
ARMY NURSE CORPS NEWSLETTER

“Ready, Caring, and Proud”

Volume 03 Issue 09

June 2003



Chief's Message



I am pleased to announce that the U.S. Army Health Professions Loan Repayment Program (HPLRP) is now available for Army Nurse Corps Officers who have been on active duty from six to 96 months. The HPLRP provides a one-time maximum payment of \$26,689 for education loan repayment. Loans eligible for repayment with HPLRP include government, commercial, and refinanced loans that are associated with attainment of a BSN degree. Third party loans (example: Parents PLUS) may also be eligible for repayment under the HPLRP. Please note that loan repayment benefits are taxable, requiring a portion (up to 28%) of the benefit to be withheld for tax and not be paid to the lending institution. In addition, loan repayment is made by electronic funds transferred to the lending institution(s) and not directly to the officer.

Officers who accept funds via the HPLRP will incur an additional two-year active duty service obligation that is applied consecutively to any current service obligation. We will award as many loan repayments as possible each fiscal year based on the dollars allocated to the HPLRP retention program for that fiscal year. Officers not selected for loan repayment this fiscal year may re-apply in the following fiscal year.

The application process is very simple. In order to be eligible, an applicant must have at least six months and no more than 96 months of Active Federal Commissioned Service (AFCS) as an Army Nurse Corps Officer. We will not be able to grant exceptions to this requirement. In addition, the applicant will need to submit a letter of recommendation from the Chief Nurse, an official height/weight and APFT statement, an official DA Photo, and verification of nursing license. Once these documents are submitted to Army Nurse Corps Branch at PERSCOM, we will add your evidence of successful performance based on AERs and OERs. Those Army Nurses with less than one year Active Federal Commissioned Service will have an AER from OBC and 120 day OER. We will also review your microfiche and Officer Record Brief, so please take the time to ensure that these documents are updated.

We will convene a selection board in the near future, so expediting your application will ensure that it will arrive in

time for the first selection board. The board will be convened by the Chief, Army Nurse Corps Branch and will consist of three ANC Officers representing the ethnic and gender diversity of the Army Nurse Corps. Each applicant will be given careful and individual consideration and will be judged on individual merit. Additional consideration will be given to those officers representing shortage AOCs. The board will establish an order of merit listing (OML). Each applicant will be notified, through their chain of command, of the decision rendered by the board. Those Army Nurses selected to participate in the HPLRP will be required to submit a loan information form and sign a contract agreeing to all the terms related to accepting the HPLRP.

I know that all of you who are eligible for the HPLRP are excited about submitting an application. Please check with your chain of command regarding application deadlines and paperwork. You may direct additional questions to COL Sharon Feeney-Jones, Chief, AN Branch at DSN 221-2395 or CML (703) 325-2395. She is located at PERSCOM, Health Services Division, ATTN: TAPC-OPH-AN, Room 9N47, 200 Stovall Street, Alexandria, VA 22332-0417.

This is a tremendous opportunity for many Army Nurse Corps officers and, in my opinion, symbolizes our trust in your abilities and commitment to taking care of soldiers. We truly value your contribution to the Army Nurse Corps and we believe that the HPLRP is one way of demonstrating our appreciation for your many outstanding professional contributions to our soldiers, their families and our very deserving retiree population. We know that this is a smart investment that will reward all of us in the years to come.

Army Nurses are Ready, Caring, and Proud!

Bill Bester
BG, AN
Chief, Army Nurse Corps

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 typically the last week of the month prior to the month you want the item published. All officers are eligible to submit items for publication. We reserve the right to review and edit any item submitted for publication

equal employment opportunity in the Federal work force and the Asian/Pacific American community.

NEWS FROM AROUND THE AMEDD

Spouses, Family Eligible for Nursing Scholarships

Army spouses and family members who want to be nurses can apply for a Health and Human Services-sponsored scholarship that pays tuition and other costs. The scholarship carries a required service obligation, which may be completed in a military treatment facility. **Those interested must apply by June 30.**

HHS's Nursing Scholarship Program offers nursing scholarships in exchange for at least two years service at a healthcare facility with a critical shortage of nurses. If awarded a scholarship through the program, recipients may repay the service obligation at an Army medical treatment facility. With direct-hire authority for civilian hiring in place, recipients will be able to apply for hire after they complete their education and become licensed and registered as professional nurses.

The program pays tuition, required fees, other reasonable costs (including required books, clinical supplies, laboratory expenses, etc.) and a monthly stipend (\$1,098 for the 2003-2004 academic year).

Scholarship applicants must be U.S. citizens or U.S. nationals. They must be enrolled or accepted for enrollment as a full- or part-time student in an accredited school of nursing in a professional program (baccalaureate, graduate, associate degree or diploma).

Qualified applicants who have the greatest financial need receive funding preference. To apply, you must request an application packet by calling 1-866-867-6856 or by e-mail at nhsc@iqsolutions.com. Applications postmarked after June 30, 2003, will not be considered.

Information about the scholarship program also is available online at <http://bhpr.hrsa.gov/nursing/scholarship/>. Applications are not accepted online, though, and the online sample applications may not be used to apply.

Federal Asian/Pacific American Council Military Meritorious Service Awards

Every year since 1979, the President has proclaimed a national observance in May to celebrate the contributions and achievements of Asian/Pacific Americans. As part of this celebration, the Federal Asian/Pacific American Council recognizes outstanding military service members who have made significant contributions related to the advancement of Asian/Pacific Americans and the promotion of diversity and



This award is presented to an individual from the Army, the Marine Corps, the Air Force, the Navy, the Coast Guard, the Army National Guard, the Air National Guard and the Reserve Component. The Army Nurse Corps is delighted that this year's **Army** Federal Asian/Pacific American Council Military Meritorious Service Award was presented to an outstanding Army Nurse Corps Officer, **CPT Hengmo McCall**. CPT McCall is currently assigned as the Community Health Nurse for the 100th Area Support Group in Vilseck, Germany. This prestigious award was presented to CPT McCall in recognition of her unceasing efforts to serve Asian/Pacific Americans within the Army and her community. The Army Nurse Corps salutes CPT McCall and her accomplishments as an Army Nurse Corps officer.

TRISERVICE NURSING RESEARCH PROGRAM UPDATE

The TriService Nursing Research Program (TSNRP) now produces a quarterly newsletter designed to keep TSNRP investigators up to date on program changes and happenings as well as highlight research accomplishment of TSNRP colleagues. The newsletter plus all TSNRP information may be found at the TSNRP website: www.usuhs.mil/tsnrp.

We also want to say farewell to LtCol Diep Duong, NC, USAF who is departing as Director, TSNRP this summer. Many thanks for her tremendous contributions to the TSNRP. LtCol Duong's successor is CDR Patricia Kelley, NC, USN.

