
ARMY NURSE CORPS NEWSLETTER

“Ready, Caring, and Proud”

Volume 02 Issue 06

March 2002



Message from the Assistant Chief

BG Bester and I hope all of you had an opportunity to celebrate the 101st Anniversary of the Army Nurse Corps. Unfortunately, BG Bester is currently attending the six-week General Officer's CAPSTONE Course and was unable to attend any events this year. I thoroughly enjoyed celebrating the anniversary with the nurses at Ft. Rucker, AL. The MDW area celebrated 2 Feb 2002 at the Spates Community Center at Ft. Myer with over 160 nurses in attendance. In San Antonio, the Army Nurse Corps Association celebrated with over 150 active duty and retired nurses at the Ft. Sam Houston Officers Club with a luncheon on 1 Feb. I would like to convey a very special note of thanks to all the committees who worked so diligently to ensure that these events were a major success.

On 8 February, COL Carol Jones, chief nurse MEDCOM, and I, met with the RMC and MEDCEN chief nurses for a mini strategic planning session in Bethesda, MD. Our gracious host was the faculty of the Uniformed Services University of the Health Sciences (USUHS). This was the first time many of our senior nursing leaders had the opportunity to visit this outstanding academic environment. The facilities and faculty are some of the best in the country. Being there made us all

appreciate the fine academic opportunities we have available to military nurses. If any of you are ever in the DC/Maryland area, take the time to see this incredible campus.

During our meeting together we addressed many critical issues affecting the Army Nurse Corps. Of particular note, was a very thorough briefing provided by LTC (P) Patty Horoho on the efforts

toward resolving our civilian personnel challenges. The good news is that the President signed both the National Defense Authorization Act 2002 and the Appropriations Bill. Each of these bills holds great promise in enabling us to resolve our civilian personnel issues. Like the VA, we now have direct hire authority delegated to the services for execution. This will allow us to hire civilian nurses in a more timely manner; within a few days rather than 2-3 months, and without the “rule of three”. Additionally, Title 38 authority will allow us to grade positions more competitively with our civilian counterparts. It has taken us over one year of diligent effort to maneuver through the legislative process to get to this point. The services are now working to develop an implementation plan to execute these new processes. Once in place, our military treatment facilities will have a responsive civilian personnel hiring mechanism.

A myriad of other topics were also discussed: deployment and RC backfill processes, enlisted 91W and 91Z concerns, the nursing outcomes database and recruitment/retention issues, to name a few. We even revisited a frequently asked question, “what about the pediatric AOC?” After a thorough review of the history and the previous decision to eliminate the pediatric AOC, the group decided to recommend to BG Bester that we should not recreate the pediatric AOC. The current mechanism in place to train military nurses through the pediatric nursing short course should be maximized. The RMC chief nurses voiced their commitment to execute pediatric training sufficient to meet the needs of the pediatric population in our military treatment facilities.

This was a highly productive meeting for all. The sharing of ideas and the frank discussion of key issues allowed us to work towards resolution of issues critical to the Army Nurse Corps. We want you all to be assured that your senior nursing leadership is actively engaged in your issues and concerns. All efforts are continually focused on making smart decisions to enhance your work environment.

Army Nurses are Ready, Caring, Proud!

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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.

PERSCOM UPDATE

Army Nurse Corps Branch Web Page

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

Upcoming Boards

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

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

FY02 AMEDD RA BOARD: 9 July 2002 (Milper Message # 02-092). Eligibility: Officers must be in VI status. MAJ with a minimum of 2 years AFCS, with 14 years or more of AFS and not in a promotable status. CPT with a minimum of 2 years AFCS, with 10 years or more of AFS, and not in a promotable status. OERs due to OER Branch, PERSCOM: NLT 2 July 2002. Complete the Record OER is not authorized. Request for microfiche: e-mail: offrcds@hoffman.army.mil or fax: DSN 221-5204 / 703-325-5204. POC is Ms. Brenda Norris, DSN 221-3759; (703) 325-3759 or norrisb@hoffman.army.mil.

LTHET

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

NOTE: Waiver requests are due at Branch NLT 15 March 2002.

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

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

will generate a Request for Orders (RFO) when the officer forwards an official letter of acceptance from the university or college.

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

HOT NEWS

*****Clinical Nurse Specialty in Perioperative Nursing*****

The Uniformed Services University of the Health Sciences (USUHS), Bethesda, MD has received approval to stand up a perioperative nursing program beginning in June 2003. LTHET applicants selected for graduate studies with a focus in perioperative nursing will no longer be subjected to the arduous task of locating a school with this hard to find program. All Army Nurse Corps Officers selected for LTHET in perioperative nursing will be required to attend the USUHS program. Applicants should contact USUHS (Pat McMullen) at 301-295-1080 or the USUHS admissions home page at www.usuhs.mil to begin the application process. **The USUHS screening board is scheduled for May 2002 to pre-select LTHET applicants that meet the qualifications for the perioperative program.**

Major Lang will send chief nurses and hospital educators more information about the USUHS perioperative program. AN Branch encourages all to provide the widest dissemination. If you are currently a section chief or head nurse of a perioperative area, please inform your ANC officers of this new development in LTHET programs.

Short Courses

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

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

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

Preparation for TDY Courses

Just a friendly reminder, it is the responsibility of each unit to ensure that all officers going TDY are able to meet the Army's height/weight and APFT standards. For any course that generates an AER, officers must be able to pass these standards to be able 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 not 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 (POC) for specific reserve component regions are listed. Please do not attempt to register on-line. Registration for CAS3 and CGSC must be processed through your respective local training chain of command. LTC Newman is the AN Branch POC. Ms Jennifer West (DSN 221-3161) is an additional POC for specific questions.

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

Generic Course Guarantee

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

AOC/ASI Producing Courses POCs

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

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

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

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

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

66F/66E Assignment Opportunities

Assignment opportunities are available for 66Fs at Ft. Benning, Ft. Bragg, Ft. Campbell (FORSCOM), Ft. Gordon,

Ft. Hood, Ft. Huachuca, Ft. Leonard Wood, Ft. Leavenworth, Ft. Polk, Ft. Stewart, Tripler, William Beaumont, WRAMC, Europe (two FORSCOM, two TDA) and Korea, summer 2002. Assignment opportunities for 66Es include Ft. Sill, Ft. Rucker, Tripler, Europe (FORSCOM) and Korea. For these and other opportunities please inquire 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

WANTED: Nurses that want ER experience or who already hold the M5 identifier for an assignment in Korea. MEDDAC assignments for 8As are available at Fort Riley, Fort Leonard Wood and Fort Stewart. Please check the website for additional opportunities for this summer. If interested, please notify your Chief Nurse and contact MAJ Greta Krapohl at krpohl@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:

- | | |
|--|--|
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SMART TIPS FROM THE FRO

By CPT Bob Gahol

Feedback from the FY02 MAJOR Board: Recently, the FY02 MAJOR Board results were released and the Army Nurse Corps showed an 80% select rate (above the zone and primary zone categories). The first time considered rate was 85%. The selection rate for below-the-zone category was 3%.

Of those selected (122 officers), 97% completed OAC or higher, 93% had updated physical exams, 99% had new photos, and 100% had OERs (or AERs) within a 12-month period.

Of those non-selects, only 59% completed OAC or higher, 59% had updated physical exams, 69% had new photos, and 97% had OERs (or AERs) within a 12-month period. Other factors for non-selection were failed APFT, failure to meet DA height and weight standards, letters of reprimand and weak OERs.

Selection boards are very competitive, and we always ask officers to prepare for these boards ahead of time. Even though the chief nurses, section supervisors, head nurses and other leaders provide excellent mentorship and guidance to their officers; individual officers *are responsible* for ensuring that their files are ready for the board.

