
ARMY NURSE CORPS NEWSLETTER

“Ready, Caring, and Proud”

Volume 03 Issue 01

October 2002



Message from the Chief



This past month, from 9-12 September, the senior Army Nurse Corps leadership and the Chief Clinical NCOs met in San Antonio, Texas for the purpose of convening our annual Strategic Issues Conference. Last year, our Professional Postgraduate Short Course Program “Strategic Issues Conference” was postponed due to the 9-11 attack in New York City and the Pentagon.

The Strategic Issues Conference provides senior Army Nurse Corps leadership the opportunity to gather, in a collective forum, to analyze and work through very specific issues. These issues are varied and identified by senior leadership throughout the ANC as the ones of most concern to us in accomplishing our day-to-day professional nursing mission of caring for our soldiers, retirees and family members.

Two years ago during our last meeting, I recall my commitment to you when I assured you that your senior leaders, officer’s and NCOs alike, were actively pursuing resolution to issues that serve to continually improve our working environment and our ability to meet our mission requirements. This is an excellent opportunity to reflect just how much we have accomplished and highlight some of our newer challenges.

From the civilian work force perspective, it was important to all of us that we improve the process of civilian nurse recruitment and hiring. On 10 May 02, Direct Hire Authority was delegated to MACOM CDRs, reducing the gap between finding a viable civilian candidate and the hiring action. Hence, many of our vacancies have been filled; as of 04 September 2002 we employed a total of 234 RN’s with an

average fill time of 23 days. Additionally, we have asked to add the Licensed Practical Nurses and Nurse Assistants to the list of specialties under direct hire authority for FY 03.

The ANC exit survey has provided some valuable insights as to why our Army Nurse Corps officers are leaving the Army. While there are some reasons that we cannot control, such as the desire to begin a new family and not work full time or the desire to remain in the same location, there are other reasons that some of our junior officers are leaving that we do have an opportunity to positively impact upon. As senior leaders, we must work collectively to improve concerns associated with lack of mentoring, micromanagement, and poor morale in the workplace. I assure you that our senior leaders take this responsibility seriously and are committed to correcting any shortfalls in these areas.

Across the board, we have tackled the recruitment, accession and skills retention challenges. We have worked extremely hard at obtaining funding and authorization for a Critical Skill Retention Bonus, a Health Professional Loan Repayment Program and an increased accession bonus. We will continue to pursue all possible avenues to increase both our recruitment and our retention efforts.

In addition, the delays to promotion to the rank of colonel and the need for additional 06 slots to meet DOPMA promotion rates are under serious review. We actively engaged in evaluating our current requirements and authorizations. Our intent is to improve upon the time form selection to promotion to 06 and to also increase our promotion rates to 06.

Also, during this conference, the Chief Clinical NCOs formally provided an update on the progress made in the 91W transition. For practice issues and standardization, all were reminded to refer to the MEDCOM Circular 40-14 as the primary source for 91W practice guidelines.

Lastly, the seamless “Army of One” concept continues to be the framework to ensure synchronization of both active and reserve component efforts. The Army Reserve senior leadership will actively participate in all major conferences that have large reserve populations to increase visibility of initiatives and staff actions enhancing a consolidated effort across the spectrum of Army nursing.

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

ANC Branch PERSCOM:

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

ANC Newsletter Article Submissions

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

As you can see, this conference is essential to facilitate integration, readiness, and cooperation amongst the officer and enlisted senior leadership; Reserve, National Guard and Active Components. We had a highly successful and extremely productive Army Nurse Corps Senior Officer Strategic Issues Conference. We will continue to aggressively work each of these issues and provide proposals for resolution to the specific challenges identified. On behalf of all senior leadership, I want to thank each of you, once again, for your outstanding performance everyday throughout our TDA and TOE units worldwide. We appreciate all that you do for our great soldiers and their families.

Army Nurses are Ready, Caring, and Proud!

Bill Bester
BG, AN
Chief, Army Nurse Corps

PERSCOM UPDATE

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.

Upcoming Boards

01 - 11 Oct 2002	MAJ AMEDD
31 Oct 2002	LTHET Board (Anesthesia Nursing)
Nov 2002	BG AMEDD
Dec 2002	LTC Command Board
JAN 2003	COL Command Board
FEB 2003	CPT/VI AMEDD
FEB 2003	LTC AMEDD and MAJ Selcon

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.

Projected Chief Nurse vacancies for summer FY03:

MEDCEN: Landstuhl Regional Medical Center (Germany) and 18th Medical Command (Korea).

TO&E Group: 44th Medical Brigade (Ft Bragg).

Large MEDDAC: Fort Benning, Fort Campbell, and Fort Hood.

Medium MEDDAC: Fort Wainwright (Alaska), Fort Riley, Fort Sill, West Point, Fort Belvoir, Fort Eustis, Fort Leonard Wood, Fort Irwin, Fort Stewart, Heidelberg and Wuerzburg.

Small MEDDAC: Fort Huachuca, Fort Meade, and Redstone Arsenal. The POC is COL Sharon Feeney-Jones, DSN 221-2395, e-mail feeneys@hoffman.army.mil.

LTHET

The following Army Nurse Corps officers were recommended and approved for selection to LTHET FY 2003.

Congratulations to all of them!

Mr. Adamec, James	Anesthesia Nursing
CPT Breeding, John	Anesthesia Nursing
Mr. Brown, Walter	Anesthesia Nursing
CPT Butera, James	Anesthesia Nursing
Mr. Chenowith, Tom	Anesthesia Nursing
Mr. Crowell, Charles	Anesthesia Nursing
CPT Foster, Jimmie	Anesthesia Nursing
CPT Herd, David	Anesthesia Nursing
CPT Hulse, Joseph	Anesthesia Nursing
Mr. Hurd, Neil	Anesthesia Nursing
Mr. Irish, Fred	Anesthesia Nursing
Ms. Jablin, Jennifer	Anesthesia Nursing
CPT Jacobs, Jeremy	Anesthesia Nursing
CPT Kertes, Steven	Anesthesia Nursing
CPT Long, Allan	Anesthesia Nursing
Mr. Lowe, Billy	Anesthesia Nursing
CPT May, Dorianne	Anesthesia Nursing
Mr. Mcmurtry, Jefferey	Anesthesia Nursing
CPT Meek, William Ii	Anesthesia Nursing
CPT Perkins, Angela	Anesthesia Nursing
CPT Reid, Richard	Anesthesia Nursing
CPT Robison, Ricci	Anesthesia Nursing
CPT Romeo, Joseph	Anesthesia Nursing
CPT Smawley, Donna	Anesthesia Nursing
CPT Welder, Matthew	Anesthesia Nursing
CPT Wilder, Morris	Anesthesia Nursing
Mr. Wilson, John	Anesthesia Nursing
CPT Amsink, William	Baylor
CPT Doty, David	Baylor
CPT Kvalevog, Kristen	Baylor
CPT Lindner, Christopher	Baylor
CPT Mbajonas, Kennedy	Baylor
CPT Sanders, Tanya	Baylor
CPT Vegter, Dale	Baylor
CPT Williams, Stephen	Baylor
MAJ Aiken, William Ii	CNS, Critical Care
CPT Burton, Sheri	CNS, Critical Care
CPT Mann, Elizabeth	CNS, Critical Care
CPT Mittelsteadt, Paul	CNS, Critical Care
CPT Cassella, David	CNS, Critical Care
1LT Ludwig, Christine	CNS, Critical Care
CPT Williamson, Hope	CNS, Emergency Trauma
MAJ Martin, Sandra	CNS, Emergency Trauma
MAJ Hale, Melissa	CNS, Maternal Child
MAJ Lott, Janie	CNS, Maternal Child
MAJ Smith, Amelia	CNS, Maternal Child
MAJ Blanke, Lynn	CNS, Medical Surgical
MAJ Bower, Lisa	CNS, Medical Surgical
CPT Dixon, Randall	CNS, Medical Surgical
CPT Gordon, John	CNS, Medical Surgical
MAJ Jones, Linda	CNS, Medical Surgical
MAJ Kerl, Marialorna	CNS, Medical Surgical

