ARMY NURSE CORPS NEWSLETTER

"Ready, Caring, and Proud"

Volume 01 Issue 06 *March 2001*

Message from the Chief

This past month has been a time of numerous ceremonies in celebration of the 100th Anniversary of the Army Nurse Corps. I just recently returned from a two-week trip to Korea, Hawaii and Madigan; and COL Gustke from an outstanding trip through Europe. At each stop along the way, we experienced wonderful festivities and celebrations of all those individuals who have contributed to this wonderful professional nursing organization we call the Army Nurse Corps. A special thanks to all the committees who worked so long and hard to insure each of these events were a huge success. I was continually reminded during my travels of what a great professional nursing organization we are and how we should all be extremely thankful that we have such dedicated individuals within our Army Nurse Corps family.

In addition to the 100th Anniversary festivities, the Army Nurse Corps was vigorously preparing congressional testimony for our yearly appearance before the Senate Appropriations Sub-Committee on Defense. The subject of this session, which was held on 28 February 2001, was Department of Defense Medical Programs, with all three services testifying.

The Army Nurse Corps focused on three important concerns that relate to our ability to serve the nation: manning (both military and civilian), the impact of operational deployments and the importance of the congressionally sponsored Tri-Service Nursing Research Program. I wish to personally thank all of you who contributed by providing information and statistics to us to assist us in our preparation. Your contributions certainly contributed to the ultimate success of the overall product for this very important testimony.

February was a great month. We had a highly successful C.J. Reddy Junior Leadership Conference, an extremely productive Army Nurse Corps Senior Officer Strategic Issues Conference, and numerous successful and wonderful celebrations, worldwide, recognizing the 100th Anniversary of our great Corps. Happy Anniversary!!!

Ready, Caring, and Proud

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Chief, Army Nurse Corps

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www.armymedicine.army.mil/otsg/nurse/index.htm
ANC Branch PERSCOM:
www.perscom.army.mil/ophsdan/default.htm

PERSCOM

Chief Nurse Selections

Congratulations to those Chief Nurses and Assistant Chief Nurses selected to serve in the Army Medical Department. The Chief Nurse selections were identified from the Chief Nurse Advisory Board held in September 2000. Those selected were matched against vacancies and then sent to BG Bester for approval, MTF Commanders and finally the Surgeon General as the final approving authority. Congratulations to the following Chief Nurses:

Name	Title	Location
COL Carol Pierce	18th MedCom Chief Nurse	Korea
COL Patricia Saulsbery	Deputy Commander for Nursing	WRAMC
COL Margarita Aponte	Deputy Commander for Nursing	DDEAMC
COL Stephanie Marshall	Deputy Commander for Nursing	TAMC
COL Debra Lomax-Franklin	Assistant Chief Nurse	DDEAMC
COL Jan Hoffman	Assistant Chief Nurse	BAMC
COL Laurie McNabb	Assistant Chief Nurse	MAMC
COL Iris West	Deputy Commander for Nursing	WBAMC (Nov 01)

Article Submissions for the ANC Newsletter

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

COL Natalie Shriver	Assistant Chief Nurse	WBAMC (Oct 01)
COL Marilyn Brooks	Assistant Chief Nurse	WAMC
COL Carol Gilmore	Deputy Commander for Nursing	West Point
COL Cynthia Woodling	Deputy Commander for Nursing	Ft Meade
COL Maryann Monteith	Deputy Commander for Nursing	Ft Sill
COL Elizabeth Bryant	Deputy Commander for Nursing	Ft Belvoir
COL Donna Talbott	Deputy Commander for Nursing	Ft Campbell
COL Analiza Savage	Deputy Commander for Nurisng	Ft Stewart
COL Nancy Woolnough	Deputy Commander for Nursing	Ft Huachuca
COL Anita Schmidt	Chief Nurse	1st Med Group
COL Michael Calder	Chief Nurse	44th Med Group
LTC (P) Robert Pontius	Chief Nurse	62nd Med Group
LTC (P) Katherine Babb	Chief Nurse	Ft Eustis
LTC (P) John Beus	Chief Nurse	Ft Leonard Wood
LTC (P) Leland Jurgensmeier	Chief Nurse	Ft Riley

ODP

In the February 01 Army Nurse Corps Newsletter we spoke about the Officer Distribution Process (ODP). As a follow on, the staff in Health Services Division (PERSCOM) briefed the Surgeon General 20 February 01. The distribution plan was then sent by e-mail to each RMC with a requested response of 15 March 01. Each MTF should look at their business plan and identify areas of impact (from all Corps) related to the ODP. This may be an opportune time to identify contract costs for those hard to fill AOCs

Board Notes

Just a reminder, promotion boards look closely at OERs. The duty description should clearly describe the responsibility and span of control. Senior rater and rater narratives should be clear and concise. It is not necessary to "fill" the entire space. Please do not use professional jargon unfamiliar to NON AMEDD officers that are board members. Remember the senior rater narrative is very important to board members in deciding promotion potential.

Upcoming FY 01 Boards see PERSCOM ON LINE @ www.perscom.army.mil

10-20 Apr 01 - CPT AMEDD & VI
15-22 May 01 – BG / MG AMEDD
5-22 Jun 01 - Senior Service College
10-20 Jul 01 - COL & RA Selection
10-27 Jul 01 - Command & General Staff College

Army Nurse Corps Branch Web Page

The following information is available through the Army Nurse Corps Branch Web Page: LTHET Guidelines, the Army Nurse Corps Lifecycle Model, White House, Congressional and Training With Industry (TWI) Fellowships and other important 'personnel' types of information. You may access our web page through PERSCOM ON LINE, through the Army Nurse Corps Homepage or through direct access. The direct address for our web page is:
www.perscom.army.mil/ophsdan/default.htmAN Branch Web Page

Correct Address on Your ORB

As frequently mentioned in this newsletter and during AN Branch briefings, officers are again reminded of the critical importance of updating your home address on your ORB. The Army and Army Nurse Corps Branch send critically important information to our officers. Recently, we sent letters to all officers in the zone of consideration for promotion to LTC. The officers who do not have correct addresses on the ORB will not receive these letters. Please take a moment to stop by your PAC/PSB and ensure you have updated your address.

E-mail addresses may now be included in the ORB. Please provide only the appropriate e-mail addresses in your record.

LTHET Guidelines

The LTHET Selection Board for 2002 convenes July 2001. The 2002 LTHET Guidelines for MSN/Ph.D., Baylor and Anesthesia Nursing may be found on the AN Branch, PERSCOM web site at the following addresses:

Anesthesia: www.perscom.army.mil/ophsdan/defaultanesth.htm
Baylor HCA: www.perscom.army.mil/ophsdan/defaultbaylor.htm
MSN/Ph.D.: www.perscom.army.mil/ophsdan/defaultmsn.htm

If the 2001 instead of 2002 LTHET Guidelines pull up, try the following:

Click on -- "Tools" -- "Internet Options" -- "Delete" -- exit from guidelines, then re-enter to find 2002 LTHET Guidelines. If this fails, contact your local IMO for assistance.

Officers applying to begin school in the fall of 2002 may begin the application process at any time. However, **meeting the following deadlines is critical to the LTHET application process**:

15 March 2001	**Notice of Intent to Apply to LTHET due to AN Branch**
15 March 2001	**Waiver requests due to AN Branch**
15 April 2001	Transcripts sent to Baylor University for Baylor HCA applicants
01 May 2001	USUHS applications due to USUHS for FNP and Anesthesia applicants
01 June 2001	UTHHSC applications due to UTHHSC for Anesthesia applicants
01 June 2001	LTHET application due to AN Branch, PERSCOM

For questions related to the LTHET process, contact your local Hospital Education Chief or the Education Management Officer at AN Branch, PERSCOM, MAJ (P) Grimes at 703-325-3693, DSN 221-3693 or email grimess@hoffman.army.mil

LTHET Request for Orders (RFO)

RFO's for certain FY01 LTHET selects are complete. Officers selected to begin LTHET in 2001 may contact their local personnel center to obtain orders. The local personnel center should access the RFO through TOPMIS. **The following areas of study are complete**: Anesthesia Nursing Phase I, Anesthesia Nursing Phase II, Baylor HCA, Family Nurse Practitioner/USUHS. **The following areas of study are in progress and pending completion by mid-March 2001**: long term civilian training officers – all universities, Family Nurse Practitioner Certification Program/USUHS. Please direct questions about RFO completion to MAJ(P) Grimes at grimess@hoffman.army.mil

KUDOS to All Officers Going to School Part Time

We at AN Branch recognize the amount of hard work, dedication, and initiative it takes to pursue your master's degree on a part time basis, while working full time as an Army Nurse Corps officer. Your efforts contribute to making the Army Nurse Corps one of the most highly educated groups of nurses in the country. Please contact your PMO, via e-mail, to let us know about your program of study. **This is especially important if you are pursuing graduate work that may lead to changing your AOC/ASI.** We need this information so we can work with you to plan for your future assignments, especially if you expect to be assigned in a different AOC/ASI in the future.

