



Corps Chief's Message

The Only Thing Constant is Change

Labor Day is around the corner. Students (at least here in Texas!) are back in school. Most of the summer moves have been completed. FY 04 is almost upon us. Can you believe it?

For us here in the SP Corps Office that cycle of events means that we've recently said farewell to MAJ Yvette Woods, Assistant to the Corps Chief, and will soon do the same to CPT Gail Maxwell, Executive Fellow. My sincere thanks go to both of these outstanding officers who have made my life immeasurably better and have contributed much to the "care and feeding" of all 1100 officers in the SP Corps.

On the flip side, I'd like to introduce you to MAJ Sara Spielmann and MAJ Matt Garber who signed-in this summer. Among countless things she does for the Corps Office, MAJ Spielmann will be your POC for all VTCs and the *Medallion*. MAJ Garber's role as the Executive Fellow includes managing the Corps Balanced Scorecard and other projects and taskers that come our way.

The beginning of FY 04 also means that I will be starting my last year as Corps Chief. The opportunity to serve as Chief has been very rewarding and humbling. Every time I get the opportunity to visit or communicate with SPs in the field, I feel that I am going to simply "bust my buttons" with pride. The quality of officers we have in our Corps is revealed in the positive attitudes I read in AARs and e-mails I receive from deployed folks and evidenced by the things being accomplished daily on installations around the Army. I am continually impressed with the depth of commitment shown by each and every one of you and it makes me proud to wear the "S" on my collar. Once again let me say "thank you" for all you do to support me, the Corps, the AMEDD, and most of all, the soldier.

One of the areas that I'd like to concentrate on during my final year is marketing. I want the rest of the AMEDD to know who you are and what you do. To that end, I'm very excited to announce that the *AMEDD Journal* has agreed to publish a Specialist Corps "Special Edition". If you've never read the *AMEDD Journal*, it's a quarterly magazine published "to expand knowledge of domestic and international military medical issues and technological advances; promote collaborative partnerships among Services, components, Corps, and specialties; convey clinical and health service support information; and provide a peer-reviewed high quality print medium to encourage dialogues concerning health care initiatives." My purpose in supporting this SP Corps edition is to encourage SPs from all four AOCs to publish case studies, clinical research findings, deployment statistics, health care support information, and other pertinent articles to help the AMEDD community know what we do. And everyone knows that SPs do, what we do, better than anyone else!

I'll need lots of help to make this idea become a reality. Please let me know ASAP via e-mail (rebecca.hooper@us.army.mil) if you are interested in contributing a manuscript to this endeavor. Instructions to authors may be found inside the back cover of the Journal.

OT Section

*By LTC Mary Altana, IMA,
Chief, OT Section*

COL Cozean deployed as a member of a Mental Health Advisory Team on Sunday, August 17 to prepare to deploy to Iraq. There are actually two teams who plan to visit AMEDD units to assess how their mission is going. Current plans are for her to be gone for 6-8 weeks. She hopes to have the opportunity to visit with all of the AMSC staff that are currently involved in Operation Iraqi Freedom. Her agenda is not complete at this time however she does plan to keep in touch via email.

I would like to take a moment to describe my duties as the IMA to COL Cozean and update you on the status of OTs in the reserve component

As an IMA (Individual Mobilization Augmentee) I act as a liaison between the active component and the reserve component of the Occupational Therapist Section. I drill for retirement points only during the year from my home in Watertown, NY and come on active duty for 12 days to complete my annual training (AT) usually at Ft. Sam Houston. As part of my duties, I work on special projects that COL Cozean assigns. My main focus so far has been to identify and locate all of the OT reservists that are in the Army and locate where in the 11 Regional Support Commands (RSC) there are billets or slots for OT reservists to be a member of a unit to perform their monthly drills and annual training. I have no authority to grant funding or write orders. My position is to provide information and guidance to the OT reservists and COL Cozean.

Currently in the USAR Ready Reserve, which is made up of reservists in Troop Program Units (TPU), IMAs and Individual Ready Reserve (IRR), there are authorizations for 94 soldiers with a current inventory of 144 soldiers. Troop Program Units are your typical reserve units where a soldier has funding for attending monthly drills and 14 days annual training. IMA positions usually receive no pay for drills and only retirement points are earned for monthly drills however their AT time is funded. There are a few paid drilling IMA (DIMA) positions. An IMA may be assigned to a specific command, region or medical clinic to help on special projects or provide direct patient care. IRR soldiers are usually soldiers who are in transition due to short-term assignments or transferring from one assignment to another. In the IRR, if funding is available, a soldier can attend 12 days of annual training or be attached to a TPU for points only, no pay.

I am collecting personnel data on the 144 "inventory" reservist plus a few more reservists who have retired but would like to be kept informed. I have also been keeping track of the reservists who have been deployed. Currently there are 17 OT reservists who have been deployed to either back fill for an OT clinic, a Regional Readiness Command (RRC) or gone with CSC units to Iraq. Most of the reservists were deployed in February of this year and are still on assignment.

There are about 50-60 reserve units TPUs through out the US. Another program a reservist can be assigned to is the NAAD-National AMEDD Augmentation Detachment. NAAD headquarters is located in Atlanta, GA. If a reservist lives more than 50 miles or 1 ½ hour drive from a unit, a soldier through the NAAD can be assigned to any TPU in CONUS. A soldier attached to a NAAD participates in pay and retirement points as they perform their training and duties.

Over the past 8 months I have received request from the active component OT clinics requesting reservists to back fill due to staff shortages. There are reservists who are very interested in helping out. The biggest constraint has been funding and time to get orders. If OT clinic knows you are going to have a short-term vacancy of 12-29 days and you can get funding from your medical center, reservist would be more available to help out. It would be more cost effective to place a reservist on orders than to draw up a contract to hire a civilian OT.

A reservist usually completes 12-14 days of annual training (AT) per year with some special assignments up to 29 days. Reservists can request from their unit command an alternate annual training with approval coming from that unit's commander. Soldiers in a TPU and NAAD usually complete their AT with their unit and funding again comes from that TPU or NAAD. Soldiers in the IRR can complete annual training if funding is available from AR-PERSCOM. AT funding for TPU or NAAD soldiers comes from ARPERSCOM or MEDCOM depending where they are assigned. When I receive a request from an OT clinic, I send out an email to the reservist announcing the request. Unusually soldiers in IMA or IRR positions have been my source to fill some of the OT clinic requests.

