
ARMY NURSE CORPS NEWSLETTER

“Ready, Caring, and Proud”

Volume 04 Issue 1

October 2003



Chief's Message

I hope this newsletter finds everyone well after having had the chance to share some of the summer months with family and friends. This past month, from 10-12 September, the senior Army Nurse Corps leadership and the Chief Clinical NCOs met in San Antonio, Texas for the Strategic Issues Conference. This course is conducted annually and provides senior Army Nurse Corps leadership the opportunity to gather, in a collective forum, to analyze and work through some very specific issues. Also, for the first time, we had the opportunity to offer our newly assigned Chief Nurses the occasion to attend a two-day orientation in conjunction with the conference. Preliminary reviews of the course evaluations clearly validate the demand for such a course and we look forward to offering it again next year.

As many of you already know, this year many of the Professional Program Short Courses, to include the FORSCOM Chief Nurse Conference, were postponed or canceled due to the increased number of personnel deployed in support of Operations Enduring Freedom and Iraqi Freedom. We were very excited to have a select number of FORSCOM personnel join us in San Antonio for a concurrent FORSCOM Chief Nurse/NCO Lessons Learned and Readiness Conference. This forum proved an excellent means to identify those current and recurring issues of greatest concern to us in accomplishing our wartime mission of caring for soldiers in a deployed environment.

Last year, I assured you that your senior leaders, officers and NCOs alike, were actively pursuing resolution to issues that serve to continually improve our working environment and our ability to meet mission requirements. I will again take this opportunity to reflect just how much we have accomplished and highlight some of our newer challenges.

The U.S. Army Active Duty Health Professions Loan Repayment Program (ADHPLRP) is successful and continues to be available for Army Nurse Corps Officers who have been on active duty from six to 96 months. To date, a total of 235 AD Army nurses and 17 direct accessions have applied. We have \$5.9M dollars for fiscal year 2004 to support loan repayment, so I encourage those of you who have not had the opportunity to submit your paperwork to do so at the earliest possible date.

From the civilian work force perspective, the process of civilian nurse recruitment and hiring has significantly improved with Direct Hire Authority (DHA). In addition to registered nurses, we have asked to add the licensed practical nurses and nursing assistants to the list of specialties under direct hire authority for FY 04. We recognize that DHA does not improve the overall personnel system for medical occupations – which needs more flexibility in compensation, classification, and solutions for other recruitment and retention issues but we are committed to this, and will remain actively engaged in the efforts to standardize Title 38 pay between Health and Human Services and the Department of Veteran Affairs in order to modify the Defense Civilian Pay System to accommodate tour differential, weekend, holiday, overtime, and on-call pay.

The ANC Exit Survey continues to provide some valuable insights as to why our Army Nurse Corps officers are leaving the Army. While there are some reasons that we cannot control, such as the desire to begin a family and not work full time or the desire to remain in the same location, there are other reasons that some of our junior officers are leaving that we do have an opportunity to positively impact. We must remain vigilant to the current needs and the day-to-day issues that our young officers are challenged with. As leaders we must continue to address these concerns collectively in order to correct any shortfalls. I am currently considering some options to revise the Exit Survey to address additional questions proposed by our senior leadership.

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

We have made incremental improvement regarding promotions to the rank of colonel and the need for additional O-6 slots to enable us to meet DOPMA promotion rates. This remains a top priority for the Army Nurse Corps leadership team. Our intent is to improve upon the time from selection to promotion to O-6, and to also increase our promotion rates.

Lastly, we continue to look at possible programs and opportunities to assist our great Reserve Nurses who possess an associate's degree or diploma in nursing to complete their baccalaureate degree. Our commitment to continue the requirement for a BSN degree in the Army Reserve for promotion to the grade of major remains firm.

As you can see, this conference is essential to facilitate integration, readiness, and cooperation between the officer and enlisted senior leadership; Reserve, National Guard and Active Components. This year, we combined the Chief Nurse Orientation, a tailored FORSCOM Readiness Break Out Session and had a highly successful and extremely productive Army Nurse Corps Senior Officer Strategic Issues Conference. We will continue to aggressively work each of these and other issues and provide proposals for resolution to the specific challenges identified.

On behalf of all senior leadership, I want to thank each of you, once again, for your outstanding performance everyday throughout our TDA and TOE units worldwide. We appreciate all that you do for our great soldiers and their families.

Army Nurses are Ready, Caring, and Proud!

Bill Bester

BG, AN

Chief, Army Nurse Corps

Kudos

Congratulations to **LTC Kelly Wolgast**, Senior Staff Officer to the Chief, Army Nurse Corps for her recent selection to Senior Staff College in residence for school year 2004-2005. LTC Wolgast is the only Army Nurse selected this year. Great job!

Publications

LTC Caterina Lasome from Tripler AMC, HI: Rempher, K. J., Lasome, C. E. M., & Lasome, T. J. (2002). *Leveraging Palm® technology in the advanced practice environment*. AACN Clin Issues. 2003 Aug;14(3):363-70.

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

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

Nominations must be submitted by **18 December 2003** to Chief, Department of Nursing Science 2250 Stanley Rd., Suite 214 Fort Sam Houston, TX 78234-6140. Nominations will also be accepted by fax at COMM (210) 221-8114/DSN 471-8114. The letter of Instruction of the A.N.C.A. Advanced Military Practice Award, Standard Operating Procedures, and a sample memorandum are

available on the DNS website <http://www.dns.amedd.army.mil/anpd/ancaloi.htm> or by calling the Department of Nursing Science at DSN 471-8231/CML (210) 221-8231.

