
ARMY NURSE CORPS NEWSLETTER

“Ready, Caring, and Proud”

Volume 03 Issue 04

January 2003



Message from the Chief



I hope this month's newsletter finds everyone rested after the Holiday season, focused and energized for the issues that will be facing us in 2003. The Army Nurse Corps, in conjunction with the entire Army, will face many challenges this year as we continue our national fight against terrorism and work towards ensuring homeland security. I am confident that we have the right people with the right talents to help achieve any mission assigned to us this year.

This past December, the Army Nurse Corps hosted the annual Colonel Charles J. Reddy Leadership Development Conference in Washington, DC for 120 Company Grade Nurse Corps officers from the Army, Army Reserve, Navy, Air Force and Public Health Service. The attendees spent the week learning about the principles of leadership from a slate of distinguished speakers, as well as, exploring our great Nation's capitol city.

We were again honored to have COL (Ret) Charles J. Reddy in attendance throughout the entire conference. COL Reddy described this event as “invigorating” and as always, enjoyed the dynamic interaction between the junior officers and senior nursing leadership from all the uniformed services.

The highlights of the conference were many and included a rousing talk on “Generational Differences” by LTC (Ret) Lennie Wong, Ph.D., who is on staff at the Army War College at Carlisle, PA and an equally motivating presentation on the “Leadership Expectations from the NCO Perspective” by CSM James Aplin, Senior Enlisted Advisor to The Army Surgeon General. The attendees also toured the Pentagon and learned of the tremendous history associated with our

current civilian-military leadership structure.

Traditionally, the conference is also a primary forum at which the junior officers present their thoughts and recommendations on issues that are important to them to a panel of senior nurse leaders that includes the Corps Chiefs from the Army, Navy and Air Force. This year, we welcomed the Chief Nursing Officer of the Public Health Service as well. Ten groups, comprised of representatives from each uniformed service, provided impressive presentations on topics ranging from recruitment and retention, standardization, and the development and maintenance of clinical competency skills to service integration of evacuation processes, clinical nurse career path development, mentoring and readiness preparedness. My commitment to the attendees was 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 Nurse Service Council. It is important for you to know that COL Gustke and I value the input that we receive and that 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 team for the high caliber of work put into each of the presentations.

Each year at the conference, we recognize three outstanding junior Army Nurse Corps officers for their contributions to nursing, their organizations, and to the AMEDD. I would like to take this opportunity to, once again, congratulate each award winner for their great contributions to our Army Nurse Corps family and to our AMEDD. The 2003 Award of Excellence winners are:

CPT Kristen Vodruska, Tripler Army Medical Center, HI



BG Bester, CPT Vondruska and COL (Ret.) Reddy

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AN Web Site:

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

ANC Branch PERSCOM:

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

ANC Newsletter Article Submissions

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

CPT Phillip “Howard” Cummings, USAR, 3274th USAH,
Womack Army Medical Center, Fort Bragg, NC

PERSCOM UPDATE



COL Harrell, BG Bester, CPT Cummings, and COL(Ret.) Reddy

CPT Jean Hollinrake, Detachment 5 HQ, STARC (AMEDD), Iowa Army National Guard, Johnston, Iowa
Photo Unavailable

We were honored to have Colonel (Retired) Terris Kennedy as our speaker at the annual luncheon honoring the Award of Excellence awardees. When COL (Ret) Kennedy was the Assistant Chief, Army Nurse Corps, she was instrumental in supporting the design of a leadership development program specifically for junior officers. That vision and support has blossomed into the current Colonel Charles J. Reddy Leadership Development Conference. COL (Ret) Kennedy discussed her passion for leadership development as well as her belief in the four C’s of Nursing: Caring, Competence, Compassion, and Commitment. Many thanks to COL (Ret) Kennedy for her inspiring words and continued passion for leadership development in nursing.

I continue to believe that the Colonel Charles J. Reddy Leadership Development Conference is the most important conference that I attend each year. I fully support the leadership development needs of our junior officers and think it is vital that we continue to strengthen this development throughout the Army Nurse Corps at all levels. It is my intention that the leadership lessons experienced at this conference will spread throughout our many facilities as these outstanding junior officers return to their workplaces. The confidence and enthusiasm displayed by our junior officers is infectious!! We need to support and mentor this enthusiasm now, and for the future of our Army Nurse Corps.

Colonel Gustke and I wish all of you the very best in 2003 and want to thank you for caring for our soldiers and their families in this critical time in our Nation’s history.

Army Nurses are Ready, Caring, and Proud!

Bill Bester
BG, AN
Chief, Army Nurse Corps

Army Nurse Corps Branch Web Page

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

Upcoming Boards

JAN 2003	COL Command Board
FEB 2003	CPT/VI AMEDD
FEB 2003	LTC AMEDD and MAJ Selcon

See PERSCOM Online www.perscomonline.army.mil for MILPER messages and more board information. To access the messages, go to PERSCOM Online, double click “Hot Topics” and then select MILPER Messages.

LTHET

Congratulations to the following individuals for being selected to the Anesthesia Nursing Program:

- CPT Richard Ales
- Mr. Albert Arredondo
- CPT Jennifer (Powers) Butera
- CPT Russell Carroll
- CPT Lara Cartwright
- 1LT Warren Day
- CPT Mary Ann Hannon
- CPT Richard Jacobson
- CPT Mindy Keefer
- Mr. Joseph Lynn
- MAJ Lisa Snyder
- CPT Angela Williams
- CPT Pamela Wulf

Congratulations to the following individuals for being selected to attend a CNS, MED-SURG Program:

- CPT Michelle Hairston
- CPT Sharoyn Harris
- MAJ Chad Sekutera

Major Lang is finalizing the FY 2004 LTHET Guidelines. Once approved, the guidelines will be available via the AN Branch website. Officers who intend to apply for LTHET should wait until the revised guidelines are posted before sending any documents to Branch for the board.

