
ARMY NURSE CORPS NEWSLETTER

“Ready, Caring, and Proud”

Volume 04 Issue 2

November 2003



Chief's Message

As we approach this year's Veteran's Day, I encourage all of you to take the time to reflect on the many sacrifices that our Nation's veterans have given over the past two and a quarter centuries, many giving the ultimate sacrifice --- their lives. Designated a national holiday by an Act of Congress on 13 May 1938, Armistice Day, 11 November, had historically been a day set aside to honor veterans of World War I. In 1954, however, following World War II and the Korean War, Congress amended the Act of 1938 to strike the word "Armistice" and replaced it with "Veterans." On 1 June 1954, Veteran's Day became a day to honor all veterans. This day is especially poignant as members of our Armed Services continue to pay the very real sacrifice in military operations in Iraq and Afghanistan and in other hostile areas around the world. All deserve our praise and our gratitude. In addition, the Army Nurse Corps leadership continues to be extremely proud of the way our nurses, NCOs and medics have performed, and continue to perform, in extremely difficult living and working conditions around the world.

We are beginning a new fiscal year and continue to focus our efforts on recruiting and retaining our outstanding Army Nurse Corps officers. I am pleased to tell you additional good news regarding the accession bonus and loan repayment program. It has been decades since we have had such robust monetary incentives for our recruiting force and we have never had the monetary incentives we currently have for retention. We have fought hard to obtain these incentives because we feel there is nothing more important than recruiting quality Nurses into our Army Nurse Corps and then making every effort to retain each and every one of you. In FY 04, we have three compensation options for new active duty RN accessions. A new Nurse to the Army can opt to choose a \$10,000 bonus for a 4-year active duty obligation, a \$5,000 accession bonus plus a \$26,000 (taxable) loan repayment for a 6-year active duty obligation or a \$26,000 (taxable) loan repayment for a 3-year active duty obligation. In addition, for those officers currently on active duty for a minimum of 6 months and a maximum of 96 months, we have a program where they can apply for a \$26,000 (taxable) loan repayment program for an additional 2-year active duty obligation beyond their initial active duty service obligation. We are hopeful that the various incentive options will attract additional Nurses into the Army, as well as provide support to those of you already on active duty. We will continue to pursue future recruitment and retention programs as one way of showing our commitment to you for all the great work each of you is doing.

In closing, COL Gustke and I want to extend our best wishes to our Army Nurse Corps family-our officers, NCOs, soldiers, civilian nurses and your families for a wonderful Thanksgiving Holiday season. Thank you again for your tremendous dedication and hard work.

Army Nurses are Ready, Caring, and Proud!

Bill Bester

BG, AN

Chief, Army Nurse Corps

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

CRNA ISP Update
By BG Bill Bester, AN

It has recently come to my attention that there appears to be some confusion regarding the CRNA ISP and I would, therefore, like to take this opportunity to clarify the Services' decisions (Army, Air Force and Navy) reference the CRNA ISP.

As many of you know, the Army Nurse Corps leadership has been working diligently to increase the CRNA ISP. The ISP has not been increased for many years and we feel that an increase is certainly appropriate at this time. Congress recently approved an increased ceiling cap for military CRNA ISP's to \$50,000. This means that Congress has given the "authority" to increase the bonus to a ceiling of \$50,000, but has not "appropriated" any funding towards the increase in ISP. The "dollars" needed to get an increase have to be recommended, then approved, by all three Services and OSD-Health Affairs. It is not an Army decision, but rather a DoD decision.

It was our belief that the CRNA ISP should have been increased to at least \$25,000 per year in FY 2004. However, as I have described in the previous paragraph, this is a Tri-Service decision and due to many reasons, including limitations on each of the Services' budgets, the DoD decision was to increase the ISP payment to \$20,000 per year for a service obligation of 2 years or \$15,000 for a one-year obligation. I realize that the \$20,000 appears to be a decrease compared to the \$15,000 ISP plus the \$10,000 CSRB that we had approved last year. However, the CSRB was a one-time congressionally approved incentive for FY 2003 only. Working to get approval of the CSRB was the right thing to do to show support for your efforts, even though it was only a one-time initiative. What is more important for the long-term is to get the ISP increased because that will remain stable in the years to come.

Please understand that the Army Nurse Corps leadership team will continue to support the CRNA community and work towards further increases in the CRNA ISP for FY 2005.

Thank you all for your hard work and commitment to excellence in caring for our soldiers, their families, and our very deserving retirees.

Kudos

Congratulations to those selected for the 6A-F6 Preventative Medicine Program Management Course from 19-30 January 2004: MAJ Jean Davis (Wiesbaden, GE), CPT Faith Junghahn (Butzbach, GE), MAJ David Marana (Fort Gordon, GA), CPT Jane Ralph (Fort Sill, OK)

Publications

MAJ MeLisa Gantt, perioperative Nurse with the 47th Combat Support Hospital in Kuwait wrote a book review that was published in the August 2003 *AORN* (Association of periOperative Registered Nurses Journal).

Nursing Spectrum's Online Military Nursing Edition

Nursing Spectrum will help keep Army, Navy, and Air Force nurses, as well as their soldier-patients, on our readers' radar with the new Military Nursing Edition on our website www.nursingspectrum.com. There you will find articles and photos about military nurses that have not been published in our magazines, as well as stories that have appeared in print. Many of those stories will be told in the nurses' own words.

To find the Military Nursing Edition, click on our homepage and then go to "Magazine Articles," where the military edition will be referenced; or use the following link: <http://community.nursingspectrum.com/MagazineArticles/region.cfm?CODE=MILITARY>. We hope these stories will help readers better understand the role of military nurses in the ongoing war against terrorism and the rebuilding of Iraq and Afghanistan. For more information contact Janet Boivin, RN, Editorial Director at: jboivin@nursingspectrum.com

News from the ANCC Website

Attention military nurses: If you have any concerns or questions regarding your certification or recertification, please call us at 1-800-284-2378. Or, you can mail your request concerning certification and attach a copy of your orders to: American Nurses Credentialing Center, ATTN: Military Nurse Recertification Request, 600 Maryland Ave., S.W., Suite 100 West, Washington, DC 20024-2571

“We will do our best to work with you to ensure you do not lose your certification while serving our country.”

