Dr. Richard W. Thomas was officially sworn in as the sixth President of the Uniformed Services University of the Health Sciences (USU) in a small ceremony on the university campus on July 25.

As president, Dr. Thomas is responsible for the academic, research and service mission of the university. He advises the Assistant Secretary of Defense for Health Affairs and the four Surgeons General on a wide array of issues related to graduate health professions education and healthcare research.

“I am honored to be your sixth President. I look forward to the opportunities we will have to advance education, research, clinical care and readiness for our nation’s military and federal health systems,” Thomas said.

Thomas retired from the Army in May 2016 at the rank of Major General. He is a physician and dentist whose last assignment was as Chief Medical Officer and Director of the Defense Health Agency Healthcare Operations Directorate. Among his many military assignments, Thomas has served as the Surgeon General for the U.S. Forces – Afghanistan, and Senior Medical Advisor for the International Security Assistance Forces Joint Command – Afghanistan; assistant Army Surgeon General for Force Projection; and commander of Blanchfield Army Community Hospital at Fort Campbell, Ky.

“USU is an outstanding organization with a strong tradition of interdisciplinary collaboration,” Thomas said. “This reputation is well deserved and directly attributable to our outstanding faculty, staff and students. I specifically want to thank Dr. Rice for his wise and inspiring leadership of this great university over the past 11 years.”
The Craniofacial Clinic at Walter Reed National Military Medical Center (WRNMMC) is aiding children and adults with facial differences under the guidance of Uniformed Services University of the Health Sciences (USU) surgery faculty member and graduate, Air Force Lt. Col. (Dr.) Kerry Latham. A craniofacial plastic surgeon, WRNMMC craniofacial team director and Naval Medical Center Portsmouth craniofacial team co-director, she decided that this would be her career path back in 1999.

“I was a third-year medical student and had completed all my medicine, pediatrics, and family medicine rotations, which is what I thought I wanted to do. I had not yet done surgery but I went on this humanitarian mission to the Philippines and was, at that point, a bit worried I hadn’t fallen in love with a certain field of medicine yet,” Latham said. “I was worried that medicine wasn’t going to work out for me as a career.”

Latham said this changed for her when she met a teenager who was going to have his cleft lip fixed. He was in love with a girl in town who was his best friend. He wanted her to become his girlfriend, but was held back by his facial difference. He intended to have his lip fixed when he was seven but got sick and could not get the surgery. He had been hoping to have it fixed since then.

“I asked the surgeon if I could observe this surgery and she invited me to scrub in. The surgery took about an hour. He was the last one of the day so I didn’t get to talk to him after the surgery about how he felt because he was groggy from the anesthesia,” she said.

“The next morning I bolted into the hospital to talk to him and couldn’t wait to see his reaction to how wonderful he looked. When I got there, sitting with him was a teenage girl holding his hand and they were smiling at each other and happy. She was probably his girlfriend and he was delighted and I couldn’t be happier for him. I had no idea you could change somebody’s life in an hour of your time.”

After returning to the States, Latham went on to do general surgery at Wilford Hall Medical Center in San Antonio, Texas, plastic surgery at Jackson Memorial Hospital in Miami, Fla. and craniofacial surgery at Seattle Children’s Hospital in Seattle, Wash.

“I really enjoy taking care of kids with congenital facial difference and adults who still have issues that pertain to their facial differences. I was fortunate enough to be assigned to Walter Reed and to direct the team here,” Latham said. “I think people who are drawn to the team feel a passion for taking care of kids and adults with facial differences.”

The team at WRNMMC is composed of specialists in different areas including audiologists, speech and language pathologists, social workers, geneticists, pediatric dentist, orthodontists, prosthodontists, developmental pediatricians and psychologist, plastic surgeons and oral surgeons. Students from USU have the opportunity to work with the multidisciplinary team.