Tuition Assistance (TA)

Tuition Assistance (TA) is offered through the Army Continuing Education System. This is a wonderful benefit for those motivated AN officers pursuing additional education. If you elect to take advantage of this program, remember **there is a two-year active duty service obligation incurred with the use of TA**. This is agreed upon when you sign DA Form 2171 (Application for Tuition Assistance). AR 621-5 states "Commissioned officers must agree to remain on active duty for at least **2 years after completion of the course** for which TA is provided unless involuntarily separated by the Army before that time (10 USC 2007). Officers who fail to meet this requirement because they voluntarily separate or are discharged for misconduct before they complete their service TA commitment are required to reimburse the Army the amount of TA that represents the unserved portion of the 2-year obligation as agreed upon by signing the DA Form 2171 (Application for Tuition Assistance--Army Continuing Education System)". **Currently, officers are being held to the two-year active duty service obligation and not given the option to reimburse the government for monies received.**

AN Branch Courses

MAJ (P) Grimes, AN Branch, manages seating for the following courses. Officers may not register themselves for these courses. Registration must go through the Chief Nurse (CN) or Hospital Education Chief's office to AN Branch.

6F-F3	**AMEDD Head Nurse Leader Development Course** (HNLDC) (SA, TX) (next available courses are 10 – 22 Jun 01; 12 – 24 Aug 01) * CN or Hospital Education Chief may register officers by email with name/rank/SSN
6F-F2	**AMEDD Advanced Nurse Leadership Course** (ANLC) (SA, TX) Remainder of courses cancelled for FY2001 due to budget cuts
6A-C4	**Combat Casualty Course** (C4) (FSH, TX) (next available courses are : 5 – 13 Apr 01; 26 Apr – 4 May 01; 10 – 18 May 01; 7 – 15 Jun 01; 13 – 21 Sep 01) * CN or Hospital Education Chief may register officers by email with name/rank/SSN
6A-C4A	**Joint Operations Medical Managers Course (formerly Combat Casualty Management** (FSH, TX) (next available courses are 22 – 29 Jun 01 & 26 Oct – 02 Nov 01) *PLEASE NOTE – THESE ARE REVISED DATES * CN or Hospital Education Chief may register officers by email with name/rank/SSN
6H-F26	**Med Defense Against Biological/Warfare & Infectious Disease (Ft Detrick) and Medical Management of Chemical Casualties (USAMRICS, MD)**

(next available class is 04 May – 11 May 01; take with 6H-F25)
** DA 3838 required NLT 45 before the start of the course

DNWS-R004 **Emergency Hazards Response Course (formerly Radiological Hazards Training Course)** (Kirkland AFB, NM)

Class #	Report Date	Start Date	End Date	Seats per class
002	16 Sep 01	17 Sep 01	21 Sep 01	7

A DA 3838 is necessary to request this course and must be submitted NLT 45 days before class start date. To be eligible for the course, applicants are required to have a "Secret" security clearance. POC at AN Branch is MAJ(P) Grimes at DSN 221-3693.

FY 2002 White House Fellowship **Applications due 7 September 2001**

The President's Commission on White House Fellows annually selects exceptionally promising individuals from all sectors of American life to serve as White House Fellows. The purpose of the White House Fellowship is to provide gifted and highly motivated young Americans some first hand experience in the process of governing the nation and a sense of personal involvement in the leadership of society. Fellows write speeches, help review and draft proposed legislation, answer congressional inquiries, chair meetings, conduct briefings, and otherwise assist high-level government officials. Fellows are assigned to work with senior White House officials, cabinet secretaries, or other deputies. In the past, fellows have worked for the Vice-President, The White House Chief of Staff, and the National Security Council. **Deadline for application to Army Nurse Corps Branch, PERSCOM is 7 September 2001**

The White House Fellowship is a highly competitive process. AMEDD officers must meet the following criteria: have received permission to compete from their Personnel Management Officer (PMO) at AN Branch; US citizen; less than 5 years and not more than 17 years active federal commissioned service (AFCS) at the beginning of the fellowship in September 2002; not competing for any other Army sponsored program, fellowship or scholarship; be able to complete a full fellowship and 2 years follow-on assignment; have no adverse actions pending, meet army height/weight and PT requirements; be PCS vulnerable; completion of Officer Advanced Course; have a graduate degree; not completing a utilization tour for civilian education (if the officer is completing a utilization tour must complete prior to the start of the fellowship). Officers must have an outstanding performance record.

Application Packet: (DUE IN AN BRANCH NLT **7 September 2001**

1. Completed DA 4187 (Personnel Action) through the local chain of command to AN Branch, PERSCOM. The form must include endorsement by the officer's chain of command. Verification of height/weight/PT MUST be addressed in a separate memo signed by the officer's Commander. Mail application to: CDR, PERSCOM, ATTN: TAPC-OPH-AN (room 9N47) ATTN: MAJ Grimes, 200 Stovall ST., Alexandria, VA 22332-0417
2. Current curriculum vitae (CV)
3. Letter of recommendation from Chief Nurse
4. Signed ORB (obtain from your local PAC, review, then forward with your packet)
5. Officers applying must have a current digital photo and college transcripts on file at AN Branch.

MAJ(P) Steven Grimes is the POC for this fellowship and may be reached at DSN 221-3693, commercial 703-325-3693 or email Grimess@hoffman.army.mil

FY 2002 CONGRESSIONAL FELLOWSHIP **Applications due 7 September 2001**

The U.S. Army Congressional Fellowship program is designed to provide congressional training to top Army officers beginning August 2002 through December 2003. Fellows will begin the fellowship by attending the Force Integration Course held at Fort Belvoir, Virginia from August to December 2002. Fellows typically serve as staff assistants to members of Congress. Fellows are given responsibilities for drafting legislation, arranging congressional hearings, writing speeches and floor statements, and briefing members for committee deliberations and floor debate. **Deadline for application to Army Nurse Corps Branch, PERSCOM is 7 September 2001.**

Eligibility: Request and receive permission to compete from officer's Personnel Management Officer (PMO); have accrued active federal commissioned service of not more than 17 years as of 1 January 2002; not be competing for any other Army sponsored program, fellowship or scholarship while competing for the fellowship; have no adverse actions pending; must not be serving in or owe a utilization assignment; meet army height/weight/APFT requirements; have potential for future military service; meet the two-year time on station requirement at the start of the fellowship; be a CSC graduate (resident/non-resident); hold the rank of MAJ or LTC.

Application Packet: (DUE TO AN BRANCH NLT **7 SEPTEMBER 2001**)

1. Competed DA Form 4187 (Personnel Action). The form must include endorsement by the officer's command and the officer's height/weight/APFT verified by the command annotated in the remarks section. Mail application to CDR, PERSCOM, ATTN: TAPC-OPH-AN, Room 9N47 (MAJ Grimes), 200 Stovall Street, Alexandria VA 22332-0417
2. Current curriculum vitae (CV)
3. Letter of recommendation from Chief Nurse
4. Signed ORB (obtain from your local PAC, review, sign and forward with your packet)
5. Officers applying must have a current digital photo and official college transcript on file at AN Branch.

MAJ(P) Grimes is the POC for this fellowship and may be reached at DSN 221-3693 or commercial 703-325-3693 or email at grimess@hoffman.army.mil

FY 2002 TRAINING WITH INDUSTRY (TWI) **Applications due: 1 November 2001 (revised date)**

Two qualified officers will be selected for the FY 2002 Training With Industry Fellowship. These officers will get firsthand experience in the private sector, while gaining managerial techniques and skills for application in the AMEDD. All programs are graduate-level and non-degree producing. Selected officers will begin their fellowship late summer of 2002 and then complete a follow-on utilization tour beginning the summer of 2003. The TWI fellowship will not exceed 12 months in length. Applicants incur an active duty service obligation (ADSO) of three years for the first year of training or any portion of the training.

Following are the two **projected** TWI sites for FY 2002. TWI opportunities are open to all AOC/ASI's.