The Army Nurse Corps Association (A.N.C.A.) Advanced Military Nursing Practice Award

The Army Nurse Corps Association (A.N.C.A.) sponsors the Advanced Military Nursing Practice Award. This award honors a middle-range ANC officer who has contributed significantly to the practice of nursing during the past 2 years. This annual award is separate and distinct from any others that may be given for particularly outstanding duty performance. Individuals nominated may be any field grade AN officer (CPT(P), MAJ, LTC) except for Colonel or LTC(P) from any component – Active Duty, Army Reserve or National Guard. The nominating individual may be in the nominee’s supervisory chain or a peer. However, nominations must include an endorsement by the nominee’s chief nurse or senior rater. The nomination should be submitted in memorandum format and should not exceed two double-spaced typed pages. Provide specific and factual information, giving a concrete description of what the officer accomplished, the impact of the accomplishment (e.g. improves cost benefit ratio, improves quality of care), what the significance of the project is to nursing practice and why this accomplishment merits recognition by the A.N.C.A. and the Chief, Army Nurse Corps. Nominations will be evaluated on the impact of the contributions and the significance of the contributions to nursing practice.

Nominations must be submitted by **18 December 2003** to Chief, Department of Nursing Science 2250 Stanley Rd., Suite 214 Fort Sam Houston, TX 78234-6140. Nominations will also be accepted by fax at COMM (210) 221-8114/DSN 471-8114. The letter of Instruction of the A.N.C.A. Advanced Military Practice Award, Standard Operating Procedures, and a sample memorandum are available on the DNS website <http://www.dns.amedd.army.mil/anpd/ancaloi.htm> or by calling the Department of Nursing Science at DSN 471-8231/CML (210) 221-8231.

***AMEDD Enlisted Commissioning Program (AECPP) Update
COL Ann Richardson***

The FY04 Guidelines for AECPP were released in May 2003 and are available on the USAREC Website: <http://www.usarec.army.mil/aecpp/> or under professional development on the ANC Website: <http://armynursecorps.amedd.army.mil>. The deadline for submission of applications for the FY04 AECPP Board is 2 January 2004. The board convenes on 27 January 2004. School starts, for those selected, will be limited to August/September 04. In the past, students have been allowed to start their programs in January, June, and August. To come in line with the annual budgetary tracking cycle, we must limit school starts to August/September.

Additionally, the AECPP application and board cycle for FY05 will change this year. We will hold the FY05 AECPP Selection Board in August 2004. The deadline for those packets will be 9 July 2004. We will have the FY05 AECPP Guidelines posted in November 2003 on the above website. The selection board will convene on 10 August 2004. The change in application/board cycle is needed to allow adequate time to lock-in selected individuals for school and generate tuition contracts. Those candidates projected to start school in August/September 2005 should submit their packets for the AECPP Board in August 2004. In an effort to provide support to our AECPP students, USAREC is partnering with ROTC. The ROTC Nurse Counselors will meet with AECPP students on their ROTC campuses to provide the same academic support as the counselors provide to the ROTC students. Starting in FY05, AECPP students will only be allowed to attend nursing schools with ROTC programs. Although this may limit the choices, all AECPP students currently enrolled attend schools that have ROTC programs. Thank you for your support of this great program. It is a wonderful opportunity to assist deserving enlisted soldiers to advance academically and professionally.

AANA Accepting War Stories from CRNAs

If you are a CRNA who has served during any of the United States' military operations and maneuvers of the 20th or 21st centuries (World War I, World War II, Korean War, Vietnam, The Invasion of Grenada, Gulf War, Iraq War), the American Association of Nurse Anesthetists (AANA) is interested in your experiences as a matter of historical preservation and record. The AANA will begin posting CRNA experiences during military war operations in the Archives-Library of the AANA Web site in the fall of 2003. Please see the following link for details: <http://www.aana.com/news/2003/news072803.asp>

Editor’s note: For the CRNAs on Active Duty, please check with your local PAO regarding the content of your submission.

***Update from the International Front
By CPT Benjamin Seeley
160th FST, Camp Babylon, Iraq***

“Welcome to the Central Command Area of Responsibility (CENTCOM AOR), be safe, do your job, and don’t disturb the ancient artifacts. Here are your orders. As you complete your mission ensure that you run all requests for information through the Polish TOC so that the Spanish officer can relay the message to the Danish G3 and subsequently send the Filipino and Honduran soldiers on the appropriate mission. When the Romanians, Latvians, and members of the 22 countries represented inside your wire come seeking help, don’t forget the translator. Oh, and make sure that MASCAL plan you publish is in those 22 languages, as requested by the Mongolian orthopedic surgeon...”



Don’t be confused; this is not an excerpt from a special operations mission. This is not from a 007 OP or international spy report. This is what your colleagues are doing on an everyday basis in Babylon Iraq. With the expansion of the Operation Iraqi Freedom mission it was an absolute that the United States involves the international community. We are currently in the heart of the multinational effort.

Members of the 160th Forward Surgical Team (Landstuhl, Germany), 549th Area Support Medical Company (Fort Hood, Texas), 112th Air Ambulance (Maine ARNG), and the 255th Medical Detachment Preventative Medicine (Grafenwoer, Germany) are in direct support of the current operations being undertaken in Multinational Division – Center South (MND-CS). The

MND-CS AOR is south of Baghdad, extending from the borders of Iran to Saudi Arabia, and as far south as Ad Diwaniya.

