

---

# ARMY NURSE CORPS

## NEWSLETTER

*“Ready, Caring, and Proud”*

Volume 03 Issue 06

March 2003

---



### Message from the Chief



This is truly a historical time for the Army Nurse Corps. Over the past several months, Army Nurse Corps officers have been called to respond, once again, to the needs of our great Nation as we face the possibility of conflict in Southwest Asia. All of you have answered the call with the highest level of professionalism, whether you have been deployed, are currently deployed or have been selected to remain in your MTF's to carry on our extremely important peace time health care mission. I commend each one of you on your commitment and loyalty. It is important for you to know that the senior Army Nurse Corps leadership understands the impact that the current operation tempo has had on the mission of the Army Nurse Corps at the Military Treatment Facility level and at the individual soldier level. I have asked all the senior leaders to ensure that they continue to provide you with the most current information regarding official guidance on such topics as personnel movement, school course dates and school attendance as soon as it becomes available. It is imperative that we all understand how fluid the operational environment is and that we remain open and flexible to the changes that are occurring on a very frequent basis.

In order to place the current operation tempo in perspective, I want to highlight our deployment statistics for the past two years. In FY 02, a total of 1001 Army Nurses (for a total of 25,133 total man-days) were required to meet mission requirements in 66 countries worldwide. As of mid February 2003, a total of 1162 Army Nurses have deployed (for a total of 80,083 man-days). I expect this rate to continue to rise for the foreseeable future. I am confident that we will continue to provide key support to our health care system in both the TDA

facilities and in the TO&E environment.

In light of the deployment rate, we have had to make changes to a number of our specialty courses. In some cases, we have consolidated training sites and in others, we have had to delay the course start dates. It is important that those officers affected by these changes remain flexible as we continue to work these issues. As some of you already know, a decrease in projected attendance as a direct result of deployments has also led to either cancellation or postponement of some of our yearly, regularly scheduled professional short courses. We will continue to closely monitor our training schedules and evaluate each course individually. More information on course and conference dates will be disseminated through your chain of command as soon as it becomes available.

I am particularly impressed with the fact that in spite of the extremely high operation tempo, Army Nurses around the world have not missed a beat in the performance of our day-to-day nursing activities. Last month, I had the privilege of visiting the European Medical Command, Landstuhl Army Medical Center, the Wuerzburg MEDDAC, the Heidelberg MEDDAC, the FT Knox MEDDAC and Camp Bondsteel, Kosovo. During my travels, I was very fortunate to have the opportunity to interface with both junior and senior Army Nurse Corps Officers, NCO's and our great civilian nursing personnel. I was treated to tours of the hospitals and outlying clinics, conducted a variety of officer professional development sessions, and attended several 102<sup>nd</sup> Army Nurse Corps anniversary celebrations. Everyone I encountered was highly motivated, enthusiastic and energized. Colonel Gustke, who recently spent some time visiting Department of Nursing personnel at Ft Bragg and Fort Jackson, shares my sentiments and confirmed that the “esprit de corps” was also alive and well in CONUS. Thank you for a job well down and thank you for all that you are doing to ensure quality nursing care is being provided to each of our great soldiers, their family members, and our very deserving retirees.

**Army Nurses are Ready, Caring, and Proud!**

Bill Bester  
BG, AN  
Chief, Army Nurse Corps

#### Office of the Chief, Army Nurse Corps

##### 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](mailto:yolanda.ruiz-isales@amedd.army.mil)  
(substitute name for all others)

##### 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](mailto:kelly.wolgast@belvoir.army.mil)

AN Web Site:

[www.armymedicine.army.mil/otsg/nurse/index.htm](http://www.armymedicine.army.mil/otsg/nurse/index.htm)

ANC Branch PERSCOM:

[www.perscomonline.army.mil/ophsdan/default.htm](http://www.perscomonline.army.mil/ophsdan/default.htm)

---

#### ANC Newsletter Article Submissions

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

**DEPARTMENT OF NURSING SCIENCE  
STAFF CELEBRATES  
102 YEARS OF ARMY NURSING**

The AMEDD C&S Department of Nursing Science hosted the 102<sup>nd</sup> ANC Anniversary Celebration at the historic Stillwell House on Ft. Sam Houston, Texas. Over 100 ANC Officers from the AMEDD C&S, OBC, OAC, Brooke AMC and the MEDCOM participated.



Left to Right: LTC Susan Anderson wearing the mint green uniform authorized from 1975 to 1980; LTC(P) Carol McNeill in the always popular "cords" of the 1950's and 60's; COL Janet Harris in the Vietnam era fatigues; and MAJ Anna Corulli in the classic WAC uniform of WWII and early Korea.

**PERSCOM UPDATE**

**Army Nurse Corps Branch Web Page**

The direct address for our web page is: [www.perscomonline.army.mil/ophsdan/default.htm](http://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**

|          |             |
|----------|-------------|
| JUN 2003 | SSC         |
| JUN 2003 | LTHET       |
| 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](http://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.

**Chief Nurse Assignments 2003**

The Chief Nurse Board met in September 02 and the results were approved by The Surgeon General. **Congratulations** to those Army Nurse Corps Officers selected for these key and essential positions.

| <u>NAME</u>                | <u>POSITION</u>  |
|----------------------------|--|
| COL Susan Annicelli        | Chief Nurse LRMC   |
| COL John Beus              | Chief Nurse Ft Sill  |
| COL Mark Bither            | Chief Nurse West Point   |
| COL Elizabeth Bryant       | Chief Nurse ROTC   |
| LTC(P) Marie Bryant        | Chief Nurse Ft Meade   |
| LTC(P) Suze Clark          | Chief Nurse Ft Irwin   |
| COL Mary Clark             | Chief Nurse Wuerzburg Hospital   |
| COL Ernest Degenhardt      | Chief Nurse Ft Eustis  |
| COL Angelia Durrance       | Chief Nurse Ft Stewart   |
| COL Caroline Eiteljorge    | Assistant Chief Nurse BAMC   |
| COL Carol Gilmore          | Assistant Chief Nurse LRMC   |
| COL Roy Harris             | Chief Army Nurse Corps Branch  |
| COL Nolan Hinson           | Chief Nurse 18 <sup>th</sup> MEDCOM/121 <sup>st</sup> General Hospital |
| LTC(P) Patricia Horoho     | Chief Nurse Ft Belvoir   |
| COL Sallie Jolly           | Chief Nurse Ft Campbell  |
| COL Anita McCowen          | Chief Nurse Heidelberg   |
| COL Elizabeth Mittelsteadt | Chief Nurse Alaska   |
| LTC(P) Allison Mirakian    | Chief Nurse Leonardwood  |
| COL Maryann Monteith       | Chief Nurse Ft Hood  |
| COL Bonnie Pearson         | Chief Nurse Redstone Arsenal   |
| COL Karen Seipp            | Chief Nurse MEDCOM   |
| COL Natalie Shriver        | Chief Nurse Ft Benning   |
| COL Kathleen Simpson       | Assistant Chief Nurse WRAMC  |
| COL Reid Stevenson         | Assistant Chief Nurse WBAMC  |

