
ARMY NURSE CORPS NEWSLETTER

“Ready, Caring, and Proud”

Volume 04 Issue 3

December 2003



Chief's Message

Last month, the Army Nurse Corps hosted the annual Colonel Charles J. Reddy Leadership Development Conference in Washington, DC for 114 Company Grade Nurse Corps officers from the Army, Army Reserve, Navy, Air Force and Public Health Service. For the fourth year straight, we were again honored to have COL (Ret) Charles J. Reddy in attendance throughout the entire conference. COL Reddy continues to demonstrate his gifted ability to truly connect with junior officers. Each year, the attendees tell us how privileged they feel to have the opportunity to meet and interact with COL Reddy. We are very thankful to him for his continued support of this terrific conference.



Army participants at the CJ Reddy Conference 3-6 Nov 03.

This year, the attendees again provided formal presentations, to all of the four Uniformed Nurse Corps Chiefs, on a variety of nursing issues impacting on junior officers in today's military healthcare environment. We continue to affirm our commitment to take the information presented by the groups and elevate the recommendations to the working group level in the Army Nurse Corps and at the Federal Nursing Service Council. COL Gustke and I value the input that we receive and we consistently aim to integrate that input into the decisions that we make regarding the future of the Army Nurse Corps. Many thanks to each attendee for the strong work put into each of the presentations.

We also recognized three outstanding junior Army Nurse Corps officers for their contributions to nursing, to their organizations, and to the AMEDD. I congratulate each officer for his and her great contributions to our Army Nurse Corps family and to our AMEDD. The 2004 Chief, Army Nurse Corps Award of Excellence winners are: CPT Kevin Warwick, 21st Combat Support Hospital, Fort Hood, Texas (currently serving in Iraq); CPT Barbara Antus, Detachment 17 (Med) STARC, Indiana Army National Guard, Edinburgh, IN; and 1LT Martha Gagnon, 2291st USAH, Section 3, Oklahoma City, OK, currently activated to Brooke Army Medical Center, San Antonio, TX.

This year, we were honored to have our very own Colonel Debbie Gustke, Assistant Chief of the Army Nurse Corps, as the distinguished guest speaker at the Award of Excellence Breakfast. I want to offer my sincere thanks to COL Gustke for her truly heartfelt presentation on leadership. As this was the fourth and final conference that I had the privilege to host as Corps Chief, I want to again share my thoughts on how valuable the Colonel Charles J. Reddy Leadership Development Conference is for the leadership development needs of our junior officers. I am confident that this very important tradition will continue to positively influence our junior officers in the future.

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



COL Deborah Gustke.

Army Nurses are Ready, Caring, and Proud!

Bill Bester

BG, AN

Chief, Army Nurse Corps

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



BG Bester (left) with CPT Kevin Warwick and COL (Ret.) Charles J. Reddy



BG Bester (left) with CPT Barbara Antus and COL (Ret.) Charles J. Reddy



BG Bester (left) with 1LT Martha Gagnon and COL (Ret.) Charles J. Reddy

Kudos

The Armed Forces District (AFD) AWHONN/ACOG Conference was held 19-22 October in San Antonio, TX. The winners of the 2003 AFD AWHONN Awards of Excellence are **CPT Edie Ruiz** (Tripler AMC), recipient of the Junior Award of Excellence for the Army, and **MAJ Kathy Carson** (Womack AMC), recipient of the Award of Excellence for Education. Congratulations to these stellar officers!

Congratulations to **COL Ernie Degenhardt** for his selection as the Uniformed Nurse Practitioner Association (UNPA) 2003 Mary Bishop Award winner. He will be honored at the 2004 UNPA Conference in New Orleans next June.

CPT Jerry Stover received the 2003 Sylvia A. Flack Alumni Award from the School of Nursing, Winston Salem State University in North Carolina for his outstanding contributions to the nursing profession. CPT Stover is currently a staff nurse in the Urgent Care Clinic at Moncrief Army Community Hospital, Fort Jackson, SC. Great job!

Congratulations to **CPT Felicia Rivers**, for her selection to receive the Association of Military Surgeons of the United States (AMSUS) Federal Nursing Services Award for her essay entitled "Competency Skills of the U.S. Army Personnel: Continued Development of a Conceptual Foundation." This award is presented to a professional nurse from the Federal Nursing Services who has submitted an essay on the results of a study or a scholarly paper that would have an impact on nursing. CPT Rivers is currently stationed at the Katterbach Clinic in Germany.

CRNA ISP Update

- (1) Obligated CRNA's are eligible to execute an annual agreement at the rate of \$6,000/year.
- (2) Unobligated CRNA's may choose between an annual agreement at the rate of \$15,000/year, or opt for a 2-year agreement at the rate of \$20,000/year.
- (3) IAW title 37 USC & DODI 6000.13, DoD policy emphasizes that all Army Nurses must possess a current, unrestricted license (or approved DoD waiver) as a prerequisite to enter into a special pay agreement for CRNA-ISP.
- (4) Special pay is authorized for Reserve CRNA's on active duty under a call or ordered to active duty.
- (5) Initial effective date for the new 2-year unobligated CRNA-ISP agreement may be established no earlier than 01 October 2003, or any date thereafter that the officer desires to establish as their effective date. All new 2-year CRNA-ISP agreements with effective dates in Oct, Nov, or Dec 2003, must be received at the AMEDD Special Pay Branch NLT 30 Jan 2004.

News from the ANCC Website

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

Nursing Spectrum's Online Military Nursing Edition

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

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

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

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

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

Army Nurses: Help prepare SGTs for the Basic Noncommissioned Officer Course

The graduation requirements for the 91W Basic Noncommissioned Officer Course (BNCOC) have recently changed. Soldiers must attain the certifications to transition from 91WY2 to 91W20 to graduate. **Any Noncommissioned Officer who does not have certifications as an EMT-B (or higher) and either BTLS or PHTLS at the conclusion of the course will receive a DA 1059 (Service School Academic Evaluation Report) performance summary of "failed to achieve course standards."** The ramifications of this are severe: the soldier would return to his or her unit, go before the promotion board again and repeat BNCOC. These new standards apply to the current class that will finish early next year.

