how to live.
She lived her highest visions, with so much love to give.

What a life! Remarkable in fact! Traveling hither and yon
Serving the Army Nurse Corps was her life, 30 years above
and beyond.

Be it with dignitaries or generals, her buddies or common man
Ruby was respectful, kind, and courteous; for her values she
did stand.

We'll remember your voice and your beautiful smile
We'll remember times that we'd sit and chat for a while.
A life so abundantly lived; A spirit bright 'til the end
Our world has truly lost a very much-loved friend.

Army Nurses are Ready, Caring, and Proud!

William T. Bester
Brigadier General
Chief, Army Nurse Corps

PERSCOM UPDATE

Army Nurse Corps Branch Web Page

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

Results of the Chief Nurse Nomination Board

Congratulations to the following officers selected for Chief Nurse and Assistant Chief Nurse positions:

Chief Nurses:

- | | |
|--------------------------|-------------------------------------|
| COL Marilyn Brooks | Womack AMC, Ft. Bragg, NC |
| COL Joan Campanaro | Moncrief USACH, Ft. Jackson, SC |
| COL Sharon Deruvo | Evans USACH, Ft. Carson, CO |
| COL Lenore Enzel | William Beaumont AMC, Ft. Bliss, TX |
| COL Lark Ford | Brooke AMC, Ft. Sam Houston, TX |
| LTC(P) Nancy Gilmore-Lee | Kenner USAHC, Ft. Lee, VA |
| LTC(P) LaDonna Howell | Bayne-Jones USACH, Ft. Polk, LA |
| COL Elizabeth Milford | USAMEDDAC, Ft. Drum, NY |
| COL Diane Plemenik | Ireland USACH, Ft. Knox, KY |
| COL Barbara Scherb | FORSCOM, Ft. McPherson, GA |
| COL Constance Scott | Madigan AMC, Ft. Lewis, WA |
| LTC(P) Deborah Smith | Munson AHC, Ft. Leavenworth, KS |

Assistant Chief Nurses:

COL Donna Chapman Womack AMC, Ft. Bragg, NC
 COL Debra Spittler Irwin USACH, Ft. Riley, KS
 LTC(P) Joan Vanderlaan Darnall USACH, Ft. Hood, TX

TWI Board Results:

Congratulations to the following officers on being selected for the 2002/2003 Training With Industry and RAND Arroyo Center Fellowships:

LTC Stephen Grimes: Joint Commission on Accreditation of Health Care Organizations

MAJ Tony Halstead: Center for Medicare and Medicaid Studies

MAJ Caron Wilbur: RAND Arroyo

The **“A” Proficiency Designator** is an award that recognizes the highest level of professional recognition within each AMEDD corps’ specialty or subspecialty. Congratulations to following officers on being awarded the “A” Proficiency Designator:

COL Eileen Hemman	Education
COL Lynnette Kennison (ARNG)	Psychiatric Care
COL William Kirk	Perioperative Care
LTC (P) Gemryl Samuels	Community Health
LTC (P) Stacey Young-McCaughan	Medical Surgical Care
LTC Patricia Boone	Administration
LTC Lois Borsay	Community Health
LTC Luisa Janosik	Critical Care
LTC Diana Ruzicka	Medical Surgical Care

Upcoming Boards

12-22 Feb 02	LTC AMEDD
05-15 Mar 02	CPT AMEDD & VI
04-21 Jun 02	Senior Service College
09-19 Jul 02	COL AMEDD & RA Selection
09-26 Jul 02	Command & General Staff College

See PERSCOM Online (www.perscom.army.mil) for MILPER messages and more board information. To access the messages, go to PERSCOM Online, double click “Hot Topics”, then select MILPER Messages. POC is CPT Bob Gahol, AN Branch, PERSCOM, DSN 221-8124 / 703-325-8124 or gaholp@hoffman.army.mil for Army Nurse Corps boards.

FY02 Lieutenant Colonel AMEDD: 12-22 February 2002 (Milper Message #02-010)

Zones of Consideration:

	<u>MAJ date of rank</u>
Above the Zone	31 Jan 96 and earlier
Primary Zone	01 Feb 96 thru 30 Jun 97
Below the Zone	01 Jul 97 thru 01 Sep 98

OERs due to OER Branch, PERSCOM: NLT 05 February 02 Required “Thru Date” for Promotion Reports (Code 11) is 07 December 01. Required “Thru Date” for Code 21 Complete

the Record OERs: 07 December 01 (BZ eligible officers are not eligible for “Complete the Record” OER). Letters to the President of the Board: due NLT 12 February 2002. Request for microfiche: e-mail: offrcds@hoffman.army.mil or fax: DSN 221-5204 / 703-325-5204. Send DA Photos and signed Board ORB to CPT Gahol NLT 22 January 2002.

FY02 CPT AMEDD: 5-15 March 2002 (Milper Message # 02-059). Officers must have 12 months or more AFCS before the board convene date to be eligible for this board.

	<u>1LT date of rank</u>
Above the Zone	31 Mar 00 and earlier
Primary Zone	01 Apr 00 thru 31 Mar 01

OERs due to OER Branch, PERSCOM: NLT 26 Feb 02 Required “Thru Date” for Promotion Reports (Code 11) is 28 December 01. Required “Thru Date” for Code 21 Complete the Record OERs: 28 December 01. Letters to the President of the Board: due NLT 05 March 2002. Request for microfiche: e-mail: offrcds@hoffman.army.mil or fax: DSN 221-5204 / 703-325-5204. Send DA Photos and signed Board ORB to CPT Gahol NLT 22 February 2002.

FY02 AMEDD VI BOARD: 5 -15 March 2002 (Milper Message # 02-058). Officers must have entered active duty by 05 March 2000 and completed 24 months or more continuous AFCS as of 05 March 2002 to be eligible for this board.

OERs due to OER Branch, PERSCOM: NLT 26 Feb 02 Complete the Record OER is not authorized for VI selection board. Letters to the President of the Board: due NLT 05 March 2002. Request for microfiche: e-mail: offrcds@hoffman.army.mil or fax: DSN 221-5204 / 703-325-5204. Send DA Photos and signed Board ORB to CPT Gahol NLT 22 February 2002.

LTHET

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

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

Short Courses

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

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

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

Preparation for TDY Courses

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

Officer Advanced Course

The March Officer Advanced Course is full. Anyone that wishes to enroll in the March course will be subject to a wait status. If you are an officer scheduled for LTHET (FY 2002), have completed OAC, and are not enrolled in the March course contact MAJ Lang at AN Branch immediately. The FY 02/03 OAC class dates are posted at: <http://www.perscom.army.mil/ophsdan/profdevt.htm>.

CGSC and CAS3 through the Reserves

Taking CGSC and CAS3 through the Reserves has become very popular and classes do fill quickly at the more popular locations and times. Please plan early. Send your completed 3838s, signed by your respective chain of command, and fax to LTC Jane Newman at DSN 221-2392, com. 703-325-2392 (newmanj@hoffman.army.mil). UPDATE - All the centrally funded seats for CGSC have been filled for the summer 2002. The Reserve option is still possible, if funded by your individual facilities. Please still send your completed DA 3838s to LTC Newman for ATRRS entry and tracking. The web address is WWW-CGSC.army.mil. If you have ATRRS CGSC & CAS3 related questions, the contact is Ms Jennifer West DSN 221-3159.