**LTHET**

The Long Term Health Education and Training Guidelines for academic year 2004 are posted on the Army Nurse Corps Branch website. **Go to:** <https://www.perscom.army.mil>. **Find:** Soldier Services Officer Information (middle of page). **Click:** Branch Newsletters. **Click:** Army Nurse Corps. **Click:** LTHET Guidelines.

**Important Dates**

| Action          | Due Date          | Board Date      |
|-----------------|-------------------|-----------------|
| Apply to UTHHSC | Prior to 1 May 03 | 1 May 03        |
| Apply to USUHS  | NLT 1 May 03      | 6 June 03       |
| Apply for LTHET | NLT 12 May 03     | 16 – 20 June 03 |

**FAQs**

**Question:** Do I need to submit a height/weight statement with my LTHET packet, what if I'm deployed and can't take the APFT?

**Answer:** Submit a height/weight statement that reflects your most recent APFT. Add a sticky note to your packet to remind MAJ Lang that you are deployed. AN Branch will brief the board that some officers are deployed and may be missing the 2003 APFT.

**Question:** I would like to apply for Baylor and/or Nursing Administration. Do I need to submit two packets?

**Answer:** No. Your goal statement should indicate your primary and second choice for graduate education. Your packet will be submitted to the LTHET board for Baylor first, then for nursing administration.

**Question:** Can I use an audiology test taken with my 2002 physical?

**Answer:** No. The audiology test should be taken no earlier than 1 January 2003.

**Question:** I'm a newly promoted major and have not started CGSC. Can I still apply for LTHET without having completed 50% of CGSC?

**Answer:** Yes. The new CGSC requirement was put into the guidelines in order to protect mid to senior level majors against focusing on graduate education at the expense of military education. Military education, especially CGSC, is a promotion discriminator for LTC.

**2002 LTHET Acceptance Letters:**

Officers selected by the 2002 LTHET board should be in the process of applying for and obtaining acceptance to their civilian school of choice. Officers should have a letter of acceptance on file at Branch NLT 30 March 2003. Fax a copy of the acceptance letter to MAJ Lang at 703-325-2392. **The letter of acceptance from the school must state the date for the 1<sup>st</sup> day of classes (not orientation).**

**Short Courses**

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

Combat Casualty Care Course (C4) and Joint Operations Medical Management Course (JOMMC):

[www.dmrta.army.mil](http://www.dmrta.army.mil)

Chemical Casualty Course: <https://ccc.apgea.army.mil/>.

HNLDC and ANLDC:

[www.dns.amedd.army.mil/ANPD/index.htm](http://www.dns.amedd.army.mil/ANPD/index.htm)

**AMEDD Officer Advanced Course**

Officers who are scheduled for a deployment that will prevent them from attending OAC phase 2 within the required two-year window should request a waiver from the AMEDD Center and School. Contact MAJ Anna Corulli at 210-221-6295 for information on requesting a waiver.

**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 MAJ Lang at DA 3838. [langg@hoffman.army.mil](mailto:langg@hoffman.army.mil).

**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 8 Apr 03, 13 May 03, 17 Jun 03, 22 Jul 03, 26 Aug 03, and 23 Sep 03. If interested in this terrific Board Member opportunity, please contact LTC Flavia Diaz-Hays at PERSCOM, [diazf@hoffman.army.mil](mailto:diazf@hoffman.army.mil).

**Generic Course Guarantee**

Information on GCG is located in our website

[https://www.perscomonline.army.mil/ophsdan/anc\\_profdevt.htm](https://www.perscomonline.army.mil/ophsdan/anc_profdevt.htm).

**AOC/ASI Producing Course POCs**

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

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

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

Interested applicants need to seek support from their chain of command and submit a DA3838, a recent HT/WT/APFT memo and a preference statement (for follow on assignment). Please check the AN branch web site at [www.perscomonline.army.mil/ophsdan/default.htm](http://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](mailto:diazf@hoffman.army.mil) or MAJ Agin at [agind@hoffman.army.mil](mailto:agind@hoffman.army.mil).

**Perioperative Nursing Course Manager:** LTC Newman at [newmanj@hoffman.army.mil](mailto:newmanj@hoffman.army.mil).

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

**Assignment Opportunities for 66F and 66E**

***\*Assignment Opportunities\****

66E – 31<sup>st</sup> CSH, Ft. Bliss, TX, Summer 03  
47<sup>th</sup> CSH, Ft. Lewis, WA, Summer 03

66F – Ft. Rucker, AL, Spring 03  
Ft. Leavenworth, KS, Summer 03  
Ft. Hood, Summer 03  
31<sup>st</sup> CSH, Ft. Bliss, TX, Summer 03  
47<sup>th</sup> CSH, Ft. Lewis, WA, Summer 03  
160<sup>th</sup> FST, Landstuhl, 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](https://www.perscomonline.army.mil/OPhsdan/anc_assignments.htm). For these and other opportunities, please inquire to LTC Newman ASAP, [newmanj@hoffman.army.mil](mailto:newmanj@hoffman.army.mil).

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

**Assignment Opportunities for 66B-All Grades**

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

**Assignment Opportunities for 66G -All Grades**

Assignment opportunities available immediately and Summer 03 for 66G's include Korea, Fort Wainwright, AK, Landstuhl and Heidelberg, GE, Fort Irwin, CA, Fort Riley, KS, Fort Stewart, GA, WBAMC, El Paso, TX and TAMC, HI.

**Assignment Opportunities for 66G8D-All Grades**

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

**Assignment Opportunities for 66C-All Grades**

Summer 03 assignment opportunities include Korea, WRAMC, D.C., Fort Leonardwood, MO, WBAMC, TX, Fort Benning, GA, and Fort Jackson, SC.

**Assignment Opportunities for 66C7T**

Assignment opportunities are available for a 66C7T with the 98th Combat Stress Control at Ft Lewis.