One way you can help is to encourage the soldiers in your unit to complete this training prior to attending BNCOC. The National Registry of Emergency Medical Technicians allows **three** attempts to pass the certification exam before additional training is required. **Due to TRADOC regulations, only two attempts at passing the National Registry Emergency Medical Technician-Basic exam are allowed at BNCOC.**

The U.S. Army has 268 approved Emergency Medical Services training sites that offer EMT training for soldiers. Those training sites can be located at www.cs.amedd.army.mil/91W. Additionally, soldiers may use tuition assistance to earn college credits while obtaining their EMT certification. Please be proactive and help your NCOs to prepare to succeed while at BNCOC. For more information please contact MAJ Janet Rogers at the Advanced Training Branch, 232nd Medical Battalion, AMEDD C&S: janet.rogers@us.army.mil

AAACN 29th Annual Conference: 18-22 March 2003
Register online TODAY at the AAACN Website: <http://www.aaacn.org>

The theme for this year's conference is : "Forging New Partnerships and Championing Change."

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

Reserve Component News
COL Carol Swanson

I wanted to share with you an update on one of the success stories of 2003 involving Reserve and Active Component integration. In June 2003, several Army Reserve Nurses mobilized to Fort Lewis, WA with the 396th Combat Support Hospital volunteered to remain on active duty to serve as case managers for the Medical Holdover (MHO) Soldiers from Operation Iraqi Freedom. MHO Soldiers are soldiers with medical issues preventing deployment, soldiers who were Medevac patients from the theater, or those found with medical issues on redeployment. The case managers, along with five Individual Mobilization Augmentees (IMA), were sent to 14 sites around the country. Additionally, numerous 91 series soldiers volunteered to assist the case managers at all the mobilization sites. Active duty personnel from the MTFs augmented this group to meet the mission requirements.

Once settled at their duty stations, the case management teams established processes and procedures to serve the MHO population. In order to ensure the best possible care for soldiers navigating the MHO process, the AMEDD leadership established a minimum ratio of 50 MHO soldiers to one case manager. The case manager role is limited to the length of time that the soldier is at the MHO site, however, even this limited interaction time has resulted in a dramatic decrease in the amount of time from entry into the system to disposition. This process has been so successful in "shepherding" the MHO soldiers through the system that the volunteers and IMAs are being extended for an additional six months of service. Also, 53 Army Nurses will be mobilized for a year beginning 4 Jan 2004. These assets along with dedicated MTFs internal assets will be responsible for implementing long-term solutions and processes for the MHO program.

Nursing is certainly the key to success in ensuring that the MHO soldiers traverse through the process in the most efficient and effective manner. It has definitely taken coordination and cooperation between the Reserve and Active Components to make this a true success story. I can be reached for questions and comments at 210-221-8219 or at carolswanson@us.army.mil.

COMMANDING IN KOSOVO
By CPT Derek Bows, AN, Army Reserve



CPT Bows (left) talks with ISG Allen Janssen about issues concerning Camp Magrath.

It has become common for more and more Army Nurses to assume command of units within the Army Medical Department, but not so common to have an AN command a branch immaterial unit. From October 18, 2002 to May 18, 2003, I was given the honor and privilege of commanding Camp Magrath in Kosovo. Camp Magrath is a small, battalion-sized, 42-acre base camp in the Southern tip of Kosovo. As Commander, my main responsibility was to make life easier for the deployed soldiers, whenever they were inside the base camp. Initially, this was a very daunting task, because I had never been exposed to any kind of Army work outside of the nursing realm.

Suddenly, I was placed in charge of overseeing the 24/7 operation of a facility valued at over \$6M, as well as seeking improvements to that facility. I became ultimately responsible for the provision of food, lodging, recreation, education, and other facilities and services for all the soldiers who temporarily called Camp Magrath "home" for six months. I was the liaison between the soldiers of the tenant unit, and the contractors who helped keep Camp Magrath running. My duties also

included Force Protection updates to the tenant unit as well as implementing physical security to the camp. Because of this particular duty, I was able to attend the Antiterrorism/Force Protection Advisor Course and become a subject matter expert on Force Protection. Fortunately, I had my own staff of military and civilians to support my efforts.

My experiences taught me that commanding a camp is no different from running any other organization and that the following positive leadership attributes apply whether you are running a camp, a clinic, or a shift on an inpatient floor. **Make yourself visible.** Nobody really sets a good example by sitting behind a desk all day. I found that being out where the soldiers are and letting them know that I was there for them made all the difference. **Throw yourself into the job.** I must admit that I didn't ask for this kind of command, but it really doesn't matter what duty is inherited whether it's a high velocity Emergency Room at a Medical Center or a low acuity Medical-Surgical Unit at a Community Hospital. The key is to learn your position and execute your duties to the best of your abilities.

Put the welfare of your subordinates (and customers) ahead of your own. This one is a textbook Army Value, but is taken from a personal standpoint. When I went to Kosovo, I left behind a very pregnant Active Duty spouse, and returned to a beautiful five-month-old daughter. It is also important to know that the soldiers you're leading and providing services to have concerns of their own. Many of these soldiers were away from home for the first time and needed the emotional support. Even if I wasn't in that soldier's chain of command, I was an additional available resource for the soldier to talk to. That is part of making the soldier's life easier while deployed.

Know your soldiers. I made it a point to know as much about my soldiers as I could. This concept was very critical because we were all reservists and we all had come from different walks of life before we were sent to Kosovo. It was extremely helpful to me to analyze the strengths of the soldiers serving with me so that I could use these strengths to help you accomplish the mission. **Be honest.** The term "You cannot please everybody all of the time" is very much true in base camp operations. I can remember multiple times when I needed to advise "combat arms, Ranger-tabbed, heavily decorated, field grade officers, that I was unable to honor their request. If there is a solution where you can honor the request, go out of your way to find it. If there isn't, respectfully tell them why.