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OT Section (con't)

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Besides funding constraints there is also a time constraint. In order to help active component OT clinics to fill staff shortages, reservists need up to 180 days for their unit to write orders. Soldiers in an IMA or IRR slot may be able to get orders from ARPERSCOM or MEDCOM in a shorter amount of time. Usually 90 days is the required request time for ARPERSCOM and MEDCOM. If OT Chief's clinics know of a need for reservists, please give enough notice and try to seek funding from your medical center. You can send your request to me at mary.altena@amedd.army.mil. Again, I will work hard to help you fill short-term vacancies, but my "authority" and funding is limited. I look forward to continue to network with the OTs both in the active and reserve components.

***Helpful COTA Exam Websites:**

http://www.nbcot.org/nbcot/scripts/news_and_events/press_detail_020702.asp

http://www.gibill.va.gov/NBCOT/COTA_Exam_VA_eligibility.gov/education/benefits.htm

PT Section

*By Theresa Schneider
Chief, Physical Therapy Section*

A friend of mine is giving a speech this week and asked if I would listen to a practice run and provide feedback. The practice speech was interesting, full of facts, figures, and anecdotes from history, unfortunately, to the point of being distracting. As the audience, I had to work hard to weed out the distractions to find the central message. This exercise in mental gymnastics reminded me to avoid the same pit fall while penning my first submission to the Medallion. So, fighting the urge to provide facts, figures, and war stories, here is my central message: 1. Army Physical Therapy is a force multiplier because when it comes to neuromusculoskeletal injuries, Army PT puts soldiers back into foxholes better/faster than any other non-surgical medical specialty. 2. The time has come to prove it.

I believe in my heart of hearts that what we do as Army Physical Therapists matters. We know soldiers need us, but how do we prove this without seeming self serving when all we have is anecdotal evidence? "Proving it" is not about justifying our existence - it's about taking care of soldiers. If Army PT becomes a "nice to have" and not a "need to have" in the eyes of decision makers, we won't be around to provide the care soldiers require and deserve.

In order to prove that what we do matters, we have got to have a campaign plan. In October I will host the next PT Section VTC. At that VTC we will begin to hammer out a campaign plan by first identifying our mission, mission essential tasks, and our vision for Army Physical Therapy. As time permits, we will also begin to identify and prioritize key issues and problems we as a section need to address. I appreciate the work demands and the family/personal demands each of you faces daily. I am not looking to add to these demands, but rather am looking to gain efficiencies corporately so that we have time to address the central issue of proving that Army Physical Therapy puts soldiers back into foxholes better/faster than any other non surgical medical specialty.

I look forward to working with you all!

Dietitian Section

*By COL Brenda Forman
Chief, Dietitian Section*

Greetings colleagues

Let me begin by saying thank you to each of you for the job your are doing, whether deployed in support of OIF or working in a Nutrition Care Operation or other staff job. I appreciate all you do everyday for our Army!!

Welcome Home to OIF veterans!!

I send a hearty welcome home to all of our OIF Veterans. Since the last edition of the Medallion, several dietitians and 91M's have redeployed back home. We extend to each of you a warm welcome home and thanks for a job well done. I know all of you have stories to tell, and we look forward to hearing about your experiences. Make sure you complete your final AAR and submit it to the Corp Chiefs Office so we will have a record of your deployment. Combat Dietitians who have redeployed are listed below. Many of the 91M's who were assigned to these units have returned as well.

- **MAJ Bonnie Eilat** was one of the first to come home. Bonnie was deployed with the 115th Field Hospital and returned home to PCS to her new assignment as the XO for 1st Recruiting Battalion at Ft Meade Maryland.
- **COL Virginia Stapely** arrived back to 3rd MEDCOM a couple of months ago and is getting adjusted to the US again. COL Stapely is a USAR officer who was activated in support of OIF. COL Stapely did an outstanding job in her role as the senior dietitian in theater.
- **CPT Trisha Stavinoha** arrived home o/a June 03 and stopped in to see me here at MEDCOM while on vacation visiting her family. CPT Stavinoha was deployed with the 115th Field Hospital.
- **CPT Nichelle Johnson** has arrived home and PCS'd to her new job as a recruiter in Atlanta. Nichelle deployed with the 86th CSH from Ft Campbell.
- **1LT Emily Tarleton** arrived back safely at Walter Reed Army Medical Center after being deployed with the 47th CSH. LT Tarleton is now on transitional leave prior to her ETS from the army.
- **MAJ Leslie Sanders** has arrived back safely at Ft Lewis Washington after her deployment with the 62nd Medical Brigade.
- **MAJ Christine Edwards** is home to her family and friends at Ft Campbell Ky after completing a very challenging mission during her deployment with the 86th CSH.
- **LT Tamrin Massey** arrived back to Ft Hood recently after being deployed with the 21st CSH.
- **CPT Kerryn Davidson** arrived back at Ft Carson very recently and is making her way back to Fort Sam Houston so she can PCS to West Point. CPT Davidson deployed with the 10th CSH, and was held over to support the 21st CSH.
- **MAJ Richard Meaney** arrived back a few days ago and is clearing at Ft Bragg, will take some well deserved R&R before he heads to Texas where he will work in Combat Development Directorate.

THANKS TO EACH OF YOU FOR YOUR SACRIFICE AND SERVICE

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Dietitian Section (con't)

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Soldiers Still Deployed

Although many officers and 91M's have returned home, we have quite a few still deployed. Please continue to stay in touch with these officers and 91M's. Send a card or e-mail, send a care package...I know they'd appreciate hearing from you.

MAJ John Kent is deployed with the 30th Medical Brigade and working as the G-5. Of course John is doing a terrific job and making things happen. We are fortunate to have his footprint on the ground.

MAJ Wayne Kostolni is deployed with the 28th CSH and has been in country for quite a few months now as well. Here's what MAJ K shared with me in a recent e-mail: **"I think what makes it bearable for me is the nights. Usually by midnight it's cool enough to sleep, but the stars out here are great. I've learned a great deal about the stars. Had to take up some hobby to pass the time. Every night I pull my cot outside and sleep under the stars. You never have to worry about clouds. Never before have I been able to follow the moon's rotation, but now I know exactly where the moon will appear and when. I can identify individual stars and it's amazing to watch the night sky change over many hours as the earth rotates. It's easy to recognize God's handiwork out here."** Many of you may not know, Wayne was married this past year and is spending his first year of marriage away from his new bride. What a sacrifice!!

