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the pulse

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Photo by Thomas C. Balfour

On the cover

Dr. Jonathan Woodson, assistant secretary of Defense for Health Affairs discussed health policy within the Military Health System and throughout the federal government with USU's Masters of Health Administration and Policy (MHAP) students during his recent campus visit. (See story page 7)



With years of training to go, students are told their impact on patients starts today

by Ken Frager



Photo by Ken Frager

Army Maj. (Dr.) Aaron Holley (SoM, 2001), addressed students and guests during the Class of 2014 White Coat ceremony.

A rite of passage for medical students, the donning of the white coat, while symbolic in nature, provides a psychological transition that carries significance. At USU, under crystal blue skies recently, first year medical students made that transition, pinning the Gold Seal of Humanism on their stark white coats and stepped into the world of medicine.

“Even though you have years of training to go, your impact on patients starts today,” said Army Maj. (Dr.) Aaron Holley (SoM, 2001), the guest speaker for the Class of 2014 ceremony. “You need to take it seriously, because many of your patients will hang on every word you say now. Your answers, your guidance and your overall interactions with them will often be the most beneficial treatment they receive during a given visit. You will shape their perceptions of their

medical care and their personal health. Doing so appropriately and effectively,” he added, “is every bit as important as being technically precise during a surgery, or following evidence-based guidelines when prescribing a medication.”

Army Col. (Dr.) Lisa Moores (SoM, 1989) and assistant dean for Clinical Sciences, who welcomed guests to the ceremony, recalled why the symbolic gesture of the white coat is so meaningful. “Besides presenting the opportunity for students to recite the Hippocratic Oath for their first time, the White Coat Ceremony is really a symbol of the combination of the profession of medicine. We are scientists, but we also are humanistic. Finding the right mix makes us better doctors and students need to understand the depth of responsibility they are taking on.”

Using Technology To Combat Prostate Cancer

by Ken Frager and Jennifer Cullen, Ph.D., MPH



As treatments for prostate disease have advanced over the past decade, so has the level of knowledge in the medical research community on the impact of new therapeutic approaches on disease outcomes such as quality of life and survival.

Prostate cancer is the leading type of newly-diagnosed malignancy in U.S. men but very little is known about its prevention, and controversy exists as to whether there is overscreening and overtreatment of this disease. More extensive research is needed to understand disease development and better identify and treat men whose disease will ultimately act aggressively.

The Center for Prostate Disease Research, a program of the Uniformed Services University of the Health Sciences and the Henry M. Jackson Foundation, created a multicenter national database to collect comprehensive data from leading Defense Department and civilian medical centers, including Madigan Army Medical Center, Naval Medical Center San Diego, Walter Reed Army Medical Center, and Virginia Mason Medical Center. The database is designed to advance knowledge and understanding of prostate disease, particularly prostate cancer, and to allow for the development of more effective prevention, diagnostic and treatment strategies for this cancer.

“This database has allowed researchers to capture relevant data points and link them to patient outcomes,” said Jennifer Cullen, Ph.D., MPH, director of the Epidemiological Research Program at CPDR and research assistant professor in the Department of Surgery at USU.

Congress established the CPDR in 1991 under the leadership of Col. (ret.) David G. McLeod, M.D., the current director of CPDR and urologic oncologist at Walter Reed Army Medical Center, to combat increasing prostate cancer incidence. This unique center integrates basic and clinical science

expertise to develop refined detection techniques and promising treatments for prostate disease.

The clinical database contains information from more than 25,000 men who have been biopsied for suspicion of prostate cancer based on their prostate specific antigen (PSA) value, DRE result, and/or symptoms and connects all pieces of the center, including clinical trials, basic science and epidemiologic research. “Ultimately, these data will help us to focus on quality of life during the survivorship period, as well as other ‘holy grail’ endpoints like patient survival, which is of enormous interest to us as we support the military community,” Cullen said.