Healthcare Finance Administration (HCFA), Baltimore, Maryland
Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Chicago, Illinois

Eligibility: The TWI Fellowship is highly competitive. ANC officers must meet the following criteria: Master's degree; completion of CGSC; at least eight years but not more than 17 years active federal service (AFS); two years time on station at the start of the program or completion of an overseas tour; not competing for any other Army sponsored program, fellowship, or scholarship; be able to complete a full utilization tour following the fellowship; no adverse action pending; meet the Army's height/weight/PT requirements; be PCS vulnerable; and the rank of MAJ or LTC. Officers must have an outstanding performance record.

Application Process:

1. The interested officer requests and receives permission to apply from their Chief Nurse and their Personnel Management Officer (PMO), AN Branch, PERSCOM.
2. Officer submits an application packet **NLT 1 November 2001 (revised date)** that includes:
   a. The completed DA FORM 4187 (Personnel Action) through the local chain of command to AN Branch, PERSCOM. The form must include endorsement by the officer's chain of command.
   b. Verification of height/weight/PT MUST be addressed in a separate memo signed by the officer's Commander.
   c. Current curriculum vitae (CV)
   d. Letter of recommendation from the Chief Nurse
   e. Statement of Professional Goals and Objectives from the officer
   f. Signed ORB (obtain from your local PAC, review, then forward with your packet)
   g. Completed DA Form 1618-R.
3. Officer must have a current digital photo and BSN and Masters transcripts on file at AN Branch, PERSCOM.
4. The PMO's in AN Branch will screen the application for competitiveness and suitability for the program, after which the application will be reviewed with the Chief, Army Nurse Corps for final selection and approval of the TWI participants. Applicants, once approved, will have a contract established with the civilian organization.
5. Mail the completed application to: CDR, PERSCOM, ATTN: TAPC-OPH-AN, RM 9N47 (MAJ Grimes), 200 Stovall Street, Alexandria, VA 22332-0417
6. POC for the TWI Fellowships is MAJ(P) Steven Grimes, Education Management Officer, AN Branch, PERSCOM at DSN 221-3693 or commercial 703-325-3693 or email at grimess@hoffman.army.mil

Preparation for TDY Courses

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

Captain's Website

A "Captain Retention" Website has recently been loaded onto PERSCOM ON LINE. The Website has been developed and written by Captains assigned to PERSCOM and contains information of interest to and specific for Captains. You may find that some of the information does not apply to you as an ANC officer but please take a minute to review this interesting website. It is located at: http://www.perscom.army.mil/OPcptRet/homepage1.htm

Officer Advanced Course

Please note the date changes in OAC Phase II. Officers need to have completed OAC before the Major's board. CPT Gahol at AN Branch schedules officers for Phase II of OAC once the officer has completed Phase I. Below is the list of OAC class dates for FY 01&02. Seats are limited so please plan accordingly.

Class #	Report Date	Start Date	End Date
021	25 Mar 01	26 Mar 01	01 Jun 01
031	15 Jul 01	16 Jul 01	21 Sep 01
041	30 Sep 01	01 Oct 01	13 Dec 01
012	06 Jan 02	07 Jan 02	15 Mar 02
022	24 Mar 02	25 Mar 02	31 May 02
032	07 Jul 02	08 Jul 02	13 Sep 02
042	22 Sep 02	23 Sep 02	05 Dec 02

Please send a copy of DA3838 and OAC Phase 1 Certificate of Completion to CPT Gahol at AN Branch (fax is OK). The chief nurse or designee must sign DA 3838. Officer must not be on temporary profile, have met HT/WT standards and have passed the most recent APFT before attending Phase II. In addition, include the name, e-mail address and telephone number of the MTF's OAC coordinator. The OAC letter will be sent through your facility's OAC coordinator.

CGSC and CAS3 through the Reserves

Taking **CGSC** and **CAS3** through the **Reserves** has become very popular and classes do fill quickly at the more popular locations and times. Please plan early--send your completed 3838s, signed by your respective chain of command, and fax to **LTC Eckert** at **DSN 221-2392**, com. **703-325-2392**. Respective POCs for specific ATRRS and class related questions are:

CGSC by Reserves—Ms Jennifer West **DSN 221-3159**
CAS3 by Reserves—Ms Susan Geisler **DSN 221-316**

CAS3 Information on Line

Information for the Reserve Component (RC) CAS3 can be found on PERSCOM ON LINE. The web address is WWW-PERSCOM.army.mil. Use the SEARCH option listed in the main menu and type in RC-CAS3, press enter. The information pertains to AD officers attending Reserve Component CAS3. Points of contact (POC) for specific reserve component regions are listed. Ms. Susan Geisler (DSN 221-3161) is an additional POC for specific questions relating to CAS3. LTC Ted Eckert (eckertt@hoffman.army.mil) is the AN Branch POC.

CGSC Information on Line

Information for CGSC and CAS3 can be found on line. The web address is WWW-CGSC.army.mil.
Ms. Jennifer West (DSN 221-3159) is an additional POC for specific questions relating to CGSC. Please do not attempt to register on-line. Registration for CAS3 and CGSC must be processed through your respective local training chain of command. LTC Ted Eckert (eckertt@hoffman.army.mil) is the AN Branch POC.

Promotions Branch 24 Hour Information Hotline

Promotions Branch has a 24-Hour Information Line. The InfoLine number is DSN: 221-9340 or Comm: (703) 325-9340, call the number 24 hours a day, seven days a week. The InfoLine contains current information on many promotion issues (monthly promotion numbers, upcoming promotion selection boards, and release of pending promotion selection lists for both officer and enlisted) and also offers an option to speak to a promotions technician. The InfoLine is updated on a regular basis. If there is no release information on the InfoLine, that means a firm release date has not been established. Also, remember Promotions Branch communicates using PERSCOM Online, e-mail, Army worldwide messages and OMIS.

Generic Course Guarantee

Thanks to all Chief Nurses, Section supervisors, Head Nurses and Nursing education personnel who assist officers with the Generic Course Guarantee (GCG) in specifying the course they would like to attend. Specification by the officer is to be done within the first year on active duty. Additionally, I will continue to send out quarterly reminders to Chief Nurses on officers with outstanding GCG specifications. This reminder will state when the officer needs to specify their course and the time frame in which the officer needs to attend the course. Chief Nurses must be proactive and plan for course attendance for these officers (which in many cases will mean a loss of that officer to the organization). However, AN Branch reserves the right to direct officers to courses based on the availability of class seats and Army Nurse Corps needs. If you have any questions, please call LTC Charly Hough at (703) 325-2398 or DSN 221-2398 or e-mail at houghc@hoffman.army.mil.

Additionally, there have been questions concerning what constitutes a course packet for those officers with Generic Course Guarantees. The officer with a Generic Course Guarantee must specify within the first year on active duty which course he or she would like to attend (OB-GYN, Psychiatric, Perioperative, Critical Care). If an officer does not wish to specify a course, he/she may decline the Generic Course Guarantee. In no way is this construed as detrimental to an officer's career. At the time of specification a memorandum (Statement of Course Preference) may be faxed or mailed to LTC Hough at AN branch. The officer must attend the specified course with at least one year remaining of their obligation. In other words, if an officer has a 4-year obligation, the course must be completed by the end of the third year to allow for one year remaining on active duty. The course packet consists of a DA 3838 with appropriate HT/WT/APFT data in remarks section and a DA 438 (preference statement). When applying for a course, always seek guidance from your MTF nursing education department or chain of command.

AOC/ASI Producing Courses

We have had tremendous response from folks applying to our AOC/SSI producing courses, particularly to the Critical Care, OB-GYN and the Perioperative Nursing course. Keep up the great work! However, the Psychiatric/Mental Health Course has not had the same level of enthusiastic response. If you would like to experience psychiatric nursing you are encouraged to apply for this 6 month long course held at DDEAMC, Fort Gordon, Georgia. We are still looking for a "few good nurses" to attend our AOC/ASI producing courses! Please contact your Chief of Hospital/Nursing Education ASAP if you are interested in attending any of these courses.

We have changed a few things in AN Branch in order to streamline operations!! Continue to send your applications to AN Branch but send to attention of the following Personnel Management Officers (PMOs). LTC Ted Eckert, 66E & 66F PMO, will manage the Perioperative Nursing Course. LTC Angela Ross, 66H8F, 66H8G & 66C PMO is the point of contact for the Psychiatric Nursing, OB/GYN, and Community Health Nursing Courses. LTC Charly Hough, 66H (LT) is the point of contact for the Critical Care Nursing Courses and the Emergency Nursing Courses. Please note that even if an application lands on the wrong desk, we will ensure it gets to the right staff officer for processing.