AMEDD Enlisted Commissioning Program (AECF) Update
COL Ann Richardson

The FY04 Guidelines for AECF were released in May 2003 and are available on the USAREC Website: <http://www.usarec.army.mil/aecf/> or under professional development on the ANC Website: <http://armynursecorps.amedd.army.mil>. The deadline for submission of applications for the FY04 AECF Board is 2 January 2004. The board convenes on 27 January 2004. School starts, for those selected, will be limited to August/September 04. In the past, students have been allowed to start their programs in January, June, and August. To come in line with the annual budgetary tracking cycle, we must limit school starts to August/September.

Additionally, the AECF application and board cycle for FY05 will change this year. We will hold the FY05 AECF Selection Board in August 2004. The deadline for those packets will be 9 July 2004. We will have the FY05 AECF Guidelines posted in November 2003 on the above website. The selection board will convene on 10 August 2004. The change in application/board cycle is needed to allow adequate time to lock-in selected individuals for school and generate tuition contracts. Those candidates projected to start school in August/September 2005 should submit their packets for the AECF Board in August 2004. In an effort to provide support to our AECF students, USAREC is partnering with ROTC. The ROTC Nurse Counselors will meet with AECF students on their ROTC campuses to provide the same academic support as the counselors provide to the ROTC students. Starting in FY05, AECF students will only be allowed to attend nursing schools with ROTC programs. Although this may limit the choices, all AECF students currently enrolled attend schools that have ROTC programs.

Thank you for your support of this great program. It is a wonderful opportunity to assist deserving enlisted soldiers to advance academically and professionally.

Tri-Service Nursing Research Program Call for Proposals

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

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

AANA Accepting War Stories from CRNAs

If you are a CRNA who has served during any of the United States' military operations and maneuvers of the 20th or 21st centuries (World War I, World War II, Korean War, Vietnam, The Invasion of Grenada, Gulf War, Iraq War), the American Association of Nurse Anesthetists (AANA) is interested in your experiences as a matter of historical preservation and record. The AANA will begin posting CRNA experiences during military war operations in the Archives-Library of the AANA Web site in the fall of 2003. Please see the following link for details: <http://www.aana.com/news/2003/news072803.asp>

Editor's note: For the CRNAs on Active Duty, please check with your local PAO regarding the content of your submission.

4th Annual Walk to D'Feet ALS: A medical challenge for one of our own

Sandy Stuban was a LTC at Tripler Army Medical Center when she was diagnosed with ALS (Amyotrophic Lateral Sclerosis) also known as Lou Gehrig's Disease. It has a life expectancy of 2 to 5 years. Now 8 years later Sandy is a quadriplegic with a trach and a ventilator. Sandy was medically retired in 1997 and moved to northern Virginia.

Despite having advanced ALS Sandy doesn't like to let this interfere with what she wants to do; she stays very busy. She started and manages a Book Club that meets monthly in her home. She is a Board member with the local chapter of Sigma Theta Tau. She started a monthly online Journal Club for nurses. Her laptop keeps her connected with her vast support system of family and friends. Her computer uses a special software program that allows her access to all functions using an infrared motion sensor placed next to her cheek. And she writes about ALS. She has two articles accepted for publication. They are "ALS Up Close and Personal" tentatively

scheduled for publication November 3 or 17 in Nursing Spectrum and "Living Not Dying With ALS" tentatively scheduled for publication February 2004 in the American Journal of Nursing.

Her next venture is to "walk" in the 4th Annual Walk to D'feet ALS. The Walk is on **19 October 2003 at 1000 hours** starting at the Lincoln Memorial in Washington, DC. The purpose is to raise awareness about ALS and raise money for ALS research. Sandy has registered a team called "Sandy's Angels" and will walk the 3 miles, ventilator and all, with her family and friends. You can walk with her team or make a donation to support this worthy cause. All the information is at <http://www.alsinfo.org/alsinfo/Walk1.html> Sandy would also love to hear from you. You may email her at StubanRN@aol.com

***In Memory of Captain Jean "Shelly" Stone-Robinson
August 24, 1970 – September 22, 2003***

CPT Jean "Shelly" Stone-Robinson lost her valiant fight with leukemia on 22 September 2003 at Landstuhl Regional Medical Center. A community health nurse, she worked tirelessly to help and teach others and touched many lives in a truly positive and beautiful way.

*Condolences may be sent through LTC(P) David Carden at Landstuhl Regional Medical Center. His email address is:
david.carden@lnd.amedd.army.mil*

***God saw you getting tired
And a cure was not to be
So he put his arms around you
And whispered "Come to me."
With tearful eyes we watched you
And saw you pass away.
Although we loved you dearly
We could not make you stay.
A golden heart stopped beating,
Hardworking hands to rest,
God broke our hearts to prove to us
He only takes the best.***



CPT Stone-Robinson with BG Bester at Landstuhl Regional Medical Center

***Challenges of a Deployed AN in a Combat Zone
by Norma King, MAJ, AN
Alpha Company, 21st CSH***

I am a deployed 66E soldier (operating room nurse) with the 21st Combat Support Hospital in Balad, Iraq. The unit initially arrived in Kuwait the day the war started. Over the next month, between responding to scud missile attacks and getting ready for the forward movement into Iraq, Army Nurse Corps officers played many different roles, such as carpenter, janitor, packer, handyman and others.



What it really required was performing the necessary tasks to get the unit ready for the mission, and the soldiers ready for their various specialties.

Arriving in Iraq, and overcoming all the dangers presented in our three-day pathway, the immediate objective was to erect the hospital, Deployable Medical Systems or DEPMEDS, so the unit could care for patients. Rising to the Commander's challenge, in 48 hours the proud A CO, 21st CSH, had the operating room (OR), preoperative holding, Central Material Service, ICU, EMT, tactical operations center (TOC), ICW, Lab, X-ray and all essential elements ready to receive and care for patients.

As the TOC received incoming calls, the messages were relayed to the OR and the EMT of expected casualties. The increased adrenalin flow among the OR staff was definitely proportional to the number of casualties and significance of injuries. Having several experienced OR nurses on the staff was extremely helpful. There were times that both beds in the OR ISO box were occupied. Yes, we were busy, and remained even busier when our location was publicized.