**Assignment Opportunities for 66H Lieutenants**

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

**Assignment Opportunities for Captains**

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

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

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

**WOMEN'S HISTORY MONTH**  
**Pioneering Women of the United States**  
**Army Nurse Corps**  
**MAJ Jennifer Petersen**

The theme for National Women's History Month, March 2003, is "Women Pioneering the Future." This theme is in honor of pioneering women who led and won struggles for equality and civil rights; created and advanced educational and professional opportunities, and made great contributions to the arts, sciences, and humanistic causes. Women's History Month celebrates and honors the many women who inspire us all to create new opportunities out of present challenges. Women who have served in the Army Nurse Corps reflect this same pioneering spirit while serving in roles that are anything but traditional!

Throughout Army Nurse Corps history many women are recognized for their tremendous contributions to not only Army Nurse Corps history, but also Women's History. From the image of the Spanish American contract nurse in her long white skirt and apron to the present day Army Nurse Corps officer in desert camouflage uniform with field gear in hand, the women of the Army Nurse Corps have momentarily advanced.



WWII nurses in Townsville, Australia prepare to go on night duty at the 13th Station Hospital in January 1943

Within the Army Nurse Corps Historical Collection, the following memorandums from World War II are archived. They offer a humorous respite to the complexity and

seriousness of today's Army Nurse Corps activities. In recognition of Women's History Month, the Army Nurse Corps salutes the past and present women of the Army Nurse Corps. It is sufficient to say "We've come a long way baby!"

6 March 1944

MEMORANDUM FOR: Chief Quartermaster

*A very serious situation has arisen in the matter of your furnishing cosmetics to members of the Army Nurse Corps.*

*The nail polish you are furnishing is interfering with blackout Regulations. Some of it is of such vivid coloring that air raid wardens are complaining. In one instance that was reported to me, a nurse put up her hand to adjust her cap and all traffic stopped in Piccadilly.*

*I am wondering whether your procurement division and my Chief of Nursing can't get together and agree upon some more modest colors for the Nail polish you are furnishing. If you don't help us, I shall have to force nurses to wear gloves at all times, even in the bath.*

PAUL R. HAWLEY  
Brigadier General, U.S.A.  
Chief Surgeon

10 March 1944

OCQM, HQ SOS ETOUS

TO: The Chief Surgeon, OCS, APO 887. U.S. Army

*It surely grieves me to have piqued your feelings for chromatrics.*

*In purveying to your Nightingales too garish cosmetics, The perils you have painted are indeed most alarming-Your rhetoric and logic I find quite disarming.*

*My experts have brewed for your approval some tinctures less gaudy,*

*Which I pray will make your charges seem somewhat less bawdy*

*So air defense may operate – no longer willy-nilly,  
And traffic may resume its pace again in Piccadilly.*

ROBERT M. LITTLEJOHN  
Major General, U.S.A.  
Chief Quartermaster

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

**CONTINUING THE TRADITION OF CARING**  
**The Arlington Ladies**  
**MAJ Jennifer Petersen**

Throughout history, the Army Nurse Corps is recognized by the American people for their dedication to provide the best possible care to soldiers and their families in peace and war. Many accounts exist of Army nurses caring for soldiers during

war. Additionally, we often hear of Army nurses going beyond the call of duty for a beneficiary during times of peace. Yet, few are familiar with the Army Nurse Corps officers who in their retirement quietly continue the Army Nurse Corps time-honored tradition of caring for soldiers. Former Army Nurse Corps officers, COL(R) Janet Southby\*, COL(R) Peggy Jane Newman and Mrs. Candy Otstott are members of an elite group referred to as the "Arlington Ladies." Their mission statement, "No one is ever to be buried alone. All are buried with honor."

The history of the Arlington Ladies began in 1948, when Air Force Chief of Staff General Hoyt S. Vandenberg was living on Fort Meyer, Virginia, in a home with a commanding view of the cemetery. He and his wife often walked through Arlington. They noticed that frequently burials occurred with only the chaplain and the honor guard in attendance. The general stated that his services' members would never have a "bleak and friendless funeral." Mrs. Vandenberg organized members of the Officers' Wives Club to attend these funerals without mourners thus a tradition was born. The Army created its collection of Arlington Ladies in 1972 when General Creighton Abrams, the Army's chief of staff, happened upon a burial with no mourners. The Army, Navy and the Air Force have active members within the "Ladies of Arlington" organization. The Marine Corps does not have a group, but a representative of the commandant attends every funeral.

As members of the Arlington Ladies, these former Army Nurse Corps officers have found a method to continue caring for the soldier and their family much as they did while on active duty as Army Nurse Corps officer. There are approximately 80 Arlington Ladies that represent the Army contingency at Arlington National Cemetery funerals. This group includes women ranging in age from 45 years and older from a variety of backgrounds. A common factor for all members of this group is their close ties to the military. These women are most often wives or widows of service members. To become an Arlington Lady, one must be recommended by an existing member and than be accepted by the group. Historically, there were men to serve with this group however there are none at this time. Volunteers usually work one day a month attending five or more funerals during the day.

An average of 25 funerals are conducted each day at Arlington National Cemetery. These ceremonies are surrounded by stately tradition and immense ritual. Each time a military burial occurs at Arlington National Cemetery, the Arlington Ladies are an integral part of the noble and impressive ceremony that occurs. The Arlington Ladies complement the chaplain's work. Often, they know little about the deceased, only what is relayed to them by the chaplain. They stand at the head of the grave escorted by a member of the honor guard. Following the prayers and presentation of the flag, the Arlington Lady presents her letter and best wishes to the next of kin. Their heartfelt mission is to comfort the mourners and honor our nation's veterans. Often, when the deceased is a former Army Nurse Corps officer, it is arranged that one of the former Army Nurse Corps officers represent the Arlington

Ladies, thus allowing one of our own Army Nurse Corps officers to have a role in the burial service.



BG Madelyn Park's, former Corps Chief, burial service at Arlington National Cemetery on 3 January 2003. Escorted by the Honor Guard is COL(R) Janet Southby, retired Army Nurse Corps, now a member of the Arlington Ladies

As members of the Arlington Ladies, these former Army Nurse Corps Officers honorably represent the Army Nurse Corps with their continued service to the soldiers of our nation and their families.

