The JTF CAPMED

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TF CAPMED Joint Senior Enlisted Orientation Course

BETHESDA, Maryland — The J7 (Education, Training & Research) Director-

ate hosted the Joint Senior Enlisted Orientation Course at the Uniformed Services University of the Health Sciences (USU) designed

for senior enlisted medical personnel in the JTF CAP-MED Joint Operating Area (JOA) June 8-12.

The purpose of the course was to provide an overview of the knowledge and skills necessary for senior enlisted leaders to effectively perform their duties as a supervisor for Tri-

Service members in the future Joint MTFs at Walter Reed National Military Medical Center and Fort Belvoir Community Hospital. The course consisted of lectures targeting cultural integration issues such as Service specific training on writing annual per-

formance reports, customs and courtesies, promotion requirements and other relevant topics to prepare leaders to work in a Joint environment. Under the leadership of CMSgt Celia Dowers, J7 - Chief, Enlisted Training, she and the members of the Enlisted Medical Integra-

tion Team set forth over the past several months on developing lesson plans and identifying instructors to teach the course. CMSgt Dowers noted that she wanted a course that "prepares Senior Enlisted Leaders to work in a Joint environment and ensures that they are informed on those necessary items required to

promote the advancement of JOA junior enlisted personnel."

The Joint Senior Enlisted Orientation Course was attended by 25 Tri-Service Senior Non-Commissioned Officers (SNCOs), with representatives from Walter Reed

Army Medical Center, Fort Belvoir Community Hospital, Malcolm Grow Medical Center, National Naval Medical Center, Medical Education and Training Campus and USU. During the week- long course there was ex-

cellent discussion between the participants who completed the program with a better understanding of their sister Services.

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VADM MATECZUN COMMANDER



MG VOLPE
DEPUTY COMMANDER



CSM BROCK
COMMAND
SENIOR ENLISTED
LEADER

INSIDE THIS ISSUE:



UNDERSTANDING NSPS



INSIDE THE J-CODES

he last day of the course the 25 students had an opportunity to ask questions of their Component Senior Enlisted Leaders; Sergeant Major James Diggs, Command Sergeant Major for the North Atlantic Regional Medical Command and Walter Reed Army Medical Center; Chief Master Sergeant Pat Battenberg, Command Chief Master Sergeant for the 79th Medical Wing; and Master Chief Sherman Boss, Command Master Chief National Naval Medical Center, during a Senior Enlisted Panel. In addition, another

Senior Leader Panel consisted of the Deputy Com-

WRAMC and COL Leon Moores from NNMC as well

manders for Integration: CAPT Lou Damiano at

as Col Therese Neely, Chief Nurse, 79th Medical Wing, whereby the participants were able to ask questions concerning cultural integration issues, status of BRAC and on other related topics.

The overall feedback on the course was extremely positive, with most participants saying the information provided was a great start in getting ready to work in a Joint environment. The experience also facilitated networking with fellow SNCOs from other Military Treatment Facilities. The J7 is currently developing a similar officer course that is due to be completed in Fall 2009 and a civilian course that is due to be completed in Spring 2010.



June 2009 Inaugural Joint Senior Enlisted Orientation Course Class Photo (Photo Courtesy of USU Medical Photo Branch)

Understanding the National Security Personnel System Performance Management System at JTF CapMed and across the Department of Defense

By: Debra Edmonds, Special Assistant to the Commander for Civilian Human Resources





n less than two months, the JTF CapMed will conclude its second performance cycle under the National Security Personnel System

(NSPS). If you are a rater, an employee or a higher level reviewer, do you know everything you need to know to be prepared?

One of the most significant findings in the recently published "NSPS 2008 Program Evaluation Report" was that "the NSPS workforce still has many unanswered questions despite massive training and com-

munication efforts."
The objective of this article, and the articles to follow in future editions of The Voice, is to help answer some of those questions so that we can be fully prepared to use NSPS to measure, improve and reward individual per-

formance and to support our mission. This article will highlight the similarities in the JTF CapMed and overall Department of Defense experience with NSPS and the work of the JTF CapMed Pay Pool Panel to identify some of the challenges they will face in their deliberations next fall.

During the last nine months, the JTF CapMed Pay Pool Panel (Panel), with the assistance of the Special Assistant for Civilian Human Resources, has reviewed completed performance plans for JTF CapMed civilians and, in many cases, provided feedback to supervisors about the quality of the objectives and measures. In June of this year, the members of the Panel conducted a Mock Pay Pool

by reviewing interim ratings for JTF employees who had been on board for more than 90 days.

The findings of the JTF CapMed Panel mirror a number of findings in the recently published "NSPS 2008 Program Evaluation Report," a comprehensive analysis on the first full year of NSPS operation across the Department of Defense. One of the most significant findings, noted above, was that the NSPS workforce still has many unanswered questions. According to the report, "Employees and supervisors both want to understand the performance man-

agement system better, especially what happens in pay pools at the cycle's critical end. The vast majority are invested in their work and want feedback to help improve their performance. The workforce found the process of writing SMART objectives and assessments new and challenging, and pay pool panels wrestled with performance plans that

were not always as specific as required. Together, they made it work, though generally not as smoothly as anyone would have wished."