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

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

Generic Course Guarantee

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

AOC/ASI Producing Courses POCs

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

Seats are available in the JUL 02 OB-GYN Course in Hawaii. Please submit your application by 8 Feb 02 or as soon as possible. Please see your Chief Nurse or Nursing Education personnel for more information or contact LTC Hough at houghc@hoffman.army.mil

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

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

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

66F/66E Assignment Opportunities

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

Assignment Opportunities for 66H Lieutenants

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

Assignment Opportunities for Captains

If you are an 8A and would like a MEDDAC assignment I am looking for nurses to go to Fort Riley, Fort Leonard Wood, Fort Stewart and Korea. Please check the website for additional opportunities for this summer. If interested, please notify your Chief Nurse and contact MAJ Greta Krapohl at krapohl@hoffman.army.mil

AN BRANCH PERSONNEL E-MAIL ADDRESSES

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

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

SMART TIPS FROM THE FRO

By CPT Bob Gahol

CGSC: Please note that the Army CGSC is the **only** one that automatically awards MEL 4 status (CGSC Grad). Contact your PMO before you enroll in other services' CGSC (such as Marine Corps CGSC).

AKO Update: Latest AKO statistics for AMEDD officers is currently at 83.7% registered. Please ensure all officers are signed up for an AKO account. To access the AKO website, go to www.us.army.mil.

Promotion Eligibility: To be considered for promotion by a selection board, an officer must be on the active duty list (ADL) on the day the board convenes. Officers under suspension of favorable actions or in a nonpromotable status remain eligible for consideration.

Promotion eligibility is determined by the DCSPER and approved by the Secretary of the Army (SA). For centralized promotions, eligibility is based on an officer's active duty date of rank (ADOR) and time in grade (TIG). For decentralized promotions, the officer's promotion eligibility date (PED) is also a determinant.

As established by the SA, officers must meet the following minimum TIG requirements to be considered for promotion:

1. 2LT and 1LT. The law establishes no minimum TIG requirements for consideration for promotion; however, an officer must have at least 18 months TIG to be promoted to 1LT and 2 years TIG to be promoted to CPT. The TIG requirement for promotion to 1LT has been extended to 2 years by the authority of the SA.
2. CPT, MAJ, and LTC. These officers must serve at least 3 years TIG to be considered for promotion. The SA may waive this requirement.
3. COL and BG. Officers must serve 1 year TIG to be considered for promotion. If selected, they may be promoted without regard to any additional TIG requirements.

Officers in the following categories are not eligible for consideration by a promotion selection board:

1. Officers whose established separation or retirement date fall within 90 days after the date on which the board is convened.
2. 1LTs twice not selected for promotion to CPT.

3. Commissioned officers with less than 1 year of continuous active duty before the board convenes.
 - A. Requests for exception to this requirement must be forwarded through the first general officer in the chain of command to Commander, PERSCOM, ATTN: TAPC-MSP-O, 200 Stovall Street, Alexandria, VA 22332-0443.
 - B. The requests must substantiate that the officer's break in service does not warrant the protection provided by the 1-year active duty requirement.
 - C. Requests for exception will be processed on a case-by-case basis.
4. The following are exempt from the 1-year rule:
 - A. An officer assigned to or appointed in the Chaplain or Judge Advocate General's Corps entering active duty as a 1LT.
 - B. An officer entering active duty as a CPT in the Medical Corps or Dental Corps.
 - C. An Army competitive category officer in the grade of 1LT who received an interservice transfer while on active duty and who transferred without a break in active duty service.
 - D. An officer who received an interservice transfer to an AMEDD competitive category from the medical department of another Armed Force of the United States, without a break in active duty service.
 - E. Officers under consideration by selection boards that have the requirement waived by an approved Memorandum of Instruction.
 - F. Officers currently on active duty based on a recall from retired status.

For more information pertaining to promotion eligibility, please refer to AR 600-8-29, Section III, 1-10.

**AMEDD PERSONNEL PROPONENT
DIRECTORATE: ACTEDS NEWS
*COL Clara Huff***

Civilian Nurse News

The Civilian Personnel Proponent Division, AMEDD Personnel Proponent Directorate, AMEDDC&S, is pleased to announce the approval of two new Department of the Army Civilian Training, Education, and Development System (ACTEDS) training plans to the ACTEDS Website. Training plans for Nurse Practitioner and Emergency Room Nurse were recently approved by BG Bester and the Assistant Secretary of the Army (Manpower and Reserve Affairs) (ASA(M&RA)).

For those of you who are not familiar with ACTEDS training plans, ACTEDS is an Army requirements-based system that ensures planned development of civilians through a blending of progressive and sequential work assignments, formal training, and self-development for individuals as they progress from entry-level to key positions. ACTEDS provides an orderly, systematic approach to technical, professional, and leadership training and development similar to the military system. ACTEDS is applicable to all civilian occupations covered by career programs and career fields.

Maternal Child Health Nursing Consultant
LTC Ramona Fiorey

An ACTEDS training plan for the GS-610, Registered Nurse, was initially published in February 1999. Addenda were created to reflect individual nurse specialties for Occupational Health Nurse, Pediatric Nurse, and Community Health Nurse and were published in February 1999. These initial plans were updated in January 2002.

AMEDD Functional Chiefs (Corps Chiefs/representatives), personnelists from Civilian Personnel Proponent Division, and civilian subject-matter-experts, develop the ACTEDS plans for AMEDD career fields.

Completed GS-610 Nurse ACTEDS Plans:

- GS-610, Registered Nurse
- Addendum A - Occupational Health Nurse
- Addendum B - Pediatric Nurse
- Addendum C - Community Health Nurse
- Addendum D - Psychiatric Nurse
- Addendum E - OR Nurse
- Addendum F - Nurse Practitioner (ANP/FNP/PNP/OB-GYN)
- Addendum G - ER Nurse

GS-610, Nurse ACTEDS Addenda in Development

- Nurse Midwife
- Infection Control Nurse
- Nurse Educator
- OB/GYN Nurse and Labor & Delivery Nurse
- CCU Nurse (MICU/SICU/NICU)
- Nurse Anesthetist
- Hematology/Oncology Nurse
- Dialysis Nurse
- Nurse Case Manager
- Medical and Surgical Nurse
- Research Nurse
- Nurse Consultant

Listed below are instructions for accessing the ACTEDS website:

- Enter www.cpol.army.mil on the Internet address line.
- From the list on the left-hand side click on "Training".
- Click on "ACTEDS Plans".
- Scroll down and click on "Career Field 53, Medical".
- Click on desired ACTEDS.

Civilian nurses and their supervisors are encouraged to select an appropriate ACTEDS plan and tailor it to their needs. Although individuals ultimately control their own careers, all levels of command share in the responsibility of implementing guidance contained in these plans in order to ensure a continuing source of highly qualified civilian nurses for the Department of the Army.

Infant and Child Car Seat Safety
LTC(P) Mittlestadet

In the previous edition of the ANC Newsletter, information was provided regarding the guidelines of the American Academy of Pediatrics regarding "Safe Transportation of Newborns at Hospital Discharge". In this edition of the newsletter, I'd like to provide you with websites, phone numbers and/or additional resources regarding child passenger safety.

- The American Academy of Pediatrics website is www.AAP.org. You can review and print their policy statements, to include the policy cited in the previous edition of the newsletter.
- The American Academy of Pediatrics has a new link, www.medem.com now available. This site provides health care information for the consumer. Just by searching for "car seat", I was able to find great information for parents regarding car seats (selection, use, common questions, etc).
- The National Highway Traffic Safety Administration's web site is www.nhtsa.gov. At this website, you can find a wealth of information regarding injury prevention, crash statistics, grants, recalls, videos and safety material. Dates for the 4 day Child Passenger Safety Training classes, Department of Transportation offices for each state, and dates/locations of car seat inspections can also be located at this website. The phone number for the NHTSA is 1-800-424-9393.
- The International Center for Injury Prevention is another recommended website. Their web address is www.cipsafe.org. Each year this organization has an international conference regarding child passenger safety. This year, the conference is in San Francisco April 20-24. Additional information about the conference is available on the website.
- USAA offers a very good booklet (#544), "Are you using it right?" from either their website at www.usaaedfoundation.org or by calling 1-800-531-8159.
- AAA's website is www.aaa.com and their phone number is 1-800-562-2582. By entering your zip code at the start of their webpage, you will get information regarding car seat events in your local area.
- Evenflo has a nice pamphlet entitled "Safe Passage: What you need to know about proper selection and use of child restraints". Their website is www.evenflo.com or their phone number is 1-800-233-5921.
- The National Safety Council/National Safety Belt Coalition's website is www.nsc.org or their phone number is 1-800-293-2270.