After the initial set-up, the OR staff still experienced numerous challenges. One of these was the supply system. A staff member had to be constantly involved in the supply business as the expert, making sure that Class VIII supplies were consistently available to care for patients entering our facility. It is no doubt that the supply system can be a nightmare for some units. By virtue of their location and mobility, the supply system hardly catches up to these individuals. Fortunately for the 21st CSH, the 172nd Medical Battalion established itself in close proximity, which helped the CSH tremendously. We were able to provide assistance to two other combat support hospitals and six forward surgical teams (FSTs). Projecting sixty days for replacement of supplies, the unit could still experience shortages for various reasons, such as a simple change in the numbering system or orders getting cancelled without the knowledge of the requesting unit. The ultimate result then becomes one of "The Art of Improvising."

Other challenges included practicing to the recommended standards and guidelines put forth by the Association of Operating Room Nurses, as they pertain to storing of supplies and traffic patterns. Because of the constraints within the environment, traffic patterns are dictated by the amount of space allotted for the perioperative section and the number of ISOs in operation to meet the medical mission. This may not be optimal, but the team must work within this constraint to provide the best service. Storing supplies and minimizing the dust in this environment is definitely a challenge to be reckoned with, since there is dirt everywhere. To assist with this endeavor, custom-made plastic covers were made for the shelves. This was not a cure, but made a big difference in managing the amount of dust daily that was deposited on the instrument pans, disposable and non-disposable supplies.

One of the biggest challenges is the psychological trauma and the potential for depression among staff nurses. The CSH provides care to Americans, Iraqis, Iranians, others working as civilian contractors from various nations, and occasionally children. The casualties arrive in the triage area of EMT, most of which are gun shot wounds, rocket propelled grenade (RPG) or mortar round injuries from enemy fire, ambushes or otherwise. Patients may be critically wounded, killed or have minor injuries. It is not uncommon to have the enemy responsible for those injuries lying on the next litter.

This event may become difficult for the nurses to accept without some form of therapy or the ability to verbalize their feelings. Death and dying are realities that have the potential to become emotionally traumatic for the person who is not mentally prepared. According to the authors of Chicken Soup for the Nurse's Soul, "Death is not a failure of medical science, but the last act of life." The nurse must be able to come to terms with accepting the outcomes as part of the treatment; and that the medical team has done everything they can for the patient. This applies to any nurse from the EMT, the Operating Room, the ICUs and the ICWs. Conversely, hard work and the knowledge that a life is saved by the work done in the EMT, operating room and the ICUs, really gives the nurse a great feeling of accomplishment and reward.



Personal rewards are offered in several ways. I remember two Iraqi patients, specifically one with a near amputation of his left leg, the other a near amputation of his right hand. On the first patient, the surgical team worked diligently to establish re-vascularization of his popliteal fossa, while still contemplating an amputation. He was returned to the operating room every two days for an irrigation and debridement. This patient progressed enough to be skin grafted and sent to the EPW camp. It was just amazing to see the turn around and the healing process that occurred. The second patient had a similar re-vascularization of his ulnar artery after suffering radial and ulnar artery damage, massive soft tissue loss and broken bones of the ulna, radius and humerus. After three weeks, his hand was granulated to the point where his radius, humerus and ulna were plated, and then skin grafting was discussed. Not only did this patient keep his hand, he got his elbow back, and in time is expected to have acceptable function of the arm. That makes operating room nurses very happy.

The operating room nurses feel very confident that we are serving our patients by using the very best consolidated practices we can offer in this environment. Therefore, we have very good patient outcomes. The operating team, doctors and nurses, will continue to do the best job we can to care for all patients entering our facility.

For the Soldiers
By Linda LaPointe, MAJ, AN,
Bravo Company, 21st CSH

"Thank God he does not ask me about his foot. I don't know what I will say if and when he does. He has been told that it could not be saved, but he doesn't remember. As close as I can come to talking with him about it is to ask him if he remembers what they told him about his foot, and he indicates that he does not. . ."

“He” is a twenty-four year old Specialist with one of the combat units deployed to the Mosul, Iraq area. After weeks of relative quiet, our soldiers have started to suffer casualties again, the likes of which we in the Intensive Care Units at Bravo Company, 21st Combat Support Hospital, have not seen since our arrival here in April. The local resistance fighters are either getting smarter, or starting to understand us better. They use children to throw rocks at passing convoys, and when the convoy slows down, they toss in the IED’s (improvised explosive device, or homemade grenade).

SPC H arrived in the EMT in mid-September; he was the driver of a military vehicle, on patrol in the Mosul area, when an IED was tossed into his vehicle. There were four soldiers in the vehicle, with Specialist H suffering the most severe injuries-- a traumatic amputation of his right foot, severe damage to his left leg and a fractured left wrist. His main concern in the EMT was his foot, and whether it could be saved. Despite the rapid response of the soldiers in his vehicle, who placed a tourniquet on his right leg, and the quick arrival of a medevac flight, his lower leg had been too severely damaged. The traumatic amputation of his right foot was completed in the operating room along with extensive debridement and repair of the left thigh and lower leg.

I first met SPC H the morning after he had been admitted. I assumed his nursing care and quickly realized that this soldier would be special. Although intubated and on a ventilator, he was calm, cooperative and seemed to understand what was going on around him. After consultation with the anesthesiologist and titration of his sedation and pain medication, Specialist H was comfortable and well sedated. He was arousable and would interact appropriately, either by nodding or shaking his head; occasionally when he was feeling particularly emphatic, I would get the thumbs-up sign.

It was SPC H’s battle buddy that did me in. After fifteen years of caring for patients in the ICU, I have well-developed coping mechanisms that allow me to separate my emotions from what I am doing. I can care for the most critically injured patient, and provide the emotional support that they require, all the while keeping my own feelings and emotions tightly controlled. This was certainly the case with SPC H...until his battle buddy came in to see him. SPC H’s buddy spent some time talking to him, and then talked with me. His buddy had been in the vehicle with them and had suffered minor injuries.