According to Cullen, some of the areas already identified as needing additional study relate to racial/ethnic disparities in treatment outcomes, identifying predictors of metastasis and better understanding the impact of disease among Asian and Hispanic Americans.

“Because there is a greater proportion of African Americans in the

military as compared to the nation as a whole, we can dig deeper and examine this subgroup in greater detail,” Cullen said, adding that examining outcomes such as prostate-specific mortality and overall survival require a very large sample size and long-term follow up. The current data have been collected since 1992, and provide a breadth of clinical characteristics.

The database has propelled the CPDR Basic Science Program in a leadership role in translational research focusing on discovery and evaluation of novel biomarkers and therapeutic targets much needed to enhance prognosis and targeted therapy of prostate cancer.

“The primary strength of the database is that it is a resource that will help us answer tough questions about how best to tailor specific treatments to patients and provide advice regarding the risk of prostate disease progression,” Cullen said. “Without this resource in our arsenal, we couldn’t answer many of these questions or address these issues effectively.”

Top DoD physician joins the troops

by Ken Frager



Photo by Thomas C. Balfour

Army SFC Ronald Wilson, Army Senior Enlisted Advisor, inspects Dr. Jonathan Woodson’s Swiss seat rappelling harness in advance of the DoD’s senior physician’s “train-up” experience on the USU rappel wall.

In preparation for the upcoming deployment to Ft. Indiantown Gap, Pa., where medical and graduate nursing students will participate in the Kerknesner and Bushmaster Field Training Exercises, as part of USU’s military unique curriculum, Dr. Jonathan Woodson, assistant secretary of defense for health affairs decided it was time to “get out in the field with the troops.” After offering leadership advice to the students, and with the Pentagon and Military Channel cameras rolling, the Army Reserves Brigadier General rappelled down the 63-foot Building A rappel tower. “As a prior commander, I believe it’s always good to get out in the field with the troops,” said Dr. Woodson. “And I think commanders always need to demonstrate to the troops that they are willing to do everything you ask them to do.” Operations Kerknesner and Bushmaster kick-off July 10 and run through July 21.

USU dental program faces injury through artistic methods

by Christine Creenan-Jones

Lieutenant Commander William Wilson, D.D.S., a dentist from Charleston, WV, has treated hundreds of injuries over the years. His patients, many of them wounded in combat, have lost teeth, eyes, ears and other body parts. Making these wounded warriors whole again is both an art and science involving skills Wilson has mastered over the years.

The naval officer, who is part of a growing field called maxillofacial prosthetics, has been creating realistic facial implants from jars of silicone and tubes of paint for much of his military career. The complex process is creative and precise, intuitive and systematic, with hundreds of work hours going into each prosthesis.

Though often tedious, Wilson is passionate about his craft and enjoys teaching USU students his art at the Naval Postgraduate Dental School in Bethesda.

“Maxillofacial prosthetics is a fascinating subspecialty,” he said. “Experts in this field work hard to improve lives and restore confidence to some of America’s greatest heroes. Educating the new generation to take on this



Photo by Thomas C. Balfour

challenge has been very rewarding for me, because I’m passing on important skills to help mend our fighting force.”

Mending them often means not just providing medically necessary care, but also finding ways to prosthetically restore the physical imperfections that bother servicemembers and their

Lieutenant Commander William Wilson, D.D.S., chairman of the Maxillofacial Prosthetics Program at USU’s Naval Postgraduate Dental School is part of a unique specialty designed to treat patients with large oral defects or extraoral defects. Typical prosthetic devices replace missing eyes, ears, noses, jaw bones, etc.

families. So, Wilson teaches his pupils to create synthetic ears with realistic folds, cheek implants that curve “just right,” and arched noses that mirror the real thing.

Once finished, the perfectly sculpted fabrications are held in place by powerful magnets. When done right, prostheses fit like a glove, and the boundary between flesh and silicone is a near-seamless transition.

