The JTF CAPMED VOICE

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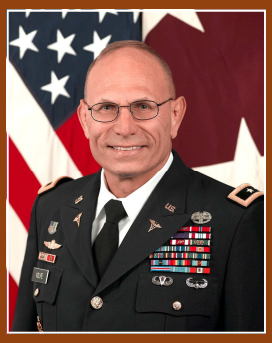
Newcomer's Orientation: Moving Towards Integration and Efficiency in Education and Training

Recently, another piece of the NCR medical integration puzzle fell into place with the decision to support a joint Newcomer's Orientation for medical treatment facilities (MTF). Even the name of the course reflects collaboration and coordination among the Services; Navy folks know Newcomer's Orientation as Command Orientation.

Under the leadership of CDR Susan Galloway, J7, Chief, Health Professions Education (HPE), the HPE cell utilized Joint Operation Planning Process (JOPP) to develop an executable course of action (COA) to present to the Joint Transition Planning Board (JTPB). Cell members from NCR MTFs and the Uniformed Services University, aimed to identify a means of providing an orientation that would ensure mission readiness for hospital staff and create efficiencies in the orientation process.

The cell began by collecting and comparing the content and delivery methods of existing orientation programs in the NCR. It was quickly recognized that regulations and accreditation standards underpin the majority of orientation content making Newcomer's Orientation required training at all facilities. Delivery methods were also similar across the NCR with live presentations and computer based training (CBT) playing a role in each orientation. *(continued on Page 2)*

VADM MATECZUN
COMMANDER



MG VOLPE
DEPUTY COMMANDER

CSM BROCK
COMMAND SENIOR
ENLISTED LEADER

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Newcomer's Orientation (continued):

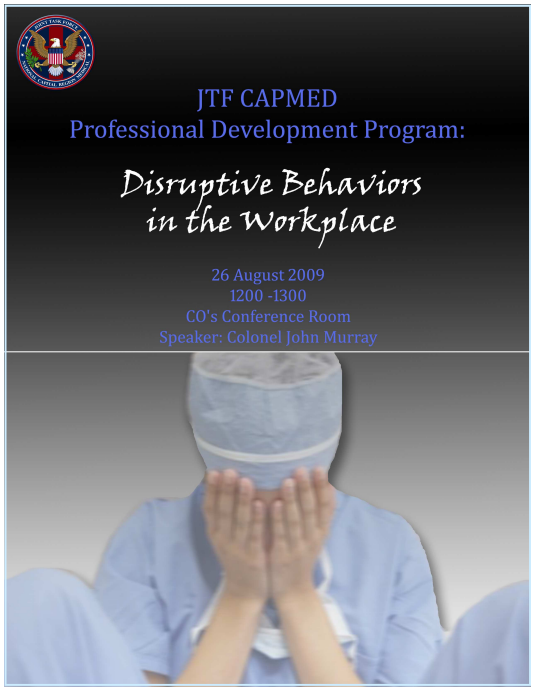
To facilitate cultural understanding and integration, consideration was also given to incorporating topics that address joint Service concepts and Service specific characteristics such as uniform regulations and traditions. Other assumptions that the cell members recognized and agreed to include; require training be completed within the first 90 days of arrival to the facility, track the training compliance, and that adequate human, technical and physical resources will be allocated to support the training. This means figuring out how to put large numbers of staff through an effective orientation in an adequate, but expeditious amount of time. Based on current orientation throughput numbers, Fort Belvoir Community Hospital (FBCH) and Walter Reed National Military Medical Center (WRNMMC) can expect to see approximately 160 and 200 staff attending orientation per month. This is a significant increase of 30 and 50 percent respectively.

Using the underlying assumptions and the JTF CAPMED mission to oversee, manage, and distribute resources and ensure medical readiness of personnel in the Joint Operating Area (JOA), the HPE cell identified three possible COAs that could support a joint Newcomer's Orientation. One possibility is that staff attends a live classroom session that covers the most essential information followed by completion of other topics via CBT on their own time. Another means of satisfying orientation requirements is to conduct the course as an independent study with participants completing lessons via CBT, again on their own time. Lastly, it was suggested that the most efficient and productive method would be a combination of live and CBT course delivery provided over a protected 1-5 day training period. This last option was the recommended COA presented to the JTPB on 19 August 2009. This option provides for important interaction with staff from all Services, opportunity for feedback and clarification of content with subject matter experts and presenters and ensures training compliance. Supporting this COA is the fact that several world-class hospitals surveyed (John's Hopkins, Mayo Clinic Hospitals, and Fairfax INOVA) all conduct their new staff orientations over a protected period of time before going on to their work centers and experience 100% compliance with training completion.