Army Nurse Corps Officers are currently accomplishing the mission with the 160th FST and the 549th ASMC. These units have come together to bolster the MND-CS medical assets in Babylon to an echelon 2+ capability. We possess the ability to perform clinical operations in the form of everyday sick call, limited lab, pharmacy, and radiography. With the addition of an ANC officer to the ASMC’s roster they now have the capability to conduct holding, observation, and recovery from anesthesia. This has been particularly helpful to the 160th FST as we now have the capability to transfer recovering casualties to the ASMC in preparation for incoming patients. The 160th FST is performing its doctrinal mission of damage control surgery. The FST has seen and treated wounds of coalition soldiers from enemy action, motor vehicle accidents, and other progressive non-accidental surgical emergencies. We have also treated several Iraqi civilians, the victims of motor vehicles accidents and assaults by other civilians.

The 160th FST has taken the lead role in developing, exercising, publishing, and implementing a thorough Mass Casualty plan for MND-CS. MAJ Barry Vance stepped up to the plate as the action officer of a group that is comprised of international healthcare and military operations officers from several countries. The MND-CS MASCAL plan has been exercised from the standpoint of communication, movement of security forces, and the movement of patient evacuation platforms (ground / air).

One of the most interesting facts about being at the center of the multinational effort is the location of the Division Headquarters. We are situated 60 miles South of Baghdad, and one-mile North of Al Hillah at the ruins of the ancient city of Babylon. Babylon is



considered by many as the birthplace of civilization with artifacts dating back to the eras of Hammurabi and Nebuchadnezzar. Several individuals have taken the tour of the ancient ruins and played witness to such fascinating landmarks as the Hanging Gardens of Babylon, the Ishtar Gate, and the writings of several prophets who ruled from Babylon.

Our time spent in the country of Iraq will be truly memorable. We have intermingled with the international community, shared healthcare strategies with them, and walked next to the ruins of the cradle of civilization. In addition to all of the work and experience that has come with our new role, we can comfortably say that we did our job, we did it right, and we did it safe.



SAVING SPECIALIST GRAY**By MAJ Kevin J. Cuccinelli, MC, Battalion Surgeon, 1-8 Infantry**

While the daily headlines report that we need more soldiers in Iraq, I know one soldier that would disagree. For 22-year old Specialist Roy Alan Gray, there were more than enough soldiers here when the task at hand was to save his life.

Specialist (SPC) Gray is a member of the 1-8 Infantry Battalion, 3rd Brigade Combat Team, 4th ID, otherwise known as the "Fighting Eagles." On September 8, 2003, he was part of a convoy delivering the coveted "hot dinner" to his battalion's headquarters (HQ) area. SPC Gray had just returned to his truck when a mortar round exploded only 30 feet away. Shrapnel from the mortar pierced the truck's metal door and cut up through his left thigh. Smaller shrapnel bits lodged in his shoulder and ear. The leg wound, however, proved to be life threatening.

At his location was the forward deployed aid station for his unit. The medics acted quickly, called for an Air MEDEVAC immediately, and attended to his injuries while the helicopter was en route. The medics initiated this care as more mortars continued to impact around them. They started 2 IVs and began pouring fluid into him. His thigh wound still bled profusely even after their initial treatments so the medics quickly opted for a tourniquet, a common last resort measure. The tourniquet stopped most of the bleeding by blocking all blood flow to his injured leg. While this greatly increased the chances that he would lose his leg, it stopped the more immediate threat of massive blood loss, thereby saving his life. The surgeons would later report that if not for the medic's immediate response, SPC Gray would have been dead on arrival (DOA).

Meanwhile, the MEDEVAC team from the 54th Medical Company, Air Ambulance (UH60, Blackhawk helicopter crew) was already in route to SPC Gray's location. From the time they received the call to landing at the site, they clocked 25 minutes. This includes the mandatory 18 minutes to prep the helicopter, chart their location, and load up. It was only a 5-minute flight, which means the crew was ready to go, from a dead stop, in less than 2 minutes. They did a quick assessment of the tight surroundings and set it down in the only open area, immediately in front of the HQ building. The medics quickly loaded SPC Gray onto the helicopter for the short trip to the 21st Combat Support Hospital (CSH).

Less than 15 minutes after hitting the door, the ER staff completed a rapid assessment and SPC Gray was on the operating room table being treated and stabilized. The medical staff knew all too well that death was imminent. They started the emergency medical board process, done to ensure that his family back in Iowa received maximum benefits. They didn't think he would live the 3 hours required to complete the board. He had lost almost all of his blood. Hemoglobin and hematocrit were at critical levels of 1.6 and 6.2, respectively. Normal levels are approximately 15 and 45. His blood pressure to perfuse his vital organs was unstable but being maintained with the initial IV fluid push.

Now the doctors and nurses began blood transfusions with red blood cells. The orthopedic surgeon placed an "external fixater," similar to a large brace, that locks onto the separate pieces of SPC Gray's shattered femur, the largest thigh bone. This is a temporary fix to stabilize the injury. They also cleaned out his wound and began antibiotics to help ward off infections. In the OR, an arteriogram, which is an x-ray where they shoot dye into the blood vessels to search for bleeding, was done. Discovered sources were controlled. SPC Gray is now breathing through a tube hooked to a ventilator. He is receiving medicine for sedation and pain. He is then transferred to the Intensive Care Unit (ICU) wing of tents where he received round the clock attention from the staff, who managed all his medications, ventilator, fluid balance, blood transfusions, IV fluid replacement, wound care and labs.

Thus begins the intense monitoring of his status. Immediate lab results continue to reflect significant bleeding. The source of the bleeding is still unclear. Was it more open blood vessels or his body's reaction to the donated blood? At times his bleeding was faster than the replacement. The decision was made to again take him back to the OR for exploration as to the source of bleeding. While the wound left a hole in his thigh large enough for surgeons to fit their hands through, the largest artery, vein, and nerve were amazingly undamaged. His condition was tenuous. There was some bleeding, which was controlled; however, not to the extent that would explain the blood loss. The wound is cleaned and packed with special gauze impregnated with substances to help clotting. SPC Gray returns to the ICU. The transfusions had to continue until they could find the cause of blood loss.