- Ford and Growing Family just came out with a new video (free!) called “A little restraint goes a long way”. (sorry have not viewed it yet). This video is available by emailing mmerrifield@growingfamily.com or by calling 1-800-707-1077 ext 3457.
- Lastly, The Automotive Safety Department at Riley Children’s Hospital in Indianapolis is a wonderful resource for questions regarding special needs children. Their phone number is 317-274-2977 and they have a video called “Special Delivery” which provides information about the safe transport of newborns and premature infants.

Please check out the article in the most recent edition of Lifelines entitled “Sending Baby Home Safely” by Patricia Creehan (volume 5, issue 6, pp 60-70). She provides additional information and websites. Reader’s Digest also has a very good article on infant/child car seat safety and can be reached at www.rd.com.

I am sure many of you saw the announcement in the Army Times (24 December page 3 and a letter to the editor in that same edition) regarding the policy that car seats are no longer required for families traveling on Air Mobility Command aircraft. I am working with the Washington State Safety Coalition to formulate a response to this policy. The Federal Aviation Administration **recommends** that children be securely fastened in child safety seats until 4 years of age. Most infant, convertible, and forward-facing car seats are certified for use on airplanes.

With a large number of car seats available, over 300 models of vehicles, and a wide range of seat belt systems, it’s no wonder that parents have a challenging time installing a car seat correctly! We need to provide as much assistance as possible so they can learn and understand the basic concepts of car seat safety and installation techniques. One option to better assist parents is through attendance at a Child Passenger Safety Training Program (see the NHTSA website for a class near you). This 4-day class will provide information regarding car seat safety and will enable graduates to become a car seat technician. The class is challenging with skills labs, homework and a written examination...but well worth the time and effort! For additional regarding a “tech class” or information provided in this newsletter, contact me at Elizabeth.mittelstaedt@amedd.army.mil.

CRITICAL CARE CONSULTANT NEWS
COL Juanita Winfree

The Chief of the Army Nurse Corps has sanctioned a process action team (PAT) to examine the potential role of Acute Care Nurse Practitioners (ACNP) and if they would benefit the Army Medical Department. The educational preparation and certification of several advanced practice nurse corps officers, combined with the rapidly emerging model in the civilian sector demonstrates a need to reexamine this issue. Currently, the Army Nurse Corps does not support the role of the ACNP.

The PAT has been tasked to clearly define the role that would best benefit the nurse corps and the Army as a whole. As part of this tasking, the structure, practice, certification, education and credentialing of the ACNP is being reviewed. With the creation of any newly defined specialty, comes an increase in structure to support the identified authorizations. Due to the finite number of AN authorizations, any new authorizations must come from the existing AN specialty base, which are currently critically short.

Team members include COL Juanita Winfree, COL Clara Huff, COL Lois Dickinson, LTC Ernest Degenhardt, LTC Joyce Burns, MAJ Bettye Simmons, MAJ Cathy Martin, MAJ Belinda Spencer and MAJ Laura Feider. If you have information or recommendations regarding this issue please email juanita.winfree2@cen.amedd.army.mil.

**INFECTION CONTROL
CONSULTANT CORNER**
Jane Pool, RN, MS, CIC



To begin my article on the role of Infection Control (IC) in the patient safety arena, I started to write that Hippocrates said, “First do no harm.” I then decided to check to be sure I had the quote right and after some surfing, came to learn that those words do not appear anywhere in the infamous oath, but are rather a clear and direct lay version of its moral meaning:

“ This above all else...first, do no harm.”

I also discovered that although his name is associated with the oath, he probably is not the author of the Hippocratic Oath. Well, that being said.....

“First Do No Harm” This is the intent of the infamous oath taken by healthcare providers, yet each year, 3.5 million Americans acquire an infection that was not present or incubating when they arrived at the facility. The tab for these nosocomial or hospital-acquired infections is estimated at 4.5 billion dollars. Additionally, these infections contribute to the error-related mortality rate of 44,000 to 88,000. The economic burden for ALL types of healthcare related injuries and adverse events is a whopping 17 to 29 billion dollars annually – half of which is health care related. I was excited to see that the **MEDCOM Regulation 40-41, The Patient Safety Program** has just been published and is available on the MEDCOM Patient Safety site:

<http://www.cs.amedd.army.mil/Omo/ptsafety/pts.htm>
This document provides guidance and format for the Army’s unified approach to Patient Safety.

As an avid promoter of the transformation of traditional IC practice roles in the patient safety movement, I was excited to attend the Association for Professional’s in Infection Control

and Epidemiology, Inc. (APIC) two-day educational conference: **Patient Safety: Tools for Implementing an Effective Program** in Baltimore, Maryland. The goal of the conference was to provide attendees with both a general understanding of patient safety in hospitals and a variety of practical tools to apply in the clinical setting to improve patient safety. This conference was developed as a result of the collaboration of three agencies, APIC, the Centers for Disease Control and Prevention (CDC) and The Society for Healthcare Epidemiology of America, Inc. (SHEA).

The first session was titled: **Frequency and Impact of Adverse Events on Patient Safety**. William R. Jarvis, MD, CDC, spoke on the frequency and costs associated with medication errors. Dr. Jarvis stressed the need to detect adverse drug events (ADE) to be able to prevent them. He cited a study that found 3/54 (6%) ADEs had an incident report generated. That number is even lower for the serious ADEs studied. A key point why ADEs are so hard to detect is that we live in a culture of blame – and that has to change. We must focus on the process or the system at fault, and NOT the individual person. Healthcare workers (HCWs) are concerned about personal consequences, and reporting an ADE may not be perceived as a priority. Possible solutions include standardized reporting, HCW education, simplification of reporting (e-mail) and involving HCWs in the event (systems) evaluation, with feedback of positive results. Computerized physician order entry systems (CPOE) were discussed in detail, including benefits: decreased errors, enhanced ADE detection, simplification of medication ordering, and real time monitoring. Barriers to CPOE are cost, clinician resistance and design weaknesses in current systems. There are approximately 13 CPOE vendor products available. You can learn more about CPOE at this site: http://www.leapfroggroup.org/FactSheets/CPOE_FactSheet.pdf

Catheter-related urinary tract infection (UTI) is the most common nosocomial infection (NI) seen in medical ICUs. These devices cause substantial patient discomfort and lead to increased hospital costs (~\$676.00 per episode of UTI). Dr. Sanjay Saint, MD, MPH, *discussed “Device-Associated Errors and Adverse Events”* and the take home message from his talk was that 20% of all foley catheters are not medically indicated. In a study of 56 medical teams at 4 sites, 38% of physicians were not aware that their patient had a foley catheter still in place. In medical record reviews, 30% had no documentation that the foley had ever been placed. Dr. Saint called these “immaculate catheterizations”! What’s the answer? A computerized 72-hour notice for foley removal. This stop order can have a significant impact on decreasing UTIs. Dr. Saint also addressed the need for extubation and elevation (keeping the head of the bed up) as an easy way to avoid ventilator-associated pneumonia. For central line-related bacteremias, the solutions offered included training all the medical staff about the need for maximal sterile barriers during insertion and the use of chlorhexidine gluconate for skin prep.

Dr. Michelle Pearson discussed *“Procedure-Associated Errors”* and provided some fascinating studies describing

ways to decrease surgical site infections (SSI): the importance of the timing of antibiotic prophylaxis and the duration of post op antibiotics; the use of a 2 day continuous IV drip of insulin for diabetic surgical candidates; and the use of supplemental perioperative oxygen.

