
ARMY NURSE CORPS NEWSLETTER

“Ready, Caring, and Proud”

Volume 04 Issue 10

August 2004



Corps Chief's Message

Greetings! I am honored and excited to have this opportunity to share some thoughts and perspectives as your new Chief.

I need to start off with thanks to BG Bester and COL Gustke for putting together an impressive team of officers as the action officers for our Corps. LTC Christine Johnson at the National Capitol region, LTC Sheri Howell and MAJ Eric Lewis in the San Antonio office. They worked miracles as new staff and made the promotion ceremony go without a hitch! I know they will continue that outstanding work for all of us as we move forward.

I also want to make sure that everyone has learned that COL Barbara Bruno is the Deputy Corps Chief. We will hold her oath of office ceremony on 2 Sep 04 at Fort Sam Houston, so if you are able, please join us. COL Bruno brings to our Corps the experience I need to have a command team that has a solid understanding and will assist us making the ANC even stronger. I am grateful she was willing to assume these responsibilities.

We are expanding the communication among our senior leaders so that we remain constantly aware of the issues being raised and worked in the various locations. We have invited the National Guard and the Reserve Component so that when we make plans and decisions, we have their concerns and ideas incorporated in what we do. I want to thank all of you who are making sure that these RC and NG nurses are rapidly assimilated into our various organizations. We can't complete the mission we have without their support and working as "One Team" insures our continued success.

I also want to take a few moments to talk about some of my initial experiences and thoughts. I have been receiving briefings from a variety of officers and I am absolutely delighted in their knowledge, their willingness to create new ways of accomplishing our goals, and their dedication to our Corps. I want everyone to know that I believe we are leaders 24/7. Every day we come to work, every time we interact with people outside our work place, we are representing the best nurses in the world—and the soldiers, NCO's and other Corps are watching our behaviors. I believe it is essential that we "walk the walk." I expect everyone to be within compliance of AR 600-9

and participating in the semi annual APFT. I do not believe that we can effectively care for others when we do not care for ourselves—and I only want the people willing to do the right thing all the time in leadership positions. I also want us to do quarterly written counseling with our respective subordinates. These officers can't be the best they can be if they are not nurtured and developed. Counseling sessions are educational and developmental. I want each officer to know what their boss sees as their strengths and what areas they need to work on **together** to increase their effectiveness and satisfaction in their positions.

We must focus on retention of these wonderful officers. I want people to know that there is no better place to work, no more rewarding nursing than caring for the men and women who are serving or have served our great Nation. I want us to become the first choice for nurses in America—whether for a single tour or a career. There are very few locations in the US where one's colleagues are always at least BSN prepared and we need to celebrate that.

I would ask that you remain in contact with those of us who are deployed and working in extremely trying conditions. I just met some of the nurses who truly represented selfless service in that environment. One of the AMEDD units was co-located with an infantry unit. The "Mom" of one of the infantry soldiers responded to her son's requests to send air conditioners for their tents so they could be more comfortable to sleep. These soldiers came and asked the nurses if they wanted air conditioners also—the response was no, would "Mom" arrange for some medical equipment that was in short supply. This is absolutely a prime example of selfless service.

I look forward to getting to your various locations and personally meeting more of you. I am honored to serve with you. GSP

Gale S. Pollock
MG, AN
Chief, Army Nurse Corps

Kudos and Publications

Congratulations to **BG (Ret) Bill Bester** on his recent acceptance of a teaching position at the University of Texas at Austin. General Bester will be teaching at both the Baccalaureate and Masters levels.

Congratulations to **MAJ(P) Sara Breckenridge Sproat and MAJ Rebecca Kitzmiller** on the publication of the book, *The Nursing Informatics Implementation Guide* which they co-authored with Eleanor C. Hunt.

Kudos to **CPT Jeff Rumfield** who created a poster that was selected for presentation at the 17th Annual Pacific Research Conference in Honolulu, HI in March 2004.

Congratulations to the following Nurse Corps officers who took command this summer:

- COL Marilyn Brooks took command of Irwin Army Community Hospital at Ft. Riley, KS.
- COL Susan Denny took command of Lyster Army Community Hospital at Ft. Rucker, AL.
- COL Sharon DeRuvo took command of General Leonard Wood Army Community Hospital at Ft. Leonard Wood, MO.
- COL Patricia Horoho took command of DeWitt Army Community Hospital at Ft. Belvoir, VA.
- COL Julie Zadinsky took command of CHPPM West at Camp Zama Japan.
- COL Patricia Saulsbery took command of Blanchfield Army Community Hospital at Ft. Campbell, KY.

2004 Dr. Anita Newcomb McGee Award Winner

Lieutenant Colonel promotable Patricia A. Patrician, outgoing Chief of Nursing Research at Walter Reed Army Medical Center, accepted the prestigious Anita Newcomb McGee Award at a recent ceremony on 9 July at the Daughters of the American Revolution (DAR) Constitution Hall in Washington, DC. President General Linda



Tinker Watkins formally presented the award on National Defense Night of the 2004 Continental Congress of the DAR. Major General Gale S. Pollock, the new Chief of the Army Nurse Corps, was among the dignitaries in attendance.

Named for the founder of the Army Nurse Corps, the Anita Newcomb McGee Award is presented annually to an active duty Army Nurse Corps officer who exemplifies excellence in professional and military nursing. Colonel Patricia A.H. Saulsbery, who nominated Lieutenant Colonel Patrician for the award, described her as a “consummate leader, progressive thinker, and skilled problem solver, . . . a leader among leaders.”