Be a leader to the end. I was truly blessed to work with some of the best subject matter experts in the Army. I had a combat arms NCOIC who was well versed in Public Works and could relate to the combat soldier, an outstanding supply guy, three seasoned NCOs who did wonders to augment force protection, and all the civilians, contractors, and host country Nationals who made Camp Magrath into one of the best base camps in the Balkans. I feel that good leadership was very essential to give everyone the understanding that what the individual does is important, and very much appreciated. It was especially hard to keep morale high since Camp Magrath was going to close, but my leadership team did everything possible to maintain the motivation, purpose, and direction of the operation until the mission was complete.

Our mission was completed on May 18, 2003. Camp Magrath shut down and the remaining soldiers departed. By the way.... the last soldier out was me.

***ADVANCED PRACTICE NURSES: AT THE FOREFRONT OF SOLDIER CARE IN
OPERATION IRAQI FREEDOM***

***by LTC Ann Hochhausen, LTC Theresa Horne, LTC Diane Scherr,
MAJ Patricia Coburn and MAJ Linda Sulton.***

Ask a soldier deployed in Iraq who he or she saw to treat their back pain, rash, or dehydration and they're likely to tell you about some Nurse Practitioner or Clinical Nurse Specialist with the 28th Combat Support Hospital. The deployment mission of an Army advanced practice nurse (APN) on the TO&E (Table of Organization & Equipment), has historically been either in the role of a Nurse Anesthetist or as a 66H Medical Surgical Nurse. During this current deployment of the 28th CSH, APNs clearly are demonstrating their highly valuable skills and versatility in the face of a complex and diverse mission.



MAJ Coburn (left) and MAJ Sulton.

As the 28th CSH prepared to deploy for OIF in March 2003, eight Family Nurse Practitioners (two FORSCOM, six PROFIS) and two Clinical Nurse Specialists (one FORSCOM, one PROFIS) were assigned. All of these Army Nurse Corps Officers were in 66H slots; some in administrative roles (Section Supervisors, Head nurses) and some as ward (ICU and ICW) nurses. These APNs had little expectation of working in their specialty and are pleased to report that not only is there a role for the APN in the field, there is a great need.

During the actual war operation phase, the 28th CSH forward deployed a 32-bed Rapid Mobilization Surgical (RMS) unit. Among this team was MAJ (then CPT) Patricia Coburn, Family Nurse Practitioner (FNP), assigned as a staff nurse in the EMT section and MAJ Sophia Tillman-Ortiz, FNP, assigned as the HN of an ICU. This unit initially set up at Camp Dogwood, Iraq, at which time in June, MAJ Coburn took over as the HN of the EMT.

The non-RMS unit of the 28th CSH stayed at Camp Victory, Kuwait where LTC Theresa Horne, FNP, and LTC Diane Scherr, FNP, set up a TMC to provide minimal, basic care to the soldiers on that camp. MAJ Ed Yackel, FNP and CPT Julie Dargis, FNP provided sick call and on-call care, as well as immunizations, in this TMC. MAJ Linda Sulton, FNP, and CPT Brian Wright, FNP were tasked to provide care in a TMC at Camp Virginia, Kuwait.

In June, the 28th CSH split again, this time to set up a hospital at Camp Speicher, Tikrit, Iraq, to support 4ID. LTC Diane Scherr and LTC Theresa Horne established the Acute Care Clinic at this hospital. This clinic provides sick call care to troops at Camp Speicher and referral care for soldiers in the Tikrit area. This clinic sees over a 1000 patients a month.

In August, the 28th CSH at Camp Dogwood moved to Ibn Sina Hospital in Baghdad. MAJ Linda Sulton and MAJ Patricia Coburn established an outpatient clinic in this hospital. The ambulatory clinics at Ibn Sina and Camp Speicher, serve a varied patient population to include: active duty soldiers; reserve and national guard soldiers; enemy prisoners of war; DOD contract workers; allied coalition forces, and civilian contractors (US and foreign). Both clinics serve as the “gateway” to care for all patients entering either hospital, except trauma patients who go directly to the ER. Patients present daily with multiple medical and surgical issues. Some of the common acute problems include: kidney stones, dehydration, fractures, lacerations, skin lesions, testicular masses/pain, musculoskeletal sprains and strains, upper respiratory infections, anxiety, acute abdominal pain, menstrual irregularities, urinary infections, and pregnancy detection and treatment. Chronic problems include thyroid disease, depression, high blood pressure, migraines, hyperlipidemia, arthritic diseases, overweight concerns, diabetes and chronic pain syndromes.



LTC Hochhausen (left), LTC Scherr and LTC Horne.

The Nurse Practitioners triage and evaluate all patients coming into the clinic: they either diagnose and treat the patient or refer the patient to a specialist. All the APNs here have expanded their clinical abilities in order to better care for the soldiers and meet the unique OIF challenges. Because limited specialty care is available, opportunities for managing unique conditions present themselves daily.

Nurse Practitioners have provided acute care for patients and performed procedures that were not previously part of their normal stateside duties. The NPs have become very adept at suturing, performing minor surgical procedures, managing fractures, splinting, performing wound management, and evaluating orthopedic injuries of all types. They perform routine and military school physicals; instruct patients on physical therapy exercises; counsel patients on pregnancy/STD prevention; assist soldiers with smoking cessation; initiate and update all types of profiles; and evacuate patients to more definitive care both within theatre and to Germany. During traumas, the NPs manage the minimal patients and/or assist the EMT nurses as RNs, pushing emergency medications and evaluating and treating minor wounds.

With ever-increasing numbers of deployed women, there is a great need for more OB-GYN specialty care in the theater of operations. An immense benefit to the 28th CSH-Tikrit has been the clinical expertise of LTC Ann Hochhausen, Perinatal CNS, who is the Chief Nurse at this hospital. With no assigned OB-GYN medical provider at their hospital, LTC Hochhausen’s experience in prenatal care and sonography has proven invaluable. Female patients are referred to her for ultrasound to document intrauterine gestation, r/o ectopic pregnancies, evaluate for ovarian cysts or uterine fibroids, and to aid in the diagnosis and treatment of chronic pelvic pain. LTC Hochhausen has performed multiple assessments and ultrasounds, playing a key role in the diagnosis and treatment of two ruptured ectopic pregnancies and a partial torsion of a large ovarian cyst.