The second session was titled: *“Reasons to Care About Patient Safety”* and Dr. Robert Wise presented *“JCAHO’s New Standards for Patient Safety.”* He stated that the JCAHO’s mission is to continuously improve the safety and quality of care provided to the public through the provision of health care accreditation and related services. New and revised standards include requirements for leaders to integrate and coordinate all patient safety initiatives; support an ongoing proactive effort; measure and manage variation in day to day implementation of policies and practices; assess the adequacy of resources for patient safety; and submit an annual report to the governing body. Performance Improvement standards will require the consideration of patient safety factors in all new design and redesign as well as soliciting ideas for patient safety from the patients. Information management department standards are being tasked to strengthen effective communication among participants in all health care processes and to increase the use of knowledge-based information on safety-related issues.

A wide variety of workshops were offered. *“Human Factors Design and Usability Testing”* explored the fascinating principle of human factors engineering under the brilliant guidance of Carla Alvarado. This explains how simple ideas in the initial design of a process can make it or break it. How many times have you reached to open the trunk release and accidentally opened the hood of your car instead? Why are they positioned so close together? *“Lessons from Industry—Six Sigma”* was a glimpse of another way to measure process improvement. A Root Cause Analysis workshop offered hands on training in this process – and we studied a non-healthcare approach to quality in the Toyota session.

The Agency for Healthcare Research and Quality (AHRQ) is the lead agency in the United States Federal Government responsible for research on the health care system - how the health care system is working, quality issues, costs, access, services, and health care outcomes. You may not have realized that the Federal Government is the largest purchaser and provider of health care services in the United States. The Quality Interagency Coordination Task Force (QuIC) was established in 1998 in accordance with a Presidential directive. The purpose of the QuIC is to ensure that all Federal agencies involved in purchasing, providing, studying, or regulating health care services are working in a coordinated manner toward the common goal of improving quality care. Gregg Meyer, MD, MSc is the Director of the Center for Quality Improvement and Patient Safety at the AHRQ, and he presented *“Using Evidence Based-Data to Drive Your Patient Safety Program.”* One of the current initiatives under study is using computers and info technology to improve safety. Twenty-two projects at a cost of \$5.3M are currently underway to review the use of hand-held computers with decision support systems and the use of simulation tools to

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

train clinicians and to identify and analyze near misses and near errors. Other projects totaling \$3M are examining issues such as staffing, fatigue, stress, and sleep deprivation and their relationship to medical errors. They are assessing the relationships between daily fluctuations in health care working conditions to include nurse staffing, patient to nurse ratios, workloads and skill mix.

Learn more about this at: www.quic.gov

APIC has recently developed a new 90 minute training program, "Patient Safety: Growth Strategies and Tools for ICPS." The e-training is designed to provide infection control professionals the information, a business case, and tools to facilitate applying their skills to improving patient safety in hospitals. The training can be accessed at www.apic.org for a fee of \$25.00 members/\$40.00 non-members.

It is a natural marriage for infection control to insert itself into the patient safety movement. ICPS have long had a commitment to increase the safety of patients and HCW by reducing the incidence of health care-associated infections. We have been working all along to decrease adverse events. Experienced ICPS have sharpened their skills and developed a methodology not unlike those of a private investigator, when it comes to sleuthing the root causes to nosocomial infections. ICPS are uniquely positioned to solve the puzzle of complex interactions that lead to the transmission of infections and other adverse events, including teaching others these skills. Once the source of the infection has been determined, ICPS are skilled at making recommendations and instituting effective practices and interventions to limit their incidence. ICPS have the ability to apply those same techniques of interventional epidemiology to non-infectious adverse outcomes and should seek out the opportunities to become involved in your facility's Patient Safety Program. A survey conducted by APIC last year revealed that 96% of the respondent's employers have patient safety initiatives, and only 60% of ICPS were involved in patient safety activities. Let's shoot for 100% by the time the next survey is conducted!

Thanks for reading and I would like to leave you with this last little Greek gem....

"I would give great praise to the physician whose mistakes are small for perfect accuracy is seldom to be seen – Hippocrates

Yes, Virginia, he really said this.



Recently I attended a briefing given by a senior AMEDD officer who made reference to the Freedom Cards available from USACHPPM and admitted she had no idea what those were. Let me explain.



The Freedom Cards are a set of playing cards developed by the USACHPPM for deployed soldiers. These cards are designed to provide general health promotion and preventive medicine information in a pleasant and often humorous manner.

The original playing cards were created by USACHPPM's Directorate of Health Promotion and Wellness for troops in Bosnia, and were called "BOSCARDS." They were a very successful means of presenting different health promotion tips via an innovative and memorable approach. Morale, Welfare, and Recreation personnel distributed them throughout Europe.

The newly designed Freedom Cards have been updated and refined to offer current health promotion guidance and preventive medicine advice for soldiers that are deployed. The playing cards present health messages in a unique and fresh way, with the goal of helping soldiers remember and apply the information.

The information and graphic on each Freedom Card is different. The cards cover a wide variety of topics. Subject matter experts from each directorate at USACHPPM submitted tips that would specifically benefit the deployed soldier.



The topics covered include: nutrition, physical fitness, behavioral health, spiritual health, oral health, foot care, tobacco and drug use, hearing conservation, eye protection, reproductive health, air and water safety, waste management, animal and insect hazards, hot and cold weather safety, communication, vehicle safety, and self-care. The subject matter is presented in concise targeted messages with cartoon-type graphics that make them easy to remember.

The Freedom Cards are being printed on a limited basis for distribution to US troops deployed in the Middle East, Asia, and Europe. To receive additional information on the Freedom Cards, contact Jane Gervasoni in the Strategic Initiatives Office: email jane.gervasoni@amedd.army.mil, commercial (410) 436-5091, DSN 584-5091 or write to Commander, US Army Center for Health Promotion and Preventive Medicine, ATTN: MCHB-CG-SIO, Aberdeen Proving Ground, MD 21010-5403.

**FORWARD RECRUITING AND RETENTION
THINKING WITHIN THE ANC
*CPT Tim Hudson***

After reading Colonel Plemenik's (USAREC) article in the December ANC newsletter, I could not forget her quote "we are all recruiters". This statement rings true with the current nursing shortage. The number of nurses leaving the profession will soon outpace the number of nurses entering, causing the demand to overtake supply (Buerhaus, 1999). The Army Nurse Corps, as well as the national healthcare arena, is continually evaluating and maximizing their recruitment and retention strategies. The Health and Human Services Secretary is quoted as saying "As the demand for health care grows, it's absolutely critical that we encourage more of our nation's top students to choose careers in nursing". This year a General Accounting Office (GAO) report stated there are "emerging shortages of nurses available or willing to fill some vacant positions in hospitals, nursing homes, and home care" (No. 138 HCDR, 7/19/01). By 2020, the number of available registered nurses is expected to fall 20 percent below demand.

The job market is changing. Historically, the nursing profession predominantly employed women. New opportunities opening up for women draw them into other professions. The caliber of all high school graduates coupled with the additional opportunities for women in non-nursing fields contribute to a decreased nursing supply (Van Servellen et al., 1994). Friss (1988) stated the core recruitment pool for nurses is the top 20% of female high school graduates. The nursing profession must increase the attractiveness and accuracy of the profession by portraying, restoring and protecting societal perceptions. Recruitment strategies of other professions have started to migrate toward the same selection pool as that of the ANC, and nursing as a whole.

To compete for the limited number of nurses in the future market, the Army Nurse Corps environment needs to continually be more professionally satisfying, as well as more personally rewarding than civilian nursing. Recruiting and

retention initiatives should be synonymous. The initiatives that are effective in motivating nurses to join the ANC should be models that assist in a smooth and seamless transition from recruiting nurses to retaining them for long fruitful careers. Such retention initiatives could be researched or obtained from existing successful programs throughout civilian healthcare organizations.