LTC (P) Patrician graduated cum laude with a BSN from Wilkes University, and earned her Master’s Degree in Critical Care Nursing from the University of Texas Health Science Center in San Antonio, Texas. She earned her doctorate at the University of Pennsylvania, and is a well-known research expert in both the military and civilian nursing communities. A world-class scholar, trusted advisor, strategic planner and innovative leader, LTC (P) Patrician is a role model for military nursing research and evidence-based clinical nursing care.

In her acceptance speech, LTC (P) Patrician noted the value, military nursing places on science and professionalism. She described recent advances in Army medicine and nursing, including wound dressings that clot blood on contact and providing surgical care close to troops on the battlefield. She told of the special bonds formed between the soldiers wounded in Iraq or Afghanistan and the nurses caring for them on deployment and at Walter Reed. She described the spirit and determination of these “soldier-patients,” including two who became United States citizens while they were patients. LTC(P) Patrician closed with a quote from Mother Teresa, that “We can do no great things---we can only do small things with great love.” LTC (P) Patricia Patrician said that her love for Army nursing makes her able to “accomplish small things with great love.”

New Competency Resource launched for the AMEDD

The new Tri-Service Healthcare Competency Assessment Website was created to 1) standardize the template (not the content) for initial and ongoing competency assessment tools across the AMEDD and to 2) share examples from Brooke Army Medical Center’s custom designed library of over 350 unit and/or job specific clinical and administrative competency tools. The tools incorporate Balanced Scorecard goals, soldier readiness, scope of practice, age, language, and cultural-specific competencies in a format that targets technical, critical thinking, and interpersonal skills.

The posted tools, accessed at <https://akm.amedd.army.mil/competency>, have had all formatting removed so that they can be downloaded and edited to meet the needs of your unit or facility. This information is not prescriptive in nature but only shared to help other facilities as they tackle the issue of competency assessment and JCAHO compliance. More tools and materials are being added everyday as they are being converted from the BAMC format. LTC Kimberly Armstrong at the AMEDD Center and School is spearheading this project and may be contacted at (210) 221-6073, DSN 471-6073, or at Kimberly.Armstrong@amedd.army.mil for any questions.

91WM6 (Practical Nurse) Branch by LTC Patricia LeRoux

HOT OFF THE PRESS:

A Nursing skills Book entitled “Comprehensive Skills and Competency Assessment for Nursing Care Providers” went to print the week of 28 June 2004 and is available for order ([order ISBN# 0536752605](#)) through Prentice Hall.

Cost is \$59.50. The companion skills CD will follow and be available in the Fall 2004. This book was developed as an adjunct tool for the 91WM6, Army Practical Nurse Course. The purpose of this collaboration was to better prepare students in learning the cognitive and psychomotor skills needed to perform a multitude of tasks in any given patient care setting during peacetime and mobilization. There are a total of 153 skills ranging from fundamental skills to advance nursing skills to include 22 critical care tasks and CBRNE tasks as well.

This book was initially developed for the U.S. Army 91WM6 Practical Nurse Course, but later evolved into a comprehensive resource for *all nursing care providers* with varying degrees of skill, experience, and educational preparations. Readers will find it to be an invaluable tool for the spectrum of nursing care providers from the beginning level student learning the Art and Science of Nursing, to the advanced nurse cross training, seeking continuing education opportunities, or validating skills and knowledge. The current mix of nursing care providers, including extenders, licensed and unlicensed personnel, and specialists require training programs and hospitals alike have a consistent reliable, and valid method of teaching, verifying, and validating levels of competency. Instead of each medical treatment facility designing their own competency assessment, this book will provide the resources for a standardized program and the required tools, which can be downloaded from the companion skills CD. Utilizing the skills CD, one can customize a training program to meet individual or institutional needs whether for staff development, orientation, or practical exercise instruction.

The material in this book is organized in a user-friendly fashion according to skills, purpose, objectives, required supplies and equipment, performance steps, and special considerations. Special considerations outline age-specific and, cultural or ethnic-specific areas, and pertinent points that the learner should be aware of in performing the individual skill. Key terms are identified in a list at the beginning of tasks, where necessary. An added feature with each procedure is photographs and/or illustrations to further enhance learner comprehension. Whether student, educator, or staff nurse, this book will meet your individual needs and become an invaluable tool and reference for initial training, refresher training, and/or periodic reevaluation of competency assessment.

Special acknowledgments for the book are extended to COL Janet Harris C, Department of Nursing Science, Lieutenant Colonel Teresa McPherson, Program Director, 91WM6 (Practical Nurse) Branch and to Lieutenant Colonel Christine Johnson, who served as project officers and authors/editors of the book/video. Additional thanks and gratitude go out to the staff and faculty of the 91WM6 Branch and Department of Nursing Science at the U.S. Army Medical Department Center and School, Fort Sam Houston, Texas; Brooke Army Medical Center, Fort Sam Houston, Texas; US Army Medical Command, Fort Sam Houston, Texas; and Prentice Hall for their untiring efforts in providing additional expertise and guidance in conducting research, writing, reviewing, and editing the skills book material and for making this quality product possible.