AOC/ASI COURSE	LOCATION	REPORT DATE	START DATE	END DATE	APPLY BY
Critical Care Nursing	~~WRAMC~~	~~25 MAR 01~~	~~26 MAR 01~~	~~17 JUL 01~~	~~13 NOV 00~~
	~~BAMC~~	~~1 APR 01~~	~~2 APR 01~~	~~24 JUL 01~~	~~13 NOV 00~~
	~~MAMC~~	~~15 APR 01~~	~~16 APR 01~~	~~7 AUG 01~~	~~13 NOV 00~~
	BAMC	25 AUG 01	27 AUG 01	21 DEC 01	19 MAR 01
	MAMC	25 AUG 01	27AUG 01	21 DEC 01	19 MAR 01
	WRAMC	26 AUG 01	27 AUG 01	21 DEC 01	19 MAR 01
Emergency Nursing	~~BAMC~~	~~1 APR 01~~	~~2 APR 01~~	~~24 JUL 01~~	~~13 NOV 00~~
	BAMC	26 AUG 01	27 AUG 01	21 DEC 01	19 MAR 01
Psychiatric-Mental Health Nurse	~~DDEAMC~~	~~7 JAN 01~~	~~8 JAN 01~~	~~8 JUN 01~~	~~CLOSED~~
	WRAMC	26 AUG 01	27 AUG 01	20 DEC 01	25 APR 01
	WRAMC	06 JAN 02	07 JAN 02	26 APR 02	06 SEP 01
	WRAMC	19 MAY 02	20 MAY 02	10 SEP 02	19 JAN 02
OB/GYN Nursing	~~TAMC~~	~~15 APR 01~~	~~16 APR 01~~	~~3 AUG 01~~	~~13 NOV 00~~
		26 AUG 01	27 AUG 01	20 DEC 01	19 MAR 01
Perioperative Nursing	~~MAMC~~	~~7 JAN 01~~	~~8 JAN 01~~	~~27 APR 01~~	~~FILLED~~
	~~WBAMC~~	~~4 MAR 01~~	~~5 MAR 01~~	~~22 JUN 01~~	~~27 NOV 00~~
	~~BAMC~~	~~1 APR 01~~	~~2 APR 01~~	~~24 JUL 01~~	~~27 NOV 00~~
	~~MAMC~~	~~20 MAY 01~~	~~21 MAY 01~~	~~14 SEP 01~~	~~11 DEC 00~~
	WBAMC	15 JUL 01	16 JUL 01	2 NOV 01	19 MAR 01
	BAMC	26 AUG 01	27 AUG 01	20 DEC 01	19 MAR 01

Just a friendly reminder, if you are interested in attending the next Critical Care course (BAMC, MAMC, WRAMC), the Emergency Nursing course (BAMC) or the OB-GYN Nursing course (TAMC), (See table above), the suspense for course applications to AN branch is 19 Mar 01. The suspense for the Perioperative nursing course applications to AN branch is 11 Dec 00.

REMINDER: Officers who are applying for specialty courses need to be aware that there are several factors that are closely evaluated when making the course selections. Officer qualifications, MTF needs, fiscal constraints and personal assignment preferences are a few of the important factors that are thoughtfully considered. Officers should be aware that any time they are coming out of a school, (i.e. AOC courses and LTHET) the priority for the follow on assignment is the "utilization tour" while meeting the needs of the MTFs. This is why officers attending AOC producing courses are generally assigned to Medical Centers or large, busy MEDDACs as their follow on assignment.

Naturally, it is always our goal to match up personal preferences, however, sometimes that is not always possible. Therefore, if you are applying for a course you must be prepared to accept the follow on assignment as a condition of your acceptance to the course. Preference statements are part of the application process, be sure that you state any special considerations that you would like us to be aware of when making your assignment. Once the assignments are made it is very difficult to change them.

Assignment Opportunities for 66H Lieutenants

If you are interested in a TOE assignment, please contact at **houghc@hoffman.army.mil**.

Assignment Opportunities for Captains

There continues to be great assignment opportunities for company grade Army Nurse Corps officers! The summer 01 PCS cycle identifying vulnerable officers has been sent to each chief nurses. By now, the officers that were identified for a summer move should have received notification through their chain of command. If you think you were overlooked, or have at least two years time on station and would like to be considered for a summer 01 move, please contact your chief nurse immediately so that we can begin planning your next assignment.

There are assignment opportunities at the following locations summer 01: Fort Polk, LA, 21st CSH, Fort Hood, TX, William Beaumont Army Medical Center, Ft. Bliss, TX, Dwight David Eisenhower Army Medical Center, Ft. Gordon, GA, exotic Korea, Germany, and other TOE assignments! If you are interested and meet the criteria for a PCS, please email MAJ Christine Merna at **mernac@hoffman.army.mil**

DEPLOYMENT OPPORTUNITIES!!! Several TOE units are on the screen for deployment in FY 01. If you are looking for an assignment with a mobile, field unit contact MAJ Merna for more information at **mernac@hoffman.army.mil**

Smart Tips from the FRO

By CPT Bob Gahol

Active Duty Service Obligation (ADSO)

I receive many questions pertaining to Active Duty Service Obligations (ADSOs). Below is a summary of information that I took from PERSCOM Online (www.perscom.army.mil) pertaining to ADSO. Please note the terms Consecutive ADSO vs. Concurrent ADSO. Consecutive ADSO is calculated by adding the period of the new ADSO to the remaining portion of the existing ADSO. Concurrent ADSO means that the obligated period will be equal to the length of the longest remaining obligation.

Every officer entering active duty has an ADSO (see table below). Officers must fulfill their ADSO before transitioning to the reserve component or civilian life. In the past (most notably during the drawdown years of 91-94), ADSOs were liberally waived. In light of reduced accessions and the increasing demand being placed on the force, DA currently has a very strict ADSO policy in effect. The bottom line is that a simple rule governs the process now - waivers for an ADSO will be very limited. Officers coming onto active duty (irrespective of whether or not they asked for active duty) will be required to fulfill their ADSO.

The only waivers being granted are those involving extreme hardship or compassionate reasons. The hardship must be well documented and supported in writing by appropriate professionals (doctors, lawyers, etc). Civilian employment, acceptance into a graduate program, or illness involving a distant family member will not normally be favorably considered. An officer's willingness to fulfill their ADSO in the reserve component or repay education assistance monies does not serve as an acceptable substitute, regardless of scholarship or accession origin.

The ADSO rule also applies to those who recently PCSd or graduated from a resident military school (like CCC or CGSC). You incur a one-year ADSO with every PCS. Resident military schools usually generate a one-year ADSO as well (SSC is two years!!). Advanced civil schooling generates an ADSO (see chart below).

We're at a point where we are counting eaches (faces and dollars invested). All officers are expected to serve out their contractual obligations. We need your help in getting the word out to all officers. (*This information is reprinted with permission)*

COMMON ACTIVE DUTY SERVICE OBLIGATIONS (ADSOs)

	INCURRED FROM	ADSO	COMPUTED FROM	WAIVERABLE	SERVED
Initial Appointments	**USMA**	**5 yrs active 3 yrs inactive rsv**	**EAD Current Tour on ORB**	**NO**	**Consecutively**
	ROTC- all scholarships	**4 yrs active 4 yrs inactive rsv**	**EAD Current Tour on ORB**	**NO**	**Consecutively**
	ROTC nonscholarship	**3 yrs active 5 yrs inactive rsv**	**EAD Current Tour on ORB**	**NO**	**Consecutively**

	OCS	3 yrs active 5 yrs inactive rsv	EAD Current Tour on ORB	YES	Consecutively
Career status change	From OBV to VI	1 year	From end of OBV Date	Yes	ADSO begins on the day following completion of the initial obligated service agreement
	From USAR to RA	None	NA	NA	N/A
Promotion	LT/CPT/MAJ	None but 6m TIG to retire in grade	DOR	NO	N/A
	LTC/COL	None but 3y TIG to retire in grade	DOR	NO	N/A
PCS move	To CONUS	1 year	Date arrive new duty station	YES	Concurrently
	To OCONUS	Full tour length per AR 614-30 and tour option from DA 5121-R (with or without depend)	DEROS	YES, to 5/6 of tour to retire only. All COTs must do equiv of 2 all other tours to move	Concurrently
Military Education	OBC	1 Year	Upon graduation or termination from course	YES	N/A
	OAC	1 Year	Thru date AER	YES	Concurrently
	CAS3	None			N/A
	CSC (Resident)	2 Years	Thru date AER	YES	Concurrently
	CSC + SAMS	3 Years	Thru date AER	YES	Concurrently
	SSC	2 Years	Thru date AER	YES	Concurrently
	AWCCSC and CSC by correspondence	None	N/A	N/A	N/A
	Other training producing AER	3 days for every 1 day in class up to max of 6 years	Thru date AER	YES	Consecutively
Civilian Education	TWI	3 days for every 1 day in TWI up to max of 6 years	Thru date AER	YES	Consecutively
	Fellowships Scholarships Grants	3 days for every 1 day in class-MAY exceed 6 years	Thru date AER	YES	Consecutively
	Tuition Assistance	2 Years	Termination or completion of program	YES	Concurrently

References: AR 350-100 , dtd 18 APR 94 and DA Pam 351-4, dtd 30 OCT 93

LIFE IN THE BALKANS

By the Nurses of Task Force Med Eagle (TFME)
249th General Hospital (FWD)
Eagle Base, Bosnia-Herzegovina

We have just passed 158 official operational days for the TFME VIII Department of Nursing. As before, each day is filled with patient care, training, and opportunities to be Ambassadors of American Military Nursing for CPT Cartwright, 1LT Dudley, CPT Glenn, MAJ Graham, CPT Hall, MAJ Hinton, 1LT Kobiela, CPT MacDougall, CPT Milam, and CPT Shackleford. Here is the latest from Bosnia.

