
ARMY NURSE CORPS NEWSLETTER

“Ready, Caring, and Proud”

Volume 02 Issue 09

June 2002



Message from the Chief



Once again, I have had the pleasure of attending quite a variety of professional nursing forums over the past month. The biennial Phyllis J. Verhonick Military Nursing Research Course in San Antonio was a huge success. Of special note was the keynote speaker, Dr. Patrick DeLeon, Chief of Staff to Senator Inouye. His message was that nursing research is essential and continues to be on the forefront in providing evidenced based outcomes. This top notch Tri-Service course included presentations by U.S. Army nursing leaders, nationally known nursing experts, featured award-winning abstract and paper presentations, a poster presentation and roundtable discussions.



BG Bill Bester presenting Dr. Patrick DeLeon a Crystal Sculpted Award on behalf of the ANC.

I would like to wish each and every one of you a belated Happy Nurses Week! I was able to participate in Nurses Week festivities with the staff at Eisenhower Army Medical Center at Ft. Gordon, GA. Both the junior and senior officer groups were highly enthusiastic and focused on key issues related to their specialties or level of leadership. Back in San Antonio, I met with the Chief Nurses who attended the AUSA conference, the ANC Officers currently attending the Officer Advanced Course and spoke to the Critical Care/ER/Perioperative AOC course graduates at BAMC.

Lastly, I had the honor of serving as keynote speaker for the first ever two-day education conference for advanced practice nurses working within the Great Plains Regional Medical Command. It is always a pleasure to visit with these various groups and hear about the many great things that are taking place throughout the Army Nurse Corps.

Lastly, I would like to wish all of you who are PCSing a

very safe and successful move. For some of you, this will be the first of many moves. For others, this will be one of many moves you have already experienced. Approximately one-fourth of the Army Nurse Corps is on orders to move during this summer cycle. This might sound like a lot of moves, but it's actually about average for the summer PCS cycle. I want to extend my sincere appreciation for the outstanding job each and every one of you continue to do on a daily basis. I appreciate your flexibility and willingness to move on and assume new duty assignments and new professional challenges, both of which enrich the diversity and experiential base of our great Corps. You all contribute significantly to the outstanding professional reputation that the Army Nurse Corps enjoys, not only throughout the AMEDD but throughout the entire Army as well.

Army Nurses are Ready, Caring, and Proud!

Bill Bester
BG, AN
Chief, Army Nurse Corps

Office of the Chief, Army Nurse Corps

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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

Article Submissions for the ANC Newsletter

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. We reserve the right to edit and review any item submitted for publication. All officers are eligible to submit items for publication.

PERSCOM UPDATE

FY02 AMEDD COL BOARD: 9 July 2002 (Milper Message # 02-134)

Zones of Consideration:

	<u>LTC date of rank</u>
Above the Zone	01 Oct 97 and earlier
Primary Zone	02 Oct 97 thru 01 Sep 98
Below the Zone	02 Sep 98 thru 01 Jul 99

OERs due to OER Branch, PERSCOM: NLT 2 July 02
 Required "Thru Date" for Promotion Reports (Code 11) is 3 May 02. Required "Thru Date" for Code 21 Complete the Record OERs: 3 May 02 (BZ eligible officers are not eligible for "Complete the Record" OER). Letters to the President of the Board: due NLT 9 July 2002. Request for microfiche: e-mail: offrcds@hoffman.army.mil or fax: DSN 221-5204 / 703-325-5204. Send DA Photos and signed Board ORB to CPT(P) Gahol NLT 17 June 2002. POC is CPT (P) Gahol, AN Branch, PERSCOM, DSN 221-8124 / 703-325-8124 or e-mail: gaholp@hoffman.army.mil.

FY02 AMEDD RA BOARD: 9 July 2002 (Milper Message # 02-092). Eligibility: Officers must be in VI status. MAJ with a minimum of 2 years AFCS, with 14 years or more of AFS and not in a promotable status. CPT with a minimum of 2 years AFCS, with 10 years or more of AFS, and not in a promotable status.

OERs due to OER Branch, PERSCOM: NLT 2 July 2002
 Complete the Record OER is not authorized.
 Request for microfiche: e-mail: offrcds@hoffman.army.mil or fax: DSN 221-5204 / 703-325-5204.
 POC is Ms. Brenda Norris, DSN 221-3759; (703) 325-3759 or norrisb@hoffman.army.mil.

FY02 Chief Nurse Advisory Board: 23-26 September 2002.
 Eligibility: LTC(P) or higher, have less than 336 months AFCS as of 1 June 2002; Masters Degree; MEL 4 or higher; no approved retirement; not under suspension of favorable personnel actions; and two years time on station.

9A Board FY02:
 9A Designator board application packets must be submitted to AN Branch **NLT 7 July 2002**. You may access the 9A information paper on the AN Branch website.

Projected Chief Nurse vacancies for summer FY03:
MEDCEN: Landstuhl Regional Medical Center (Germany) and 18th Medical Command (Korea).
TO&E Group: 44th Medical Brigade (Ft Bragg).
Large MEDDAC: Fort Benning, Fort Campbell, and Fort Hood
Medium MEDDAC: Fort Wainwright (Alaska), Fort Riley, Fort Sill, West Point, Fort Belvoir, Fort Eustis, Fort Leonard Wood, Fort Irwin, Heidelberg, and Wuerzburg.
Small MEDDAC: Fort Huachuca, Fort Meade, and Redstone Arsenal.
 POC is COL Sharon Feeney-Jones, DSN 221-2395, e-mail feeneys@hoffman.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.

Personnel Changes at AN Branch

There will be a large turnover of personnel at AN Branch in July/August timeframe. Updated E-mail addresses and telephone numbers will be posted in the July newsletter.

LTC Jane Newman assumes the position of Assistant Chief, AN Branch. She will remain as the PMO for 66E and 66F.

MAJ Doreen Agin replaces **LTC Angela Ross**, PMO for 66B, 66C, 66G, and 66G8D, in June 2002.

MAJ Patrick Ahearne replaces **LTC Sherie Haga-Hogston**, PMO for MAJ and CPT(P) 66H, 66H8A, 66HM5, and all ranks 66P, in July 2002.

MAJ(P) Flavia Diaz-Hays replaces **LTC Charly Hough**, PMO for all 66H LT and new accessions, in July 2002.
 CPT James Simmons replaces CPT(P) Bob Gahol, Future Readiness Officer, in July 2002.

Upcoming Boards

09 - 19 Jul 2002	COL AMEDD & RA Selection
09 - 26 Jul 2002	Command & General Staff College
29 Jul - 02 Aug 2002	LTHET Board
23 - 26 Sep 2002	Chief Nurse Advisory Board
01 - 11 Oct 2002	MAJ AMEDD

See PERSCOM Online (www.perscom.army.mil) for MILPER messages and more board information. To access the messages, go to PERSCOM Online, double click "Hot Topics" and then select MILPER Messages.

FY02 CGSC Selection Board: 9-26 July 2002 (Milper Message # 02-130). Eligibility: CPT(P), or higher, have less than 14 years (168 months) AFCS as of 30 Sep 2003; and have not received four previous considerations for selection to attend a resident CGSC.

Officers that previously declined for consideration **will not** be considered this year, unless they submit a memorandum stating that they want to be considered for this year's CGSC board. Officers that were selected in the primary list but declined to attend Resident CGSC are no longer eligible to compete. Officers must be a graduate of, or have credit for completion of AMEDD OAC (MEL F).