Latham suggests that USU students reach out to her if they are interested in pursuing a career in plastic surgery or on a craniofacial team.
A $1.6 million grant was awarded to a team of researchers to study new methods for measuring clinical reasoning. The research team is led by Dr. Steven Durning and Navy Cmdr. (Dr.) Anthony R. Artino, Jr. They serve, respectively, as the director and deputy director for Graduate Programs in Health Professions Education in the Department of Medicine at the Uniformed Services University of the Health Sciences (USU) where they are also professors.

Word that the team had been awarded funds came in March from the Department of Defense’s Joint Program Committee 1, which focuses on medical simulation and information sciences, and the Congressionally Directed Medical Research Programs.

The project titled, “Developing Assessment Tools to Better Understand the Mechanisms of Clinical Reasoning in Military Medical Simulation,” stands alone for one simple reason.

“What makes the project unique is its emphasis on the development of new ways to measure clinical reasoning, both individual clinician reasoning and team or collective reasoning,” said Artino. “Ultimately, we want to better understand the nature of clinical reasoning and how contextual features in a given situation may impact how physicians decide and act. The project aims to help us better understand the nature of clinical reasoning and how features of the clinical environment influence physicians.”

While some research projects may be done completely under the microscope, their project unfolds in front of a video camera.

“First, we want to examine how theoretically-derived variables are related to clinical reasoning performance in a simulated setting using videotapes and live scenario-based simulations,” said Artino. “Then we can evaluate whether a novel intervention based on the results of specific aims one and two improves clinical reasoning performance.”

“The project aligns with a recent report from the Institute of Medicine about improving diagnosis in healthcare,” said Durning. “In particular, we need to better understand how and why the problem of context specificity occurs.”

Context specificity is the idea that when a physician sees two patients with the same clinical presentation and the same underlying diagnosis, the physician often comes to two different diagnostic and/or therapeutic decisions.

“The scientific relevance of this project is expected to be very high because our understanding of the factors influencing the quality of clinical reasoning is still very limited,” said Durning. “Additionally, the societal impact of this project could be significant, as it could lead to the development of more targeted educational interventions to help reduce unwanted variation in clinical reasoning performance. Reducing medical errors is a must in the current healthcare system because personal consequences and the error-related system costs are a huge burden for society.”

The study is estimated to take 30 months from start to finish and begins this year with completion estimated to take place in 2019.

The team is comprised of several other individuals from the Department of Medicine, including retired Air Force Col. (Dr.) Paul Hemmer, Air Force Maj. (Dr.) Jeffrey La Rochelle, associate professors Dr. Dario Torre and Dr. Alexis Battista, and senior research associate Dr. Katherine Picho, as well as national and international collaborators: Army Col. (Dr.) Jeff Mikita from Walter Reed National Military Medical Center, Dr. Tim Cleary from Rutgers University, Dr. Lambert Schuwirth from Flinders, Australia, and Dr. Pim Teunissen and Dr. Jeroen van Merrienboer from Maastricht University, the Netherlands.
As August 1st marked the tenth anniversary of the Uniformed Services University of the Health Sciences (USU) Center for Deployment Psychology (CDP), Dr. David Riggs, the director of the CPD, reflected on the accomplishments and future goals of the center.

The CDP was formed in 2006 as military and civilian psychology experts met to design a three-week course that looked to educate both military and civilian providers to better care for military personnel and their families dealing with the stress of deployment.

“One of the things we learned early on was that combining groups of military and civilian providers led to some frustration on both sides. At that time if you think about it, 2006-2007, a lot of our military providers were anticipating deployment to go to Iraq or Afghanistan. A lot of their questions revolved around what they should take, what it’s going to be like out there, and how do you do therapy in the desert?” Riggs said. “Most of our civilian providers weren’t going to see Iraq or Afghanistan and they were asking basic questions about military culture and rank. They were starting from a very different place.”

The solution to this was to create separate but overlapping programs; each focused on the military or civilian providers, giving them the knowledge they needed to serve their patients while taking their backgrounds into consideration. Riggs said there is plenty of overlap between the two categories as military providers attend civilian courses and civilians attend military courses.