MAJ Colleen Kesselring: Colleen is still deployed with the 21st CSH. I recently received a letter from MAJ Kesselring and she noted **"they were hanging tough and staying busy taking things one day at a time."** Many of you may not remember, but MAJ Kesselring and SSG Wells were deployed to Kuwait from January 02 – May 02 and both are now deployed again.

As of this publication, **LTC Guy Desmond** remains deployed with the 1st Medical Brigade from Ft Hood Texas. We anticipate he will be redeployed in the very near future.

CPT Julie Boyette from Ft Bragg recently deployed and arrived at her destination safely as a backfill to the 28th CSH. Recent communication with CPT Boyette indicates she is getting acclimatized and is doing well. Here's an excerpt from a message from CPT Boyette:

"I am happy to be here! We are in the middle of moving to Baghdad this week; I'm very excited about the move. You are right, MAJ Kostolni and I aren't together, he is in Tikrit. We are able to communicate well through email. It took a few days, but I am finally adjusted to the environment."

I appreciate your message and prayers! Here's my address:

*CPT Julie Boyett
28th combat support hospital
APO AE 09302-1274*

MAJ MaryBeth Salguiero also recently arrived as a backfill for the 21st CSH. Here's an excerpt from a note I received from her recently:

"Our days are going great! I'm getting used to the temperatures and living conditions, so I am doing just fine. The 91M's are all doing well - taking one day at a time. The 91M's do their jobs very well and the staff appreciates all that they try to do given the limited rations, etc."

CPT Hillary Harper remains in Kuwait with the 47th CSH, although we anticipate she will return in a few weeks to join her husband at Ft Campbell. She will be replaced in theater by **1LT Michael Trust** from Dwight David Eisenhower Army Medical Center

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Dietitian Section (con't)

Upcoming Events

VTC: I am hosting a VTC on **30 September 2003** and hope many of you will be able to join me. Unfortunately, we can only have 20 sites, but the remainder will be able to join by audio. MAJ Spielmann in the Corp Chiefs office will notify you with the time for the VTC. At this VTC, I plan to discuss progress we've made this past year and will also unveil our strategic plan/balanced scorecard for the section. A group of dietitians met here in San Antonio in June and developed this plan. I will be asking for volunteers to help implement this plan – so don't be shy!!

Advanced Nutrition Support and Force Health Protection Conference- Date Changed: this conference, which is designed for officers and 91M's that are PROFIS, has been changed. It is normally held in January; however, it will be held in October this year in conjunction with the **OIF After Action Conference**. The conference will be **October 20th – 21st, 2003**. Participants in the ANSFHP course will then participate in the OIF After Action Conference 22 and 23 October 2003. This is a different format than we've had in the past, however it promises to be an awesome course. If you are PROFIS and have never attended this course, please contact CPT Tanya Crail at the Nutrition Care Branch, AMEDD Center and School.

OIF After Action Conference: As mentioned above, this conference will be October 22nd and 23rd here in San Antonio. Individuals who were recently deployed in support of OIF will be invited to this course so we can discuss and document lessons learned and provide this information to Combat Developers to effect change to doctrine.

DOD Nutrition Symposium: We are very busy planning a very exciting symposium, which will be here in San Antonio 24 and 25 October 2003. The meeting will end at noon on Saturday 25 October to allow you time to attend the opening session of the Food Nutrition Conference and exhibits which will start Saturday afternoon – 25 October 03. I hope as many of you as possible will plan to attend. The conference agenda, registration form and notice about social events during this time will be placed on the SP web page and will be sent to you by e-mail very soon.

In case you have not heard, our proposal was approved to upgrade the **Dietetic Internship to a Masters Degree** program. Students starting the internship in September 2005 will complete a Masters degree with the Uniformed Services University of Health Sciences in addition to the supervised practice dietetic internship. The first class will graduate in 2007.

LTC Vivian Hutson is getting settled in at the American Dietetic Association's Washington DC office where she is doing a one year Training With Industry. Vivian will be working on a lot of issues affecting Military Dietetics at the National level. I've asked LTC Hutson to describe some of the activities she is working on at the upcoming DOD Nutrition Symposium.



PA Section

*By COL William L. Tozier
Chief, PA Section*

Howdy from San Antonio,

By now I know that most of you have deployed or are in the process of deploying. Almost all PAs are now engaged in support of OEF, OIF or other OCONUS missions. This is straining the limits of our AD PA strength and has now tapped into a significant portion of the Reserve PAs and National Guard. MAJ(P) Gross also has to balance traditional assignment needs such as Korea. All this has been very difficult, with you all bearing the brunt of the OPTEMPO and workload. I want to be sure you know that I appreciate all that each of is doing. Many of you have made significant concessions to your personal lives and families. Your families also should know that I appreciate all that they are doing as you are deployed and separated for long periods of time in unsettling environments. You have my sincere thanks!
Enclosed are various notes and information:

Senior Promotions:

Our second Colonel

01 Aug 03: COL Sherry Morrey

Four new Lieutenant Colonels

01 Aug 03: LTC Bill Randall

01 Sept 03: LTC Rob Halliday
LTC George Hokama
LTC Don Zugner

Note from MAJ John Balsar, 3ID Division PA:

Sir, as you should know by now, the 3rd Infantry Division has been ordered to be Theatre Strategic Reserve in Kuwait starting now. Our 1st BCT is still attached to 1AD and will be until at least the end of September. As for the PAs in general, their outstanding job did not go unnoticed during the trip to Baghdad. The professionalism and courage under fire of these individuals saved many lives; civilian, enemy, and coalition. The Division troops had complete confidence in their capabilities, which contributed to the overall success seen. We treated many Iraqi civilians and enemy EPWs during the conflict and during the siege of Baghdad. Afterwards, a large Humanitarian effort was initiated with the medical assets of the Division leading the way. In fact, the Division Medical planner and myself helped deliver the first humanitarian aid to the country. The medical community of the 3rd Infantry Division played a vital role in the restoration of the medical infrastructure of the country. The missions are smaller but no less important today. Our 2nd BCT continues to assist in the western cities of Fallujia and Habaniyah in the restoration of their clinics and Hospitals. If you need more, please let me know

MAJ Balsar

(Just as this was being typed up, a large portion of 3ID came home. Congratulations for a job well done!!)

