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Learning to Care for Those in Harm's Way

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Hébert SOM receives full LCME reaccreditation

By Sharon Holland

The F. Edward Hébert School of Medicine at the Uniformed Services University of the Health Sciences (USU) has been granted the maximum eight years of reaccreditation by the Liaison Committee for Medical Education (LCME).

The school was the first U.S. medical school to be evaluated using the LCME's new accreditation standards. The LCME describes its accreditation as "a voluntary, peer-reviewed process of quality assurance that determines whether the medical education program meets established standards. This process also fosters institutional and programmatic improvement. To achieve and maintain accreditation, a medical education program leading to the M.D. degree in the United States and Canada must meet the LCME accreditation standards contained in the LCME document, 'Functions and Structure of a Medical School.' Programs are required to demonstrate that their graduates exhibit general professional competencies that are appropriate for entry to the next stage of their training and that serve as the foundation for lifelong learning and proficient medical care."

LCME accreditation is also a condition of licensure of most U.S. medical school graduates and a prerequisite for graduate medical education training.

"This accomplishment of the maximum accreditation is particularly noteworthy because this recognition follows a major overhaul of our medical school curric-

ulum," said USU President Charles L. Rice, M.D. "It is the result of phenomenal efforts by the entire faculty and staff and, as always, it is our students and alumni who are living proof of the high quality education provided in the School of Medicine."

Lushniak to receive award

By Sharon Holland



Dr. Boris Lushniak (courtesy photo)

Boris Lushniak, MD, MPH, chair of the Department of Preventive Medicine and Biostatistics in USU's F. Edward Hébert School of Medicine, has been selected as the 2016 Federal Preventive Medicine Medical Officer Award recipient by the American College of Preventive Medicine.

"The awards committee was humbled, honored, and very appreciative of all that you have done to improve the health of the nation and contribute to the field of Pre-

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**On the cover**

Dr. Charles Rice (left), the president of the Uniformed Services University of the Health Sciences (USU), passes the brigade colors to Army Col. Jerome Buller (right), the new brigade commander, during the university's 11th brigade change of command ceremony at USU, March 4, 2016. (photo by Air Force Staff Sgt. Stephanie Morris)

Brigade holds change of command ceremony

By MC3 Laura Bailey



Air Force Col. Kevin Glasz (left) is relieved of his duties as brigade commander of the Uniformed Services University of the Health Sciences (USU) by Army Col. Jerome Buller (far right) during USU's 11th brigade change of command ceremony at USU, March 4, 2016. (photo by Staff Sgt. Stephanie Morris)

The Uniformed Services University of the Health Sciences (USU) held a change of command ceremony at USU, March 4.

Army Col. Jerome L. Buller relieved Air Force Col. Kevin Glasz as USU's brigade commander.

The president of the university, Dr. Charles Rice, gave the ceremony's keynote address.

"For the eleventh time in our university's history, we celebrate today the transfer of authority from one Brigade Commander to the next – with honor, tradition and respect," said president Rice. "Col. Glasz has done an excellent job in ensuring every Soldier, Sailor and

Airman was superbly trained and prepared to meet the demands of their military careers. He cared about their physical and mental well-being and led by example. I am especially grateful for the way he reinforced the key pillars of the USU strategy so that all of our uniformed personnel understood and embraced them. We say goodbye to Col. Kevin Glasz and welcome a new leader, Col. Jerome Buller. The brigade will be gaining a truly great leader in Col. Buller. I've heard nothing but great things about his abilities. He respects and values his team, and I have no doubt he'll bring great ideas and enthusiasm to

the Brigade and to the university.

The brigade flag was ceremoniously transferred from Col. Glasz to the new commanding officer, Col. Buller.

"The transfer of the brigade colors is significant in many ways," said Army 2nd Lt. Emad Madha, a student at the F. Edward Hébert School of Medicine (SOM) and the master of ceremonies. "The history, traditions and accomplishments of the brigade are embodied in the colors. With the transfer, the unit's legacy is passed as a building

block for future performance and achievements."

"I stand before you today as a humble airman," said Glasz. "I love the enthusiasm of our students as they arrive. I'm so proud of them as I have watched them go from the interview process to matriculation, to the white coat ceremony and then to convocation. To the nursing students, medical students, military and civilian, I could not be prouder of what they are doing – for choosing to come here and for many just simply choosing to

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DVCIPM helps to take away pain

By Eric D. Ritter

Pain is a basic part of life, but understanding it and knowing how to properly treat it is a recent focus that is gaining attention in the medical world.