\*COL(R) Janet Southby was interviewed regarding her volunteer duties as an Arlington Lady. COL(R) Southby retired from the Army Nurse Corps in December 1996. Assignments as Chief Nurse at Fort Belvoir and Walter Reed Army Medical Center highlight COL(R) Southby's career. As an active duty member, COL(R) Southby recalls being impressed with the services that the Arlington Ladies provided and feeling that this would be a worthy duty in her retirement.

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

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

In last month's newsletter in the Nursing Research Update column, LTC Della Stewart wrote a very informative article on evidence-based practice, what it is and what it is designed to do. In a brief re-cap, evidence-based nursing practice uses evidence from all levels (experimental research studies to expert opinion) to provide guidelines for patient care. Evidence-based practice is often used synonymously with research utilization, innovation diffusion, knowledge utilization and knowledge transfer. Each of these has a slightly different meaning. There are diverse opinions among nursing experts regarding what constitutes "evidence-based practice." Many espouse a wider interpretation of the concept "evidence-based practice" that includes many levels of evidence. For example, the findings from non-experimental and descriptive studies add to nurses' body of knowledge as well as do the results from randomized controlled trials (RCTs). Traditional "evidence-based medicine" proponents

focus almost exclusively on the systematic, RCTs as the basis for practice (Jennings & Loan, 2001).

Nursing research has expanded greatly over the last 30 years and it is well known that there is gap between the knowledge gained through research and the practices of nurses at the bedside. It is important that this new knowledge be incorporated into patient care and greater implementation efforts are being made. Several nurse researchers have developed practical, step-by-step models for nurses to integrate evidence into their practice (Stetler, 2001; Titler, 2001).

Developing and implementing evidence-based protocols to guide nursing practice can be time-consuming. Problem identification, base-line data collection, careful review and synthesis of the literature, development of the protocol, and practice changes should realistically expect to take 12-18 months (M. Titler, personal communication, 9 October, 2002). With administrative as well as expert consultative support and a team approach, implementing evidence-based practice changes are entirely possible within the practice arena. We owe it to those who have entrusted themselves to our care to base our practice on the best evidence available rather than on the ritual and tradition we have relied on in the past.

This new column will be devoted to providing information about implementing evidence into practice, what it is, how to go about it, success stories and lessons learned. It can be used as a forum for clinical nurses to share stories as well as to ask and have questions answered. In addition, it is meant to serve as a link between those who are conducting the research and those who are seeking the evidence to improve patient care. If you have developed and implemented evidence-based protocols, you are encouraged to share those protocols for adaptation and use in other MTFs, so we do not have to duplicate work that is already done.

Next month's column will describe the initiative at Walter Reed Army Medical Center to incorporate evidence-based protocols into its procedure manual, articulating some of the successes and barriers encountered. I am the coordinator for this column. Anyone having questions they want answered in the column by evidence-based nursing practice experts, or those wanting to share stories of implementation accomplishment, lessons learned or useful implementation tips can submit them to me at [deborah.kenny@na.amedd.army.mil](mailto:deborah.kenny@na.amedd.army.mil) or contact me at (202) 782-7025.

**References**

Jennings, B. M., & Loan, L. A. (2001). Misconceptions among nurses about evidence-based practice. *Journal of Nursing Scholarship*, 33(2), 121-127.  
Stetler, C. B. (2001). Updating the Stetler Model of Research Utilization to facilitate evidence-based practice. *Nursing Outlook*, 49(6), 272-9.  
Titler, M. G., Kleiber, C., Steelman, V. J., Rakel, B. A., Budreau, G., Everett, C. L. Q., Buckwalter, K. C., Tripp-Reimer, T. & Goode, C. J. (2001). The Iowa Model of Evidence-Based Practice to Promote Quality Care. *Critical Care Nursing Clinics of North America*, 13(4), 497-509.

**NURSES SPANNING THE GLOBE**  
*LTC Sharon Reese*

In the Army Nurse Corps we sometimes have the opportunity for different and unusual experiences. One of those opportunities came recently when I was invited to participate in a Latin American Cooperative Subject Matter Expert Exchange (LATAM COOP SMEE) with the Guatemalan Military Medical community. I was part of a nine-member team from US Army Center for Health Promotion and Preventive Medicine (USACHPPM) who went to the country of Guatemala. The team consisted of representatives with expertise in the areas of Health Hazards Assessment, Air Quality, Noise Reduction/Protection, Industrial Hygiene, Installation Threat Assessment, Occupational and Environmental Health, Hazard Materials and Waste Management, and Health Promotion and Wellness. The visit served as an opportunity for information exchange between the United States (U.S.) and Guatemala in the area of Preventive Medicine.

For Health Promotion and Wellness, I presented programs developed at USACHPPM that are available for download from the USACHPPM web site at <http://chppm-www.apgea.army.mil/dhpw/>. Some prime examples are the Soldier Self Care program, Pregnancy Post Partum Physical Training Program, Hooah 4 Health, and Nutrition programs. The Guatemalan participants were more hospital centered with a focus on chronic and infectious diseases, however they are very interested in what we are doing in Health Promotion. Another big area of concern for them was HIV and fortunately my Community Health Nursing background enabled me to address several questions concerning HIV policy in the U.S. Army.

There were 29 participants from the Guatemalan military medical department representing various disciplines including physicians, nurses, dentists and pharmacy technicians. The language of the country is Spanish with few at the meeting speaking English. This provided a challenge that required all briefings be done through an interpreter. We also translated our briefing slides into Spanish and provided handouts in Spanish as well. Individual conversation was difficult, but with a lot of patience on both sides we managed to get the ideas across.

I also had an opportunity to talk very briefly with four Guatemalan nurses in attendance. Questions ranged from the number of hours American nurses work to dealing with stress among nurses. I was informed that training for nurses in Guatemala is like our 3-year diploma programs in the U.S. After graduation, some nurses have the opportunity to return to the university for bachelor and masters degrees. There is no equivalent to our LVN/LPN but there is training for nurses' aides. Nurses in the military are officers and have the opportunity to progress to the rank of General in their Nurse Corps. Since their Civil War just ended in 1996, combat nursing is still a concern to them. There is a 4-month Combat

Nurse course given at the university that many of the military nurses have the opportunity to attend.

The entire trip was an excellent opportunity that opened the door for future information exchange between our two countries. We made contacts within the Guatemalan medical community and, we feel, some friends. It is experiences like these that help us grow as Army Nurse Corps Officers and keeps life just that little bit more interesting.

