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Learning to Care for Those in Harm's Way

Romano Named New GSN Dean

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Dr. Charles L. Rice, Uniformed Services University president recently announced the selection of Dr. Carol A. Romano as the next dean of the Daniel K. Inouye Graduate School of Nursing.

“Dr. Romano’s selection comes after an extensive search conducted by a committee chaired by Dr. Art Kellermann, dean of the Hébert School of Medicine, that produced a number of nationally-known candidates,” said Rice.

“Dr. Romano emerged as the best match for the GSN and for the university.” She succeeds Dr. Ada Sue Hinshaw, who retired in August 2014.

Romano has served as the Associate dean for Academic Affairs in the GSN since November 2010. Prior to coming to USU, she was an active leader within the United States Public Health Service, retiring at the rank of rear admiral. Her roles involved strategic planning, policy development and advising senior government officials and included acting deputy surgeon general, acting chief of staff OSG, director of the Office of Reserve Affairs and chief nurse officer of the USPHS.

Romano also worked for 34 years at the National Institutes of Health Clinical Research Center where she served as associate investigator, clinical research nurse, educator, director of nursing communications and recruitment, nursing system specialist, director of clinical informatics and quality assessment, deputy chief information officer and senior advisor for clinical research informatics.

She is recognized as a pioneer in nursing informatics for helping to design and implement one of the first computerized medical infor-



mation systems in 1976, which provided electronic medical orders and clinical documentation for physicians and nurses in ambulatory and hospital environments. She was also co-architect of the world’s first graduate curriculum in nursing informatics at the University of Maryland School of Nursing. In addition, Romano served as advisor to the World Health Organization on the management of manpower and health information in developing countries.

She earned a Bachelor of Science, Master of Science and Doctor of Philosophy from the School of Nursing at the University of Maryland after earning a diploma in nursing from the Geisinger Medical Center in Pennsylvania. Romano also completed the Interagency Institute for Federal Executives at George Washington University and the Harvard University Senior Managers in Government Program at the Kennedy School of Government. She is board certified in nursing informatics and as an advanced nurse executive. Romano is also a fellow in the American Academy of Nursing and the American College of Medical Informatics.



On the cover

Army Lt. Col. (Dr.) Patrick Hickey (right) reviews the performance of a team of physicians, nurses, and hygienists during a simulated ebola case scenario in the mock ebola treatment unit (ETU) in Liberia. Learn more on pg 4.

Navy Enlisted Division Reveals SOQ, JSOQ Awardees

by MC3 Laura Bailey, writer and photographer

Two Navy enlisted service members at the Uniformed Services University received the Sailor of the Quarter and Junior Sailor of the Quarter awards at USU, Jan. 16.

Boards with the selected nominees were conducted by Navy division leadership, Jan. 9. The winners – SOQ Hospital Corpsman 2nd Class Peter Lam and JSOQ Hospital Corpsman 3rd Class Christopher Sheard – received a round of applause from their peers and leaders as the announcement was made during the Navy division’s weekly training.

Although this was his first time winning the SOQ, it is the second time Lam, a Military and Emergency Medicine instructor at USU, has been nominated since he joined the Navy in 2008. The feelings were all too familiar for him, he said.

Through a series of facing movements followed by the recitation of the Navy creed and an oral evaluation of his professional military knowledge, Lam’s feelings during the board ranged from butterflies in his stomach to a more relaxed state of mind, he said.

“Just like anybody else who is standing for a board, you’ll be nervous at first, but once you try to relax, take a deep breath and think about it, it shouldn’t be a nerve-wracking thing because it’s in front of the people that you work for,” said Lam, a Los Angeles native who deployed with the Marines during Operation Enduring Freedom. “How you conduct yourself in front of the first classes and the chiefs during a board is going to pretty much be the same as how you interact with them on a daily basis.”



Hospital Corpsman 2nd Class Peter Lam, Sailor of the Quarter and an instructor at the Uniformed Services University, teaches Basic Life Saving skills to Air Force 2nd Lt. Katherine Richardson during a training session for staff and students at USU Jan. 22. (photo by MC3 Laura Bailey)

Professional military bearing is something that is expected of all sailors at all times, whether or not they are standing on a SOQ board, he added. But it’s still a competition.