Over the past 10 years, both military and civilian providers have been trained through CDP’s courses, which include Training for Military Providers, regional civilian one-week training, evidence-based workshops, the University Counseling Center Core Competency, the Star Behavioral Health Providers with the National Guard and the Military Family Research Institute at Purdue University, online courses, a certificate program with Widener University in Military and Veteran’s Behavioral Health, the Summer Institute-Preparing for Military-Focused Career, and Online Military Culture: Core Competencies for Healthcare Professionals.

In addition, Riggs wants to encourage providers to change their procedures in hopes of adopting new practices that will benefit patients.

Riggs estimates that about 40,000 providers have been trained by the CDP in the last decade. That is only part of the CDP story though. As Riggs said, “the thing that I find most gratifying about what we have accomplished in the last ten years is that providers tell us that they use things we taught them to better care for service members or veterans.” He hopes that the lessons learned by the center will be disseminated out into the public to better help those suffering from psychological issues in both the military and civilian communities.
Barrington Burnett, Ph.D., an assistant professor in the Uniformed Services University of the Health Sciences (USU) Department of Anatomy, Physiology and Genetics, was awarded a $50,000 grant by Cure SMA for his work on spinal muscular atrophy (SMA). The award is a drug discovery grant for Burnett’s project, “Slowing SMN degradation to treat SMA.”

According to the National Institute of Neurological Disorders and Stroke at the National Institutes of Health, SMA “is one of several hereditary diseases that progressively destroy lower motor neurons—nerve cells in the brain stem and spinal cord that control essential voluntary muscle activity such as speaking, walking, breathing, and swallowing. Lower motor neurons control movement in the arms, legs, chest, face, throat, and tongue. When there are disruptions in the signals between lower motor neurons and muscles, the muscles gradually weaken and may begin wasting away and develop uncontrollable twitching (called fasciculations). When there are disruptions in the signals between the upper motor neurons (located in the brain) and the lower motor neurons, the limb muscles develop stiffness (called spasticity), movements become slow and effortful, and tendon reflexes such as knee and ankle jerks become overactive. Over time, the ability to control voluntary movement can be lost.”

Individuals with SMA don’t produce survival motor neuron (SMN) protein at high enough levels due to a mutation in the survival motor neuron 1 (SMN1) gene. Much of the early research into SMA has focused on increasing the levels of SMN protein by targeting the underlying genetics of SMA. The goal is to prompt the body to make more SMN protein by replacing or correcting SMN1, or by modulating SMN2, the low-functioning SMA “backup gene.”

Another potential way of increasing SMN levels is to target the SMN protein directly. Burnett and his team are investigating ways to slow the degradation of SMN protein, causing it to stay around for longer length of time and effectively increasing the overall levels of SMN protein in cells.

The goal of this project is to characterize and validate a novel SMN protein modulator for possible treatment of spinal muscular atrophy. This modulator regulates the degradation of the SMA protein. The team will utilize cell-based assays and animal models to investigate safety, efficacy and selectivity of a new compound identified using a high throughput screen that modulates SMN protein degradation. The project aims to help develop molecules that possesses a unique mode of action to treat SMA.

Researchers believe this approach could be used alongside other treatments that boost SMN levels by other mechanisms, such as SMN2 splicing modulators, allowing the body to both produce more protein and make that protein last longer. This would open up yet another possible avenue for combination therapies, which are needed to develop treatments for all ages, types and stages of SMA.
Researchers identify regulatory system in ulcer-causing bacteria that controls formation of bacterial communities

By Sarah Marshall

Researchers have discovered a regulatory system in the ulcer-causing bacteria, Helicobacter pylori, that can control the formation of biofilm – a “fortress-like” cluster of cells that can become resistant to antibiotics and cause major medical problems.

Helicobacter pylori, or H. pylori, thrives in the stomach. In a study published July 18, 2016, in the Journal of Bacteriology, scientists from the Uniformed Services University of the Health Sciences (USU) found that its regulatory system helps it adapt to stressful conditions, which controls the biofilm formation.