Staying in Touch
The video teleconference staff continues to present monthly opportunities for the staff to interact with our families via live satellite linkup, but now the conversations are turning more toward what are we going to do when we get home, instead of "I have 5 more months".

Education
Many of the nurses are engaged in correspondence courses, with several completing the AMEDD Officer Advanced Course Phase I, and two nurses trying to finish the AMEDD Pre-Command Course before we leave. This deployment has been an excellent opportunity to focus on and complete those courses that you never make the time for at home.

Our third EMT-Basic Course has come to an end. The nurses are proud of our accomplishments in the training of 51 soldiers, and EMT recertification of several more. Additionally, we have completed 5 Combat Life Saver courses, generating 104 graduates. We have certainly learned what it takes to develop a finely tuned course.

Secondary MOSs
CPT Jeff Richards, Laboratory OIC, established "Dave's Coffee Shop" in the office portion of the lab. He has a growing selection of fine coffee, tea, hot chocolate and all manner of seasonings to make a wide variety of tasty drinks. "Dave" also provides a selection of pastries and snacks for TFME staff and the soldiers who visit. Though no official studies have been conducted, we suspect that a doughnut and mocha definitely decrease the pain from venipuncture. Donations from customers and patients fund the shop, and Dave has been known to perform a little song and dance while he makes drinks, a la Tom Cruise in Cocktail.

Spc. Ricardo Gutierrez and Spc. Ignacio Chapa are responsible for another unique TFME attraction. They have collected Ultimate Soldier action figures since they arrived in theater and their ever-growing hobby serves as entertainment for soldiers on Eagle Base and other hospital visitors. Gutierrez, an X-ray tech from Ft. Gordon, GA and Chapa, a Dental tech from Ft. Bragg, NC started their collection with just mini-replicas of themselves, but it has grown to a platoon-sized element. Each week the two develop a new diorama for the figures, depicting World War II and Vietnam Era scenes, complete with vehicles, weapons, and even moulaged wounds.

Spc. Gutierrez won a special Red Cross award at Christmas for his "Christmas Cease Fire" scene. 21st Century Toys produces the detailed figures, as well as customized patches, name tapes, boots, and headgear. The craze is catching on at Eagle Base, and the two soldiers have had offers from several people to detail the figures for them. Visitors stop by the Dental clinic and Radiology department to check out the scene of the week, displayed on tabletops and shelves, and soon the collection will be housed in a specially built display case. The soldiers and their hobby were both the cover and feature article in the January 28th issue of Stars and Stripes newspaper.

PERSCOM Visit
During our rotation we had the benefit of a visit by PERSCOM staff. Many would never have guessed that Branch would take time out of their hectic schedule to visit us in a deployed setting. The Nurse Corp Branch In-Brief was a presentation on the status of our Corps and showed us the direction it will be headed. The brief also showed what successful career progression is dependant on. Emphasis was placed on ASI's and AOC's that were critically under strength and the Corps' strategies for fixing it. The In-Brief concluded with LTC Haga-Hogston giving us a message from BG Bester.

The Branch appointments were individually assigned 30 minute blocks to meet with the Branch manager to discuss our careers and future assignments. Both a microfiche and a copy of our ORBs were given to us. LTC Haga-Hogston even took any copies of documentation we had which needed to be placed on our fiche. This was very nice to be able to talk face to face about where to go from here. Not everything they tell you is what you want to hear, but they have the insight that we do not and gave straight up advice.

Clinical Challenges
Being the only Level III hospital in an area of multinational troops sometimes presents language and cultural barriers. We have learned to be flexible and to remember that we are doing more than just treating a sick soldier, but also giving many their first and strongest impression of Americans.

Around midnight, a French soldier entered our EMT. The soldier spoke no English, and was accompanied by an English-speaking soldier from Italy. The two, who did not have a common language, were watching a movie together when the French soldier suddenly became short of breath, diaphoretic, and nauseated. This information was all we had to go on. Although there are many translators available on Eagle Base, the late hour of the night made them scarce. A Belgian soldier arrived who spoke both French and English. Now that detailed history taking was possible the clinical picture became clearer. We were able to rule out a pulmonary embolus. Fortunately, the soldier just had a bad case of stomach flu, and nothing that required serious medical intervention. The situation made us all the more aware of our need to interpret diagnostic/laboratory data, and sharpen our

physical assessment skills to determine the best clinical course of action for patients.

A Russian soldier was admitted to the TFME hospital. The soldier was being MEDEVAC'd to the German Hospital but had to be diverted to TFME due to unsafe weather conditions encountered in route. The patient was hospitalized for several days. We had considerable contact with the patient, with interpreters from Russia, and other international officers who came by to check on his status. Our willingness and ability to meet the needs of this particular Russian patient established trust between two groups who have not always trusted each other in the past. The nurses of TFME were able to foster positive international relations simply by doing our job.

Redeployment

The staff here at TFME is getting very excited because we are starting our redeployment activities. TFME had been reviewing hand receipts, starting Soldier Readiness Processing [SRP], finishing OER's, awards, and post deployment health assessments. We will be attending several mandatory briefings. The Chaplain will be giving an important briefing on reuniting with families. TFME is also anticipating the arrival of the SFOR 9 ADVON team and main body. Of course, we are most excited about Transfer of Authority [TOA].

As we begin the final 4 weeks of our deployment to Bosnia, the nurses of the 249th General Hospital (FWD) anxiously await our replacements from the 28th CSH, due to arrive in mid-March. As we continue our mission, we have thrown ourselves into projects designed to make our facility and programs top-notch for our incoming friends. The hospital is a blur of activity, as the painters attack every surface in the facility, giving it a bright white finish, and the feeling of spring.

The brightness inside reflects the weather outside, with unseasonably warm temperatures continuing to be the norm. There is nothing like stepping outside at lunchtime and feeling the warm sunshine in February. Many new faces have appeared in the Dining Facility during the past two weeks. New units have already arrived to replace the CIMIC Battalion (the Civil Military Cooperation people), and the Military Police battalion. The arrival of new people makes us all realize that it will soon be our turn to leave.

Sipovo Hospital [a.k.a. Military International Medical Unit - MIMU]

In response to a week long visit by Dutch nurse Kristel Klok and Czech nurse Radka Matouskova, TFME Nurse 1LT Kristina Dudley and Internist CPT Brooks Morelock participated in the first reciprocal staff exchange program with Sipovo (MIMU) Hospital, which is a Medical Echelon Level III hospital located west-southwest of Eagle Base, Bosnia. While TFME is a Level III facility in multinational division north (MND-N), Spiovo is a 'Role 3' [NATO-Speak for Level III] facility in MDN-SW. Sipovo hospital is staffed with by multinational task force. Their task force is comprised of soldiers from the UK, the Netherlands, Canada, and the Czech Republic.

It takes a lot of coordination between the nations' armed forces for such a venture and they admit it is not without difficulties. However, at the primary care level they get along very well since they are all professionals and quality patient care is their main goal. English is the unifying language used by all the soldiers at work, and they are discouraged from speaking in their native language in the hospital/patient care setting, even if they are talking to a health care provider of the same nationality. Unity is important, and using English allows all the health care providers to feel like they are part of that health care team.

Sipovo hospital decides which of the SOP's and Health/Safety Regulations will be established. They analyzed each nation's standards and selected the ones which were the strictest or which held to the highest quality and used that for their hospital regulation. This produces a hospital with high standards of safety and high standards of patient care.