The JSOQ used the word “nervous” to describe his feelings about the board, but with the help of his squad leader, Hospital Corpsman 1st Class Lisa Shumaker, preparation got him through it, he said.

“After HM1 talked to me a little bit, I gained some confidence,” said Sheard, a technician at the Family Health Clinic and a native of Scranton, Pa. “She guided me through the process and we did a couple mock boards. Sgt. Spears in the clinic helped me study. He would ask me questions and I would try to answer them.”

Now that they’ve won the awards, new feelings take the place of the old ones.



Hospital Corpsman 3rd Class Christopher Sheard, Junior Sailor of the Quarter (right), poses for a photograph with Caroline Bowrier Kennedy, the 29th U.S. Ambassador of Japan.

“It feels good,” said Sheard, who joined the Navy in 2011 in search of a better job and to make a career for himself. “My leadership has helped me out a lot. It feels good to know that they’re guiding me on the right path.”

Being recognized for a job well done is meant to feel good. It means that someone has been paying attention even when it appears no one’s watching, but that’s not all. According to the SOQ, winning the award does not merely reflect on the winner’s accomplishments,

“So, winning, it is not really for yourself,” said Lam, who helped run the training lanes during Operation Bushmaster 2014. “It was kind of a team effort because I wasn’t out there by myself. So in a sense, winning that award was a great reflection of the great camaraderie because if I didn’t have camaraderie out there I wouldn’t have executed as what it states on paper.”

courtesy photo

Professor Uses Experience to Educate on Outbreak Response

by Christopher Austin, editor/layout design

Lt. Col. (Dr.) Patrick Hickey, director for the Masters of Tropical Medicine and Hygiene program at Uniformed Services University, recently returned from Liberia and is using his experience to help educate residents in disaster and outbreak response.

“Our mission was to help prepare Ministry of Health workers from the government of Liberia as well as non-government organizations responders both from within Africa and coming from Europe and the United States who were going to be working in the Ebola treatment units in Liberia,” Hickey said. “A lot of the focus of the U.S. military is moving away from the traditional model of global health engagements that were direct care for more of a capacity-building and training model.”

Because there being no specific treatment for Ebola, medical interventions include intensive supportive care where clinicians draw from a broad range of experience in clinical management ranging from diarrhea, dehydration, dysentery, sepsis and malaria, according to Hickey.

“I think this experience really helped reinforce some of the tech-



Lt. Col. Hickey (left) recently returned from Liberia where he helped train Ministry of Health workers and non-government personnel in techniques for handling Ebola. He uses this experience to help train residents in the Military Medical Humanitarian Assistance Course (MMHAC) at Uniformed Services University. (photo by Christopher Austin)

niques that I will teach students and some of the skill sets I’ll try to help develop in them,” Hickey said. “So when they’re faced with whatever the next pandemic is they’ll be able to broadly draw from those same skill sets.”

The Military Medical Humanitarian Assistance Course, one of the programs Hickey directs, educates medical providers in recognizing the major causes of mortality among at-risk populations during complex humanitarian emergencies.

During one recent offering of the MMHAC at USU, residents were educated in techniques to handle malnutrition, diarrhea and dehydration, and disease outbreaks through use of didactic lectures and scenarios.

The challenges for residents in the scenarios presented included limited communication barriers when relaying treatment information. Many of the techniques

presented by instructors were meant to be streamlined so that they would be easily communicated across cultures.

During the diarrhea and dehydration scenarios, residents were given educational tools—measuring spoons with instructions printed on them for the preparation of oral rehydration solution—to help convey treatments in a way that could reach across language barriers.

Instructors for the disease outbreak scenario tasked students with treating an outbreak with limited amounts of vaccine so as to develop a way to prioritize resources while taking into account other factors such as geography, logistics channels and security.