After Action Reports:

The SP office, myself, and MAJ Bean at DCDD (Bean, James R MAJ AMEDDCS) would like to get copies of any AARs that you complete for your unit – and especially any pictures. We will be collecting them and when the AMEDDC&S has an AAR Conference later this year, we may be able to fund those PAs with the best contributions. So please keep us in the loop. The information is fed back to the IPAP and the 91W program for improvement of PA and medic training.

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PA Section (con't)

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Civil Service Positions:

Recently the Office of Personnel Management, OPM, wrote a draft revision of the classification system for medical personnel. This included the first classification for PAs. Previously, PAs were classified using the Nurse grading system. As the PA Consultant it was my task to review this document. Several parts needed updating. The basic definition of a PA had to be re-written. Also, the educational background had to be corrected to reflect graduation from an accredited PA program and current certification from the NCCPA. Previously the definition of a PA and the educational criteria were very vague. This allowed persons with medical experience in foreign medical schools and other areas to qualify as PAs. This has now been updated. Much of my work was done in concert with the senior PA from the VA. I also consulted with the senior AF and Navy PA Chiefs. All the federal PA Chiefs have been in active communication with each other over the last 2-3 years, and this is now paying dividends in presenting a unified and strong support on PA issues. This new OPM Classification draft is one example of our working together. The document has many serious problems. Basically, the classification terms do not easily allow for ranking and grading medical professionals in clinical settings. The current terminology is geared towards those in administrative and research positions. The AMEDD as a whole is going to request an even greater revision. Hopefully this effort will make a difference for those of you contemplating working as a civilian PA in the MTFs after your AD career.

Provider-Level Patient Satisfaction Survey:

The AMEDD now has a new provider satisfaction survey process that is documenting your care to patients. Here is information on that process from the Surgeon General's office:

DESCRIPTION: The Provider-Level Patient Satisfaction Survey Project was initiated to be a comprehensive survey program that gives MTF Commanders and Providers timely and actionable feedback from patients. The Survey design is similar to that used in the Kaiser Survey Program and is being administered by the same company, Synovate, Inc.

BACKGROUND:

The TMA Customer Satisfaction Survey only provides quarterly data and only down to the MTF level. Providers and MTF Commanders are not receiving information at the "tactical" level. Providers believe that Patients' reports, about their experiences, are valid indicators of quality. The Provider-Level Patient Satisfaction Survey was designed to provide timely and actionable feedback at the tactical level to assist both Providers and MTF Commanders in their goal of improving the quality of care.

The Survey Project was designed to be implemented in three (3) Phases: Phase 1 involved the development of the survey instruments, establishing the encounter data transfer process, development of the encounter database, development of the web-based reporting formats and execution of a six-week Pilot test at two MTFs. Phase 2 involves a limited-rollout to two Regional Medical Commands: GPRMC & SERMC. Over 2400 Providers are currently participating in the Survey Program. Beginning on 1 October 2003, Phase 3 will be implemented with deployment of the Survey Program throughout the AMEDD and will include up to 4000 Providers participating in the Program.

FACTS:

The Pilot Test was conducted at Martin Army Community Hospital, Fort Benning and William Beaumont Army Medical Center, Fort Bliss. The Pilot Test began in mid-November 2002 with the transfer of encounter files from both facilities, through PASBA to the Synovate, Inc. database. During the 6-week Pilot Test period, randomly selected patients of the nearly 300 Providers were surveyed. Survey results were displayed via web-based reports; accessible to the individual Providers and roll-up reports were created at the clinic, MTF, Region, and AMEDD levels.

Two types of survey instruments are being used; a mail-out written version and an Interactive Voice Recording (IVR), telephonic version. Approximately one third of the patients surveyed will receive the written version and two thirds will accomplish the survey via IVR. A third survey type (interactive/web-based) may be introduced during the full Deployment.

CHCS outpatient encounter files are received from each MTF on a daily basis. From these files, selected encounters (Patients) are surveyed with the objective of having 200 completed surveys per Provider over a 12-month period. The responses to these Surveys are uploaded to the web-based reports web site every two weeks. Access to these reports requires a UserID and Password and Providers

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PA Section (con't)

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can see only their results.

There are a number of encounter/appointment types being excluded from the Survey Program: mental health encounters; OB/GYN encounters for minors; Community Health (STD) encounters.

Each MTF has a designated Survey Project Officer or POC. UserID & Password information is given to that individual who in turn makes distribution down to the individual Provider level. Synovate, Inc. has developed a Demo site, which is accessible by anyone using the following URL, UserID and Password:

<http://demo.synovate.com>
UserID - Synovate
Password - Demo

Tom Harrison/DASG-DSC/(703) 681-1870
Approved by: LTC(P) Dorothy Smith

NCCPA Certification During Deployment:

A reminder that the NCCPA has an extension policy for those who were unable to complete CME or the Recertification exam because of deployment. The paperwork to submit can be found on the NCCPA website, under Resources.

<http://www.nccpa.net/resources.asp>

New PANCE Certification Policy:

Effective August 15th, 2003 all graduates of the Interservice Physician Assistant Program (IPAP) have 12 months to pass the PANCE exam. This policy differs from the past policy, which allowed two consecutive attempts pass the PANCE. Those who did not pass the PANCE after two consecutive attempts were branch transferred. The new policy does not use the number of attempts as the deciding factor, but 12 months. Each new IPAP graduate must take the first available PANCE exam. After the first failure, an order for their branch transfer will be generated, with an effective date 12 months after their graduation from the IPAP. They may then take any number of attempts at the PANCE, at any time, but they must pass before 12 months have passed since their graduation from the IPAP. If a graduate PA fails to pass the PANCE within the 12-month period, the branch transfer will be completed. This new policy applies to all current and future PA graduates in all Army components.

That is all for now. Thanks again for all you are doing,

COL Bill Tozier
From the Line, For the Line



PERSCOM

By LTC Bonnie DeMars
Chief, PERSCOM, SP

SP PERSCOM has initiated the “**Pay It Forward**” Program. I’m sure many of you have seen the movie and know its message. Basically we at PERSCOM are enlisting your support in helping our Corps have the best-informed and most knowledgeable officers because all of us are involved in developing our officers. Read on...