OERs due to OER Branch, PERSCOM: NLT 2 July 2002
 Required "Thru date" for Complete-the-record OER is 3 May 2002. POC is CPT(P) Gahol, DSN 221-8124. E-mail: gaholp@hoffman.army.mil

LTHET

The 3 June deadline for LTHET packets will have come and gone by the time you read this message. All applicants have worked diligently with their Chief Nurse and Education Officers to submit packets that are of high quality and well put together. We foresee this year's LTHET board being very competitive. The LTHET board convenes 29 July – 2 August 2002. The results should be released in September. Chief Nurses will be notified of results who will then inform the officers. Officers should not call branch for results. LTHET applicants should currently be in the process of correcting ORB and microfiche entries. AN Branch will review officers' files in June and call the officers with needed updates.

Officers scheduled to begin LTHET at a civilian school (FY 2002) in August should access the AMEDDC&S Student Detachment web site: www.cs.amedd.army.mil/ag/studet/studet.asp to obtain a Student Handbook and in-processing instructions.

Short Courses

To find out the updated class schedule, please visit the Army Nurse Corps branch web site at <https://www.perscomonline.army.mil/ophsdan/profdevt.htm>

To find the latest course schedules for military short courses check the following web sites:

Combat Casualty Care Course (C4) and Joint Operations Medical Management Course (C4A): www.dmrti.army.mil
Chemical Casualty Course: www.ccc.apgea.army.mil
HNLDC and ANLDC: www.dns.amedd.army.mil/ANPD/index.htm

HNLDC Additional Course Dates this FY

The Department of Nursing Science, AMEDDC&S has added a Head Nurse Leadership Development Course. The course dates are **11 – 23 August 2002**. There is funding for approximately 50 officers. Education managers should contact MAJ Lang to register their officers.

Preparation for TDY Courses

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

Officer Advanced Course

Officer Advanced Courses scheduled for July and September are almost full. Officers who have completed phase 1 should contact their Education Officer to enroll in phase 2 ASAP.

Officers should not report to the AMEDD Officer Advanced Course without being confirmed a seat in the Army Training Requirements and Resources System (ATRRS). Major Lang is responsible for entering officers into the ATRRS system after receiving proper notification from the officer's unit. Officers who report to OAC without proper registration are subject to being returned to their unit. Officer Advanced

Course dates are posted at:

<https://www.perscomonline.army.mil/ophsdan/profdevt.htm>.

CGSC and CAS3 through the Reserves

Taking CGSC and CAS3 through the Reserves has become very popular and classes do fill quickly at the more popular locations and times. Please plan early. Send your completed 3838s, signed by your respective chain of command, and fax to MAJ Gary Lang at DSN 221-2392, com. 703-325-2392 (langg@hoffman.army.mil). **UPDATE** - All the centrally funded seats for CGSC have been filled for the summer 2002. The Reserve option is still possible, if funded by your individual facilities. Please send your completed DA 3838s to MAJ Gary Lang for ATRRS entry and tracking. The web address is www-CGSC.army.mil. If you have ATRRS CGSC & CAS 3 related questions, the POC is Ms Jennifer West at DSN 221-3159.

Information for the Reserve Component (RC) CAS3 can be found on line. The information pertains to AD officers attending Reserve Component CAS 3. Points of contact (POC) for specific reserve component regions are listed. Please do not attempt to register on-line. Registration for CAS3 and CGSC must be processed through your respective local training chain of command. MAJ Lang is the AN Branch POC. Ms Jennifer West (DSN 221-3161) is an additional POC for specific questions.

****NOTE:** If you are currently enrolled in another service's CGSC or are contemplating signing up for another service's CGSC, please contact your PMO to **PRIOR** to enrolling discuss your plan.

Generic Course Guarantee

Information on GCG is located in our website (<http://www.perscom.army.mil/ophsdan/profdevt.htm>).

AOC/ASI Producing Courses POCs

Critical Care Course, Emergency Nursing Course, Psychiatric-Mental Health and OB-GYN Nursing Course Manager: LTC Hough at houghc@hoffman.army.mil

Please check the AN branch web site at www.perscomonline.army.mil/ophsdan/default.htm (click on professional development) for information on application suspense dates to AN branch or contact LTC Hough at houghc@hoffman.army.mil.

Calling all Psychiatric nurse wanna-be's! There is an OCT 02-FEB 03 Psychiatric-Mental Health Nursing course at WRAMC and we need applicants for this course. If you are interested, please contact your Chief Nurse or LTC Hough at houghc@hoffman.army.mil

There are seats available in the NOV 02 OB-GYN Nursing course. Applications are due Jun 02. Please contact your Chief Nurse or LTC Hough at houghc@hoffman.army.mil if you are interested or need more information.

Perioperative Nursing Course Manager: LTC Newman at newmanj@hoffman.army.mil.
 Community Health Nursing Manager: LTC Ross at rossa@hoffman.army.mil

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

66F/66E Assignment Opportunities

Assignment opportunities are available for 66Fs in Alaska, Ft. Riley, Ft. Polk, Ft. Stewart, Tripler, Europe (two TOE, one TDA) and Korea, Summer 2002. For these and other opportunities, please inquire to LTC Newman ASAP, newmanj@hoffman.army.mil.

Assignment Opportunities for 66H Lieutenants

Assignment opportunities available for 66H Lieutenants include WBAMC (El Paso, TX), Ft. Polk, LA, Ft. Irwin, CA, Ft. Jackson, SC, West Point, NY, and Alaska. If interested, please contact houghc@hoffman.army.mil

Assignment Opportunities for Captains

Winter 2003 PCS moves are starting. 66H, M5, 8A officers are needed in Germany and Alaska. Recruiting positions and White House Nurse positions selection process will begin in July. Please take a moment to look at the available positions on the website. Division Nurse positions are needed in Hawaii (3) and Germany (6). If interested, please notify your Chief Nurse and contact MAJ(P) Greta Krapohl at krpohlg@hoffman.army.mil.

AN Branch Personnel E-Mail Addresses

Please note that our e-mail addresses are not linked with the MEDCOM e-mail address list. We continue to receive numerous calls from the field about "undeliverable" messages when you try to send us e-mail messages. Our e-mail addresses are as follows:

- | | |
|--|--|
| COL Feeney-Jones
feeneys@hoffman.army.mil | MAJ(P) Krapohl
krpohlg@hoffman.army.mil |
| LTC Haga-Hogston
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| LTC Hough
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| LTC Ross
rossa@hoffman.army.mil | Mr. Shell
shellj@hoffman.army.mil |

Smart Tips from the Future Readiness Officer

CPT(P) Bob Gahol

FY02 LTC Board Results Analysis:

The FY02 AMEDD LTC Board Results were recently released, and there was a 68.9% selection rate for first time considered (Primary Zone, or PZ) AN officers (PZ selected vs.

considered). The DOPMA selection opportunity rate was 75.7% (total selected vs. PZ considered).

Eligibility Zone	Considered	Selected	Percentage
AZ	80	6	7.5%
PZ	103	71	68.9%
BZ	112	1	0.9%
DOPMA Selection Opportunity Rate is determined by: Number of officers selected (78) versus number of first time considered (PZ) officers (103) = 75.7%			

Some of you may ask what were the success factors for the officers selected for promotion to LTC. Based on our analysis of the results, officers that have met the career gates for LTC, such as CGSC and/or masters have a greater chance of being selected for promotion. Of the 78 selects, 87.2% have completed MEL 4 (CGSC) and 99% have a master's degree. 99% of selected officers have an up-to-date physical exam. 95% of selects have photos that are less than two years old, and the remaining 5% have photos that are less than 3 years old.