AMSUS 2003

The Federal Nursing Section of AMSUS 2003 will be accepting abstracts for the Federal Nursing Poster Session to be held on Monday, 17 November 2003. For more information and submission details please see the attached call for posters attached to this newsletter.

Force Health Protection- A Military Imperative 11-17 August in Albuquerque, New Mexico

The Sixth Annual Force Health Protection Conference is 11-17 August 2003, at the Convention Center in Albuquerque, New Mexico. The theme for the conference is Force Health

Protection – A Military Imperative. The U.S. Army Center for Health Promotion and Preventive Medicine, Aberdeen Proving Ground, MD, will host this premier preventive medicine conference.

The conference will provide the multidisciplinary military and civilian force health protection community with the opportunity to increase knowledge and awareness of current issues, attend short courses for professional development, mentor, network, and earn CEUs or CMEs.

The conference begins on Monday 11 August and runs through 14 August. Several post-conference courses will be offered 15-17 August. The core conference will consist of 9 specialty tracks: **VA Veterans' Health, Ergonomics, Environmental Sciences, Advanced Sciences, Occupational and Preventive Medicine, Health Physics and Radiological Sciences, Industrial Hygiene, Population Health and Well-being, and Behavioral Health.**

The conference will include both plenary and breakout sessions designed to provide an exchange of hands-on information that has a wide application within the DoD community in the areas of homeland security/defense, environmental health, population health, behavioral health, injury prevention and other areas of preventive medicine. This is the broadest based conference we have developed, and it is hoped that all specialties will benefit from the wide range of topics and courses being presented.

Technical presentations or papers and technical posters are being solicited through a link on the conference website. Commercial and military exhibits are an integral part of this conference providing state-of-the-art materials to assist professionals with their jobs at installations and units.

Information on the conference including the call for papers, call for posters, and exhibitor prospectus will be found on the FHP website at: <http://chppm-www.apgea.army.mil/fhp>. The website is currently available for registration. For additional information you may contact: LTC (P) Michael Custer, Conference Director, DSN 584-6250/410-436-6250 or Ms. Jane Gervasoni, Deputy Director, 584-5091/410-436-5091.

KUDOS

Congratulations to **MAJ(P) Caterina Lasome**, Chief, Nursing Informatics, TAMC, and **MAJ Nicole Kerkenbush**, Graduate Student in Health Administration & Informatics, University of Washington on their recent elections as officers for the Capitol Area Roundtable on Informatics in NursinG (CARING) Board of Directors. CARING is an organization dedicated to advancing the delivery of quality healthcare through the integration of informatics in practice, education, administration, and research with a focus on nursing. With over 740 members in 43 states and 11 countries, CARING has the largest membership of Informatics Nurse Specialists in the world specializing in all facets of healthcare information

systems assessment, design, analysis, implementation, and evaluation. **MAJ(P) Lasome** has been elected to serve as Vice President. **MAJ Kerkenbush** has been elected to serve as Secretary.

Congratulations to **LTC(P) Ric Ricciardi** for his selection to hold the Presidency of the National Association of Pediatric Nurse Practitioners for 2004.

Congratulations to **CPT Cynthia Carlsson**, AN, USAR, who received the General Douglas MacArthur Leadership Award for CY 2002. This award is presented annually by the Chief of Staff of the Army to select Army, National Guard, and U.S. Army Reserve officers who exhibit extraordinary leadership abilities and embody the ideals embraced by General MacArthur. Criteria for the award include the ability to motivate others, understand fellow soldiers, and inspire commitment, teamwork and esprit de corps. When selected for this prestigious honor, CPT Carlsson was assigned as the company commander, Company C, 2nd Battalion, 414th Regiment in Renton, WA. Her hometown is Steilacoom, WA.



From Left to Right: Sergeant Major of the Army Jack Tilley, Army Chief of Staff General Eric Shinseki, CPT Cynthia Carlsson, Dick Gresham from the MacArthur Foundation

The Fairbanks and Interior Alaska Communities celebrated National Nurses Week with a banquet on 9 May 2003. The Guest Speaker was COL(Ret) Carol Reineck. Two AN officers assigned to Bassett Army Community Hospital, Fort Wainwright, Alaska were recognized at the Banquet. **MAJ(P) 'Kit' Ryan** was the recipient of the Excellence in Leadership/Mentoring Award and **1LT Alicia McKeag** was one of 4 nominees for the Excellence in Clinical Practice Award. Over 200 nurses from civilian and military communities attended the celebration and Bassett Army Hospital is proud to have our nurses recognized for 2 of the 3 awards presented!

PUBLICATIONS

MAJ Paul D. Hessian, Family Nurse Practitioner at the Family Health Center, Ft Jackson, SC, published an article in the June edition of *The Nurse Practitioner* entitled "Assessment and Management of Recreational Diving Injuries in the Primary Care Setting."

MAJ Lori A. Fritz, CRNA and CPT John K. Kay, CRNA have published their graduate program thesis "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" (2003) in *Military Medicine: International Journal of AMSUS*, 168 (4), 304-311.

MAJ Edward E. Yackel, F.N.P and Evening Supervisor for the forward deployed element of the 28th CSH in Iraq published "An Activity Program for Children who are Overweight" in *Pediatric Nursing* JAN/FEB 2003, Volume 29/Number 1.

LTC Kathryn Gaylord, University of Pennsylvania, Philadelphia, PA, Doctoral Candidate, recently published "(2003) Parkinson's Disease and electroconvulsive therapy: A nursing perspective" in *American Psychiatric Nurses Association*, 9(1), 9-16.

Congratulations to the following active and retired Army Nurse Corps officers who recently published articles in the "Military and Disaster Nursing" edition of *Critical Care Nursing Clinics of North America*, June 2003.

LTC Charlotte Hough, MAJ Michael Sadler and LTC Patricia Patrician published "Military Nursing at the forefront: The Army Forward Surgical Team."

CPT LeRoy Marklund published "Patient care in a biological safety level-4 (BSL-4) environment."

CPT Kenny Barajas, CPT Warren Stewart and LTC Elmer Combs published "The Army chemical/biological SMART (SMART-CB) team: The Nurses Role."

COL (R) Linda Yoder and COL (R) Sandra Brunken published "Peace making/peace keeping missions: Role of the U.S. Army nurse."

**28TH CSH NURSES SUPPORTING
IRAQI FREEDOM
LTC Penny Moureau, MAJ(P) Mary Tenhet
and MAJ Edward E. Yackel**

On 9-11 March, elements of the 28th CSH arrived at Camp Doha, Kuwait. We spent the first days of deployment rehearsing the use and wear of the new chemical protective gear called the JSLIST. The knowledge gained from rehearsing was extremely valuable as nine SCUD alerts occurred on the opening day of the war. Seven of these alerts were actual missiles targeted at Kuwait City. An especially poignant moment of reality came when Patriot missiles thundered directly overhead shaking the warehouse housing the 28th CSH. We were at war.