Critical Care Website now live

The new **Critical Care Website** will be a one-stop shop for military critical care nurses to obtain vital information regarding patient care and professional development. This site will include important links to professional organizations and will contain research-based SOPs for peers to review and modify for their own facility. Click on the Enterprise Consultancy Website at <http://ec.amedd.army.mil/> and select the nursing button on the left menu. MAJ Lisa Snyder is working in conjunction with COL Juanita Winfree, the Critical Care Consultant, on this project. You may contact MAJ Snyder at lisa.snyder@us.army.mil.

1LT Sharon Lane Annual Remembrance Day by CPT Tamara Durham

1st Lt. Sharon Ann Lane, ANC (July 7, 1943 - June 9, 1969) from Canton, Ohio, was assigned to the 312th Evacuation Hospital, Chu Lai, Republic of Vietnam in April, 1969. At the age of 25 Sharon was the sole American Military nurse in the Vietnam War to die under hostile fire. 1LT Lane had been in country less than two months. Her Nursing responsibilities consisted of caring for American soldiers, Vietnamese civilian men, women and children, South Vietnamese military, North Vietnamese regular forces (NVA) and Viet Cong (VC) POWs in the Vietnamese ward of the 312th. She especially loved the Vietnamese children who were her patients, and declined transfer from the ward on numerous occasions.

Sharon spent her free, off duty day caring for American soldiers in the Surgical ICU. Lane became an inspiration to her medical colleagues through her compassion, kindness and caring in treating all of her patients with dignity and respect, despite the uniform they wore.

On June 8, 1969, a rocket directly struck the Vietnamese Ward 4, killing Sharon, a twelve year old child and severely injuring twenty seven Vietnamese and American patients, and injuring several Army Medical personnel at 0530 in the morning, shortly before her shift was to have ended.

1LT Sharon Ann Lane was posthumously awarded the Purple Heart, the Bronze Star with a "V" for Gallantry, the National Defense Service Medal, the Vietnam Service Medal, the National Order of Vietnam Medal and the (South) Vietnamese Gallantry Cross with Palm.

In 1970, the former Fitzsimmons Army Hospital in Denver, Colorado, Lane's assignment prior to volunteering for Vietnam, dedicated the Recovery Room in her honor. A bronze statue of Lane was erected in 1973 at Aultman Hospital in Canton, Ohio, where she attended Nursing School. The statue also bears the names of 110 local servicemen killed in Vietnam. In 1999, Sharon was named Nurse of the Year by the Ohio based Steris (Medical equipment) corporation. The Lane Medical Library has been dedicated at Ft. Carson, Colorado.



On June 8, 2004 at the annual Remembrance Day ceremony held at Aultman Hospital in Canton Ohio, Sharon's home town, the Lane Medical Information center was dedicated. Captain Tamara Durham, Army Nurse Corps Representative for the 3D AMEDD RCTG DET, attended for the second year and offered eloquent remarks to those gathered to honor and remember Sharon. In attendance were Mary Kay Lane, Gold star Mother and family, Vietnam Veteran Nurses and brother Vietnam Veterans, the Mayor of Canton, Ohio, the Vice president many Nurses and student nurses from Aultman Hospital. A special guest who attends the ceremony every year was Dorothy Lamb, aged 94, who is a proud Veteran Army Nurse from WW11, Korea and Vietnam.

A commitment has been made by Aultman Hospital Pediatric Nurses to assist in the development of an educational program for the nurses of the Sharon Ann Lane Foundation clinic and a project of gathering medical equipment supplies has begun. Under consideration is possible exchange nursing program where Vietnamese Nurses will study at Aultman Hospital. In March, 2005 a group of Medical practitioners from the University of Indiana and a Pennsylvania Hospital will travel to the Sharon Ann Lane Foundation clinic to engage in the exchange of medical education and the evaluation of patients. A medical exchange program is a future goal between American and Vietnamese medical and allied health students.

A group of Vietnam Veterans, VVA chapter 333 of Rockland County New York and Rotarians have donated an Ambulance and much needed medical supplies are now being gathered to send to the clinic. Among the members of this VVA chapter are former Medics, now practicing EMTs, who are planning a training program for the Vietnamese medical personnel who will use the Ambulance to bring patient care to the outlying districts.

LTC Diana DeStefano, Army Nurse (Reserve), Chief Nurse of the 312th Evacuation Reserve Hospital located in Greensboro, NC, has offered to assist with the Sharon Ann Lane clinic. Currently a Scholarship is awarded by the 312th Hospital to a community resident.

Sharon's biography, Hostile fire: The Life and Death of Lieutenant Lane in Vietnam by Phillip Bigler is available from the Sharon Ann Lane Foundation. Please contact the clinic for further information.

The Sharon Ann Lane Foundation clinic stands today near the site of the former 312th Evacuation Hospital in Tam Hiep commune, Nui Thanh district, Quang Nam Province, Vietnam. Here the nursing legacy of Sharon Ann Lane, Army Nurse Corps Officer, continues in her memory for the children of Vietnam whom she so dearly loved.

The name of Sharon Ann Lane is carved into the black granite of the Vietnam Veterans Memorial, The Wall, in Washington D.C. and is located on (panel 23W, line 112).