Nurse Practitioners and CNSs have the advanced training, education and clinical expertise to provide invaluable resources to the deployed healthcare team. Their skills complement and augment a hospital’s capabilities during deployment. The APNs of the 28th CSH have been able to function in their primary military occupational specialties. This deployment has allowed them the unique advantage of maintaining and even expanding their skills as nurse practitioners and clinical nurse specialists. They are providing acute and primary care that is essential to the soldiers and mission and allows the medical specialists to focus on the seriously injured and sick patients that come to the hospital.

The APNs contribute significantly to the mission of meeting the healthcare needs of the deployed soldiers and civilians they care for. Lessons learned for future deployments must include the addition of APNs to the MTO&E. It’s not where any of us would have chosen to go for a year, but the experience is proving far more gratifying and edifying than any of us ever predicted. Out of this experience we emerge with a whole new meaning for our motto “Ready, Caring, and Proud ” ...and we are indeed.

Army Nurses: Please share your MOOTW experiences . . .

Have you ever wondered where research ideas come from? Well, a new study that is under the direction of LTC (Ret) Janice Agazio, had its origins right here in the Army Nurse Corps newsletter. During 2000-2001, letters and stories were published in the newsletters from nurses stationed in Kosovo and Bosnia detailing some of the patient care requirements and nursing challenges. From reading these personal accounts, Dr. Agazio, who is now on faculty at Uniformed Services University, began to wonder if there were differences in nursing care provided during Military Operations Other than War (MOOTW) or humanitarian deployments. She also thought that, as part of the project, some "lessons learned" could be compiled to assist in training and preparation to help other nurses deploying to similar settings.

These questions led to a grant proposal that was funded in 2002 by the Triservice Nursing Research program and will be conducted by a team of Army Nurse Corps officers to include COL Laura Brosch, LTC (P) Karen Gausman, LTC (P) Beverly Cornett, LTC (P) Richard Ricciardi, and LTC (Ret) Becky Torrance.

Unfortunately, with the war in Iraq, the start of the project was delayed. So now, the project is ready to begin and the team needs volunteers, both active duty and reserve component nurses, to participate in an interview, in person or by phone, to share stories of MOOTW experiences. Since ANC's have also served in Operation Iraqi Freedom in the interim, the research team is also interested in comparing wartime nursing experiences with those from MOOTW deployments. Please consider volunteering to assist LTC (Ret) Agazio and her team with this project. More information regarding the study is posted at the end of the newsletter. She can be contacted at the USUHS Graduate School of Nursing at 301-295-1004 or jagazio@usuhs.mil.

Tri-Service Nursing Research Program Call for Proposals

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

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

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

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

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

Please note that we are especially interested in receiving abstracts about clinical or process improvement innovations that are grounded in a review of the literature and analysis of outcomes. Although such projects are not "research" in the purest sense, they do use research methods. The call for such abstracts is also consistent with our goal to attract aspiring, junior researchers to this conference. All military and civilian nurses working in DOD facilities who have conducted research since 1 January 1999 are encouraged to submit an abstract of their research/clinical innovations/ research utilization projects for consideration. Abstracts will be selected for podium or poster sessions. Instructions for abstract and scoring guidelines are included as Enclosures 1-8.

Submissions should be sent by email to: Deborah.Kenny@na.amedd.army.mil or by regular mail to Walter Reed Army Medical Center, Nursing Research Service, Attn: LTC Deborah Kenny, P.O. Box 279, Laurel, Maryland, 20725-0279. **ABSTRACTS MUST BE RECEIVED NLT 19 DECEMBER 2003.**

ADVANCING NURSING PRACTICE
Putting Evidence Into Nursing Practice: Organizing Your Literature
 By LTC Deborah Kenny

Often, when reviewing literature for developing an evidence-based practice guideline, there will be more than one aspect of the topic being evaluated. For example, if you are looking for evidence examining the care of patients with tracheostomy, you will find literature on site care, cannula care, suctioning, use of humidified air, etc. It is important to organize your evidence so that you can review, grade and make recommendations based on each aspect of your topic. There are many ways to do this, including the use of software programs such as EndNote® or RefViz®. One of the simplest is to create a matrix of your articles using simple reference terms that can be traced back to the article itself and short descriptions of the study results, followed by the evidence rating and grading recommendation (given in last month’s column). For example, the following five-column format gives enough “at-a-glance” information about an article to determine its potential for recommendations.

Author	Purpose	Sample	Results	Evidence Rating
Ackerman & Mick (1998)	To determine the effect of saline instillation before suctioning on SaO2, HR, BP in vent pts. with pulmonary infection	18 males, 11 females receiving mechanical ventilation randomly assigned to 2 groups (saline-5 ml and no saline)	Significant differences between groups at 4, 5, 10 minutes post suctioning. Saline group SaO2 markedly decreased. No differences between groups for HR and BP	Level II Rec: B At least fair evidence. Some internal validity issues. Small sample size, suction passes not controlled.
Johnson, Wagner, & Sigler (1987)	Compare two types of inner cannulae, disposable vs. replaceable	114 pts. Enrolled, 101 evaluated: 49 disposable cannula (DC), 52 conventional inner cannula (CIC)	Initial 96 hours: avg 14 cannula changes/day. Change times: DC=51 secs., CIC=5 min 17 secs. No difference in infection rates.	Level IV Rec: C Except for time savings in using DC, harms and benefits of either too close to recommend one over the other

Using this format for every article provides a concise read for all the evidence you have accumulated. You can further organize the articles either alphabetically, or by aspect of care. Here at WRAMC, we tend to organize them alphabetically, and then color code each article according to the aspect of care it addresses. This allows us to quickly go through many pages of references and pick out the ones we are particularly interested in for developing a certain portion of a care guideline. Once we have color-coded the matrix, we then create another chart that addresses a certain aspect of care, counting the number of articles, their ratings and recommendations. It provides a clear picture of the trends in the evidence as illustrated below.