SPC Gray's continued blood loss soon led to the problem of replacement. The hospital staff became concerned that they would not have enough. To make matters worse, the red blood cells and plasma he was receiving only represent a portion of all the substances in our "whole" blood. Platelets, another portion, which are necessary to clot blood, were not available in the blood bank. These levels had also dropped to critical levels of 14,000 (normal is 250-450,000).

As supplies ran low, the doctors began an impromptu blood drive. They simply walked from room to room in the hospital asking for personnel with O positive blood. Every available person with O+ blood capable of donating did not hesitate to do so. Additionally, SPC Gray's company commander, CPT Kevin Ryan rapidly mobilized the soldiers of his company, known as "Team Hammer." He and I returned from the hospital to brief the worried soldiers that were his co-workers and friends. They were notified that SPC Gray was likely going to die, but that the people taking care of him were doing everything possible to give him a fighting chance. This included the need for blood, which the hospital did not have enough of. Everyone with O+ blood was asked to go to the hospital and donate. We stay to answer some questions and return to the hospital less than 5 minutes later. To our surprise, we find 30 soldiers already lined up outside the lab ready to donate. This group also included members of the North Dakota National Guard whom CPT Ryan had called for help. None of them knew SPC Gray personally. They simply knew what uniform they shared.

Now that a large source of blood donors was available and 12 more hours passed without improvement in his stability, he was taken to the OR for a 3rd time. It was only after a third trip to the OR that doctors were able to determine the source of the continued bleeding. They were less delicate this time, opening the wound wider to enlarge the exposed area. Tissue was sacrificed in deference to the ultimate goal. They finally located the source - a 'pumper' coursing backwards, hidden behind the bone and buried beneath most of the tissue in his thigh. The surgeons quickly tied it off. Other slow seeping bleed sources were cauterized. And, as a final effort to stop the blood loss, doctors applied a new substance, called "Quick Clot" in a non-conventional fashion. They spread it over the surface to concentrate the blood seepage, thereby assisting with the wound's overall ability to clot. It is not typically used in this manner, but the surgeons wanted to take all precautions.

Two hours later, for the 1st time in 36 hours, SPC Gray's blood levels were stable without getting any additional blood products. The nurses continued to check frequently. The next lab results were even higher. His blood pressure was no longer falling and he did not need medication to maintain it. Other indicators of organ perfusion and function were also good. His clotting indicators improved and stabilized. His kidneys were working. A pink hue returned to his face. He required lower doses of medications. His blood pressure and pulse normalized.

In the early morning hours of September 11, the Air Force transported SPC Gray to Baghdad and shortly afterwards to Landshtul, Germany. Still unconscious and reliant on a respirator, his condition remained critical. His parents were flown in to be by his side. The medical staff at Landshtul continued his care and treatment, cleaning his wounds, treating infection and monitoring his condition until September 24th when he was flown to Walter Reed Army Medical Hospital in Washington, D.C. On September 27th, he regained consciousness to discover all the fuss he caused. His broken leg will require further care. He still has much ahead of him.

A total of 47 units of blood products were given. Our bodies have about 6 liters of blood; therefore, this represents approximately 2 complete replacements of his blood supply. This does not include the 24 liters of IV fluid he received, representing another 4 total volume replacements. 61 people were on the blood drive, including members of his unit, soldiers he didn't know from other units, medical staff taking care of him and others who just heard about the situation.

By all accounts, SPC Roy Gray should not have survived. Had he not been injured right next to his aid station, or his fellow soldiers and medics not raced out to his aid, or the helicopter not arrived in time, or the doctors not been able to find the source of his bleeding, or the blood drive not succeeded, then you would have heard that we lost another soldier on the evening news back home. Instead, by last count, 113 people took direct part in the care of SPC Gray from point of injury to his evacuation from Iraq. It took that many "cogs in the wheel" to accomplish this improbable save. There were many individual cogs, that if any failed, SPC Gray would have died.

Keep in mind that this count does not include the second Blackhawk crew that flew him to Baghdad, the C-130 aircraft crew that flew him to Germany, and his hospital staff there, or his final flight crew that returned him to Washington D.C. so that yet another medical staff can nurse him back to health. This number does not include those who indirectly supported his care, such as hospital personnel who keep the hospital running, flight coordinators, supply personnel, etc. What about keeping all these people fed, sheltered and paid? Who made sure all the equipment in the ER/OR/ICU was stocked and available for use? Who kept all the vehicles involved in working order? Who is helping the families back home?

SPC Gray's case is representative of the esprit de corps of those in uniform out here in Iraq. There are many people involved in keeping us alive and working for freedom in Iraq that are never seen. The Army's doctors, nurses, medics, pilots, crews, lab techs, National Guard soldiers, and Airmen are, more often than not, in a combat support role, much like SPC Gray. They too risk their lives, left their families and friends and sacrifice. They are not likely to be the ones that find Saddam. They do not man the checkpoints or conduct the raids, but they do see the casualties. They understand truly that "Freedom isn't free" and witness its price. They can only stare at the daily horrors of the war and negotiate for a lower price. They spend all day, everyday, attempting to get all the "SPC Gray's" home to their families, alive and well.

Interestingly enough, on September 8th, the national news back home reported "there was little action in Iraq today..."