MAJ Lehning, Lisa Ann	CNS, Medical Surgical
CPT Locklear, Frankie	CNS, Medical Surgical
MAJ Schanck, Donna	CNS, Medical Surgical
MAJ Sekutera, Chad	CNS, Medical Surgical
CPT Spears, Tara	CNS, Medical Surgical
MAJ Villafranca, Veronica	CNS, Medical Surgical
MAJ Walters, Robin	CNS, Medical Surgical
CPT Worsham, Vanessa	CNS, Medical Surgical
MAJ Dickerson, Tonya	CNS, Medical Surgical
CPT Plummer, Clausyl	CNS, Medical Surgical
MAJ Gourley, John	CNS, Psych Nursing
CPT Calohan, Jess	CNS, Psych Nursing
CPT Coppola, Laura	CNS, Psych Nursing
CPT Paris, David	CNS, Pych Nursing
CPT Hortonhargrove Teleshia	Community and Public Health
CPT Kidd, April	Community and Public Health
CPT Knapp, Steven	Community and Public Health
CPT Murry, Tina	Community and Public Health
MAJ Martinez, Leonardo	Community Health
CPT Song, Younghee	Community Health
CPT Bagaymetcalf, Cristina	Family Nurse Practitioner
CPT Caulk, Mekeisha	Family Nurse Practitioner
CPT Counts, Jessica	Family Nurse Practitioner
CPT Crossen, Cattleya	Family Nurse Practitioner
CPT Evans, Darrell	Family Nurse Practitioner
CPT Hirst, Hayong	Family Nurse Practitioner
CPT Norwood, Ricky	Family Nurse Practitioner
CPT Wuchter, Gregory	Family Nurse Practitioner
CPT Windsor, Jason	Informatics
CPT Stone, Angela	Informatics
CPT Johnston, Jarold	Midwifery
MAJ Peters, Jennifer	Midwifery
CPT Desantis, Laurie	Midwifery
MAJ Baysa, Christopher	Nursing Administration
CPT Desnoo, Laura	Nursing Administration
CPT Vondruska, Kristen	Nursing Administration
CPT Hartley, Patrick	Nursing Administration
MAJ Antoine, Ray	Nursing Education
CPT Ludwig, Michael	Nursing Education
CPT Marchok, Darin	Nursing Education
MAJ Curran, Kathleen	Nursing Education
CPT Bivens, Ava	Perioperative Nursing
CPT Flores, Jesus	Perioperative Nursing
MAJ Gladu, Michael	Perioperative Nursing
CPT Nelson, Jason	Perioperative Nursing
MAJ Cruthirds, Danette	Ph.D.
MAJ Feider, Laura	Ph.D.
MAJ Hendrix, Teresa	Ph.D.
LTC Latendresse, Lisa	Ph.D.
LTC Reese, Sharon	Ph.D.

ADSO approved in my waiver request for a total of _____ years.” Only messages originating from officers’ AKO accounts will be recognized. MAJ Lang will reply with two attachments: a congratulation letter and a LTHET Agreement. The officer should print the documents, sign the agreement, and mail a hard copy of the agreement to AN Branch for placement in the Official Military Personnel File. By signing the agreement, the officer confirms an understanding of the selected specialty, tuition cap and Active Duty Service Obligation (ADSO) associated with graduate studies.

Degree/Specialty	Length of Programs	ADSO
MSN	21 months	4 years
CHN/MPH	24 months	4 years
Midwifery	24 months	4 years
FNP	24 months	4 years
Baylor	24 months	4 years
Perioperative NSG	24 months	4 years
Anesthesia	30 months	4.5 years
Ph.D. in Nursing	36 months	5 years
Ph.D. in Sciences	48 months	6 years

The Tuition Cap is \$3000/Semester or \$2250/Quarter

Officers selected to LTHET for FY 2003 can start the process of researching schools for attendance. All officers (excluding CRNA, Baylor, Perioperative and FNP selects) must fax an official letter of acceptance from the school to MAJ Lang NLT Feb/Mar 2003. Officers should plan to start civilian programs in late August or early September 2003. Ask your point of contact at the school to annotate the school’s start date (not orientation) on the letter of acceptance. The selected school must have an active Education Service Agreement (ESA) with the AMEDDC&S. Many of the well known public institutions have the ESA, however, once you narrow your choices to one or two schools, contact MAJ Lang and he can give you the school’s status. Officers selected to attend Anesthesia programs (UTHHSC & USUHS); FNP & Perioperative programs (USUHS); and the Baylor, Healthcare Administration Program should plan to start classes in June 2003. UTHHSC, USUHS and Baylor selects do not need to submit another letter of acceptance, unless the first letter submitted stated an admission status less than full admission.

Major Lang will generate a Request for Orders (RFO) next April 2003 upon receipt of the officers’ letter of acceptance. Officers should plan to report to school 10 days prior to the first day of classes (not orientation). The officer can use the 10 days to get settled into the new area. The 10 days are NOT considered leave or TDY; its free time. If the officer needs additional time and wants TDY and leave, the officer must staff a DA 31 through the Deputy Commander for Nursing, who is the approving authority. If approved, the extra days are NOT annotated in the orders and do not change the report date.

What do you do next?

Officers selected for school should send MAJ Lang a message at langg@hoffman.army.mil via their AKO Account. In the message write the following: “ I accept LTHET graduate studies in the following specialty _____. I understand my ADSO will be _____ years plus _____ years remaining

Officers who submitted waiver requests and were approved must satisfy those obligations before attending school (i.e. must attend Officer Advanced Course, accept Regular Army or Voluntary Indefinite status etc.). Failure to comply with the

guidelines will result in the officer being ineligible for LTHET.

Coordinate with your Deputy Commander for Nursing to attend an Officer Advanced Course that causes the least disruption to the unit/organization. Potential OAC dates include:

- *06 January 2003 – 11 March 2003 (6 seats available)
- *24 March – 23 May 2003
- *09 July – 10 September 2003 (Only an option if school starts in late September)

***The information above is provided for general planning purposes. Dates are subject to change.**

News Flash:

AN Branch is adding a **second 66F LTHET Board**. The purpose of this board is to select additional Anesthesia Nursing applicants. Branch **did not** receive enough qualified Anesthesia Nursing applicants for the FY03 school year to meet our Objective Force Model requirements. We need your help to get a minimum of 15 additional **qualified** officers to submit packets for the board. The board is scheduled for 31 October 2002. **Packets are due to Branch NLT 16 October 2002.** Officers who submitted applications for the 29 July - 2 August LTHET Board will not be affected by the additional board or its results. Officers selected by the board will attend only the Army's UTHHSC Anesthesia Program.