The American Nurses Association identified "magnet" hospitals as having successful retention experiencing lower nursing turnover and vacancy rates (Aiken, Lake, Sochalski, and Sloane, 1997; Pitman, 2001). ANCC President Cecilia Mulvey, PhD, RN is quoted in the Nov/Dec 2001 issue of American Nurse (Washington) "Average nurse retention in magnet facilities is twice as long as that of non-magnet institutions". Areas of nursing staff satisfaction should be explored in detail. Not only do levels of satisfaction correlate with turnover, there are a number of studies that show correlation between the level of patient and staff satisfaction.

Many hospitals are offering upward to \$10,000 sign-on bonuses, school loan repayments and programs that pay for furthering nurse education. Management research has noted that money may attract, but does not necessarily retain qualified personnel. Other factors that affect retention include autonomy, task significance, leadership communication and positive feedback (Curran 1991). The ANC has been proactive in recruiting and retaining highly qualified nurses. To do this, the ANC has to continue to think unconventionally to explore and capitalize in areas where the market share of a limited supply of nurses can be increased. There are professional and organizational components within the ANC and AMEDD that have the potential to have major effects on nurses' decisions to join, remain or leave the ANC. A few of the noted determinants include support from nursing and hospital administrators, general communication and professional autonomy (Ford and Fottler, 1991).

Accurately recognizing a potential problem early is half of the work. It is extremely important for the ANC to continue to assess the reasons motivating those to leave the ANC or decide against joining. A reliable and valid information gathering process with adequate dissemination to leaders and nursing staff is important. BG Bester has made this a top priority. Since October 2001, officers leaving active duty before retirement have been asked to complete the ANC Exit Questionnaire. The questionnaire is accompanied by a cover letter from BG Bester in which he explains the purpose and methods of the questionnaire. The information is completely anonymous, mailed directly from the respondent to the Walter Reed Nursing Research Service without identifying individual information. BG Bester is committed to understanding the reasons why nurses are leaving the ANC and to identifying areas for improvement. His goal is to retain the best!

Civilian hospitals have had some success with acquiring valuable data from exit interviews and questionnaires. However, the opportunity to gather even more valuable data could be accomplished by combining data from exit interviews with attitude surveys of those currently on active

duty in the ANC. Attitude surveys have been shown to be more accurate in identifying critical issues among staff that may be the "seed" for their decision to leave in the future. Attitudinal surveys can be more timely in identifying issues and afford the opportunity to address them before they result in retention problems.

COL Schempp at Tripler AMC (TAMC) is spearheading a local study entitled: "Intent to Stay and Job Satisfaction Among Junior Army Nurse Corps Officers". The study stemmed from a brainstorming research session in which COL Schempp was mentoring a group of junior officers and focusing their research interests. The junior officers proposed this research area (1LT N. Candy, CPT B. Franklin, 1LT D. Yarborough). With guidance from COL Schempp and Ms. Gayle Kutaka, these junior officers have moved through the research process and are now analyzing the data collected at TAMC.

On a larger scale, LTC Patricia Patrician and the nursing research team from Walter Reed Army Medical Center recently received funding from the TriService Nursing Research Program to conduct a two-year MEDCOM-wide. This study examines military and civilian nurses perceptions of the nursing work environment and quality of care delivered in their MTFs and determine the relationship of these perceptions to the nurses' intent to stay or leave military employment. The implementation of an ANC wide attitude survey holds great promise. Such information could be the voice of the present ANC that will assist in keeping leadership responsive to concerns. If we are truly prepared, the ANC recruiting and retention motto should be "Bring it on!"

In the interest of newsletter space, a full reference cited list is not published. Please contact CPT Hudson if you are interested in obtaining the full reference cited list at TLHudson@whmo.mil. CPT Hudson would like to recognize COL Catherine Schempp, LTC(P) Laura Brosch and MAJ Laura Feider for their invaluable information for this submission.

**DEPARTMENT OF NURSING SCIENCE
NEWS**

91D Short Course

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

Attendance and central funding is limited with priority being given to NCOs that have not been previously funded for the Short Course. Any additional slots and/or available funding will be awarded on a first come first served basis upon receipt of a signed DA3838. Paperwork should be faxed to (210) 221-0675 (DSN 471-0675). POC for the course is SSG Walling at (210) 221-1582 (DSN 471-1582) or email louis.walling@amedd.army.mil. Additional information can also be obtained on the 91D Website at www.dns.amedd.army.mil/91d.

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

Active Component soldiers apply by submitting DA3838 to: DEPT OF HEALTH ED & TNG, ATTN MCCS HEI, CDR AMEDDC&S, 1750 GREELEY RD STE 205, FT SAM HOUSTON, TX 78234-5075.

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

Army Reserve soldiers apply through unit training channels on DA Form 1058 to: ARPERSCOM, ATTN ARPC HS OPS MR KOSITZKE, 1 RESERVE WAY, ST LOUIS, MO 63132-5200. Phone (314) 592-0444, 1-800-325-4729 option 7, FAX (314) 592-0433, or e-mail donald.kositzke@arpstl.army.mil. Contact: Project Officer or AMEDDC&S Program Manager, DSN 471-0144, (210) 221-0144, FAX DSN 471-2832, (210) 221-2832, or e-mail dale.turner@amedd.army.mil. In order to hold seats, a copy of the form must be faxed to SSG Walling. Fax them to: ATTN SSG WALLING, DNS 471-0675, (210) 221-0675 or email louis.walling@cen.amedd.army.mil.

**DEPARTMENT OF COMBAT MEDIC
TRAINING: 91W COURSE
MAJ Donna Schanck**

The 91W Healthcare Specialist Course is undeniably an intense sixteen weeks of training. To become a 91W, the soldiers must pass the National Registry Emergency Medical Technician --Basic examination at the end of the first six weeks of training; and then, endure a grueling, intensive Combat Training phase for the remaining 10. During the Combat phase, through didactic and practical hands-on training, the combat medics are taught how they will do their job in a military treatment facility and on the integrated battlefield of tomorrow. This includes combat trauma, core skills, force health protection, invasive procedures, evacuation, and NBC. The newer components of the program are a 2-day clinical rotation, scenario training on realistic manikin Simulators, a situational training exercise and a field training exercise.

The Officers and Senior NCOs working at the 91W Branch bring with them a wide and varied background and experience. Amongst the staff, are emergency medicine physicians, physicians assistants, nurse corp officers, 91WM6s, 91Ws, paramedics and civilian LPNs.

Currently we have 6 classes running with 212 – 300 students per class. With 17 iterations per fiscal year, the Combat Medic Course will quickly contribute to tomorrow's healthcare stage.