**QUALITY MANAGEMENT CONSULTANT**  
**AMEDD Patient Safety Program Update**  
*COL Judy L. Powers*

As we approach "*National Patient Safety Awareness Week*" (9-15 Mar 03), I would like to update you on the tremendous progress the AMEDD has made in implementing our system-wide Patient Safety (PS) Program. The 2001-2002 AMEDD PS Program initiatives focused on organizational culture, staff education and training, near miss identification, PS data management and analysis, development of corporate policies and tools to support successful system-wide PS program implementation.

**Climate Survey:** A web-enabled Patient Safety Climate Survey to assess our organizational climate regarding staff willingness to report medical errors, problem-solving processes, and staff perception about leaderships' concern for patient safety was developed and administered anonymously from August to September 2001 to all MTF clinical staff as a baseline corporate evaluation prior to commencement of the AMEDD Patient Safety training and program execution. 10,726 staff members completed the survey reflecting a corporate response rate of 39%.

**Results:** Our baseline Climate Survey identified two key improvement needs. MTF staff fear negative consequences for making and reporting errors and blame others for their mistakes. We will be administering a follow-up corporate Climate Survey this month so please take a few minutes to participate in the survey so we have everyone's input as we evaluate our progress related to our safety culture.

**MTF PS Training & Program Execution:** Development & implementation of a 3-day train-the-trainer PS Program introduced MTF Command selected teams to the AMEDD Patient Safety Program. Four sessions offered in November 2001 and January 2002 trained more than 225 participants on the DoD/VA adapted patient safety root cause analysis tools and techniques. A re-enactment video reflecting system failures resulting in a medication error developed during the AMEDD participation in an Institute of Healthcare Improvement (IHI) Collaborative – Improving Safety in High Hazard Areas was used to teach the RCA process.

**Results:** 37 (100%) MTFs implemented a MTF specific PS Program per corporate policy guidance. More than 17,000 (56%) of MTF staff worldwide have been trained on the

AMEDD PS Program and their roles and responsibilities to facilitate safe practice.

**Risk Assessment:** The AMEDD PS Program identifies Risk Assessment as a key component of its comprehensive PS program. The 2002 corporate risk assessments each MTF was requested to complete the VHA Leadership Assessment and the ISMP Hospital and Community Medication Self Assessment.

**Results:** To date 86% of MTFs completed the VHA Leadership Assessment and all MTFs (100%) completed the ISMP Medication Self Assessment. ISMP is currently assisting the MEDCOM PS Center w/ an AMEDD analysis of the corporate survey results.

**Corporate PS Program Metric:** The AMEDD Balanced Score Card strategic plan identifies 'Safe Patient Care' as a key corporate priority and the 2001-2002 corporate program metric was to increase in the number of Near Misses Reported 10% per quarter.

**Results:** Near Miss Reporting has increased corporately by 50% since Nov 01!

**Data Management:** A PS access database was developed and implemented to facilitate MTF electronic management of near miss and actual PS events reported. MEDCOM P Center (PSC) is utilizing lessons learned from the PS database to web-enable the application to better support MTF and corporate PS data analysis needs. You will soon be able to complete a DA 4106 incident report on-line! There will be more to come on this initiative in the next few months.

**PS Tool Kit:** A comprehensive PS Manager Tool Kit Resource Notebook and accompanying CD-ROM was developed to support MTF program implementation and MTF feedback on the value of this tool has been extremely positive.

The 2003 AMEDD PS Program focus is to continue to encourage & measure Near Miss Reporting, to develop a Senior Leader Tool Kit, to improve MTF feedback on lessons learned, to develop & implement a formal 'Sign Your Site' marketing campaign and to facilitate system-wide implementation of identified safe/best practices. AMEDD PS Program success is contingent upon our ability to energize each of you to share your insights, observations and clinical expertise to ensure safe quality patient care at all times. In support of "*Patient Safety Awareness Week*", we can all participate by routinely promoting education and communication about patient safety.

A special THANK YOU to all MTF senior leaders and PS Program Managers for their support and commitment to ensure MTF PS program execution. I would also like to thank each of you for your contributions to professional nursing practice and organizational systems and process improvements as we work together to "*Make the Safest Way the Best Way!*"

If you have any questions or need assistance with your patient safety program activities contact me at [Judith.Powers@amedd.army.mil](mailto:Judith.Powers@amedd.army.mil) or 210-221-6622.

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

I have some great news about Dental Insurance for Reserve Component personnel. The TRICARE Dental Program (TDP) offers diagnostic, preventive and restorative dental services and is available to members and families of the Selected Reserve (SELRES) and Individual Ready Reserve (IRR). Enrollment in the TDP is voluntary, and Reserve Component sponsors do not have to be activated to enroll themselves or their families in the TDP. However, Reserve Component sponsors, who are activated for 31 days or more, are covered by the same dental benefits as active duty service members and are ineligible for enrollment in the TDP. If previously enrolled in the TDP, they will be automatically disenrolled and automatically re-enrolled upon deactivation. The sponsor should confirm re-enrollment before seeking dental treatment.

Those military members, who have orders for more than 30 days and are stationed more than 50 miles from a Dental Treatment Facility (DTF) are eligible for the Tricare Prime Remote Dental Program. Please refer to the Military Medical Support Office Dental website <http://mmsso.med.navy.mil/dental>.

United Concordia Companies Incorporated (UCCI) administers the TDP. You can enroll on-line at <http://www.ucci.com/was/uccweb/tdp/enroll.jsp>. First, complete the online enrollment form and enter and verify credit card information for the first month's premium. Once the steps are completed, United Concordia will verify eligibility and notify you of your status in the TDP. For more information about the TDP, you may access the benefit handbook online at [www.ucci.com](http://www.ucci.com) or by calling toll free 1-800-866-8499, 24-hours a day.

Also, Reserve Component members need to understand the importance of updating their own and their family members' eligibility information in the Defense Enrollment Eligibility Reporting System (DEERS). Sponsors and family members lose access to their TRICARE health care benefits when "loss of eligibility" appears in DEERS. Reserve Component sponsors should visit the nearest ID Card issuing facility and their unit personnel center to ensure that their DEERS information is current and correct.

**SOUTHEAST REGIONAL COMMAND**  
**1<sup>ST</sup> Annual JOC Leadership Conference**  
**CPT Clausyl Plummer and CPT Krystal Bryant**

The Junior Officer Council (JOC) at Dwight David Eisenhower Army Medical Center (DDEAMC) was revitalized in April 02. The council pledged to make a positive impact on Junior Officers that would directly relate to retention. We accomplished this by providing an additional

line of communication between the Junior Officers and the Chain of Command to express concerns and issues.