- “Pay It Forward” is a dynamic program with a focus on “ways and means” to develop SP officers. The different components include:
 - Briefings/and or info on various topics will be disseminated by a number of methods on a regular basis. This info can be used in an Officer Professional Development (OPD) program or with OER support form counseling.
 - AOC quarterly VTCs
 - PERSCOM Pointers articles in the SP Corps Medallion Newsletter
 - SP PERSCOM web page
 - Site visits
 - Promotion of the role of SP Corps members as “PERSCOM multipliers”
 - All officers should be involved in the “officer development business” by assisting subordinates and peers.
 - Everyone can be a PERSCOM Battle Buddy.
 - Emphasis will be placed on sending Pre-Board notification (approximately 6 months out) via AKO email accounts
 - Officers need to prepare for boards early
 - Once alerted about an upcoming board, it’s all about YOU putting “*your*” best foot forward**
- The PERSCOM and You “Partnership”
 - It’s a 2-way relationship
 - Remember, it is **YOUR** career and **YOU** are in the “driver’s seat”

****Additional Helpful Tips:**

What **YOU** should do if you are going before a board!!!!

- Check your file on AKO
 - Verify personal information and documents for accuracy and completeness (OERs, Awards and Transcripts. Transcripts should reflect that degree was awarded.)
- Update photo
 - Should be current for a board. Awards, decorations should be consistent with your ORB
 - CANNOT be more than 5 years old
 - DAPMIS photos can be viewed on AKO and you can accept/reject the photo within 72 hours (Also the photo date on ORB must be manually updated as DAPMIS and ORB systems do not currently communicate to each other)
 - Still send us hard copies of the photo

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PERSCOM (con't)

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- Don't wait until the 11th hour to get photo.
- ORB now at PERSCOM Online as My ORB. Verify that all info is correct especially:
 - Military Ed (Section VI)
 - Civilian Ed (Section VII)
 - Duty Title (Section IX)
 - License and/or PA Certification (Section X)
- Print the MILPER Message for the Board from PERSCOM ONLINE
 - Important info on OER closeout dates and dates that documents must by arrive to PERSCOM
- Sign ORBs
- **All 1LTs should get photos when they pin on 1LT.** This will prepare you when you go before a CPT and/or VI board generally held in February each year!!!

New Information:

- RFOs
 - Officers will be notified by email when RFO has been completed by PERSCOM
 - Orders are cut by local PSBs/MILPOs (not PERSCOM) Officers need to contact them about their orders.
- Retirements & REFRADS
 - Must submit paperwork 6 months in advance of the **start of terminal leave**
- AOC and Corps Immaterial Assignments for Summer 04
 - Posted on the PERSCOM SP Web Page NLT than late summer (likely August)
 - Projected Assignments include:
 - Assignment Officer (A, B, Cs), PERSCOM
 - C, SP Branch Chief, PERSCOM
 - USAREC, Program Manager
 - DHET
 - SP Fellow
 - 05A CPT Command positions
 - Will be forecasted 12 months out and posted on web page
 - Interested officers must check with their AOC Chief and get their recommendation (based on available inventory)
 - Officers interested in non-Corps or unauthorized position requires an approval by Corps Chief
 - Corps Chief has final approval

“It’s not what the vision is, it’s what the vision does.”
Robert Fritz

FY 04 Board Schedule

ROTC EDUCATION DELAY	06-10 OCT 03
MAJ AMEDD/CPT AMEDD SELCON	21-31 OCT 03
BG AMEDD, TSG, CHIEF AN, VC, MG AMEDD	17-26 NOV 03
LTC AMEDD CMD	02-12 DEC 03
COL AMEDD CMD	21-30 JAN 04
CPT AMEDD & VI	10-20 FEB 04
LTC AMEDD, MAJ AMEDD SELCON	11-19 MAR 04
SSC (SPECIAL BRANCHES)	02-18 JUN 04
COL AMEDD/AMEDD RA	07-16 JUL 04
CSC (SPECIAL BRANCHES)	07-23 JUL 04

PAs Keeping Busy in Tikrit, Iraq



U.S. Army Physician Assistant Cpt. Alex Morales of Bronx, NY, from the 1st Battalion 22nd Infantry Regiment, left, inspects an Iraqi militia recruit at an army civil affairs building in Tikrit, about 110 miles (180 kilometers) northwest of Baghdad, Iraq (news - web sites), Friday Aug. 15, 2003. The U.S. Army began training an Iraqi militia force to take on civil defense duties and pave the way for U.S. forces to leave Iraq. Fifty young men hand-picked by tribal leaders started three weeks of intensive training at one of Saddam Hussein's main palaces in the northern town of Tikrit, which is now headquarters for the 4th Infantry Division. (AP Photo/Murad Sezer)

Nutrition Care Branch

AMEDD Center and School

*By LTC Laurie Sweet
Chief, Nutrition Care Branch*

Short Courses:

The next **Advanced Nutrition Support in Force Health Protection (ANSFHP) Short Course** will be held at Nutrition Care Branch, Fort Sam Houston Oct 20-25 (ties in with the ADA Symposium). This course is designed to enhance the overall readiness of military dietitians and Nutrition Care Specialists for worldwide military operations. It provides training on current doctrine, concepts and advanced nutritional support skills required to support the treatment of the combat casualty. The course will focus on the complex nutritional support skills required to treat the trauma, burn and the critically injured soldier as well as lessons learned from past deployments. Project officer is CPT Tanya Crail. Contact her via email (Outlook – Tanya.Crail@amedd.army.mil) or by phone (210) 221-3466/3376.

Joint Field Nutrition Operations Course (JFNOC) is scheduled for 15-23 April.

Surveys to the Field:

FYI: The AMEDD Center and School is starting to conduct surveys on how well our training programs prepare soldiers to perform their duties. Thank you in advance for your honest feedback; we are always interested in improving our programs to support the mission.

Visit the Nutrition Care Branch Website!! <http://www.cs.amedd.army.mil/ncb/>

Medical Proficiency Training (MPT):

Did you know? FORSCOM Regulation 350-1, paragraph 3-28, states, “all enlisted personnel organic to divisions, separate brigades, or separate medical units to include the hospital, with an MOS in the AMEDD career management file, must be placed in temporary duty with the local fixed medical treatment facility for MOS proficiency training annually for a period not less than 45 days, not to exceed 90 days.”

No time to develop a program? You don’t have to...check out the MPT section of our website. <http://www.cs.amedd.army.mil/ncb/mpt/default.htm>. MAJ Deb Hernandez and CPT Liz North developed this program and it’s now available for use! Provide feedback on how it works and recommendations for improvement to LTC Laurie Sweet on laurie.sweet@amedd.army.mil or (210) 221-3466/3376.