“Experts in my field have done an amazing job at hiding some pretty severe injuries,” Wilson said. “Through this work – this art – we are returning dignity and function to patients who have had theirs taken away.” Wilson adds that his team, which also sees patients with facial differences from oncologic (cancer) treatments or congenitally, are successful because of their team-focused approach to care, and includes an extremely talented enlisted staff.

But Wilson has discovered that a warrior’s pride isn’t always expressed through traditional mediums. Some patients showcase their injuries like prizes and request an ornamental prosthesis like silicon eyes emblazoned with service emblems or sporting logos.

“We’ll do pretty much anything for our patients,” he said. “Sculpting a whimsical piece is our way of decorating a hero.”

His designs – whether natural or fanciful – create a higher quality of life for servicemembers while putting a new face on modern dental medicine.

Canadian Surgeon General visit



Photo by Ken Frager

Commodore H.W. Jung, Surgeon General/Commander Canadian Forces Health Services Group/Director General Health Services, presented USU president Charles L. Rice with a book describing the history of the Canadian Military during Commodore Jung’s recent visit to the USU campus.

HPRC Health Tips

The Human Performance Resource Center Health Tips is a new column intended to provide the USU community with information to help develop and maintain a healthy lifestyle. Check out the HPRC website at: <http://humanperformanceresourcecenter.org>.

Type of self-talk impacts performance

Many studies have found that “self-talk”—words or phrases about yourself that you state in your mind—significantly impacts performance, for better or worse. In a study to be published in *Perspectives in Psychological Science*, researchers looked at various types of self-talk and how they affected subsequent performance. They found that instructional self-talk, such as telling yourself “elbows up” while you’re swimming, works best when you are trying to improve a technical aspect of a task. For tasks requiring endurance, strength, or confidence, motivational self-talk such as “I can do it!” is most effective.

Sleep Apnea and Athletic Performance

Sleep apnea is a disorder caused by the decrease or pause in the airflow or breathing during sleep. It can lead to daytime sleepiness, fatigue, and cognitive impairment, all side effects that could negatively impact athletic performance.

NBA superstar Shaquille O’Neal recently announced that he will retire from professional basketball after 19 seasons and four championship rings. In addition to that announcement, O’Neal announced via a YouTube video that he, like 12 million other Americans, had been diagnosed with sleep apnea.

According to his girlfriend, the seven-foot-tall, 300-plus-pounds center snored excessively during the night, and she noticed that his

chest would often cease movement entirely. After participating in a Harvard University–sponsored sleep study, he was diagnosed with a mild case of sleep apnea and was advised to begin wearing a CPAP (Continuous Positive Airway Pressure) mask, a respiratory ventilation therapy that assists the wearer’s breathing while asleep. O’Neal’s story has a happy ending—because of the recent diagnosis and subsequent treatment, O’Neal reports that he feels more energetic and that his overall quality of life has improved. He is also happy and comfortable with the treatment. Other professional athletes suffering from sleep apnea have not been so fortunate. In 2006, Reggie White, defensive end for the Philadelphia Eagles and Green Bay Packers—one of the greatest players in football history—reportedly died from causes related to sleep apnea.

What exactly is sleep apnea? And how does it affect athletic performance? People with untreated sleep apnea stop breathing repeatedly during their sleep, sometimes hundreds of times during the night and often for a minute or longer. According to the American Sleep Apnea Association, there are three types of apnea: obstructive, central, and mixed. Of the three types, obstructive sleep apnea (OSA) is the most common. Weight can contribute to sleep apnea. In 2009, a study by Sweden’s Karolinska Institute showed that overweight and obese men who lost weight during a calorie-restricted diet over nine weeks had major improvements in their sleep apnea symptoms.

Other risk factors for obstructive sleep apnea include certain physical attributes, such as having a thick neck (which describes many athlete body types), deviated septum, receding chin, and enlarged tonsils or adenoids. Allergies or other medical conditions that cause nasal congestion and blockage can also contribute to sleep apnea.