The original mission of the 28th CSH was as a Level III corps level asset in the Iraqi theater of operations. The hospital's MTOE configuration is a 296-bed package; however, the changing geopolitical environment necessitated a smaller 42-bed configuration. The new 42-bed configuration was dubbed the Rapid Mobile Surgical (RMS) hospital. The possibility of a smaller mobile package had already been considered by the 28th command and rehearsed while in garrison. The initial intent of the RMS hospital was to create a quick moving, versatile organization that could respond to the changing mandates of war. MILVANS from Army pre-positioned stock aboard the ship Gibson, were offloaded, unpacked, and functionally repacked to produce a hospital heavy in OR and ICU capabilities.

A V Corps staging area, aptly named "Camp Victory" was the next destination for the 28th CSH. On 22 March, we commenced incremental movement of personnel and equipment to Camp Victory and completed the movement two days later. While awaiting orders to deploy the RMS hospital, one of the worst sandstorms or "shamals" occurred. The wind blew with such force that one of the large sleep tents ripped and collapsed while others swayed. We used a lot of manpower and team effort to keep the tents from falling.

The RMS element moved into Iraq on 29 mar 03. The hospital slice traveled for 17 hours that day to the first stop in Tallil. During the grueling trip in the back of 5-ton trucks, the soldiers of the 28th RMS hospital witnessed many things. The first town encountered after crossing the Iraqi border was an eye opening experience for many. Hunger, devastation, and oppression were clearly evident in the small border town. The expressions on the faces of our comrades as they viewed these things will not be forgotten. We will also not forget the expressions of the Iraqi children that lined the convoy route.

The RMS element arrived at the 212th MASH site "Bushmaster" on the 31st of March and assumed the sick call mission for the camp. Conditions at "Bushmaster" were spartan at best and the sounds of weapons fire rang out daily. The RMS element left "Bushmaster" on 6 April and arrived at "Dogwood." "Dogwood" was the designated hospital site and in less than 48 hours, the soldiers of the 28th erected a Level III facility that was certified and ready to receive patients. The RMS hospital package consisted of an Operating Room, Emergency Department, Pharmacy/Laboratory/X-Ray (PLX), and an Intensive Care Unit (ICU) (12 beds). With this set up, the 28th RMS hospital became the first facility to erect and employ the Chemically Protected Deployable Medical Systems (CP-DEPMEDS) in Iraq!

The first three patients received at the 28th were Enemy Prisoners of War (EPW). The first death was an Iraqi infant and five more deaths followed within the initial five days of operations. Many of the medical and nursing staff witnessed wounds resulting from war for the first time in their careers. We managed combat casualties with shrapnel wounds, amputations, and burns as well as casualties from accidents: motor vehicle crashes/rollovers; burns from explosives and house fires; misfire of weapons; and falls. In addition, we

received and treated casualties with psychological injuries to include patients who attempted suicide, depression, anxiety disorders, and other combat stress disorders.

While the RMS hospital was performing its mission at Dogwood, the medical professionals at Camp Victory continued their mission and established a Troop Medical Clinic (TMC). The "Victory Clinic" was established on 2 April and provided care up to eighty patients a day. In addition to the primary care mission managed by Family Nurse Practitioners, we conducted smallpox and anthrax immunization clinic every day. In order to support the professional needs of the nursing staff, the senior AN officers developed and conducted professional development sessions as well as mentoring sessions for the junior officers and medics in the unit.

Over the next two months, we incrementally moved soldiers and equipment from Camp Victory to Dogwood. The 42-bed RMS quickly grew to a 90-bed facility (3 ICU's & 3 ICW's) and then with a change of mission reduced its bed capacity to 72 beds (3 ICU's & 2 ICW's). To date, the highest patient census has been 54 patients. The average daily census is between 35-45 patients. Over 400 hundred patients were admitted and we initiated more than 200 evacuation missions.

Two unique nursing wards exist at the 28th that do not exist in any other military medical treatment facility deployed to Iraq. The 28th has one ICU used primarily for burn patients and another ICU is used to treat pediatric patients. Both of these patient populations present challenges in terms of equipment and supplies; however, the nurses and other medical professionals of the 28th CSH have created innovative ways to adapt medical equipment and supplies to meet the patient needs. In addition, we provided mentoring, developed educational sessions, and revised SOPs to address the varied patient needs and increase the comfort level of the nurses who provide care for pediatric patients. The nurses of the ICU used for pediatric patients have transformed a temper tent into an inviting environment for children with toys, stuffed animals, and coloring books donated by friends and family in the United States.

We have learned many lessons during this deployment and expect to learn many more as the 28th CSH continues its mission in Iraq. Flexibility, patience, compassion, and a sense of humor are requisite to success in the deployed environment. The nurses of the 28th CSH have come together to make a difference and show the world what world-class nursing care is all about! China Dragons All the Way!!

**OPERATION IRAQI FREEDOM
BEAR NORTH**
Major Linda Lapointe, Army Nurse Corps

Greetings from Bravo Company, 21st Combat Support Hospital (CSH). The 21st CSH is in the process of making history! Currently deployed in Iraq, in support of Operation Iraqi Freedom, the 21st is the first CSH in the history of the Army Medical Department and deployment medicine to

perform split-based operations. Garrisoned at Fort Hood, Texas, Alpha and Bravo Companies of the 21st CSH are currently set up in two separate forty-four bed, chemically protected (CP) slices in different locations in northern Iraq. Bravo Company has the further distinction of being the only forty-four-bed package CSH in history to be 100% mobile. With only its assigned transportation assets, Bravo company made the roughly seven hundred kilometer trip to the current location outside Mosul, Iraq, in support of military operations in that area.

There are two hundred and ten personnel assigned/attached to Bravo Company, providing Echelon III medical care in support of the Operation Iraqi Freedom. We are tasked with caring for combat casualties, non-combat injuries and Iraqi civilian personnel wounded in the conduct of operations. LTC Maria Risaliti, garrison Chief Nurse of the 21st CSH and currently the Chief Nurse of the Bravo Company forty-four-bed package, has provided nursing leadership and has been a constant source of encouragement and strength throughout the operation. Also included amongst the nursing personnel of Operation Bear North are FORSCOM nurses assigned to Fort Hood, Texas, as well as PROFIS nurses from Fort Hood, Fort Sam Houston, Fort Sill, Fort Bliss and Fort Leonardwood, Missouri.