Monthly Officer Professional Development (OPD) sessions keep the Junior Officers informed of career and work topics. A few of our OPD presenters included General Bester, Chief Army Nurse Corps and CPT Gahol, former Readiness Officer Nurse Corps Branch speaking on ANC and promotion board issues. The council developed a comprehensive sponsorship program for new 2LTs arriving from OBC.

A two-day Leadership Conference was held on January 23 when General Schoomaker, Commander, DDEAMC, Colonel Aponte, DCN, and CPT Plummer, President DDEAMC JOC, welcomed seventy Junior Officers from the Southeast Region. The conference attendees represented the Medical Treatment Facilities from, Fort Jackson SC, Fort Stewart, GA, Fort Benning, GA, Fort Rucker, AL and DDEAMC. Officers from the Nurse Corps, Medical Service Corps and the Specialty Corps attended this interactive conference.

Highlights of the conference included COL(R) Jerri Graham who spoke on "Today's Company Grade Army Nurse Corps Officer", LTC(R) Leonard Wong, PhD, a professor at the U.S. Army War College, who presented his lecture on "Generations Apart: Xers and Boomers in the Officer Corps. The region's senior officers were invited to attend Dr. Wong's lecture and socialize with the junior officer during lunch. Other topics presented were straight talk from real leaders, leadership, the Baylor program, financial responsibility, deployments, and a career opportunities panel.

On the second day of the conference, during COL(R) Graham's presentation on "Your Army Nurse Corps," the participants were divided into groups and were given the opportunity to identify some core issues. These issues included deployments, soldier readiness, doing more with less and career advancement. These concerns were briefed to the command for further follow-up.

The DDEAMC JOC created a very professional and successful conference. The conference attendees were awarded 10.25 contact hours. The hard work put forth was rewarded by the renewed energy and desire to establish other JOCs in the regions' MTFs.

**ARMY NURSE CORPS OFFICERS  
ENROLLED AT BAYLOR  
CPT Richard Morton**

The Army Baylor Graduate Program in Health Care Administration is home to seven ANCs. Major David Colvin, Major Diane Diehl, Major Meg Dixon, Captain (P) Kay Hadley, Captain Rich Morton, Captain Anthony Portee, and Captain Melissa Wallace have all persevered in this program that compresses sixty hours of graduate work into one year.

Challenges and opportunities abound in this MHA program that has produced military leaders for over fifty years. This

year is the second year in which all students will complete three full semesters of financial management. From learning how a complex, corporate balance sheet works to understanding budget variance and Business Case Analysis, the increased emphasis on producing qualified financial leaders comes as the Army Medical Department is being challenged to legitimize expenditures in the face of increasing competition for critical healthcare delivery dollars.

Other key courses include: Strategic and Organizational Management, Statistical Analysis, Research Methods, Health Law, Contracting, Managed Care and Policy. All of the program's content is focused on producing well-rounded leaders who can think on their feet and have the skill sets to make critical command decisions.

Another significant benefit that Nurse Corps Officers gain from attending Baylor is working in a joint service and multidisciplinary environment. Each class is composed of physicians, dentists, nurses and administrators from the Army, Navy, Air Force, Coast Guard and civilians from the Department of Veteran's Affairs. This broad base creates a platform for expanded growth and learning experiences.

Upon completion of the initial year, students put their classroom experiences into action by working directly for select Deputy Commanders for Administration and other leaders within the Army Medical Department. The year long residency serves as a bridge between the didactic and "real world" and provides a tremendous opportunity for professional development. Thinking about being a leader in the AMEDD? Think about Baylor!

**THE COLLEGIATE LINK  
Army Nurse Corps Gold Bar Recruiters  
2LT Maria Pescatore**

With the nurse shortage, it is important to be proactive in recruiting and getting the word out about what our Army Nurse Corps offers. The best place to begin solving this problem is on the college campuses. I am a Gold Bar Recruiter (GBR) working at Syracuse's ROTC Battalion as a newly commissioned Second Lieutenant. I just graduated from the Syracuse School of Nursing and after passing the state boards, I came on active duty assigned to the recruiting team at Syracuse University's Army ROTC.

As a GBR, it is rewarding and encouraging bringing in future Army Nurse Corps officers. Many students do not realize what ROTC has to offer and the opportunities available to them as an Army Nurse. I am able to share that knowledge and pride I have of the ROTC program at Syracuse and the ANC during my time as a GBR. When talking with prospective recruits, I am able to focus on the positive attributes of the rewarding career of an Army Nurse, and share the aspects of camaraderie, esprit de corps and unity. I revisit the positive benefits that drew me to the ANC.

As a GBR, I have gained a unique opportunity to meet, understand, and collaborate with officers and NCOs of all branches, backgrounds, and experiences. I realize how much knowledge I gain from the interaction with my colleagues, and this will ease my transition as a new Lieutenant in the U.S. Army Nurse Corps.

As I anticipate OBC and the beginning of my Army Nurse career at Walter Reed Army Medical Center, I recognize the value of the opportunity that Gold Bar Recruiting has provided me. It occurred to me that all nurses in the corps should consider an assignment as an ROTC Brigade Nurse Counselor at some point in their careers, if not also given the chance to be a GBR as a Lieutenant. Primarily among the benefits for nurses is the revitalizing and reenergizing aspect that comes as a result of sharing the positive points of their careers with the potential recruits and nursing cadets.

It is rewarding to be able to contribute to the growing numbers of the ANC, and I am proud to be a part of this profession. I hope many new Lieutenants have the chance to be a GBR. It is an experience that I will never forget and one that will follow me throughout my career.

**ARMY NURSES SUPPORT RECRUITING**  
*CPT Thurman J. Saunders*

The national nursing shortage has impacted all healthcare organizations to include the Army Nurse Corps. In spite of the enticing advertisements that we see in our journals and on television, the shortage continues to affect us as a Nation and an organization. As of October 2002, the Army Nurse Corps had approximately 3,152 positions out of the total 3,381 authorized positions filled. A deficit of only 229 people doesn't seem like much, but compounded with the challenges in retaining our civilian staff, this shortage is significant. Have you wondered how you can impact this issue?

There are many initiatives underway that address recruiting and retaining nurses. One such effort in recruiting is occurring in my local recruiting station out of Kansas City, MO. In December of 2002, SFC John Biddle, a U.S. Army Health Care Recruiter from Kansas City contacted the Department of Nursing at Munson Army Health Center at Ft. Leavenworth, Kansas and requested assistance from the military nurses. He asked us if we would be willing to answer questions and talk to potential Army Nurse Corps candidates at two different recruitment events. CPT Christine Carlisle and I thought this would be a great way for us to possibly impact our recruiting effort and immediately volunteered for the opportunity.