The terminology used to classify patients in a mass casualty situation is comparable to ours. Their minimal patients are referred to as P3's, the delayed would be P2's and the immediate and expectant patients are P1's. When we asked if they differentiated between their immediate and expectant patients, they said they don't classify them in that manner since they will do whatever is necessary with any casualty brought to their facility.

The task force established a triage area within the hospital where patients are assessed before heading to Resus (our EMT) this area is also used for treatment of P2 casualties while the P1 casualties are sent to the Resus area. The operating rooms, (or theaters as they call them), are staffed by a multinational group and the roles and expectations of the nurses and scrub techs took some getting used to. For example, some nations' scrub techs are responsible for and often expected to close a wound after surgery. Since this is not the standard in all the countries, scopes of practice and competencies must be established and clearly communicated.

Nursing appears to be the focus of these hospitals. When we inquired on who was the head of the Resus department, we discovered it to be a British Nurse. The same nurse takes complete control of MASCALs (one of which took place during our stay). The nurses demonstrate leadership and confidence that make all feel like they can handle anything that is brought through the door.

Sipovo Hospital provides care to local civilians. The general or orthopedic surgeon and the anesthesiologist (along with a nurse interpreter) visit local clinics. A local civilian doctor refers 10 patients who potentially require non-emergent surgeries to the Sipovo [MIMU] doctors. The patients arrive with appropriate lab work and ultrasound studies. They are examined and screened by the doctors. If they present as a surgical candidate, they are scheduled for an appointment at the hospital. Patients are responsible for their own transportation to and from the hospital, and they are required

to sign a consent form that waives any future lawsuits against the hospital for any poor outcomes. So far, all the patients have had great outcomes. The word has spread, and there are no shortages of aspiring surgical patients. The most commonly offered procedures are gall bladder removals, hernia repairs, and varicose vein stripping.

Sipovo Hospital has an excellent Rescue Response capability. They deploy their Immediate Response Team (IRT). This team consists of a flight surgeon, anesthesiologist, a fire fighter team, and an Explosive Ordinance Disposal (EOD) team. The EOD team deploys with a mine sniffing dog that can quickly clear a path to the casualty. These dogs have proven to be 100% effective in training, and are extremely helpful working in an area saturated with mine fields. The IRT is on call 24 hours a day. The helicopter they fly is a Dutch Cougar that carries the IRT, and up to 4 casualties. The medical equipment they carry includes ProPaq monitoring equipment, auto-syringe injectors, defibrillation equipment, trauma, airway and ventilator equipment.

The Exchange visit was informative and enlightening. It was a great experience to see how a multinational task force works together on a day to day basis to provide high quality patient care to multinational troops. Our future deployments may incorporate multinational medical support, so we should be alert and open to the opportunity to participate in such health care organizations.

Obstetric Nursing Consultant
LTC Ramona Fiorey

As important as it is to stay abreast of current research and events of importance to our specialty, it is difficult for many of us to find the time. Here are a few synopses of recent studies and events that may impact clinical practice and patient care in the OB/GYN/NBN area:

1. Research study results presented during a seminar at the Maternal and Child Health Bureau in Rockville, MD indicated that the distribution of commercial infant formula promotional materials and samples in obstetric offices shortens the duration of breastfeeding. It has long been a practice for mothers to receive promotional materials including formula samples in hospitals during their postpartum hospitalizations or pediatric clinic visits, including military medical treatment facilities. This practice should be carefully evaluated in each facility with consideration to its potential detrimental effect on successful breastfeeding.

2. Healthy People 2010 may help bring more attention to the importance of breastfeeding for promoting public heath. The U.S. Department of Health and Human Service's Blueprint for Action on Breastfeeding is a plan based on education, training, awareness, support and research. The plan provides a framework based on the recommendation that infants be exclusively breastfed for 4-6 weeks after birth. The premise for renewed effort to promote breastfeeding comes from statistics that indicate only 64% of American women breastfeed in the early neonatal period. Only 29% continue to breastfeed until their infants are six months old. Additionally, there is a large disparity in breastfeeding among different population segments. Significantly fewer African American women breastfeed than Caucasian women. The Blue Print for Action is an initiative with two goals: one is to eliminate the disparity in breastfeeding among ethnic groups. The other is for 25% of all mothers to breastfeed through their infant's first year of life. The Blueprint recommends the following interventions for health care systems that provide care for mothers and newborns to promote breastfeeding:

A. All breastfeeding mothers have access to lactation support from trained personnel during the first days/weeks of life.

B. All health care providers know the basics of lactation and the responsibilities of their roles in promoting breastfeeding.

The Blueprint for Action on Breastfeeding can be viewed in its entirety at www.4women.gov/breastfeeding. It can also be ordered in hard copy from the site at no charge.

3. Since 1972 corticosteroids have been used to promote fetal lung maturity and reduce mortality and brain stem injury in preterm infants. In 1994, a panel sponsored by the NIH recommended a single course of steroid therapy (two doses of 12 mg each, seven days apart) to pregnant women at risk for preterm delivery. During recent years, it has become common practice for repeat courses of corticosteroids to be given (weekly, occasionally, or "rescue" therapy). A recent NIH sponsored panel review of scientific evidence concluded that data from currently available studies are inadequate to argue for or against the use of repeat or rescue courses of antenatal steroids, and that until the data establish a favorable benefit-to-risk ratio, repeat courses of antenatal corticosteroids including rescue therapy, should be reserved for patients enrolled in clinical trials. The statement can be found in the NIH Consensus Statement 2000, August 17-18; 17(2): 1-10.

4. In July 1999, The Academy of Pediatrics and Public Health Service recommended that newborns of HBsAG-

negative mothers not be given the Hepatitis B Virus (HBV) vaccine until 2-6 months of age in order to prevent exposure to thimerosal, a mercury-containing preservative commonly used in vaccines. In response, many hospitals discontinued policies of administering the initial HBV vaccine to newborns, including those born to HBsAg positive and unscreened women. Although a preservative-free hepatitis vaccine has been available since September 1999, recent surveys indicate that the majority of hospitals have not resumed administering the vaccine to newborns. Statistics also indicate that the number of vaccine doses administered to newborns and young infants has not returned to pre-July 1999 levels. The CDC supports studies to determine whether the changes in hospital policies and reductions in HBV vaccine administration are causing missed opportunities for vaccination of infants at high risk for perinatal infection. The American Academy of Pediatrics and Public Health Service advocate reintroduction of routine HBV administration vaccine policies for all newborn infants born in hospitals in which this practice was discontinued because of concerns about thimerosal. The article is available in the MMWR, VOL. 50 / No. 6.

Although we all recognize the importance of completing timely and accurate 24-hour nursing reports, busy shifts and unit challenges can tax our abilities to provide the most pertinent information. We need to be cognizant of the fact that 24-hour nursing reports are "discoverable" by JCAHO. The information given on the report needs to be judicious, accurate, and complete. An example of this is documentation of times when staff members are loaned or borrowed. When this occurs, an annotation for LTI should be made so that an accurate picture of staffing requirements and methods used to respond to the requirements are reflected in the report.

Did you know that if hospital staff members want to photograph an infant for the purposes of medical training or presentation, a specific written consent must be obtained from the parents? The consent signed for labor does not include permission for photos to be taken. However, if a birth results in a perinatal loss, the infant's photos taken by the staff for the purposes of grief support do not require a permit since this is a service provided to parents for grief support.

Thanks to all of you who responded to the OB/GYN Consultant Survey. I have received a number of them and am starting to put the data in a form that will be helpful. If your facility has not returned your survey yet, please send it back via email so the data can be included. My email address is ramona.fiorey@tamc.amedd.army.mil.

Army Nursing Research Update
LTC Laura Brosch

Postpartum Hematocrits: Using the Evidence to Change Practice

Now, more than ever, health care providers are responsible for providing high quality, low cost, evidenced-based care to the patients we serve. Nurses at Madigan Army Medical Center (MAMC) Nursing Research Service (NRS) believe that every aspect of patient care should be critically evaluated for effectiveness. LTC Elizabeth Mittelstaedt led a multidisciplinary process improvement team that included representatives from the Maternal-Child Section, the Department of Obstetrics/Gynecology, and NRS at MAMC. The team identified the routine postpartum hematocrit (HCT) draw as a procedure that was based on historical, "that is the way we have always done it," rationale rather than on the sound scientific evidence. A postpartum HCT costs at least ten dollars to run and causes additional physical discomfort for the patient. A literature review of research studies supported the notion that a postpartum HCT was not necessary for all new mothers. Therefore, the OB team and MAMC nurse researchers decided to: 1) evaluate the existing policy requiring routine postpartum HCTs; 2) examine the patient characteristics that predict low postpartum HCTs; and, 3) develop criteria for the group of patients who need a postpartum HCT.