What's next? The JTPB supports the COA utilizing protected training time for a program of live and CBT training. Now the HPE cell needs to do the hard work of designing the curriculum and analyzing the difference between what exists, and what will be needed to support this COA. At the projected number of attendees per month, creativity and additional human, technical, and physical resources will be necessary to carry out the mission. The gap analysis results will be presented to the JTPB in October 2009 as the HPE cell moves forward with a goal to pilot test the novel joint Newcomer's Orientation in the summer of 2010. ■

J7 Educates Health Care Professionals on Disruptive Behaviors in the Workplace

In January 2009, new Joint Commission standards addressing disruptive behaviors in the workplace went into effect. These standards require health care institutions to have in place codes of conduct, mechanisms to encourage staff to report disruptive behavior, and a process for disciplining offenders of hostile behavior in the workplace. Since that time, several professional organizations including the American Medical Association, American Organization of Nurse Executives, American *College of Physician Executives*, American Hospital Association and the American Dental Association have published statements supporting these new standards.



Health care professionals are increasingly experiencing abuse and harassment in settings in which they practice, learn, teach, research and lead. Workplace abuse is described as behaviors that humiliate, degrade or otherwise indicate a lack of respect for the dignity and worth of an individual to actions that can take the form of intimidating behaviors such as condescending language, angry outbursts and/or threatening body language and physical contact. Hostile, abusive and bullying behaviors in the workplace have a significant emotional impact on health care professionals. This abusive behavior demoralizes professionals leaving them feeling personally and/or professionally attacked, devalued, or humiliated. Bullying behaviors create feelings of defenselessness in the victim and significantly demoralizes his or her right to dignity in the workplace. Victims of workplace abuse and harassment suffer from a wide range of physical complaints such as difficulty sleeping, anxiety, headaches, elevated blood pressure, weight gain or weight loss and substance abuse. There are also considerable psychological consequences that result from workplace abuse and bullying. Victims suffer significant anxiety, depression, and feelings of isolation. Furthermore, there are collateral effects on co-workers when they witness the abusive behaviors as well as family members of the victim who witness the effects of workplace abuse on their loved one.

Workplace abuse and harassment of any type is a serious issue and should never be tolerated. However, it is oftentimes ignored, avoided, or excused in some way as acceptable behavior. Many health care professional feel helpless to confront abuse and harassment in the workplace, or they are persuaded to believe that no one really cares. Furthermore, evidence exists that because a majority of acts of abuse and harassment are not reported, tolerance is likely contributing to the escalating problem. This growing problem of abuse in the workplace will only worsen unless health care institutions and professional organizations implement zero-tolerance policies.

For more information, please see Workplace Bullying: A Problem That Can't be Ignored published by Col John Murray, J7 - Director of Education, Training & Research, in the October 2009 issue of *MEDSURG Nursing*. ■

Open Letter from the CSEL

COMMAND SENIOR ENLISTED LEADER (CSEL)
"WORKING FOR YOU"

It's been a FAST three months since my arrival at JTF CAP-MED and Whew! It's been a world wind but exciting! I'm so proud to be serving during this exciting time and look forward to each and every day as we move forward into the future of military medicine.

Many folks wonder "What is the role of the CSEL?" Well I can tell you, on somedays I wonder that myself! (smile) We are involved in so much and so many activities that it's difficult to differentiate just 'exactly' what's expected of you and what you do just because you are part of the team. Well, I'd like to share with all of you some of the activities that not only I have been involved with, but each SEL from the three Services and MTFs:

1. Selection of Integrated SEL's for the North (WRNMMC) and South (FBCH) departments and clinics. We have selected a panel that will recommend selection of NCOs and CPOs that possess the key leadership and management skills needed to assist our selected Officers of the same level to work through the Integration and Transition of both facilities. This opportunity has been opened to all medical NCOs within the NCR.