Sharon Ann Lane Foundation
www.sharonannlanefoundation.org

Attention Mobilized Reservists: HRC-St. Louis will fund Continuing Health Education Training

HRC-St Louis is now funding one continuing health education (CHE) training of up to 5-days for US Army Reserve Soldiers per FY while mobilized. This does not include TTAD Soldiers. HRC-St Louis will need a worksheet, "Request for PDE Orders on Mobilized Reservists," a memorandum from the unit commander authorizing absence from duty station in a TDY status, and a copy of mobilization orders. The orders will not cover a rental car or the registration fees. Airline reservations must be made through Carlson Travel or it will not be reimbursed. Professional Development Education (PDE) is funded only if required for promotion.

POC is Mr. Dave McClory, 800-325-4629 x 0466 or 314-592-0466 or e-mail david.mcclory@arpstl.army.mil

Medical Surgical Nursing, Interim Consultant, LTC Barbara Gilbert

Aloha! I recently became the Interim Medical-Surgical Nursing Consultant and am currently the Director of Medical Nursing Services at Tripler Army Medical Center.

The Academy of Medical-Surgical Nurses (AMSN) will be holding its 13th Annual Convention 8-12 September 2004 at the Hyatt Regency in Chicago. The theme is "The Magnificent Specialty of Medical-Surgical Nursing." The optional two-day pre-convention workshop on the 8th and 9th is a Medical-Surgical Overview/Certification Review. The convention, beginning the afternoon of the 9th through the afternoon of the 12th, offers a variety of concurrent sessions, with pertinent topics such as evaluation of cognitive impairment in older adults, pain management at the end of life, acute renal disease, and postoperative care. The Certified Medical-Surgical Registered Nurse (CMSRN) Exam will be offered on-site on the 13th. Please link to www.medsurgnurse.org for more information. I hope to see some of you there!

Many of the Chief Nurses have provided me the names of their Medical-Surgical Nursing points of contact, and I am beginning to communicate with these leaders. I welcome communication regarding Medical-Surgical Nursing issues from all nurses in our clinical specialty. You may contact me at (808) 433-5119, or e-mail me at barbara.gilbert@us.army.mil

The Military Order of the Purple Heart

The Military Order of the Purple Heart, a veteran's organization comprised of recipients of the Purple Heart Medal, will hold its annual Memorial Service honoring Wartime Nurses at the Nurses Memorial, Arlington Cemetery at 2:00 pm on Friday September 10, 2004.

The Nurses Memorial is located in Section 21 of Arlington Cemetery, which is just west of the Amphitheater on Porter Drive. Seating will be available. A reception will follow the half hour service at the Women In Military Service For America (WIMSA). Please notify Joyce Beene, Executive Assistant, at (703) 642-5360 if you plan to attend.

Psychiatric Nursing Consultant, COL Christine Piper

Operation Iraqi Freedom has directly and indirectly increased the need for intensive mental health services. The MAMC Behavioral Health Intensive Outpatient Program (BHIOP) was developed in November 2003 to address a portion of this demand by providing crisis stabilization directed at preventing hospitalization and facilitating discharge transition mental health treatment.

About the program.

The BHIOP provides a five-hour program of group psychotherapy, didactic psychoeducation and medication management five days a week during duty hours. The program staff consists of a psychiatric nurse practitioner credentialed with prescriptive authority, a masters prepared counselor and a 91X psychiatric technician.

The group is open and participants are able to start within a day or two of referral. Participants are referred from MAMC Behavioral Health providers or the inpatient psychiatry unit and then screened by the program staff. They remain in the program with the consent of their command from two to four weeks. The didactic content is rotated so that all participants eventually receive all content. Some of the topics covered in the didactic portion include stress management, problems solving, time management, values clarification, depression monitoring, sleep hygiene, assertiveness, and cognitive behavior modification. After the completing the program the participant is invited back for one to three individual follow-up visits to ensure continuity of care and reintegration into conventional outpatient care.

The average number of participants at any time is six to seven. The focus of the program is to return the participant to an effective level of coping with their psychiatric disorder and the problems of daily living. The patients typically referred to the program are dealing with posttraumatic stress disorder related to combat or sexual assault, depression, panic disorder or a personality disorder. A solid majority of the referrals have either been evacuated from Operation Iraqi Freedom (OIF), have recently redeployed from there, or are facing imminent deployment.

How the program started.

In March of 2003 I was recalled to active duty after four months at my first nurse practitioner job since graduating from the University of Washington in 2002 as a psychiatric NP and adult primary care NP. My mission was to backfill as the head nurse of inpatient psychiatry at Madigan Army Medical Center. During CY03 the MAMC inpatient psychiatry service experienced a 48 percent increase in its average daily census compared to CY02. The bulk of this increase was experienced in the months following initial combat operations in Iraq as psychiatric casualties returned from theater and active and reserve component units accelerated their training for imminent deployment. Family members too were impacted by high operational tempo training and extended deployment requirements. The mobilization of National Guard and reservists has added new mental health beneficiaries to the system as well, some of whom have been ill prepared for the stresses and strains of sending a loved one off to war. The impact of these stresses has not only been seen in the Mental Health Clinic but in multiple other clinics as well as service members and their families present with stress related physical problems.