I would like to once again reprint the article published from PERSCOM online that pertains to promotion board preparation. I hope that every AN officer will follow the advice listed. Please feel free to contact me if you have any questions.

Preparing Your File for Promotion or Selection: A Pre-Combat Checklist

As an officer, there will be many times in your career when a group of strangers will come together to evaluate your past performance and place you in comparative order with your peers. This ordering may determine promotion, schooling or command selection; or a combination of any or all of these. Most importantly, this ordering may also decide both your capability to serve to your full potential and your ability to meet your career goals and professional ambitions.

Who are these people that will make such important decisions about your life and career, and what is the process that will determine the ranking of you against your peers? The people are those members chosen to sit on Department of the Army (DA) Promotion and Selection Boards, and the method they use is that system which DA calls board procedures. Many believe that these individuals sit in smoky rooms and arbitrarily make decisions about those who will rise to the top ... and there's nothing the typical officer can do to influence the decisions that these select few make from on high!

In reality, nothing could be further from the truth. The information contained in this article will provide some insight into the board process as well as give some tips that will allow anyone to prepare their file for evaluation by board members; a personnel pre-combat check (PCC). If utilized, this PCC will give any officer their best shot at achieving success.

How does the "Board Process" work?

Promotion, schooling and command selection boards are scheduled by the DA Secretariat for Selection Boards for each fiscal year, and the schedule for all boards that meet during any Fiscal Year (FY) is published just like a yearly training calendar. The rationale for this planning is simple: board members must be selected with planning lead times in mind, and the board must meet on a designated date, for a specified period of time based on the number of files they must consider and the "timing" of the promotion, schooling or command selection they must make.

Once board members are nominated and selected, they receive an information packet from the Secretariat telling them of their selection and describing the nature of their board. For a variety of reasons, their participation on the board must be kept confidential; this secrecy inhibits unwarranted influence on the member before the board convenes.

Upon arrival, those selected as board members receive a Secretariat inbriefing that includes guidance from the convening authority and a lay down of board procedures, and then conduct a practice vote on a representative sample of files. During the practice vote, board members do exactly those things they will do when voting the files: they look at the official photo, examine the officer record brief, analyze the rated officer's performance by reviewing the microfiche, and then evaluate any loose materials that are in the file. This practice vote is critical, as it is a means of developing a smooth evaluation pattern, "bore-sighting" the judgment of all the board members, and determining any aberrant voting that may indicate a board member either does not have the proper understanding of procedures or has a skewed view of file evaluation. After the practice vote, board members discuss any issues they feel are relevant to selection before beginning the actual voting of files. It is at that point where each individual officer's file becomes the focus of attention.

Some Pre-Combat Checks.

Knowing how a board works, are there ways for officers to prepare for consideration? There are, indeed. To put it in understandable language, all officers should conduct a personnel PCC of their file, and using the acronym of METT-T just might help!

MISSION: Get _____ (promoted, selected, schooled ... fill in the blank).

ENEMY: Anything that might detract from the quality of your file that you could influence before the board meets. What are those things?

1) Poor, or old, official photo.

Board members often report that the photo is what gives them the first impression of a file ... and an officer never gets a second chance to make a good first impression! Outdated (defined as more than five years old; but remember your uniform should be consistent with the information contained on your ORB, i.e., rank and awards, which often makes waiting five years between photos too long.), black and white, or no photo at all are sure to detract from an overall good first impression. Additionally, unprofessional appearance in the official photo subtracts from an officer's stock. For example, if the color of the blouse is different from the trousers, if the uniform has an unkempt appearance ("did that one just come out of a duffel bag?") or if an officer has inappropriate branch insignia or unauthorized accouterments (it is a good idea to check AR 640-30 on this), then you can bet the board members won't give the highest scores possible.

Some board members continuously report that photos showing an officer with a neat appearance, who looks relaxed, and who

has a facial expression which reflects that they are enjoying what they are doing and feeling confident in their appearance will carry the most amount of weight with the board. To ensure all is well, officers should review AR 640-30 (Photographs for Military Personnel Files) and AR 670-1 (Wear and Appearance of Army Uniforms and Insignia).

2) Officer record briefs that are not up-to-date or which have multiple pen-and-ink corrections.

Board members only have a few minutes to spend on each file. The Officer Record Brief (ORB) is the historical road map for where officers have been and what they have done. If board members need help following assignment history or professional credentials because of too many pen and ink corrections, then an officer is not placing their best foot forward.

Additionally, ORBs with numerous pen and ink corrections may give the indication that the officer isn't keeping their record current, and is attempting a last minute overhaul of outdated data. Officers should make every effort to get a clean, checked and signed ORB to the board. Place particular emphasis on date of rank, active federal service data, assignment history, awards, date of last photo and physical exam, military and civilian education levels and institutions where obtained.

3) Loose paper in the file.

Letters to the board president should be brief with the intent of clarifying why a significant element is missing from the file. Irrelevant letters (those that may be perceived as self-serving) detract from a file.

TERRAIN:

Officers need to know what is required for each specific board.

- 1) Promotion, military schooling and command boards require the standard photo, microfiche and ORB (letters to the President of the Board are authorized, but not required).
- 2) ROTC Professor of Military Science (PMS) board needs all items used in a standard board, but copies of graduate and undergraduate transcript and a copy of the special questionnaire distributed by Cadet Command are also required.
- 3) USAREC Command boards require all items in a standard board, but these boards also want the special USAREC preference sheets, which are mailed to the officer when the command solicits volunteers.
- 4) Any special requirements over and above those listed are included in the official board announcement.

TROOPS AVAILABLE:

There are several individuals and organizations that can help in accomplishing the mission. Officers should rely on all of these for advice, help and service. Some particulars:

1) **Commanders, raters and senior raters:** These individuals can help in writing proper job descriptions, giving advice on career opportunities and decisions and fine-tuning some of those items that will allow an officer to serve at their full potential.

2) **CSMs, First Sergeants and friends:** These individuals will give a critical eye to your photo and your officer records brief. The wise officer will allow a CSM or a 1SG to critique a professional photo before sending it to branch.

3) **Personnel support units:** MILPOs, PSBs and PSCs are those responsible for ensuring record updates and making assignment history changes. Officers need to ensure they are communicating with these agencies ... it often takes more than just a birthday month check.

4) **The assignment branch managers at Department of the Army (PERSCOM):** Each assignment officer within PERSCOM is charged with giving professional career advice to each officer they control. These officers take pride in serving their populations, and most are extremely competitive ... they want their population to do better on board results than all the other branches. They are at PERSCOM to serve officers. If you need help, call or write them an e-mail. As a tip, though, know that they are busily working assignments and other personnel actions; while they are willing to help in emergencies, it's better to start at the MILPOs or PSCs with requests for ORB changes or record updates. Officers also need to know that PERSCOM assignment officers are limited in what they can and cannot do -- documents cannot be placed in files and ORBs cannot be changed without documentation.

TIME:

Use time as a resource. Don't wait until the last minute to get your photo, fix your records, and update your microfiche. Again, the boards are scheduled at least a year in advance. Know when your board meets and allow some lead-time for photos and other important data to reach your assignment managers.

A few tips that fall under the "time" category:

- 1) Understand the requirements for "complete the record" reports and when OERs must arrive at PERSCOM to be seen by the board. If a through-date is one day past the cutoff, the OER will not go before the board. All these requirements -- report through dates, requirements for complete the record OERs, and board cutoff dates -- are all listed in detail in the message sent to the field for each particular board.
- 2) The board message identifies, by date of rank, which officers fall into the various zones of consideration (above-the-zone, primary zone and below-the-zone) for each board. Each officer should

know how his or her particular year group and timeline fits with each board schedule.