Further information on 91W program and course can be found at www.cs.amedd.army.mil/91W

TASK FORCE MED EAGLE
CPT Christopher G. Lindner
Eagle Base, Bosnia-Herzegovina

PROFIS and FORSCOM nurses from the 28th Combat Support Hospital, Fort Bragg, North Carolina are making the most of their opportunity to put their military medical training into practice as a critical component of Task Force Med Eagle (TFME) in Bosnia-Herzegovina. The Command and Control component of TFME, commanded by COL Harry L. Warren, is the 261st Area Support Medical Battalion from Fort Bragg, North Carolina, which was deployed to Bosnia-Herzegovina on 10 September 2001 for the six-month rotation. The nursing section consists of 11 ANC officers:

- MAJ Sophia Tillman-Ortiz, Nurse Practitioner/Chief Nurse
 - LTC Virgil Wiemers, Chief, Perioperative Services
 - MAJ(P) Douglas Rutkowski, Chief, CRNA
 - MAJ Linda Sulton, Nurse Practitioner/HN, Outpatient Clinic,
 - MAJ Gloria Whitehurst, HN, ICU
 - MAJ Edward Yackel, Nurse Practitioner/HN, EMT
 - CPT Robert Holcek, OR
 - CPT Christopher Lindner, HN, ICW and IAO/PAO
 - CPT Richard Morton, ICU and IAO/Webmaster**
 - CPT Jeffrey Sporer, EMT
 - CPT William Vanasse, EMT
 - 1LT(P) Elizabeth Masse, ICW
- **CPT Morton redeployed to Fort Bragg in December 2001



Top Left to Bottom Right: MAJ Yackel, MAJ Whitehurst, LTC Wiemers, MAJ Sulton, CPT Holcek, MAJ Rutkowski, CPT Vanasse, CPT Lindner, MAJ Tillman-Ortiz, CPT Sporer, not pictured= 1LT Masse

The hospital at TFME consists of a 5-bed EMT section, 9-bed ICU, 10-bed ICW (expandable to 22-beds), 1 isolation bed, and 2 operating rooms. In addition to the inpatient beds, there is a pharmacy section, lab, radiology, med supply, and outpatient clinic. The units, which comprise TFME, are:

- 261st Area Support Medical Battalion, Fort Bragg
- 28th Combat Support Hospital, Fort Bragg
- 257th Dental Detachment, Fort Bragg
- 528th Combat Stress, Fort Bragg
- 498th Aviation, Fort Benning
- 32nd Med Log, Fort Bragg
- 248th Veterinary Detachment, Fort Bragg

The patient population of TFME includes all Stabilization Force (SFOR-10) soldiers within Multi-National Division (North), DoD civilian contractors, and all local civilian emergencies. That population totals over 3000 personnel. Current Task Force Eagle medical rules of engagement govern which civilian patients TFME is able to treat.

In addition to the excellent patient care that our nurses deliver to our patient population, Army Nurses have led the way in providing several training opportunities for the soldiers of SFOR-10 to include ACLS courses, BLS courses, PHTLS, Trauma Aims, EMT-B Certification Course, and CMEs. Nurses taught CME classes on Compartment Syndrome and Foot Pain. MAJ Yackel was the course director for ACLS and the EMT-B course. Additionally, MAJ(P) Rutkowski worked with the Danish CRNA to develop an instructional program to help them increase their regional anesthesia skills and is a primary instructor for the EMT-B course.

Combined with their regular nursing and military duties, nurses have taken charge in several additional taskings. CPT Morton served as the Task Force Webmaster and Information Management Officer (IAO) while he was here (and continues to maintain the “unofficial” webpage at <http://medeagle.tripod.com>). I have had the opportunity to take over the IAO job, which is quite a challenge, and have served as the Task Force Public Affairs Officer (PAO). As the PAO, I have developed a monthly Task Force Newsletter (attached to the webpage) informing soldiers and their families about news and upcoming events here at Camp Eagle. CPT Sporer was an integral part of the success of the Task Force Health Fair, which traveled to several outlying bases, such as, Camp McGovern, and Camp Comanche. MAJ Tillman-Ortiz and CPT Vanasse were able to travel to Camp Butmir (near Sarajevo) to administer flu shots to schoolchildren.

MAJ Tillman-Ortiz, CPT Vanasse, and 1LT Masse had the opportunity to participate in the Combat Medic Challenge in November, which consisted of a one-day competition of a 2-mile run, triage, litter obstacle course, and a 12-mile road march. The nurses also participated in a semi-annual 30K DANCON road march, which is held by the Danish Army here in MND(N). Also, there are several nurses involved in the planning and participating in an upcoming EFMB course here at Eagle Base (the first held in Bosnia). Candidates will be MAJ Yackel, CPT Holcek, CPT Sporer, and 1LT Masse. CPT Vanasse is the OIC of one of the evaluation lanes. In addition, nurses have had excellent participation in the many 10K and 5K runs held by MWR here at Eagle Base. Interacting with the other NATO forces and local civilians is a priority here at TFME. MAJ Tillman-Ortiz, MAJ Whitehurst, and MAJ Yackel participated in a trip to a Bosnian Orphanage to give Christmas presents to over 150 children. Presents such as clothing, diapers, infant formula, and toys were well received by the beautiful children. 1LT Masse and I were able to visit a German Army Hospital in Rajlovac (near Sarajevo), also, touring a local civilian hospital in Sarajevo. All task force personnel have been given the opportunity to participate in the Fighter Management Pass Program (FMPP) to Kaposfar, Hungary or Budapest, Hungary. The FMPP is a

four-day pass given to the soldiers to interact with local civilians and to tour the attractions offered in Hungary, a former communist country. I think we have represented the United States Army in an outstanding manner.

As you all can see, the ANC officers deployed to Bosnia have made the most of this opportunity to show how well we can work as a team to accomplish any mission. We all miss our family and friends very much and would like to thank everyone for their support of the deployed soldiers everywhere. Whether in the United States or deployed to the Balkans, Army Nurses lead the way!

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

This month's article is on Reserve training opportunities and Reserve funding of the training. As a rule, the basic pay and allowances for RC soldiers is paid by the unit of assignment (USARC, ARNG or AR-PERSCOM). If another agency requests an individual soldier or soldiers, the agency may pay for the participant's travel, rental car and per diem costs. There are, however, some exceptions to the unit of assignment paying basic pay and allowances for Reserve soldiers.

The Temporary Tours of Active Duty (TTAD) program is designed to meet a short-term (temporary) need for support of an active force mission of the Active Army. It will normally not exceed 179 days and will not be used for staff augmentation, normal mission accomplishment, to accomplish reserve force peacetime missions, support or special projects. The soldier's pay and allowances for a TTAD is funded by Military Personnel, Army (MPA) appropriations. The Active Army agency requesting the TTAD is responsible for the participant's travel, rental car and per diem. The requesting agency must write a justification why the soldier is needed, then forward the request through their chain of command.

There are also Active Duty for Special Work (ADSW) and Active Duty Training (ADT) tours. These are funded from Army National Guard (ARNGUS) or US Army Reserve (USAR) personnel appropriations. Major commands (FORSCOM - MEDCOM - etc.) are allocated an annual budget from AR-PERSCOM. The ADSW funding is authorized for projects supporting ARNGUS and USAR programs. It will not be used to meet real or perceived manpower shortages. It must be used for temporary projects or missions normally for not more than 179 days. The primary purpose of ADT is training. Benefit to the organization conducting the training is incidental. ADT are not to be used to meet real or perceived manpower shortages to perform organizational missions or administration or to augment the Active Army.

PERSTEMPO must be a consideration with both TTAD and ADSW/ADT orders.

Another area of interest related to reserve training is OER/NCOER Requirements. Troop Program (TPU) units and

ARNG members receive an annual OER/NCOER from their unit and therefore do not require an OER/NCOER for annual training (unless they are training—not school—out side their chain of command. In this case, the soldier needs an OER from the command they are training with). For Individual Mobilization Augmentees (IMA) Individual Ready Reserve (IRR), an OER/NCOER is required for any tour of duty 12 or more consecutive calendar days. If these soldiers are assigned for "Points Only" they also require an annual OER/NCOER. An Army physical fitness test is required annually and needs to be noted on the evaluation.

Drilling IMAs (DIMA) require an annual physical fitness test and an annual OER. National AMEDD Augmentation Detachment (NAAD) personnel IAW AR 623-105, are attached to the NAAD and receive annual letter reports. The reporting period ends on the officer's retirement year ending date (RYE). By regulation, there are no specific requirements for an OER. However, an OER is recommended if a tour of duty is 12 or more consecutive calendar days to enhance the soldier's career and promotional opportunities.