After arriving at Camp Wolf, Kuwait on 23 March 2003, members of the 21st CSH made the short convoy trip to Camp Victory, Kuwait, where we remained for several days to await equipment arrival in country. Things got quite busy once our assigned equipment did arrive at the port and was subsequently moved to Camp Victory. All the supplies and equipment for the Bravo Company 44-bed package needed to be consolidated for transport amongst the existing transportation assets. Once all the necessary supplies had been loaded onto available transportation assets, plans were made to begin the convoy into Iraq.

The relatively uneventful initial leg of the convoy to what would be our final destination took us to logistics support area (LSA) Dogwood, south of Baghdad, where we remained for ten days. While at Dogwood, we had the opportunity to see our sister unit, the 28th CSH, set up in their forty-four bed, chemically protected package. We were afforded the opportunity to see the chemically protected (CP) DEPMEDS CSH in use, and discuss valuable lessons learned in the deployment and set-up of a CP CSH with the nurses and leadership of the 28th. Living in austere conditions at Dogwood, without the benefit of such luxuries as sleeps tents or port-a-potties, seemed to make a lot of individuals mindful of the small things that are easily taken for granted. The sandstorms were particularly exciting, especially at night; waking up to a sleeping bag, ruck sack and LBE nearly covered with sand is a joy that needs to be lived in order to be appreciated.

One last convoy operation brought us to our current location and immediately upon arrival, we began work to set up the hospital with the Emergency Medical Treatment (EMT) section, one post-op/ICU and the available operating room

were the first priority for set up. Once these sections were completed, we proceeded to erect the PLX section (pharmacy, lab and radiology), the remaining ICU and the Intermediate Care Ward (ICW). By day three, the hospital 44-bed package was completed, and work continued on life support areas to include field toilets and showers.

Two weeks later, we continue to make improvements and upgrades such as the newly erected dining facility, complete with satellite TV and hot coffee. Here in northern Iraq, the sand has been left behind, but the mosquitoes are abundant, thank heavens for doxycycline and mosquito netting. The days pass by, some more quickly than others, and we are all counting the time until we can get home to our families and loved ones. From the 21st CSH, in support of Operation Iraqi Freedom-FEAR NOT!

IMA News
COL Carol Swanson

Reserve Component (RC) Individual Mobilization Augmentees (IMA) are a valuable asset to the Active Component (AC). They train in peacetime and can be mobilized to fill shortfalls at their AC assigned facility during periods of mobilization.

Most of the IMA positions available in various agencies throughout the country are for clinical staff nurses of all ranks in the Military Treatment Facilities (MTF). These RC members are like contract nurses for the facility with the facility having authority over when the IMAs train and their competency requirements. Position assignments are made when there is an AOC and rank (one up or two down) match. All attempts are made to avoid AOC mismatch in an IMA assignment.

There are currently two non-clinical IMA positions available that are nominative (assignment must be approved by agency):

1. Nurse Historian (LTC) at the Office of the Surgeon General in the DC area. Works with the AC Nurse Historian to provide historical support to the Chief, Office of Medical History.

2. Nurse Analyst (COL) at MEDCOM in San Antonio. Works within the Quality Assurance Program.

The direct link to obtaining information on the IMA program is <https://www.2xcitizen.usar.army.mil/soldierservices/programs/ima.asp>. POC for position assignments to the IMA program is MAJ Kathie Clark at AR-PERSCOM, kathie.clark@arpstl.army.mil or 800/325-1878. Information on the RC can be found on the reserve web site at www.2xcitizen.usar.army.mil. I can be reached at carol.swanson@us.army.mil.

CRITICAL CARE CORNER
AACN's National Teaching Institute
and Critical Care Exposition
"BG Adams-Ender Saluted for Extraordinary Service"
COL Juanita Winfree

Retired Army Brigadier General Clara L. Adams-Ender, RN, BS, MS, FAAN, was presented the AACN-Marguerite Rodgers Kinney Award for a Distinguished Career during the NTI Opening Session on Monday.



"The military was out in full force as Retired Brig. Gen. Clara Adams-Ender received the AACN-Marguerite Rodgers Kinney Award for a Distinguished Career during the NTI Opening Session on Monday."

Part of AACN's Circle of Excellence recognition program, this Visionary Leader award recognizes individuals who are completing or have completed an extraordinary and distinguished professional career.

The capstone of Adams-Ender's 34-year military career was her appointment as commanding officer of Fort Belvoir in Virginia. She was the first nurse to serve in this capacity at a major military installation. During her career, she filled diverse assignments and held high-level leadership positions as a nurse and officer in the U.S. Army, directly influencing the recruitment, training and career path development of thousands of nurses.

From the beginning, critical care was part of her career. Adams-Ender is known for initiating critical care nursing units, actively recruiting nurses and effecting policy changes that resulted in enhanced compensation for critical care nurses. She was a clinical nurse in surgical ICUs at Army hospitals in New Jersey and Korea and later Chief Nurse in Germany, where she staffed four ICUs and established the country's first neonatal ICU. As Chief of the U.S. Army Nurse Corps, Adams-Ender proposed that ICU nurses should receive bonus pay because of their specialty practice.

Her medals and decorations include the Distinguished Service Medal with Oakleaf Cluster, the Cross of Honor in Gold from the German Army, the Meritorious Service Medal with three Oakleaf Clusters and the coveted Surgeon General's "A" professional designator for excellence in nursing administration.

ADVANCING NURSING PRACTICE
Putting Evidence Into Nursing Practice
A Framework for Change
LTC Deborah Kenny, PhD

Starting with this column, I will begin a series of articles outlining the process of putting evidence into practice. I will start with the concepts behind changing practice and follow it with discussions of the process itself, beginning with finding an area in which change may be necessary, continuing on through locating and assessing the evidence, making the change and ending with evaluation of the change.

Most research on evidence-based nursing practice has used Everett Rogers' Diffusion of Innovations Model (Rogers, 1995) as the basis for explaining the process. Rogers developed this in 1962 as a framework to explain the development of programs in agriculture, public health and nutrition. However, it has been shown to be universally useful in explaining the diffusion of new practice in any field, including nursing.

Rogers (1995) defines diffusion as, "the process by which an innovation is communicated through certain channels over time among the members of a social system" (p. 5). A concise depiction of Rogers' model can be found at: www.ksu.edu/humec/atid/UDF/diffusion_model.htm. The important point is that diffusion of innovations is a process consisting of a series of decisions and culminating in actions. There are several prerequisites that must exist prior to an innovation's diffusion into a decision-making unit. These include an established practice, perceived problems or needs within that practice, and an innovation or new method of practice.