The Defense & Veterans Center for Integrative Pain Management (DVCIPM) at the Uniformed Services University of the Health Sciences (USU) seeks to better understand and treat specific pain-related issues that are affecting servicemembers and other wounded warriors.

According to DVCIPM program director and USU professor, COL (ret) Chester “Trip” Buckenmaier, MD, the need to address pain issues with service members has been an important topic forged over the past 14 years of conflict in Iraq and Afghanistan.

“This organization got started shortly after the conflicts began as a way to improve the situation from a pain perspective for service members who were coming back,” he said.

Buckenmaier said he was receiving reports that wounded servicemembers were coming off the plane in agony early in the war. “That was very disturbing to me that that was an issue with a modern, 21st century military,” he explained. “We knew we had some things that could help like regional anesthesia which blocks pain on certain parts of the body, so we used that where we thought that would be most useful.”

Buckenmaier continued that regional anesthesia, which is essentially local anesthetics (like novocaine at the dentist) delivered by needle next to nerves to block pain from a wound, helps many of

the battlefield injuries we face today such as amputees who have lost limbs due to improvised explosive devices (IEDs). Morphine used to be the standard treatment for pain that goes back to the days of the Civil War. However, morphine treatment has side effects and limitations.

“Morphine has been the ‘gold standard for so many years and is great in a static situation where the patient isn’t necessarily moving,” he said. “But, today’s battlefield treatment is about stabilizing the patient to move to the next level of treatment. Morphine is not the best treatment in the fast-paced environment of being shuffled through those many treatment levels, because one of the main draw-backs of Morphine is respiratory distress, and that may not be recognized through the busy treatment process.”

Part of the research at DVCIPM is determining how different treatments may work on different parts of the body. “Sometimes a regional anesthetic may work on a limb well, but won’t be the best option for a bullet wound to the stomach. Our organization has evolved from just focusing on regional anesthesia and started to understand that we had to have a broader understanding and influence in pain management in general.”

That desire for a broader pain-management organization didn’t happen overnight. “Initially, we didn’t have a home,” he said. “We didn’t have an organization that we really fell under. Luckily, [USU] recognized the importance of the program and took us on as one of their Centers. One of the requirements from USU was for us to seek status as a Defense Center of Excellence

which provides oversight from a medical standpoint for the Military Health System.” He added that it was an easier process for them, because they were already a functioning organization. They have become the seventh Center of Excellence for pain.

A focus of the organization has been the consequences of opioid-only pain treatments on wounded service members. We recognized that chronic pain was interfering with patient recovery and rehabilitation, particularly when pain treatments used a preponderance of opioids that interfered with the quality of life of the patient and also often lead to misuse and abuse.

The issue of opioids in America has become so pervasive that President Obama has identified it as a national crisis and has charged federal medicine to recommend options to combat the wide-spread dependency that currently is gripping the country.

“I think it’s really telling that the military recognized this issue a decade ago,” Buckenmaier said. “We’ve developed new educational tools for the use of opioids, specifically. The DoD is also influencing the National Pain Strategy that will soon be released by NIH in response to the national pain crisis.” Buckenmaier added that DVCIPM has teamed up with the VA to collaboratively work on mutual pain management issues.

This effort began with the Pain Management Task Force. “It’s a Tri-service and VA initiative that came out in 2010,” he said. “I think it’s interesting that we started this a year before the Institute of Medicine

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(IOM) released their national report about the management of pain. Our report, along with the IOM's, addressed the opioid-only medical treatment practice was not serving our pain patients and that we had to take a broader biopsychosocial perspective when dealing with pain patients and recognize that pain is a very complex problem and that it is a disease problem in and of itself."

Buckenmaier pointed out that people have been hoping for a "magic pill" to help fix this problem. "Treating Pain should actually be treated the same way as treating cancer," he explained. "Just like treating cancer, you have to treat it from a multi-discipline, multi-drug approach. Pain is a fundamental sensation that we need for survival. Pain isn't bad. It protects you. Acute pain, for example, helps you prevent the further injuring of yourself after an injury. However, if you have a body part that is blown off, your body isn't really set up to deal with that, and that can lead to chronic pain and can become a lifetime debilitation. The importance of effective pain management in preventing the disease process of chronic pain was recognized by the Pain Management Task Force."