After talking with his buddy for a few minutes, I realized that I had been right, and certainly not the only person to realize that this soldier was special. He told me what a great guy SPC H was, how he was always laughing and joking, no matter how bad the situation was. The longer we talked, the more I saw of the person that my patient was before his admission. I realized that not knowing who my patient was *before* admission was a larger part of my ability to cope with caring for them. His battle buddy quickly, unknowingly made me see who the real SPC H was. For the first time in years, I felt like I was losing control. I had to leave the unit before the others saw my tears--I hate to let anyone see my tears. And I wonder how we (I) will cope if these malicious attacks continue and we see more and more severely wounded soldiers.

SPC H stayed for four days until an Air Force Critical Care Transport Team could be coordinated and he could be evacuated. I cared for him each day. I would joke with him when I could and provide emotional support when it was needed. It was a busy four days, with transfusions and labs and trips to the operating room, but through it all, SPC H was a trooper, a soldier.

The morning he was to be medevac’d, SPC H was particularly awake and alert and indicated he wanted to write. I got him a clipboard and a pen, and he began to write the question I had been dreading for four days. “How is my right foot?” he wanted to know. I felt guilty, but I was thankful that one of the surgeons happened to be right there in the unit. I turned to the surgeon and asked, “SPC H is asking about his foot, could you please tell him?” The physician quickly explained to him that the damage to his foot had been too severe and it could not be saved. He further explained that technology existed to provide outstanding prosthetic devices. SPC H closed his eyes briefly, and then nodded once. I held his hand and offered what emotional support I could, but really, what would I say that would make a difference to this soldier? Later that day, he was transported to the airfield for medevac to Kuwait, and then to Germany.

And now I recognize that it is caring for soldiers like SPC H that will have the longest lasting impact on me. After we redeploy, I will quickly forget the dust, the bugs, the stink, the long, hot days of summer. But I will remember why I became an Army Nurse and why I do this job willingly. I do it for the soldiers.

***Army Nurse Corps Officer is the Deputy State Surgeon, Kansas National Guard
By Andy Price, CPT, AN, Army Reserve***

The Army National Guard. How much do you actually know about the Guard? Let’s see, in the Officer Basic Course we had a couple of Guard nurses, they looked pretty much like us, but I also remember that they had the choice of attending the “short course” for OBC. How good could that be? Also, don’t they respond to tornadoes or floods? How much does the Army really depend on the National Guard? I’d like to take this opportunity to share some information about the National Guard and to tell you about my roles as both an Army Nurse and the Deputy State Surgeon for the Kansas National Guard.

MYTH #1: a National Guardsman only serves one weekend a month and two weeks a year. TRUTH: The National Guard is a dedicated force willing to respond 24/7 to any and all emergencies both State and Federal. Many National Guard units are currently on a 1-year deployment to Iraq. The 35th Infantry Division, a National Guard unit headquartered at Ft Leavenworth, Kansas, is currently deployed to Bosnia as the primary peacekeepers in SFOR 13. Their replacement will be from the Minnesota National Guard. MYTH #2: When the Active Duty nurses deploy to the field as PROFIS, the National Guard only backfills at our MTFs in the States. TRUTH: Nearly 75% of the Army's medical assets are in the Reserve Components and many deploy to the theater of operations just like Active Duty personnel. MYTH #3: Most National Guard nurses are not as well trained as Army Nurses. TRUTH: National Guard nurses must maintain the same standards as their full time counterparts, and must meet the same career gateways. Many National Guard nurses bring exceptional civilian experience to the Army that assists in improving medical care in Army MTFs.

A unique opportunity that exists solely in the National Guard for ANC Officers is the position of Deputy State Surgeon (DSS). The State Surgeon is the senior medical advisor to the state Adjutant General and serves as member of the special staff. Typically, the State Surgeon is a "traditional Guardsman" meaning that he or she will maintain a drill schedule of one weekend a month and 2 weeks of Annual Training each year. Because of the increased OPTEMPO across the spectrum of the Department of Defense, there was an increased emphasis placed on the general readiness of the National Guard. In order to assist the State Surgeon in improving a major piece of general readiness, medical readiness of the Guard, the position of Deputy State Surgeon was created. The DSS functions as a Deputy Director and as the senior full time member in the State Surgeon Directorate.

I serve as the State Surgeon's full-time representative, coordinating and formulating the execution of plans, programs, policies and procedures for medical readiness. The DSS reports directly to the State Surgeon and to the Chief of Staff as the State Surgeon representative. The full-time DSS serves as the single point of contact for all medical readiness policies, programs, issues and actions for the State, providing the coordination link between the State Area Wide Command (STARC), the Office of the ARNG Surgeon, and the Regional Medical Commands. This senior AMEDD full-time representative at the STARC provides for increased State Surgeon participation and input in the planning, programming and the budgeting process for medical readiness programs, ensuring State compliance with National policy, directives and law.

The DSS is a branch immaterial position for AMEDD Officers and currently there are several DSS positions filled by ANC officers. What makes this job such a perfect fit for an ANC officer? Many of the same attributes that create a successful nurse are also needed to perform as a DSS. For example, this role requires the ability to prioritize, lead, critically think, motivate others, be attentive to detail and plan. All are attributes of Army Nurses. It is the DSS that coordinates the care for soldiers who are injured as well as intervenes to solve any payment and follow-up issues when necessary. It is also the DSS, in most cases, that acts as the broker for the Medical/MOS Retention Review Board process. In addition, the DSS acts as the representative of the State Surgeon at SRP sites, mobilization sites and Power Projection Platforms to insure the soldier and the agency's best interests are protected. Another part of my role is to report on soldiers who no longer meet retention standards. Often, the DSS initiates the soldier's separation from the system.