Rogers describes five stages of the innovation-decision process. The first stage, knowledge, is defined as the point in the process when an individual or group becomes aware of an innovation and gains an understanding of its function. The second stage of the model is the persuasion stage. In this stage, attitudes and/or beliefs must be changed. The third stage, the decision, usually occurs after an individual or group has gained the necessary knowledge and taken on the attitudes required to decide to adopt the innovation. The intent is to try the innovation. The fourth stage, implementation, involves an observable behavior or practice change. The fifth and final stage in Rogers' model is that of confirmation. At this point, the decision is made to either continue using or discontinue the innovation. Some innovations prove not to be useful to the needs of the organization or are not effective enough to warrant further use. If an innovation is continued, it may be further integrated into the organization on a wider scale.

These stages are all affected by the characteristics of: 1) the organization, 2) the people within the organization, and 3) the innovation itself. Rogers repeatedly reiterates that the innovation decision is not instantaneous, but is a process that takes time. Implementing change in nursing practice involves a sequence of decisions, actions and continuous evaluation of

the process. Next month's column will focus on finding a question to be addressed through the use of evidence.

Anyone having questions they want answered in the column by evidence-based nursing practice experts, or those wanting to share stories of implementation successes, tips or lessons learned can submit them to me at deborah.kenny@na.amedd.army.mil or contact me at (202) 782-7025 or DSN 662-7025.

Reference

Rogers, E.M. (1995). *Diffusion of innovations* (4th ed.). New York: The Free Press.

ANC HISTORIAN NEWS
Commentary: Army Nurse Corps turns 102
"Combat Vet, Helicopter Pilot
Pays Tribute to Army Nurses"
MAJ Jennifer Petersen

By Col. (Ret.) Douglas E. Moore
Special to the Belvoir Eagle



1LT Victoria Crawley, Staff Nurse 93rd Evacuation Hospital, adjusts bedding of PFC John M. Bohlender

I had a unique opportunity to see you in action while serving two tours in Vietnam and during the two years I spent in Japan between combat tours. In one setting, you mostly wore fatigues. In the other, it was mostly whites, but there was one constant and that was your dedication to taking care of people. As a medical evacuation helicopter pilot, we managed to steel ourselves to the trauma of the wounded. We saw you for only brief periods of time, but you were there for the long haul and I don't know how you managed that aspect of your job. In Vietnam, I watched as you rushed to our helicopters when we landed.

Despite the mud and the blood and the gaping wounds, you greeted the wounded and offered them the initial words of encouragement. I don't think most of us can fathom the rapid transition these men had just gone through. Minutes before, they were slogging waist deep in a rice paddy or cutting their way through triple-canopy jungle when they were hit. They were then thrown aboard a helicopter and given a rough ride to the sanctuaries where you waited. Just imagine what it was like when they looked up from their litters and into your faces. I've seen men who were critically wounded reach out to take your hands because you represented safety and home.

I had a more personal experience with Army nurses beginning in the early morning darkness of Dec. 11, 1968. Two companies of the 2nd Battalion, 12th Infantry Regiment had been surrounded in an all night battle and were taking a beating. They needed several casualties evacuated so they could regroup and fight their way out, so we went to help.

The “bad guys” let us land before opening up with everything they had. We began taking hits while loading the wounded and the fire increased in intensity as we took off. I’ve never seen more tracers in my life.

Someone told me later there were 37 holes in our helicopter including one round that punched a hole in my helmet and left me blinded in my left eye. I was a mess because another round ricocheted off the collective lever and split my left thumb open. The latter really hurt and I remember being concerned because I couldn’t see out of my left eye and felt blood dripping down the left side of my face. Someone was watching over us that night as we limped towards Cu Chi in a badly damaged helicopter with eight critically wounded Americans on board.

I remember lying on an exam table in the receiving room of the 12th Evacuation Hospital when a perky nurse lieutenant appeared down by my feet and asked whether my bootlaces were new. At first, I wondered what kind of stupid question that was until I saw her whip out a pair of scissors from a carrier on her belt and begin cutting my boots off.

She then asked whether my fatigues were new and began cutting them off, too. I pleaded with her to be careful, but she didn’t slow down at all. Soon I was buck naked and surrounded by people, some of whom I knew.

About that time, the chief nurse walked by, so I asked for a sheet to cover up with. Lt. Col. Mary Frances McLean simply laughed at my request and said, “Don’t worry, we’ve seen lots of helicopter pilots without any clothes on and all of you look the same.” Mary Frances then hurried off to check other patients who were more badly wounded than me.

One of the physicians came by and started poking around all over my body. I wondered why he was checking every inch of me, but from somewhere deep within the recesses of my mind, I remembered that is what he was supposed to do to ensure no entry or exit holes were overlooked. He then told me my thumb needed some stitches, but they could wait. Finally, the doctor told me he needed to flush some metal fragments from my eye and warned it might sting a little. Whatever he poured into my eye burned like liquid fire, so I instinctively tried to reach a hand to my face. At that point, I became aware that a pretty nurse captain was holding both of my hands in a firm grip. She leaned over and said quietly, “Don’t worry, Major Moore. You’re going to be all right.” That was the exact message I needed!

From that moment on, I knew I was in good hands so I stopped worrying about whether I would permanently lose sight in my left eye. I don’t know her name, but will be

forever indebted for her special touch that night. Later, I was moved to the 24th Evacuation Hospital where a wonderful team of microsurgical nurses cared for me. Fate smiled on me again when the efforts of two friends and outstanding Army nurses finally paid off. Diane Carlson-Evans and Jane Carson had to battle bureaucracy for many years before getting the Vietnam Women’s Memorial approved. I was blessed to be able to attend its dedication along with several of the nurses from the 12th and 24th evacuation hospitals that cared for me. We hugged and cheered and tears flowed like falling rain as that beautiful memorial was dedicated.

I don’t know whether others noticed or not, but the crowd at the dedication was overwhelmingly male and most were men about my age. Some wore suits, others were in casual clothing, and many wore remnants of their Vietnam era uniforms, but there was one distinctive commonality in the group. As the dedication progressed, you could see a faraway look in their eyes as their minds raced back across the years to remember a special person who leaned over their litter or hospital bed to whisper, “Don’t worry, you’re going to be all right.”

To a man, I think all of us who served in Vietnam share a common thought. You were our heroes because you encouraged the wounded to get better, you helped us when we needed help, you badgered those who began to lose hope, and you offered your love and kindness when we were vulnerable and needed it most. Army nurses earned a special place in my heart a long time ago and continue to hold that spot today.

Editor’s note: Moore is the administrator of the Fairfax Family Health Center in the DeWitt Health Care Network. Reprinted with permission from COL (R) Moore and the *Belvoir Eagle*.