2. Formation of Joint Training. With one Joint Senior Enlisted Orientation Course under our belts, we are working at improving our program and ensuring quarterly training for all NCOs and CPOs.

3. Enlisted Technicians Scope of Practice. Although the three Services possess many, if not the same level of skill identifiers and expertise in the various medical positions, not all are presently working at the same scope of practice and we are working on making all enlisted specialties one and the same throughout the JOA.

4. Bringing 'Cultures' Together. One of the biggest hurdles we face is learning about one another and respecting our different cultures/traditions and we must encourage/learn to embrace them. Recently I attended the induction and pinning ceremony for the Navy Chiefs at NNMC. I learned so much about the enlisted Navy traditions just by my attendance which gave me great ideas for inclusion/attendance of all Services at many of our future events.

5. Working the Joint Manning Documents. A 'huge' job undertaken by our staff across the Services. The SELs have been ensuring that we keep an enlisted touch on the process by ensuring the force mix, type staff, rank structure, etc. is being considered during planning and implementation.

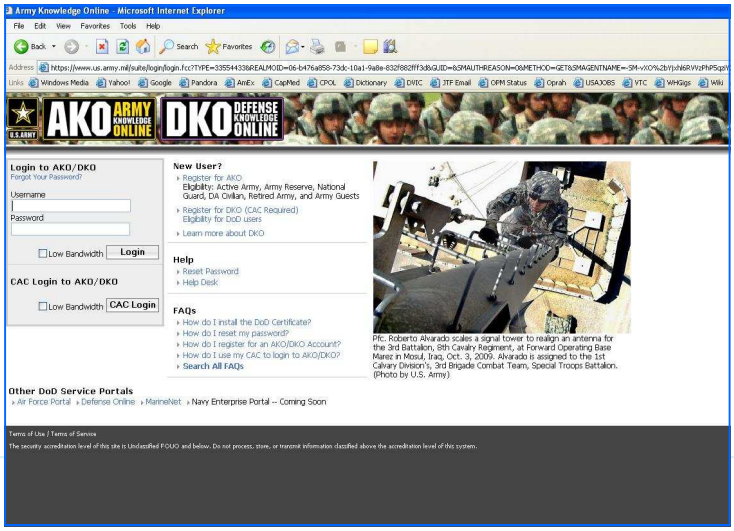
This is only a touch of what we do and are involved in. Every month, I will have a standing column to bring you information on the latest and greatest from the SEL perspective. I look forward to any feedback you may have to assist in making us better than ever!

Thank each and every one for all you do to bring this Joint Medical venture to success!

CSM Donna Brock

AKO Changes:

Army Knowledge Online (AKO) has made some BIG changes in the look and navigation of Knowledge Centers, Folders, and Files. This is part of an ongoing effort to enhance the capabilities of the site. As with many changes "the good" is not always immediately evident. For now, to find your files you can use the following sequence once you have logged onto AKO:



- Open up the files area
- Click on the "Favorite Files and Folders" link at the top of the page
- Click on the "Details View" link at the top of the "My Favorites" area

This will return you to a view that you are familiar with, and from here you should be able to find your folder. A nice tutorial on getting around in the new files area is at: https://www.us.army.mil/suite/doc/17835630

Former Knowledge Centers (KCs) that are now Folders can be accessed using the old KC URL (https://www.us.army.mil/suite/kc/XXXXXX). This will aid in identification and reorganization, if you decide to reorganize due to the changes.

Former Files Communities that are now Folders are identifiable by the two-head icon on the Folder. These can be accessed using the old Community URL (https://www.us.army.mil/suite/community/XXXXXX).

New – Any Files container can now be accessed by using the new URL format for Files – https://www.us.army.mil/suite/files/XXXXXX. That means that Community, KC, or File may still be used after "suite" in the URL. ■

Joint Task Force CAPMED General Contact Info:

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J4 (Logistics).....301.319.8615
J5 (Plans).....301.319.8823
J6 (IM/IT Comms).....301.319.8503
J7 (Education, Training, Research).....301.319.8921
J8 (Resources).....301.295.4583
BRAC, NNMC.....301.319.4897

JTF Director Authors Article on Advances in Pediatric Public Health Emergency Preparedness

The terrorist attacks of September 11, 2001 left pediatric clinicians, educators and scientists pondering how well the United States is prepared to assist children faced with public health emergencies. Experts in the care of children have long held that children have unique needs when it comes to disasters and are considered one of the most vulnerable groups when faced with such emergencies.Children have many distinctive physiologic, anatomic and psychosocial considerations that potentially affect their vulnerability to injury and response in a disaster.