Selection boards place strong emphasis on the Army APFT, and height/weight standards. All of the selected officers have successfully passed the APFT and met the height and weight standards. Officers with multiple profiles, and/or have failed the APFT, and/or failed the weight standards have a greater chance of not making the next higher grade. The selection board members are also critical of officers with a derogatory notation on their record such as a General Officer Letter of Reprimand and/or UCMJ charges.

In a recent article published by the OER branch (<https://www.perscomonline.army.mil/tagd/oers/oers.htm>), it was noted that officers having **ALL Center Of Mass (COM)** reports are at risk of not being promoted beyond Major. The article also talked about the COM file versus COM report. A Center of Mass File is different from a Center of Mass Report. A **COM file** means that the officer has all COM reports. A **COM report** simply means that the officer received COM box checked on a particular OER. Keep in mind that many ACOM officers have COM reports, and a COM OER, by itself, is not a career killer.

All selection boards select officers with at least one COM report. So far, over 18,000 officers selected have multiple COM reports. **However, having all COM reports places an officer at risk for nonselection.** Most of those who are successful will have a mix of ACOM and COM OERs, but some ACOMs in key jobs (such as branch immaterial assignments) are important. Selection boards do not focus on a single report unless it is a derogatory or adverse report. They consider the entire series of OERs in a file. Senior raters and rated officers must also focus on the series. They need to look at the two or three reports in the position. **OER spikes in file are essential. This means that the officer must have a combination of ACOM and COM reports.**

Most officers have received at least one COM (Over 92% of all CPTs; 87% of all MAJs; 85% of all LTCs), and these figures continue to rise. Board results indicate officers with a mix of ACOMs and COMs are competitive to LTC.

Enthusiastic, but not over-exaggerated, narrative often differentiates among COM reports. According to the OER Branch, OERs from the FY02 LTC AMEDD Board results (Army Nurse Corps) showed that 85% Selects had at least one COM and 67% Selects had two or more COM.

If you have questions or need further guidance in preparation for the selection board, please feel free to contact your personnel management officer (PMO) or the Future Readiness Officer. We also recommend that you see your chief nurse and section chief for military career guidance. In addition, PERSCOM On-line (<https://www.perscomonline.army.mil>) has great resources pertaining to your military career.

DEPARTMENT OF NURSING SCIENCE NEWS
LTC(P) Carol McNeill

91WM6 Update

Given the nation's engagements, optimization of AMEDD and MEDCOM training infrastructure to meet 91WM6 medical operational requirements is crucial for today's objective Army. In spring 1999, the U.S. Army leadership mandated the realignment of the Practical Nurse as an Additional Skill Identifier (ASI) 91WM6.

Under the Medical Reengineering Initiative (MRI), the Practical Nurse duty assignments changed from Minimal Care Wards (91C10) to Intensive Care Units/Intermediate Wards (91WM610). This change necessitated the need to refocus training of the Practical Nurse at the 10-skill level with greater emphasis in critical care and trauma skills to function in both TOE and TDA environments.

The Academy of Health Sciences approved the 91WM6 Critical Task List on 4 December 2001. Subsequently, the 91WM6 Program of Instruction (POI) is undergoing revision to reflect the new training requirements and to incorporate the approved critical tasks.

Currently, 91WM6 Phase 2 training sites are using the ICU environment to teach advanced medical-surgical clinical skills as outlined in the existing 91C POI, however, critical care tasks are not being taught didactically or clinically. Currently there is a proposal to change the Practical Nurse Specialty Course (300-M6) Phase 1 from the current six weeks to eight weeks and decrease Phase 2 training from 46 weeks to 44 weeks. This would facilitate realigning resources with training requirements without changing the overall length of the course. The additional two weeks of training during Phase 1 would be used to train field-nursing skills/tasks, DEPMEDS equipment, and level III casualty care, as well as use of field medical equipment. In addition, students would receive an introduction to military computer/information systems to include Medical Communications for Combat Casualty Care (MC4) and the Composite Health Care System (CHCS) for patient documentation used in both garrison and field

environments. Field nursing previously taught during Phase 2 instruction would be replaced with the critical care component of the curriculum.

In order to facilitate the process of revising the 91WM6 POI, a number of processes must be accomplished and resources allocated. First, to prevent lengthening the course, the 91WM6 Branch is evaluating current 91WM6 and 91W tasks and learning activities in order to eliminate redundant training, delete up to 120 hours and insert newly developed critical care tasks and lesson plans into the POI. Secondly, additional resources such as computers, simulators, books, and other training supplies and equipment must also be acquired to implement the revised 91WM6 POI/curriculum in order to teach critical care and other 91WM6 tasks in the classroom, practical exercise area and clinical arena. The Texas State Board of Vocational Nurse Examiners (TBVNE) must also approve the new curriculum/POI prior to implementation in order to maintain current accreditation status. The current timeline to implement the redesigned curriculum for the 300-M6 (91WM6) Course is Fiscal Year 04.

Surgical Support Post Graduate Short Course

9 June starts off the Surgical Support Post Graduate Short Course at the Holiday Inn Select in San Antonio. The 91Ds will be focusing on the most important event of the last two years, 09/11. Chemical, biological, radiological, nuclear and high explosives (CBRNE) are the newest hot topic to be included and Chris Keegan from Vincennes University will present on certification. Many vendors will be there to display some new products, so this is shaping up to be a rewarding and exciting event.

Head Nurse Leadership Course

The Department of Nursing Science, AMEDDC&S has added a Head Nurse Leadership Development Course. The course dates are **11 – 23 August 2002**. There is funding for approximately 50 officers. Education managers should contact MAJ Lang to register their officers.

Hospital Educators Roster

See the AMEDD C&S web site for the updated Hospital Educator's Roster by facility!

NURSING RESEARCH UPDATE
Phyllis J. Verhonick Nursing Research Excellence
Award Winners
LTC(P) Laura Brosch, PhD

The 12th Biennial Phyllis J. Verhonick Military Nursing Research Course was held in San Antonio, Texas on 29 April to 3 May 2002. This conference with 155 attendees was the largest national meeting specifically targeting active duty, reserve and retired nurse corps officers and civilian nurses engaged in military nursing research. One third of the attendees this year were junior officers. Highlights of the course included BG Bill Bester's recognition of Patrick J. DeLeon, Ph.D., J.D. for his dedicated and enduring support of military nursing research. Dr. DeLeon, Special Assistant to the

BOSTON ANCA CONVENTION HIGHLIGHTS

COL Kathy Simpson

Honorable Senator Daniel K. Inouye of Hawaii, was inducted into the Order of Military Medical Merit and received an inscribed crystal sculpture from the Army Nurse Corps. Dr DeLeon then delivered the keynote speech "Nursing Research and Health Policy: A Congressional Perspective." Additional course highlights included presentations by BG Bill Bester and COL Deborah Gustke as well as a number of nationally known nursing experts.

BG Bill Bester presented the following 2002 Phyllis J. Verhonick Research Excellence Awards:

For a study completed while in a full-time research position: **Christine A. Wynd**, PhD, RN, COL (USA retired), Professor of Nursing, University of Akron, Akron, Ohio for her paper entitled, "Factors Associated with Regular Testicular Self-Examination in Adult Males."