Applicants must meet current FY03 LTHET Guidelines requirements. The best-qualified applicants are those with an overall 3.0 GPA, a science GPA of 3.0, a GRE =1500, a solid performance record and favorable promotion potential. Critical care experience is strongly recommended, but not a requirement. Officers who do not have critical care experience are required to PCS early to BAMC to obtain critical care familiarization before the start of class, if your facility (or region) cannot provide the training. **AN Branch will consider all waiver requests. Officers who started the application process for the 29 July - 2 August board but did not follow through are highly encouraged to complete a packet for the board.** Direct Accessions are eligible. Contact MAJ Lang ASAP at 703-325-2397 if you are interested.

White House Fellowship

Each year, the President's Commission on White House Fellows selects exceptionally promising individuals from all sectors of American life to serve as White House Fellows. Fellows write speeches, help review and draft proposed legislation, answer congressional inquiries, chair meetings, conduct briefings, and otherwise assist high-level government officials. Officers will be assigned to a senior White House official, Cabinet Secretary, or deputy. Nominations are due at AN Branch **NLT 15 November 2002.** Contact MAJ Lang to assist in preparing your file or access the AN Branch website for guidance. AN Branch cannot accept late nominations, so do not delay in preparing your file.

Training with Industry (TWI)

**AN Branch is currently accepting TWI nominations for the Joint Commission of Accreditation of Health Care Organizations (JCAHO), Center for Medicare and Medicaid Services (CMS), and the RAND Arroyo Fellowship. Applicants should forward nomination packets NLT 15 October 2002 and include the following:

1. DA 4187 (The following must be annotated in the remarks section: mailing address, email address, work number and the statement "I request permission to compete for the...")
2. DA 1618
3. Deputy Commander for Nursing recommendation
4. Goals and objectives memorandum
5. CV
6. Height / Weight statement
7. Up-to-date photo
8. Signed Active Duty Service Obligation Statement (MAJ Lang has the form)

**Note: The Secretary of Defense is currently reviewing the status of all fellowships, so all fellowship boards are on hold until the review is complete. AN Branch encourages potential applicants to continue working on the nominations packet and forward them to MAJ Lang NLT 15 October 2002.

Short Courses

Many of the course dates have changed. Please check the new dates to see if the changes affected a course you have an officer scheduled to attend. To find out the updated class schedule, please visit the Army Nurse Corps branch web site at <https://www.perscomonline.army.mil/ophsdan/profdevt.htm>

To find the latest course schedules for military short courses check the following web sites:
Combat Casualty Care Course (C4) and Joint Operations Medical Management Course (C4A): www.dmrta.army.mil
Chemical Casualty Course: www.ccc.apgea.army.mil
HNLDC and ANLDC: www.dns.amedd.army.mil/ANPD/index.htm

Preparation for TDY Courses

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

Head Nurse Course Dates

- 21 October – 1 November 2002
- 02 February – 14 February 2003 (**This is a date change**)
- 14 April – 25 April 2003
- 09 June – 20 June 2003
- 11 August – 22 August 2003

Advanced Nurse Leadership Phase 2 Dates

- 10 March – 14 March 2003
- 12 May – 16 May 2003
- 15 September – 19 September 2003

Officer Advanced Course

Officers must complete both phases of OAC within two years of phase 1 enrollment. Once an officer has a confirmed seat in the OAC, the officer should access the AMEDDC&S OAC website to obtain a welcome letter, inprocessing information and more.

AN Branch is not responsible for generating the fund citation or DA 1610 for an officer's TDY to the Officer Advanced Course. Each installation is provided (MTSA) funds that are used for paying for an officer's Officer Advanced Course attendance. Officers scheduled for OAC should contact the (MTF) Education Officer to assist with obtaining a MTSA fund cite and orders. Officers should not report to the AMEDDC Officer Advanced Course without being confirmed a seat in the Army Training Requirements and Resources System (ATRRS). Officers who report to OAC without proper registration are subject to being returned to their unit. Officer Advanced Course dates are posted at: <https://www.perscomonline.army.mil/ophsdan/profdevt.htm>.

CGSC and CAS3 through the Reserves

The Non-resident Command and General Staff College and Combined Armed Staff Services School is an excellent way to fulfill Military Education Level requirements when residence schooling is not an option. Plan early. Fax the DA 3838 to MAJ Gary Lang at DSN 221-2392, com. 703-325-2392. Non-resident CGSC is centrally funded, however, non-resident CAS3 is funded by your installation MTSA (similar to Officer Advanced Course). Both CGSC and CAS3 are popular programs, so seats and funding deplete early. Individual facilities can elect to fund an officer for CGSC if central funding is not available. MAJ Gary Lang is the POC for CGSC and CAS3 registration. **If you are currently enrolled in another service's CGSC or are contemplating signing up for another service's CGSC, please contact your PMO PRIOR to discuss your plan.**

Interested In Selecting Future Army Nurse Corps Officers?

AN Branch is looking for volunteers to serve as USAREC Accession Board Members. This is a fantastic opportunity to learn about the Board process as well as influence the future of the Army Nurse Corps. Board members must hold the rank of Major or higher. Boards meet each month for 3-4 days and are held at USAREC Headquarters at Fort Knox, Kentucky. Upcoming start dates for the Boards are 19 Nov 02, 17 Dec 02, 4 Feb 03, 5 Mar 03, 8 Apr 03, 13 May 03, 17 Jun 03, 22 Jul 03, 26 Aug 03, and 23 Sep 03. If interested in this terrific Board Member opportunity, please contact LTC Flavia Diaz-Hays at PERSCOM, diazf@hoffman.army.mil.

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: LTC Diaz-Hays at diazf@hoffman.army.mil

Psychiatric-Mental Health and OB-GYN Nursing Course

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

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 Diaz-Hays at diazf@hoffman.army.mil or MAJ Agin at agind@hoffman.army.mil.

Congratulations letters were forwarded to Critical Care and Emergency Nursing Courses selects. Course dates are 04 November 2002 to 14 March 2003.

The next Psychiatric-Mental Health Nursing course at WRAMC is scheduled for MAR-JUL 03. We are accepting applications for this course. If you are interested, please contact your Chief Nurse or MAJ Agin at agind@hoffman.army.mil.

Congratulations letters were forwarded to OB/GYN Course selects for the NOV 02 Course. There are still seats available for this course. Need applications ASAP. Please contact your Chief Nurse or MAJ Agin at agind@hoffman.army.mil if you are interested or need more information.

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

Please Note Changes to the Next Course Dates: Upcoming **Community Health Nurse** courses include the 6A-F6 Preventive Medicine Program Management Course, 21 JAN-1 FEB 03. This focus of this course is on leadership development of the mid-level officer. The next 6A-F5 Principles of Military Preventive Medicine (Community Health Nurse) AOC Course is scheduled for 17 FEB -18 APRIL 03. The pre-requisite for the CHN AOC Course is the 6H-F9 STD/Communicable Disease Intervention Course scheduled for 2-14 FEB 03. Interested officers should contact the Community Health Nursing Manager: MAJ Agin at agind@hoffman.army.mil.

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

Assignment Opportunities for 66F and 66E

Assignment opportunities are available for 66Fs and 66Es in a variety of locations, please check our website at <https://www.perscomonline.army.mil/OPhsdan/assignments.htm>. For these and other opportunities, please inquire to LTC Newman ASAP, newmanj@hoffman.army.mil.