3) Allow for "lead time" when submitting photos or requesting microfiche. Additionally, after updating your microfiche, order a new one and check to see that changes were made as requested. Again, know that there are many officers doing the same thing. While it is easy to get a new photo into the board file, the microfiche records section of PERSCOM is always a busy place. Allow at least 2-4 weeks for delivery of a new fiche after submitting requests for changes or updates.

4) Ensure your assignment officer has your correct address (from your ORB) and knows your phone number; this saves time in the event that an assignment officer needs to contact an officer in the field for information.

5) Officers should know there is no requirement to "FedEx" photos to branch (unless they are late!). Save money (and time) by ensuring your branch has a current photo at all times (photo dates are listed on the ORB; check that date for accuracy).

Summary

There will be a time in everyone's career when they have reached their full potential. But, by knowing how a board works and how to best prepare your individual file for evaluation will certainly contribute to an officer reaching their career goals and aspirations. If this article generates any questions, each officer should contact their specific branch assignment officer for further details.

DEPARTMENT OF NURSING SCIENCE NEWS

Mandatory Requirements for PPSCP Courses "Enhanced NBC Training"

In December 2001, The Army Surgeon General and AMEDD C&S Commander established goals for enhanced medical NBC training in every AMEDD Postgraduate Professional Short Course Program (PPSCP). If you are attending any PPSCP course, be aware of these mandatory prerequisites.

The Academy of Health Sciences, Department of Distance Learning Services, has created and tested a web-based Introduction to Chemical Biological Radiological, Nuclear and High Explosive (CBRNE) review. **Completing this training is a requirement BEFORE PPSCP enrollment.** After 09 March 2002, **ALL** PPSCP courses will include tailored and specific CBRNE course content.

The prerequisite course, Introduction to CBRNE (081-W) will be located on ATRRS, <https://www.atrrs.army.mil/>, under the Self-Development area. The Academy of Health Sciences, Non-Resident Training Branch, will process attendees through this mandatory gate for PPSCP enrollment. The student will receive URL to Swank Health and begin an interactive training session. After completing Introduction to CBRNE,

the attendee will be able to print a certificate. Non-Resident Branch will provide Course Project Officers with the names of individuals that have completed the CBRNE training. This lesson will be available 9 March 2002.

AN PPSCP courses include:

Advanced Anesthesia Nursing Practice Short Course (6E-A051)

Annual Field Medicine Short Course (6E-300/A0502)

TOE Field Nursing Short Course (6E-A0503)

Strategic Issues Symposium (6E-300/A0504)

COL CJ Reddy Leadership Short Course (6E-300/A0525)

Hospital Educators Short Course (6E-300/A0526)

Phyllis J. Verhonick Research Short Course (6E-300/A0513)

Enlisted courses include:

91D Update

91WM6 update

Additional information regarding these short courses can be obtained at <http://www.cs.amedd.army.mil/DHET/initial.htm>.

91D Short Course

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

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

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

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

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

Volunteers Needed for Ethical Issues Study

All Army Nurse Corps officers and Department of the Army Civilians are being invited to take part in a research study to identify ethical issues faced by nurses working in the Department of the Army (DOA) as either an active duty military or a civilian nurse. The purpose of this study is to identify issues that are experienced by DOA nurses and specific military-related issues not experienced in civilian health care environments. There have not been any studies that have looked specifically at ethical issues experienced by nurses in a military setting. The overall purpose of this study is to develop targeted ethics educational interventions to enhance ethical nursing practice in the Department of the Army. Understanding the experiences of Army Nurse Corps officers and Department of the Army Civilians is vitally important to this study and more importantly to the future of Department of the Army nursing.

This study began last year and is being conducted in two phases. In Phase I, the research team met with active duty and DOA nurses at several facilities to conduct focus groups regarding ethical issues faced by nurses in Department of the Army nursing practice. The Ethical Issues Questionnaire has been used to identify ethical issues experienced by civilian nurses working in New England and Maryland, but has not been used for nurses working in military environments. The first step in the study was to determine if the issues currently on the scale were relevant for nurses in military environments and what other issues were specific to the DOA nursing practice. After analyzing the focus group discussions, the research team developed and added items to the Ethical Issues Questionnaire that represent some specific and unique issues for nurses working in DOA medical facilities. The next phase of the study is to distribute the revised questionnaire to all DOA nurses to identify the frequency and distress of ethical issues faced in their practice.

We are inviting all active duty Army and DOA civilian nurses to take part in the study. Survey packets are being distributed to all nurses at each Department of the Army medical facility in CONUS and OCONUS. If you are interested in participating, please take a few minutes to complete the questionnaire when you receive your packet. The study involves a one-time anonymous completion of the Ethical Issues Questionnaire. Once you complete the questionnaire, please mail it directly back to the research team in the enclosed stamped envelope. You will not directly benefit from this study, but the information we gain will be helpful in identifying ethical issues experienced by nurses working

within the Department of the Army and the potential impact upon nurses in peace and wartime scenarios. We will publish a copy of the findings from the study in the Army Nurse Corps Newsletter.

Thank you in advance for your support and participation in this study! If you would like more information about the study, please contact the Program Manager, Tess Weaver, RN at 210-221-6397 or DSN 471-6397.

Officer Advanced Course

Thirty Army Nurse Corps officers from Class 1-02 graduate from the Officer Advanced Course on 15 March 02. Class 2-02 reports 24 March 02. The March class is full and the July class is filling rapidly. Officers should coordinate with their chain of command and plan well in advance for their phase II attendance. With the rapid filling of classes and the **mandatory two-year limit for completion of both phases, enrollment as soon as it is feasible is highly recommended.** Phase II enrolment is done at AN PERSCOM with coordination through your chain of command. Contact your local nursing education department for details on phase II enrolment. Phase II dates can be found at <http://www.perscom.army.mil/ophsdan/ProfDevt.htm>.

Phase I enrollment is on-line at <https://www.atrrs.army.mil>. There is a 36 month time in service (TIS) requirement for all officers enrolling in phase I. If you need to enroll and do not meet the TIS requirement, please contact MAJ Anna Corulli at 210-221-6295 (DSN 471) to request a waiver. Some individuals are still having problems loading and running the OAC Phase I CD ROMS. Phase I is only available on CD ROM. There is no "hard copy" option for this course. Trouble shooting any CR ROM issues can be accomplished by going to <http://www.cs.amedd.army.mil/oac>, or by calling the Non-Resident Instruction Branch at 210-221-5877 (DSN 471).

Questions regarding enrollment for phase I and II are also available at <http://www.cs.amedd.army.mil/oac>. Please remember that all officers attending OAC phase II must meet height and weight standards IAW AR 600-9 and be able to pass the APFT required during Phase II to graduate per AR 350-41. **Individuals with temporary profiles or in the recovery phase secondary to a temporary profile will not be allowed to attend Phase II. This change does not relate to pregnancy. Pregnant officers may attend Phase II if the pregnancy does not extend beyond 20 weeks at any time during Phase II.** Pregnant officers must fax a physician's statement verifying they have no medically related complications to the **Deputy Director, OAC, Department of Health Care Operations, AMEDDC&S at DSN 471-6456 or comm. (210) 221-6456. AR 40-501 governs policies regarding pregnant officers.** Officers with valid permanent profiles will be tested for the APFT IAW their profiles. For more information about the Officer Advanced Course contact:

MAJ Anna Corulli
AN Professional Development Branch
DNS, AMEDDC&S at Com: (210) 221-6295 or

DSN 471-6295
FAX 210-221-8114 (DSN 471)
Email:anna.corulli@amedd.army.mil

AFRICAN-AMERICAN HISTORY MONTH
World War I African-American
Army Nurse Pioneer
MAJ Debora Cox, AN Historian

Mrs. Aileen Cole Stewart grew up in Washington, D.C. She graduated from Freedmen's Hospital (now Howard University Hospital) School of Nursing in 1917. As a young African-American woman facing segregation, Mrs. Stewart demonstrated through faith, courage, and sheer determination that African-American Army nurses could be exemplary leaders and serve with distinction.