“This is the first paper to describe regulation of biofilm formation by H. pylori,” according to D. Scott Merrell, Ph.D., professor of Microbiology and Immunology at USU.

The team of researchers led by Merrell, which includes Stephanie Servetas, a graduate student in Merrell’s lab, began their study in hopes of better understanding how H. pylori adapts to stresses it may encounter within the human body, such as changing levels of acidity – a particular stressor for this stomach-dwelling microbe, Merrell explained.

The researchers created a series of H. pylori strains, containing combinations of mutations in three known important regulatory systems, which they believed would be involved in adapting to stressors. One in particular was the ArsRS system, which has been known to sense and adapt to acid stress.

The investigators were surprised to find the strains that lacked the ArsRS system formed a thick biofilm-like ring, and formed clumps of cells. Subsequently, the researchers found that the biofilm was forming more quickly and to a greater degree in the strains that lacked ArsRS, as compared to non-mutated strains. This appears to be a result of changes in the expression of the genes that affect surface adherence and bacterial aggregation, according to Merrell. They now believe this system, ArsRS, uses pH sensing as a way to tell the bacteria when they have reached the stomach surface. There, the bacteria would need to turn on genes that allow them to adhere to the host cell surface and potentially form biofilms, Merrell said.

The investigators did not set out to study biofilm formation, he noted, but the results were so striking that they originally thought that their cultures might have been contaminated with another bacteria. After following up on this observation, they came to a previously unknown role for an important and well-studied regulatory system. The discovery was made by Servetas.

“This has opened up several areas for future investigation,” Merrell said. “The research gives us the opportunity to explore the role of biofilms in H. pylori biology. It also gives us clues about signals that may affect biofilm formation, and these avenues may ultimately lead to better control of this pathogen.”
USU Hosts Military Tropical Medicine Course

By Christopher Austin

The Military Tropical Medicine course offered at the Uniformed Services University of the Health Sciences (USU) taught service members from around the country how to treat and respond to exotic diseases.

The course is an introduction for students into the field of tropical medicine, providing them with the knowledge they need to respond to a variety of different conditions that U.S. forces could be exposed to abroad.

“I think the main benefit for me is not that I’ll walk away from this and know all these diseases, it’s to educate my forces that go overseas on what specific threats there are and how to prevent them,” said Navy Lt. Cmdr. (Dr.) Alfred Owings, who took the course this summer.

In addition to lectures, students took part in labs including entomology, bacteriology, parasitology and participated in a simulated outbreak investigation.

“It’s a lot of information to take in, even for myself. I took the course in 2012 and you can’t, of course, retain everything,” Navy Lt. Cmdr. (Dr.) Neilkonti Adams, the course director said.

“We hope that students will have the basic resources to implement measures for threat reduction, identify cases, provide primary management, and be able to effectively communicate with subject matter experts so they can obtain timely and appropriate assistance.”

The four-week course ran from July 5 to 29 and is followed up by a field mission for those who elect to further their education abroad in Ghana, Guyana, Honduras, Peru or Argentina.

“It’s an academic exchange,” Adams said. “Our host nation partners would tell us how they treat malaria and we tell them how we would treat it and compare notes.”

The class focuses primarily on malaria and other common tropical diseases that service members are more likely to encounter while abroad, but the course also briefly touches on viruses such as Ebola and Zika.

The tropical medicine course is updated every year as new diseases become issues for soldiers and techniques of treatment are revealed.

“The outbreak investigation and lab and entomology lab are new additions to the course. We take feedback from students and faculty to make changes that make us more relevant and up to date,” Adams said.
Pediatrics program allows residents to tailor learning

By Christopher Austin

The National Capital Consortium (NCC) pediatrics residency has begun a program this academic year allowing residents to design their own individualized longitudinal curriculum. This program allows residents to focus on a specific topic in pediatrics that they will pursue alongside their standard curriculum throughout their training. The program is called the Advocacy-Research-Medicine (ARM) Pediatric Longitudinal Curriculum.