I feel that becoming the Deputy State Surgeon was a wonderful and rewarding career move. The DSS has an almost unparalleled opportunity to make an immediate impact on readiness and taking care of soldiers. Whether in an Active Guard/Reserve position or a dual status technician position, the Deputy State Surgeon is fast becoming an indispensable part of the Army National Guard, and Army Nurse Corps Officers are leading the way. If you want to learn more about this role, please feel free to contact me at andy.price@ks.ngb.army.mil

ADVANCING NURSING PRACTICE
Putting Evidence Into Nursing Practice
LTC Deborah Kenny

Last month's column discussed searching the literature for the evidence you need to develop an evidence-based protocol. At this point you may have found more articles than you could ever begin to go through. The question now becomes, "Where do I begin?" Many research articles are filled with charts that are not easily interpreted and intimidating research jargon that may not be familiar. One of the best ways to tackle a research article is to have a structured, step-by-step method that examines all aspects of the research. There are many templates available for critiquing articles, or you may create your own. It is important to have a consistent method so that each article is reviewed for the same characteristics. Here is a list of points you will want to include as you begin to review the literature.

- 1) Article Information – Title, author, journal, date, volume and page numbers. It is vital to record this information in case others need to retrieve the article or you need to use it as a reference.
- 2) Purpose – What was the purpose for doing this study?

- 3) Research Question and/or Hypothesis – What is it precisely that the researchers were looking at or testing for?
- 4) Methods – What type of research was done? Quantitative or qualitative? Descriptive or a controlled trial? What was the setting of the study? Where did the sample come from? Who and how many were in it? Were there groups within the sample and what were they?
- 5) Study variables – What were the independent and dependent variables? The independent variable is the “experimental treatment” or the variable being manipulated. The dependent or outcome variable is that which “depends on” or is affected by the independent variable.
- 6) Measures – What measures did the researchers use to examine the variables? Was it a survey? Did they measure physiologic parameters? Did they do interviews? Did the researchers report on the reliability and validity of their measures?
- 7) Results – What results did the researchers report? What conclusions did they come to?
- 8) Strengths and Limitations of the Study – Some articles will mention these aspects, others will not. What, in your opinion were the strengths and limitations? Was the sample size large enough to interpret accurately? Were the methods consistent?

Developing a worksheet to use as a guide will help you to thoroughly evaluate each article and begin to see trends in the evidence. It will also help to break an article down into manageable pieces and ease the sometimes daunting task of trying to understand the research article as a whole. We've found that when research articles are critiqued using this step-by-step method, the charts and numbers begin to make sense. Reviewing and discussing articles with others is also a good way to bounce ideas off one another and to understand and evaluate the research. When in doubt, ask an expert.

We will be glad to send you a copy of the article critique worksheet used by WRAMC Nursing Research Service if requested at the e-mail below. Next month's column will focus on evaluating the literature for practice recommendations and systems for grading the strength of research. Anyone having specific questions they would like to see 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 <mailto:deborah.kenny@na.amedd.army.mil> or contact me at Comm: (202) 782-7025 or DSN 662-7025.

Abstract

Title: Characteristics of Women Entering a Substance Abuse Treatment Facility
Investigators: LCDR Mary Baker Dove, NC, USN; LTC Hyacinth J. Joseph, AN, USA

Background: The use of tobacco, alcohol, and other drugs, as well as, the improper use of prescription medications are taking a serious toll on the health and well-being of women and their families. While more men than women abuse alcohol, tobacco, and illicit drugs, the literature suggests that the gender gap has been closing since World War II. There is also evidence that women are now entering substance abuse treatment centers in increasing numbers. With limited programs to address their individualized needs, and persistent barriers to effective utilization of services, the full extent of substance abuse by women is not yet fully understood.

Purpose: The purpose of this study was to identify the socio-demographic characteristics of women entering substance abuse treatment at a military medical treatment facility from 01 September 1999 thru 31 August 2002. Three research questions were asked: 1) What are the socio-demographical characteristics of women entering substance abuse treatment? 2) Are there co-existing conditions (psychiatric history and/or family history of abuse/psychiatric conditions) that accompany the substance abuse problem? and 3) What are the referral sources of women entering treatment?

Research Design: A retrospective records review was conducted on all women admitted for a substance use disorder from 01 September 1999 thru 31 August 2002. The research instrument solicited information on age, ethnicity, military status, education, marital status, children, age of first and regular substance use, types of substances used, prior attempts to quit, co-existing psychiatric conditions, family history of substance use, cigarette smoking, and referral sources. Data was analyzed using SPSS Version 10 for Windows.

Findings: Of the 86 records reviewed, 56% were active duty, 43% were family members and 1% retired. The women ranged in ages from 18 thru 56 years, with 51% in the 18-25 age group. Seventy one percent were White/European Americans, 56% were married, and 78% had at least a high school education. Fifty seven percent reported having no children. However, of the remaining 43% with children, 23% had children under the age of five. Age of first alcohol use for the majority of women (33%) was 16-20 years; 40% reported first use of drugs between age 13-20; 84% smoked cigarettes. The three most frequently used drugs were Marijuana (55%), Cocaine (24%), and Crystal Methamphetamine/Ice (17%). Seventy-eight percent of the women reported having a co-morbid psychiatric illness; 48% reported having a family history of alcohol abuse, and 79% reported a family history of drug use. Fifty-one percent of the women were self-referred; only 1% had been referred by a Primary Care Manager.

Summary: With the exception of educational level, the study findings were similar to those reported in the civilian literature. It is imperative that health care providers working with women recognize that substance abuse may be an underlying issue when

evaluating other medical and psychiatric complaints. Further, early identification of women at risk may be beneficial in facilitating timely diagnosis and treatment. Due to the accelerated pace in which women are affected by the physical, social, and psychological effects of drugs and alcohol, the earlier a woman enters treatment, the better her outcomes.