Short Courses

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

AMEDD Officer Advanced Course

The March 2003 AMEDD Officer Advanced Course (OAC) is full. Officers should coordinate with their Chief Nurse and Personnel Management Officer to attend the July or September course. Officers who are scheduled for a deployment that will prevent them from attending OAC phase 2 within the required two-year window should request a waiver from the AMEDD Center and School. Contact MAJ Anna Corulli 210-221-6295 for information on requesting a waiver.

CGSC Correspondence Course

Fort Leavenworth has a new web address for CGSOC correspondence information and course requests - <https://cgsc2.leavenworth.army.mil/nrs/cgsoc/application/application.asp>. You must have an AKO password to enter the site.

Interested In Selecting Future Army Nurse Corps Officers?

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

Generic Course Guarantee

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

AOC/ASI Producing Courses POCs

Critical Care Course, Emergency Nursing Course: The next course dates are 6 April-30 July 03 for both courses. POC is LTC Diaz-Hays at diazf@hoffman.army.mil.

Psychiatric-Mental Health: There are still slots available for the 16 MAR- 3 JUL 03 course at WRAMC. The next course is 27 JUL-29 OCT 03. MAJ Agin, agind@hoffman.army.mil.

OB-GYN Nursing Course: There are still seats available for the 13 APR-05 AUG 03 course at TAMC. The next course is scheduled for 24 AUG-19 DEC 03. MAJ Agin at agind@hoffman.army.mil

Interested applicants need to seek support from their chain of command and submit a DA3838, 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 Diaz-Hays at diazf@hoffman.army.mil or MAJ Agin at agind@hoffman.army.mil.

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

Community Health Nurse Course: The next 6A-F5 Principles of Military Preventative Medicine (Community Health Nurse) AOC Course is scheduled for 7 SEP –7 NOV 03. The pre-requisite for the CHN AOC Course is the 6H-F9 STD/Communicable Disease Intervention Course scheduled for 24 AUG-5 SEP 03. Interested officers should contact the **Community Health Nursing Manager:** MAJ Agin at agind@hoffman.army.mil.

Please see your facility's Nursing Education Representative or nursing chain of command if you are interested in attending. Please note FY03 AOC/ASI Course dates are listed at https://www.perscomonline.army.mil/ophsdan/anc_profdevt.htm.

Assignment Opportunities for 66F and 66E

****Hot Assignment Opportunities****

66E – 801st FST, Ft. Campbell, KY, Summer 03
240th FST, Ft. Stewart, GA, Summer 03
31st CSH, Ft. Bliss, TX, Summer 03
47th CSH, Ft. Lewis, WA, Summer 03

66F – 212th MSH, Miesau Germany, Summer 03
Korea, Summer 03
Ft. Rucker, AL, Spring 03
Ft. Leavenworth, KS, January 03, Summer 03
Ft. Hood, Summer 03
31st CSH, Ft. Bliss, TX, Summer 03
47th CSH, Ft. Lewis, WA, Summer 03

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 ASAP, newmanj@hoffman.army.mil.

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

Assignment Opportunities for 66B-All Grades

There is an immediate assignment opportunity available for Ft Huachuca for an O-4 or an O-5. Summer 03 openings are available at Ft Knox, Fort Irwin, Ft Huachuca, Korea and Alaska.

Assignment Opportunities for 66G -All Grades

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

Assignment Opportunities for 66G8D-All Grades

There is a position opening for Summer 03 for 66G8D at Fort Drum, NY.

Assignment Opportunities for 66C-All Grades

Summer 03 assignment opportunities include Korea; Walter Reed Army Med Center; Fort Leonardwood, MO; WBAMC, El Paso, TX; Fort Benning, GA; and Fort Jackson, SC.

Assignment Opportunities for 66C7T

Assignment opportunities are available for a 66C7T at Ft Lewis, Fort Leonardwood and Alaska.

Assignment Opportunities for 66H Lieutenants

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

Assignment Opportunities for Captains

66H8As are urgently needed in Germany and Korea. I can negotiate a follow on assignment of choice for officers that volunteer for Korea. 66Hs are needed at Fort Irwin. The website has been updated with all the openings remaining for this summer. Contact MAJ(P) Greta Krapohl at krpohlg@hoffman.army.mil.

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

Assignment opportunities are available for upcoming summer cycle in a variety of locations, please check our website at https://www.perscomonline.army.mil/OPhsdan/anc_assignments.htm. There are a variety of critical TOE opportunities in a variety of locations. Follow on assignments for select locations can be negotiated. For those who are PCS vulnerable for Summer 03, please inquire to MAJ Ahearne, <mailto:ahearnep@hoffman.army.mil>.

CALL FOR ABSTRACTS NOW!! The **2003 Force Health Protection Conference** is being held 11-14 August 2003 in Albuquerque, NM. The conference focus is on force protection issues (great opportunity for Community Health and Mental Health Nurses) and is open to all DOD civilians/military members. Officers interested in presenting posters or lecture presentations are encouraged to send abstracts to their respective consultants for review/assistance or they can be directly submitted to fhp@apg.amedd.army.mil. For more information, go to the website at <https://chppm-www.apgea.army.mil/fhp/>.

**PROUD TO SERVE: THE EVOLUTION OF MALE
ARMY NURSE CORPS OFFICERS**
MAJ Jennifer Petersen

The passage of time changes everything and nothing. The Army Nurse Corps as we know it today strives to represent the values of loyalty, duty, respect, selfless service, honor, integrity and personal courage. The Army Nurse Corps expresses these values of the Army through the motto "Ready, Caring and Proud." The growth of the male nurse within the Army Nurse Corps identifies with these values. Male nurses have existed in the United States for nearly as long as female nurses. However, the government, the military and the public

mostly ignored their existence. Their story speaks of a particular group's resolve to attain professional stature and acceptance while serving their nation. Unpredictably, male nurses endured inequitable actions much as other minorities have. The following editorial offers a brief synopsis regarding the expansion of the Army Nurse Corps to an all gender organization.