Aspect of Care	Recommendation					
	Level of Evidence	A	B	C	D	I
Normal Saline Instillation (13 of 33 Studies reviewed for tracheostomy care)	I					
	II	1	3			2
	III		2	1		1
	IV		1			1
	V		1			

From this chart, you can see that 8 of the 13 studies investigating use of normal saline for suctioning provided at least fair evidence (A & B categories) that saline should not be routinely used in suctioning patients with artificial airways, one was equivocal (C category) and the remaining 4 did not have sufficient evidence (I category) to recommend for or against the use of saline during suctioning. None recommended using saline regularly (D category). In looking at this trending of the evidence, we were able to make a sound overall recommendation for our tracheostomy care protocol that normal saline should **not** be standard practice for suctioning these patients.

Again there are many ways to organize the evidence and the point is not how it is organized, but that it is organized so that you and those who follow you can logically retrace your process for guideline development. We would be glad to share our full tracheostomy care matrix and evidence chart with anyone who may be interested.

Next month's column will focus on pre-guideline performance improvement data collection to use as a baseline for care and for comparison with post guideline implementation 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 or lessons learned can submit them to me at deborah.kenny@na.amedd.army.mil or contact me at Comm: (202) 782-7025 or DSN 662-7025.

Family Nurse Practitioner Consultant
LTC Tina Ellis

The Uniformed Nurse Practitioner Association (UNPA) and American Academy of Nurse Practitioners (AANP) annual education conference was held in Anaheim, CA this year. COL Deborah Gustke was able to attend this year's conference and met with the Army Nurse Practitioners (active and reserve). The UNPA is a professional organization of nurse practitioners and certified nurse midwives serving in or working for the military or the U.S. Public Health Service. In addition to the educational opportunities, the annual conference provides a means to network and discuss issues with other nurse practitioners from the Air Force and Navy.

Some of the topics presented at the UNPA conference were: *Emergency Public Health and Medical Responses – Past and Present, Homeland Defense and Medical Responses – Our Changing Roles, The Warrior as Family Man – Recognizing and Preventing Family Violence in Time of War, Health Needs of Refugee Populations, Post-Deployment Sexual Health Needs, and Smallpox and other Biological Warfare Agents – Recognition and Response.* A total of nine contact hours was awarded for the UNPA topics.

Next year's UNPA/AANP conference is scheduled for 11-16 Jun 2004 in New Orleans, LA. If you would like more information on becoming a member of the Uniformed Nurse Practitioner Association or details about the conference in New Orleans, please visit the UNPA website at www.unpa.org.

Infection Control Consultant's Corner
by Jane Pool RN, MS, CIC

In July, I wrote about the use of brushless surgical scrubbing as a component of the CDC Hand Hygiene Guideline¹ supporting that brushes and sponges are not necessary to reduce bacterial counts on the hands of surgical personnel to acceptable levels. As part of a series on Hand Hygiene awareness, I would next like to discuss the correct placement of the alcohol-based hand rub (ABHR) dispensers in your facility.

This has become a subject of tremendous controversy this past year because alcohol hand hygiene products, whether rinse, gel, or foam, are considered to be a Class I Flammable Liquid with a flashpoint of 75 degrees F^o (24°C). These characteristics place their use within the auspices of the National Fire Protection Agency (NFPA) 101 Life Safety Code and NFPA 30, Flammable and Combustibles Code. However, the current edition of these codes and standards does not specifically address the use of alcohol-based hand sanitizers. Therefore, until such language is clearly delineated, it becomes a judgment call by the authority having jurisdiction (AHJ). That would be your state and local fire marshals.

Several professional groups have been collaborating for months on the issue of placement of ABHR in health facilities: The Society for Healthcare Epidemiology of America, Inc. (SHEA), the Association for Professionals in Infection Control & Epidemiology Inc. (APIC), American Hospital Association (AHA), The American Society for Healthcare Engineering (ASHE) and the U.S. Centers for Disease Control & Prevention (CDC). An informal online survey assessing use of ABHR products was conducted among the membership of these organizations in March 2003. None of the facilities reported a dispenser-related fire in the total estimated 1,430 hospital-years of ABHR use (*Infect Control Hosp Epidemiol* 2003;24:618-619).

Of the 840 responses that were received:

- 95% replied that an ABHR was in use in their affiliated facilities
- 60-89% of those were providing this product in dispensers in patient rooms or hallways outside patient rooms.

To work towards resolution of this controversy, a stakeholders meeting was held this past July in Washington D.C. The meeting participants represented hospitals, infection control, fire safety, public health, government agencies, accrediting bodies, professional societies, unions and long-term care facilities. The National Association of State Fire Marshals representatives present at the Stakeholders meeting made it clear that they were very supportive of the use of alcohol hand rubs as a critical aspect of healthcare, "The issue is not whether these products should be used, but how they can be used safely."²

Further study to determine safe placement and storage requirements is in progress. And until these laws are evaluated and revised, health care facilities should comply with their local and state regulations regarding:

- Total quantity of product per floor and throughout the facility.
- Appropriate storage of bulk amounts of the product (hospital and warehouse)
- Placement of dispensers and associated in-use quantities in appropriate locations within the facility.

For right now, that means no dispensers in areas of egress. Place dispensers carefully inside the patient's room, at a reasonable height (I recommend 52-56 inches, the same as a sharps container) avoiding any electrical outlets/receptacles/switches. Collaborate with the Safety officer to determine safe storage levels and locations.

I urge each of you to consider these facts: There is scientific evidence that hand hygiene works. Your facility will be evaluated for the compliance you demonstrate with this practice IAW National Patient Safety Goal #7 during your next JCAHO inspection.

Historically, there have only been rare reports of fire related to alcohol-based products in the healthcare setting³. Even now, studies are underway that will help define the risks and hazards associated with the use of alcohol-based hand hygiene products. Do the benefits of the prevention of healthcare-associated infections in patients and workers outweigh the remote risk of a hospital fire? I believe they do and I look forward to progressive, evidence-based code revisions from our friends in fire safety. Contact your local authorities for copies of existing regulations. Participate and communicate with local and state fire marshals to revise these laws to ensure that the quality of patient care and worker protection are not compromised by biased interpretations of fire and life safety codes.

REFERENCES

¹ Boyce JM, Pittet D, Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. Hand hygiene guideline for health-care settings. MMWR 2002; 51(PP-16):1-45.