Identifying with Your Profession: Professional Reading
MAJ Jennifer Petersen, Army Nurse Corps Historian

On 15 September 2003, the Nurse Corps Historian's office sponsored a Professional Development program at Walter Reed. The program included a panel discussion regarding combat nursing. The panel included Ms. Avis Schorer, a WWII Army nurse, who served on the Anzio beachhead with the 56th Evacuation Hospital. Additionally, MAJ Gloria Whitehurst (28th Combat Support Hospital, Operation Iraqi Freedom) and 1LT Nathaniel Sann (86th Combat Support Hospital, Operation Iraqi Freedom) also were panel members. These individuals provided an excellent discussion regarding the similarities and differences of combat nursing during the WWII era and the present era.



The following book review provides a glimpse of the writing completed by Ms. Schorer. Her book is a worthy read and provides inspiration and encouragement for all military nurses.

A Half Acre of Hell: A Combat Nurse in WWII is the personal memoir and eyewitness testimony of Avis Schorer, a woman who served with the U.S. Army Nurse Corps from March 1942 to January 1946. During that time, then LT Avis Dagit served six months in North Africa and two years in Italy with an Evacuation Hospital. The hospital was often within range of enemy fire and subject to air raids. Heartache, loneliness, and danger were constant companions while caring for the severely wounded.



**Truckload of nurses,
Italy, WWII, 1943.**

The author and 25 others were the first to land on the Anzio beachhead, one of the fiercest and costliest battles of the war. They went ashore on D-Day + 5 under a hail of German bombs and artillery shells. The next two and one-half months were spent caring for an overwhelming number of wounded in the tent hospital. Surrounded by military supplies and often the victim of German shells and bombs, the hospital soon gained the ominous title of "Hell's Half Acre."

An unflinching narrative of courage, strength, mercy, and service amidst the terrible toll of war itself, *A Half Acre of Hell* provides a glimpse of how these nurses worked, lived and survived in a wartime combat area.

This book is available on the WIMSA website: www.womensmemorial.org or on the publisher's website: <http://www.galdepress.com>.

Parts reprinted with permission from Galde Press, Inc., Lakeville, Minnesota. Historical Data located at the Army Nurse Corps Collection, United States Army, Office of Medical History, Office of the Surgeon General, Washington D.C. June 2003.

Human Resources Command (HRC) Update

News Flash: 2 Oct 03 was the official activation of Human Resources Command—a combination of U.S. Total Army Personnel Command and the U.S. Army Reserve Personnel Command. Check out the new homepage at <https://www.hrc.army.mil>

Army Nurse Corps Branch Web Page

The direct address for our web page is: www.perscomonline.army.mil/ophsdan/default.htm. Please visit our website to learn more about the AN Branch and for matters pertaining to your military career. You will be forwarded to the HRC Website until all links are completed.

Upcoming Boards	
OCT 2003	MAJ AMEDD
NOV 2003	BG & AN CORPS CHIEF
DEC 2003	LTC COMMAND
DEC 2003	COL COMMAND
FEB 2004	LTC AMEDD

See PERSCOM Online www.perscomonline.army.mil for MILPER messages and more board information. As the Board process continues to evolve, the AN Corps must upgrade its preparation process to ensure our records are seen in the best possible light. Board members view three items; the ORB, Photo and Microfiche. These items are at your fingertips via the following links using your AKO USERID and PASSWORD:

Officer Record Brief

<https://isdtrad15.hoffman.army.mil/SSORB/>

DA Photo (only if your photo was taken after 1 OCT 02. Earlier photos will be in hard copy here at branch until the board file is prepared by the DA Secretariat)

<https://isdtrad15.hoffman.army.mil/dapmis/execute/ImageAcceptProlog>

Official Military Personnel File (OPMF previously know as your Microfiche)

<https://ompf.hoffman.army.mil/public/news.jsp>

LTHET

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.

Officers selected for school should send message to LTC Diaz-Hays at diazf@hoffman.army.mil via AKO account. The message should include the following: "I accept LTHET graduate studies in the following specialty_____. I understand my ADSO will be _____ years plus _____ years remaining on previous ADSO (if any).

LTC Diaz-Hays will reply with a congratulations letter and a LTHET agreement. Officers should print the documents, sign the agreement and mail a hard copy of the agreement to AN Branch for placement in the Official Military Personnel File. By signing the agreement, the officer confirms an understanding of the selected specialty, tuition cap and Active Duty Service Obligation (ADSO) associated with graduate studies. For more information on ADSO and tuition cap, please visit our web site at www.perscomonline.army.mil/ophsdan/anc_profdevt.htm.

***Reminder: We are accepting packets for the LTHET 2004 Supplemental Board. See the ANC website for more details or contact LTC Diaz-Hays at (703)325-2398.

Fellowships

PERSCOM has opened the nomination process for the White House and Congressional Fellowships. See the AN Branch website for more details. We are also accepting nominations for training with industry (TWI). See the AN Branch website for more details and submit nominees ASAP. Contact LTC Diaz-Hays at (703) 325-2398.

AMEDD Officer Advanced Course

The next available course is the January- March 2004 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 to LTC Diaz-Hays 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.

USAREC and ROTC Board

The Board convened on 5 September to review initial nominees, however, there were insufficient qualified applicants. A supplemental board will convene on 5 November to finalize selections. If interested, please contact your Chain of Command for a recommendation.

Nominations are due to LTC Diaz-Hays NLT 24 October 2003. For additional information and guidance please contact LTC Diaz-Hays at (703) 325-2398.