For a study completed while in a non-research position: **LTC(P) Stacey Young-McCaughan**, AN, Deputy Director, Congressionally Directed Medical Research Programs, Fort Detrick, MD, for her paper entitled "*Physical and Psychological Health Outcomes in Patients with Cancer Participating in a Structured Exercise Program.*"

For a study completed while in a Master's Program: **CPT Lori Fritz**, AN, Staff Nurse Anesthetist at Moncrief Army Community Hospital, Fort Jackson, SC for her outstanding paper entitled "*Description of the Oxygen Concentration Delivered Using Different Combinations of Oxygen Reservoir Volumes and Supplemental Oxygen Flow Rates with the Ohmeda Universal Portable Anesthesia Complete Draw-over Vaporizer System.*"

For a research utilization project: The Madigan and Walter Reed Army Medical Centers' Nursing Research Services for their joint initiative "*Standardizing and Comparing Nurse's Perception and Patient Falls Data at Two Army Medical Centers.*"

Poster Presentation Winners:

First Place: **CPT Brad Franklin**, AN, **1LT Nicole Candy**, AN; **D. 1LT Denese Yarborough**, AN, **COL Catherine Schempp**, AN & Ms. G. Kutaka MS, RN "*Intent to Stay and Job Satisfaction Among Junior Army Nurse Corps Officers,*" Tripler Army Medical Center, Hawaii

Second Place: **Maj Cindy Lemay**, USAF NC, **Lt Col Elizabeth Bridges**, USAF NC & Pat Pashos, SSgt USAF (Ret), "*Thermal Stress and Human Response Associated with Litter Position on the C-141 Starlifter and C-17 Globemaster,*" 59th Medical Wing, Lackland AFB, TX

Third Place: **Lt. Christopher Jack**, USNR, NC, "*Accurate Cardiac Monitoring: How to Achieve a Research-Based Practice*" – US Naval Hospital in Yukosuka Japan

The Army Nurse Corps Association Convention was held in Boston, Massachusetts May 23-27 2002. Over 200 Army nurses, relatives and friends attended, and a good time was had by all. The city of Boston welcomed us warmly, and the Mayor proclaimed May 25th as Army Nurse Corps Day! Many took advantage of the tours to local attractions, and the weather held out. On Memorial Day, a contingent walked to the Massachusetts State House where a wreath was placed at the Nurses Statue. MAJ (Ret) Myrtle Forrest donned her Class A Uniform, circa 1950s and looked as sharp as ever!

BG Bester presented the state of the Army Nurse Corps to the group during the business meeting. He described the issues facing the ANC, including the nursing shortage and recruiting challenges. MAJ Debora Cox presented an update on happenings within the Army Nurse Corps history office.

A banquet was held on Saturday night with lively entertainment, and a luncheon on Sunday featured Carol O'Flaherty, a nurse humorist. Other regional breakout sessions and committee meetings kept the attendees busy but still allowed for fellowship and fun.

Perhaps the most awesome experience for me was during the Boston Pops performance on Sunday night. On the eve of Memorial Day, a patriotic musical program was certainly fitting and enjoyable. However, none of us were expecting what happened during the performance. The conductor turned to the audience and said that there was a special group of people in the audience, and when he recognized us as Army Nurses and veterans of WWII, Korea, Vietnam and Desert Storm, the entire audience gave us a standing ovation. Never have I been more proud to be standing with my Army Nurse colleagues.

Now for the rather embarrassing part: BG Bester, MAJ Cox, CPT Watson, the local nurse counselor and I were the only active duty members in attendance. Also, there were very few recently retired (i.e., younger) Army nurses. At least the more senior retirees were strong in numbers, as they always are. The Army Nurse Corps shares a proud tradition, and it is up to all of us to preserve that tradition for those that follow us. The association, formerly known as the Retired Army Nurse Corps Association (RANCA) dropped the "retired" in 2000 in order to include all Army nurses, active reserve, former or retired. ANCA provides scholarship monies for future Army nurses as well. We owe it to those who have pioneered our profession to keep up the good work that they have started.

The 2004 convention will be held in San Antonio, and in 2006 it will be in Las Vegas. I urge you to start planning early.

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

A couple weeks ago LTC(P) Michael Custer and I were offered the unique opportunity to travel to Guyana at the request of U.S. Southern Command (SOUTHCOM) to conduct a subject matter expert (SME) information exchange visit. This exchange of information on HIV and STD took place in Georgetown, Guyana 14 – 16 May 2002 between the Guyana Defense Force (GDF) and the two-person team from USACHPPM.

Guyana is a very poor country though rich in natural resources. Rice, sugar, bauxite and gold are the major exports. It is the only English speaking country in South America that was once under British rule. Guyana has the second highest prevalence of HIV in Latin America and the Caribbean. The purpose of the visit was to provide a forum for US and GDF officers to discuss United States Army HIV/AIDS education, prevention and treatment protocols; assist GDF personnel in the planning and development of medical doctrine and policy to address HIV/AIDS in GDF military; give presentations to GDF soldiers from a military to military perspective to help them better understand HIV/AIDS prevention; educate GDF personnel to enable them to conduct continuing education on HIV/AIDS as part of standard GDF subject matter information exchange; and discuss “Universal/Standard Precautions” with GDF medics.

We met with MAJ Granger-Ba, Commanding Officer, Medical Corps, GDF Headquarters, Camp Ayanganna in Georgetown, who is a veterinarian. She provided us with an orientation to the GDF and a proposed subject matter information exchange schedule. We toured their “medical center” which is staffed by all medics and only has twelve beds. All of the inpatients were ambulatory and required little beyond self-care. Soldiers in need of more definitive care are sent to the civilian hospital in town. The GDF has a total force of 2500 with a single Army nurse, who is an enlisted male.

Through discussion with MAJ Granger-Ba, subject matter information exchange sessions were increased from an hour to an hour and half duration to allow full presentations on sexually transmitted diseases (STD), HIV and proper use of the male and female condoms. This information was presented to GDF soldiers at Base Camp Stevenson, Timehri and Camp Ayanganna, Georgetown. The sessions emphasized the effect of alcohol on sexual behaviors, the link between untreated STDs and HIV, the unique characteristic of the AIDS pandemic in Guyana, and stressed prevention as the key to controlling STD/HIV. The fact that the classes went into overtime into the lunch hour at Base Camp Stevenson did not dampen the enthusiastic responses from the GDF soldiers who asked challenging, thoughtfully considered questions. The information given was eagerly embraced and discussed. This information exchange reached over 400 soldiers.

Potential for HIV and HBV transmission in the workplace and adherence to the use of personal protective equipment (PPE) were stressed during informal discussions at the two bases among Guyana police force personnel, soldiers and members of the GDF Educational Corps. The Department of Health and Human Services and the Department of Labor recommendation to provide hepatitis B vaccine to health-care workers regularly exposed to blood and other body fluids potentially contaminated with HBV was addressed. Hepatitis B vaccine to protect health-care workers in GDF may require policy and fiscal decisions at much higher levels. With HIV/AIDS epidemic sweeping mercilessly through the country and STD’s endemic in the country, questions came from almost everyone present. They never let up for an instant.

Discrimination is rampant towards HIV infected individuals. Awareness training session on how discrimination is expressed, ways to be compassionate and when and how to intervene is necessary.

The train-the-trainer session planned for eight hours was



reduced to two hours and given to soldiers, law-enforcement personnel and other GDF civilian personnel. These time constraints provided little opportunity for return demonstration to assess knowledge and teaching skills acquired. However, a

packaged program with power point presentations, classroom activities, questions and answers on what is know about HIV/AIDS/STDs was provided both in notebooks and on CD Rom for future use by these trainers. The pretest administered was probably less a test of knowledge and more a reflection of the individual’s reading level.

An evening presentation to the GDF officer corps on the United States Army policy on identification, surveillance and management of personnel infected with HIV, as outlined in AR 600-110, was extremely well received by both junior and senior officers alike. Multiple questions were addressed to include medications used in the treatment of HIV infected individuals. Little time was spent on the issue of treatment; partly due to its complexity and the fact that in Guyana, medications for treatment of those who are HIV infected are currently restricted to only a few.