The following persons saved SPC Roy Allen Gray's life:

1-8 Infantry, Forward Aid Station: MAJ Wayne Slicton, 1LT Kyle Chowchuvech, SGT Steven Welch, SGT Sean Burns, SGT Curtis Driver, SGT John Gazzola (64th FSB), SPC Cory Sheldon, PFC Michael O'Shaughnessy, PV2 Earl Bennett

54th Medical Company, Air Ambulance, Blackhawk crew: CPT Price, WO1 Walters, SGT McGovern, SPC Rafiq

21st Combat Support Hospital: (ER staff) CPT David Coffin, CPT Emma, CPT Johnson, CPT Winn, 1LT Bishop, SGT Aquino, SGT Fisher, SPC Burrell, SPC Doetzer (OR staff-3 shifts): MAJ King, MAJ White, CPT Rathjen, CPT Ritter, 1LT Kosterbader, SGT Emerick, SGT Longfoot, SPC Ontivarios (21 CSH Doctors): COL Kilburn, LTC Endrizzi, LTC Kim Kessler, MAJ Olsen, MAJ Doug Boyer, MAJ Matt Brown (ICU) MAJ Gorrell-Good (GG), CPT Kate Carr, CPT Jen Florent, CPT Pulliam, 1LT Brandt, 1LT Krans, SGT Norman, SGT Troy Smith (LAB): SGT Stanley Taylor, SGT Larry Harrod, LT Reynaldo Torres, SPC Christian Chavez, SSG Antoine Smith, SPC Jordan Uzzo, SPC Mario Flores-Bautista, SPC Jason Williams, PFC Andrew Craig

1-8 IN CHAPLAINCY: CPT Leif Espeland, CPT Dallas M. Walker (21 CSH), CPL Jesse Whitaker

BLOOD DONOR VOLUNTEERS: CPT Janice Follwell, 1LT Reynaldo Torres, SPC Jordan Uzzo, SGT Erick Cedeno, MAJ Douglas Boyer, COL Robert Lyons, PFC Thomas Watson, CPT Dallas Walker, SSG Raebly Malone, SGT Albert Juarez, Bryan Goff, 1LT Gregory Hotaling, CPT Kevin Ryan, CPL Simon Benkovic, SPC Matthew Harmon, SPC Shane Bartrum, PFC Kenneth Griffin, SGT Andrew Casebolt, Robert Henderson, CPL Chad Pecha, SPC Michael Marin, CPL Christopher O'Hearn, SPC Steven Haston, Brian Finney, PFC Ezra Davis, Jaime Martinez, SPC David Marron, SSG Ryan Miller, PFC Aaron Taylor, SPC Adam Gajewski, CW2 Wayne Fylling, Kevin Kerner, Charles Monson, Chad Vinchattle, Kevin Slagg, Cory Cavett, David Aldrich, Michael Gross, SPC Nicole Jochim, Vanessa Imdieke, David Drehn, SPC Curtis Petrick, SPC Derek Lennick, SGT Bracston Mettler, PFC Carmichael Gilespe, SSG Dwayne Hickman, CPL Jessica Larriba, CPL James Geah, SPC Jerry Nowell, SGT Tyler Berry, PFC Blondene Leys, SPC Lenroy Millet, SPC Dwayne Cooper, SPC Brandon Curran, PFC Adam Taylor, Carson Stringham, SPC Bullard, SSG Z Tumamad, PFC Jeremy Waldie, SPC Aenoi Phommachanh, SPC Richard Kern

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Tri-Service Nursing Research Program Call for Proposals

The TriService Nursing Research Program (TSNRP) announces the release of its FY 2004-A Call for Proposals. This call contains information about TSNRP funding opportunities, and includes a new funding category, "Novice Investigator Award."

The FY 2004-A Call for Proposals, and all forms needed to apply for funding, can be accessed online through the TSNRP website at <http://www.usuhs.mil/tsnrp>. Additional information can be obtained by contacting the TSNRP office: Patricia W. Kelley, CDR, NC, USN TriService Nursing Research Program, Phone: 301-295-7077, Fax: 301-295-7052, E-mail: tsnrp@usuhs.mil

AAACN 29th Annual Conference: 18-22 March 2003

**The theme for this year's conference is : "Forging New Partnerships and Championing Change."
Register online TODAY at the AAACN Website: <http://www.aaacn.org>**

The TRI-Service Special Interest Group Pre-Conference:

Also plan to attend the TRI-Service Special Interest Group Pre-Conference on 17 March 2004. The Tri-Service Special Interest Group of the American Academy of Ambulatory Care Nurses (AAACN) is planning an exciting pre-conference day on 17 March 2004. The pre-conference will be held at the Hyatt Regency Phoenix, in Phoenix, Arizona the day prior to the start of the American Academy of Ambulatory Nursing Annual Conference. The TRISERVICE Pre-Conference is designed to address Ambulatory Care Nursing Practice in the Army, Air Force, Navy and VA. The Pre-Conference is open to both military and civilian DOD nurses. Registration is separate from the AAACN Annual Conference Registration and will be available mid-November 2003. The Army POC for the TRISERVICE Pre-Conference is COL Monica Secula @ monica.secula@amedd.army.mil

ADVANCING NURSING PRACTICE
Putting Evidence Into Nursing Practice: Grading the Evidence
By LTC Deborah Kenny

Last month's column discussed critiquing the literature that you have collected for your topic area. By now, you should have begun to see trends in the literature. For example, you have collected studies related to endotracheal suctioning and found that several of them concluded that instilling saline prior to suctioning has adverse effects on patients' oxygenation and hemodynamic status. In addition, they found that most saline instilled into an endotracheal tube is not suctioned out. You have also found a few articles that conclude that saline has no effect on patients' hemodynamic status. How do you know which articles are the most scientifically sound or make the strongest argument and even which to use for your practice recommendations? Not all evidence is created or should be treated equally; some is strong enough to make solid recommendations while some may not contain enough information to make a recommendation at all.

Several organizations have developed evidence-grading schemes in an effort to make it easier to determine the strength of the evidence. When it comes to research, the randomized control trial or true experimental design has long been considered the "gold standard" as the strongest evidence. However, most research in nursing is not experimental. Does this mean that the evidence is weaker? Not necessarily. A good descriptive or qualitative study can reveal some very strong evidence for practice change. In a study of decision-making for pressure ulcer treatment, the process of clinical judgment used by experienced nurses, as opposed to novices, led the researchers to conclude that there were very specific areas of educational focus for wound care that could help novice nurses to recognize and appropriately treat pressure ulcers (Lamond & Farnell, 1998).

Because of these differences in the evidence, it is graded on two levels, 1) The type of research or evidence and 2) The strength of the evidence. The following table contains the evidence grading schemes that have been adopted by the Resource Center for Excellence in Military Nursing at the TriService Nursing Research Program.