91Ms – Get a Degree:

Professional Opportunities --- DISTANCE LEARNING OPPORTUNITIES!! Feedback from the last E7 promotion board indicates how important education is to career advancement for 91Ms. The dietetics 91M Army Career Degree Builder is posted on the Servicemembers Opportunity Colleges (SOC) Website. Check it out by going to <http://www.soc.aascu.org/socad/91M.html> then select either the Central Arizona College (CAC) link or the Barton County Community College link. Contact your local Education Center to speak with a counselor. 65Cs, please encourage your 91Ms!!!

Deployed or deploying and wonder what references you need? Thanks to LTC Will Wheeler and SSG (P) Casey Sarver, you have the answer at your fingertips!! Check out our website at:http://www.cs.amedd.army.mil/ncb/deployment_resources/index.html

The 47th CSH Nutrition Care Magicians: Morale is our Mission

*By CPT Hillary Harper
47th CSH, Kuwait*

Between 12 and 18 February 2002, 28 soldiers assigned to the 47th Combat Support Hospital Nutrition Care Section joined up at Fort Lewis. These 91M and 65C came from 11 different units across the AMEDD. There was less than one month to train together as a unit and a section before deploying to Kuwait on 8 March 2002.

As soon as the unit touched down in Camp Wolf, Kuwait, the work began. Almost all of a 296-bed hospital had to be set up, and quickly. The 47th CSH would become the largest hospital in theatre, treating the majority of casualties. Since there was a contract dining facility, the Nutrition Care Section had to fight for the resources needed to set up and maintain field feeding. The section overcame these logistical problems to become operational ahead of schedule.

Starting at 0500 hours and continuing throughout the day and night, SFC Llewellyn and SFC Walsh and their Nutrition Care crew worked to boost morale of the 47th CSH. Although food service in the desert brings with it a fair number of challenges, such as limited rations and 120°F temperatures, the section gets creative to make everything from spicy soups to decorated double-layered chocolate cake.

The more limited the resource, the more creativity abounds. At first, several items had to be constructed to enhance operations. SSG Laws, SSG Bizzell, and SGT Dreher along with several assistants, constructed tables, benches, shelves, and even a staircase to access the ration refrigerator. SGT Ballares continually awed us with his artistic creations that range from the educational and safety oriented to just plain humorous. It was not unusual to find a metal tray filled with sand and colored rocks labeled Ft. Irwin, adorning the end of the serving line (just SSG Covey and SSG Dickerson's attempt to create reminders of some of the posts back home).

Getting more rations from salad dressing to meats for a unit barbecue required quite a scavenger hunt. Thanks to SSG Adams and several others, the section had enough grills and food to serve nearly 600 staff, patients, and a few honorable guests. The section has also put on 2 special steak and seafood meals and a pizza night. The staff welcomed the occasional hot and spicy item, advertised when SGT Baca was working. The surprises continued with SG T Sapp and SPC Estrada working hard to prepare familiar, cool and tasty items such as watermelon fruit baskets and relish trays.

As time went on, the rations available improved and the section was able to offer sports drinks, all kinds of fresh produce, deli meats, and some familiar convenience items such as chicken cordon bleu.

One of the best places to be after 2100 hours is in Nutrition Care to try the latest soup or dessert concoction. SSG Newman started this trend with her elaborate fruit trays and oh-so-tasty soups, and the section was stormed with questions of "who is making that soup?" and "no wonder the night shift doesn't want to switch shifts." Patients and staff alike enjoyed stopping by SSG Law's and PFC Scutt's "Up All Night Café" for theme based music and some "CPR Soup" (that's chicken, peas, and rice) or Strawberry Banana Love Handles for dessert.

Nutrition Care still found time for fun such as reaching the finals in the unit volleyball tournament and visiting the Kuwaiti Naval Base for relaxation and swimming. The section also had a team put on an impressive showing in the Desert Warrior Challenge. This team included SSG Kay, SSG Newman, SGT Dreher, SSG Dickerson, and PFC Cunnington.

Patients and visitors to the 47th CSH Kuwaiti Café, found the food top-notch and the service with a smile. It is amazing what the 91M can do for patients and staff when the rations and equipment are available.

Making the Society of Healthcare Foodservice Management Work for You!

*By CPT Christine Kaefer, RD, LD, CNSD
Chief, Nutrition Care, Fort Belvoir, VA*

Basic References for Food Service Directors

If you are a dietitian, you may be receiving a lot of mail and messages from the Society for Healthcare Foodservice Management (HFM). When you have a crowded in-box, it's often easy to dismiss this as "junk mail," but I encourage you to take a closer look if you haven't already. When I arrived at my new assignment as Chief, NCD at Ft. Belvoir last summer, I started hearing about the resources HFM puts out to help independent food service operators, such as "Successful Operations Guide," with advice on how to improve the efficiency and effectiveness of your food service organization and "Making an Informed Decision," which is a guide for administrators to use when considering outsourcing.

HFM has many other tools to help food service directors ranging from educational videos on such topics as future food service technology and hospitality services, quarterly newsletters that address new trends in food service, improving patient satisfaction, equipment updates, JCAHO issues, etc, and networking opportunities through their annual conference and email list serve. Other helpful tools HFM offers are organizational self-assessment modules on financial management, clinical services, production, catering, supply, etc. You download the modules and answer questions about how your organization operates and then you tally up your answers and find out whether your facility's practices rank among "best practices" on down to one "needing improvement."

Beyond the Basics: Benchmarking Programs

Finally, the most interactive feedback HFM can provide on how your organization compares with other independent hospital food service organizations is through its monthly benchmarking programs for financial management, patient satisfaction, and dining hall satisfaction. There are over 600 facilities that participate in the financial benchmarking program, and over 50 facilities that participate in the patient and dining hall satisfaction programs. The patient and dining hall satisfaction surveys are virtually identical to the MEDCOM satisfaction surveys, so it is very easy to participate in these programs. DeWitt Army Hospital recently obtained feedback from the first quarter's worth of inpatient satisfaction data submitted and found that compared to 14 other civilian facilities with 1-150 inpatients, we had the highest inpatient satisfaction scores!

The financial benchmarking program is the most challenging HFM program to participate in, especially with the government's rules for labor, establishment of selling prices and limitations on catering as well as the limited reimbursement for inpatient and outpatient services. Despite these limitations, the financial benchmarking program is potentially the most rewarding program offered through HFM for identifying areas within our operations that can be improved in comparison with civilian facilities. The reports compare facilities of similar size based on food, labor, and supply costs per patient meal, cost of floor stock per patient day, lost revenue per patient day, net costs per patient day, meals per labor hour for combined patient and dining facility operations, and labor hours per meal for all operations. After participating in the benchmarking program for six months, HFM provides a graphic display charting your operations against the 25th, 50th, and 75th percentiles results for peers in similar size facilities. In addition, the HFM financial benchmarking program helps identify the amount of foregone revenue associated with military food service operations which can be used to educate administrators on the pros and cons of outsourcing.