In 1917, America entered the "Great War." Aileen Cole and six fellow Freedmen's School of Nursing alumnae began pursuing their goal to contribute their knowledge and clinical skills to the cause of preserving the fighting strength of the American Army. Because of the severe shortage of trained nurses and both public and political pressure to use African-American nurses, the Secretary of War authorized in 1918 the calling of African-American nurses into national service. For the first time, African-American nurses who graduated from three-year diploma training programs and were enrolled in the American Red Cross were permitted to apply for service in the Army Nurse Corps. By July 1918, tentative plans were made to station African-American Army nurses at military hospitals on posts in the United States where large numbers of African-American troops were assigned. However, segregation policies requiring separate quarters and mess facilities for these nurses delayed their accession on active duty until after the armistice was signed on 11 November 1918.

In the meantime, Aileen Cole served as a Red Cross nurse in Cascade, West Virginia, during the Spanish influenza epidemic. On 13 November 1918, she received a letter from Clara D. Noyes, Director, Bureau Field Nursing Service, American Red Cross, stating, "The Surgeon General has called for a limited number of colored nurses, enrolled in the Red Cross, to be available for service about December 1." Thus, Aileen Cole became one of the first of 18 African-American nurses called to active duty in the Army Nurse Corps.

Aileen Cole and her colleagues arrived at Camp Sherman, Ohio, on 1 December 1918. She described the post housing as "separate but equal." Regarding the experience, Aileen Cole stated "Even though we lived in this inhibiting climate of segregation, there apparently was no bias or discrimination in our nursing assignments at the base hospital. At that time, immunizations and antibiotics were unknown. All that separated many of the wounded soldiers from death by pneumonia and typhoid fever was constant nursing care. We were liked, accepted, and respected by officers and men."

On 16 August 1919, the postwar reduction in the AMEDD necessitated the release of these Army Nurse Corps pioneers from active duty. After that, Aileen Cole worked as a supervisor at Booker T. Washington Sanitarium until 1922 then had a 34-year career as a public health nurse in New York City. In later years, while reflecting on her Army nursing experience, Mrs. Aileen Cole Stewart affirmed that the quality of their nursing care and their professionalism were the principles that really mattered: "Each of us contributed quietly and with dignity to the idea that justice demands professional equality for all qualified nurses."

Maternal Child Health Nursing Consultant
LTC Ramona Fiorey

Infant and Child Car Seat Safety
LTC(P) Mittelstaedt

This is the last in a series of articles about infant and child car seat safety. The Jan 02 edition of the newsletter provided information about the American Academy of Pediatrics guidelines for discharge of newborns from the hospital. The second article in the February issue provided information about websites related to car seats. This article will provide some suggestions for the development of a hospital-based car seat safety committee at your facility.

1. Form a multidisciplinary group to discuss the issues and specifics of your facility, post, and community regarding car seat safety. Committee members might include nursing staff (inpatient Maternal Child Health Units, ED, FP/Peds/OB Clinics, CHN, etc), safety personnel, social work, physicians, interested parents, childcare centers, military police, Family Support personnel, and other interested personnel, etc. A mixture of military, GS, and contract personnel of all ranks is important to ensure multiple issues are discussed.
2. Once you start with the topic of car seat safety, you may be overwhelmed with the multitude of issues. Start slow and realize you cannot solve all of the issues the first year. A committee based on solid evidence based information and plans will have a better chance for success. Things to do initially may include reviewing websites and literature about car seat safety, contacting state and/or county offices for assistance and guidance, evaluating current policies/practice regarding car seat safety at your facility and on post, etc.
3. Develop goals. Initially these might include patient and staff education, policy development, marketing activities, and community outreach. As your team and activities grow, other goals such as research and documentation can be added. Don't forget to maintain your outcomes or statistics. Statistics will be very important to document progress when you begin to seek funding to support your activities, and write reports, articles, submit grant applications, etc.
4. Contact other Child Passenger Safety Teams and organizations that can help your team. The team at MAMC was a success primarily due to two key items. There were a

couple of staff who had become involved in local, county, and state car seat activities and already had established connections of support. For example, when we had our first car seat parking lot check personnel from the local Elks Lodge, state patrol, county sheriff's department and the state Safety Restraint Coalition supported it. With their guidance and supplies we evaluated 77 car seats at the first check in Sept 2000.

One of the MAMC staff nurses and I are writing an article for publication in Military Medicine about the establishment of the MAMC/McCord car seat committee, so look for that sometime in the future. Good luck in starting your program! If you need help, contact LTC Ramona Fiorey at ramona.fiorey@nw.amedd.army.mil. Voice mail phone number is 253-968-6003.

A couple of items I forgot to include in the last newsletter - The tape from Riley Children's Hospital titled "Special Delivery" is \$50. This video is very good and can be used for staff and parent education. Also, at the NHTSA website, a very good booklet entitled "Is this child on the road to danger?" is available (free) from www.nhtsa.gov/people/outreach/media/catalog/. Complete references for information cited in this article are available from Elizabeth.mittelstaedt@amedd.army.mil

I hope all of you found the car seat safety articles useful. LTC(P) Mittelstaedt has done a formidable amount of work developing the team at MAMC and bringing the importance of this issue to military communities.

On a different note, many of you are aware that ANC Branch has had difficulty filling requirements for 66H8G nurses at some installations, namely Ft. Irwin, Ft. Sill and Ft. Polk. Although these facilities are not located in metropolitan areas, officers discover very positive aspects about their assignments there. 1LT Pruiksma, 2LT Altares, and 2LT Danielson have written the following article to share information about their current assignment at Ft. Sill, OK.:

Reynolds Army Community Hospital (RACH) located at Fort Sill, OK is centrally located one hour and fifteen minutes from Oklahoma City and two and a half hours from Dallas, TX. The Lawton, Ft. Sill area is family oriented with numerous outdoors activities to include: the Wichita Mountains, trails, fishing, hunting and golf. Fort Sill is the home of the Field Artillery, with both Field Artillery Basic and Advanced courses located here.

RACH is a beautiful, new 86-bed hospital serving active military, retired personnel and family members. In the Maternal Child Unit, we see an average of 270 patients a month and deliver an average of 60 babies a month. We are a combined unit and are cross-trained in four clinical areas to include: antepartum, labor and delivery, postpartum, and transitional nursery. The opportunity to work as an OR circulating nurse often arises during cesarean sections. All complicated pregnancies are transferred to a higher level of care in Oklahoma City.

As a community hospital, there are great advantages for professional growth as a nurse/leader. Classes such as BCLS, ACLS, PALS, and NRP are offered within the hospital. Also, there are plenty of opportunities to attend classes at other installations. The fetal monitoring class is offered on a TDY basis after six months experience.

Working in a specialized area provides us with much autonomy and responsibility thereby increasing strength, knowledge and leadership as an Army Nurse. We highly encourage all of you interested in further advancement in your nursing careers to consider choosing RACH Ft. Sill, OK as your next duty station.

Thanks to 1LT Pruiksma, 2LT Danielson and 2LT Altares for sharing this information! LTC Ross (COM 703-325-2391; DSN 221-2330) would be happy to discuss assignment opportunities at Ft. Sill.

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

We've received numerous inquiries from the field about the USACHPPM Pregnancy/Postpartum Physical Training (PPPT) Program that we've been working on for some months now. I'm taking this opportunity to provide you an update.