Types of Research: Evidence Hierarchies	
Agency for Healthcare Research and Quality (AHRQ)	
Level I	Meta-Analysis (Combination of data from many studies)
Level II	Experimental Designs (Randomized Control Trials)
Level III	Well designed Quasi Experimental Designs (Not randomized or no control group)
Level IV	Well designed Non-Experimental Designs (Descriptive-can include qualitative)
Level V	Case reports/clinical expertise
Hierarchy Developed by Stetler, et al. (1998)	
Level I	Meta-Analysis (Combination of data from many studies)
Level II	Individual Experimental Design (Randomized Control Trials)
Level III	Quasi Experimental Designs (Not randomized or no control group)
Level IV	Non-Experimental Designs (Descriptive-can include qualitative)
Level V	Case reports or Systematic Verifiable Data (can include qualitative)
Level VI	Opinion

Strength of Evidence	
United States Preventive Services Task Force (USPSTF) Grading	
A	Strongly recommended; Good evidence
B	Recommended; At least fair evidence
C	No recommendation; Balance of benefits and harms too close to justify a recommendation
D	Recommend against; Fair evidence is ineffective or harm outweighs the benefit
I	Insufficient evidence; Evidence is lacking or of poor quality, benefit and harms cannot be determined

While the types of research are fairly clear-cut, the grading for recommendations can be subjective. This is why it is necessary to dialogue with others and with experts, if possible, regarding the strength of the evidence before you begin to make recommendations for practice.

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

References:

- Lamond, D., & Farnell, S. (1998). The treatment of pressure sores: a comparison of novice and expert nurses' knowledge, information use and decision accuracy. *Journal of Advanced Nursing*, 27, 280-286.
- Stetler, C. B., Brunell, M., Giuliano, K. B., Morsi, D., Prince, L., & Newell-Stokes, V. (1998). Evidence-based practice and the role of nursing leadership. *Journal of Nursing Administration*, 28(7/8), 45-53.

***The Thirteenth Biennial Phyllis J. Verhonick (PJV) Nursing Research Course
San Antonio, Texas: 26-30 April 2004
"Strengthening Military Nursing Practice through Research"***

The Thirteenth Biennial Phyllis J. Verhonick (PJV) Nursing Research Course will be held in San Antonio, Texas from 26-30 April 2004. The theme of the conference is "Strengthening Military Nursing Practice through Research." We are soliciting abstracts for podium presentations and poster displays concerning completed and in-progress research, evidence-based practice projects, and clinical innovations on a wide range of topics such as:

- readiness
- deployment
- clinical nursing practice
- education
- administration
- performance improvement
- research dissemination/research utilization/evidenced-based practice
- clinical innovations using data analysis to determine outcomes
- project evaluation
- clinical case management
- health policy
- technology

Please note that we are especially interested in receiving abstracts about clinical or process improvement innovations that are grounded in a review of the literature and analysis of outcomes. Although such projects are not "research" in the purest sense, they do use research methods. The call for such abstracts is also consistent with our goal to attract aspiring, junior researchers to this conference.

All military and civilian nurses working in DOD facilities who have conducted research since 1 January 1999 are encouraged to submit an abstract of their research/clinical innovations/ research utilization projects for consideration. Abstracts will be selected for podium or poster sessions. Instructions for abstract and scoring guidelines are included as Enclosures 1-8. Submissions should be sent by email to: Deborah.Kenny@na.amedd.army.mil or by regular mail to Walter Reed Army Medical Center, Nursing Research Service, Attn: LTC Deborah Kenny, P.O. Box 279, Laurel, Maryland, 20725-0279. **ABSTRACTS MUST BE RECEIVED NLT 19 DECEMBER 2003.**

Human Resources Command (HRC) Update

News Flash: 2 Oct 03 was the official activation of Human Resources Command—a combination of U.S. Total Army Personnel Command and the U.S. Army Reserve Personnel Command. Check out the new homepage at <https://www.hrc.army.mil>

Army Nurse Corps Branch Web Page

The direct address for our web page is: www.perscomonline.army.mil/ophsdan/default.htm. Please visit our website to learn more about the AN Branch and for matters pertaining to your military career. You will be forwarded to the HRC Website until all links are completed.

HPLRP

On 26 January 2004 the U.S. Army Health Professions Loan Repayment Program (HPLRP) will be available for Army Nurse Corps Officers who have at least six months and no more than 96 months of Active Federal Commissioned Service (AFCS) as an AN officer. The deadline for complete packets to reach Army Nurse Corps Branch is 5 January 2004. The Board will convene on or about 26 January 2004. Point of contact at AN Branch is COL Roy Harris or CPT James Simmons at DSN 221-2330 or CML (703) 325-2330. The HPLRP management office point of contact at the Directorate of Medical Education is Ms. Karyn Hart at DSN 761-4231 or CML (703) 681-4231. Please visit the Army Nurse Corps Branch website for complete details.

Upcoming Boards

NOV 2003	AN CORPS CHIEF
DEC 2003	LTC COMMAND
DEC 2003	LTHET
JAN 2003	COL COMMAND
JAN 2004	HPLRP
FEB 2004	LTC AMEDD
FEB 2004	CPT/VI

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

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

<u>Officer Record Brief</u> https://isdrad15.hoffman.army.mil/SSORB/	<u>DA Photo</u> (only if your photo was taken after 1 OCT 02. Earlier photos will be in hard copy here at branch until the board file is prepared by the DA Secretariat) https://isdrad15.hoffman.army.mil/dapmis/execute/ImageAcceptProlog	<u>Official Military Personnel File (OPMF)</u> (previously know as your microfiche) https://ompf.hoffman.army.mil/public/news.jsp
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Command and General Staff College

<u>Army Reserve Component:</u> Phases 1 and 3: Contact Jennifer West at 703-325-3159. Phases 2 and 4: Fax a DA 3838 to LTC Diaz-Hays at 703-325-2392.	<u>CGSC Correspondence Course:</u> https://cgsc2.leavenworth.army.mil/nrs/cgsoc/application/application.asp . You must have an AKO password to enter the site.
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Fellowships

HRC has opened the nomination process for the White House and Congressional Fellowships. See the AN Branch website for more details. Please submit nominations ASAP. POC: LTC Diaz-Hays at (703)325-2398.