Residents at the MMHAC were presented with different oral rehydration solution mixtures that they were able to sample. The green measuring spoons feature instructions for how to make a simple solution out of water, sugar and salt. (photo by Christopher Austin)

Tips for Losing Weight in The New Year

by Christopher Austin, editor/layout design

With the new year come New Year's resolutions and a popular one is to lose weight. There are healthy and unhealthy ways to do it, though, and Air Force Maj. (Dr.) Christopher Bunt, assistant professor in the Department of Family Medicine has some advice.

The chief piece of advice that Bunt offered is the importance of remaining focused on the actions taken to lose weight.

"Think about one thing you could cut from your diet, or one thing you could cut back on," he said. "So people say, 'well, I drink lots of Diet Pepsi or Diet Coke.' How many? 'Ten a day.' Maybe you could cut back and you could do five, or three, or two, or one.

"If I'm more specific about it, I think people are able to focus on it. The hardest thing is when we doctors say 'you need to eat better or exercise more.' We're not giving them specific guidance. If I'm able to give them specific guidance, I've found that patients are able to understand that, they're willing to buy in and they're then successful."

Exercise plays an important role as well, and similar to dieting, it should be focused on specifics. *The Sports Medicine Patient Advisor* by Pierre Rouzier, M.D., suggests beginning a routine of physical activity that can become an enjoyable part of life, is affordable, and fit into a schedule. Those looking to lose weight must also be mindful of realistic activity programs.

"You need to build into whatever you're doing," Bunt said. "If you go from sedentary to trying to run a marathon, it's not going to go well."

A physician might prescribe an exercise program much like a prescription for medication. It comes with instructions like what the exercise is, how much needs to be done and how often.

"I'm trying to meet [patients] more where they like," Bunt said. "If I'm telling you that you need to run and you're like 'I hate running,' then it's a waste of my time to tell you that and a waste of your time to tell you. But if I say 'what do you like to do for exercise?' 'well I like

walking,' or 'I like cycling,' great, let's work out something that's walking-based or let's work out something that's cycling based."

The Patient Advisor suggests many ways to start exercising effectively without a prescription, some of which are easy to include into busy schedules like going on walks, taking the stairs instead of the escalator or elevator, or walking to do errands.

Exercise should be a gradual progression from low activity at first, to higher later on. The goal is to gradually increase breathing and heart rate so that the body becomes better equipped to endure more strain. For example; going from exercising once per week to three times a week, going from half-hour walks to hour ones, or starting with lifting small weights and progress to larger ones.

"It's like this progress," Bunt said. "Like with anything, if you take small bites, you start working through things and you'll be able to handle it."

Guidelines to Maintain Your Exercise Program

According to *The Sports Medicine Patient Advisor* by Pierre Rouzier, M.D., Third Addition

- Avoid setting your expectations too high, start slowly and build your stamina gradually.
- Find a friend to exercise with.
- Avoid being competitive. Try to improve on your last effort instead of comparing yourself with someone else.
- Recover completely from illness before resuming exercise. Then start with less exercise and increase the amount you do gradually to avoid injury.
- Remember that exercise needs to be continued throughout your life. Don't try to be too intense. Enjoy getting healthy and have fun!

New Handoff Bundle Being Taught to Residents

by Christopher Austin, editor/layout design

Uniformed Services University has begun training residents in the I-PASS handoff bundle, a verbal handoff process developed at Boston Children's Hospital along with USU, Walter Reed National Military Medical Center, and nine civilian hospitals, to form a standardized patient handoff process that reduces patient injuries as a result of caregiver miscommunication.