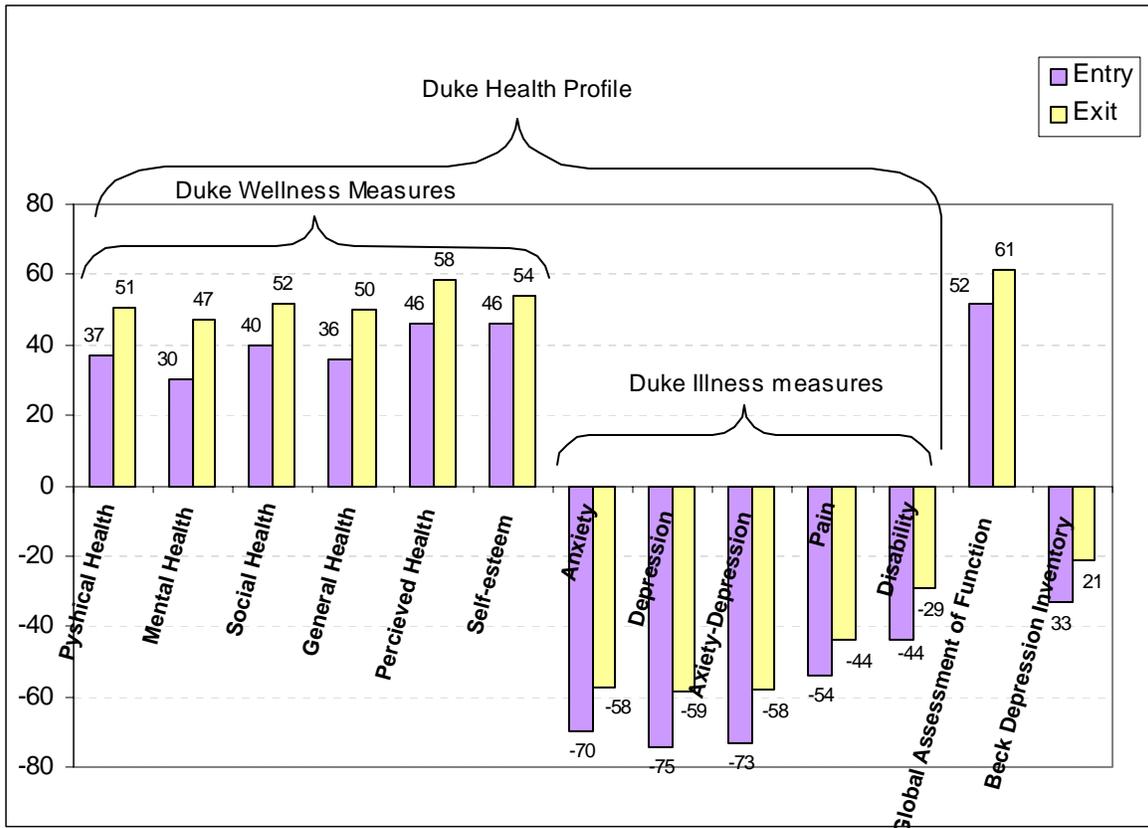
A great portion of the increase in average daily census on the inpatient psychiatry unit appeared related to the dearth of adequately supportive discharge options for significantly affected psychiatric inpatients. Some patients no longer needed inpatient treatment but required more supervision and continued services than their units or the medical holding company could provide.

Mental health systems in the civilian sector typically employ several levels of service intensity. These include inpatient services, partial hospitalization or intensive outpatient services, conventional outpatient treatment, residential treatment, supervised group homes or half-way houses, placement with supportive family members and supervised independent living. Options for mentally fragile service members are usually not so diverse because service members requiring such long-term care are usually separated from service. With the separation process taking several months, these soldiers have been at risk for extended inpatient stays, and/or overuse of outpatient and crisis services, and/or just falling through the cracks.

The return of the inpatient head nurse from OIF permitted me to vacate that position and petition the command to establish this program. I am now acting as the director of the program and a prescribing psychiatric nurse practitioner with orders extended through next March. The program was established for the immediate increased need of transitional mental health services. Since there does not appear to be any decrease in the Army's global commitments any time in the near future we may petition to have the program staff permanently added to the MAMC TDA very soon.

Outcomes

Though a direct relationship cannot be proved, there has been a substantial drop in the average daily census on the MAMC inpatient psychiatry service since the creation of the BHIOP, while the overall demand for outpatient mental health services has continued to increase. Participant and referring provider satisfaction regarding the BHIOP has been decidedly positive. Outcome measures have also been soundly positive.



ADVANCING NURSING PRACTICE
Putting Evidence Into Nursing Practice by LTC Deborah Kenny

Qualitative Studies and Evidence-Based Practice

In the October and November 2003 newsletters, I discussed critiquing and rating evidence. The main thrust of those two columns was aimed at quantitative research. In fact, most evidence rating hierarchies are designed to rate quantitative studies, where different variables and objective measures are being examined. In those hierarchies, qualitative evidence is rated near the bottom of those scales, in the same category as descriptive, non-experimental studies. As Greenhalgh (2002) states, "Trying to place a high quality, in-depth qualitative study anywhere in the conventional hierarchy of evidence is like trying to answer the question, 'What sort of a fruit is chicken?'" (p. 585). If that is the case, then how is qualitative research evaluated in terms of its usefulness for clinical practice?

To begin with qualitative studies differ from quantitative in that they are usually conducted in the natural setting, the data are collected as stories or pictures, they are process rather than outcome oriented, they focus on the perspectives of the participants and data is analyzed inductively (going from the specific to the general). Often, the research

questions begin with “how” or “what is the meaning of” to describe what is going on with the area in question. There are two ways in which qualitative studies can be used: 1) To explore an area of interest to gain information for the purpose of developing hypotheses to test with quantitative examination, and 2) To further explain a phenomenon in more depth than a quantitative survey can reach.