COMMUNITY HEALTH NURSING ***COL Sandra Goins***

Heidelberg, Germany—Have you ever wondered what your community health nurse (CHN) is all about? Did you know that your CHN is a key staff element to preventive medicine for on-going deployments to various places in the world? “The CHNs responsibilities include conducting disease surveillance, collect, compile and analyze data along with ensuring proper tracking and reporting. They participate in immunization programs, humanitarian missions, peacekeeping and civilian-military operations, pre- and post-deployment screenings, health education and promotion along with complimenting infection control and occupational health programs,” said LTC David L. Carden, MPH, MHA, Community Health Nursing Consultant, Europe Regional Medical Command. “We support and work closely with commanders and soldiers providing the expertise needed to ensure that the basic principles of preventive medicine are met while assessing the medical threat,” said MAJ Richard Cichy, RN, BSN, Chief Preventive Medicine Activity, US Army MEDDAC, Heidelberg.

Did you also know that CHN’s provide family-centered nursing services to active duty and retired military and their

family members as well as DA civilians? “We do this by teaching our patients to develop healthy lifestyles and positive attitudes toward health,” said Capt. Kathleen Spangler, RN, BSN, Chief, Community Health Nurse, US Army MEDDAC, Heidelberg. Other roles of CHNs are in preventing illness and disability through education, reducing or eliminating unnecessary visits to healthcare providers through health education and helping customers regain and maintain their good health.

For example, Cathy Vickers, RN, BSN, supervises the communicable disease programs for Heidelberg MEDDAC. “My main focus is to investigate and find undetected cases of communicable diseases within the military community and to stop the transmission of the disease,” said Vickers. The range of communicable diseases that CHNs investigate includes: sexually transmitted infections, foodborne illnesses, viral hepatitis, tuberculosis, and HIV/AIDS. Another role of Vickers is in education. She makes every effort possible to get out into the community to educate the public before they become infected with a communicable disease. “I teach communicable diseases risk reduction classes which are given to new service members as they go through the Heidelberg community inprocessing training,” explained Vickers. Vickers further explained that all CHNs in Heidelberg and the nine outlying clinics provide disease prevention classes to units to teach skills that help service members avoid a personal encounter with a communicable disease.

Another function of all CHNs is to monitor latent tuberculosis (TB) infections. Latent TB infections are discovered when a patient has a positive skin test for TB. “Nearly one third of the world’s population tests positive on a TB skin test,” said Vickers. “However, inactive or latent TB can be treated with nine months of antibiotics to further reduce the risk that a patient will ever progress to a full blown active TB infection. “The CHN monitors each patient on this preventive antibiotic monthly to be sure that the medicine does not cause any other health problems. When a patient does develop active TB, and is infectious to other people, community health nurses perform investigations of close contacts to the active case by education campaigns and skin testing of contacts that may have been infected.

CHNs also serve as the consultant for Child and Youth Services for the Heidelberg MEDDAC footprint and the nine outlying clinics. In coordination with the Child and Youth Services nurses, a health and sanitation inspection is completed monthly in all Child Development Centers including Youth Services and annually for over 250 Family Child Care homes.

Teresa Gorham, RN, BSN is the community health nurse for the Stuttgart Health Clinic. “In addition to my regular duties as a CHN, I also work with maternal and child health concerns with our host nation providers, plus health promotion and tobacco cessation for adults and teenagers,” said Gorham. “My focal point with maternal and child health is to provide orientation for our pregnant moms who have all of their OB care with our host nation providers,” explained Gorham.

Another center of attention for the Stuttgart CHN is tobacco cessation. “May 2000 marked the beginning of the 6th ASG Smoke Free Initiative. The objective was to assist the Commander in coming into compliance with regulations for all workplaces, schools and MWR facilities to be smoke free. In this time, we have established five smoke free zones, to minimize exposure to second-hand smoke, and establish a few designated smoking areas,” said Gorham. Another program in the Stuttgart area is Teens Against Tobacco Use (TATU). This program is well established in the DoDDS school system students with a strong tobacco free message.

Capt. Faith Junghahn, RN, BSN, is the CHN for the Butzbach and Friedberg Health Clinics. She works with ACS on several health promotion topics including breast cancer, tobacco cessation and pregnancy education. Like many other CHNs, Capt. Junghahn is also heavily involved with providing small pox vaccine briefings to military units and family members.

Kathleen Ackermann, RN, BSN, M.ed. and Linda Bibbee, RN, BSN from the Hanau Health Clinic in addition to their normal CHN duties, also work closely with community agencies to provide education and support to health fairs. “We have done health fairs for the middle and high school, a retiree health fair, a Parent University, which is a seminar covering health topics from pregnancy to school age children,” said Ackermann.

“As CHNs we believe working closely with our community helps build strong support within our community. When deployments in the Hanau area end, Kathleen and I will be working with the 104th ASG chaplains on Building Strong and Ready Families,” said Bibbee. “This is an important resource, not only for our active duty soldiers but their families as well.”

An additional area of responsibility of CHNs is accurate input into the MEDPROs system. “This computer system provides the capability for commanders to evaluate the medical status of their units based on established medical immunization profiles for various regions of the world,” said Capt. David Nee, RN, BSN and the CHN for the Babenhausen and Darmstadt Health Clinics. “Having access to the system provides unit leadership with capability to identify status of personnel in their units for various immunizations, DNA, HIV and dental readiness.” This system is a huge help in Soldier Readiness Processing (SRPs) and Predeployment Processings (PDPs). “Having MEDPROs makes these events more efficient, by utilizing the database to estimate manpower and immunization workload as well as updating unit readiness status,” said Nee.

At the Mannheim and Coleman Barracks Health Clinics, the CHN is Cindy Hawthorne, RN, BSN. Hawthorne is enthusiastic about her role with the Mannheim Health, Fitness and Stress Management program. “This program is designed to motivate, educate and encourage participants to take personal responsibility for maximizing their personal potential,” said Hawthorne.

Participants start this program with a wellness and readiness appointment, in which baseline information is gathered—cardiovascular fitness level, flexibility, family health history, blood sugar and cholesterol. “This program is six classes designed to educate and motivate participants with the latest nutrition, exercise and lifestyle management information. At the end of the program participants are encouraged to have follow-up wellness and readiness appointments to track their progress,” said Hawthorne.

“As you can see, our community health nurses at the MEDDAC and our nine outlying clinics provide a wide range of community health services from supporting our deploying and returning troops and promoting health to investigating communicable diseases,” said Spangler.

For more information, stop by your local health care clinic and talk to your community health nurse.

Reprinted with permission from the U.S. Army Medical Department Activity, Heidelberg Public Affairs Office written by Mrs. Tracy Bailey.