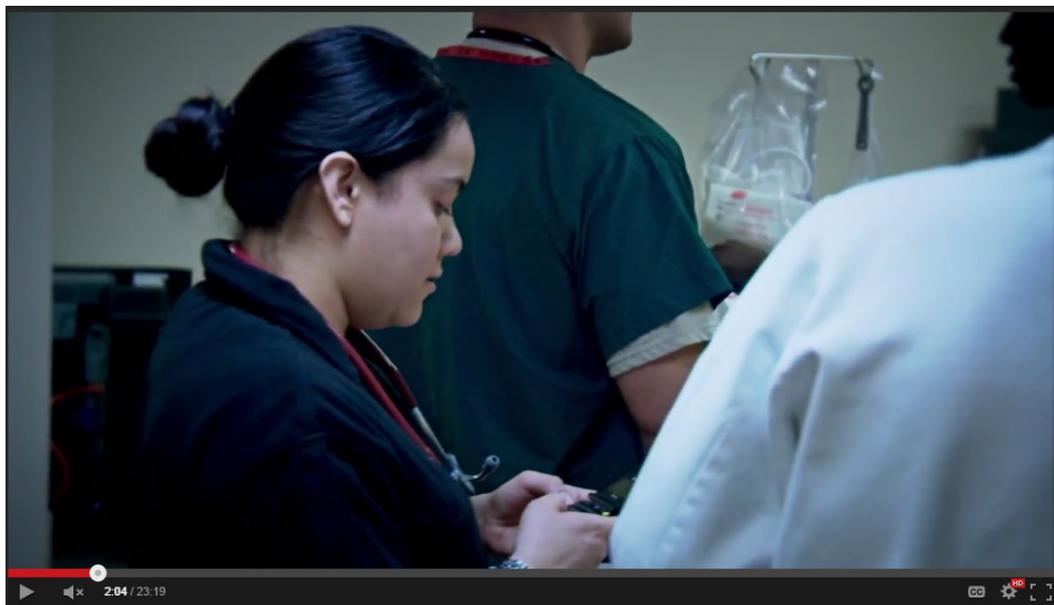
The verbal mnemonic, I-PASS – which stands for Illness severity, Patient summary, Action list, Situational awareness and contingency planning, and Synthesis by receiver – has resulted in a 30 percent reduction in injuries due to medical errors at the participating institutions, according to a study published in the *New England Journal of Medicine*.

The initial project was focused on the pediatric wards of the participating hospitals.

One of the co-investigators was Army Maj. (Dr.) Jennifer Hepps, assistant professor of Pediatrics at USU. She was also responsible for helping to create a video intended to help educate residents and interns on I-PASS and why it is important.

“We got a mandate from General Clark at the hospital to say ‘let’s disseminate I-PASS across the entire hospital,’ which was great,” Hepps said. “We’re in that process right now, trying to modify the curriculum for the other disciplines—nursing, ancillary staff, and other sub-specialties like surgery, anesthesia, and internal medicine.

“Since the study came out, everybody sees that there seems to be some good effect to standardiz-



courtesy photo

The University produced a video to help instruct residents on the I-PASS system and shows scenarios with actors featuring poor communication choices such as checking phones while performing a handoff.

ing handoff and having a rigorous process for transitioning care of patients at the shift changes.”

The three-hour orientation introducing the system occurs during residency retreats and initial intern orientations. There is also an informative video developed by the combined efforts of the university and WRNMMC that is available on the graduate medical education page on the hospital intranet.

The video features Army Col. (Dr.) Clifton Yu, director of graduate medical education at WRNMMC and one of the lead investigators in the project, going over the benefits of I-PASS and how it seeks to combat factors that lead to miscommunication in patient handoff like lack of protected space and time, tangential conversation, and no effort to avoid interruptions.

When taught, I-PASS combined with seven of the communication techniques taught in TeamSTEPPS, or Team Strategies and Tools to Enhance Performance and Patient Safety, a team training curriculum also followed by caregivers.

I-PASS shares similarities with

the technique Situation, Background, Assessment, and Recommendation (SBAR), which is taught already in TeamSTEPPS.

“SBAR was developed by the TeamSTEPPS folks for very discrete transitions such as if you’re coming back from a sedated procedure,” Hepps said. “Part of the education is really when to use SBAR for updating team-members on status changes or brief transition within the hospital and when do you use I-PASS for big transitions of care from one unit to another or one team to another.”

Hepps hopes that I-PASS will some day be commonly used to ensure the safety of patients in hospitals across the country.

Final Frame



Sailors from Walter Reed National Military Medical Center and the Uniformed Services University of the Health Sciences take the Active Duty Chief Petty Officer Advancement Exam at USU, Jan. 15, 2015. Sailors from WRNMMC and USU account for more than 170 out of 17,000 sailors fleet-wide who are eligible for advancement to E-7 this cycle. (photo by MC3 Laura Bailey)