*Please contact MAJ Doreen Agin, agind@hoffman.army.mil, for details on **66B, 66G, 66G8D, 66C, and 66C7T** openings listed:

Assignment Opportunities for 66B-All Grades

There are assignment opportunities available for winter and summer 03 in Korea. Other summer 03 openings are available at Ft Bragg, Fort Irwin, Ft Gordon, and Ft Benning.

Assignment Opportunities for 66G -All Grades

Assignment opportunities available immediately and summer 03 for 66G's include Korea; Fort Wainwright, Alaska; Landstuhl and Heidelberg, GE; Fort Irwin, California; Fort Riley, Kansas; Fort Sill, Oklahoma; Fort Polk, LA; Fort Stewart, GA and Fort Hood, TX.

Assignment Opportunities for 66G8D-All Grades

There is a position opening for spring 2003 for 66G8D at Fort Drum, NY. There are also positions opening for summer 03 at Fort Belvoir and Fort Knox.

Assignment Opportunities for 66C-All Grades

Assignment opportunities are immediately available for 66C's at Walter Reed Army Medical Center, Landstuhl, Germany and Korea. Summer 03 assignment opportunities include Korea; Walter Reed Army Med Center; Fort Leonardwood, MO; WBAMC, El Paso, TX; 115th FH, Fort Polk, LA; Fort Bragg, NC; DDEAMC, Fort Gordon, GA; Fort Benning, GA and Fort Jackson, SC.

Assignment Opportunities for 66C7T CPT

Assignment opportunity is immediately available for a 66C7T CPT with the 86th CSH at Fort Campbell, Kentucky.

Assignment Opportunities for 66H Lieutenants

Assignment opportunities available for 66H Lieutenants include WBAMC (El Paso, TX), Ft. Polk, LA, Ft. Irwin, CA, Ft. Jackson, SC, and Alaska. If interested, please contact LTC Diaz-Hays at diazf@hoffman.army.mil.

Assignment Opportunities for Captains

If you have PACU experience and would like to go to Fort Huachuca please call me. Please note Division nurse positions are still needed at Fort Lewis and Fort Bragg. The website has been updated with all the latest openings. Contact MAJ(P) Greta Krapohl at krapohl@hoffman.army.mil.

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

Assignment opportunities are available for upcoming winter and summer cycles in a variety of locations, please check our website at <https://www.perscomonline.army.mil/OPhsdan/assignments.htm>. For those PCSing this winter, please inquire to MAJ Ahearne, ahearnep@hoffman.army.mil.

DEPARTMENT OF NURSING SCIENCE NEWS

The Army Nurse Professional Development Branch provides two excellent, ongoing courses designed to groom AN officers and civilian registered nurses for increased responsibility in the AMEDD. The Head Nurse Leadership Development Course and the Advanced Nurse Leadership Course are held several times each year.

The purpose of the Head Nurse Leadership Development Course (HNLDC) is to prepare Army Nurse Corps officers (centrally funded) and Department of the Army civilian registered nurses (locally funded) to function in mid-level leadership and management positions throughout the AMEDD. The HNLDC provides executive skills content with an emphasis on personal leadership development and decision making methods which facilitate efficient and effective management of personnel, logistics, training and fiscal responsibilities. Please note: Two scheduled FY 03 course dates were recently changed. **For the current course schedule, enrollment instructions, and lodging information, visit our web site at**

<http://www.dns.amedd.army.mil/ANPD/Leader/hnldc.htm>.

The purpose of the Advanced Nurse Leadership Course (ANLC) is to prepare Army and Civilian Nurses to function in advanced AMEDD leadership and management positions. This course provides executive skills content with a focus on major trends in health care affecting the military health care delivery system, personal leadership skills development, as well as decision-making and resource management strategies that support the mission of the Army Medical Department. Phase one is currently a three-module correspondence course. Phase two is conducted by video tele-training. Limited funding is available for active duty officers serving in an OCONUS assignment to attend phase two in residence at Fort Sam Houston. For dates and other administrative information visit our website at

<http://www.dns.amedd.army.mil/anpd/leader/anlc.htm>.

The point of contact for both the HNLDC and the ANLC is MAJ Michael Money. DSN 471-6080 or commercial (210) 221-6080. Email michael.money@amedd.army.mil.

The Army Nurse Professional Development Branch also provides support to external courses throughout the AMEDD. These AOC/SI courses include the Psychiatric/Mental Health course, Perioperative Nursing Course, the Obstetrical and Gynecological course, the Critical Care Nursing course, and the Emergency Nursing course. Additionally, there are a wide variety worthwhile programs that are available. One such offering is the Pediatric Short Course. This is a two phased course. Phase one consists of a self paced module which includes a CD Rom and videos and should be available through your local MTF education department. Phase two is 1-3 week in residence program geared toward those nurses who are working predominantly with the pediatric patient population. The phase two sites are Madigan Army Medical Center and Walter Reed Army Medical Center. The phase two program is scheduled at Walter Reed Army Medical Center and runs from 7 October 2002 to 1 November 2002. The point of contact for Walter Reed is either LTC Victoria Ransom or MAJ Kathleen Curran. The next phase two program is tentatively planned for the second week of March at Madigan Army Medical Center. The point of contact for Madigan is either LTC Elizabeth Mittlestaedt or LTC Christine Pires.

For any questions on the AOC/SI courses please feel free to call me at DSN 471-6073 or commercial (210) 221-6073. E-mail address is susan.anderson@amedd.army.mil.

91WM6 Branch: Dialysis Specialty Training (ASI M3)

Soldiers are needed to attend the 20-week Dialysis Specialty Course (ASI M3) held once per year, January through May at Walter Reed Army Medical Center. This course provides the military Licensed Practical Nurse with the knowledge and skills required for performing safe and effective hemodialysis treatments in both acute and chronic settings. Training is also provided with other renal replacement therapies, to include peritoneal dialysis, renal transplantation, continuous renal replacement therapies, plasma exchange/phoresis and hemoperfusion.

The ASI Practical Nurse (M6) must be awarded prior to entering the ASI Dialysis Specialty (M3) course. Soldiers who graduated from the Practical Nurse Course and converted to 91WM6Y2 may attend through FY 05. ASI M6s must be licensed and have a minimum of one year of practical nursing experience and soldiers entering under ACASP option must have a minimum of 18 months experience prior to application. In addition, the Practical Nurse must have successfully completed one-year high school or college level chemistry or MED sub course 803.

The course is open to Active and Reserve SGTs and below and DOD civilians. Sergeants promotable and above are not eligible. The Practical Nurse will incur a 17-month enlisted obligation upon completion of the course. Soldiers must have a minimum profile of 111121. Soldier should not have chronic or recurring skin disorders subject to infection and no history of allergic reaction to cleaning agents, antiseptics and disinfectants.

Applications must include a statement signed by applicant attesting to the fact that he/she has no aversion to the sight of blood as well as current blood test results for HBsAg, HBsAb, HBcAb, SGOT, and HIV with a statement from a physician indicating normal values. The Active Component must submit a DA 4187 and Enlisted Record Brief (ERB), and letters of recommendation from the Senior Clinical Nursing Supervisor and Senior Clinical Enlisted NCO Supervisor stating the applicant's potential to successfully complete the course and ability to perform under stress. **ALL WAIVERS MUST BE SUBMITTED TO:** CDR, AMEDD Center and School, AMEDD Personnel Proponent Directorate, ATTN: MCCS-DE, 1400 E. Grayson Street, Fort Sam Houston, TX 78234-6175.