Generic Course Selection Program

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

AOC/ASI Producing Courses POCs:

Critical Care Course, Emergency Nursing Course: The January 04 Critical Care and Emergency Nursing Course rosters are published. Officers selected to attend the JAN 04 courses should receive notification and welcome letters with information on how to enroll in Phase I from the course site directors. Applications for the MAY 04 Critical Care and Emergency Nursing Courses must be submitted by 1 December 03. Course dates for 2004 are: 18 Jan- 27 Apr 04; 23 May-31 Aug 04; 26 Sep 04- 21 Jan 05. POC is LTC Corulli at PERSCOM, corullia@hoffman.army.mil.

Psychiatric-Mental Health:

The 2004 Course Dates are: 5 Jan- 27 Apr '04; 10 May- 31 Aug '04
Contact MAJ (P) Agin ASAP: agind@hoffman.army.mil.

OB-GYN Nursing Course:

The 2004 Course Dates are: 5 Jan- 27 Apr '04; 10 May- 31 Aug '04; 13 Sep- 21 Jan 05
Contact MAJ (P) Agin, ASAP 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 Corulli, corullia@hoffman.army.mil or MAJ(P) Agin at agind@hoffman.army.mil.

(66G) OB/GYN Duty Locations- This is a list of all the MTF's that have OB/GYN services-please use this list when filling out preference statements:

Korea-121 Gen Hospital; Tripler AMC, Hawaii; Heidelberg, Germany; Landstuhl, Germany; Wuerzburg, Germany; Anchorage, Alaska; Ft Irwin, California; Madigan AMC, Washington; Ft Carson, Colorado; Ft Hood, Texas; Ft Leonard wood, Missouri; Ft Polk, Louisiana; Ft Riley, Kansas; Ft Sill, Oklahoma; William Beaumont AMC, Texas; Ft Belvoir, Virginia; Ft Bragg, North Carolina; Ft Knox, Kentucky; Ft Benning, Georgia; Ft Campbell, Kentucky; and Ft Stewart, Georgia

Perioperative Nursing Course Manager:

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-F6 Preventative Medicine Program Management Course is 19-30 January 2004. Please send a DA3838 and a Chief, Community Health recommendation letter to MAJ(P) Agin NLT 1 OCT 2003.
6H-F9 STD/Other Communicable Disease Intervention Course (pre-requisite for the 6A-F5 Course): 2-14 Feb 04; 24 Aug- 5 Sep 04
6A-F5 Principles of Military Preventive Medicine: 16 Feb- 16 Apr 04; 6 Sep- 9 Nov 04
Contact MAJ(P) Agin at: agind@hoffman.army.mil.

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

Assignment Opportunities for 66F and 66Es

66E – Please check our website at https://www.perscomonline.army.mil/OPhsdan/anc_assignments.htm.

66F –Ft. Rucker, AL, now.

Ft. Hood, Summer 04

31st CSH, Ft. Bliss, TX, now.

47th CSH, Ft. Lewis, WA, now.

160th FST, Landstuhl, Germany, now.

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 send a message to LTC Newman, newmanj@hoffman.army.mil.

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

I can guarantee a follow on assignment for officers that volunteer for Korea, Ft Polk, Ft Irwin. Please contact MAJ(P) Doreen Agin, agind@hoffman.army.mil, for details on **66B, 66G, 66G8D, 66C, and 66C7T openings** or check our website at https://www.perscomonline.army.mil/OPhsdan/anc_assignments.htm.

Assignment Opportunities for 66H Lieutenants

Assignment opportunities available for 66H Lieutenants include WBAMC El Paso, TX; 115th Field Hospital, Fort Polk, LA; Ft Sill, OK; Ft Riley, KS; 121st General Hospital, Korea; and Walter Reed Army Medical Center positions are available for winter/summer 2004. I can negotiate follow on assignments for officers that volunteer to select locations, i.e. Korea. If interested, please contact LTC Corulli, corullia@hoffman.army.mil

Assignment Opportunities for Company Grade 66H, 66H8A and 66HM5

KOREA: We have an immediate and critical need in Korea for M5s. If you are a senior Captain and a M5, there is a leadership position available in the emergency room at the 121st Gen Hosp.

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

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

66H: Assignment opportunities are at Fort Rucker, Redstone Arsenal, WBAMC, Fort Hood, & Fort Polk

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

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

****If you are "PCS Vulnerable" for this winter, please give me a call or email me so we can discuss your next assignment. If you are interested in being a Division Nurse, please call me to discuss what this awesome and challenging position entails as well as where they are located.

Thank you all very much for the emails referencing your assignment requests for next summer. I will be posting what is available and calling you within the next two months. Please call or email LTC Gordon at: gordonv@hoffman.army.mil .

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

There are still a variety of critical TOE opportunities available. I am looking for someone to fill a 66H MAJ Slot at the 115th Field Hospital at Polk. I can negotiate a follow on assignment for officers that volunteer for select locations (Fort Irwin and Fort Polk). **I have an immediate fill requirement for 66Ps at Fort Irwin and Fort Bragg.** Assignment opportunities are still available for upcoming winter cycle in a variety of locations, so please check our website (https://www.perscomonline.army.mil/ophsdan/anc_assignments.htm). Summer 2004 job openings will be posted soon. I have an early summer 2004 opening at Fort Leavenworth as the Chief of MERT/OPS (Military Education, Readiness and Training/Operations), anyone interested please contact MAJ Ahearne.

If you are PCS vulnerable for the upcoming Winter Cycle and do not have an assignment, please contact MAJ Ahearne, ahearnep@hoffman.army.mil.