Part of the Pain Task Force's mission is to standardize and optimize pain management throughout the DoD. "We want to have people be able to go to a facility and receive the same standard-of-care they would receive anywhere else," he said. "This effort really does require a cultural change in the way we do business. There are a lot of forces against this effort, because we are a consumerism society, and medicine is part of that. You're bombarded by television ads, constantly by drug companies trying to sell you the next best drug to take

care of an issue, and sometimes the issue is even made up to sell you their product. I'm not against drug companies. They are needed, but we can't solve everything with a pill." In this regard, Complementary and Integrative Medicine (acupuncture, massage, Yoga, etc.) are now seen as viable and underutilized adjuncts for effective pain care.

To help measure pain, patients used to be asked what their pain intensity level was on a scale of one to ten. The focus on pain intensity is not enough to accurately assess and treat pain, Buckenmaier said. "We can get the servicemembers pain to zero, but then they may be on the couch with the TV on all day, drooling because they are on so many drugs. Is getting that zero pain level a success? The Pain Management Task Force said 'no.' Getting the pain to zero should not be the only focus. We have a new Functional Pain scale called the Defense & Veterans Pain Rating Scale (DVPRS) that includes how the pain is impacting on key indicators of quality life like activity, sleep, stress, and mood. This scale focuses on the biopsychosocial impact of pain, thus providing a more detailed understanding of pain, particularly in relation to other common war issues like PTSD and traumatic brain injury. So, we also need to address the psychological state of the patient when dealing with pain. That's a much greater challenge than just getting a patient's pain level to zero."

Along with DVPRS, DVCIPM has also developed another tool called The Pain Assessment Screening Tool and Outcomes Registry (PASTOR) which is a 15-20 minute survey that produces a comprehensive three-page clinician report of a patient's chronic pain. The information obtained from DVPRS and PASTOR is stored and used by

clinicians to study patient progress over time.

Buckenmaier said he enjoys seeing the progress being made in pain management today. "Pain went from being treated as a symptom of an injury to an actual disease condition we see today," he said. "We've developed a curriculum that can be used by every provider in the management of pain patients."

He also added that they are indoctrinating other methods of pain management such as massage, acupuncture, yoga and physical therapy. "We were actually driven to study battlefield acupuncture from Special Forces medics who were using it in the field, which drove us to pay attention to this very effective modality."

Buckenmaier explained that he feels the federal system of health may be in a better position to create models for pain treatment. "We don't have the same financial pressures from insurance companies, pharmaceutical companies, and device makers like the civilian system does. It frees us up to focus on making those models of care that are best for patients. I think this is something that we will eventually be able to offer the civilian sector as the appropriate model of care, and this is how we will respond to the challenge presented by the CDC and the President to deal with this problem."

Buckenmaier concluded by noting these initiatives toward pain management will continue to evolve in order to optimize the care available to service members and sustain the fighting strength of the military.

Dr. Irwin Lucki to lead Pharmacology, Molecular Therapeutics Dept.

By Sharon Holland



Courtesy photo

Irwin Lucki, Ph.D., has been named as the new chair of the F. Edward Hébert School of Medicine's Department of Pharmacology and Molecular Therapeutics at the Uniformed Services University of the Health Sciences (USU). Previously, Lucki served as the director of the University of Pennsylvania's Behavioral Psychopharmacology Laboratory.

Lucki, a former professor in the Departments of Psychiatry and Pharmacology at Penn, was selected following an extensive nationwide

search and began his new position March 7.

"Dr. Lucki brings an exciting new dimension to our basic science, applied research and graduate education programs," said Arthur Kellermann, MD, MPH, dean of the Hébert School of Medicine at USU. "His successful recruitment represents another important milestone in the ongoing development and growing impact of 'America's Medical School' and the Uniformed Services University of the Health Sciences."

Lucki will play a pivotal role in both drug discovery and discernment of underlying mechanisms for the efficacy of pharmacological agents, with particular emphasis on findings that will improve the care of service members, their families and retirees. In addition, he will also oversee a newly-established radioprotectant division that will work collaboratively with scientists from USU's Armed Forces Radiobiology Research Institute to develop effective and deployable agents to help protect and treat radiation-ex-

posed service members and civilians.

Lucki earned his Ph.D. in biopsychology from the University of Iowa in 1979 and completed post-doctoral training in psychopharmacology at Penn from 1979-1982. In 1984, he was appointed assistant professor in the Departments of Psychiatry and Pharmacology at Penn. His research focuses on the investigation of neural mechanisms underlying the behavioral effects of psychiatric medications. Research in his laboratory focuses on the pharmacological effects of antidepressants and anti-anxiety drugs, and his research led to the development of vilazodone as a clinical antidepressant.