² http://www.firemarshals.org/issues/catastrophic/cata.pfd/nasfm_hand_sanitizers_assessment.pdf

³ Bryant KA, Pearce J, Stover B. Flash fire associated with the use of alcohol-based antiseptic agent. Am J Infect Control 2002; 30:256-257.

*Women's Health APN Consultant
LTC Susan Altenburg*

There has been steady progress on the OB front in the past several months. The recent change in name from the OB Initiative to the Family Centered Care Initiative, exemplifies foundational concepts that lie at the core of nurse-midwifery philosophy. I am delighted to see so much of the heart and soul of nurse-midwifery now coming to the forefront of obstetric care offered within the Military Healthcare System (MHS). Clearly, we are and should be, the ones carrying the torch in the many efforts to retain our obstetric population. We've made significant progress toward that end in the past 18 months and I'd like to summarize some of this for you. In a recent mailing from Dr. Peter Nielsen, the new OB/GYN Physician Consultant to TSG, he also highlighted the progress we've made by enumerating the following ideas that have been pursued within the past year:

- **The fielding of the Clinical Practice Guideline for the Management of Uncomplicated Pregnancy.** The guideline standardizes routine care of the uncomplicated or low-risk obstetric patient, while still providing for individualized attention and care. Further, it epitomizes the current trend in medicine to move away from traditionalistic practices that do not hold up under scientific scrutiny, and to embrace those practices that are based upon sound, scientific, evidence-based research.
- **One-on-one OB registration vs. group orientation/registration.** More than 90% of MHS facilities offer individualized registration compared with less than 60% one year ago.
- **Reserved "Expectant Mother" or "Stork" parking** for pregnant moms close to the hospital is now available at more than 90% of facilities compared with less than 40% one year ago.
- **A much more liberal policy of allowing children in the hospital and clinics.** One hundred percent of all facilities now allow children to accompany their mothers to their OB clinic appointments. The past policy of many facilities was to prohibit children from being present in the OB clinic largely due to unfounded concerns regarding disease transmission.
- **Second-trimester ultrasounds are now offered at more than 90 percent of facilities, compared with less than 30 % one year ago.** As you are all aware, this is a huge patient satisfier and as such, served as the primary impetus for including it as a recommendation in the VA/DoD Clinical Practice Guideline for the Management of Uncomplicated Pregnancy.
- All facilities now offer **24/7 epidural anesthesia coverage** for labor and delivery.

- Several **renovations and “facelifts”** have been accomplished at a number of facilities to promote enrichment of the aesthetic aspect of patient satisfaction and comfort and also to enhance safe and efficient delivery of patient care.
- **In-clinic scheduling of follow-up OB appointments is now offered at more than 85% of facilities.** Sixty percent of all facilities now offer more than three-fourths of all antenatal visits with the same provider, compared with less than 30% one year ago. Provider continuity in patient care is another area where patient satisfaction or lack thereof, has driven the train of progress. Patients have been extremely vocal about their desire to be seen by a single provider for the majority of their antenatal care, and facilities have provided swift responsiveness to those concerns.

The new age is quickly approaching! On 28 December 03, the provision of the FY2002 National Defense Authorization Act eliminating the requirement for TRICARE Standard and TRICARE Extra beneficiaries to obtain non-availability statements prior to receiving obstetric care in the civilian community will go into effect. The Family Centered Care Initiative offers patients many tangible advantages to staying within the MHS. Our continual and diligent efforts need to be directed toward reaching out to each individual patient with a caring and compassionate attitude. Word-of-mouth travels quickly and the MHS has been erroneously perceived by many of our younger beneficiaries as being inferior in quality and in responsiveness to their individual needs. It is up to us to change that perception and I am certain that we are up for the challenge. My earnest hope is that we will continue to provide the highest quality care possible, and that with our steadfast commitment to excellence, we will ultimately be regarded as the organization that sets the bar and establishes the standard for all others to follow.

Finally, let me begin by expressing my profound thanks to all of you who kept me in your thoughts and prayers during my deployment to Kuwait. I can't say that I ever thought I would be returning to that area of the world after the Gulf War, but many things in our lives have changed in the past 12 years in ways I would not have dared to imagine, so perhaps it shouldn't have come to me as any great surprise. Suffice it to say, I'm thankful to be back on terra firma, United States style. As I know you do, please continue in both thoughts and prayers for all who remain in harm's way. Have a safe and wonderful holiday season!

***From the Psychiatry Nursing Consultant
COL Christine Piper***

Since my selection as the Psychiatry Nursing Consultant a few months ago, I have had numerous calls and messages from the 66C community and wanted to let you know how much I appreciate all the information sharing and feedback that I have received. My intent is to keep this dialogue going and welcome input on any issue pertaining to our practice.

In August, I had the opportunity to meet with a few nurses at the Behavioral Health Short Course in Albuquerque, NM. This course is a wonderful forum for information sharing and networking. Congratulations to LT (P) Kevin Goke, staff nurse at Fort Benning, who provided an outstanding presentation on “Implementation of the Depression CPG at Ft. Benning.” I want to encourage each of you to submit a proposal for next year's Short Course, which is again planned for August in New Mexico.

I plan to provide periodic updates on the visibility and interactivity of psychiatry nursing in the Behavioral Health arena. Recently, I have learned of two people working on special issues with this interactivity in mind. MAJ Rick Keller, from WRAMC, went with a team of Behavioral Health folks to assess the mental health needs of deployed soldiers. CPT Lester Mack, also from WRAMC, is part of a Mental Health specialty panel that met at Ft. Detrick, MD and reported to the Joint Readiness Clinical Advisory Board responsible for maintenance of the joint Deployable Medical Systems (DEPMEDS) database and the Task, Time, Theater (TTT) database.

As you know, we have a number of colleagues deployed at this time. I have begun to save a collection of “lessons learned” in order to best capture those things that we can use to teach new nurses in Psychiatry as well as provide better care for soldiers and their loved ones. I welcome any additional input on psychiatry nursing in the deployed setting. Please send your input to me at christine.piper@us.army.mil. Best wishes for a happy and healthy holiday season.