Because the gold standard of evidence-based medicine, and now nursing practice has been on objective, scientific, experimental studies, the value of contributions from qualitative studies has largely been underestimated. So then the question is, “Where do qualitative studies belong on the hierarchy?” A single case example or other anecdotal evidence should be near the bottom with the case reports and clinical examples. It describes the experience of a single individual and cannot be generalized to a larger population. For example, one person’s experience with trauma may be very different from another’s or even from the general population. On the other hand, a well-designed rigorous qualitative study that contains rich data from a sample in which saturation has been reached (the same issues are heard over and over again) may belong near the top of the hierarchy. Such studies are able to generate theories about processes and can often provide strong data for focused hypothesis testing.

Qualitative research certainly has a place in evidence-based practice. Nursing, as a humanistic and holistic profession, is beginning to turn more and more to qualitative research as it offers a depth that quantitative research cannot reach in certain areas. For example, a simple survey may answer questions as to what staff nurses can do to help meet the needs of family members of patients in an ICU, but it does not address the process family members may go through in coping with a loved one’s ICU stay. Their stories can give us much richer information. These data could then be important in understanding certain family members’ behaviors so that the nurses can help to enhance positive coping mechanisms.

Next month, I will discuss specific points for evaluation of qualitative research for its merit for evidence-based practice. 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 and especially lessons learned can submit them to me at deborah.kenny@na.amedd.army.mil or contact me at Com: (202) 782-7025 or DSN 662-7025.

References

Greenhalgh, T. (2002). Integrating qualitative research into evidence based practice.
Endocrinology and Metabolism Clinics of North America, 31, 583-601.

10th Annual Field Medical Conference

“Health Service Support in OIF & OEF: Lessons Learned”

9-12 September, Raleigh, NC

Sponsored by:

***The 44th Medical Command (ABN); The USA Forces Command, Office of the Surgeon; The Army Nurse Corps;
and
Womack Army Medical Center***

For conference information contact COL’s Mike Calder or Teresa Parker, LTC Deanna Brown, SFC William Jeffries, or SGT Jose Robles, 44th MEDCOM, at (910) 396-9944/8185 (DSN 236-).

AJN Photo Submissions – A Chance to Share Your Experiences with other Nursing Professionals

The American Journal of Nursing (AJN) has requested photos of Army Nurses from recent operations--either peacekeeping, humanitarian or related to the Global War on Terror. The AJN Editor would like to include them in a military photo spread. If you took interesting photos, while involved in one of these missions, please contact Nicole Mladic at 312.861.5274 or email Nicole.Mladic@mslpr.com.

Human Resources Command (HRC) Update

Good August to everyone – incredibly fast moving summer as we all are challenged with deployments and PCS OPTEMPO as well as summer transitions. Our transition is complete at AN Branch with the arrival of our final three PMOs. LTC Kathleen Ford takes over the 66B/66C/66G/8D/ and 66P population from MAJ (P) Doreen Agin. MAJ (P) Traci Crawford assumes the reigns of the 66H (1LT(P) to MAJs) from MAJ Pat Ahearne (note, the 66Ps have moved to LTC Ford). Finally, MAJ LaShanda Cobbs takes over our FRO position from CPT (P) James Simmons. The overall transition is complete as all of our departing staff have signed out and are on their ways to new clinical and academic challenges. The three departing officers have been here for two years and take with them a plethora of experience that will influence their new organizations tremendously. Thanks for your patience and support as the new staff learn the ropes. They arrive here with energy, focus, professionalism and determination to take care of the AMEDD, the Corps and the officers. Thanks for everyone’s support of the HPLRP board last month as we identified 27+ high speed officers for retention. Also, thanks to everyone for your support as we identified candidates for our USAREC/ ROTC board to be held this month. We have a good screen to review and choose officers who will influence the future of our Corps. I would also put a plug in for 9A applications with an anticipated board in September. We need qualified nominees for this coveted designator. Finally, we’ll be putting together the Letter of Instruction for the Chief Nurse board presently scheduled for the 13th to the 15th of October. I’ll be getting a list of positions opening that I believe according to Station Count and TOS will be opening next summer. I will need all the DCNs to validate that information. AS fall approaches, we trust all have had some time to rest during an incredibly busy summer. We continue to stay in close touch with our deployed colleagues and think of them daily.

Please visit us 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.

Upcoming Boards

4 - 8 OCT 2004	LTHET
OCT 13-15 2004	CHIEF NURSE BOARD
OCT 19–29 2004	MAJ AMEDD/CPT SELCON BOARDS
30 NOV - 10 DEC 04	FY06 LIEUTENANT COLONEL AMEDD COMMAND BOARD

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:

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

<p align="center">Command and General Staff College/ILE</p>	
<p>Army Reserve Component: <i>Phases 1-2: The four-phase CGSC is no long available for new enrollment. Officers who have previously started this program will complete the four phased course. New students may enroll in ILE (see below).</i> Phase 3: Contact Jennifer West at 703-325-3159. Phase 4: Fax a DA 3838 to MAJ Richardson at 703-325-2392. Reserve ILE: Fax a DA 3838 to MAJ Richardson at 703-325-2392. Must request local funding for course attendance.</p>	<p>CGSC Correspondence Course: https://cgsc2.leavenworth.army.mil/nrs/cgsoc/application/application.asp. You must have an AKO password to enter the site.</p>

Fellowships

FY 05 Congressional Fellowship: Packets due to AN Branch 1 Aug 2004.