The purpose of the PPPT Program is to provide the unit commander with a standardized and safe program for pregnant and postpartum soldiers and to certify unit physical training personnel in pregnancy and postpartum fitness. Approximately 9 percent of female soldiers are pregnant at any one time.

Most women may exercise safely throughout pregnancy and postpartum within the American College of Obstetrics and Gynecology (ACOG) guidelines and under the advice of their obstetrician. There is no standardized Army-wide program for pregnancy/postpartum physical training (PT) and operation of such programs vary widely. Many unit-training personnel responsible for PT are not familiar with approved exercises for pregnant/postpartum soldiers, nor are they familiar with the ACOG guidelines. Frequently, pregnant soldiers are left to train on their own or do not train at all. This can be a readiness and morale issue for the soldier and the unit.

The proposed PPPT Program will be a mandatory unit commander program. Consolidation



into one installation program will be determined locally. An Instructor Trainer will operate the PPPT Program and teach

Exercise Leaders to lead pregnancy/postpartum PT sessions. The Medical Treatment Facility will provide a Medical Expert to serve as the medical advisor and coordinate weekly educational classes related to pregnancy/postpartum. Instructor Trainers and Medical Experts will be certified in pregnancy fitness. PT will be conducted at least three times per week during unit PT time and an At-Home Postpartum PT Program will be available for participant use during the six-week convalescent leave. Following the six-week convalescent leave, the soldier will participate in postpartum PT for six months.

The USACHPPM is developing the certification program, which includes five instructional videos, four manuals for the Medical Expert, Instructor Trainer, Exercise Leader, and Participant, and an Implementation Guide. After appointment and training, the DA program proponent will implement and sustain the certification program. The PPPT Implementation Guide will provide guidance on establishing and operating a PPPT unit/installation program.

We are currently replicating the program at Ft. Benning, Ft. Bragg, and Tripler Army Medical Center to test not only the program content but also method of implementation. For additional information on the USACHPPM PPPT Program, contact:

Commander, US Army Center for Health Promotion and Preventive Medicine, ATTN: MCHB-TS-HWR, Pregnancy/Postpartum PT, Aberdeen Proving Ground, MD 21010-5403; Commercial (410) 436-4656, DSN 584-4656, Facsimile (410) 436-7381.

PSYCHIATRIC CONSULANT NEWS
LTC Dorothy Anderson

"Psychiatric Nurses in the Outpatient Setting"
by CPT Jess Calohan

When I arrived at Fort Carson, Colorado, I did not know what to expect. I was originally assigned to be the Head Nurse of the Inpatient Psychiatry Ward. However, on the day I signed in to post, the inpatient unit was having its' closing ceremony. I thought, "Oh great, now what?" I was told that the Mental Health Careline was in a state of transition and that I was needed as the Nursing Director of the Careline. I had never heard of that position and thought it must be similar to a Head Nurse, except in an outpatient setting. I assumed that I would be working in the Outpatient Mental Health Clinic. If you have not already noticed, 'careline' and 'clinic' are two different words.

The Mental Health Careline is composed of the Psychiatry Clinic, Psychology Clinic, Social Work Services, and the Army Substance Abuse Program. Patient care occurs in all of these areas. Therefore, all administrative, staff, and patient care issues are directed to the Careline Chief and Nursing Director. I have been fortunate to have the unwavering support of the Careline Chief and the hospital Nursing Leadership.

In the absence of a military inpatient psychiatric unit here, all inpatients are hospitalized at local psychiatric facilities. One of the challenges was to develop and maintain a system for seamless transition to and from our Outpatient Mental Health services. Additionally, we needed to coordinate with the local psychiatric facilities to ensure that our soldiers received quality care. We have successfully accomplished both of these tasks and have developed strong working relationships with all of our local inpatient psychiatric facilities.

We first provided education about our patient population and how mental health services are conducted in the Army. We communicate with case managers or nursing staff on a daily basis to discuss each individual soldier's plan of care. We continue to meet with each facility's leadership on a regular basis to discuss any issues or problems that arise.

We serve as a liaison between the facility and the soldier's chain of command. Unit commanders are initially educated on mental health services during the quarterly Commander's course. We developed an outline of responsibilities for command when a soldier is admitted. We then work with individual commanders as the need arises. This process is working very well and all hospitalized soldiers have been seen in our clinic for follow-up care.

Our Careline not only functions as a MEDDAC department, but also as a Division Mental Health Section (DMHS). Unlike many divisional posts, there is no DMHS available on Fort Carson. We have had to shift our focus from a tertiary prevention perspective to a primary prevention perspective that follows the Army doctrine of Combat Stress Control. Hence, the role of the Nursing Director is critical outside of the MTF. The Mental Health Specialists and I provide unit level education regarding all mental health issues.

I coordinate, and at times, conduct Psycho-educational groups, critical event debriefs, individual counseling, and pre-and post-deployment screenings. Our active duty and civilian staff provide the clinical support we need to make these events possible. Our Careline works closely with the active duty population here at Fort Carson and I believe that the services we provide are invaluable. Over the past six months, we have seen almost a fifty-percent decrease in hospitalizations and length of stay has dropped by fifteen percent.

I believe that nursing plays a significant role in the planning, implementation, and evaluation of all mental health services. My experiences here at Fort Carson continue to demonstrate how nurses need to be diverse in developing their skills, flexible in approaching their roles, and adept in facilitating needed change. Most importantly, nurses function as key leaders in military health care. Making a difference is what the Army Nurse Corps is all about.

QUALITY MANAGEMENT CONSULTANT AMEDD PATIENT SAFETY PROGRAM UPDATE

COL Judy L. Powers

As we approach the 1st National *“Patient Safety Awareness Week” (11-15 Mar 02)*, I would like to update you on the tremendous progress the AMEDD has made in implementing our system-wide Patient Safety (PS) Program. More than 200 MTF participants attended the AMEDD Patient Safety Training Program in Nov and Jan. A special thanks is extended to our MTF leaders for selecting outstanding ‘Core Implementation Teams’, including Deputy Commanders, Patient Safety Managers, Risk and Quality Managers, Pharmacists and Health & Occupational Safety Managers to represent their commands. The train-the-trainer program introduced participants to the national patient safety imperative, our newly approved **MEDCOM Regulation 40-41 – The Patient Safety Program**, Joint Commission patient safety standards, legal issues related to disclosure of unanticipated outcomes, TapRoot Root Cause Analysis and Failure Mode Effects Analysis methodologies, strategies to facilitate a safety culture, as well as, the MHS and AMEDD requirements for patient safety event reporting and data management. Each MTF Team spent the last half-day of the training program developing a facility specific PS program implementation plan to assist in successful program execution upon their return from the training.

Needless to say, the 3-day program provided your MTF representatives with lots of valuable information and knowledge that now needs to be shared with every staff member in your facility! The real challenge lies ahead as we work together to educate and engage all of you to support and facilitate patient safety in your every day practice. Hopefully, you have already had the opportunity to read MEDCOM Regulation 40-41! If you have not, please take the time to read the policy to ensure you are aware of the PS program components and your roles and responsibilities in program execution and sustainment.

A key component of our comprehensive corporate strategy to improve patient safety is to create an environment that encourages organizational personnel to identify errors, evaluate root & contributing causes, and take appropriate actions to improve performance in the future. In “high reliability” organizations, leaders have found that errors will be reported more often if there is a non-punitive environment. In order to assess the climate within our organizations, the “Patient Safety Climate Survey” was developed and administered. This on-line survey was designed to be quick and easy to complete, totally anonymous, and to provide an easy analysis of data.