The program was established last fall in response to a nationwide call from the Accreditation Council for Graduate Medical Education and its Pediatrics Residency Review Committee to include programs in residencies that allow for individualization and flexibility in the curriculum.

Through the ARM program, residents are able to shape their own experiences with aid from pediatrics faculty to guide them during their residency. While they would normally shift between multiple fields of pediatrics during their postgraduate medical education, ARM allows residents to have one area they will pursue longitudinally over the course of their program.

Navy Capt. (Dr.) Gregory Gorman, the NCC pediatrics residency program director, said he hopes the program will inspire residents to pursue initiatives complementary to general pediatrics that they will continue after they have completed their residencies. He also hopes it will aid in decreasing occurrences of burnout in residents.

For example, Gorman said, previously “when residents were on pulmonology, they would go to one or two cystic fibrosis clinics and that was it,” he said. “One resident chose to [add to] their curriculum that no matter what their rotation would be, they would come back to do a cystic fibrosis clinic and see those patients over the course of two years.”

Other areas that residents are focusing their curriculum on include patient advocacy, research, community outreach and public policy. Another resident’s plan is tailored to becoming fluent in medical Spanish and includes seeing pediatric patients at the Spanish Catholic Center’s clinical center.

Army Capt. (Dr.) Jennifer Falcon is a third-year NCC pediatrics resident at Walter Reed National Military Medical Center who chose to focus her longitudinal curriculum on community outreach. She is working with Mary’s Center in downtown Washington, DC, that offers free health care and dental care in addition to social services.

“I work specifically with the teen program,” Falcon said. “What we do is go once a month and hold a workshop with teenagers and we just talk about different health-related topics while trying to help them develop skills like taking pulses, hands-only CPR, the importance of the flu vaccine and things they wouldn’t get otherwise.” Falcon hopes to organize opportunities for the teens to shadow doctors at WRNMMC this summer.

“I hope this program will help military pediatrics in general because we will have a more varied and experienced workforce where everyone can express their own interests and [we can] retain better people,” said Gorman.
USU faculty contribute to healthcare simulation dictionary

By Christopher Austin

The Society for Simulation in Healthcare recently published a new Healthcare Simulation Dictionary and retired Navy Captain (Dr.) Joseph Lopreiato, medical director of the USU Val G. Hemming Simulation Center, served as editor-in-chief on the project. The dictionary was a joint effort by 70 volunteers and a dozen international societies.

“The dictionary is an attempt to define terms that are used all the time in healthcare simulation and includes concepts and several examples so that people can understand what the term means,” Lopreiato said. “The whole idea is to make sure everybody understands the concept no matter what term you use.”

The need for this dictionary, Lopreiato says, is because there is no standard unifying definition for many of the terms used in healthcare simulation. Different countries may have different definitions for the same term, academic papers may come up with their own unique definitions and different medical societies may have medical glossaries with different definitions for the same word.

“In this country, standardized patients are people we hire to portray a patient that can be interviewed. We call them standardized patients because they’re heavily standardized. They have a script. In Europe they call them simulated patients,” Lopreiato said. “These are people that are hired to play patients but aren’t trained very rigorously. They just use their own history to tell their a story about their illness.”

Rather than rigidly define a term with a sole definition, the dictionary explains the concept and its interpretations.

USU GSN Faculty, Alumnae to be inducted as AAN Fellows

By Sharon Holland

The American Academy of Nursing recently announced its slate of 2016 Fellows and four members of the USU community are among the new class.