The POC for the dialysis article is LTC Teresa McPherson, Chief, Practical Nurse Branch, Department of Nursing Science, Com (210) 221-6172 or DSN 471-6172.

What is the Swank CE/CME Readiness Training

Program? A medical education program for Nurses, EMTs, Physicians, other Allied Health professionals (and MORE)! The programs can be used towards re-licensure, promotional points (up to E6) and/or can be used for military required training. You can access the programs from anywhere not just your Medical Facility, but from home, etc. This avenue to receiving CE/CME and military training such as (CBRNE, TRICARE, PA RECERTIFICATION, and many others) is not only fast and easy for you but the usage is unlimited!! There are currently over 450 education programs on the website for your access 24/7/365. We have a POC for most of the medical sites so please request their name and number when you call or e-mail us!

How do I get registered?

Follow the directions below:

1. Access the Internet and log on to www.swankhealth.com
2. Click on the button titled, "Military & VA CE/CME"
3. Click on "User Sign In" or us at Call 800-950-4248
4. If you click on "User Sign-In": Click on the blue "First Time Users" button.
5. Fill in your registration information as directed and submit.
6. A Swank HealthCare Customer Service Representative will register you and contact you via e-mail or by phone to confirm you are in the system and answer any questions you have.

How do I receive CE/CME? After you have been registered, do the following:

Follow steps 1-3 above and click on "Participant Sign In" Enter your site code (XXX), social security number and your password:

View an accredited program

Take your test on-line with instant evaluation and grading

Print and/or request your certificate immediately

What is the cost to me? The best news of all...there is NO cost to you and it is available NOW!

For more information, call us at 800-950-4248. We are anxious to help you!

ARMY NURSE WINS NATIONAL AWARD FOR 9/11 RESPONSE

Army nurse LTC (P) Patricia Horoho was among 15 nurses nationwide who were named Nurse Heroes by the American Red Cross and the professional publication *Nursing Spectrum*.

Horoho was honored in a Sept. 23 ceremony at the American Red Cross headquarters in Washington, D.C., for her response to the Sept. 11, 2001, terrorist attack against the Pentagon.

Assigned to a Pentagon desk job in the office of the assistant secretary of the Army for manpower and Reserve affairs,

Horoho ran to the crash area to render aid. Among the first healthcare providers to respond, she quickly established a safe area and began triaging and treating patients. She directed non-medical volunteers who had evacuated the Pentagon, and took the lead in organizing medical care on the impact side of the building. In addition to providing and directing care, she returned to the building to assist patients in evacuating.

She takes every opportunity to name and credit the many others who aided the injured and provided care. "I see this award as recognizing the contributions of every military and civilian person who responded to the needs of fellow Americans [on that day]," she said at the ceremony.



The Nurse Hero Award pays tribute to nurses "for their extraordinary courage in going above and beyond the call of duty to assist individuals in life-threatening situations," according to the Red Cross and *Nursing Spectrum*. Recipients are given a certificate of merit and honored at a luncheon attended by family members, Red Cross officials, and members of the government and healthcare organizations. *Reprinted with permission from MEDCOM Public Affairs.*

ARMY NURSE CORPS HISTORIAN CORNER
Military Order of the Purple Heart
Veteran Tribute to Wartime Nurses
MAJ Jennifer L. Petersen

On the 13th of September, the Military Order of the Purple Heart (MOPH) paid homage to military nurses in a ceremony conducted near the Nurses' Monument in Section 21 of Arlington National Cemetery. This is an annual event held the second Friday of September. The first service held on the 14th of September 1990 in Dearborn, Michigan met great success. Consequently, in 1991, the memorial service and wreath laying became a nationally recognized ceremony conducted at Arlington Cemetery, Washington, DC.

Around 90 people attended the ceremony this year. Representatives from the Army, Air Force and Navy Nurse Corps attended. The Army Nurse Corps was well represented with two retired Army Nurse Corps Chiefs, BG (RET) Anna Mae Hays and BG (RET) Connie Slewitzke in attendance. Additionally, MAJ (RET) Nelly Aleman-Guzman, who

received the Purple Heart award in 1994 for her actions during a rebel attack in El Salvador in 1989, also attended. A number of retired and active Army Nurse Corps Officers were also in attendance. COL Sharon Feeney-Jones represented BG Bester as the senior Army Nurse Corps Officer. COL Feeney-Jones provided fitting remarks regarding the Army Nurse Corps appreciation for the recognition of its efforts by the Military Order of the Purple Heart.



COL Feeney-Jones shown with other attendees at the 13 September MOPH Ceremony

The ceremony provided a touching tribute to all military nurses. The formal portion of the ceremony included the presentation of colors, an opening prayer, the Pledge of Allegiance, comments from the Military Order of Purple Heart National Commander, comments from representatives of Army, Air Force and Navy Corps, placing of the wreath, and the playing of the Taps. Following the ceremony, the attendees enjoyed a reception held at the Crystal City Hilton in Arlington, VA. Sentiment and story telling filled the exchange between attendees, both nurses and MOPH members. Without a doubt, the members of this honored organization hold a tender spot in their hearts for the nurses who have helped to heal their wounds.

INFECTION CONTROL CONSULTANT CORNER
Jane Pool, RN, MS, CIC and Guest Author
CPT Jason W. Harrington, RN

I'd like to take this opportunity to spotlight one of our Infection Control Coordinators, whom I recently met on a site visit to Ft. Wainwright, AK. CPT Jason Harrington is a dynamic officer who has brought new excitement to the MEDDAC Infection Control Program. After I observed CPT Harrington teach a class on infection control, I was not at all surprised to learn of the hospital's successful JCAHO survey results the following week—with no infection control findings. Congratulations to the staff at Fort Wainwright and to CPT Harrington.

CPT Harrington has since expanded his expertise in the field of Infection Control and continues to impress me with his thirst for knowledge. He was recently asked to write an article describing the Infection Control experience in Alaska by our professional organization, the Association for Professionals in

Infection Control and Epidemiology (APIC) for publishing in their newsletter. I am pleased to share his article.

“After only a year as the Infection Control Officer for a military community hospital in the middle of Alaska, can I help but wonder if I’ve seen it all: Moose wandering the hospital grounds at forty-five degrees below zero, dog-mushing on a frozen river, the cold, wet underside of a kayak on the same river after glacial thaw, the need to plug-in my car during twenty-plus hours of darkness, my hair frozen to my scalp while dipping in a natural hot-spring, my first Joint Commission for the Accreditation of Healthcare Organizations inspection after joining hospital staff only three-months earlier, Methicillin Resistant Staph. aureus, and even Invasive Group A Strep. I appreciate the opportunity to share a few Infection Control experiences in the land of the midnight sun. Bassett Army Community Hospital (BACH) on Ft Wainwright, Alaska is a 43-bed, inpatient facility employing over 400 military and civilian personnel. BACH provides care to 23,000 beneficiaries in the greater Fairbanks area. This care area is just that: Great. Fairbanks, Alaska’s second largest city, and deep in the state’s interior, is often described as an arctic island. It lies 350-miles north and inland of Anchorage, just past the town of North Pole, and only 200 miles from the Arctic Circle. This “Golden Heart City” is primarily accessible in winter months via air, and those winter months accommodate 75% of the calendar.