Lucki is a Fellow of the American College of Neuropsychopharmacology and the American Psychological Association, and is the principal editor for Psychopharmacology and serves on the editorial boards for Neuropsychopharmacology, Journal of Psychopharmacology and Neurobiology of Stress.

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ventive Medicine and the College," said Elizabeth Tilson, MD, MPH, chair of the ACPM Awards Committee, in the award notification.

The Federal Preventive Medicine Medical Officer Award "recognizes a physician who, while in federal service, has distinguished himself or herself and the profession through his or her contributions to one or more of the fields of preventive medicine (Aerospace Medicine, Occupational Medicine, Preventive Medicine), resulting in

significant and enduring improvements in the health of the population he or she serves," according to the ACPM.

Lushniak was nominated for the award based on his service to the nation as the acting Surgeon General of the United States prior to his arrival at USU.

"I am truly honored to receive this award from ACPM as recognition of my federal service and in working to expand the prevention message as acting U.S. Surgeon

General," said Lushniak. "After 27 years as an officer in the Commissioned Corps of the U.S. Public Health Service, I reflect on the importance of the mission of protecting, promoting, and advancing the health and safety of our nation. That mission continues for me as a professor and chair of Preventive Medicine at USU, as we prepare the next generation of federal health leaders."

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serve in the United States military. As I look around today, I see the finest brigade in all of America. I see your sons and daughters who choose freely to serve. Thank you for allowing me to be part of your team. It's up to you now to lead them and guide them. This is the finest brigade in the military health system. This is the capstone assignment."

Following the reading of Col. Buller's assumption of command orders, Buller gave his remarks.

"Col. Glasz, your work here has been nothing short of spectacular," said Buller. "I have big shoes to fill. Through your example, your visiting senior leader forums and especially the shaping of the USU strategic framework, you have created an enduring roadmap that ensures the future leadership of the Military and Public Health System is ready. Thank you for your many contributions to the development of our students as leaders and for assisting me with my transition in. To the students in formation, the best and brightest our nation has to offer, you represent the future

of the Military and Public Health systems and I would have to say, the future looks bright. You will, just as members of the military health system have since 1775, remain combat multipliers for combatant commanders and key enabler of

two masters degrees in national resource strategy and medical services management. He received his medical degree from Louisiana State University School of Medicine in New Orleans in 1994.



our national security."

Prior to his new role as USU's brigade commander, Buller served as the executive officer to the Surgeon General at the Office of the Surgeon General, US Army Medical Command, Washington, D.C. He is a fellow at American College of Healthcare Executives and the American College of Obstetricians and Gynecology. He holds

Air Force Col. Kevin Glasz, is relieved of his duties as brigade commander of the Uniformed Services University of the Health Sciences (USU) by Army Col. Jerome Buller during the university's 11th brigade change of command ceremony at USU, March 4, 2016. (photos by Staff Sgt. Stephanie Morris)

Final Frame



Navy Capt. (Dr.) Barbara Knollman-Ritschel was presented the USU Exceptional Service Medal by President Charles L. Rice, MD, and School of Medicine Dean Arthur L. Kellermann, MD, MPH, on March 3, 2016. Knollman-Ritschel, an associate professor in the Department of Pathology, was awarded for her contributions as acting department chair from Jan. 2, 2014 until Jan. 10, 2016. According to her award narrative, she "enhanced the department's outstanding educational and research missions, led the critical foundational teambuilding that enabled an integration of the USU department with the Department of Pathology at the Walter Reed National Military Medical Center and the Joint Pathology Center and projected a most positive image of our medical school at a national level and beyond." (photo by Tom Balfour, photographer)

Navy Capt. (Dr.) Jeffrey Quinlan, associate professor of Family Medicine was called to serve as acting chair of the Department of Medical and Clinical Psychology from March 1, 2014 until Nov. 15, 2015. Quinlan was presented the USU Exceptional Service Medal at the University Council meeting on March 3, 2016, by USU President Charles L. Rice, MD, and School of Medicine Dean Arthur L. Kellermann, MD, MPH. According to the award narrative, "The department is much stronger and better positioned to make significant contributions to the science and practice of military psychology, the broader discipline of psychology, and the Nation's health because of Capt. Quinlan's unwavering dedication and leadership." (photo by Tom Balfour, photographer)