Office of the Chief, Army Nurse Corps	
Fort Sam Houston Office COL Deborah Gustke LTC Yolanda Ruiz-Isales MAJ Jeanne Larson AMEDD Center and School ATTN: MCCS-CN, Room 275 2250 Stanley Road Fort Sam Houston, TX 78234 210.221.6221/6659 DSN 471 Fax: 210.221.8360 yolanda.ruiz-isales@amedd.army.mil	Washington, DC Office LTC Kelly Wolgast Headquarters, DA Office of the Surgeon General 6011 5 th Street, Suite #1 Fort Belvoir, VA 22060-5596 703.806.3027 DSN 656 Fax: 703.806.3999 kelly.wolgast@belvoir.army.mil
	AN Website: http://armynursecorps.amedd.army.mil/
jeanne.larson@amedd.army.mil	AN Branch PERSCOM: www.perscomonline.army.mil/ophsdan/default.htm



2004 TRICARE POSTER EXHIBIT



Linking People and Ideas

The Military Health System (MHS) has implemented many innovative programs to improve the access, cost and quality of healthcare while enhancing the medical readiness of our armed forces. Often, one facility does not know what another has accomplished, nor have the time to research it. That's where the Healthcare Innovations Program (HIP) can help. As part of the Office of the Chief Medical Officer Directorate, we present some of your ideas to senior leaders as potential MHS-wide solutions.

One way to share your innovations is through the Poster Exhibit that the Population Health and Medical Management Division is sponsoring in conjunction with the 2004 TRICARE Conference, 26-29 January 2004. The Poster Exhibit showcases selected innovative practices from multiple organizations submitted to the Healthcare Innovations Program (HIP) website. Your organization could make a significant contribution to leveraging improved processes, transferring knowledge, and sharing experience across the Services.

Healthcare providers committed to sharing professional knowledge and improving the delivery of healthcare services are invited to submit a poster abstract. Please visit our website at <http://www.tricare.osd.mil/OCMO/innovations.cfm>. The website features several resources designed to assist in the development of your innovation as well as provide a format to showcase innovative practices and procedures throughout the MHS. This year, we will present an award to organizations with the best poster in each of the following categories:

- Access
- Cost
- Quality
- Readiness

The exhibit guidelines, criteria, timeline, and other pertinent information are located on the website. For your convenience, important dates are listed below.

Important Dates

Date	Items Due
3 November 2003	Deadline to submit innovation and abstract
17 November 2003	Notification of acceptance
9 January 2004	Deadline to receive poster and handouts
25 January 2004	Poster Exhibit set up
26-28 January 2004	Poster Exhibit. <i>Posters left in place until January 28, 2004</i>
29 January 2004	2004 TRICARE Conference Ends

Please direct questions to LTC Sheri Ferguson sheri.ferguson@tma.osd.mil or Carolyn Armstead carolyn.armstead@tma.osd.mil. The telephone number is (703) 681-0064.

Fit to Fight...Health for Life

SEVENTEENTH ANNUAL PACIFIC NURSING RESEARCH CONFERENCE

“Addressing Issues in Health Care Disparities through Research and Practice”

March 19 & 20, 2004

Hilton Hawaiian Village (Waikiki) Honolulu, Hawaii USA

Call for Abstracts

The 17th annual Pacific Nursing Research Conference is co-sponsored by the Tripler Army Medical Center and the University of Hawaii at Manoa School of Nursing and Dental Hygiene. This conference is dedicated to sharing nursing research findings and to fostering the utilization of research findings by clinicians. Nurses are invited to submit abstracts for poster or podium presentation for the conference to be held at the Hilton Hawaiian Village in Honolulu, Hawaii, March 19 and 20, 2004.

ABSTRACT SUBMISSION DEADLINE: 17 OCTOBER 2003

Presentation Formats

- Each PODIUM presentation will be 15-20 minutes in length
- The POSTER session will consist of visual displays

Abstract Requirements

All research topics are welcome.
Research must have been initiated and/or completed within the past five years.
Research must be completed by the time of submission to be eligible for podium presentation.
In-progress or completed research or projects are eligible for poster presentation.
Abstracts must include names, addresses, phone numbers, and e-mail addresses of all authors/investigators.
Funding sources should be noted on the abstract.
Clinical applications and projects are eligible for poster presentation.
Abstracts must be received by deadline, **17 October 2003**
Submit an original abstract as an e-mail attachment in MS Word or WordPerfect.

Selection of Abstracts

A blinded-review of abstracts will be conducted by a committee.
Selection will be based on clarity, logical consistency, and coherency of research.
All abstracts will be reproduced in a book of proceedings. Submission implies approval to reprint the abstract in the proceedings book, and title and author on announcement of conference.
Unless otherwise specified, the first author is expected to be present at the conference.
Attendees are responsible for conference registration fees as well as travel and lodging costs.

Abstract Preparation

Abstracts must be limited to a single page. Abstracts longer than one page will not be considered.
Indicate on the author form whether abstract is to be considered for podium or poster presentation.
Abstract must address the following areas:
Aims/objectives of the research
Theoretical framework (if applicable)

Research design, study sample, methodology
 Statistical analysis
 Study findings
 Discussion and implications for nursing
 Funding sources should be noted on bottom of abstract.

Margins set to 1 inch.

Minimum font size is 12-point type.

Study title centered at the top.

Names of investigator(s) and institution(s) centered under the title.

Please specify author contact information on separate page:

1. Specify whether abstract is to be considered for poster or podium presentation.
2. Presenter Contact Information (Specify name, title, affiliation, address, phone and e-mail):

Name	_____
Title	_____
Affiliation	_____
Address	_____
Phone	_____
e-mail	_____
fax	_____

3. Other authors (Name, title, affiliation, address, phone, and e-mail).
4. Two learning objectives, content outline for each objective and presenter's curriculum vitae **MUST** accompany each submission.

Please submit the original abstract with author contact information, two learning objectives, content outline for each objective and presenter's cv as an E-mail attachment in MS Word or WordPerfect to:

e-mail: onrsondh@hawaii.edu

Charissa R. Raynor, RN, MHSA
 University of Hawaii at Manoa
 School of Nursing and Dental Hygiene
 Office of Nursing Research
 2528 McCarthy Mall, Webster 329
 Honolulu, HI 96822

Notification of acceptance and further instructions will be sent no later than 30 November 2003.

For further information please contact:

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