Of interest was the fact that I was always introduced as “woman” COL Samuels. When asked the reason, I was told that such distinction is made to prevent any surprises. When the National Assembly passed the Defense Ordinance in 1966 there were no special provisions made for the recruitment of women into GDF. When first recruited in 1967 the thought was that women should be allocated to secretarial duties and telephone operating. The question as to what exactly women soldiers were meant to do and if indeed they should be able “to do anything that men can do” has plagued GDF’s official

policy to this day, creating a crisis identity for military planners. A good example is the current policy where the 260 women in the GDF are allowed to wear their headgear inside a building while men must take theirs off.

An apparent thirst for knowledge and a desire to meet the challenge of the HIV/AIDS/STD epidemic were noted among the GDF soldiers. A strong friendship and commitment were developed between the most gracious Guyanese hosts and the United States Army SMEs during this visit. It is my hope that subject matter information exchange opportunities with both parties will continue and some of you will share in those favorable experiences.

NURSING INFORMATICS CONSULTANT
LTC(P) Anthony M. Ettipio

We have a saying here at the Total AMEDD Systems Management (TASM) Directorate: *“there isn’t anybody who ain’t in the information systems business”*. What we mean by this is that anywhere and everywhere you look at the AMEDD, there is, of necessity, always some type of digital information system that underpins the decision support cycle and essential mission processes. Information technology tools, although still cumbersome and primitive, are nonetheless pervasive. We cannot opt-out. The AMEDD is “data-driven”. Senior leaders can hardly propose a new initiative without floating a “business-case analysis” stemming in large part from the information available and provided by their operational information systems; or, alternatively, they will tend to use another approach employed for the business case: why the new model and the new investment will work *as a result of the introduction of a new information system* – the “positive” benefits to be wrought by the insertion of a new generation of hardware and software. “Operational Architecture”, which is a fancy way to describe the fundamental business model for effecting the mission - and our derivative organizational structure, functions and staff roles – that prescribe *who does what, when, where, and why* – are greatly, if not wholly, *transformationally* influenced by the “disruptive” nature of evolving information technology capabilities. All of us who entered the Army Nurse Corps in the 1970’s really do understand this!

At the front lines of our clinical/operational spaces – at the MEDCENS - are nurse informaticists – who grapple with the technology and the staff – and the effects, one upon the other. At one end of the descriptive spectrum, the nurse informaticist is pure value-add to nursing and to the MTF at large – a “force” multiplier, if you will; at the other end, the nurse informaticist is just plain operationally indispensable. However, not all MEDCENS have nurse informaticist position authorizations – and there are no MEDDACs that do at the present time. What we do have is AN officers who wear “additional hats” and assume informaticist roles and responsibilities on a part-time and/or additional duty basis – in many facilities.

This additional duty role is the way I got my start in informatics – starting as a 1LT and continuing through LTC. It is an excellent model for many ANs who want to “try on” the informatics specialty for a while – before pursuing serious professional credentials and certifications. It is also a recommended paradigm and excellent approach for senior ANs to consider, where they have information system and user support needs, but cannot afford to detail a full time informaticist “out of hide”. It should be remembered that the informatics specialty cannot inherently support a continuous, full-time, career life-cycle model – none of us would ever get promoted! We are too few in number to even qualify for an AOC or ASI designation. Yet we are very substantially important! We also need to be staff nurses, head nurses, supervisors, practitioners – and where the opportunities afford it – commanders. The need for informatics services and personnel continue to mount and to the extent AN leaders “grow” future informaticists by detailing relevant tasks and duties concurrently with core clinical assignments – this serves to ultimately support the Corps, challenge the staff and provide for a “future pipeline” of competent informaticists available for assignment in the out years.

Below, I’d like to introduce Major Patrick Shannon, who is assigned as Chief, Nursing Informatics, at BAMC. He is a graduate from the University of Utah, Nursing Informatics Program and is a great example of a real, live, operational nursing informaticist, at a MEDCEN. He provides us insight into some of his duties, roles and responsibilities.

Nursing Informatics at BAMC, by Major Patrick Shannon
Howdy y’all, greetings, from sunny San Antonio and Brooke Army Medical Center. I wanted to take an opportunity to talk about my role as the nurse informaticist and the impact I have within the department of nursing and organization.

My role is to be an expert in nursing science, the multidisciplinary operational business models, computer technology (hardware/software), and information science, to support patient care and direct user services. Nursing informatics provides services/support for over 800 department of nursing personnel, 198 beds, 28 ambulatory care beds, 25 outpatient clinics, and a level 1-trauma center. We have two personnel assigned: one AN officer, and 1 civilian Information Technology Specialist. My primary mission is to provide clinical information system support throughout the organization in coordination with the Information Management Division (IMD).

I am a change agent within the organization, as data analysis and technology improvements require me to create a migration path to new technology, and provoke changes in practice. I am the link between the clinical staff and the technical staff, as I understand patient care and can articulate that information to the computer programmers (technical geeks) in their language, which results in pertinent clinical information being integrated into development.

Several other roles are essential in providing clinical informatics service to the organization:

1. Review and establish new software programs/ hardware requirements for the organization that impact clinical areas and clinical support.
2. In conjunction with preventative medicine, safety and IMD, I assist in selecting appropriate equipment for those users having special needs (i.e. anti-glare devices, wrist rests, and ergonomic issues).
3. Data management- healthcare providers generally gather information well, but because of workload demands the ability to analyze the data can be challenging. My role is to help you find the right tool necessary for analyzing, displaying, and storing data.
4. Education is an important function as we transition to new technologies. Finding hardware and software solutions that meet the needs of the various levels of expertise are challenging. The education is then equally challenging because system changes have the potential of impacting clinical practice thus the learning curve is always steep.
5. Organizational planning- my role is to be visionary. Current and strategic planning (short & long term) is part of everyday as we implement new technologies. Most of this work is done through various committees at the hospital (Data Quality Assurance, Medical Records Review, Medical Information and Technology), MEDCOM, and DoD level. One of the biggest committees I have an impact upon the organization is the Medical Records Review Committee. Based on the findings of the committee, I work with the systems administrator or can make changes to forms to improve the documentation of outcomes in patient care and improve documentation across all disciplines! Staff members who are interested in learning more about technology and the impact to practice are given opportunities to participate in our "superuser" groups.

Though you may think I've become a computer geek, I can tell you that being an informaticist is GREAT! I have found my niche! I can satisfy my curiosity about technology, yet link it to clinical practice and also impact organizational structure and change. What else could you ask for! If you want more information feel free to contact me at BAMC. Email: patrick.shannon@amedd.army.mil or by phone at 210-916-5297 or DSN 429-5297.

MATERNAL CHILD HEALTH CONSULTANT
LTC Ramona Fiorey

Cystic Fibrosis is the most common fatal genetic disease in the U.S. today. In 1997 the National Institutes of Health published a consensus statement with conclusions and recommendations for health care related to Cystic Fibrosis (CF): www.guideline.gov/VIEWS/summary.asp?guidelines=000419&summary_type=brief

In December 2001, ACOG published guidelines for a CF screening Standard of Care that reflects the NIH consensus statement and collaboration with the American College of

Medical Geneticist and the Human Genome Research Project. The guidelines require that genetic counseling be available to all patients at risk for CF and that genetic testing be done for couples who desire it. Since individuals can be carriers of CF without knowing it, this essentially means that counseling should be available to all couples. These services should be available preconceptionally as well as in the first trimester of pregnancy to allow couples to make choices for childbearing. (refer to ACOG News Release at www.acog.org for December 2001). The recommendations and this new Standard of Care require that providers who work in Women's Health be more knowledgeable regarding genetics in general and CF in particular. ACOG has developed two good educational pamphlets that are available in their entirety for reading (not duplication) on the website (refer to citation above). Another good site for information is www.genet.sickkids.on.ca/cftr/ (click on Online Mendelian Inheritance in Man CFTR entry). The April/May 2002 issue of AWHONN Lifelines also has a good article on CF carrier screening. Currently there is no genetic counseling policy in the Military Health Care System, and no consistent method of counseling or screening in MTFs, but this is being addressed and we will likely hear more about it in the future.