The overall corporate score fell in the positive range (2.96 on a 4 point scale). However, analysis of individual items did identify people fear there will be negative consequences associated with reporting errors and that most people often blame others for their own mistakes. They agree, but not

strongly, that most people are willing to report clinical errors and regularly do report them. These responses suggest there is a “cultural of blame,” as documented in the private sector, surrounding medical errors in our system as well. On the other hand, the questions focusing on problem solving and leadership showed an overall positive response. Your facility Patient Safety Climate Survey results have been shared with your commander and the team of folks who attended the training program. The survey assists in meeting JCAHO patient safety standards and provides valuable baseline information to identify improvement needs and prioritize MTF strategies to facilitate a “culture of safety.”

In an ongoing effort to support successful implementation of the AMEDD PS Program and to meet the needs of MTF Senior Leaders and PS Program Managers the MEDCOM PS Center staff is also working to finalize and publish the 1st Edition of the **AMEDD PS Tool Kit**. The Tool Kit provides a comprehensive compilation of materials and resources for the facility, the clinician, and the patient. It also provides mechanisms for evaluating the program and improving clinical outcomes. The Tool Kit includes a PS Resource Notebook and accompanying CD-ROM with regulatory guidance references, assessment tools, analysis tools, education resources for staff and patients, data management guidance, communication resources, safety alerts and posters. Select PS related videos and Root Cause Analysis (TapRoot) educational resources and computer software are also included as part of the Tool Kit. As the program evolves and safe/best practices and effective PS improvement strategies are identified the Tool Kit will be updated to ensure all effective tools are shared across the system.

AMEDD PS Program success is contingent upon our ability to energize each of you to share your insights, observations and clinical expertise to ensure safe quality patient care at all times. In support of *“Patient Safety Awareness Week”*, we can all start by promoting education and communication about patient safety, and facilitating partnerships between patients and healthcare providers to improve safety. THANK YOU for your contributions and commitment to improving organizational systems and processes as the AMEDD leads to *“Make the Safest Way the Best Way!”*

Please visit our PS Web Page at <http://www.cs.amedd.army.mil/qmo/ptsafety/pts.htm> when you get a chance! Also, if you have any questions or need assistance with your patient safety program activities contact me at Judith.powers@amedd.army.mil or 210-221-6622.

ALASKA ASSIGNMENT OPPORTUNITIES *COL Cathy Johnson*

Bassett Army Community Hospital is a 43-bed hospital located at **Fort Wainwright**, just outside of Fairbanks, AK. A remote location approximately 350 miles northeast of Anchorage, Fort Wainwright offers inpatient care to medical/surgical patients from infancy through adulthood and maternal/newborn nursing services, along with ambulatory

care services. Although located in a remote location, Fairbanks is the second largest city in the state and offers numerous recreational and cultural activities. It is the home of University of Alaska-Fairbanks Campus. USA MEDDAC-Alaska also has a Health Clinic at **Fort Richardson**, Alaska, near Anchorage with two Army nurses assigned. USA MEDDAC-AK offers wonderful opportunities for AN officers who want to enjoy the challenges of the 'Last Frontier' in the far north!

**CONSIDERING AN ASSIGNMENT TO
WBAMC, EL PASO, TEXAS?
COL Iris West**

Most officers in the ANC know very little about the city of El Paso. Those who have been assigned to WBAMC previously still think and converse about the city as it was when they were here, that's human nature.

Like any large city, El Paso is dynamic and ever changing. Yes, I referred to El Paso as a large city. Did you know that it is the 14th largest city in this country and the 4th largest city in Texas? Population is over 1\2 million people, with 2 million additional people residing just across the border in Ciudad Juarez, Mexico.

El Paso is located in far west Texas at the base of the Franklin Mountains at the end of the Rocky Mountain range and is one of the country's "best kept secrets". The city can be classified as high desert (with one area reaching one mile in elevation). It is often called "*The Sun City*" because it enjoys ~300 sunny days each year. Unlike other far west cities like Phoenix and Las Vegas, El Paso summers see average temperatures in the mid 90's with only five days on average each summer reaching temperatures above 100 degrees. The winters are relatively mild, but you can have a few flakes of snow now and then that melt well before noon. Humidity is relatively low year round.

The name El Paso itself has a rich historical significance. It is a shortened version of El Paso del Rio del Norte, the name given to the pristine river valley by conquistador Don Juan de Onate more than four centuries ago. The river referred to is of course the present day Rio Grande. El Paso has seen and remembered the westward expansion of pioneer America, the coming of the railroads to the western frontier, the days of outlaw and gunslingers, Indian wars and Indian peace, the birth of the U.S. Cavalry and the Texas Rangers. Let me share with you what one newly arrived officer has to say about El Paso:

"Upon receiving orders for El Paso I was warned by many that this would be a terrible assignment. I listened to story after story about auto theft, burglary and the extreme temperatures. I spent many hours completing internet research about crime statistics to include auto theft. To my surprise, El Paso has a lower auto theft rate than many other cities. El Paso does not even make the top 50 list. My previous duty assignment did make the top 50 list. I also was pleased to find that El Paso

has a low violent crime rate; in fact all crime statistics are low. El Paso has an ever-present police force and the community is very law abiding-even on the highways. The community is laid-back and the culture is very similar to that of San Antonio.

The climate is arid and makes a 100-degree day pleasant. After coming from the South I was relieved to find that I can actually enjoy myself in the great outdoors. I have been here for 3 months and think it is beautiful. There are few trees and the ground is sandy, but the beauty of the mountains and the desert-scape is notable.

There are some who believe there is nothing to do here and feel it is isolated. I have managed to find many things to do and haven't figured out what I'm supposed to be isolated from. For those who like to run, bike, hike and mountain climb there is ample area for outdoor activity. The Franklin Mountains are within walking distance from WBAMC and make outdoor activities before and after work feasible. El Paso is located near several places of interest. Carlsbad Caverns, Ruidoso, Cloudcroft and Truth or Consequences are a few. Activities range from touring the caverns, snow skiing, water sports, visiting Pueblo Native American Dwellings, viewing Petroglyphs and visiting resorts. Although El Paso is in the desert, a short drive is all it takes to see lush scenery and beautiful lakes."

Now if you don't think that is enough to do, there are also rodeos to attend, hot air balloon races and rides, corn field mazes to explore at Halloween, legendary trails of wild west heroes and outlaws, 17th Century missions, White Sands National Monument, the Space Hall of Fame, and historic Old Mesilla where "Billy the Kid" once roamed. Oh, and for you avid bikers, El Paso has the largest Harley-Davidson dealership in the world!

Ah, but what about sports you say? El Paso has several sports teams. The El Paso Buzzards are our ice hockey team, the Diablos are our minor league baseball team, the Patriots are our Professional soccer team, and the Rattlers rollerblade hockey team. El Paso is also the home of the Sun Bowl, the second oldest football bowl game in the country. Of historical note, in 1966 the University of Texas A+M (now University of Texas at El Paso) won the NCAA basketball Championship and was the first collegiate team to integrate African-American players.

If you are interested in furthering your education while in El Paso, we have several opportunities for that too! If you are interested in attending in residence, we have the University of Texas at El Paso, New Mexico State University just 30 miles to the north and the El Paso Community College. We also have several distance learning opportunities as well.

The city has all of the cultural amenities you would expect from an area this size: the El Paso Symphony, art, dining, opera and a zoo to name but a few. El Paso also has an international airport and an extra benefit of having a low cost of living.

From an agricultural perspective, El Paso grows cotton and pecans in its upper valley. Just a few miles into New Mexico you will find the chile capital of the world, or at least it seems that way to me. New Mexico was the site of the first vineyards in this country and many of their present day vineyards have wines that are strong competition for those from California and many of the white wines are as good as those found in Germany. If you like a good steak-well we are in TEXAS and you will find no better steaks than in this state.