On the 2nd of February 1901, the Nurse Corps (female) became a permanent corps of the Medical Department under the Army Reorganization Act passed by Congress. The number of "charter" members of the Nurse Corps is considered to be 202, all female. Yet, historical evidence places male contract nurses on many battlefields throughout the course of American History. As early as 1898, during the Spanish-American War, male nurses served and died as contract nurses in Cuba. Arlington National Cemetery interment documents confirm the burial of male contract nurses who died while serving their country during the Spanish-American War.

The male nurse actively sought service in WWI. A memorandum written by the Honorable Charles B. Smith, dated 13 April 1918, relays the presence of seven male nurses at Base Hospital #25 located somewhere in France. The memorandum states, "these seven male nurses have the same training and hold the same State Diplomas yet they are classed as orderlies and paid about one half the salary of a female nurse." The reply, from a colonel in the Medical Corps, "these men are ineligible for appointments as nurses. Under the present law the Nurse Corps is for women only, the opening sentence being "The Nurse Corps, (female) shall consist of". Hence, the journey of the male nurse to achieve equal stature within the Army Nurse Corps would be one fraught with obstacles.

With the inception of the Men Nurses' Section of the American Nurses Association in 1940, the efforts to introduce male nurses into the military escalated. From January 1939 until December 1940, male nurses' organizations throughout the country inundated government officials with letters. These letters raised the question as to the status of male nurses who desired to serve their country. For those men trained as nurses, no opportunities existed within the military. The review of the correspondence between various male nurses and the Medical Administrative Corps, the Army Nurse Corps Superintendent, Congressman and the Surgeon General offers great insight into the enmity that existed between these parties.

An excerpt from a letter dated 13 June 1940, written by a male nurse and addressed to Franklin D. Roosevelt, President of the United States, provides an insight to the situation that existed. The nurse writes, "It is at a time like this that we feel something should be done about the status of the registered men nurses in the Army and Navy Medical Services. We have tried for years to obtain the same relative rating for men nurses as is given to women nurses. We cannot understand why there should be such discrimination between the two groups. Men nurses receive the same training as the women; are accepted for membership in all the national nursing organizations and

are eligible for registration in every State of the Union. Yet, in spite of equal training, we are not accepted for peace time or war service.”

The Assistant Surgeon General wrote the reply to this particular letter. He states, “The Surgeon General has made a sincere effort to provide positions in the military service for male nurses who have received satisfactory training and also to provide for them a suitable career. You may not be aware of the fact but a Technical Sergeant, which is the second highest-ranking noncommissioned officer grade, is a position in the Army that has dignity and importance. There is no possibility of the War Department considering relative rank of commissioned officers for male nurses.” He concludes that if male nurses desire to serve their country they will find the grade provided suitable and adequate. It was apparent that the nation’s leaders, facing the Second World War, had little latitude for the male nurse. During WWII, male nurses served within the military but only in a restricted nature and not within the Army Nurse Corps.

For several years following the end of World War II, the battering between the Army Nurse Corps, government officials and male nurses persisted. At the onset of the Korean War, the corps remained an all female organization. Yet, the inquiries from the civilian nursing profession, particularly male nurses, provided the leadership of this nation and the military medical organization little respite as those medical service professionals continued the pursuit for acceptance into the ANC. A slow crumbling of the wall that prevented the commissioning of male nurses into the Army Nurse Corps is seen in 1949. Correspondence began to have echoes of possibilities for the establishment of male nurses within the military. On March 29, 1949, a conference was held in the Surgeon General’s Office that was attended by representatives of the Army, Navy and Air Force. It was agreed that the present Surgeon Generals’ of the Armed Forces would recognize that the utilization of qualified and eligible graduate male nurses in the National Military Establishment was possible. However, no provision of law existed which authorized the commissioning of the male members of the nursing profession as such in the Armed Forces.

On the 10th of August 1949, Mrs. Frances P. Bolton introduced legislature H.R. 9398 to provide for the appointment of male citizens as nurses in the Army, Navy, and Air Force. Rapidly, a change in the character and nature of correspondence between significant actors of this period can be discerned. Congressmen are rethinking previous stances, military officials are adapting personnel policies, and prominent ANC officers are writing of the probable admission of male nurses into the Corps. Questions surfaced regarding admission of married men into the Nurse Corps, housing of men, the ability of men to accept direction from female superiors, the response of soldiers to male nurses and just exactly how the male nurse would be utilized. Discussions were in progress, statutes were being written, and nevertheless, it would take another six years to realize the actual commissioning of the ANC’s first male officer.

From August 1949 until 1955, government, military and civilian parties debated the commissioning of male nurses. During this time, bills were routinely introduced to Congress. Data supporting the need for expanded manpower pool was submitted to the appropriations committee and to the armed services for expansion of the Army Nurse Corps through the use of the male nurse. After several series of legislature, on August 9th, 1955, President Eisenhower signed the Bolton Act, which provided commissions for qualified male nurses in the reserve corps of the armed forces services. Legislation to support this had been before Congress for many years. This legislation came as an indisputable achievement for male nurses and for the American Nurses Association who vigorously supported them.



2LT Edward Lyon, the first male nurse sworn into the Army Nurse Reserve Corps, administers anesthesia to a patient during his first day of duty at the US Army Hospital, 1955

After fifty-four years of tradition, the Army Nurse Corps commissioned its first male officer on October 6th, 1955. Lieutenant Edward T. Lyon became the Army Nurse Corps’ first male nurse. The ceiling had been broken. Male nurses quickly proved their worth by serving in airborne units, hospitals, resuscitation teams, and field units throughout the world. Male nurses of yesterday capitalized on the opportunities that the diversity of military service offers. Today, male nurses represent over 35% of the Army Nurse Corps. They serve parallel to their female counterparts, exhibiting immense skill, compassion and professionalism; continually upholding the core values of the Army. Army Nurses: Ready, Caring and Proud!