The team used an existing hospital data set that included antepartum, intrapartum, and postpartum data from all women who delivered at Madigan for a one year period in 1998-1999. These data showed that of the 1824 women who had a baby at MAMC, only 10 required one or more blood transfusions, and seven of these ten women had cesarean (surgical) deliveries. Since there is usually increased blood loss with cesarean deliveries, women who deliver surgically probably need to continue to have their HCT assessed in the postpartum period. So further data analysis only included the women with vaginal deliveries.

Statistical analysis indicated that three patient characteristics predicted a low postpartum HCT: estimated blood loss (EBL) $\geq$ 500 cc, an admission HCT < 33, and a prolonged second stage of labor (> 2 hours). The team did further analysis of the data focusing on the patients with the lowest postpartum HCTs. **This lead to the selection of four criteria for necessitating a postpartum hematocrit: cesarean delivery, EBL $\geq$ 400 cc, admission HCT < 33, or a patient with signs/symptoms of severe anemia. A new policy was implemented stating that any patient with one or more of these criteria needs to have a postpartum hematocrit drawn.** This new policy eliminated a routine procedure and replaced it with one that is based on the patient's individual needs. It was implemented in January 2001 after staff education, led by CPT Editha Ruiz, was completed.

Patient outcomes, such as need for blood transfusions and rehospitalizations, will be assessed in the coming year to ensure ongoing best practice. We estimate annual cost savings of over 10,000 dollars per year at MAMC. This project is an example of how nurses can use the research literature, analytic methods and existing databases, to both improve the quality of care and decrease the cost of care within their own nursing units.

Team Members: LTC E. Mittelstaedt, AN, MAJ M. Ladwig, MC, CPT E. Ruiz, AN, Lori A. Loan, PhD, RNC, & Suzie Miltner, RN, PhD(c).

Nursing Informatics Consultant
LTC Anthony Ettipio

HIMSS (http://www.himss.org) – a great investment for the nursing informatics specialist! As our healthcare environment evolves to an increasingly complex, highly interdependent and synchronized construct, the critical role of information technology in decision support becomes ever more fundamental and absolutely indispensable. Properly designed and appropriately integrated, our information systems can empower us to provide more efficient and effective patient care, allow for redesign and realignment of our critical business processes (workflow), to include, where needed – the transformation of staff roles, responsibilities and unit structures - in short – it permits us to lead and administer our organizations in ways not available to us just a few short years ago. So then, what is the single best way for nursing informatics staff to continuously prepare themselves to support their clinical and administrative leadership, and to grow organizational effectiveness to support standards of care, outcomes, and best practices via our information systems? Simple - join and participate in HIMSS, the Healthcare Information and Management Systems Society!

One MAJOR reason to affiliate with HIMSS is that the U.S. Department of Defense Military Health System is a major participant in and co-sponsor of the Annual HIMSS Conference and Exhibition. At the annual conference - key, up-to-date information – directly from the source (DOD) is shared – so that you'll be well advised and as a result – your MTF – your chief nurse and command suite - will be better able to anticipate, plan and prepare for future changes and systems deployments.

At this year's HIMSS conference (February 4-8 in New Orleans), we were indeed privileged with presentations by many military luminaries. The keynote speaker was General Wesley K. Clark, former NATO Supreme Allied Commander and our nation's most highly decorated military officer since former President and General Eisenhower. He discussed "Strategic Leadership in the Information Age." Also presenting was Dr. James T. Sears, Executive Director of the TRICARE Management Activity, Mr. James Reardon, Military Health System (MHS) CIO (Chief Information Officer), and many key military leaders and program managers directly leading DOD MHS information systems development – 5 days worth of presentations and information. Our Army Nurse Corps even has a distinguished member on the HIMSS Board of Directors - Colonel Rosemary Nelson, FHIMSS - as HIMSS Vice Chair!

One example of the many, many kinds of forthcoming useful information we were made aware of is IPPSRS (http://ippsrs.ha.osd.mil) – the Intergrated Program Planning, Scheduling and Reporting System. IPPSRS is a knowledge management initiative to track, consolidate, integrate, and electronically report Military Health System (MHS) Information Management/Information Technology (IM/IT) life cycle schedule activities. IPPSRS evolved from a MHS Information Management Proponent Committee mandate in 1996 for development of a program tracking capability that would allow Military Treatment Facilities to know what and when automated information systems are programmed for their facilities. IPPSRS employs program management utilities, and is evolving to support enterprise-wide program management oversight of the system life cycle phases. IPPSRS is an element of the Department of Defense (Health Affairs), TRICARE Management Activity, Information Management, Technology and Reengineering, Planning and Performance Management Directorate. A new product, right now, IPPSRS provides a query capability to show a scheduled view of information for a Single Military Treatment Facility (MTF) or IT System – or by Military Service, TRICARE Region, Major Command or in multiple combinations. You control how much or how little you wish to see. In the future, IPPSRS will provide IM/IT data brokering to enhance enterprise-wide IM/IT program planning, management, and reporting, IM/IT Executive-level, multi-dimensional data presentation for decision-making in areas such as: the MHS IM/IT Annual Performance Plan Progress, MHS Integrated Scheduling and Funding Profile, MHS Site Activation Tracking and MHS Integrated Life Cycle Schedule. Check out the site – it will become very useful in assisting you in planning your activities at your MTF!

It is important that nursing staff serving in informatics roles be aware of and strongly consider enhancing their professional growth and development by joining HIMSS, the Healthcare Information and Management Systems Society. Founded in 1961, HIMSS is a not-for-profit professional membership association that provides leadership in healthcare for the management of technology, information, and change through publications, educational opportunities, and member services. HIMSS has more than 41 chapters and more than 12,000 members working in healthcare organizations throughout the world. Members include healthcare professionals in hospitals, corporate healthcare systems, clinical practice groups, vendor organizations, healthcare consulting firms, and government settings in professional levels ranging from senior staff to CIOs and CEOs. At this year's conference, more than 17,000 healthcare IT professionals and 800 exhibitors attended the five-day conference co-sponsored by the American Health Information Management Association, the Center for Healthcare Information Management, the College of Healthcare Information Management Executives, the Computer-Based Patient Record Institute, the U.S. Department of Defense Military Health System, and the Society for Health Systems of the Institute of Industrial Engineers. The Annual HIMSS Conference and Exhibition, the Society's educational cornerstone, is the largest in the healthcare IT field.

HIMSS members are responsible for developing many of today's key innovations in healthcare delivery and administration, including telemedicine, computer-based patient records, community health information networks, and portable/wireless healthcare computing. HIMSS membership and participation will provide the highest value for lifelong learning in the areas of healthcare information, technology and change. HIMSS values an organized exchange of experiences among a diverse membership. It will and does promote personal and professional growth in nursing informatics. Join NOW and plan to attend (with your fellow MTF 70D MS officers – who go each year) the annual conference in Jan 2002 – only 10 months away. You ARE the KEY information

systems clinical-functional proponents for our MTFs! See you there!

A Profile in Non-Traditional Nursing: Standing on the Edge

LTC Susz Clark

It's just another ho-hum day for Army nurse CPT Joseph Fasano--- teaching Special Operations combat medics how to care for post-trauma patients in an austere environment, or teaching them how to interpret a 12-lead EKG, then it's off to a two-part Mogadishu Raid exercise. Sound familiar? Probably not; it's just another example of how Army nurses are standing on the edge between traditional and non-traditional nursing and subsequently re-defining nursing in the Army Nurse Corps.

CPT Fasano is an Instructor with the John F. Kennedy Special Warfare Center and School, Joint Special Operations Training Center, Fort Bragg, North Carolina. As a member of the 1st Special Warfare Training Group (Airborne), CPT Fasano teaches medics from the Air Force, Army and Navy the rudiments of how to be a special operations medic over a 24-week period. Then, he further refines medics in the Special Forces Medical Sergeant's Course whose graduates go on to become Green Berets, Navy SEALS or Army Special Forces medics.

Many times, the Special OPS medic must be a surgeon, obstetrician, trauma or burn care specialist. Such extraordinary expectations requires better-than-ordinary training. "The future of medical training is simulations", says CPT Fasano. To that end, CPT Fasano attended the Human Patient Simulator Course in Sarasota, Florida to learn how to use a computerized human patient simulator. The simulator mimics human responses to students' interventions. Fasano states the simulator is "not perfect, but it has great capabilities". Not only does the simulator allow students to practice skills, it also encourages the students to think critically—a big plus with CPT Fasano. "In a real-life setting with a live patient, there won't be any instructor there to help them think ahead to the next step". "Our mission is to produce the best Special OPS medics in the world; simulation technology allows us to teach a student things that we can't teach them in a classroom".