Signs of sleep apnea include loud and chronic snoring, choking, snorting, or gasping during sleep, long pauses in breathing, and daytime sleepiness regardless of how much time you spend sleeping. Other common signs and

symptoms of sleep apnea include waking up with a dry mouth or sore throat, morning headaches, restless or fitful sleep, insomnia or nighttime awakenings, going to the bathroom frequently during the night, waking up feeling out of breath, forgetfulness and difficulty concentrating, moodiness, irritability, or depression.

Untreated, sleep apnea can cause high blood pressure and other cardiovascular diseases, memory problems, weight gain, impotency, and headaches. Moreover, left untreated, it may be responsible for job impairment and motor vehicle crashes.

In terms of athletic/sports performance, sleep apnea is a major concern because sleep apnea causes a disruption to healthy sleep patterns, which in turn can affect physical performance. According to a 2007 Stanford University study of sleep and athletic performance, athletes who extend the amount of sleep they get and reduce their sleep debt are more likely to improve their performance. Conversely, if an athlete does not get a good night’s sleep, then the next day he/she is tired, sleepy, or irritable. In such cases, physical performance also is impaired, since there is limited energy reserve due to the lack of adequate or good-quality sleep. Sleep apnea not only has an impact on athletes—it affects the military, as well. According to a 2010 article in *Military Times*, data from the Armed Forces Health Surveillance Center show that 3,563 active-duty members had the disease in 2000, while 20,435 were diagnosed in 2009.

So what can you do if you suspect that you or your sleep partner has sleep apnea? The only way to be sure is to undergo a sleep test, which is done in a sleep lab where patients sleep in a special bedroom with electrodes and other sensors attached to various parts of the body. There, you will be monitored throughout the night to keep track of whether and how often you stop breathing, how low your O₂ sat (oxygen saturation) goes, and what your brainwaves are doing while you’re sleeping.

USU faculty member awarded The Legion of Merit

by Ken Frager



Courtesy Photo

Retired Army Colonel (Dr.) Jeffrey L. Jackson, was awarded the Legion of Merit medal by USU president (Dr.) Charles L. Rice, on behalf of U.S. Army Surgeon General Eric B. Schoomaker.

The presentation was made at the Clement J. Zablocki Veterans Affairs Medical Center in Milwaukee, Wisc., where Dr. Jackson is currently director of the General Medicine section.

“A prolific publisher in internationally recognized and peer-reviewed journals and publications, Col. Jackson’s leadership and knowledge helped to strengthen USU’s reputation within the civilian and military medical research communities,” said Dr. Rice. “His contributions and commitment won’t soon be forgotten.”

Col. Jackson was recognized for exceptionally meritorious service between September 1999 and October 2009, culminating as director, Division of Internal Medicine at USU. Col. Jackson has been a highly valued faculty member and full professor of Medicine at the USU and at the Walter Reed Army Medical Center, establishing a national reputation as an exemplary scholar and medical educator. He is also a 1996 graduate of USU’s Master of Public Health program.

That’s a wrap: USU Audio/Visual

by Chad Hallford



Photo by Ken Frager

The Office of the Vice President for External Affairs, which includes University Media Services, provides a range of video and audio services, thanks to the team of Willie Allen (retired Navy Photographer’s Mate 1st Class) and Army Spec. Ernest Sivia, III.

“The University faculty, staff and students may not realize the capabilities we have available to help create

training videos, informational documentaries, or story telling,” said Allen. “We can work with you, discuss the projects in depth and develop a vision for the end product.”

Along with video support, the team can develop products for use as inserts in presentations, provide mass duplication of media, media conversion,

and audio (live speaker) output and recording capabilities.

“We can provide an 8-microphone set up with quality speaker sound and recording for transcript capabilities,” said Allen. “This is ideal for board meetings or small conferences where a clear recording is desired.”

“Our end product often tells USU’s story from an educational or historical perspective,” said Sivia, whose most recent assignment was with the 55th Signal Company (Combat Camera) at Ft. Meade, Md. “When we can accomplish this for our customers, it reflects back on us in such a rewarding way.”