2LT Terry L. Kuntz, Army Nurse Corps, 93rd Evacuation Hospital, Long Binh, Republic of Vietnam, 1968

Historical Data located at the Army Nurse Corps Collection, United States Army, Office of Medical History, Office of the Surgeon General, Washington D.C.

pass on our professional ethos to our future leaders of the Army Nurse Corps.

ROTC UPDATE
One Way We Can Help In Alleviating The
Nursing Student Shortfall....
COL Bill Hartman

NURSING QUALITY CONSULTANT
Surgical/Procedural Site Verification Policy
COL Judy Powers

No one can deny the impact of the current shortage of qualified nurses on our healthcare system. Regardless of the exact report you read or what clinical area is surveyed, the themes of “too few registered nurses” and “diminished quality of care” are consistently addressed.

In my business of recruiting and retaining quality nursing students, my focus is not so much on the vanishing RN, but on the educational process and the decline of the number of baccalaureate nursing graduates. Although there was a 3.5 percent increase in enrollment in 2001 from 2000, an overall downward trend persists. Despite recent emphasis on promoting the profession to the general public, the prediction is still that the number of graduates will be far below the number of nurses required to meet professional demands. The low numbers can be attributed to fewer candidates, but as I visit schools of nursing and talk to the Deans of these schools, it would appear that this is not the only reason for the decreased graduate nurse production.

In many universities, applicants are turned away because of an inadequate supply of qualified instructors. Almost every Dean I have spoken to has described classroom capacity or clinical practicums reduced for lack of instructors. In fact, a recent study reported 5,000 qualified baccalaureate applicants were denied admission to schools of nursing in the United States in 2001 because of the lack of seats. Recently, I spoke to a Dean, who had just returned from a regional education symposium, who noted that the main subject of discussion among fellow Deans was the number of open faculty positions at each of their schools. Because of this lack of clinical instructors, Deans have been putting the lab coats back on and filling clinical roles within the hospital setting.

This situation brings us to the point of my article. The outstanding reputation of nursing excellence within the Army Nurse Corps is well known and appreciated in the world of nursing academia. I frequently discuss the many outstanding attributes of our Army Nurse Corps Officers and because of this enriched environment, faculty should encourage their quality students to select the Army Nurse Corps as THE place to practice the art and science of nursing. This really piques the Deans’ interest! I am regularly asked if I would be interested in a teaching position or if I know any Army nurses who would consider joining their faculty. Therefore, I present to you a way that you can help alleviate the nursing student shortfall in our universities; extend your influence by becoming an educator at a school of nursing of your choice. If and when you are considering a career change, consider sharing your nursing excellence with the generation of up and coming nurses. Your high level of nursing competence and dedication to the profession would provide the ideal assets required of today’s nursing students. This is the ideal way to

Happy New Year from the Patient Safety (PS) Center! We hope each of you had a very merry and SAFE holiday and wish you a very happy and SAFE New Year...

As noted in last month’s PS article, the MEDCOM Surgical/Procedural Site Verification Circular provides **standardized corporate guidance** to assist our MTFs to successfully implement the Joint Commission (JC) National Patient Safety Goal recommendations to prevent wrong site surgeries/procedures. While professional organizations and regulatory bodies have focused efforts to eliminate wrong site surgery/procedure events, the reality is, this preventable sentinel event (SE) continues to routinely occur nationally.

Fourteen (14) wrong site surgery/procedure related SEs have been reported in the AMEDD since 1998! In an effort to prevent future occurrences, the MEDCOM Surgical/Procedural Site Verification policy was developed and is now available for system-wide implementation. The process detailed in the Circular was established in collaboration with MTF patient safety and risk managers, as well as our surgical, anesthesia and peri-operative specialty consultants to the Surgeon General. The Circular and accompanying Procedure and Site Verification Record (MEDCOM Form 741-R) have also been reviewed by the JC (both active surveyors and standards’ department staff). We are pleased to share they were very impressed with the policy content and identified MEDCOM Form 471-R as a ‘best practice’ that they requested permission to post on the new JC ‘Good Practices’ Webpage!

Wrong site surgery is a broad term that typically includes surgeries and procedures performed on the wrong patient, wrong body part, wrong anatomical level, or wrong side of the body. All wrong site surgeries/procedures are considered by the JC to be SEs and require a formal Root Cause Analysis (RCA) to identify contributing causes and strategies to prevent future occurrences. The JC has identified a number of contributing factors that increase the risk for wrong site surgeries/procedures to include: emergency cases; time pressures to start or complete a procedure; unusual equipment or set-up in the operating room; multiple providers involved in a case; and multiple procedures being performed during a single surgical/procedural encounter.

Review and analysis of the 14 AMEDD wrong site surgery/procedure RCAs also identify multiple contributing factors but the majority of our events involved policy related issues (i.e. absence of a clear policy; failure to follow the policy, if it existed, or failure to train staff in policy expectations). Additional contributing factors identified include: breakdown in communication between surgical team

members, incomplete patient assessment and not having the patient medical record readily available.

The verification process detailed in the MEDCOM Circular is **required** to be **implemented and followed in all MTF settings** (i.e. OR, clinics, procedure rooms, ER, radiology, etc.) where surgeries/procedures, including invasive/interventional procedures, are performed. Surgical/ procedural team members are all expected to participate in the site/procedure verification process. Each team member also has the responsibility to question the decision of any other team member, without fear, at any time, if there is a question or doubt regarding the surgical/procedural site, type of surgery/procedure to be performed, or patient identification.

The Circular details the verification process and MEDCOM Form 741-R allows for standardized medical record documentation and facilitates required MTF performance improvement activities to monitor and evaluate policy compliance.