Laura Taylor, Ph.D., RN, ANEF, associate professor and director of clinical education for the Phase II Doctorate of Nursing Practice program in USU’s Daniel K. Inouye Graduate School of Nursing (GSN) was selected for the prestigious honor, along with Public Health Service (PHS) Rear Admiral Susan Orsega and retired PHS Captain Roberta Lavin, both graduates of the GSN’s programs. Cara J. Krulewitch, Ph.D., CNM, FACNM, who is an adjunct associate professor in the GSN, was also selected. Orsega, a 2001 alumna of the Family Nurse Practitioner program, is the Nurse Chief Professional Officer for the PHS. Lavin, who earned her Ph.D. at USU in 2008, is the associate dean for Academic Programs at the University of Missouri St. Louis College of Nursing. Krulewitch is director of Women’s Health, Medical Ethics, and Patient Advocacy in the Office of the Assistant Secretary of Defense for Health Affairs.

The four were among 164 highly distinguished nurse leaders from all 50 states, the District of Columbia and 28 countries, who will be inducted into the Academy during its annual policy conference in October in Washington, D.C. They were selected based on their significant contributions to nursing and health care, and the extent their nursing careers have influenced health policies and the health and wellbeing of all. They join 2,400 current Academy Fellows who are considered nursing’s most accomplished leaders in education, management, practice, and research.
USU alumni care for high performance flight Demonstration Teams

USU School of Medicine alumnus, Navy Lt. (Dr.) David Guerra, was selected to serve as flight surgeon for the Navy’s high performance aircraft demonstration squadron, the Blue Angels, for the 2017 season. (Courtesy of the U.S. Navy Flight Demonstration Squadron)

By Sharon Holland

The U.S. Navy Flight Demonstration Squadron, the Blue Angels, recently announced the newest team members for the 2017 air show season and a Uniformed Services University of the Health Sciences (USU) alumnus is among the officers selected.

Navy Lt. (Dr.) Juan “David” Guerra, who graduated in 2011 from USU’s F. Edward Hebert School of Medicine, will serve as the flight surgeon for the high performance aircraft squadron. He is currently serving as a flight surgeon assigned to the Naval Strike Fighter Squadron 106 (VFA-106), the “Gladiators,” based at the Naval Air Station in Oceana, Va.

Guerra was one of eight new officers chosen for the 2017 season. In addition to the flight surgeon, the group included three F/A-18 demonstration pilots, an events coordinator, a C-130 demonstration pilot, a supply officer, and an administration officer. A ninth new member, the executive officer, had been selected earlier and previously announced.

Navy and Marine Corps officers interested in becoming a member of the team, which is based at the Naval Air Station in Pensacola, Fla., submit applications to the Blue Angels, who then review the packets and choose finalists to interview during the Pensacola Beach Air Show week in mid-July each year. At the end of the week, the final selections are made.

Guerra joins fellow USU alumni Navy Lt. Cmdrs. (Dr.) Ted Steelman and (Dr.) Johannah Valentine, and former Cmdr. (Dr.) J. Patrick McMahon as a member of the Blue Angels. Steelman was an F/A-18 pilot selected in 2004 and McMahon joined the team as flight surgeon in 1999, followed by Valentine in 2008.

In June 2014, USU class of 2009 alumnus Air Force Maj. (Dr.) Christopher Scheibler was selected to serve as “Thunderbird 9,” the flight surgeon for the Thunderbirds, the Air Force’s sharply choreographed, premier jet squadron.

Scheibler provides medical care for more than 120 squadron members and keeps the team in optimal health. He also advises the commander on aeromedical issues. Before joining the team, he was the flight surgeon for the 555th Fighter Squadron at Aviano Air Base, Italy. He has logged more than 500 flight hours on 10 different aircraft, with more than 200 hours in the F-16.

Scheibler is the second USU graduate to join the Thunderbirds. Col. (Dr.) Kimberly Slawinski, a class of 1984 alumna, was a member of the prestigious team in the late 1980s.

For more info on the Blue Angels, visit: https://www.blueangels.navy.mil/show/.

For the Thunderbirds, visit: http://afthunderbirds.com/site/show-season/.
Family Health Center provides immunizations for service members and their families

By Christopher Austin

The Uniformed Services University of the Health Sciences (USU) University Family Health Center (UFHC) is providing service members assigned to USU and their families with immunizations against a variety of illnesses.