Additional Internet Resources

The HFM website, www.hfm.org, has more information about its benchmarking programs, as well as its dashboard program which allows you to select certain financial and satisfaction indicators to monitor (cost per patient day, labor costs and FTEs, customer satisfaction, employee morale, etc), online education programs in health and safety, dietary services, and customer service, and links to industry publications and companies that do business with the food service industry.

RD Visits India



LTC Vivian Hutson, RD visits India



A dietitian and two surgeons from Tripler Army Medical Center traveled to the Indian Himalayans in July to make presentations at the India-US Defense Exchange on High Altitude Medicine. Meeting in the city of Leh, at an altitude of 11,500 feet, they joined Indian physicians to address medical and surgical problems at high altitude as well as techniques to facilitate acclimatization.

The team from the US Army, LTC Vivian Hutson, LTC Kevin Winkle, and MAJ Joe Sniezek, made presentations on how nutrition and certain surgical procedures were affected by the conditions at high altitude. Experts from the Indian Army shared their research and experience from sustained military operations in the Himalayan Mountains. The US team also visited Indian Army medical facilities and met with high-ranking officers in Leh and New Delhi.

This year, subject matter expert exchanges between the US and Indian militaries began again after a long hiatus. This was the first military medical exchange between the countries in many years. The US team was very impressed by the professionalism and hospitality of their Indian hosts and said that they hoped and expected that there would be many more exchanges of this type in the near future.

"SP Monthly" VTC Schedule

Dates AOC Participants and Times

10 Sep 2003	1400-1530 EST - OTs (65A)
	1530-1700 EST - PAs (65D)
30 Sep 2003	1400-1530 EST - RDs (65C)
08 Oct 2003	1400-1530 EST - PTs (65B)
	1530-1700 EST - PAs (65D)
05 Nov 2003	1400-1530 EST - OTs (65A)
	1530-1700 EST - RDs (65C)
10 Dec 2003	1400-1530 EST - PTs (65B)
	1530-1700 EST - Council of Colonels (LTC/COL)

Career Corner

By COL(R) Gregg Stevens and CDR Lori Frank
Joint Medical Executive Skills Program Institute

Looking for a position in executive medicine?

Look no further than your personal computer; executive skills training is now virtually everywhere. The Joint Medical Executive Skills Institute (JMESI), formerly the Virtual Military Health Institute (VMHI), and the AMEDD Executive Skills Office (ESO) can assist you in achieving your professional goals.

In 1992, the Legislative Branch of the Federal government mandated that commanders of military treatment facilities must possess certain administrative competencies before assuming their command positions. In 1996 and in 1998 that guidance was expanded to include prospective Deputy Commanders, Lead Agents, and Managed Care coordinators. The JMESI and individual Service programs are now in place to help candidates meet those requirements.

The primary effort focuses on a group of 40 executive competencies originally developed in the early nineties. The competencies represent the minimum unique skill set healthcare executives must possess, and make up the Department of Defense's professional executive skills list. In the past decade, the competencies have undergone a few minor revisions, but they remain a key element in meeting the congressional mandate. To see where you personally stand compared to the 40 competencies, access <https://ke2.army.mil/jmesp> using your AKO password. Read the opening page on the web site for an overview and check your status electronically. The Core Curriculum link on the left of the web page describes the 40 competencies and their associated behaviors. If you have problems, there are links on the page to helping you contact the AMEDD ESO for assistance.

Together the JMESI and AMEDD ESO are strategically changing the way our leaders are educated. From distance learning (DL) modules, to an online self-assessment tool, they are redefining traditional military leadership training through innovative and blended educational methods. In addition to overseeing the forty competencies, JMESI publishes a catalog of executive medical courses offered by each service and the DoD. The catalog describes available courses (including descriptions and points of contact) taught within the Military Healthcare System and identifies which of the 40 competencies each course covers. JMESI is developing a Web-Based Self-Assessment Instrument. Once complete, the instrument will give officers remote access to evaluate their own executive skill sets vis-à-vis the program's 40 executive skills competencies. The AMEDD ESO is available to assist you at any time and has DL courses available covering a range of topics. To contact them use the links on the web site above.

JMESI's web site (www.vmhi.org) is undergoing a complete make over which is scheduled for completion in the 3rd Qtr FY03. Following the site's renovation, the JMESI website will host a complete executive skills reference library that includes the distance learning courses, the executive self assessment tool, the MHS executive course catalog, and links to other helpful executive resources.

JMESI also hosts a resident course titled the Capstone Symposium. Capstone, a four-day course for newly appointed executive leaders, offers educational and networking opportunities within the Washington DC political arena.

JMESI and the AMEDD ESO are striving to serve military healthcare leaders throughout the globe.



New SP Corps Policy

MCCS-CA

16 June 2003

MEMORANDUM FOR ALL ARMY MEDICAL SPECIALIST CORPS PERSONNEL

SUBJECT: Specialist Corps Chief Policy 40-03-07 on Tracking of Licensure and/or Certification Renewals

1. PURPOSE: To establish a policy regarding the tracking and documentation of licensure and/or certification by the SP Corps.
2. APPLICABILITY: This policy applies to all Specialist Corps officers.
3. REFERENCE: AR 40-68.
4. POLICY:
 - a. IAW AR 40-68, all SP officers are required to maintain appropriate licensure and/or certification.
 - b. Documentation of licensure and/or certification (both initial and subsequent renewals) is to be forwarded by each officer to the SP Branch at PERSCOM. Fax or hard copies are acceptable. Documentation should be forwarded prior to expiration of current license and/or certification to preclude a lapse in credentials.
 - c. PERSCOM is responsible for updating Section X of the ORB as required.
 - d. AOCs chiefs are responsible for periodic and routine reconciliation of licensure and/or certification status with the SP Branch at PERSCOM.
5. EXPIRATION: This policy memorandum does not expire until superseded or rescinded by the Chief, Specialist Corps or authorized representative.
6. The point of contact for this policy is the Assistant to the Chief, Army Medical Specialist Corps, Commercial (210) 221-8306 or DSN 471-8306.