The verification process begins with a discussion of the anticipated surgery/procedure between the operating provider and the patient. Our corporate process includes 3-Steps:

1. First Verification: Will typically be **completed by a licensed staff member.**

a Includes verification that the consent form clearly documents the intended procedure w/ all information spelled out and not abbreviated (i.e. 'left' rather than 'L'), the consent is signed by the patient, and the patient understands the procedure;

b Includes positive identification of the patient using two patient identifiers per the JC PS goal recommendations (i.e. name, SSN, date of birth, address, etc.). This step in the process must be completed prior to administration of pre-operative/pre-procedural medications that may alter the level of consciousness or cause sedation.

2. Second Verification: Will be **completed by the operating provider, anesthesia provider and a licensed staff member** in the ward/clinic (if the procedure will be performed there) or in the operative Holding Area.

a Operating Provider: Verifies patient identification, procedure and intended surgical site are consistent with the consent; **Marks the site** w/ his/her initials using a surgical skin marker.

b Anesthesia provider and licensed staff member: Independently verifies patient identification; Verifies indicated site is consistent with consent and H&P or progress notes; Verifies surgical site, as indicated on consent, is marked.

3. Third Verification (Final Time Out): Regardless of whether a procedure or surgery is being performed, a **third verification** or **final 'time out'** is required to confirm that the correct patient is present for the correct procedure at the correct site.

a OR Nurse/Licensed Staff Member: Verifies patient identification is consistent with consent; Verifies requested x-

rays are available and properly positioned; Completes MEDCOM Form 741-R following the final 'time out'.

b Operating Provider: Performs the final time out by actively confirming the patient's name, procedure and surgical site with the surgical team.

c When all surgical/procedural team members are in agreement and the documentation record has been completed, the surgery/procedure may begin.

In order to prevent future wrong site surgery/procedure events we need each of you to be proactive to ensure our corporate verification process, as identified in the MEDCOM Circular, is consistently followed in your daily practice.

The Circular is currently at the MEDCOM publishing office and is expected to be final in early January. A 'heads-up' copy of the Circular and a Frequently Asked Questions/Answers memorandum have been sent to your PS Manager and senior leaders for immediate staff training and policy implementation coordination. As you work to implement our MEDCOM standardized **verification process into your clinical practice please forward any questions, comments and/or suggestions for process improvements directly to me at judith.powers@amedd.army.mil.**

THANK YOU for your commitment and contributions to patient safety as we continue to work together to.....*Make the Safest Way the Best Way!*

THE ARMY NURSE CORPS NEEDS YOU
CPT Elizabeth Mann

Recruiting nurses is a tough assignment during the current national shortage, and the Army Medical Department needs the assistance of all committed Army Nurse Corps officers in maintaining our numbers. We know the best recruiter is an Army Nurse, and that means you! There is always an opportunity to share the unique experiences we enjoy as members of the AMEDD, but the current incentives and qualifications for a direct commission may be unclear to many in our Corps. This is a primer on Army Nurse Recruiting 101, providing you with information an interested nurse will need to know in order to apply.



The active duty Army is an all BSN Corps within the military medical network. A senior BSN student can actually be board selected by the Health Services Directorate and commissioned as a 2LT six months prior to graduation. This earns time

toward retirement and for pay purposes until the student graduates, passes the NCLEX-RN and attends OBC. Reporting to OBC is the date of rank used and serves as the Entry to Active Duty (EAD) date. If a working BSN nurse enters active duty, constructive credit is awarded based on time as a licensed RN, but is limited to a maximum of three years. A MSN degree will allow additional constructive credit. We do not calculate the rank a nurse will earn, that is done only when the entire application packet is reviewed. A rule of thumb is 2LT for a new nurse, 1LT with some time in grade toward CPT for an experienced nurse with greater than six years experience, and potentially CPT for a MSN prepared, experienced RN. Nurses can be up to 47 years old to access to active duty and 46 years old for the reserves. A DUI, bankruptcy or law violation will delay the application process and require a moral waiver. Grades must be strong, a 3.0 GPA is the minimum we recommend for a viable candidate.

Assignments are guaranteed for a new accession. AN Branch will attempt to place the officer in their first choice, but will call and discuss options if the second or third choice is necessary. The initial commitment is 3 years on active duty, an extra year if the \$5,000 Accession Bonus is taken, for a total of 4 years on active duty. There is of course the fine print about the requirement for a total 8 year service obligation. The remainder of time is served in the Inactive Ready Reserve should the officer leave active duty in less than 8 years, but you might want to save that part for the recruiter.

The greatest selling point for a nurse in the Army is the myriad of professional opportunities. New accessions are offered the Generic Course Guarantee, which means within two years of entering active duty, they will attend their choice of the Perioperative, Critical Care, OB/GYN or Psych-Mental Health courses, with Emergency Nursing and Community Health Nursing courses available through a best-qualified board selection. The Army is the only service to offer such specialty training. Other exceptional opportunities include completion of an advanced nursing degree, professional respect, and increased leadership responsibilities. As dedicated members of the Army Nurse Corps, we must actively solicit our professional civilian counterparts to ensure the continuity of care will be sustained and the strength and integrity of the Corps maintained. Contact your local AMEDD Health Care Recruiter, or email me at Elizabeth.Mann@usarec.army.mil with questions and most of all, lots of referrals. The passion and belief in our contributions as Army nurses serves as the ultimate inducement for a civilian nurse to consider military service. The Army Nurse Corps needs your assistance in our recruiting endeavors.

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

This past month, I accepted an invitation to visit the staff of the Cooper Institute for Aerobic Research in Houston, Texas. The Cooper Institute is an international leader in preventive

medicine research as well as an education center dedicated to advancing the relationship between living habits and health. The purpose of this visit was to review and update the curriculum for the Health Promotion Director training course, which is offered by the USACHPPM through the Cooper Institute.