Distinctive susceptibilities from a developmental perspective have an affect on children as well. Cognitive development plays a critical role in how children respond to disasters. For example, during a disaster, a toddler who might be separated from a caretaker is unable to understand what is occurring in his/her environment. Therefore, the response of a toddler is one of fear in the form of behavioral symptoms such as crying, fussing and irritability. On the other hand, school-age children are able to think and understand on a more sophisticated level. Older children are better able to understand the complexity of the situation and the implications of what is occurring.

Public health emergencies from disease outbreaks and natural disasters to terrorist attacks have heightened our sense of urgency to develop and implement plans to meet the needs of children should a devastating event occur. Clinicians, educators and researchers alike have identified a critical need for healthcare professionals working with children affected by disasters to have in place a framework for improving the care delivered to children as a result of public health emergencies.

Colonel John Murray, J7 - Director of Education, Training & Research for JTF CAPMED, has authored an article on "Advances in Pediatric Public Health Emergency Preparedness" for the *American Journal of Nursing. In his article, Dr. Murray provides an overview of* two highly anticipated publications aimed at providing guidance on sheltering and caring for children who are attending school or hospitalized during a public health emergency. The article is published in the January 2010 issue of *AJN*. ■

JTF CAPMED Joint Vaccination Teams Provide Influenza Prevention Support

"JTF CAPMED has formed through Service Component support three joint vaccination teams. Each team consists of 10 staff members with a mission to go to pre-designated offsite locations to vaccinate DoD active duty and civilian DoD employees against seasonal influenza and 2009 H1N1. A total of 21 sites per picked based on lack of a nearby military treatment facility to access these vaccinations.

These joint vaccination teams, in addition to providing health care delivery, are intended to provide further flexibility inJTF CAPMED's ability to support force health protection in the event of pandemic influenza anytime in the future." ■

Patient receives the seasonal influenza nasal mist at Ft. Belvoir during JTF CAPMED vaccination assistance visit.

Pandemic Influenza Roundtable

The Washington Headquarters Services (WHS) in conjunction with the Georgetown University Department of Government sponsored the Facilities Pandemic Influenza Preparedness in the National Capital Region (NCR) Roundtable. Participants were comprised of senior officials from local, state, and Federal interagency organizations.

The roundtable discussions presented an opportunity for senior officials to participate in panel discussions focused on emergency pandemic influenza preparedness issues and enhance joint cooperation within the NCR. Specifically, the participants were tasked to identify multi-agency approaches to national security preparedness focused on the emergency pandemic influenza threats; planning and preparedness; and continuity of The Washington Headquarters Services (WHS) in conjunction with the Georgetown University Department of Government sponsored the Facilities Pandemic Influenza Preparedness in the National Capital Region (NCR) Roundtable. Participants were comprised of senior officials from local, state, and Federal interagency organizations. The roundtable discussions presented an opportunity for senior officials to participate in panel discussions focused on emergency pandemic influenza preparedness issues and enhance joint cooperation within the NCR.

Specifically, the participants were tasked to identify multi-agency approaches to national security preparedness focused on the emergency pandemic influenza threats; planning and preparedness; and continuity of operations challenges.

Key speakers included: Dr. Jeffery Taubenberger, National Institutes of Health; Dr. Til Jolly; Principle Deputy Assistant Secretary for Health Affairs and Deputy Chief Medical Officer, Department of Homeland Security; Ms. Ellen Embrey, Acting Principle Deputy Assistant Secretary of Defense, Health Affairs, Department of Defense; Mr. Robert Stephan, Former Department of Homeland Security Assistant Secretary of Infrastructure Preparedness; and Mr. R. James Caverly, Director of Infrastructures Partnerships Division, Department of Homeland Security. ■