CPT Fasano, a graduate of Molloy College in New York, credits his training in the Army Nurse Corps with preparing him for his current role, beginning with his graduation from the Critical Care Nursing Course at WRAMC. From there, he sought military training that would prepare him for a role in the TOE: C4, EFMB, Medical Management of Bio-Chem Casualties Care Course, Trauma Nurse Core Course, Medical Effects of Ionizing Radiation and MED TEAMS Instructor Course.

It's been one interesting assignment after another for CPT Fasano who started his career in nursing as a psychiatric technician on a 23-bed lock down psych unit in Valley Stream, New York. "I've learned something from all my assignments, and incorporate a lot of my experiences into my teaching". CPT Fasano authored the nursing section for the new Special Operations Forces medical handbook and CD-ROM. Currently, he is looking forward to becoming the Course Director for the Special OPS Forces Medical Skills Sustainment Program.

Ready to try something different and "stand on the edge"? Start now by participating in activities that can build your competencies as a nurse. CPT Fasano was the education coordinator for the MICU/PICU at WRAMC as well as the coordinator for the hospital's code response team. Part of getting out in front as a leader is going where the action is. Learn more about non-traditional courses that can expand your horizons as a nurse then ask to go to them.

Stand on the edge! Want to learn more? Contact CPT Fasano at fasanoj@soc.mil

NEWS FROM AROUND THE AMEDD

CONGRATULATIONS on your PUBLICATIONS

MAJ Linda Sulton has had the following article accepted for publication:
A multidisciplinary approach to Guillain-Barre' syndrome, Dimensions of Critical Care Nursing. volume 20, Number 1, pages 16-22.

Madigan nurses have received word that the following articles have been accepted for publication:

1. "A Model for Self-Directed Learning in a Military Facility," accepted by Military Medicine, written by Carmelita Rivero, RN, LTC Elizabeth A. Mittelstaedt, and LTC Nona Bice-Stephens.

2. "Designing a Learning Needs Survey: Ten Steps to Success," accepted by The Journal of Continuing Education in Nursing, written by LTC Nona Bice-Stephens.

3. "Designing a Conference: From Start to Finish," accepted by The Journal of Continuing Education in Nursing, written by LTC Nona Bice-Stephens.

COL Christine Wynd, COL Cathy Bonnefil and Ms. Judy Harris have had the following article accepted for publication:

Wynd, C.A., Bonnefil, C., & Harris, J.S. (2001). A comparison of health needs and personal health goals of Army Reserve military and civilian employees. Military Medicine, 166 (1), 14-20

PACU Resources

In 1997, the staff at Landstuhl Regional Medical Center's Post-Anesthesia Care Unit (PACU) sought an opportunity to improve patient care through patient teaching. It was observed by many that the pediatric patients that were seen post-operatively were at times uncontrollable and the parents' anxiety added to the difficulties. The children did not understand the blow-by oxygen or the pulse oximeter that glowed on the end of their finger. A Quality Improvement initiative was begun to try and diminish the anxiety and fear on the part of the children and their parents. Prior to this, the parents and children watched a video during their pre-operative work-up. However, the children were not interested and the parents spent their time trying to keep up with the children. The program introduced the children and their parents, one at a time, to the equipment and atmosphere of the PACU as part of their pre-op process. Children could actually touch the blow-by and relate the pulse oximeter to the movie E.T. or as a device that allowed them to "draw" on the TV screen by wiggling their finger. We were also able to introduce the pain scale and relate it to something they could understand which resulted in an improvement in pain scale verbalization after surgery. Both the children and their parents were able to ask their questions to someone who actually worked in the area and at least one staff member was able to make contact with them to establish a "friendly face". The program also allowed the PACU to identify any special needs that the parents or children might have. One such instance was a family who had lost a young child previously to SIDS and was unusually anxious about the surgery. Extra measures could then be taken to assist the parents through this process such as explanation being reinforced and inquiring if the chaplain could wait with them on the day of surgery. The program was a success in both the eyes of the staff and the parents, so much so that it was presented in a cultural exchange with nurses in Germany.

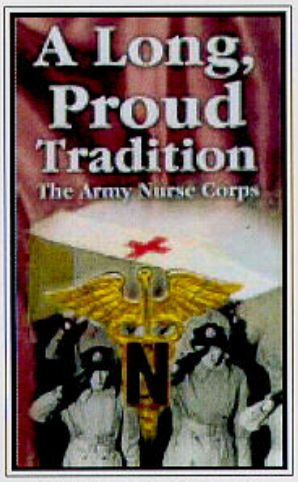
LTG Blanck visited the hospital and was introduced to the program. He suggested it would be appropriate for other facilities in the AMEDD. The program was placed on videotape by VICE Media to allow PACUs throughout the AMEDD to access the information on how to start their own pediatric pre-op program. This video is approximately 8 minutes long and is now available through the DAVIS system. The video is meant only to teach your staff how to pre-op a pediatric patient. This is NOT intended to be shown to patients.

To order the video, go to the Defense Visual Information website at http://dodimagery.afis.osd.mil/ . Access the Defense Automated Visual Information System (DAVIS) on the site. The title of the video is Landstuhl Regional Medical Center, Pediatric Pre-op Program. The PIN number for easier location of the video is 711408. You may access the video by the title or the PIN number and then add it to your shopping cart. If only 1 copy of the video is requested, there is no cost to obtain it and it will be sent to your facility.
POC is CPT Gayla Wilson at billgayla@earthlink.net

ATTENTION ALL!!!

The Department of Nursing Science, AMEDDC&S received a major budget cut for FY 01. In an effort to manage the budget deficits, we regret to inform you that the Head Nurse Course previously scheduled for 1-13 April has been cancelled. Due to the decreased number of seats for this course, attendance is limited in upcoming courses to officers currently serving in or slated for a Head Nurse position. Additionally, the remaining Advance Nurse Leadership Courses (ANLC) scheduled for May and September have been cancelled.

ARMY NURSE CORPS CENTENNIAL COMMEMORATIVE ITEMS



"A Long, Proud Tradition" Video

The Army Nurse Corps 1901-2001

"THE SPIRIT OF NURSING"

Help commemorate 2001 as the Centennial Anniversary of the founding of the Army Nurse Corps with two special items celebrating its service. The figure is a replica of the Spirit of Nursing Memorial honoring the service of military nurses in our nation's history at Arlington National Cemetery. This museum quality, hand-sculpted figure is approximately 200mm scale, of a sturdy artificial stone and finished in a beautiful bronze patina. The other item, "A Long, Proud Tradition: The Army Nurse Corps", is a wonderful TV documentary of the noble sacrifices and courageous contributions made by the nurses of the U.S. Army. This 30 minute film spans the 100 year history of the Army Nurse Corps with a mix of historical photos, live footage, and narration. To order contact the Army Historical Foundation at 1-800-506-2672 or www.ArmyHistoryFnd.org. Proceeds support the Army Nurse Corps Fund.

Yes, please send me the following Nurse Corps items. Make check payable to:
The Army Historical Foundation, 2425 Wilson Blvd #247, Arlington, VA 22201
AHF Now Accepts Visa & Mastercard

Credit Card # __ __ __ __ / __ __ __ __ / __ __ __ __ / __ __ __ __ Exp. Date __ __ / __ __

___ Figure Unmounted ($75.00 ea.) $_____
___ Figure Mounted with base & plaque ($99.95 ea.) $_____
___ "A Long Proud Tradition" Video ($19.95 ea.) $_____

Subtotal $_____
VA Residents add 4.5% sales tax $_____

Unmounted Fig's Packing &Postage ($5.00)
Mounted Fig's Packing & Postage ($7.00)
"A Long, Proud Tradition" Video ($5.00)$_____
Total $_____

Send to: (Please Print)

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Address:_____

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Phone:_____

E-mail:_____

U.S. ARMY NURSE CORPS

100TH ANNIVERSARY

FEBRUARY 2, 1901 - FEBRUARY 2, 2001

Prayer of an Army Nurse

Hear my prayer in silence before Thee
as I ask for courage each day.

Grant that I may be worthy of the sacred
pledge of my profession

And the lives of those entrusted to my care.

Help me to offer hope and cheer in the
hearts of men and my country,

For their faith inspires me to give
the world and nursing my best.

Instill in me the understanding and
compassion of those who led the way,

For I am thankful to You for giving me
this life to live.