If you have an assignment or would like to discuss a project contact the Multimedia team at 295-9395 or stop by their ground floor location in room G070.

Technology Update

by Dennis Stutz

The OCIO is currently working on the following items and wanted to bring you up to date on our progress.

1. Sakai/Blackboard

On June 2, 2011, the USU formally ended our use of Blackboard. More than 1,500 courses and 8,000 students and faculty used Blackboard since GSN pioneered the system.

Since November 2010, the Sakai Migration migrated/created 389 new course sites and 94 new project sites to support students and faculty at the USU. The migration accounts for all active sites on Blackboard and the last version of a course. The remaining sites will be archived and stored at USU.

There are now 242 Sakai course directors and 647 faculty accounts. There also are 1,172 student accounts, with courses or project sites for medical courses and all GSN, PMB, MPO and BID students.

Thanks to faculty and students who supported the transition to Sakai, along with Mr. Hanson and the Sakai team (Tony Chen, 1LT Sean Baker, Bob Shimokaji, Jeb Miller, Willy Connor, Meredith Seibert), and kept everything on schedule. Their effort and input continue to improve the product.

We will announce a series of new features over the coming months and work aggressively to integrate Sakai with current and future USU Registrar functions.

2. IATO/ATO

USU has a signed Interim Authority To Operate (IATO) in place as of June 13, 2011. DISA FSO has a team on site until July 1. During this assessment, NOC, ATD, and CSD personnel may be pulled away from routine support calls to facilitate DISA inspector needs. Every effort will be made to minimize customer impact. This final assessment and mitigation will result in USU obtaining a full Authority To Operate (ATO) in mid-August. With Blackboard to Sakai migration complete and a DIACAP ATO in-hand, the OCIO will

then focus on the third and final major project for 2011, .edu migration.

3. Using AKO for File Storage

Did you know that in Organizational areas in AKO you have unlimited file storage space and you can drag and drop multiple files and folders into your AKO files area?

Using the AKO WebDAV feature, you have your own virtual drive, similar to a network drive, where you can access the entire AKO file structure. You don't need to be logged in to AKO and no longer need to use the AKO files interface to place documents into your AKO folders. WebDAV allows users to collaboratively edit and manage files on remote Web servers. AKO also provides a central resource for documentation. To learn how to take advantage of this

feature, read the document at <https://www.us.army.mil/suite/doc/30139673>

4. Discounts

Discounts are available for USU faculty, students and staff to purchase Microsoft and Adobe software for personal or home use at significantly reduced prices. Information can be found at: <http://e5.onthehub.com/Portal/Portal-SelectInstitution.aspx?p=95ad5269-86e1-dc11-8873-0030485a6b08&JSEnabled=1>

You must register using your USU email address at <http://usuhs.onthehub.com>.

If you have any problems, Mr. Dennis Stutz, Director, Customer Service, is acting as an ombudsman to help communicate issues. He can be contacted at 301-295-9560 or dstutz@usuhs.mil.

Military medical leaders share wisdom with graduate students

Ken Frager



Photo by Thomas C. Balfour

During his recent visit to USU, Dr. Jonathan Woodson, assistant secretary of Defense for Health Affairs, imparted some wisdom related to health policy in the Military Health System and throughout the federal government on the Masters of Health Administration and Policy (MHAP) students.

"We have benefitted from several major visits recently," said Navy Cmdr. Glen Diehl, assistant professor and program coordinator. "These senior leaders, who cross all branches of service, provide background and guidance directly related to our

programs, which will be invaluable to our students in their careers."

Other recent visitors included Brig. Gen. Michael Miller, chief of the Air Force Medical Service Corps and Rear Adm. Michael Mittelman, U.S. Pacific Command Surgeon.

Students also received a Tricare Management Activities Defense Health Information Management System (DHIMS) brief. MHAP students provided a presentation to DHIMS leadership on challenges and opportunities involved in executing their program.



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