The Health Promotion Director training Course, also known as the Cooper Course, has been offered through USACHPPM on an annual basis for the past several years. This course provides training for individuals working in any area of health promotion. The Cooper Course provides information for developing basic skills and knowledge related to planning, implementing and evaluating health promotion programs. Special emphasis is placed on taking basic health promotion topics and applying them to a military environment. A focus on business plan development and leveraging health assessment data to maximize the results of health interventions and improve the health of the population is included. Participants receive a reference notebook that is filled with health promotion resources, Internet web sites, and other reference materials to enhance any health promotion program.

Attendees are expected to attend all classes and complete all assigned homework, including a group presentation and a final examination. A passing grade on the final examination is required for certification by the Cooper Institute as a Health Promotion Director.

Health Promotion Director certification is valid for three years and includes, continuing education credits. Once the initial certification is obtained, one need only accrue 30 hours of continuing education over the three-year period and pay a fee to maintain current certification. The fee is waived if the continuing education credits are received from the Cooper Institute itself. Renewal of certification is a recent program started just over a year ago. Anyone who became certified before that date was given what is called a "lifetime" certification. Those individuals are also eligible for renewal in order to show updated health promotion credentials. Continuing education (CE) hours may be accrued in the same way as other CE hours for nursing licensure. Credit can also be obtained for presentations; for authoring or coauthoring peer reviewed published articles, abstracts, or books; and for any professional courses taught. More information about the Cooper Institute is available by calling 800-635-7050 or going to World Wide web site at www.cooperinst.org.

The next course sponsored by USACHPPM, Directorate of Health Promotion and Wellness will be offered 17 – 21 March 2003 at the Holiday Inn Select, Timonium, Maryland. The course is open to all personnel with a duty assignment in a health promotion and or wellness - related field. There will be 38.7 CE hours provided for attending this course. To register for the Cooper Course go to:

https://usachppm.apgea.army.mil/TrainCon/eForm.aspx?Name==Cooper_Course

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

This article will provide information for Reserve Nurses with health care and other information if they are mobilized over 30 days.

Question: Do I use my Reserve ID card and carry a copy of my orders to prove Active Duty Status like we do for annual training?

Answer: No, when on orders over 30 days, you must obtain an active duty ID card, which not only validates your status, but also updates your status in DEERS so you can access health care. It is still a good idea to carry a copy of your orders at all times.

Question: I have Reserve Dental Insurance. Does that dental coverage continue through my active duty tour? Will I be a charged premium?

Answer: No, Your Reserve Component Dental Coverage will be cancelled effective the date your orders begin and will be restarted the first day of the month following your release from active duty. All payments for the coverage are suspended.

Question: My orders are for 139 days. Why that odd number?

Answer: The magic numbers are over 30 days, under 139 days, 140- 179 days and over 180 days. Benefits change for each of those time periods and also vary by type of orders. It is best to verify with your Personnel Office what benefits apply to your type of orders.

Point of contact for more information paper is HSPMD, Nurse Branch at 800/325-4729, option 2. References include ATRRS course scope and course prerequisites, AR-611-1, DA Pams 600-4 and 611-21 and the www.2xcitizen.usar.army.mil web site.

NURSING RESEARCH UPDATE
Women and Substance Use
LCDR Mary Baker Dove, NC, USN

Although American women have suffered with substance abuse problems for centuries, U.S. society has generally thought of alcohol and other drug abuse as a problem of men (1). Substance abuse is a behavior pattern that has tremendous effects on women and the Nation. Generally the lifetime rates of illicit drug abuse, drug dependence, and alcohol abuse/alcohol dependence are lower for women than for men, nonetheless statistics for women (based on a 1995 National Survey on Drug Abuse) are sobering:

- Nearly one in three women in the U.S had used an illicit drug at least once in her life (33 million out of 110 million). Among women of childbearing age (15 to 44 years), the rate was approximately 45 percent.

- An estimated 15 percent of all American women ages 15 to 44 were abusing alcohol or illicit drugs.
- Nearly 5 million women used an illicit drug at least once in the past month: 3.6 million used marijuana; 440,000 used cocaine.
- As many as 2.7 million American females (over the age of 12) abused alcohol.
- Half of all women of childbearing age reported some alcohol consumption during the previous month (2).

To date, women are entering substance abuse treatment centers in increasing numbers (3). While socio-demographic characteristics (in most instances) are unknown, there is evidence suggesting that race/ethnicity, age, income, number of children, previous treatment history, psychiatric comorbidities, and severity of the problem, reflect differences in access to treatment and serve as predictors of their treatment needs (4). In spite of only recent studies dedicated to the effects of women and substance abuse, the literature suggests it is a major contributor to morbidity and premature mortality in the United States (5).

Much of our knowledge of alcoholism and other substance abuse has been gathered from studies conducted with the predominance of male subjects. A solid body of research is needed that identifies who the women in substance abuse treatment are, how they get there, what services they receive while in treatment, and the effectiveness of the treatment (6). This approach would not only be useful in meeting the goals of Healthy People 2010 (7), it will also provide a basis for the development of appropriate programs and serve as a foundation for future studies on treatment utilization and outcomes.

References:

1. Devon, J. (2001). *Happy hours: Alcohol in a woman's life*. New York, NY: Cliff Street Books.
2. Rouse, B. A. (ed.). *Preliminary Estimates From the 1995 National Household Survey on Drug Abuse*. Substance Abuse and Mental Health Services Administration, Office of Applied Studies Rockville, MD.
3. Institute of Medicine (1990). *Treating drug problems*. Washington DC: National Academy Press.
4. Harrison, P. P., & Belille, C. A. (1987). Women in treatment: Beyond the stereotype. *Journal of Studies on Alcohol*, 48, 574-578.
5. National Center for Health Statistics. (1994). *Health of the United States*. Hyattsville, MD: US. Public Health Service.
6. Wallen, J. (1990). *Issues in Alcoholism Treatment*. In R.C. Engs (ed.) *Women: Alcohol and Other Drugs*, Dubuque, IA: Kendall/Hunt.
7. *Healthy People 2010: Understanding and improving health*. Washington DC: U.S. Department of Health and Human Services.