OB/GYN CONSULTANT UPDATE
LTC(P) Ramona Fiorey

Most of you are aware that in December of this year the nonavailability statement (NAS) will be eliminated as mandated by the National Defense Authorization Act of 2003. The Tricare Management Activity has provided a fact sheet with guidance for OB NAS elimination for obstetric care. This document is a straightforward, easy to understand synopsis of how and when TRICARE pays or circumstances under which it does not pay for obstetric care. Although intended primarily for patients, it is a good review for health care providers as well. It is likely that childbearing age military health care beneficiaries will have questions related to this in the coming months. The fact sheet is available at www.tricare.osd.mil/factsheets/.

MEDCOM Cir 40-18 is now official and details specifics regarding trial of labor (TOL) for patients attempting vaginal birth after previous cesarean delivery (VBAC). The policy applies to all MTFs that do VBACs. Rationale for the policy is data showing that TOL is a reasonable alternative to repeat C-section under specific criteria and that 60-80% of TOL patients deliver vaginally with fewer subsequent complications. The policy identifies the selection criteria and includes MEDCOM Form 746-R (Medical Record – Consent Form for Patients with Previous Cesarean Birth) which can be copied for use. Patients undergoing VBAC should be counseled by and sign this informed consent. Proponent of this publication is the Quality Management Directorate. If you do not have this policy in your facility, send me a message to request it and I will email it to you. (ramona.fiorey@nw.amedd.army.mil).

Some of you may not be aware of the monthly video teleconferences (VTC) chaired by the OB/GYN physician consultant OTSG. During these VTCs, we discuss issues that involve OB/GYN care throughout all Army facilities. This

forum is a good way for nurses working in this specialty to keep abreast of topics of interest beyond those specific to nursing. This is especially important now with the challenges facing obstetric care in MTFs. The next VTC will be 23 Jun 2003. You should be able to find out where the VTC will be held from the audiovisual department in your facility. The VTCs last a couple of hours so it would be most efficient for one representative to attend and provide a synopsis to the nursing staff. One of the issues discussed in the last VTC was the potential for use of fetal fibronectin tests to triage obstetric patients with preterm labor. The high negative predictive value of this test could help providers at smaller MTFs determine with better accuracy which patients to send out to hospitals with a higher level of care. Data is currently being collected to evaluate the cost effectiveness of this, so you may be hearing more about it in the future.

There will also be two sessions of an informational workshop on “Centering Pregnancy” VTCs on 16 and 23 June. “Centering Pregnancy” is a concept that uses group dynamics, activities and discussion to provide prenatal care. In this concept of care obstetric patients have an initial intake H&P and physical exam in the traditional manner and then participate in a group of 8-12 pregnant women/couples to receive prenatal care throughout the pregnancy. The group continues to meet into the early postpartum period. More information about Centering Pregnancy is available at www.centerpregnancy.com.

Although I do not endorse products, I do try to pass along information when a new product that seems to have merit comes to my attention. Medela has introduced two new products that may be of interest to your lactating mothers. Quick Clean Anti-bacterial wipes for use on breast pump accessories and breast shields effectively removes bacteria with one wipe and would be useful in a field environment for active duty lactating mothers. Cost is about \$5 for 24 wipes. The product meets recommendation from the American Academy of Pediatrics for use of a quaternary disinfectant detergent for items that come in contact with infants. The Quick Clean Micro-Steam Bag is a microwave ziplock bag that disinfects breast pump accessories, nipples, pacifiers and cups in 3 minutes. Each bag can be used 20 times. Cost is about \$9 for 24 bags. They are available in stores and can be ordered online at www.medela.com. A sample can be obtained through the Medela sales representative for your facility. If your facility does not currently carry Medela products, a call to 1-800-435-8316 will help you identify the sales representative to obtain a sample.

PERSCOM UPDATE**Army Nurse Corps Branch Web Page**

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

Upcoming Boards

JUL 2003	COL AMEDD
JUL 2003	RA
JUL 2003	CGSC
SEP 2003	CHIEF NURSE
OCT 2003	MAJ AMEDD
DEC 2003	LTC COMMAND

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.

From the Education Desk

This is my last message to you before my departure to Korea. I hope that I have been of assistance in helping you prepare for the courses/programs I managed. Good luck to you in all of your future endeavors.

Lieutenant Colonel Diaz-Hays replaces me on the education desk. She will now be responsible for long-term health education and training; "A" designation boards; training with industry, and the USAREC/ROTC board process.

Ms. Deborah Bowser is responsible for enrolling officers in; C4; JOMMC; Chemical Casualty Course; OAC; CAS3; and non-residence GCSC (phases 2 & 4). Her telephone number is 703-325-0841.

LTHET

The Long Term Health Education and Training is scheduled to convene 16 – 20 June 2003. Historically, it takes 5 -6 weeks before the results are approved and sent out to the chief nurses. The chief nurses will inform their officers of the board results; officers awaiting results should not call AN Branch. If you have questions about the LTHET board process, call LTC Diaz-Hays at 703-325-2398.

Officers scheduled to start school this fall should access the AMEDD Student Detachment website to get information on inprocessing: www.cs.amedd.army.mil/hrbc/studet. The site will include an inprocessing checklist and the student handbook. If you have questions about school, call LTC Diaz-Hays at 703-325-2398.

Fellowships

Army Nurse Corps Branch is accepting nominations for the "A" Proficiency Designator Award Board. Nominations are due at Branch (ATTN: LTC Diaz-Hays) NLT 16 July 2003. AN Branch has posted an Information Paper on its website that explains the "A" Proficiency Designator nomination

process and guidelines. If you have questions about the nomination process, call LTC Diaz-Hays.

PERSCOM has opened the nomination process for the White House and Congressional Fellowships. See the AN Branch website for more details.

AMEDD Officer Advanced Course

The July AMEDD Officer Advanced Course is full (overbooked by 30 officers). **No walk-ins will be entertained.** The next available course is the September – December course. Contact your hospital education officer for enrollment.

CGSC (Reserve Component)

There is a new process for officers to apply for CGSC RC:

CGSC Phase 1 and 3

Contact Jennifer West at 703-325-3159 to apply for Command and General Staff College (Phases 1 and 3).

CGSC Phase 2 and 4

To apply for Command and General Staff College (Phases 2 and 4) fax Ms. Bowser a DA 3838 at 703-325-2392.

CGSC Correspondence Course

Fort Leavenworth has a new web address for CGSC 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 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: Course dates are 25 Aug-19 Dec 03 for both courses. Officers selected to attend the April course affected by deployment will be attending the August course. Applicants selected to the August 03 Emergency Nursing course have been deferred to the Jan 04 dates in order to accommodate those officers who were selected to attend in April but were deployed. The next available Emergency Nursing course will be in May 04. The Critical Care Nursing course is unaffected. Course dates for 2004 are: 5 Jan- 27 Apr 04; 10 May-31 Aug 04; 13 Sep 04- 21 Jan 05. POC is LTC Diaz-Hays at diazf@hoffman.army.mil.