I would be remiss if I did not share some information about Fort Bliss. The post was established in 1848 to protect settlers from Indians and marauding bandits (not to worry, the bandits are gone now) and is one of the oldest posts in the Army. It has been home to both infantry and cavalry soldiers, but today is the home of the Army's Air Defense Artillery. Fort Bliss spans 1.1 million acres (in Texas and New Mexico) and the post is larger than the state of Rhode Island and believed to be the largest military reservation in the world. Additionally, it is home to the Army's third longest runway at Biggs Army Airfield. The space shuttle has landed here. In 1854, the Post officially became Fort Bliss, and was named after Lieutenant Colonel William Wallace Smith Bliss who died in 1853. LTC Bliss was a brilliant officer and the son-in-law of President Taylor.

William Beaumont Army Medical center serves active duty and their families from all services as well as retirees, their families, veterans, civilian emergencies and foreign soldiers stationed at Fort Bliss. WBAMC is one of only two trauma centers in the city of El Paso, treating up to one third of the cities' trauma victims. The hospital has a busy critical care unit newly renovated with state of the art equipment. As a teaching hospital, we participate in graduate medical education, are home to one of the Army's oldest Practical Nurse Schools, a perioperative nursing course, a 91D course, and a Phase II nursing anesthesia site. Staff of William Beaumont Army Medical Center are very proud of our motto: "First to Care."

Having served two tours at WBAMC in El Paso, I can truly say, El Paso is a wonderful place to live, work and raise a family. An assignment to WBAMC in El Paso will not disappoint you!

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

This month I would like to answer some questions on qualifying for retirement through the US Army Reserve (USAR).

A soldier may retire from the USAR after 20 years of qualifying service. Retirement pension is paid at age 60 if the soldier has qualified. The soldier also receives all the benefits of an active duty retirement including Tricare and commissary/PX privileges. If an Army Nurse does not have

20 qualifying years by age 60, an extension *may* be granted to age 67.

All active duty time is credited toward reserve retirement. A DD214 is proof of such service. Points for retirement credit are calculated within the individual's retirement year (NOT the calendar or fiscal year). The retirement year is unique to each individual and is calculated from the anniversary date of entry into reserve or active service.

One point is awarded for each day of active duty or each Unit Training Assembly (UTA). A maximum of 2 UTA points can be awarded each calendar day. Points are also awarded for correspondence courses, civilian and military continuing health education. Each reservist is also awarded fifteen membership points each retirement year. A minimum of fifty points is required to credit for a qualifying year.

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

You can contact me at carol.swanson@us.army.mil
Carol A. Swanson
COL, USAR
DIMA

**DEPARTMENT OF COMBAT MEDIC
TRAINING
91W30 Technical Track
MAJ Carolyn Anderson**

The 91W30 Health Care Specialist Technical Track is conducted during the second phase of the Career Management Field for the Basic Non-Commissioned Officer (NCO) Course. This training is 10 weeks in length, intended for the Active and Reserve Component NCO. Upon completion of this course one is expected to lead, train and support the fighting force during peace and war. The technical track currently is a 91WY2 to 91W transitioning facilitator composed of 19 modules that include the National Registry Emergency Medical Technician-Basic (NREMT-B) certification exam, Basic Trauma Life Support, Emergency Surgical Procedures and a Multi-Trauma Situational Training Exercise (STX). The STX is a 4-day event occurring under a simulated wartime environment, including a 36-hour continuous operation that provides the NCO with an opportunity to combine leadership and technical MOS skills. The future Technical Track will likely shorten in length as the demand for 91W transitioning decreases.

The Advanced Training Branch, Department of Combat Medic Training, accomplishes this mission with the assigned Army Nurse Corps Officer, up to fourteen NCOs and one Instructional System Specialist. Currently, there is an average of 60 students per class, with 6 iterations each fiscal year.

**LESSONS LEARNED FROM
OPERATION RESTORE HOPE
MAJ Katherine Taylor Baker
Somalia 1993**

Since 1993, I longed to speak to the families of the soldiers who died in Mogadishu. I wanted them to know how hard we tried to save their lives, and how we wish we could change the past.

In retrospect, I realize that my assignment while serving with the 46th Combat Support Hospital in Somalia has helped me understand what a true Army Nurse Corps officer should be: one that should be prepared for duty, honor, self-sacrifice, and selfless service.

My Story

United States officials called this the worst humanitarian crisis in the world. A year and a half of civil war had destroyed the Somali society. Teenage gunmen, high on a local narcotic called "khat", spread terror in their pick-up trucks mounted with heavy machine guns. The chaos and famine were claiming over 3,000 lives a day. Once a beautiful Italian seaport, Mogadishu now reminded me of Los Angeles during the Rodney King riots, when the streets had been filled with National Guard trucks, tanks, and soldiers. But as we drove further, all I could see was sand, dust, and the outline of old collapsed buildings.....



Wall surrounding the University Hospital Compound

October 3, 1993 was a day none of us would ever forget. Off in the distance, we could hear the continuous sound of rifles, mortars, and artillery. The hospital loud speaker horrifically announced, "incoming wounded, incoming wound. Trauma teams, 1,2,3,4,5 and all available personnel report to your assigned area immediately." We grabbed our flak jackets and helmets and ran to the hospital. The first MEDEVAC helicopter was already lifting off, heading back for more casualties, as the second, third, and fourth were bringing in more wounded. I remember the noise level in our hospital kept escalating. Everyone was yelling.

The crying out from the staff and soldiers became louder. "This soldier is in shock. Get a couple of IVs into him. Pour this lactated ringers in." "I need more blood here. Where are my six units?" "Nurse I am cold. Please stand here and hold my hand so I forget how cold it is?" "We need to intubate this soldier before we amputate his leg."

The EMT and ICU floors were covered with blood. Gurneys were so closely packed, we barely had enough working space around them. As trauma teams moved from gurney to gurney reprioritizing injuries, we noticed how scared these young troops were. One soldier grabbed my leg and refused to let go whispering, "I am so cold." Another soldier begged the physician to give him enough morphine to kill him so he could not feel any more pain. A young U.S. Ranger suddenly awoke realizing his leg was gone and screaming at us as his buddy next to him lay there dying.....

Over one hundred and twenty soldiers arrived that night. Twenty-six U.S. soldiers were mortally wounded while ninety-four suffered from gun shot wounds, burns, blast injuries, and head trauma. The number and intensity of the wounded were the worst seen in military conflict since Vietnam.

Lessons Learned

There is not a day that goes by that I do not think about Somalia, the soldiers' faces I took care of, and the pilot who was dragged through the streets of Mogadishu. Nothing can ever bring back the soldiers we lost. But as an Army Nurse, I was greatly affected by this experience and realize the value in sharing these lessons learned with others.

As a deployed soldier, the first lesson I learned is that we all must be extremely adaptable. Orders may change, deployment dates modified, supplies may not arrive on time. War is chaos! Thinking out of the box in a hostile environment may save your life and those around you!

The second lesson I learned is the importance of teamwork. You are only somebody because of the person who is standing next to you. Remember, have faith in those around you! A chain is only as strong as its weakest link.

The third lesson I learned is the significance of communication, written, verbal, and otherwise. You must be aware of situations around you!

The final lesson I learned is the importance of believing in your soldiers. Whether it is a junior officer, NCO, or PFC straight from 91W AIT, or even yourself, people have potential. The environment you are in will help you find it. Never loose hope! Most of all, never take for granted those who are precious to you. Live each day to it's fullest.