***Maternal Child Health Nursing Consultant
LTC Ramona Fiorey***

If you are an OB/GYN nurse I highly recommend that you join the Armed Forces District (AFD) of the AWHONN (Association of Women's Health, Obstetric and Neonatal Nurses). It is the best way to remain current with standards of practice/care, clinical topics, and legislative events of concern in our specialty. It is also an expectation of professionalism for the 66G AOC. If you are active duty

Army please indicate Armed Forces District (AFD) on the membership application. Otherwise membership dues and affiliation will be applied to the state chapter of your address. There is still difficulty with active duty members being inducted into state chapters. This prevents the AFD from receiving a portion of dues, which is important for being able to fund activities – such as sending a junior officer to the AFD conference each year. AFD AWHONN has a webpage linked from the AWHONN.org website (www.awhonn-af.org/) that provides information about upcoming events, current officers, etc. The 2004 conference will be October 17-20 in San Diego, so start thinking now about attending.

As you know, there is a MEDCOM form for nursing admission assessment for medical-surgical patients. There is a currently a renewed attempt at developing a commensurate MEDCOM form for obstetric patients. I have faxed a MEDCOM 716-R (Test) form and a Hollister OB admission form to most of the managers of obstetric units in the MTFs for evaluation and comment. I hope to have a recommendation for the MEDCOM Documentation Committee to consider in December. If you have not received these documents and want to comment on them, please email me. If you are using another obstetric admission assessment form you think would make a good standardized form, please fax or email me a copy ASAP. (Fax 253-968-0974 DSN-782).

In some of the MTFs nurses are doing the initial labor exam including assessment for SROM. This generally includes use of nitrazine paper and microscopic evaluation for ferning. Use of nitrazine paper is considered waive testing and is subject to the same quality control requirements as urine dipstick and fingerstick glucose testing. Guidelines from the Division of Laboratory Systems, CDC, also requires that reading a slide for diagnosis of ferning be done by a physician, CNM, or NP, or laboratory technician since it is considered a test of moderate complexity. L&D nurses can obtain the specimen.

I have had several queries regarding the length of time sterile delivery instrumentation tables for vaginal deliveries may be set up before they become unsterile. There is no standard across Army L&D units and AWHONN does not set a standard for this. The standard for sterile instrument/table set-up is set by the Association of Operating Room Nurses (AORN). The AORN standard is that sterile fields should be prepared as close as possible to the time of use. It is recommended that once set up, the field should be constantly monitored until used. (AORN Standards 2003). There is no number of hours defined as to when sterile fields become unsterile. There is no scientific data to support the practice of covering or not covering sterile fields to maintain integrity of the sterile field. L&D units often set up tables in advance of anticipated vaginal delivery, cover them, and place them in areas where traffic near the tables occurs frequently. This practice needs to be reevaluated and instrument tables set up as close to time of use as possible. The standard for sterility of instruments used for vaginal versus cesarean section deliveries is the same.

It is no secret that obstetrics is a high risk area for litigation. We must all be knowledgeable about and vigilant in maintaining standards of care and practice. I recently read an interesting article (Insurance claims illustrate common OB-GYN legal dangers. (2003). OB-GYN Malpractice Prevention. (10:8), pp. 57-64). The author, a practicing OB-GYN and board member for a physician-owned insurance company, cited the following as the current “hot” issues in obstetric liability:

1. Nonreassuring electronic fetal monitor (EFM) tracings. Common allegations related to use of EFM include:
 - o Failure to accurately assess maternal-fetal status
 - o Failure to appreciate a deteriorating fetal condition
 - o Failure to appropriately treat a nonreassuring FHR
 - o Failure to correctly communicate maternal-fetal status to MD/CNM
 - o Failure to institute the chain of command when there is a clinical disagreement between nurses and responsible MD/CNM (From a presentation given by Leslee Goetz, Perinatal Outreach Coordinator for Northwest Washington).

The author warned about the danger of not responding appropriately to variable decelerations on a strip, citing 6 recent cases in litigation where clinicians watched nonreassuring tracings with variables for long periods of time before taking definitive action. This admonition was also given in a fetal monitoring course I recently attended given by Michelle Murray, a well-known expert witness in obstetric litigation cases.

2. Shoulder dystocia: (Results in more lawsuits than any other obstetric complication).
3. Vacuum extraction
4. VBAC (In 1999, ACOG published a practice bulletin recommending that an OR team be immediately available during VBAC – as opposed to readily available as the previous guideline recommended)
5. 30-minute rule: (The author states that although this has been the standard, fetal damage can occur in 17 minutes or less. He cites an award by a jury which thought the 30-minute standard was not adequate).
6. Infection and neurologic impairment (specifically maternal infection as an etiology for Cerebral Palsy).

Human Resources Command (HRC) Update

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.

HPLRP

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

Upcoming Boards

DEC 2003	LTC COMMAND
DEC 2003	LTHET
JAN 2003	COL COMMAND
JAN 2004	HPLRP
FEB 2004	LTC AMEDD
FEB 2004	CPT/VI

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

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

Officer Record Brief https://isdRAD15.hoffman.army.mil/SSORB/	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	Official Military Personnel File (OPMF previously know as your microfiche) https://ompf.hoffman.army.mil/public/news.jsp
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Command and General Staff College

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

Critical Care Course, Emergency Nursing Course: Applications for the MAY 04 Critical Care and Emergency Nursing Courses must be submitted by 5 December 03. Course dates for 2004 are: 18 Jan-27 Apr 04; 23 May-31 Aug 04; 26 Sep 04- 21 Jan 05. POC is LTC Corullia at HRC, corullia@hoffman.army.mil .	OB-GYN Nursing Course:* The 2004 Course Dates are: 5 Jan- 27 Apr '04 (course has been filled); 10 May- 31 Aug '04; 13 Sep- 21 Jan 05 Contact MAJ (P) Agin at agind@hoffman.army.mil (please check the website for application due dates)	Psychiatric-Mental Health:** The 2004 Course Dates are: 5 Jan- 27 Apr '04 (seats are still available); 10 May- 31 Aug '04; 13 Sep- 21 Jan 05 Contact MAJ (P) Agin ASAP: agind@hoffman.army.mil .	Perioperative Nursing Course: There are still seats available for the 14 March 2004 class. For any questions, please contact LTC Jane Newman at HRC @ newmanj@hoffman.army.mil .
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Interested applicants for the above courses need to seek support from their chain of command and submit a DA 3838, a recent HT/WT/APFT memo and a preference statement (for follow on assignment). Please check the AN branch web site at www.perscomonline.army.mil/ophsdan/default.htm (click on professional development) for information on application suspense dates to AN branch or contact LTC Corulli, corullia@hoffman.army.mil or MAJ(P) Agin at agind@hoffman.army.mil.