As is the case across the practice, the major goal of BACH’s Infection Control Program is to minimize the morbidity, mortality and the economic burden associated with hospital related infections. The personnel in the Infection Control Office uses the facility’s Quality Management Process to optimize the delivery of health care, reduce costs associated with adverse outcomes and promote a safe environment. Dual-hatted as an operating room staff nurse, time constraints tend to limit my surveillance activities to retrospective study, though my access to the surgical suites does allow me to survey cesarean sections and advanced endoscopic procedures with, at times, tremendous regularity.

As the Infection Control Officer, I am an active member of the Quality Management Committee, Nursing Executive Board, Safety Committee, and Surgical Services Product Line in addition to functioning as the recorder and administrator of the hospital’s Infection Control Committee. Ad hoc attendance to other committees provides me a hospital-wide approach to infection control. I strive to contact individual staff members and supervisors by making rounds through care areas regularly, yet in a random fashion, in an attempt to see how routine care is administered.

I find that most of my on-the-spot reinforcement continues to focus on hand washing. I train new staff at the monthly Hospital Orientation and cover topics such as Precautions-based Isolation, Hand Washing, Bloodborne Pathogen and TB Protocols. I enforce this training on an ongoing basis through the hospital’s Birth Month Annual Review. I also coordinate section-specific training through a network of Infection Control Representatives at individual clinics. Although

Hospitals and Health Networks Magazine (2002) lists BACH as one of the 100 most wired hospitals in the U.S., I’ve found my most effective means to increase staff awareness of infection control measures and prevention is through open, face-to-face communication.

Since accepting this position a year ago, I have thoroughly enjoyed the team approach that exists particularly between my office and the laboratory and occupational health. Even here at the Army’s northern most hospital, I have worked with Lab to develop a database of MRSA-positive patients and have coordinated efforts with Occupational Health to identify patients and staff members potentially exposed to chickenpox. We also had the opportunity to coordinate positive efforts in the care of a pediatric patient exposed to Invasive Strep A.

Little did I know the simple adventures I would discover in Alaska. Nor did I realize how challenging Infection Control could be at a small military hospital in the middle of this great state. I appreciate this chance to shed a little light on Infection Control in the Far North and would like to thank the network of Army Infection Control Practitioners who have so positively supported Infection Control and Prevention in the land of the midnight sun.

CRITICAL CARE CONSULTANT UPDATE

ACNP Role

COL Juanita Winfree

The Acute Care Nurse Practitioner (ACNP) is a Registered Nurse with a Masters degree, who provides care to select patient populations in acute care settings, long-term care settings and/or specialty clinics. This role merges components of what has traditionally been within the scope of the Clinical Nurse Specialist (CNS) role in acute care areas and the Nurse Practitioner (NP) role in primary care. Many of our Army Nurse Corps colleagues attained the ACNP degree while attending long-term civilian training for other advanced practice degrees as dual masters programs. Army nurses, who have attained the ACNP degree, have expressed interest in applying their knowledge as credentialed providers in our military facilities.

Early this year, a process action team was tasked to conduct a comprehensive analysis for the potential implementation of the Acute Care Nurse Practitioner (ACNP) role in the Army Nurse Corps. As the Critical Care Consultant, I chaired the process action team. The team consisted of representatives from the AMEDD Center and School, AMEDD Personnel Proponency, MEDCOM and officers with ACNP degrees and other advanced practice degrees participated in the assessment process.

Our tasks were to define the role of an ACNP in all areas proposed for use (TDA/TOE) and to evaluate the impact on the ANC structure. Also considered was impact on GME and Chief Nurse concerns from TDA and TOE facilities. To accomplish these tasks, we reviewed literature and interviewed ACNP program directors, practicing ACNPs, chief nurses and physicians.

ACNP programs are generally similar across the country with some variations in curriculum. Certification is by examination through AACN and recertification is clearly defined. We found that there is no ONE definition of the ACNP role. Clearly, ACNPs practice across the continuum of care and the role is contingent upon the practice setting and population served. The team proposed the following roles for the ACNP in the AMEDD.

MEDCEN ROLE

Collaboratively provide comprehensive assessments, diagnostic interventions and therapeutic treatments to manage patients with complex conditions in the acute care settings. The role was proposed for critical care and emergency arenas to include diagnosis, management of emergent conditions, ordering and interpretation of diagnostic tests, prescribing medications/treatments and consultation with specialty services. An additional role for ACNPs in MEDCENs is to serve as a mentor and also as an advanced clinical resource for junior clinicians.

MEDDAC ROLE

As the ACNP is trained to provide acute care across the continuum, the Emergency department is the location for the ACNP to practice in a MEDDAC. Triage, stabilization and transfer were identified as the primary roles and facilitating the patient transition to the appropriate levels of care within the facility. Following admitted patients throughout their hospital stay and post hospitalization phase were also inherent to the ACNP role. Again, the ACNP will serve as a clinical resource and mentor to junior staff officers.

TOE ROLE

The proposed ACNP role in the TOE is triage in EMT, critical care in the CSH and the FST. The team proposed replacing the 8A with an ACNP for the FSTs.

SURVEYS

A survey of senior nurse leaders was conducted to query the need of the ACNP role at their respective facilities. Senior nurse leadership concerns were directly related to our present nurse shortage and the perception of the ACNP as a “physician extender.” Implementing this role would further decrement our already decreased resources.

Physician responses regarding the ACNP role varied. GME directors sensed competition for patients. Actual program directors identified potential benefits and perceived the workload as such that little competition exists among care providers. Physicians were divided as to location for practice of the ACNP. Some felt MEDDACs/TOEs were ideal practice settings, while others supported ACNP practice in MEDCENs.

SUMMARY

As the role of the nurse practitioner (NP) originally evolved from a shortage of primary care providers, the role of the ACNP has emerged to meet consumer demand due to shortage of critical care providers in the inpatient setting. The ACNP role has expanded due to change in the health care delivery

system. The Acute Care Nurse Practitioner is a highly educated and skilled advanced practice nurse who has the ability to positively affect patient outcomes in the AMEDD. These skills are those that would support our “go to war” mission.

A significant barrier with ACNP practice is the ability to measure outcomes. As practice is collaborative, extracting outcomes specifically related to ACNP intervention is difficult. However, there is some documented evidence of improved patient, physician and nurse staff satisfaction where ACNPs are employed.

Brigadier General Bester and the Army Nurse Corps appreciate the value the ACNP role adds to the nursing profession and the potential benefit to the AMEDD. Due to present inventory shortfalls and the evolving ACNP role, the Army Nurse Corps cannot embrace the ACNP role at this time. The policy letter dated 3 July 02 clearly states the Army Nurse Corps position.

As consultant, I will continue to track trends over the next 18 – 24 months and monitor contributions on outcome achievement. As the role continues to develop in the civilian sector and the Army Nurse Corps strives to increase its numbers, integrating this role remains a potential for the future.

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

I am delighted to take this opportunity to comment on the newly restructured Advanced Nurse Leadership Course and to describe the importance of this course to Reserve officers.

The purpose of the ANLC is to prepare Army Nurses to function in the many AMEDD advanced leadership and management positions. This course provides executive skills content with a focus on major trends in health care affecting the military health care delivery system; personal leadership skills development; and decision-making and resource management strategies that will support the mission of the Army Medical Department. What you get from this conference will depend to a high degree upon the extent to which you are prepared to seek and take advantage of available opportunities, to contribute your knowledge and experience to others, to examine your own behavior, and to explore new ideas. The goal is to provide insights that are adaptable by the participant to a wide variety of situations based on your needs and experiences. Our USAR target is senior MAJs and LTCs.