The Panel recognizes that the JTF CapMed, like the rest of the Department, has a lot to learn about making the best use of this new system to enhance communication and focus on a very challenging mission. The following summary of problems with performance objectives and assessments and recommended improvement strategies is provided to help all of us gain a better understanding of the challenges we face and how we can overcome them. Based on the review of performance plans and other feedback, the Panel identified the following challenges:

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*Many employees and supervisors are not yet proficient at writing SMART objectives. SMART stands for Specific, Measurable, Aligned, Realistic and Timed. These measures are needed to demonstrate that the objective has been met (Fully Successful) or exceeded. Without those measures, it is not possible to make distinctions in different levels of performance and the Pay Pool Panel will typically not approve recommended objective ratings above Fully Successful.

*Some employees often submit long self assessments that are well written but contain little or no information on actual performance that might exceed the Fully Successful level.

*Raters' comments accompanying recommended ratings above Fully Successful often match the performance indicator descriptor for Fully Successful performance with no measures to sup-

port higher ratings. Raters often use the same performance twice to increase an objective rating and give enhanced credit.

*Multiple Contributing Factors (CF) are selected for a single objective and there is a lack of understanding about how the CF will be used. Inexperienced raters often use descriptions of enhanced performance on a contributing factor to increase the objective score and then use it again to enhance the rating.

*In some cases, objectives do not match the level of the position. The scope and complexity of objectives should be matched to the scope and complexity of the employee's broad pay band. It is important that objectives for positions in the Professional/

Analytical pay bands include that type of work. In some cases, the objectives appear to describe duties that are more appropriately assigned to the Technical/Support types of positions.

So, if those are the challenges, how can they be overcome? If you are an employee or rater and you want to improve your understanding of the system and the use of SMART objectives, there are a number of specific actions that you can take.

Take advantage of the numerous NSPS online resources at http://www.cpms.osd.mil/nsps/.

Have regular meetings to compare established objectives and measures to performance and

accomplishments and how accomplishments link to broader organizational objectives – this practice enables employees and raters to build and improve measures and focus effort on those things that are most important.

Keep a log to record accomplishments and feedback provided or received – this is a

recognized best practice and can be tremendously helpful in focusing effort.

Read and discuss the Performance Indicators and appropriate pay plan/pay band benchmarks for designated Contributing Factors – understanding these measures is critical.

If you need additional training on developing SMART objectives, contact your local NSPS Program Manager for additional information.

If you are interested in reading the full NSPS Program Evaluation Report, it is available on the NSPS Home Page at http://www.cpms.osd.mil/nsps/. Our next NSPS article will focus on how NSPS has changed the rating landscape across DoD and tips on preparing assessments for the final rating. ■



oint Task Force National Capital Region Medical Online (*JTFO*) is a Web Portal that will present a central place for making all types of information accessible to all JTF CapMed users across the Joint Area of Operations. JTFO will



consolidate a vast array of information from a multitude of sources onto a single screen. JTFO will improve the access and sharing of information, providing self-service publishing features allow end users to post and share any kind of document or Web content with other users. Look for JTFO to be published the first week of September 2009 @ www. JTFCapMed.mil.

JTF CAPMED J5 Emergency Management

By: Mr. Bruce Thompson

JTF CAPMED will sponsor the 3rd Quarterly National Capital Region Emergency Managers' Conference on 9 Sep 2009 at the Uniformed Services University of the Health Sciences, Bethesda, Maryland. The agenda will address preparedness and response to a Pandemic Influenza, focusing on the current threat of H1N1. The participants will include Public Health Emergency Officers and Emergency Managers from military medical treat-

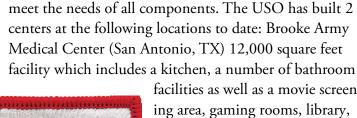
ment facilities, private-sector hospitals, and other federal, state and local government departments and agencies within the National Capital Region.



J3, JTF CAPMED

MG Philip Volpe, JTF CAPMED Deputy Commander is scheduled to meet with the USO (United Service Organizations) to discuss USO's proposal for funding, building,

operating and maintaining a Warrior Family Support Center that supports VADM Mateczun's vision for the new WRNNMC. The USO understands JTF CAPMED would need input from Army, Navy, Air Force



and Marine Corps to achieve a desired end state that

facilities as well as a movie screening area, gaming rooms, library, classrooms and other activities: and Landstuhl, Germany which is approximately 4,000 square feet which serves a much smaller population.



MILESTONES ACHIEVED:

- 1. Joint Enlisted Competency **Based Orientation Program**
- 2. Joint Enlisted Medication Administration Program
- 3. GME/GDE/HPE/Enlisted Training JOA dashboard 9. Standardized Intern Simulation Training
- 4. Electronic Institutional Review Board pilot test
- 5. Joint Medical Library pilot study
- 6. Joint Senior Enlisted Orientation Program
- 7. Joint Research Awards Program
- 8. Joint Scientific Review Process

JTF CAPMED



A world-class medical center at the hub of the nation's premier regional healthcare system serving our military and our nation.

MISSION

Deliver integrated healthcare in the NCR, ensure readiness, and execute the BRAC business plan to achieve the vision.



- *Regional healthcare delivery
- *Readiness and disaster preparedness



- *Construction Projects and Relocations
- *Create World-class Medical Center









Joint Task Force National Capital Region Medical 8901 Wisconsin Avenue - Bldg 27 Bethesda, MD 20889 301.319.8400 www.jtfcapmed.mil