“At the UFHC we do full-scope care and a significant portion of our practice is pediatrics, so we do all routine immunizations for newborn to school-age children. It helps provide a one-stop shop for our patients. We also do a fair amount of adult immunizations in the clinic as well,” Navy Capt. (Dr.) Jeffrey Quinlan, director of the UFHC, said.

In addition to immunizing children for diseases like tetanus, hepatitis A and B, polio, measles, mumps, rubella, chicken pox and human papilloma virus, the UFHC also provides second and third-year students with blood titers to ensure the effectiveness of vaccinations that occurred earlier in their lives. All members of the military must be immunized.

“The medical students are coming fresh out of college, some have never been in the military. We have to make sure that, before they go to take care of patients, they get [vaccinated],” said Fatima Bashir, the UFHC clinical nurse.

Around September, the UFHC will begin notifying service members that this year’s flu shots will be available.

Initially, we try to immunize all active duty and patients that are eligible for care. In the past, we’ve been able to provide support for the other employees as well,” Quinlan said.

Depending on the availability of the vaccine, other USU employees will be notified if they are eligible for immunization as well.

“One of the things I like about the military is that immunization is required. No one in the military can refuse to be immunized. That gives a willingness to immunize their spouses and children; we get very little push back,” Bashir said. “We don’t think about it because we think we’ve treated a lot of illnesses, but I’ve seen a child die because of chicken pox. It’s not necessary.”
USU’s ETI Supports Faculty and Staff, Promotes Learning and Innovation

By Sarah Marshall

Faculty and staff looking for new ways to engage your students – look no further. The Uniformed Services University of the Health Sciences (USU)’s Education and Technology Innovation (ETI) support office is sure to be of assistance. The ETI was established at USU in 2006 to support teaching development, advance best practices, and expand the reach of the University’s programs.

Maybe you’d like to create a fun, educational game to help students remember the material better? Or maybe you want to develop interactive, small group activities, or an animated scenario for an online course? With a team of instructional designers, graphic designers, medical illustrators, and developers, ETI can create strategies and innovations, which continue to support teaching and promote learning, explained Dina Kurzweil, Ph.D., director of ETI.

“Our focus is on making sure we meet the educational needs of our faculty and students,” Kurzweil said.

Over the last decade, the office has assisted countless personnel, collaborating on more than 50 unique courses, and nearly 175 innovative projects, not including numerous papers and presentations they’ve supported, she said.

Associate Dean for Simulation Education, Dr. Joseph Lopreiato, is among the many satisfied ETI customers. Lopreiato called on the ETI team to help develop an interactive module for medical and nursing students learning about pediatric otoscopy, an examination of a patient’s ear drum, and one for learning about pediatric and infant development.

For both projects, the ETI staff met with Dr. Lopreiato, as the subject matter expert, to create content and then package it in a way that

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Surgery Faculty Inducted into Orthopaedic Association

By Sharon Holland

Two members of the Uniformed Services University of the Health Sciences-Walter Reed National Military Medical Center Department of Surgery (USU-Walter Reed Surgery) were recently inducted into the Association of Bone and Joint Surgeons.

Army Lt. Col. (Dr.) Benjamin “Kyle” Potter and Navy Cmdr. (Dr.) Jonathan Forsberg, both orthopaedic oncologists, were selected by the ABJS in recognition of their academic excellence. Potter, a professor, serves as the USU-Walter Reed Surgery department vice chair for Research, and Forsberg, who is a professor of Surgery, serves as the director of the department’s Osseointegration Program.

Their selection marks the first time that two members of the same department and specialty have been inducted in the same year. In addition, the pair are the only active duty military physicians in the 90-member international organization.

The ABJS is comprised of thought leaders in orthopaedic surgery and manages “Clinical Orthopaedics and Related Research,” the premier orthopaedic journal. Membership is by invitation only, is highly competitive, and requires a thorough vetting process based on international reputation, leadership and academic productivity.