***(66G) OB/GYN Duty Locations- This is a list of all the MTF's that have OB/GYN services-please use this list when filling out preference statements:** Korea-121 Gen Hospital; Tripler AMC, Hawaii; Heidelberg, Germany; Landstuhl, Germany; Wuerzburg, Germany; Anchorage, Alaska; Ft Irwin, California; Madigan AMC, Washington; Ft Carson, Colorado; Ft Hood, Texas; Ft Leonard wood, Missouri; Ft Polk, Louisiana; Ft Riley, Kansas; Ft Sill, Oklahoma; William Beaumont AMC, Texas; Ft Belvoir, Virginia; Ft Bragg, North Carolina; Ft Knox, Kentucky; Ft Benning, Georgia; Ft Campbell, Kentucky; and Ft Stewart, Georgia

**** (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

Community Health Nursing Course Dates

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

Assignment Opportunities

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

KOREA: We have openings NOW for 66H and 8A positions. Also looking for interested candidates to assume Company Command in Korea. We can negotiate your follow on assignment if you take one of the openings in Korea.

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

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

66H: Opportunities are at Fort Sill, Fort Benning, Fort Stewart, Fort Rucker, Redstone Arsenal, WBAMC, Fort Hood, & Fort Polk

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

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

*****Once we identified your assignment, I encourage you to write the Deputy Commander for Nursing/Chief Nurse to give the leadership a chance to get to know you and what some of your goals and objectives are.

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

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

- | | |
|---|--|
| 25th ID - Hawaii | 2nd ACR - 2d SPT SQDN - Fort Polk |
| 3rd ID - 203rd FSB - Fort Benning | 10 th MTN – 710 th MSB – Fort Drum |
| 101 st Air Assault - 801st CS BN - Fort Campbell | 2d ID – 296 th FSB – Fort Lewis |
| 3rd ID - 703d MSB - Fort Stewart | 62d Med Grp – 549 th Med Co – Fort Lewis |
| 3rd ACR - Fort Carson | 1 st ID – 299 th MSB – Wuerzburg |
| 4th ID - 64th FSB - Fort Carson | 1 st AD – 501 st FSB – Freidberg |
| 1st MED BDE - 566th ASMC - Fort Hood | 1 st AD – 47 th FSB - Landstul |
| 1st ID - 101st FSB - Fort Riley (Deployed - Intratheater PCS) | 1 st ID – 701 st FSB – Wuerzburg (MUST FILL) |
| 1st AD - 125th FSB - Fort Riley | |

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

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

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

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

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

Office of the Chief, Army Nurse Corps	
Fort Sam Houston Office COL Deborah Gustke LTC Yolanda Ruiz-Isales MAJ Jeanne Larson 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 yolanda.ruiz-isales@amedd.army.mil jeanne.larson@amedd.army.mil	Washington, DC Office LTC Kelly Wolgast Headquarters, DA Office of the Surgeon General 6011 5 th Street, Suite #1 Fort Belvoir, VA 22060-5596 703.806.3027 DSN 656 Fax: 703.806.3999 kelly.wolgast@belvoir.army.mil AN Website: http://armynursecorps.amedd.army.mil/ AN Branch PERSCOM: www.perscomonline.army.mil/ophsdan/default.htm

Call for Abstracts—Deadline Extended to 12 Dec 03
AAACN Tri-Service Military Pre-Conference
17 March 2004

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

Lectures

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

Panel Discussions

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

Poster Presentations

Any of the above or additional Ambulatory topics

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

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

Guidelines for Submission:

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

Submission date: Abstracts must arrive on or before **12 December 2003**.

Email submissions to:

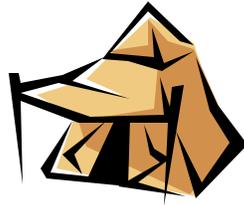
ARMY
 Monica Secula, COL, NC, USA
Monica.Secula@AMEDD.army.mil

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

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

Selected presenters will receive further instructions and guidelines.
For questions or concerns please contact COL Secula, Lt Col Andrews or CDR Marks.

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



Active Duty and Reserve Nurse volunteers needed for Military Operations Other than War Research Study

Have you had an assignment in a humanitarian mission or have you been deployed in an Operation other than War mission? Have you been deployed to Bosnia, Croatia, Kosovo, Honduras, Somalia, or other non-war assignment? Are you an active duty or reserve Army Nurse Corps officer? If so you are being invited to participate in a research study to describe the practice of nursing during Military Operations other than War (MOOTW). The knowledge you have from your experiences will help us to understand the provision of nursing care and the type of training and preparation required for these types of missions.

There has been little research on how nurses practice in operations other than war differs from military nursing practice during wartime deployments. The purpose of this study is to describe Army nursing practice in MOOTW comparing multiple locations. You may not benefit directly from this study, but the information we gain will be helpful in planning and preparing other nurses for MOOTW deployments.

If you are interested in participating, you will be asked to take part in an interview that will take about 60-90 minutes. In the interview, you will be asked about your experiences during your deployment. You may be interviewed in person (at work or home) or by telephone. You may also be invited to take part in a final focus group-type presentation at the end of the study to verify the information learned in this study.

If you would like to participate in this study, please contact the Principal Investigator, Janice B. Agazio, LTC (ret), AN, DNSc. RN, Assistant Professor, Graduate School of Nursing, Uniformed Service University of the Health Sciences, at 301-295-1004 or by email at jagazio@usuhs.mil