Lieutenant Commander Mary Baker Dove is a Consultation/Liaison at Tripler Army Medical Center in Honolulu, HI. She works with Army and Air Force Staff as part of a Tri Service Addiction Treatment Team.

Landstuhl Regional Medical Center Celebrates 50 Years

Landstuhl Regional Medical Center, Landstuhl, Germany will celebrate its 50th anniversary in April 2003. Anyone who served on Landstuhl Post at any time since 1952 is invited to send pictures or stories regarding their experiences. Submissions will be included in the celebration displays and publications. Contact: M. Shaw, Public Affairs Officer, 0049 6371-86 8144, e-mail: marie.shaw@lnd.amedd.army.mil.

Upcoming Pediatric Short Courses

Madigan Army Medical Center will be holding a Pediatric Short Course **8-14 March 03**. They will be able to take 8 students. Please contact LTC Christine Pires for further information and questions at Christine.Pires@nw.amedd.army.mil, (253) 968-1364.

Walter Reed Army Medical Center will hold a Pediatric Short Course from **07 April to 2 May 2003**. The POC is LTC Victoria Ransom.

16th Annual Pacific Nursing Research Conference

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

AAACN Military Special Interest Group

The Tri-Service Military Special Interest Group that is part of the American Academy of Ambulatory Care Nurses (AAACN) is hosting a pre-conference **9 April 2003** in Tampa, FL in conjunction with the **AAACN Conference 10-13 April**.

13TH Annual Asia-Pacific Military Medical Conference

The U.S. Army Pacific (USARPAC), USARPAC Surgeon, MG Joseph G. Webb and Royal Thai Army (RTA) are sponsoring the 13th Annual Asia-Pacific Military Medicine Conference (APMMC) in Bangkok, Thailand, at the Plaza Athenee' Hotel, **11 – 16 May 03**. The theme of this conference is "Good Health – Great Soldiers." Other topics include the military aspects of humanitarian deployments, environmental medicine, infectious diseases, psychiatry, combat medicine, including medical strategies for low intensity battles, technological advances in telemedicine, and others military relevant medical topics. Over 30 foreign countries will be invited to present and exchange medical information.

NEWS FROM AROUND THE AMEDD

NEWS FROM AROUND THE AMEDD

ANC Website Update

The Phone Roster and Consultant List sections have been moved to the AKO secured server per OTSG compliance regulations for all Army medicine web sites, effective 1 OCT 02. **This content is now only available to users with a valid AKO username and password. The ANC Homepage NEW URL is <http://armynursecorps.amedd.army.mil/> effective 9 JAN 03.** Please change your bookmarks in the favorites section. The old URL will direct you to the new one until 31 JAN.

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

The Army Nurse Corps Association sponsors the Advanced Military 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, USAR or ARNG. 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 (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 must be submitted by **16 January 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 CML (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 were sent in DEC 02 to the DCNs or by calling the Department of Nursing Science at DSN 471-8231/CML (210) 221-8231.

ANCA ANC Birthday Luncheon

The Annual ANCA Army Nurse Corps Birthday Luncheon is on **31 JAN 03**, see attached flyer on page 13.

Special Event: Book Signing "33 Years of Army Nursing An Interview with Brigadier General Lillian Dunlap" will take place. The book will be offered for sale, \$34.95, and General (Ret.) Dunlap will graciously sign them!

Interested U.S. Military medical personnel are invited to attend. Category 1 continuing medical education and continuing nursing education contact hours will be awarded for attendance at this conference. The current per diem for Bangkok is 182\$ U.S. dollars, 125\$ lodging plus 55\$ MI and E.

The POC for this conference is COL Stephanie Marshall at Tripler AMC, @ stephanie.marshall@haw.tamc.amedd.army.mil.

Public Health And Occupational Health Nursing Master Level Distance Education Program

The University of North Carolina at Chapel Hill School of Public Health is now offering an on-line distance learning program to obtain a Master of Public Health degree with a concentration in Public Health Nursing or Occupational Health Nursing. Both programs are an integral part of the UNC Chapel Hill Public Health Leadership Program and are accredited by the National League for Nursing Accrediting Commission (NLNAC).

The curriculum of study for the Public Health Nursing concentration includes: School of Public Health core courses: Epidemiology, Biostatistics, Health Policy and Administration, Health Behavior and Health Education, and Environmental Science; Leadership core courses in the areas of Assessment, Policy Development and Assurance; Roles and Functions of Public Health Nursing; Field Practicum; and Masters Paper.

The curriculum of study for the Occupational Health concentration includes: School of Public Health core courses: Epidemiology, Biostatistics, Health Policy and Administration, Health Behavior and Health Education, Environmental Science; Occupational Health Sciences: Industrial Hygiene, Toxicology, and Occupational Safety/Ergonomics; Occupational Health Nursing courses; Practicum; and Masters Paper.

The distance learning program is designed to be completed over a period of three years. All class work is completed online with the exception of 3 one week summer sessions (2½ weeks for two summers for the Occupational Health concentration), which are held on campus. Students usually take two courses each semester (Fall and Spring). Some students elect to take classes during Summer, but only a single course is required to be taken during Summer. The program requires a minimum of 39 credits (8 previously earned credits may be transferred in per consent of appropriate instructor and counted toward the degree; students in the [Certificate in Core Public Health Concepts Program](#) may transfer 8 credits). UNC Chapel Hill is now accepting applications for Fall 2003.