Phase I dates are continual. These are correspondence courses where you are awarded 21 credits (that is 7 retirement points). You must complete phase 1 to attend phase 2. You may video tele-train phase 2 at a local site or attend the Fort Sam Houston site. Funding for orders is your AR-PERSCOM or RSC CHE. You could also complete a frag AT, RST some

drills, or do this for points only (10 total). Phase 2 dates for FY 03 are: 10-14 MAR 03, 12-16 MAY 03 and 15-19 SEP 03

Troop Program Unit officers need to contact your unit training officer to have them enroll you in ATRRS. IRR and IMA officers need to contact their PMO at AR-PERSCOM. When you are enrolled in ATRRS, you will be sent the correspondence materials. The telephone number is 1-800-325-4729, extension #2.

Again, this is a fantastic leadership learning opportunity for Reserve officers that is flexible and may be tailored to suit your available time. The results will be rewarding for you as well as the Army Nurse Corps. Please contact me for questions at carolswanson@us.army.mil or phone AR-PERSCOM at 1-800-325-4729, extension #2.

**BOSNIA, KOSOVO....
WHAT ABOUT MACEDONIA?
*1LT Lydia Battey***

Sprained ankles, lacerations, URIs, insect bites with cellulitis complications, chest pain, acute myocardial infarctions, diabetes, seizures, TB conversions . . . in the last five months my world has drastically changed as part of the Army mission to Macedonia. Daily, we prepare lab tests for transport, order/turn in pharmacy supplies, coordinate the transfer and return of patients, lab tests, and equipment for sterilization to the "big" hospital in Kosovo. We continually research and create classes to train and teach the medics as well as soldiers and civilians in our community. These classes have included a variety of medical, nutrition, tobacco cessation and preventive health information. We also coordinate training for the medics with other units to include Medevac hoist training and Chinook familiarization. With the changes of command and units every couple months, much of our time is spent networking and establishing a rapport with incoming units for how we can work together to accomplish our missions. Personally, I have transitioned my nursing role as a primarily inpatient care nurse to head nurse in a primarily outpatient care setting. This is a new and challenging role for me.

On 22 March 2002, I deployed to Camp Able Sentry (CAS), Macedonia as part of Task Force Medical Falcon VI in Kosovo. This task force included soldiers from a variety of medical units stationed in Germany. Here in Macedonia we staff a Battalion Aid Station (+). We have a Commander (also a 66H), NCOIC, 1 PA, 1 GMO, 1 FP, 1 RN/ Head Nurse, 1 LPN, and 7 medics, as well as a PAD clerk, MEDLOG, PM and Food Inspection personnel.

We are in a rather unique situation. CAS is located about thirty minutes from downtown Skopje, the capital city of Macedonia. We are approximately 1 and 1/2 hours from Camp Bondsteel, Kosovo by ground and thirty minutes by helicopter. CAS is a small camp made up of about 450 personnel. We are located around the Petrovec Airbase surrounded by numerous small NATO camps to include Norwegian, Belgian, Macedonian, Spanish, French, Italian,

and Dutch. We treat any and all soldiers and civilians needing emergency care.

With this nearby international population there are wonderful opportunities for friendships and greater awareness of our NATO allies. For example, several hundred Belgians, Dutch, Germans, and Danes have lived on CAS with us, for a couple weeks each, during their changes of command and transition periods. During these transitions they were eligible for routine sick call and added variety to our usual patient population. With such an international population also comes a lot of coordination for different plans. We coordinated meetings to develop and practice a Petrovec area mass casualty plan, briefed American medical capabilities at CAS to numerous international visiting leaders, and assisted in coordinating several real world Medevac missions for international patients. There have been multiple opportunities to mingle with our international neighbors through NATO sports days, road running races, and invitations to the other camps for dinner, volleyball, etc.

Anyone who has been stationed overseas or has deployed can relate to the amazing camaraderie that develops. Because of the small size of CAS, location, and a variety of different taskings, we have had several unique opportunities to meet many different people and travel the region. One of our providers spent six weeks running an aid station mission at a port in Romania. I went to Thessaloniki, Greece on a reconnaissance mission in preparation to receive a Marine Mobile Expeditionary Unit (MEU) into the Balkans this fall. Other providers and medics went to Bulgaria on railhead support missions. We all had a chance to spend four days relaxing in Sofia, Bulgaria on the Fighter Management Pass Program (FMPP). Our providers also spent one-two weeks in Bulgaria tasked as the FMPP provider. Locally, we've assisted in preventive medicine restaurant inspections for CAS's Skopje Day Trip program. We've also toured the US Embassy in Skopje, as well as the civilian University Hospital and Macedonian Military hospital. Several of us visited orphanages and hospitals in Skopje and southern Macedonia to deliver items donated by stateside individuals and agencies. To round out our medical experience many of us also rotated up to the hospital in Kosovo to work for a couple weeks.



Attached Photo: L to R in front SGT Kistler, SGT Ravenel, SPC Boggess, SGT Toney, MAJ Holcomb, SGT Torres, PFC Harrison, CPT Salyer, SFC Williams. Front to Back on the Ramp, SPC Rogers, CPT Hardy, SGT Nieves, SPC Warner, 1LT Battey, SGT Smith, CPT Lang, SPC Fils-Aime

Our time here also includes ensuring that we stay current on our medical training. We provide the EMT-B, Trauma Aims, and PHTLS courses that many of our medics need for their 91W transition. We also spent training time preparing several medics and one provider to go out for the EFMB. For the CAS community, we provided two Combat Lifesaver Classes, monthly BLS classes, a health fair, and several basic first aid and nutrition classes requested by the field artillery platoons. Everyone is also either taking a university course or gathering CMEs. Several also completed a Macedonian language and culture course.

Now as we are getting ready to re-deploy to Germany, I look back over my time here and reflect on our experiences. We learned a great deal to broaden our knowledge as nurses, medics, NCOs and officers. When we prepared to deploy to Kosovo last winter, I begged to be sent to the ICU in Kosovo. My nursing leadership told me, "I understand what you want, but I have a better place for you, trust me." It was the right advice--I wouldn't trade the responsibility, autonomy, and variety of jobs for any other nursing position in the Balkans. This has truly been a tremendous opportunity for all of us at Camp Able Sentry.

DIAGNOSIS OF TETANUS AND THE SHORTAGE OF TETANUS TOXIOD

MAJ Shirley Tuorinsky

Tetanus is an acute, often fatal infectious disease caused by an exotoxin produced by *Clostridium tetani*, a spore-forming bacteria. Classic symptoms include generalized rigidity and convulsive spasms of the skeletal muscles. The muscle stiffness commonly involves the jaw, hence lockjaw, and neck, then becomes widespread. *C. tetani* usually enters the body through a wound. Toxins are produced in the wound and travels throughout the body. It acts on several sites in the central nervous system. The toxin interferes with neurotransmitter release, blocking inhibitor impulses, resulting in unopposed muscle contraction and spasm. Seizures could occur as well. Diagnosing tetanus is particularly challenging not only because it mimics other infectious disease processes, but also because it is considered to be preventable in today's world.