Good news for active duty and veterans who plan to take the International Board Lactation Consultant Exam (IBLCE). The cost of the exam application fees (including late fees) can be paid by the Veterans Administration. The benefit begins with the current 2002 exam year. For additional information on eligibility and application procedures, go to www.va.gov/education/benefits.htm.

Many of us are reviewing how we accomplish and document nursing staff competency and looking for ways to improve and streamline this process. The Ultimate Guide to Competency Assessment In Healthcare is a very good reference that is current, addresses the JCAHO standard on competency, and includes a number of forms and tools to implement a competency assessment program. It is very easy to read and simplifies a process that often seems complicated. It's available through Amazon.com for \$29.95.

The OB/GYN Consultant Webpage is still under construction. If there are changes in OB/GYN head nurses or supervisors in your facilities, please email me at ramona.fiorey@nw.amedd.army.mil the names and email addresses of the incoming personnel. This will help ensure that the directory on the webpage will be current when it becomes available.

DEPARTMENT OF COMBAT MEDIC TRAINING
MAJ Michael Hurtado, 91W, Clinical OIC

As the United States Army continues its transformation process, the medic of old, is also undergoing a transformation at the AMEDD. This is currently and clearly evident in the 232 Medical Battalion, Department of Combat Medic Training (DCMT), AMEDDC&S, Fort Sam Houston, TX.

The 91W, Healthcare Specialist Course which began Oct 01 as the replacement for the 91B and 91C MOS has graduated over one thousand "Soldier Medics" since its inception. The transformation of the 91B to the 91W involved lengthening the course from ten weeks to sixteen weeks and implementing a clinical rotation, situational training exercise (STX) and simulator training scenarios on a physiologic responsive mannequin.

The student at week thirteen of training is afforded the opportunity of participating in a two-day clinical experience at Brooke Army Medical Center (BAMC) or at McWethy Troop Medical Clinic (TMC). Part of the Clinical Section mission is to "enable the student to experience direct patient care in a variety of clinical settings in both the outpatient and inpatient setting". In order to do this, ten highly valued and skilled civilian Licensed Vocational Nurses (LVN) were hired as Clinical Site Instructors (CSI). The CSIs come from wide and varied clinical backgrounds with all of them having served in the Army. Dependent on class size, military instructors from the DCMT augment the clinical section.

A primary goal of the Clinical Section is to assist the students so that they build on the knowledge that they received in the classroom environment. The students are required to at a minimum to assess and document a patient assessment, take and document a full set of vital signs and be successful at drawing blood or starting an IV. As additional training opportunities within their scope of practice present themselves, the students actively participate and engage in training with their instructor or assigned staff mentor.

A majority of their training up to this point has involved the pre-hospital setting, so trying to get the students to refocus and draw parallels between the hospital and the prehospital setting is the biggest challenge. The instructors are challenged to keep the students focused and motivated on the many opportunities that are available to them in the military treatment facility (MTF). For many, participating in the clinicals will be the first time they have come in contact with real patients, and most are very shy and reserved (Do you remember the first time you had to knock on a patient's door?). With only two days, students coming out of the clinical rotations are motivated and enthusiastic, and have a new perspective on what is required of them as Healthcare Specialists.

In conclusion, the Health Care Specialist (91W) will continue to carry the torch into the future with the same "warrior spirit" that has endured through the years. Clinical rotations provide an opportunity for medics to practice their new learned skills in a clinical setting under supervision. The rotations have allowed establishment of a baseline clinical awareness learned through instruction or by direct patient contact. The soldiers will prove their value as team members to the health care staff and patients in a variety of clinical settings. The challenge of leaders at all levels will be ongoing mentoring of the 91W Combat Medic in their future clinical settings, whether that be in an MTF, TOE, or on the battlefield.

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

The following are the most frequently asked questions that I receive on the Individual Mobilization Augmentee (IMA) program. Please contact me at carol.swanson@us.army.mil or the Nurse Corps Branch at 1-800-325-4729 ext2 if you have further questions.

What is a Nurse IMA?

Nurse Corps IMAs are assigned to the MEDCOM and other Active Component (AC) Installations and Headquarters. They are a vital part of the Army Nurse Corps and have the mission to provide nursing care to America's soldiers upon mobilization. These pre-identified augmentees are authorized two weeks of annual training in peacetime and perform specific readiness functions upon mobilization. They occupy valid positions on Mobilization Tables of Distribution and Allowances (MOBTDA) of AC units.

So what is a DIMA?

The Drilling IMA Program (DIMA) is a program that includes those individuals whose MOBTDA positions require additional training to maintain proficiency at a level required by mobilization. They are IMAs that are authorized an additional 12-24 days of training besides their annual training period of two weeks. The positions are usually authorized in the rank of Colonel.

How do I request an authorization for an IMA for our MTF?

The Chief Nurse of the MTF requests any positions for the following year to Resource Management (RM) Officer early in the fiscal year. Historically, the IMA positions are based on PROFIS losses. However in January of each year the MTF via RM does submit their requests to the IMA manager at the MEDCOM.

What Training is available for IMAs?

The primary purpose of IMA training during peacetime is to prepare soldiers to perform their designated responsibilities immediately upon mobilization to active duty. The secondary purpose of IMA training is to enhance and maintain the IMA soldier's overall military proficiency through the achievement of professional development education and other specific job-related training. All IMA training is funded on a fiscal-year basis from 1 October through 30 September. However, the IMA soldier must schedule and perform training to meet both fiscal year and retirement year requirements.

If I am only authorized two weeks of training, how do I get enough points for a "good year?"

Fifty points within the soldier's retirement year (not based on fiscal or calendar year) are required for a qualifying retirement year. There is a deficit after adding 15 membership points and 13 points for annual training. Points are awarded for correspondence courses, CEUs and professional meetings. An IMA soldier can also be attached for points only to any

organization (up to three) with a UIC and earn up to two points per day.

I will soon REFRAD –how do I get assigned to one of these positions?

Often, I am told, the transition point is not aware of valid positions and cannot do assignments. I would advise phoning the Nurse Branch at ARPERSCOM 800-235-7509 ext2 prior to the appointment to get information on which positions might be available and how to make it happen. Current unit members must be assigned to the IRR prior to assignment so coordination can be a challenge.

NURSES WEEK AT DEWITT HEALTH CARE NETWORK Fort Belvoir, VA *LTC(P) Leana Fox-Johnson, Assistant DCN*

The fabulous 2002 National Nurses Week activities within the DeWitt Health Care Network (DHCN) were filled with fun and information and set a legacy for annual events. The staff planned, organized and executed an ambitious and audacious schedule of festivities consisting of a brunch, prayer breakfast, awards ceremony followed by a carnival (with a clown, hot dogs, pop corn and games focused on nursing), nurse tea/nurse talk, pizza social (at the outlying clinics and throughout the hospital at 1100, 1700 and 2300 hours) and the week culminated with highlighting the history of nursing and a pinning ceremony. Every department in the hospital and many members of the community joined and celebrated with us. The entire week was awesome and exciting!