The reporting chain while on Annual Training (AT) needs to be clear. The OIC and NCOIC of the AT increment act as the Department Chief for the soldiers assigned. The soldiers' duty performance is under the direction of the AC OIC/NCOIC of each section. All administrative absences must be approved by the AT increment OIC/ NCOIC with the concurrence of their AC supervisor.

Also, funding is available for a 5 day Continuing Health Education (CHE) for both officer and enlisted medical personnel. This is subject to funding availability and in AOC/MOS dependent. For these five days (plus a travel day), the soldier is paid full pay and allowances, travel and per diem. The registration fees, however, are not reimbursed. To apply for these funds, the soldier submits a DA 1058-R DIRECTLY to AR-PERSCOM who will approve and cut the orders.

Questions on IMA and IRR training as well as CHE should be addressed to the Personnel Management Officer (PMO) at AR-PERSCOM: 800-325-4729, extension #2 for Nurse Corps, extension #4 for enlisted. AR-PERSCOM also has a web site: www.2xcitizen.usar.army.mil.

Multi-Disciplinary Education and Professional Development at IACH: A Year in Review
LTC Nancy Soltez

At Irwin Army Community Hospital (IACH), Ft. Riley, KS, a new multi-disciplinary education policy was implemented, and the evaluation of the program after its first year has revealed high effectiveness. The program of multi-disciplinary grand rounds has become the most popular and best-attended staff education event at IACH. LTC Dave Kelty experienced this type of health care training at other military facilities, and he incorporated a plan to begin the process at IACH by adding this component to the hospital education policy. The policy

directs nursing personnel to team up with their physician and ancillary health services colleagues to prepare and present a multi-disciplinary presentation of a diagnosis/case study that offers CME, CNE, and training certificates to the participants.

Each quarter, a separate product/service line is tasked to take the lead in the offering, and especially interesting or increasingly frequent cases are highlighted. The task of implementing the policy was given to the Education & Professional Development Department and the Council of Education Facilitators (composed of a representative from each patient care area). The Operating Room (OR) and Surgical Department staff volunteered to spearhead the first presentation, as they had recently experienced an unusual and intense surgical case. Our first grand rounds presentation was titled "Ruptured Abdominal Aortic Aneurysm (AAA)," and it was held in January 2001. The Emergency Room (ER), OR, Laboratory (LAB), Post-Anesthesia Care Unit (PACU), and Intensive Care Unit (ICU) staff members presented during the two-hour case study. Physicians, nurses, and ancillary health care providers shared their contributions to the successful care of this real, but anonymous patient.

At the conclusion of the presentation, the multi-disciplinary audience was able to dialog in a question and answer period with the multi-disciplinary presenters. The result was a dynamic exchange among staff, as all participants increased their awareness, appreciation, and knowledge of each other's contributions in this and similar cases. The evaluations of the training were extremely positive, energizing us to start preparing for the next multi-disciplinary grand rounds presentation.

In April 2001, the Emergency Room staff members took the lead and suggested a case study of "COPD Exacerbation", because of the increasing frequency and difficult management of this diagnosis. Presentations started with the Primary Care Clinic staff that managed this particular patient. The multi-disciplinary staff members of the ER, RT, ICU, and Ambulance Section gave follow-on presentations.

Our third offering was held in September 2001, and the Medical/Surgical crew became the point team this time. A case study of "Spontaneous Pneumothorax" was selected, as several young male soldiers had presented with the diagnosis, and the highlighted patient experienced recurring episodes that resulted in surgical intervention. The presenters for this case included the staff members from the ER, RT, OR, ICU, Medical/Surgical Ward, Nutrition Care, and Discharge Planning.

The staff from the Surgical Department and OR took the lead in our fourth offering in December 2001. A case study on "Total Knee Replacement" was selected, as our facility scheduled this total joint replacement case after not doing this type of surgery for several years. The presenting staff members represented the Primary Care Clinic, Orthopedic Surgeons, OR, ICU, Medical-Surgical Ward, Physical Therapy, and Discharge Planning.

In each of the multi-disciplinary case studies presented in the past year, there were additional "intangible" staff development benefits noted that were above and beyond the obvious continuing education opportunities. The written and verbal evaluations highlight a collegiality and respect for other disciplines while focusing on patient-centered healthcare (which JCAHO smiles upon!). Also, there is chemistry in the large audience at these sessions that reveals a pride in the capabilities and teamwork experienced in our facility. Finally, gathering at these training events also offers our staff an opportunity to meet, mingle, and bond - much like a big family gathering at home during the holidays!

The bottom line is that this program is a huge success. Other MTFs might want to give this approach a try. Questions and/or comments can be addressed to LTC Nancy Soltz (Nancy.Soltz@cen.amedd.army.mil).



**Army Nurse Corps Association Advanced
Military Nursing Practice Award Winner**

Each year the Army Nurse Corps Association (ANCA) awards a field grade officer, below the rank of Colonel or Lieutenant Colonel (P), who has made a significant contribution to the practice of nursing during the previous two years. This annual award is separate and distinct from any other that may be given for particularly outstanding duty performance. The award is intended to honor a middle-range ANC officer who has contributed significantly to the practice of nursing, and to enhance the image of the Army Nurse Corps active and retired, within the profession of nursing. This year there were 13 candidates for this prestigious award, all of who were very deserving. The ANC officer selected was Major Laura L. Feider for her accomplishments while serving at Tripler Army Medical Center from 1 December 1999 – 2 June 2001.

During this period CPT (P) Feider championed the development and implementation of the Brain Attack Pathway, spearheaded the evolution of Care Management at TAMC, presented three clinical research projects at the National Hawaii Research and Managed Care Conference and implemented numerous performance improvement measures focused on patients, as well as staff. Motivation, enthusiasm, organization, timeliness, integrity and confidence are characteristics of this dedicated officer.

Candidates for this award were:

LTC Joyce Clarkson (AGR)	LTC Norma Jean Wilson, USAR
LTC John Fierro	MAJ (P) Jeffrey Ashley
LTC Lori Newman	MAJ Paul Lewis
LTC Diana Ruzicka	MAJ Kathie McCroary
LTC Susan Smith	MAJ Christine Sanford, USAR
LTC Debra Spencer	MAJ Karen Whitman

NEWS FROM AROUND THE AMEDD

NEWS FROM AROUND THE AMEDD

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.

Dr. Anita Newcomb McGee nominations are due to MAJ Feider NLT 22 FEB at

AMEDDC&S
ATTN: MCCC-CN, Suite 275
2250 Stanley Road
Fort Sam Houston, TX 78234

A memorandum and LOI were sent to all Chief Nurses in early JAN via email. You may also access this information on the ANC home page: www.armymedicine.army.mil/otsg/nurse/—click on professional development. Please contact MAJ Feider for further information.

12th Annual Phyllis J. Verhonick Nursing Research Course

Military Nursing Research: Meeting the Challenges of Readiness in Healthcare 29 April- 3 May 2002

Call for Papers

Paper Submission Deadline: 25 February 2002

Paper Requirements

- All research and research utilization topics are welcome
- Research must have been initiated and/or completed in the last 5 years
- Research must be completed by the time of submission to be eligible for a podium presentation
- In-progress or completed research/projects are eligible for a poster presentation
- Funding source(s) should be noted on the abstract
- Follow paper guidelines (see:

www.usuhs.mil/tsnrp/announcements) or send email request to POC: linda.yoder@na.amedd.army.mil

**This will be an exciting, dynamic research course
Mark your calendars now to attend!!!!**

Tri-Service Military Conference

6 Mar 2002

LTC John Morse

This year the Tri-Service Group of the American Academy of Ambulatory Care Nursing (AAACN) are planning a terrific pre-conference day on March 6th, 2002 where abstracts will be presented on the following topics:

Lectures

- Pain Management in the Ambulatory Setting
- Telephone Triage – Trial and Error
- Deployments/Humanitarian missions- Lessons Learned

Panel Discussions

- Nurse Managed Clinics – diabetes, hypertension, etc.
- Staffing Models
- Nursing Competencies in the Ambulatory Setting

The purpose of this conference is to provide a forum to discuss the challenges encountered and guide military nurses in the ambulatory setting. This will be accomplished through formal paper presentations, poster sessions, and panel discussions.