USAREC and ROTC Board

The Board convened on 5 September to review initial nominees. However, there were insufficient qualified applicants. A follow on Supplemental board will convene, rescheduled for 13 Nov, to finalize selections. If interested, please contact your Chain of Command for recommendation. Nominations are due to LTC Diaz-Hays ASAP. For additional information and guidance please contact LTC Diaz-Hays at (703) 325-2398.

Generic Course Selection Program

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

AOC/ASI Producing Courses			
<p>Critical Care Course, Emergency Nursing Course: Applications for the MAY 04 Critical Care and Emergency Nursing Courses must be submitted by 1 December 03. Course dates for 2004 are: 18 Jan- 27 Apr 04; 23 May-31 Aug 04; 26 Sep 04- 21 Jan 05. POC is LTC Corulli at HRC, corullia@hoffman.army.mil.</p>	<p>OB-GYN Nursing Course:*</p> <p>The 2004 Course Dates are: 5 Jan- 27 Apr '04 (course has been filled); 10 May- 31 Aug '04; 13 Sep- 21 Jan 05 Contact MAJ (P) Agin at agind@hoffman.army.mil (please check the website for application due dates)</p>	<p>Psychiatric-Mental Health:**</p> <p>The 2004 Course Dates are: 5 Jan- 27 Apr '04 (seats are still available); 10 May- 31 Aug '04; 13 Sep- 21 Jan 05 Contact MAJ (P) Agin ASAP: agind@hoffman.army.mil.</p>	<p>Perioperative Nursing Course:</p> <p>There are still seats available for the 14 March 2004 class. For any questions, please contact LTC Jane Newman at HRC @ newmanj@hoffman.army.mil.</p>
<p>Interested applicants for the above courses need to seek support from their chain of command and submit a DA 3838, a recent HT/WT/APFT memo and a preference statement (for follow on assignment). Please check the AN branch web site at www.perscomonline.army.mil/ophsdan/default.htm (click on professional development) for information on application suspense dates to AN branch or contact LTC Corulli, corullia@hoffman.army.mil or MAJ(P) Agin at agind@hoffman.army.mil.</p>			
<p>*(66G) OB/GYN Duty Locations- This is a list of all the MTF's that have OB/GYN services-please use this list when filling out preference statements: Korea-121 Gen Hospital; Tripler AMC, Hawaii; Heidelberg, Germany; Landstuhl, Germany; Wuerzburg, Germany; Anchorage, Alaska; Ft Irwin, California; Madigan AMC, Washington; Ft Carson, Colorado; Ft Hood, Texas; Ft Leonard wood, Missouri; Ft Polk, Louisiana; Ft Riley, Kansas; Ft Sill, Oklahoma; William Beaumont AMC, Texas; Ft Belvoir, Virginia; Ft Bragg, North Carolina; Ft Knox, Kentucky; Ft Benning, Georgia; Ft Campbell, Kentucky; and Ft Stewart, Georgia</p>			
<p>** (66C) Psychiatric Mental Health Nurse Duty Locations- This is a list of all the MTF's that have inpatient psychiatric services- please use this list when filling out preference statements: Korea-121 Gen Hospital; Tripler AMC, Hawaii; Landstuhl, Germany; Wuerzburg, Germany; Madigan AMC, Washington; Ft Hood, Texas; Ft Leonard wood, Missouri; William Beaumont AMC, Texas; Walter Reed AMC, D.C.; Ft Bragg, North Carolina; Dwight David Eisenhower AMC, Ft Gordon, Georgia; Ft Benning, Georgia; Ft Jackson, South Carolina and Ft Stewart, Georgia</p>			

Community Health Nursing Course Dates

<p>6H-F9 STD/Other Communicable Disease Intervention Course (pre-requisite for the 6A-F5 Course): 2-14 Feb 04 24 Aug- 5 Sep 04</p>	<p>6A-F5 Principles of Military Preventive Medicine: 16 Feb- 16 Apr 04 6 Sep- 9 Nov 04</p>
<p>Contact MAJ (P) Agin at: agind@hoffman.army.mil. Please see your facility's Nursing Education Representative or nursing chain of command if you are interested in attending. Please note FY03 AOC/ASI Course dates are listed at https://www.perscomonline.army.mil/ophsdan/anc_profdevt.htm.</p>	

Assignment Opportunities

<p>66H Lieutenants: Assignment opportunities available for 66H Lieutenants include WBAMC El Paso, TX; 115th Field Hospital, Fort Polk, LA; Ft Sill, OK; Ft Riley, KS; 121 General Hospital, and Korea. Army Medical Center positions are available for winter/summer 2004. I can negotiate follow on assignments for officers that volunteer to select locations, i.e. Korea. If interested, please contact LTC Corulli, corullia@hoffman.army.mil</p>	<p>HOT! HOT! HOT! 66E – Please check our website at https://www.perscomonline.army.mil/OPhsdan/anc_assignments.htm. 66F – Ft. Hood, Summer 04 31st CSH, Ft. Bliss, TX, now. 47th CSH, Ft. Lewis, WA, now. Korea, Summer 2004, Ft. Irwin Summer 2004. Follow on assignments can be negotiated. Other assignment opportunities are available for 66Fs and 66Es in a variety of locations. Please check our website at https://www.perscomonline.army.mil/OPhsdan/anc_assignments.htm. For these and other opportunities, please inquire to LTC Newman, newmanj@hoffman.army.mil.</p>
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Company Grade 66H, 66H8A and 66HM5

KOREA: We have openings NOW for 66H and 8A positions.

GERMANY: We have openings NOW in Heidelberg, Landstuhl, and Wuerzberg for 66H8As and M5s.