//original signed//

REBECCA S. HOOPER
Colonel, SP
Chief, Specialist Corps

SPs in the News!

Promotions

Ft. Bragg: 2LT Dewayne Bramlett to 1LT
2LT Avery Carney to 1LT

Ft Hood: SSG Figures-Cobbins to SFC

Ft. Campbell: SSG Berrie Land to SFC

AMEDD C&S:
MAJ Steve Gerardi to LTC
MAJ Rhonda Podojil to LTC
SSG Carlton Lee to SFC
SSG Francisco Alexander to SFC
SSG William Butler to SFC
SSG Amanda Murrell to SFC
SSG Casey Sarver to SFC
SSG James Triplett to SFC

Certifications

MAJ Karen Brasfield earned the following certifications:
Personal Trainer (American Council on Exercise)
Certified, Health Fitness Instructor (American College of Sports Medicine)
Certificate, Adult Overweight and Obesity Management (ADA)

SPC Mary Killion and SPC Jason Baugh earned the Certified Occupational Therapy Assistant (COTA)

Badges

SGT(P) Mark Thibodeau (67th CSH Wuerzburg) was awarded the "German Gieb" Badge- German proficiency badge in weapons, ruck march and sports badge

CPT Joe Frost (67th CSH Wuerzburg) was awarded the German Sports Badge - German badge for proficiency in distance run, sprinting, shot put, long jump, and swimming

SSG(P) Anthony Barker and SGT(P) Roy Mass (67th CSH Wuerzburg) completed the 100 mile walk/march at Nijmegen, Netherlands

CPT Michelle Julian earned the Air Assault Badge

Military Schooling

LTC George Dilly, 65C, was the first SP to graduate from National War College where he earned an MS in National Security Strategy; his field studies area of expertise included Israel, Palestine, and Jordan

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SPs in the News! (con't)

(Continued from page 19)

Published Research

LTC George Dilly, 65C, has published the following research:

Dilly, G. & Shanklin, C. (2003). Waste Residues Generated in Food Service Operations: Military Healthcare Food Service Operations Generate More Food and Packaging Wastes Than Other Non-Commercial and Commercial Facilities <Letters>, *Food Service Technology* 3 (1), 29-35.

Births

MAJ Victor Yu, RD, had a baby girl named Alexandra Mei-Yun Yu
MAJ Lori Sydes, RD, had a baby girl named Anna Camille Sydes
CPT Michele Kennedy, OT, had a baby boy named Connor Gabriel Gephardt.
SGT David Barnes, OTA, had a baby boy named Maco Barnes

ETS

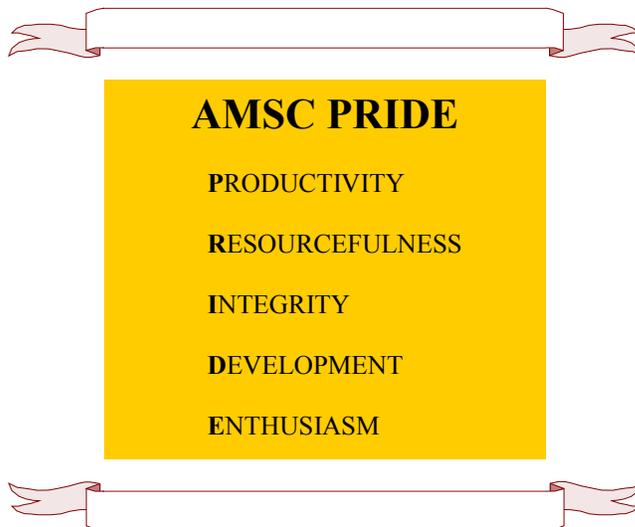
Ft Benning: 1LT(P) Julie Hess ETS'd in July and is relocating to California. We already miss her!

Army Softball

Ft Sam Houston: CPT Gail Maxwell, PA, member of the Fort Sam Houston Post women's softball team placed first at the 25th MEDCOM Worldwide Softball Championship at Fort Bragg, NC

Ft. Hood: SPC Lyndi Jimenez was selected to attend the 2003 All-Army Softball Team Tryouts in Carlisle Barracks, PA

Fort Campbell: SPC Latoya Portee was selected to participate in the All Army Volleyball Team that is currently touring



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SPs in the News!

(Continued from page 20)



Celebration of 25 Years of Service

Ms. Susan Scheunemann, MS, RD, CD, clinical instructor for Washington State University (WSU) Coordinated Undergraduate Dietetics Program, celebrated her 25th year at Madigan Army Medical Center. Her entire 25-year career at WSU has been spent at MAMC where she has taught over 500 students. However, this partnership extends beyond the teaching-mentoring relationship: Ms. Scheunemann's students train and work in all the clinical areas of the division, and have taken on a number of projects including National Nutrition Month and the '5 A Day' week as well as manning booths at the Seniors' Health Fair. It is also noteworthy that a current member of the NCD staff, Ms. Lisa Lumpkin, completed the CUP program just two years ago. In a region where dietitians are not plentiful, this relationship with WSU has proved invaluable to the Division of Nutrition Care (NCD) in its staff recruitment efforts. Ms. Scheunemann was honored with a Certificate of Appreciation by BG Michael Dunn at the Commander's Call, and later awarded a Commander's Coin for her specific contribution to Madigan's Seniors' Health Fair in a ceremony in NCD.

First Nutrition ROTC Cadet



Cadet Tamara Osgood became the first dietetics ROTC cadet to be placed at Madigan Army Medical Center. The ROTC summer camp occurs each summer at Ft. Lewis and for a number of years, cadets in nursing schools have been placed for a 4-week rotation in the Department of Nursing. This year, the opportunity to place cadets in other areas of medicine was offered, so the Division of Nutrition Care requested one cadet. Cadet Osgood is currently enrolled at Georgia State University and will enter her senior year of study next month. While this is her first opportunity to experience Army dietetics, she is not new to the Army. With 4 ½ years of prior enlisted service in military intelligence, she was stationed at Ft. Jackson, Kelly AFB, Camp Humphreys, Korea, and Ft. Gordon. Along the way to entering the field of dietetics, she worked as a stewardess and in business management. Under the guidance and mentoring of 1LT Jennifer Rodriguez, Cadet Osgood rotated thru all areas of the division, and was quite impressed with the variety and breadth of nutrition experiences within Madigan. Her experiences further reinforced her decision to apply for the Army Dietetic Internship this coming year.