The Fort Belvoir Public Affairs Officer (PAO) assisted COL Eileen Malone, Hospital Commander, and COL Elizabeth Bryant, Deputy Commander for Nursing, with kicking off the week of festivities at the Fort Belvoir Officers Club by publishing a full-page article in the post paper, the Eagle. The attendees were totally mesmerized by the guest speaker, MG (Ret) Jack I. Posner's oral history of his wife's experiences as an ANC officer commissioned in 1944 with service in WWII on the beach in Normandy, in addition to her qualities epitomizing the best in nursing. On 20 April 2002, MG Posner established an endowment honoring his deceased wife, the Geraldine B. Posner Award for Nursing Excellence, and the Posner family presented the first honorarium to Mrs. Blanche Chatman, registered nurse, DCHN, on 5 May 2002. The Posner family discussed with compassion Mrs. Posner's love for the nursing profession and viewed this endowment as one way for her distinguished legacy of service to continue benefiting registered nurses. The DeWitt Nurse Week Committee demonstrated their commitment to the future of the profession by presenting two nurse scholarships to local high school students bound for college with a career choice in nursing.



Wednesday, 8 May, BG (Ret) Adams-Ender made a super unannounced visit to the hospital, thanking nurses for their contributions to America. She energized the group; spirits were high and people were filled with enthusiasm. That afternoon BG (Ret) Johnson-Brown, BG (Ret) Slewitzke, COL (Ret) McLeod, COL (Ret) Antilla, and Air Force Nurse Corps officer Major Hudson took the place by storm. The staff were buzzing, floating on air and coming out of the woodwork to attend the nurse tea/nurse talk facilitated by BG (Ret) Johnson-Brown. It was thrilling to watch and hear nurses from the past, present and future talk about what needs to be done, by whom, and when for the profession to thrive and survive the challenges confronting our nation.

Our week of festivities ended with an exhilarating recitation of the Nurses Creed followed by a nurse pinning ceremony. What an exciting week recognizing the difference nurses make in so many lives every day!

NEWS FROM AROUND THE AMEDD NEWS FROM AROUND THE AMEDD

2002 Summer Institute on Evidence-Based Practice

On 18 - 20 Jul the 2002 Summer Institute on Evidence-Based Practice: "**Best Practice: Basics and Beyond**" takes place at the Menger Hotel, San Antonio. The planning committee for this conference was a collaborative effort by nurse researchers, educators and executives from UTHSCSA, VA, and US Army and US Air Force. The POC or sponsor agency is the Academic Center for Evidence Based Practice (ACE) at the UTHSCSA.

This will be an excellent conference that would be of particular interest to nurse clinicians, advanced practice nurses, nurse researchers, nurse educators, and nurse administrators. If you are interested the web site is: <http://www.acestar.uthscsa.edu/institute/su02.html> Or phone (210) 567-5850 if you need a brochure mailed to you or by requesting it from their director at email address: tierneyguma@uthscsa.edu.

ANC Strategic Issues Conference

The Strategic Issues Conference is **9-12 September** in San Antonio, Texas. Welcome letters will be sent in late June to invitees. The POC is LTC Ellen Forster at (210) 221-6659 for further information.

AMSUS 2002 Abstract Call Announcements

The 108th Annual Meeting of the Association of Military Surgeons of the United States (AMSUS) is in Louisville, Kentucky 10 - 15 November 2002. The poster sessions will be held Monday, 11 November 2002. The **“Call for Abstracts and Posters”** are on page 14 & 15 of this newsletter.

Chief, Army Nurse Corps Award of Excellence Award Announcement

The nominations from Chief Nurses for the Chief, Army Nurse Corps Award of Excellence for Junior Officers are due **NLT 3 SEP 02** to MAJ Laura Feider. The MOI and nomination sample were distributed via email in late MAY 02 to the chief nurses. Please email or call MAJ Feider (210) 221-6221 for further clarifications. The MOI and sample nomination write-ups are posted on the ANC Web page. The COL (Ret) CJ Reddy Junior Officer Leadership Conference is 9-12 DEC 02 in Washington, D.C.

Change of Command

May 16 2002, Wuerzburg, Germany: A remarkable milestone happened on this day when three Army Nurse Corps officers took center stage at the Change of Command Ceremony at the Vilseck Health Clinic. **MAJ William Moran**, AN, relinquished command to incoming Commander, **MAJ Veronica Villafranca**, AN. **COL Joyce Jolly**, AN, acting 67th CSH Commander officiated the Change of Command Ceremony.



L to R: MAJ Moran, COL Jolly, and MAJ Villafranca

ANCA News

The ANCA web site, <http://e-anca.org>, is up and running!

Give it a try. You'll note that there is a *members-only section* with limited access. For security reasons, usernames and passwords are not being sent by e-mail; however, if you'd like to have yours, call Nickey McCasland at 210-494-7029 and she'll be glad to phone or fax it to you.

Nickey McCasland
 Webmaster, e-anca.org
 Email: nmccasland@satx.rr.com or
 webmaster@e-anca.org
 Pho: 210-494-7029
 Fax: 210-494-7029



Congratulations to the following officers who recently earned the coveted Expert Field Medical Badge! **HOOAH** to all of them!

- BAMC: **CPT Jennifer Powers, LT John Taylor, LT Catherine Sunderland, LT John Kerns**
 - MAMC: **LT Joshua Lindquist**
 - WRAMC: **LT Steven Ihrke, LT Karen Dellon, LT Nathaniel Sann, LT Joel St.Clair, LT Xavier Munoz, LT Geoffrey Dunclee, LT Mona Bullard, SPC Timothy Meredith**
 - TAMC: **CPT Angela Stone, CPT Mark Reinhart, and LT Holly Ament**
 - Korea: **CPT Edward Ruiz, LT Delvin Dezelan, SGT Ricardo Gracia**
- Chief Nurse of the 28th CSH: **LTC Joyce Stanley**

LTC Diana Ruzicka was recognized for her leadership style in a vignette in All You Can Be, a soldier's reflections on service in the greatest Army the world has ever seen. Nurses are also mentioned in the vignettes on pages 62, 104, 146, 151, 349. All You Can Be is one soldier's humorous and thoughtful reflections on service in the United States Army. Though the book is written from the perspective of an Army medic who became a field medical officer, All You Can Be covers the entire Army. From infantry and cavalry to artillery and aviation, every soldier can identify with the fresh portrayal of Army life. Available from the AMEDD C&S bookstore, AMEDD Museum and Amazon.com.

Madigan Research Day Presentation Awards: LTC(P) Joan K. Vanderlaan, AN, won the prestigious **Change of Practice Research Award** for her study entitled Weight and Body Fat Percentage Gain or Loss at ROTC Advanced Camp 2000.

MAJ (P) Petra Goodman, currently a LTHET doctoral student, at the University of South Carolina, College of Nursing, was recently selected as a Fellow in the University of South Carolina Amy V. Cockcroft Nursing Leadership

Publications

Program. Each year, the Program Advisory Committee selects nurses who have demonstrated leadership in practice, administration, education, and research throughout the state of South Carolina to participate in this one-year leadership development program. She also received a \$1,000 grant from Sigma Theta Tau International, Alpha Xi Chapter for a pilot-study entitled "Psychometric Analysis of the Cognitive Appraisal of Need for Care Seeking Scale" and was awarded the "Outstanding Graduate Research Presentation Award" for a presentation titled "Stress, Physical Activity, and Birth Outcomes in Military Pregnant Women". The award is given to the presenter judged to be the best among the College of Nursing graduate students during the annual College of Nursing Research Day.