FY 05 White House Fellowship: Packets due to AN Branch 1 Dec 2004.

Education

Reminder that all education requests must come through your Hospital Educator or Chief Nurse. No individual requests will be honored.

Please fax a DA 3838 for course enrollment to (703) 325-2392, DSN 221-2392. This will help with better tracking.

Revised LTHET Guidelines are available on the website. LTHET Board date is: 4-8 October 2004. Packets due to AN Branch 1 Aug 2004. Remember that the schools have their own deadlines for application. Contact MAJ Richardson at 703-325-2330 with questions.

The next AMEDD Officer Advanced Course is: 20 Sep-23 Nov 04. This course is currently full. See the ANC Branch website for future available dates. Remember that you must have Phase I completed prior to requesting enrollment in Phase II.

A 1610 must accompany all TDYs. If attending a course TDY enroute to a new assignment, a 1610 must accompany the PCS orders for the TDY period.

LTC FORD:

Greetings! I am delighted to join the staff here at AN Branch, replacing MAJ(P) Agin as the PMO for the 66B (Community Health), 66C (Psych/Mental Health), 66G (OB/GYN), 66G8D (Nurse Midwives), and 66P (Family Nurse Practitioners). I am here to serve you...both you the individual officer and the organizations you work for. Please don't hesitate to contact me at kathleen.ford@hoffman.army.mil with any questions or concerns.

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: The SEP 04 8A/ M5 course applications is closed. Applications for the 14 FEB - 20 MAY 05 Critical Care and Emergency Nursing Courses must be submitted by 3 SEP 04. Course dates for 2005 are: 14 FEB 05 - 20 MAY 05 & 13 JUN 05 - 20 SEP 05. POC is LTC Corulli at HRC, corullia@hoffman.army.mil.</p>	<p>OB-GYN Nursing Course:* 13 SEP 04- 21 JAN 05 13 FEB-7 JUN2005 26 JUN -19 OCT 2005 Contact LTC Ford at kathleen.ford@hoffman.army.mil (please check the website for application due dates)</p>	<p>Psychiatric-Mental Health:** <u><i>The Sept 2004 course dates have been changed. The new course dates are 22 Aug-17 Dec 2004</i></u> <u><i>13 FEB-14 JUN 2005 (this will be the only course offered in 2005)</i></u> Contact LTC Ford ASAP: mailto:kathleen.ford@hoffman.army.mil</p>	<p>Perioperative Nursing Course: The next class will be from 28 NOV 04-5 APR 2005. deadline for packet submission is 28 JUL 04. ***Follow-on assignments after Perioperative course must be to a major MEDCEN or large MEDDAC! For any questions, please contact LTC Neft at HRC @ neftm@hoffman.army.mil . For current assignment opportunities, visit https://www.perscomonline.army.mil/ophsdan/anc_assignments.htm</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 LTC Ford at mailto:kathleen.ford@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; Fairbanks, 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>			
<p>Community Health Nursing Course Dates</p>			
<p>6H-F9 STD Intervention Course (pre-requisite for the 6A-F5 Course): * 29 Aug- 5 Sep 04; 14-18 Feb 05; 2-6 May 05; 5-9 Sept 05</p>			
<p>6A-F5 Principles of Military Preventive Medicine: 6 Sep- 5 Nov 04; 21 Feb-25 April 05; 8 May-12 July 05; 11 Sept-15 November 05</p> <p>Contact LTC Ford at: mailto:kathleen.ford@hoffman.army.mil. Also note that 6H-F9 is now two phases, with Phase One needing to be completed prior to applying to Phase Two. For information visit the website http://www.cs.amedd.army.mil/dphs/CHP/index.html</p>			
<p>Please see your facility's Nursing Education Representative or nursing chain of command if you are interested in attending. Please note FY05 AOC/ASI Course dates are listed at https://www.perscomonline.army.mil/ophsdan/anc_profdevt.htm.</p>			

Assignment Opportunities

66H Lieutenants:

Congratulations to all the promotable LT's! If you are on the CPT's list and are approaching 3 years time on station, please e-mail MAJ Traci Crawford, your new PMO, to update her on your future plans.

HOT! HOT! HOT!

66E – DDEAMC – NOW
 WBAMC Fall-Winter, FY05
 Belvoir – Winter FY05
 Benning-Winter '05
 Stewart-Winter '05

If you have two years time on stations and are interested in moving, please call me ASAP!

66F –Ft. Hood, summer 04
 BAMC/WBAMC – NOW
 FST Hood- Summer '04
 Korea, summer FY '05
 Irwin, summer FY '05
 Europe summer '05
 2nd ACR FST – January '05

Follow on assignments can be negotiated especially after tours at Irwin or in Korea!

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. Please direct inquiries to LTC Neft, neftm@hoffman.army.mil.

Company Grade and MAJ 66H8A and 66HM5

Congratulations to all the promotable MAJORS. We are very proud of you and this selection speaks to your potential as a future leader in the Corps. Thank you in advance for all that you will continue to do to help keep the Army Nurses Corps strong and leaning forward in the future.

KOREA: We will need one M5 for Winter FY2005 PCS cycle. If you are an 8A and want to PCS to Korea summer 2005, please let AN Branch and your nursing chain know.