Admissions for all graduate programs are coordinated through the Graduate School. You may learn more about this program and complete the Graduate School Application [ONLINE at www.sph.unc.edu](#). For more information on the Public Health concentration program, please contact Lorraine Johnson at

lbj@email.unc.edu or 919-966-1769 or contact Hollie Pavlica at distancemph@unc.edu or 919-843-5313. For more information on the Occupational Health concentration, please contact Judy Ostendorf (judy_ostendorf@unc.edu) or Bonnie Rogers (rogersb@email.unc.edu). Application deadline for Fall 2003 is April 1, 2003 and for Spring 2004 is October 1, 2003.



BG Bill Bester, Chief Army Nurse Corps was recently recognized with the Public Health Service Chief Nurse Award of Excellence from RADM Mary Pat Couig, Chief Nursing Officer, U. S. Public Health Service for his tremendous support of junior officer leadership development across the uniformed services. Congratulations, Sir!!!

Congratulations to **COL Maryann Monteith**, Deputy Commander for Nursing at Reynolds Army Community Hospital at Fort Sill, Oklahoma. In December, COL Monteith was inducted into the prestigious Honorable Order of Saint Barbara for her steadfast and tireless support of the Field Artillery soldiers and families at Fort Sill.

In December, Gen Kevin P. Byrnes, Commander, Training and Doctrine Command and MG Stanley E. Green, Commander United States Army Air Defense Center and Fort Bliss inducted **MAJ Charline Gerepka**, Chief Nurse/XO of the 31st Combat Support Hospital and **MAJ Tina Connally**, Chief Nurse of the 745th FST into the Honorable Order of Saint Barbara.

The Order of Saint Barbara has a long and distinguished history. According to legend, Saint Barbara was the extremely beautiful daughter of a wealthy heathen named Dioscorus, who lived near Nicomedia in Asia Minor. Because of her singular beauty and fearful that she be demanded in marriage and taken away from him, he jealously shut her up in a tower to protect her from the outside world. Saint Barbara is the patron saint of artillerymen, gaining the role through the sacrifice of her life around the third or fourth century. She came to be regarded as the saint patroness of those in danger of sudden death, such as early artillerymen whose early cannons were fraught with misfires, muzzle bursts, and exploding breeches.

According to the citation, the inductees into the Honorable Order of Saint Barbara were “found to be numbered as one of our trusty members and duly initiated into ... the traditional brotherhood of stone hurlers, archers, catapulters, racketeers, and gunners.” It is an honor to be a member of the Order of Saint Barbara. It is given to soldiers who have served the Air Defense Artillery and Field Artillery well. It is even more of an honor to have nurses receive this award.

The 'ANC in the Spotlight' column of the December Edition of *The Connection*, the quarterly newsletter of the Army Nurse Corps Association (ANCA) featured **MAJ Laura Favand**, the Trauma Program Coordinator at William Beaumont Army

Medical Center, an American College of Surgeons Level II facility. The article highlighted this unique and multifaceted role and described the many contributions MAJ Favand makes to WBAMC and the communities of West Texas and Southern New Mexico.

Congratulations to **CPT Debbie Giddens**, 5502nd USAH, for her prestigious achievement as the Regis College **Outstanding Nursing Student of the Year**. She was honored at graduation on Dec 15th.

PUBLICATIONS

CPT Daniel Anthony, 212th MASH EMT Head Nurse and **CPT Timothy Hudson**, White House Nurse published an article entitled "Stretching the Stretcher" in the November edition of Military Medical Technology Online at http://www.mmt-kmi.com/features/6_7_Art3.cfm.

ARMY NURSE CORPS ASSOCIATION
**ANNUAL
BIRTHDAY LUNCHEON**

ANCA invites you to join your friends and colleagues to celebrate the Army Nurse Corps' 102nd anniversary!

DATE: FRIDAY, 31 JANUARY 2003
PLACE: FT SAM HOUSTON OFFICERS CLUB
COCKTAIL
HOUR 1100 hrs (11:00 am) no host bar
OPENING
CEREMONY 1145 hrs (11:45 am)
LUNCH: 1200 hrs (12 Noon) Salad, London Broil, Twice Baked Potato,
Mixed Veggies, Peach Cobbler Ala Mode
COST: \$12.00 Per Person

SPECIAL EVENT: Book Signing

**“33 Years of Army Nursing
An Interview with Brigadier General Lillian Dunlap”
Conducted by Cynthia A. Gurney**

The book will be offered for sale and the General will graciously sign them!

Please send check for \$12.00 per attendee (***make payable to
ANC Birthday Party***), along with name/rank and title
of each attendee, to:

ANC Birthday Party

PO Box 18982

San Antonio, TX 78218-1235

Checks must be received NLT Sunday, 26 January 2003

QUESTIONS? Call or e-mail Caroline Rakiewicz or Mary L. Messerschmidt
830-606-4443 (metro)/caromartx@aol.com

DEPARTMENT OF LEGAL MEDICINE, AFIP
Nursing Risk Management Publications

Publications

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1998](#)

**Armed Forces Institute of Pathology
Nursing Continuing Education Online**

These continuing education offerings are accredited by the Maryland Nurses Association for up to **14.5 Contact Hours** in continuing education in nursing.

Contact hours in nursing continuing education are **free** to full-time military and DoD federal health care providers. The cost to non-federal providers is \$10.00 for each annual publication.

The Nursing Risk Management journal (formerly the Journal of Nursing Risk Management) is a peer reviewed journal located at the Department of Legal Medicine's Internet address:

<http://www.afip.org/Departments/legalmed/jnrm.html>.

The contact hours in nursing continuing education can be earned online by following the instructions in each issue. Each Issue contains valuable clinical practice tips, case studies, and references.

Authors and editorial board members are needed for the Nursing Risk Management. An honorarium of \$500.00 may be paid to authors of articles accepted for publication.

DLM also publishes [Legal Medicine](#) annually. Physicians may earn continuing medical education credits online by following the instructions in each issue.

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