“Both Drs. Potter and Forsberg represent the best of military and academic surgery. They excel in every respect – clinical care, education, research and leadership,” said Navy Capt. (Dr.) Eric Elster, surgery department chair. “It is an honor and privilege to work with them in USU-Walter Reed Surgery.”

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was both interesting and challenging to learners, he said.

“I feel the collaboration between an educator and experts in instructional design was the key to success,” he added.

Navy Cmdr. (Dr.) Alexander Galifianakis, commandant for the School of Medicine, also worked with the ETI team on two projects.

“They went far beyond simply translating our educational content into a web-based platform,” said Galifianakis, who is also an assistant professor of Radiology. “ETI brought in computer and graphics experts to expand the interactive offerings of our module and delivered a nicely polished product.”

He recommends their services to anyone interested in exploring new ways to develop educational material.

“They were extremely responsive to our input and could not have been easier to work with,” he said.

Faculty and staff can contact the ETI Support Office with ideas or questions about course redesign, or if they’re looking to develop new activities to meet learning objectives, Kurzweil said. The team will help design a variety of educational resources for the classroom, or for distributed learning (DL) environments, which might include web-based instruction, video work, or online course development.

When students or faculty are not on campus, while deployed or completing a residency, DL offers greater flexibility. The ETI team works with faculty to implement DL tools and techniques, and supports the transition of moving course content from the classroom, online.

The team also works with faculty to develop audio content, simulations, online products and animations, such as the award-winning zombie apocalypse scenarios. They can design tests and other assessments – formal and informal – to help determine whether students are meeting course objectives throughout the semester. They can also provide course and program evaluation support to help faculty and staff understand the strengths and weaknesses of their courses or programs.

FOR MORE INFO

USU’s ETI Support Office is
Located in Building D, Room 1001
Email: eti@usuhs.edu
Phone: 301-295-3980
Website: www.usuhs.edu/eti
Postgraduate Dental College Faculty Member Provides Humanitarian Care

Air Force Lt. Col. (Dr.) Nicholas DuVall examines a patient in La Blanca, Guatemala, during a recent humanitarian mission. (Courtesy photo)

By Sharon Holland

Air Force Lt. Col. (Dr.) Nicholas DuVall was a member of a team of U.S. military health care providers who participated in a humanitarian mission to Central America recently. DuVall holds a Uniformed Services University of the Health Sciences (USU) faculty appointment within the Air Force Postgraduate Dental School as an associate professor of Comprehensive Dentistry in the Advanced Education in General Dentistry (AEGD) 24-month residency program at Keesler Air Force Base, Miss.

DuVall, who is also the deputy program director of the AEGD residency program, along with two other Air Force dentists, joined medical providers and technicians in a Medical Readiness Training Exercise (MEDRETE) from May 21 to June 5 in La Blanca, Guatemala.

During the two-week mission, the MEDRETE team provided a variety of dental and other health care services to more than 9,500 patients. The dental team led by DuVall cared for many patients with dental emergencies, extracted more than 1,200 teeth and provided oral health instructions to the local villagers. Exercises such as this MEDRETE are an invaluable training platform for the providers and technicians while also fostering friendly relations with Central American allies.

“It can be unsettling to see many children living with oral infections and pain due to a lack of access to care. However, it is gratifying to know you are making a difference by providing this access to care and goodwill,” DuVall said. “I saw a local family and a few of the children each had a dental abscess that we treated. The following day, the children came back to the dental clinic site and gave us each a hand written ‘thank you’ drawn in crayon, as well as blessings and a hug for taking away their pain.”
Service members at Uniformed Services University of the Health Sciences (USU) put on cut suits to simulate battlefield injuries as part of the Advanced Combat Medical Experience (ACME) teacher assistant course. These volunteers role players simulate wounded soldiers in a mock war zone and university students are tested on the proper way to treat their simulated patients. (Photo by SSgt. Stephanie Morris)