In Jan 03, CPT Carlisle attended a luncheon for approximately thirty junior and senior nursing students from Kansas University. In conjunction with the Health Care Recruiters, CPT Carlisle provided first hand knowledge of Army Nursing and was able to answer the many different student questions on pay and incentives, career paths, general lifestyle, and deployments. This was a wonderful opportunity because some students never considered the Army as a possibility and it

gave them something to think about as they draw closer to their graduation.

Also in Jan 03, I attended a "Nursing & Health Care Career Fair." I spoke with attendees who were seriously interested in the military and wanted more information about education opportunities in Army Nursing. One RN that I met had an Associate Degree was thrilled when she learned that she could enter the Army Reserve as an Army Nurse with her 2-year nursing degree. I also received many questions from the attendees about becoming a civilian nurse in the government system.

All in all, CPT Carlisle and I realized that the best advertisement for Army Nursing is Army Nurses. If you want to impact the recruiting and retention in your area, I recommend that you call your local recruiting detachment and speak to the Health Care Recruiter. I am certain that your effort will be rewarding and may even result in a new nurse joining our organization. CPT Carlisle and I thoroughly enjoyed representing the Army Nurse Corps at these events and hope that each of you has the opportunity to do the same.

**212<sup>th</sup> MASH**  
**Nijmegen Marches 02**  
**LTC(P) Beverly Cornett**

Serving as an Army Nurse Corps officer in Europe offers many challenges and experiences. Having an opportunity to develop esprit de corps with our allied troops and to mingle with the local population are just a couple of things one can look forward to experiencing during an overseas tour. Last summer five Army Nurse Corps Officers, assigned to the 212<sup>th</sup> MASH and Landstuhl Army Medical Center, CPT Kathy Reynolds, CPT Dale Vegter, CPT Michael Bozzo, 1LT Virginia Griffin and 1LT Melody Voskuil completed the rigorous Nijmegen Marches held 16-19 July 2002.

The marches consist of four days marching a timed 25 miles each day. The military participants were in uniform, marched as a unit and carried a 22-pound ruck. The event began each day at four AM and ended in the afternoon. There were mandatory rest stops where troops took a short rest, refueled, rehydrated and treated their blisters. Each day the marchers traveled to a different town and were cheered on by hundreds of spectators. On day four, the event ended festively with a march through the city of Nijmegen, where bands played and several hundred thousand people lined the streets cheering the marchers and hand out flowers.

Contrary to popular belief, the Nijmegen Marches did not begin as a commemorative event in honor of the liberation of the Netherlands during WWII, but began in 1909 by a Dutch officer as a way to improve fitness and build teamwork. The Nijmegen Four Days Marches were held every year since 1909 with a hiatus during each of the two World Wars.

After WWII, the event took on an additional significance of honoring those soldiers who died during the liberation of the

city of Nijmegen and of the Netherlands. Last year's event had a total of 40,000 civilians and 5,000 military members. Several of the Army Nurses who marched the Nijmegen last year considered the event one of the highlights of their European assignment. If you are contemplating participating in the 2003 event, the time to start training is now.



**ANC Website Update**

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

**Nursing Spectrum News**

Please visit *Nursing Spectrum* at [www.nursingspectrum.com](http://www.nursingspectrum.com) to sign up for free nurse e-zine (electronic newsletter). There are 8,000 archived articles, a current array of self-study continuing education, and thousands of new job listings for nurses reentering the civilian workforce.

**Request your *Nursing Spectrum* keepsake issue featuring President George W. Bush and the American Red Cross Nurse Heroes.** LTC(P) Patty Horoho and many other ANCs are featured in the FEB and MAR editions. You may call 1-888-206-3791.

**Pediatric Short Courses**

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

**2003 Summer Institute on Evidence-Based Practice**

You're invited to take part in the 2003 Summer Institute on Evidence-Based Practice "Best Practice: Improving Quality" **July 10-12 2003**, Adam's Mark Hotel in San Antonio, Texas

**Summer Institute**

During this 2½-day interdisciplinary institute, experts will present a coordinated curriculum on EBP. Major topics include response to the current mandate to 'cross the quality chasm' in health care through evidence-based practice, team building for EBP, integrating best practice into systems of care, and the role of clinical associations in EBP. This Institute has been approved for 15.75 hours in AMA Category 1 Credit and 17.7 Nursing Contact hours. For more

information, please visit the website: [www.acestar.uthscsa.edu/institute/su03.html](http://www.acestar.uthscsa.edu/institute/su03.html) or to receive a brochure, send your postal address to [acestar@uthscsa.edu](mailto:acestar@uthscsa.edu). **Graduate Courses in EBP Pre- and Post-Masters and Pre- and Post-Doctoral Courses in EBP**

Formal graduate coursework in evidence-based practice is offered in conjunction with the 2003 EBP Summer Institute. Coursework is provided through the School of Nursing of The University of Texas Health Science Center at San Antonio. Two courses are offered sequentially: one in July and the second in Fall, 2003, totaling 6 semester credit hours. For the first course, attendance at the Institute is requisite and students pay course tuition. For more information, please contact Kathleen Stevens at 210-567-3135 or [stevensk@uthscsa.edu](mailto:stevensk@uthscsa.edu).

**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 on page 14.

**AOC 6F-66E Course Update**

There are changes taking place with the Perioperative courses for May 2003. Because of all the deployments, we are consolidating the available students from four sites into two sites. The courses at Walter Reed Army Medical Center and Brooke Army Medical Center will continue and scheduled. The courses at William Beaumont Army Medical Center and Madigan Army Medical Center are delayed and will stand back up when officers re-deploy. For any questions, please contact LTC Jane Newman at PERSCOM.

**Recall to Active Duty Information**

Many retirees have inquired about the process for volunteering to return to active duty to support our current operations in Southwest Asia. Retired Army Nurse Corps Officers requesting to return to Active Duty should follow the following format:

**SAMPLE LETTER**

FOR Chief, Army Nurse Corps Branch (TAPC-OPH-AN),  
200 Stovall Street, Alexandria, VA 22332-0417

SUBJECT: Retired Recall

1. In accordance with Title 10, U.S. Code, Section 688, I (NAME, RANK, BRANCH, SSN) request to be recalled to active duty (proposed date). I request to be returned to retired status on (NEW EFFECTIVE DATE) if this request is approved.
2. I desire a recall to active duty for the following reasons: (JUSTIFICATION).