**UPDATE FROM KOREA:
FAMILY NURSE PRACTITIONER (FNP)
PRECEPTORSHIP PROGRAM
CPT W BRYAN SIMS**

In the September, 2001 Army Nurse Corps News letter, the Family Nurse Practitioner (FNP) Preceptorship Program was introduced. This new program is the product of the FNP Issues Work Group that was convened in April 1999. The group proposed a 12 week orientation program to help transition the FNP graduate to an independent practitioner

role. The design of this first of a kind program also facilitates orienting more seasoned NPs who are new to the Army. Participants attend structured rotations through the available services designed to enhance previously acquired skills and to provide exposure to the very latest in practice techniques.

The preceptor program at the 121st General Hospital in Yongson, Korea closely follows the proposed model outlined by the workgroup. As such, experiences are academically centered around three core areas of practice: adult medicine, pediatrics, and OB/GYN. Subspecialties of each of the core practice domains are then explored in each arena. Thus, FNPs participating in the program clarify and strengthen specific practice stratagem across the lifespan. This kind of exposure in each subspecialty not only improves general knowledge but facilitates institutional practice trends. As the FNPs gain insight into ongoing evidence based practice, information specific to that institution is simultaneously acquired. Such an environment fosters a smooth transition to practice with a depth of understanding not otherwise possible in such a short term.

Participating in this program made my transition to practice a seamless fit. Because the 121st General Hospital offers a variety of specialty services in such a diverse cultural setting, each experience had its own challenges and unique rewards. Completing an incredible rotation through OB/GYN offered more experience in childbirth, surgical procedures and complex clinic experiences that continue to serve me well in daily practice. In the same way, the rotation in pediatrics is essential to my practice. These experiences included newborn assessment, wellbaby / wellchild clinic and acute care. During my rotation through orthopedics I was routinely exposed to acute management of traumatic injury, as well as postoperative management of reduced fractures and follow-up. Moreover, participating in ACL reconstruction, arthroscopy and surgical repair of traumatic tendon damage are just highlights of this very rewarding portion of the program. My experience was capped off with a rotation through the emergency department where applying treatment decisions and follow-up evolve at rapid pace. Having all of your skills at the ready and responding to come what may make this setting a wonderful challenge.

After nearly ten months of practice in the Ambulatory Care Clinic, it is my opinion that the FNP Preceptorship program is essential. I am certain that every FNP who successfully completes this program will begin their practice in the Army, regardless of experience level, on the best possible footing. The untold rewards that come from day to day, safe, effective practice must begin here. These thoughts are confirmed each time I think of people like Randy, a 12 year-old African-American boy who presented with a symptomatic migraine. When I saw Randy, he was vomiting and lethargic due to intense pain. After emergently intervening with IV medication, Randy was worked up and placed on a beta-blocker for migraine prophylaxis. He has not had a relapse since, but I still hear from him from time to time. In fact, Randy's team just won a basketball game in a recent tournament and he is excited about his thirteenth birthday,

which is just around the corner. As for me, it is off to Ft. Hood, Texas in July of this year where I will begin the next chapter in what has started as an exciting career as a Family Nurse Practitioner.

NEWS FROM AROUND THE AMEDD NEWS FROM AROUND THE AMEDD

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](#).

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.

12th Annual Phyllis J. Verhonick Nursing Research Course

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

See the registration flyer at the end of this newsletter, page 19.

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

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

ANCA NEWS

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

Nickey McCasland
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webmaster@e-anca.org
Pho: 210-494-7029
Fax: 210-494-7029

"Latter-day Saint Nurses at War" Research Project

Great, life-changing events were experienced by men and women serving as nurses during times of war. While much could be gained from the sharing of these stories, the vast majority have been untold or not maintained in the public sector. These stories are so important, in terms of the personal growth of the nurse, as well as the contribution made to a war effort and to national security. Patricia Rushton, Ph.D, of Brigham Young University College of Nursing is attempting to make the stories of a specific group of these nurses available for the benefit of all. She is conducting a research project on Latter-day Saint Nurses who have served our country during times of war. She has been successful in gathering many moving stories, but would like to share the accounts of as many as possible. If you know of any of these valuable stories, be it your own or someone else's, please

contact Dr. Rushton, by calling 801-378-5375, or emailing patricia_rushton@byu.edu. All stories are of value, whether they be short or long and whether you view your contribution to a combat situation as small or large. Accounts will ultimately be maintained in the L. Tom Perry Special Collections Department of the Harold B. Library on the campus of Brigham Young University.



**LATTER-DAY SAINT
NURSES
AT WAR**
EXPERIENCES OF LDS NURSES IN COMBAT SITUATIONS



MAJ Joy Walker and LTC Pat Patrician, WRAMC, were awarded a \$200,000 grant from the Telemedicine and Advanced Technology Research Center, USAMRMC, to conduct "A Study of the Safety and Feasibility of Telenursing for Remote Cardiac Rehabilitation."

The Ruth M. Gardiner Award was presented to CPT Jason Harrington during USAMEDDAC-ALASKA's celebration of the Army Nurse Corps' 101st Anniversary. CPT Harrington is a 66E assigned to the Perioperative Nursing Section, Bassett Army Community Hospital, Fort Wainwright, Alaska. He is dual-hatted as the MEDDAC's Infection Control Nurse. We also recognize the great accomplishments by our other nominees: CPT Amber Pocrnich (66H8G), 1LT Amy Ramer (66H) and 2LT McKeag (66H).

The Ruth M. Gardiner Award is an annual meritorious award established in 1997 by COL Jennifer T. Wilber, AN as a memorial to a former Army nurse. On 26 July 1943, LT Gardiner was killed in an air crash while on a medevac mission near Naknek, AK. She was the first nurse to lose her life in a combat theater of operations during World War II. During the previous 15 months, LT Gardiner was one of six

air evacuation nurses in AK evacuating over 2500 casualties, all without injury or loss of a single patient. These sick and wounded resulted from the Japanese occupation of the Aleutians in World War II. Presentation of the award is made yearly to a company grade AN officer selected by a board. The award publicly acknowledges outstanding service and professional excellence rendered by an AN officer for the closing fiscal year and is to encourage and stimulate excellence among the Army nurses assigned to USA MEDDAC-AK.

Congratulations to **CPT (P) Michael Greenly**, Assistant Head Nurse, Neurology, Walter Reed Army Medical Center, for successfully passing the prestigious Nursing Informatics Board and is now board certified in Nursing Informatics by ANCC.

Publications

LTC Pat Patrician, Assistant Chief, Nursing Research Service at Walter Reed Army Medical Center recently published: **Patrician, P. A.** (2002). Multiple imputation for missing data. Research in Nursing and Health, 25, 76-84.

Thurmond, V. (2002). Providing perioperative care to patients who are incarcerated. AORN Journal, 75(3), 582-589. **MAJ Thurmond** is a doctoral student attending the University of Kansas, School of Nursing in Kansas City, Kansas.

MAJ Rebecca Douglas is currently serving as the assistant director of BAMC's 91WM6 course. Her article "Patient Attitudes Toward Advance Directives" has been accepted for publication in the Journal of Nursing Scholarship.

MAJ John Eiland, Assistant Chief, Operating Room Branch, Department of Nursing Science, Academy of Health Sciences, U.S. Army Medical Department Center and School published **Eiland, J.** (2002). Operating at Ground Zero: Observations of an OR Nurse, AMEDD Journal, PB 8-02, 3-7.



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

Editions and Pricing for painting by artist, Mr. 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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**12th Biennial
Phyllis J. Verhonick
Nursing Research Course**

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

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

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

Highlights

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

Invited Speakers

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

Conference Site:

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

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

CONFERENCE REGISTRATION

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

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

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

Name: _____ Rank/Service: _____

Address: _____

City: _____ State: _____ Zip: _____

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

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

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

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