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

FORSCOM: Openings NOW 67th CSH, 21st CSH, 31st CSH, 10th CSH, 14th FH and 115th FH.

66H8A: Openings are at Forts Carson, Leonard Wood, Hood, & Riley, and WRAMC

66HM5: Openings are at Fort Hood, Fort Benning, Fort Stewart, Fort Sill, & Fort Polk

Other Opportunities: We are taking names now for CPT 66H8As interested in one flight nurse position at Scott AF Base which is available summer 2005.

Critical Care and Emergency Nursing Course: Packets are due by 3 September 04 for the 13 February 05 to 20 May 05 courses.

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

MAJ, CPT and 1LT (P) 66H:

Winter FY 05 job openings are posted please check the website at:

https://www.perscomonline.army.mil/ophsdan/anc_assignments.htm

KOREA: We have openings NOW for 66Hs for Winter FY2005 PCS cycle.

GERMANY: We are asking for volunteers for Division positions in Germany for Winter FY 05.

FORSCOM: Due to current operation tempo all TOE positions are required to be filled at 100%. There are still a variety of critical **TOE opportunities available both in FSTs and CSHs**. 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). Openings NOW 14th FH and 115th FH.

66H: Opportunities exists at WBAMC, Forts Leonard Wood, Bragg, Knox & Rucker.

DIVISION NURSE: Must fill Fort Bragg/Fort Carson /Fort Gordon/Fort Riley /Fort Hood / Fort Polk/Hawaii. These are two year assignments and "critical" to ensuring our 91Ws are clinical competent to aid our Soldiers on the Battlefield.

UNIQUE POSITION REQUIRED: I am looking for a Hem/Onc trained 66H MAJ for head nurse positions at Fort Bliss and Tripler.

URGENT REQUIREMENTS:

MAJ 66H (AOC Immaterial) for Chief, Referral Management, Tricare at FT Lewis, WA

CPT(P)/MAJ 66H: Head Nurse Medical/Surgical at FT Leonardwood

MAJ Crawford: traci.crawford@hoffman.army.mil

***Tri-Service SIG Military
Pre-Conference
6 APRIL 2005
Call for Abstracts***

The co-chairs for the American Academy of Ambulatory Nurses (AAACN) Tri-Service Special Interest Group (SIG) are pleased to announce we are planning an exciting Tri-Service Ambulatory Nursing Pre-conference for **6 APRIL 2005** at the Weston Horton, San Diego, California the day prior to the start of the American Academy of Ambulatory Nursing Annual Conference scheduled for 7-11 APRIL 2005.

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

We are currently requesting abstracts for lectures and/or poster presentations with relevance and pertinence to the theme of the 06 April 2004 AAACN SIG in San Diego "Charting a Course for Ambulatory Care in the Military Health Care System"

Guidelines for Submission:

- Please submit an electronic lecture proposal and / or abstract submission using Microsoft Word and the attached template located at the end of this message. In the text of your email, please include a single point of contact, their email, the topic, and whether you submitting for a presentation, poster, or both.
- The poster session will consist of visual displays. Your presence is requested during morning registration, breaks, and lunchtime.
- Attendees are responsible for conference registration fees as well as travel and lodging costs
- Submission date: Abstracts must arrive on or before: 01 Sep 2004
- Notification of acceptance and further instructions will be sent no later than Friday 15 Oct 04.
- For questions or concerns please contact COL Secula @ 210-221-7885 or Lt Col Naughton @ DSN 382-2343 Comm: 253- 982-2343

Email Abstract submissions to one of the following:

Monica Secula, COL, ANC Monica.Secula@AMEDD.army.mil	Corinne Naughton, Lt Col, USAF, NC Corinne.Naughton@mcchord.af.mil	LCDR Harry Foster Smith,NC,USN HFSmith@nmcscd.med.navy.mil
--	---	---

ABSTRACT TEMPLATE

1. Author contact information: (If more than one author is listed, indicate which one is the contact person)

- Name/Rank:
- Duty Title:
- Military Affiliation:
- Address:
- Email:
- Phone:
- Fax:

2. Abstract Submitted for : (Select all that apply)

- Lecture Presentation
- Poster Presentation

3. Purpose:

4. Rationale:

5. Significance:

6. Description:

7. Methodology of research:

8. Findings:

9. Conclusions:

Office of the Chief, Army Nurse Corps	
<p>Fort Sam Houston Office COL Barbara Bruno, Deputy Chief ANC LTC Sheri Howell, AN Staff Officer MAJ Eric Lewis, AN Fellow AMEDD Center and School ATTN: MCCS-CN, Room 275 2250 Stanley Road Fort Sam Houston, TX 78234 210.221.6221/6659 DSN 471 Fax: 210.221.8360</p>	<p>Washington, DC Office LTC Christine Johnson, AN Staff Officer Headquarters, DA Office of the Surgeon General 6011 5th Street, Suite #1 Fort Belvoir, VA 22060-5596 703.806.3027 DSN 656 Fax: 703.806.3999 christine.johnson@belvoir.army.mil</p>
<p>sheri.howell@amedd.army.mil</p>	<p>AN Website: http://armynursecorps.amedd.army.mil/</p>
<p>eric.lewis@amedd.army.mil</p>	<p>AN Branch HRC: www.perscomonline.army.mil/ophsdan/default.htm</p>