3. Signature Block with Name, Rank and Branch.

Once the letter reaches PERSCOM (AN Branch), AN Branch then provides a cover letter with additional justification. This request is then forwarded to OTSG. OTSG recommendations are forwarded to Director, Officer Personnel Management Division (OPMD). Recommendations by Director, OPMD will be forwarded to the Special Review Board at PERSCOM for the final decision. Final decisions may take up to 90 days, however, all requests will be moved forward as quickly as possible. For more information on Retired Recall, please contact Army Nurse Corps Branch at 703-325-2330.

in our AMEDD. This group of officers initially impressed me when I took command 20 months ago. During my command, the ANs have always been leaning forward to improve the combat readiness posture of the MASH. They step in where ever they can to ensure unit success. The 212th MASH ANs are not just clinicians and hospital leaders; they perform duties such as serial convoy commander, NBC Officer, Field Sanitation Officer, HMMWV and 5-Ton Drivers, just to name a few. From field surgery exercises, to EXEVAL, to real-world deployment, the Army Nurse Corps officers in the 212th MASH have been essential to our success. Their contributions have ensured the 212th MASH is ready to provide medical support far forward in combat operations. I could not have asked for a more dedicated, committed, competent, and professional team. Best of all, not only are they superb RNs, but they are truly United States Army Officers who always display the highest degree of officership. You have every right to be extremely proud." Great job to all the ANCs assigned to the 212<sup>th</sup> MASH:

**AAACN TRISERVICE SIG Pre-Conference Update**

The AAACN TRISERVICE SIG Pre-Conference scheduled for 9 April 2003 in Tampa, Florida is **cancelled**. The AAACN TRISERVICE Planning Committee will be hosting a membership reception in lieu of the Pre-Conference the morning of 10 April 2003. For more information regarding the reception please contact COL Monica Secula, Army Representative to the TRISERVICE SIG.

**Institute for Safe Medication Practices**

There is a new newsletter from ISMP called "Nursing Matters." It is free for the first year. Check out the link is <http://ismp.org/NursingArticles/index.htm>.



**1LT Alicia McKeag** was selected as the recipient of the 2002 LT Ruth Gardiner Award of Excellence at USAMEDDAC-Alaska. This award is presented to a company grade officer who exhibits strong leadership and clinical skills, superb military bearing, volunteerism and esprit-de-corps. 1LT McKeag is a 66H working on the Maternal-Newborn Unit of Bassett Army Community Hospital, Fort Wainwright, Alaska. She was recognized at the annual celebration of the ANC Anniversary and 'cake-cutting ceremony' at the hospital on 4 Feb 2003.

**COL Nancy Gilmore-Lee** assumed Command of Kenner Army Health Clinic, Ft. Lee, Virginia on 22 January 2003. She will serve an Interim Commander until July 2003. The Deputy Commander for Nursing is **LTC Carol Brown** who reported on 30 January 2003.

**Kudos to the AN Officers of the 212th MASH:** LTC Ken Canestrini, Resolute 6, Commander, 212th MASH, recently sent the following letter to BG Bester.

"I wanted to take a moment of your time and pass on a Field Hospital Commander's assessment of the Army Nurse Corps officers assigned to this forward deployed MTOE unit. As you are aware, the 212th MASH has deployed from Germany to Kuwait in support of Operation Enduring Freedom. Without a doubt, I believe I have the best Army Nurse Corps officers

|     |                       |
|-----|-----------------------|
| MAJ | Richardson, Suzanne K |
| CPT | Shifferd, Molly       |
| CPT | Anthony, Daniel       |
| CPT | Bozzo, Michael        |
| CPT | Cardona, Lillian      |
| CPT | Duckwall, Rebecca     |
| CPT | Fry Marc, Adrian      |
| CPT | Hubbs, Gregory        |
| CPT | Keener, John Dallas   |
| CPT | Kmiecik, Elzbieta     |
| CPT | Mark, Terrence        |
| CPT | McCoy, Nina Ann       |
| CPT | Prieres, Alina        |
| CPT | Rames, Jay Michael    |
| CPT | Rhea, Anthony E       |
| CPT | Roettger-Lerg, Ruth   |
| CPT | Rollason, Theresa M   |
| CPT | Ruley, Gary           |
| CPT | Soria, Mindasue       |
| CPT | Vegter, Dale Alan     |
| CPT | Wilson, Joe Ceaser    |
| CPT | Breeding, Robert      |
| LTC | Saponari, Gari        |
| MAJ | King, John D          |
| MAJ | Lawrence, George      |
| MAJ | Linck, Stephen        |
| MAJ | Mcdannold, Scott      |
| MAJ | Newsome, Rhonda       |
| MAJ | Vance, Barry          |

**Congratulations** to the following WBAMC staff:

**CPT Michael Bentley** and **CPT John Stas** both scored a perfect 600 points on the recent National Certification Examination (NCE) for Nurse Anesthetists.

**LTC Adoracion Soria** has been selected to present her research on "Advanced Directives Among Active Duty Members" at the 16th Pacific Nursing Research Conference in Honolulu, HI.

**Ms. Letty Sprinkle**, Head Nurse, Telephone Advice Nurse Line, was selected to present "The Impact of a Nursing Triage Line in a Military Hospital" at the Tri-Service Military Special Interest Group Preconference at the annual conference of the American Academy of Ambulatory Care Nurses.

**CPT Benjamin E. Seeley**, 66HM5, ER Nurse at WBAMC, received the Texas Society Daughters of the American Revolution (DAR) Company Grade Officer of the Year Award on 21 January 03 at a ceremony held at the Fort Bliss Officer's Club. CPT Seeley was selected from among 6 other nominees from units at Fort Bliss. The nominees were selected based on leadership qualities, military discipline, integrity, loyalty, patriotism, Army, fellow-soldier, and community contributions, and for pride in citizenship.

## PUBLICATIONS

**CPT Carie Bussey, L&D Staff Nurse and LTC Elizabeth Mittelstaedt, Chief Consolidated Education** from Madigan Army Medical Center published "Pregnant with Cystic Fibrosis: One Case Study Explores the Nursing Interventions of a Twin Gestation CF Patient" in the February/March Edition of Lifelines (Volume 7, Issue 1), pages 40-46.

# 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.**