The conference will be held at the Hyatt Regency Hotel in New Orleans in conjunction with the American Academy of Ambulatory Nursing (AAACN) 7–10 March 2002. See page 18 & 19 of this Newsletter for a flyer brochure!

12th Annual Asia-Pacific Military Medicine Conference

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

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

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

The 9th Annual American Nursing Informatics Association Conference

The American Nursing Informatics Association presents
"Nursing Informatics: Beyond The Buzzwords"

WHEN: April 20-21, 2002 in San Diego, CA. For more information: www.ania.org

15th Annual Hawaii Nursing Research Conference

"The "A to Z of Clinical Research: Novice to Expert" is the theme for this conference held in Honolulu, Hawaii on 15 & 16 March 2002. For further information please contact COL Schempp @ catherine.schempp@amedd.army.mil or Mr. John Casken @ casken@hawaii.edu .

Registration is done on-line. URL: www.hjf.org
Click on Events@HJF. Click on 15th Annual Nursing Researcher Conference.

Publications

LTC Stacey Young-McCaughan, Deputy Director for the Congressionally Directed Medical Research Programs at Fort Detrick, MD and her doctoral dissertation mentor, Christine Miaskowski RN, PhD, FAAN, Professor and Chair, Physiologic Nursing at the University of California San Francisco School of Nursing recently published two articles in Pain Management Nursing.

Young-McCaughan, S. & Miaskowski, C. (2001). Measurement of opioid-induced sedation. Pain Management Nursing, 2(4), 132-149.

Young-McCaughan, S. & Miaskowski, C. (2001). Definition of and mechanism for opioid-induced sedation. Pain Management Nursing, 2(3), 84-97.

COL Gwendolyn Fryer, Chief Nurse, Ft. Rucker, Alabama published her first chapter entitled Normal Changes with Aging, in a book entitled Nursing Care of Older Adults, Diagnoses, Outcomes and Interventions by Meridian Maas, Kathleen C. Buckwalter, **LTC Mary Hardy, PhD**, Toni Tripp-Reimer, Marita Titler, and Janet Specht. First Edition, Mosby Inc, A Harcourt Sciences Company St Louis, Missouri, Copyright 2001 Mosby, Inc.



**“Ready, Caring and Proud Giclée Painting”
by Artist Richard John Rezac**

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--36”x 24” Giclée Painting on Artist Canvas /Limited Multiple Original Edition of #75 plus #5 Artist Proofs.

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Lampe, MO 65681

tel: (417) 779 5391/5392

e-mail: Studio@militaryartwork.com>

Web Url: <http://militaryartwork.com>

Conference Registration Form

(Form may be photocopied. Please Print)

Name: _____

Address: _____

Branch of Service: _____

Work Phone: _____

Home Phone: _____

E-mail: _____

Years in Ambulatory Care: _____

Area of Focus: _____

Name tag: _____

(Title/Credentials)

To register, complete this form and mail with payment to:

Capt David Hernandez
2762 Fergusson Circle
FT Eustis, VA 23604
Phone: (757) 314-7683
E-mail: David.Hernandez@NA.AMEDD.ARMY.MIL

Please make checks payable to David Hernandez

Tri-Service SIG Pre-conference: \$100

The Tri-Service Military Special Interest Group (SIG) is proud to offer you an exciting opportunity to attend the annual conference and meeting held in conjunction with the 27th annual conference of the American Academy of Ambulatory Care Nursing (AAACN). Information regarding the conference is available through the AAACN National Office at 1-800-AMB-NURS or via the Internet at aaacn.inurse.com ("Events" button).

The Tri-Service Military Special Interest Group (SIG) will be held at the Hyatt Regency Hotel in New Orleans, LA. Pre-registration is preferred, but you may also register at the door. For room reservations, call (504) 561-1234 or Fax (504) 587-4141. Rooms are \$169-209 per night plus tax, although alternative lodging is available in the area. (Rates good until 12FEB2002)

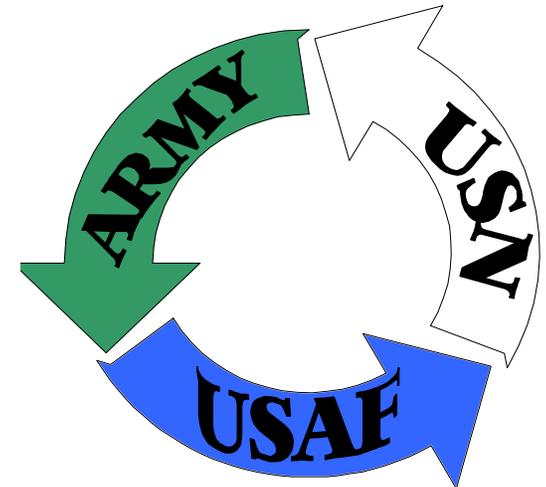
(Fee includes conference materials, continuing education credits, breakfast, lunch and an afternoon beverage break. You will receive a receipt when you sign in at the pre-conference, but you will not receive a confirmation notice.)

Don't miss the opportunity to network with other Tri-Service colleagues who share common vision, interests, and issues.

American Academy of Ambulatory Care Nursing

Tri-Service Military
Special Interest Group (SIG)
06 March 2002

Hyatt Regency Hotel
New Orleans, LA



“Keeping the Beat in Ambulatory Care-
Orchestrating the Future”
06MAR2002

0700–0745 **Registration**

0745–0800 **Welcome/Introductions**
LTC John Morse, USA
John.Morse@CEN.AMEDD.ARM.Y.MIL
LCDR Sally Dupre’, USN
srdupre@psa10.med.navy.mil
Capt Belinda Doherty, USAF
belinda.doherty@eglin.af.mil

0800–0915 **Remarks – Nurse Corps**

COL Kathy Simpson, AN USA

BGEN B. Brannon, NC, USAF

RADM N. Lescavage, NC, USN

0915–0930 Stretch Break

0930–1020 **“Pain Assessment in the ambulatory care setting”**

LTC D. Ruzicka, NC, USA

1030-1120 **“ Telephone Triage”**

LTCOL S. Barlow, NC, USAF

1130–1300 **Business Meeting, Lunch and Networking**
Election of 2002-2003 Co-Chairs

1300–1350 **“Humanitarian Missions/Deployments”**

LCDR Ellen Argo, NC, USN

1350–1400 **Stretch Break**

1400-1700 **Round Tables**
“Starting a Population Health Clinic”
TBA
“Workload Management in Ambulatory Care”
CDR Banks-Tarr, NC, USN
Capt Hernandez, NC, USA
“Implementing UTI Clinical Practice Guideline”
LCDR Sally Dupre’, NC, USN

1700 **Critique**
Please attend the SIG networking box lunch on Friday,
08 March 1245-1415 and the Tri-Service Military SIG Group Business meeting on Saturday, 09 March 1500-1630.

Breakfast
King Cake, Beignets
Café’ Au Lait, Milk and Juice

Lunch
N’awlins Gumbo with White Rice
Tossed Seasonal Greens with Garden Vegetables accompanied by an Assortment of Dressings
Muffaletta Pasta Salad
Fresh Fruit Salad
Catfish Amandine
Bronzed Chicken Breast
New Orleans Red Beans & Rice with Andouille Sausage
Garlic Roasted Red Jacket Potatoes
Sautéed French Market Vegetables
Fresh French Bread & Butter
Bread Pudding with Whiskey Sauce
Traditional New Orleans King Cake
Freshly Brewed Regular & Decaffeinated Coffee
Assorted Teas