FORSKOM: We have openings NOW at the 115th CSH, 31st CSH, and 10th CSH for 66Hs, 8As, and M5s.

66H: Assignment opportunities are at Fort Rucker, Redstone Arsenal, WBAMC, Fort Hood, & Fort Polk

66H8A: Assignment opportunities are at Fort Stewart, Fort Sill, WBAMC, Fort Hood, Fort Polk, & Riley

66HM5: Assignment opportunities are at Fort Hood and Fort Stewart

SCOTT AFB: One opening available summer 04 for 66H8a at Scott AFB as Flight Nurse. Please review April 2001 ANC Newsletter for a brief description of this position.

DEPLOYMENTS: If you are interested in volunteering for a deployment, please contact me so we can discuss this possibility.

*****If you are due to re-deploy early next year and you are PCS vulnerable for summer 04, we can negotiate/discuss your next assignment and report date. If you are "PCS Vulnerable" for this winter, please give me a call or email me so we can discuss your next assignment. Thank you all very much for the emails referencing your assignment opportunities for next summer.

Please call me or email gordonv@hoffman.army.mil.

HOT-HOT-HOT!!! CPT and MAJ 66H, 8A, M5 DIVISION NURSE Positions:

25th ID - Hawaii

3rd ID - 203rd FSB - Fort Benning

101st Air Assault - 801st CS BN - Fort Campbell

3rd ID - 703d MSB - Fort Stewart

3rd ACR - Fort Carson

4th ID - 64th FSB - Fort Carson

1st MED BDE - 566th ASMC - Fort Hood

1st ID - 101st FSB - Fort Riley (Deployed - Intratheater PCS)

1st AD - 125th FSB - Fort Riley

2nd ACR - 2d SPT SQDN - Fort Polk

10th MTN - 710th MSB - Fort Drum

2d ID - 296th FSB - Fort Lewis

62d Med Grp - 549th Med Co - Fort Lewis

1st ID - 299th MSB - Wuerzburg

1st AD - 501st FSB - Freidberg

1st AD - 47th FSB - Landstul

1st ID - 701st FSB - Wuerzburg (MUST FILL)

If you are interested in being a Division Nurse, please call LTC Gordon or MAJ Ahearne to discuss what this awesome and challenging position entails.

MAJ and CPT(P) 66H, 8A, M5 and all ranks 66P:

There are still a variety of critical TOE opportunities available. I am looking for someone to fill a 66H MAJ Slot at the 115th Field Hospital at Polk. I can negotiate a follow on assignment for officers that volunteer for select locations, (Fort Irwin and Fort Polk).

I have an immediate fill requirement for 66Ps at Fort Irwin and Fort Bragg.

Assignment opportunities are still available for upcoming winter cycle in a variety of locations, please check our website (https://www.perscomonline.army.mil/ophsdan/anc_assignments.htm). Summer 2004 job openings are posted please check the website. I have an early summer 2004 opening at Fort Leavenworth as the Chief of MERT/OPS (Military Education, Readiness and Training/Operations), anyone interested please contact MAJ Ahearne at patrick.hearne@us.army.mil

Call for Abstracts
AAACN Tri-Service Military Pre-Conference
17 March 2004

The co-chairs for the Tri-Service Special Interest Group of the American Academy of Ambulatory Nurses (AAACN) are pleased to announce we are planning a terrific pre-conference day on **17 March 2004**. We are currently requesting abstracts for lectures, panel discussions and poster presentations. Below is a list of suggested topics:

Lectures

- Pain Management in the Ambulatory Setting
- Telephone Triage-Trial and Error
- Deployments/Humanitarian missions-Lessons Learned
- Cultural competence as a JCAHO competency potential
- Case management specific to the outpatient setting
- JCAHO survey and what they target in ambulatory care
- Population Health
- Open Access Appointing Systems
- Clinical Practice Guidelines
- Other Ambulatory Related Topics

Panel Discussions

- Nurse Managed Clinics--Diabetes, Hypertension, etc.
- Staffing Models
- Nursing Competencies in the Ambulatory Setting
- Other Ambulatory Related Topics

Poster Presentations

Any of the above or additional Ambulatory topics

The purpose of this pre-conference is to provide a forum to discuss success stories, best practices, collaborative practice as well as challenges encountered by ambulatory care nurses within the Military Health Care System. This will be accomplished through lectures, poster sessions and panel discussions.

If you are interested in submitting a clinical abstract for the AAACN Tri-Service Military Pre-Conference, now is the time to start your preparations. **The pre-conference will be held 17 March 2004 at the Hyatt Regency Phoenix in Phoenix, Arizona the day prior to the start of the American Academy of Ambulatory Nursing Annual Conference scheduled for 18-22 March 2004.**

Guidelines for Submission:

- Please submit an **electronic proposal/abstract using Microsoft Word**.
 - Lectures are to be no longer than 50 minutes (to include time for questions).
 - State title, author(s), address, institutional affiliation, phone number/e-mail address/fax number **and indicate whether it is for paper, poster or panel discussion**.
 - If more than one author is listed, **indicate which one is the contact person**.
 - Selections will made be based on merit.
- **Abstracts Must Include:** Purpose, rationale and significance, descriptions of methodology of any research, identification of major primary and secondary sources, findings and conclusions.
 - **Abstract Preparation:** Margins must be one and one-half inches on left, and one inch on right, top and bottom. Center the title in upper case and single-space the body using 12-point font.

Submission date: Abstracts must arrive on or before **2 December 2003**.

Email submissions to:

ARMY
 Monica Secula, COL, NC, USA
Monica.Secula@AMEDD.army.mil

AIR FORCE
 Carol Andrews, Lt Col, USAF, NC
Carol.Andrews@lakenheath.af.mil

NAVY
 Sara Marks, CDR, NC, USN
markss@nwdc.navy.mil

Selected presenters will receive further instructions and guidelines.

For questions or concerns please contact COL Secula, Lt Col Andrews or CDR Marks.

HOTEL NOTE: Rooms at government rates are extremely limited. Make your reservations early!