Diagnosis of Tetanus: Trismus (lockjaw) could also be attributed to tooth abscess, mandibular dislocation, or peritonsillar or rectopharyngeal abscess. Muscle spasms may be due to: meningitis, psychiatric disorders, dystonic reactions, acute abdomen, and strychnine poisoning. Priorities for treatment include airway management and cardiovascular stability. These patients need to be monitored in an intensive care setting due to the rapid hemodynamic fluctuations. Diagnosis of tetanus is based on clinical findings. No laboratory or diagnostic tests are specific for tetanus. Treatment is started when clinical diagnosis is considered. Wound cultures may be collected, but the yield for tetanus is inconclusive. Definitive diagnosis for tetanus is strictly based on the patient's clinical presentation.

Discussion: In cases of tetanus, the history of present illness usually includes a recognized wound that has been contaminated with soil, manure or rusty metal. This wound may be trivial in nature. In 15-25% of cases, a recognized wound cannot be identified. The incubation period for tetanus ranges from three to 21 days.

Treatment: The recommended treatment for Tetanus is Tetanus Immune Globulin (human) (TIG). It is recommended that once the patient has recovered, a full course of immunization with tetanus toxoid should be given. Any wound found on a patient should be thoroughly cleaned and debrided if there is necrosis present. It is recommended to provide supportive care and pharmacotherapy to minimize stimuli, which can provoke spasms. All patients even with mild illness are to receive oral or intravenous metronidazole. Parenteral penicillin G can be administered as an alternative therapy. It is recommended that treatment be given ten to fourteen days. Primary tetanus immunization, commonly combined with diphtheria toxoid and acellular pertussis vaccine is recommended for all persons between the ages of six weeks to seven years old who do not have any contraindications.

In November 2000, the Centers for Disease Control (CDC) published a Notice to Readers: Shortage of Tetanus and Diphtheria Toxoids. Guidance to clinics was to prioritize their available supplies, and if Td was delayed, to initiate a call-back system when the vaccine became available. In May 2001, the CDC stated that the shortage was expected to continue.

Conclusion: The role of patient education and patient advocacy is a large part of nursing and large part of the health of patients. In cases of even seemingly minor lacerations, if tetanus immunization status is unknown, the patient should be encouraged to seek health care to verify a recent dose of tetanus. If current status cannot be verified, a booster should be given.

UNIFORMED NURSE PRACTITIONER ASSOCIATION

MAJ (P) Maureen A. Storch is the new Army Director for the Uniformed Nurse Practitioner Association. Please feel free to contact her at maureen.storch@cen.amedd.army.mil with any questions or suggestions regarding UNPA. UNPA needs your support!

Organization: UNPA is a private, not-for-profit association of nurse practitioners, certified nurse midwives, and others who are serving in, working for, or have an interest in the US Air Force, US Army, US Navy, and the US Public Health Service. UNPA is a corporate member of the American Academy of Nurse Practitioners.

UNPA is the only organization solely dedicated to providing US military and US Public Health Service nurse practitioners and certified nurse midwives with learning and networking

opportunities, and is the voice of its members. UNPA is working to improve the health of active duty military families, retired military families, and all eligible beneficiaries.

Membership: You can get a concise and professional UNPA Membership Brochure for yourself or other potential members by going to the UNPA Home Page: <http://www.unpa.org> and choosing the printable membership brochure and application or you may request brochures by email at unpahq@aol.com or call 800-759-2881 and leave mailing information.

--You will receive 12 issues of the excellent "Nurse Practitioner Journal," a \$50.00 value.

--You are eligible for the discounted members' rate for the Annual Education Conference, a \$25 value.

--You may list your name in the Job Bank at no charge (contact Mike Monahan, unpahq@aol.com for further information about the job bank).

--You will receive the "Shared Insights" UNPA Newsletter approximately three times each year.

--You are eligible for a \$10.00 discount on [American Academy of Nurse Practitioners \(AANP\)](#) membership.

Won't you consider supporting UNPA? For the cost of a dinner or two you get real tangible value in return. Perhaps more importantly, **your membership adds value to the voice of the association.** Our ability to attract corporate sponsors, influence other associations and attract new members comes from having a large base of support. Even if you do not plan to attend the Annual Education Conference, **your membership directly improves the practice of your colleagues, serves your patients, and enhances the image of nurse practitioners!** Just print out and fill in the application, mail it today and we'll immediately forward your newsletter and start or renew your Nurse Practitioner Journal subscription for 12 issues.



AMSUS 2002 Conference

The 108th Annual Meeting of the Association of Military Surgeons of the United States (AMSUS) is in Louisville, Kentucky **10 - 15 November 2002**. The poster sessions will be held Monday, 11 November 2002.

AMEDD Army Enlisted Commissioning Program (AECP)

Do you know an AMEDD Soldier who wants to become a registered nurse? If so, the AMEDD has a fantastic program designed to help soldiers achieve that goal. The Army Enlisted Commissioning Program (AECP) allows active duty enlisted soldiers to obtain a scholarship to attend college in a full-time student status while still receiving full pay and benefits in their current grade. Upon earning their Bachelor of Science in Nursing degree and successfully completing the

National Council for Licensure Examination-RN (NCLEX-RN), these soldiers are commissioned Second Lieutenants in the Army Nurse Corps (active component). The Active Duty Service Obligation is 3 years. Application to the AECP is open to all active duty army enlisted soldiers, regardless of Military Occupational Specialty, who are able to gain acceptance as a full time student to an accredited nursing program with an academic and clinical curriculum in English; and graduate within 24 calendar months. This program funds academic costs of up to \$3,000 per semester or \$2,250 per quarter. More information and the program application guidelines are located at www.armymedicine.army.mil/otsg/nurse or www.usarec.army.mil/aecp/.

The USAREC AECP Program Manager is SFC Charles Bradshaw at 1-800-223-3735 extension 60381. The FY03 AECP guidelines can be found on www.goarmy or the ANC Homepage, click on professional development. There is also an AECP power point presentation you may download for NCOOP and ODP at your facility from USAREC.

CHN Referrals for Korea Reminder

Referrals for Korea: Forward all CHN referrals for Korea to MAJ(P) Angeline Hemingway, Korea CHN Consultant. Do not send them to the other CHN addresses noted on the CHN roster. Contact MAJ(P) Hemingway via Outlook for questions.

16th Annual Pacific Nursing Research Conference Call for Abstracts

The 16th annual Pacific Nursing Research Conference is co-sponsored by the Tripler Army Medical Center and the University of Hawai'i at Manoa School of Nursing and Dental Hygiene. This conference is dedicated to sharing nursing research findings and to fostering the utilization of research findings by clinicians. The conference will be held at the Hilton Hawaiian Village in Honolulu, Hawaii, **March 7 and 8, 2003**. The POC is LTC Hyacinth Joseph at (808) 433-2753.



LTC Deborah Spencer from BAMC and **MAJ Karen Whitman** from WRAMC won the **2002 Medical-Surgical Nursing Writer's Award** for their manuscript "Inhalation Anthrax" published in *Med-Surg Nursing Journal* in Dec 2001 and in *Dermatology Nursing* in Apr 2002.

MAJ Carlton Brown from WRAMC received the **2002 Writer's Clinical Scholarship Award** in the category of Research Utilization for his paper, "Testicular Cancer: An Overview" from the journal, *Med-Surg Nursing Journal*. The article is scheduled for publication in Feb 03.