COL Linda Yoder, AN and **CPT(P) Carlton Brown, AN** from Walter Reed AMC were honored as a "Mentor and Mentee" at the 2002 Oncology Nursing Society Meeting in Washington, D.C. in April 2002. This program was sponsored by Adventis pharmaceuticals, The American Journal of Nursing and the Oncology Nursing Society to promote publications by oncology nurses. CPT(P) Brown and COL Yoder's paper, "Stomatitis: An overview" was published in the April AJN supplement.



COL Yoder and CPT(P) Brown

MAJ Betty Simmons, RN, CNS, Diabetes Educator from Brook Army Medical Center, Fort Sam Houston, San Antonio, TX represented the Department of Defense as the "DoD Champion" on the *Department of Veterans Affairs Employee Education System and Department of Defense Satellite Broadcast: "The ABC's of Preventing Diabetes Complications: Life, Limb And Eyesight"* which aired live on April 30, 2002. This program was designed to update health care providers on diabetes with emphasis on decreasing the incidence and severity of complications by provide quality education to patients using the VA/DoD Clinical Practice Guideline and toolkit.

Congratulations to **CPT MeLisa Gantt**, a LTHET Masters student at Barry University in Miami, Florida recently passed the Legal Nurse Consultant certification, graduated with her Masters Degree and will PCS to Madigan AMC in JUN 02.

LTC(P) Anthony Ettipio, Nursing Informatics Consultant serving at the Total AMEDD Systems Management Directorate, has recently published: Middlecamp, S.P., **Ettipio, A.M.**, Nolan, D.L., Novak, W.R., Brewer, W.T. Medical Regulating Innovation: Unified Digital Intelligence. The U.S. Army Medical Department Journal in the April/May/June 2002 issue.

LTC Debra Mark, Nurse Researcher at Brooke AMC, recently published her abstract "Nursing Care and Critical Care Outcomes: A Triangulated Approach" in the American Journal of Critical Care, May 2002, Vol 11, #3, p. 286.

Major (P) Petra Goodman, currently a LTHET doctoral student, at the University of South Carolina, College of Nursing, recently had an article selected for publication: Goodman, P. (July-September 2002). Birth Outcomes: What Are They? U.S. Army Medical Department Journal.

MAJ Laura Feider, AN Fellow, and **CPT James Nolte, FNP** at Ft. Polk recently published their abstract titled "Post Anesthesia Care Unit Antiemetic Pilot Study" in the American Journal of Critical Care, May 2002, Vol 11, #3, p. 295-296.

MAJ Laura Feider, AN Fellow, recently published an abstract titled "Brain Attack Pathway Implementation" in the American Journal of Critical Care, May 2002, Vol 11, #3, p. 296.

Fourteenth Annual

KAREN A. RIEDER NURSING RESEARCH POSTER SESSION

CALL FOR ABSTRACTS

The **Karen A. Rieder Nursing Research Poster Session** is sponsored by the Navy Nurse Corps and is dedicated to sharing professional nursing research findings. Registered nurses in the federal services and the American Red Cross are invited to submit abstracts for the Fourteenth Annual Karen A. Rieder Nursing Research Poster Session to be held during the 108th Annual Meeting of the Association of Military Surgeons of the United States (AMSUS) in Louisville, Kentucky, 10-15 November 2002. The poster session will be held Monday evening, 11 Nov. 2002.

Requirements

- * The principal investigator must be a registered nurse in the federal service or the American Red Cross.
- * The research must have been initiated and/or completed within the past five years.
- * Abstracts must be limited to two typed pages. Abstracts longer than two pages will not be considered.
- * Studies involving human subjects or animals may be required to have an Institutional Review Board (IRB) approval number. Funding sources should be noted on the abstract and poster (i.e. TSNRP, ANF, SST).
- * Abstracts must include names, addresses, phone numbers, and e-mail addresses of all authors/investigators.
- * Posters must fit on a table approximately three feet by six feet.
- * **Submit an original abstract as an E-mail attachment in MS Word**; or in hard copy with a disk copy; Faxed abstracts will not be accepted.
- * Abstracts must be received by the deadline: **26 July 2002**.
- * Abstracts must address the following:
 - Aims/objectives of the study, including hypotheses or research questions
 - Theoretical framework (if applicable)
 - Research design, methods, statistical analysis
 - Study findings and implications for nursing

Selection of Abstracts for Presentation

- * Abstracts will be reviewed and selected by a committee of Navy Nurse Corps Researchers.
- * The selection committee will consider diversity of topics and exhibition space in making selections.
- * All accepted abstracts will be reproduced in a "book of abstracts".
- * At least one of the study authors must be present at the session, Monday, 11 November 2002.

ABSTRACT SUBMISSION DEADLINE: 26 July 2002

Please submit an original abstract as an E-mail attachment (MS Word) to:

Harry J. Tillman Ph.D.
CAPT, NC, USN
Director, Clinical Investigations Program (Code 0P6)
Naval School of Health Sciences
8901 Wisconsin Avenue
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Email: hjtillman@nsh10.med.navy.mil

CDR Civita Allard NC, USNR
Phone: 315-792-5529
Email: callard98@hotmail.com

Notification of acceptance and further instructions will be sent no later than 09 August 2002

AMSUS 2002 – “Relevant and Reasonable, The Future of Federal Health Care”

Call for Posters

Registered nurses in the federal services and the American Red Cross are invited to submit a poster abstract for the Federal Nursing Section Poster Session to be held during the 108th Annual Meeting of the Association of Military Surgeons of the United States (AMSUS) Louisville, Kentucky 10 - 15 November 2002. The poster session will be held Monday, 11 November 2002.

The Federal Nursing Section Poster Session is sponsored by the Federal Nursing Service Council and is dedicated to sharing professional nursing knowledge and improving the delivery of health care services.

This program is different from the Karen Rieder Nursing Research Poster Session. Research is not required.

Below are some examples of topics that relate to the theme of the 2002 conference.

Educational Technology	Patient Education Issues	Innovative Clinical Practice Issues
Educational Assessment	Technology Assessment	Current Trends in Informatics
Telemedicine	Multidisciplinary Approach to Care	Patient Safety
Clinical Pathways	Alternative Therapies	Population Health/Managed Care
Research Based Practice	International Health	Case Management/Demand Management
Access to Care	Deployment/Hospital Ship Experiences	Ethics / Critical Thinking

Requirements

- *The principal poster presenter must be a registered nurse in the federal service or the American Red Cross.
- *Posters must fit on a table approximately three feet by six feet. The use of electrical support is not recommended.
- *Abstracts must be limited to two typed pages. Abstracts longer than two pages will not be considered.
- *Abstracts must include names, addresses, phone numbers, and e-mail addresses of all authors.
- * Submit an original abstract in hard copy or as an e-mail attachment in MS Word. Faxed abstracts will be accepted.
- * Abstracts (hard copy, e-mail, or fax) must be received by the deadline: **16 Jul 2002**
- * Abstracts must address the following:
 - Aims/objectives of the poster
 - Findings and/or implications for nursing

Selection of Abstracts for Presentation

- * Abstracts will be reviewed and selected by Federal Nursing Section representatives from each service.
- * The selection committee will consider diversity of topics and exhibition space in making selections.
- *Unless otherwise specified, the principal presenter on the abstract will be expected to present at the session. Presenters must make their own funding arrangements.
- ***ALL INDIVIDUALS WHO SUBMITTED ABSTRACTS FOR AMSUS 2001 ARE WELCOME BACK. PLEASE RSVP. DO NOT RESUBMIT ABSTRACT.**

ABSTRACT SUBMISSION DEADLINE: 16 Jul 2002

Please submit an original abstract in hard copy, as an E-mail attachment (MS Word) or by fax to:

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