Psychiatric-Mental Health: The next course is 27 JUL-19 NOV 03. Slots are still available. Contact MAJ Agin, agind@hoffman.army.mil.

OB-GYN Nursing Course: The next course is scheduled for 24 AUG-19 DEC 03. Slots are still available. Contact MAJ Agin at agind@hoffman.army.mil

Interested applicants need to seek support from their chain of command and submit a DA 3838, a recent HT/WT/APFT memo and a preference statement (for follow on assignment). Please check the AN branch web site at www.perscomonline.army.mil/ophsdan/default.htm (click on professional development) for information on application suspense dates to AN branch or contact LTC Diaz-Hays at diazf@hoffman.army.mil or MAJ Agin at agind@hoffman.army.mil.

Perioperative Nursing Course Manager:

The delayed course at Madigan Army Medical Center will start 24 August 2003 and run through 19 December 2003. Madigan will not hold the October 2003 course. The other three sites will hold their October 2003 course as scheduled. All four sites will be back in synchronization starting with the 14 March 2004 class. For any questions, please contact LTC Jane Newman at PERSCOM @ 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. The next Preventive Medicine Program Management Course is in January 2004 (exact dates TBD). Applications are being accepted now with a suspense of 1 September 2003. 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 66Es

66E – Korea, Dec 03
Ft. Leonardwood, now

66F – Ft. Rucker, AL, Spring 03
Ft. Hood, Summer 03
31st CSH, Ft. Bliss, TX, Summer 03
47th CSH, Ft. Lewis, WA, Summer 03
160th FST, Landstuhl, Germany, Summer 03
212th MSH, Miesau, Germany, 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.

Assignment Opportunities for : 66B, 66G, 66C

I can negotiate a follow on assignment for officers that volunteer for Korea. Please contact MAJ Doreen Agin, agind@hoffman.army.mil, for details on **66B, 66G, 66G8D, 66C, and 66C7T openings** or check our website.

Assignment Opportunities for 66H Lieutenants

Assignment opportunities available for 66H Lieutenants include WBAMC El Paso, TX; Ft. Polk, LA; Ft. Irwin, CA; Ft Sill, OK; Ft. Jackson, SC; Dwight David Eisenhower Army Medical Center, Ft. Gordon, GA; Wuerzburg and Alaska. Korea positions are available for winter 2003. **I can negotiate follow on assignments for officers that volunteer to select locations, i.e. Ft Polk, Ft Irwin.** If interested, please contact LTC Diaz-Hays at: diazf@hoffman.army.mil.

Assignment Opportunities for Captains

There are Division Nurse positions opening in the fall at Fort Riley, Fort Lewis, and Fort Hood. Please view the website for current openings or contact MAJ(P) Greta Krapohl at krapohlg@hoffman.army.mil.

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

There is still a variety of critical TOE opportunities available. **I can negotiate a follow on assignment for officers that volunteer for select locations, (Fort Irwin and Fort Polk).** I have an urgent requirement for **66Ps** at Fort Irwin and Fort Huachuca. Assignment opportunities are still available for upcoming summer cycle in a variety of locations, please check our website. If you are PCS vulnerable for Summer 2003 and do not have an assignment, please contact MAJ Ahearne, ahearnep@hoffman.army.mil.

<p>Office of the Chief, Army Nurse Corps</p> <p>Fort Sam Houston Office COL Deborah Gustke LTC Yolanda Ruiz-Isales MAJ Laura Feider Office of the Army Nurse Corps AMEDD Center and School ATTN: MCCS-CN, ROOM - 275 2250 Stanley Road Fort Sam Houston, Texas 78234 210-221-6221/6659 DSN 471 Fax: 210-221-8360 yolanda.ruiz-isales@amedd.army.mil (substitute name for all others)</p> <p>Washington D.C. Office LTC Kelly Wolgast Headquarters, DA Office of the Surgeon General 6011 5th Street, Suite #1 Fort Belvoir, VA 22060-5596 703-806-3027 DSN 656 Fax: 703-806-3999 kelly.wolgast@belvoir.army.mil</p> <p>AN Web Site: www.armynursecorps.amedd.army.mil/</p> <p>ANC Branch PERSCOM: www.perscomonline.army.mil/ophsdan/default.htm</p>

FEDERAL NURSING SECTION POSTER SESSION

AMSUS 2003 - "Partnerships In Preparedness, Prevention and Public Health: Protecting the Nation"

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 109th Annual Meeting of the Association of Military Surgeons of the United States (AMSUS) in San Antonio, Texas 16-21 November. The poster session will be held Monday evening, 17 November 2003.

The Federal Nursing Section Poster Session is sponsored by the Federal Nursing Service Chiefs 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 which relate to the theme of the 2003 conference.

Educational Technology	Joint Medical Training	Innovative Clinical Practice Issues
Patient Safety	Preventing Medication Errors	Joint Operational Exercises
Clinical Pathways	Joint Service Initiatives	Health Promotion Initiatives
Nurse/Patient Ratios	Deployment Issues	Put Prevention into Practice
Medical Preparedness	Biological Warfare	Multidisciplinary Approach to Care

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.
- * 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.
- * Abstracts (hard copy or e-mail) must be received by the deadline: **11 July 2003.**
- * 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.

ABSTRACT SUBMISSION DEADLINE: 11 July 2003

Please submit an original abstract in hard copy or as e-mail attachment in MS Word to:

LCDR Lisa Marunycz
 National Institutes of Health
 9000 Rockville Pike
 Bldg. 10 Room 7D50
 Bethesda, MD 20892
 (301) 496-2259 or (301) 496-2987
 Email: lmarunycz@mail.cc.nih.gov

Notification of acceptance and further instructions will be sent no later than 31 July 2003.

Fifteenth 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 Fifteenth Annual Karen A. Rieder Nursing Research Poster Session to be held during the 109th Annual Meeting of the Association of Military Surgeons of the United States (AMSUS) in San Antonio, Texas, 16-21 November 2003. The poster session will be held Monday evening, 17 November 2003.

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**; Faxed abstracts will not be accepted.
- * Abstracts must be received by the deadline: **11 July 2003**.
- * 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, 17 November 2003.

ABSTRACT SUBMISSION DEADLINE: 11 July 2003

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 00CIP)
Naval Medical Education & Training Command
8901 Wisconsin Avenue
Bethesda, Maryland. 20889-5611
Email: hjtillman@nmetc.med.navy.mil

For further information please contact:

CAPT Harry J. Tillman NC, USN
Phone: 301-295-0393 DSN: 295-0393
Email: hjtillman@nmetc.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 01 August 2003.