

# The JTF CAPMED

VOICE

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## Standardized Joint Enlisted Medication Administration Course

By: CMSgt Celia Dowers

On July 1, 2009 the J7 (Education, Training & Research Directorate) presented a decision brief to the Joint Transition Planning Board (JTPB) on a Standardized Joint Enlisted Medication Administration Course for the Joint Operating Area (JOA). The purpose of this briefing was to obtain a decision on a Standardized Joint Enlisted Medication Administration Course for the non-licensed Army (68W), Air Force (4N0) and Navy (Corpsman/Basic Skills) enlisted medical personnel. Under the leadership of CMSgt Celia Dowers, J7 Chief, Enlisted Training, the J7 Enlisted Training Cell set forth over the past year on reviewing and approving the use of this course for enlisted medical personnel in alliance with similar efforts which are being developed at San Antonio Military Medical Center (SAMMC). Each of the Component Commands also provided a nursing subject matter expert to this group. Additionally, the Uniformed Services University provided a patient safety consultant. This course was developed with a focus on compliance with Joint Commission stan-



dards as well as National Patient Safety Guidelines. The desired effect of this course is to facilitate interoperability and maximize cooperation between the three Services in the JOA. Additionally, this program meets all of the JTF CapMed Commander's priorities of casualty care, care for the caregiver, be ready now, regional healthcare delivery and common standards and processes.

The JTPB recommended that the J7 Enlisted Cell finalize the lesson plan and list of medications that the medics/Corpsman would administer. On July 13, 2009, the J7 briefed the Standardized Joint Enlisted Orientation Program Course at the Component

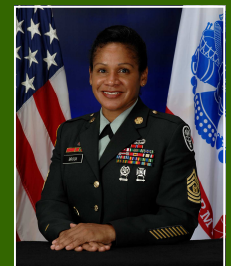
Commanders meeting with full support from all Component Commands. Over the coming months the Education, Training & Research Directorate and J7 Enlisted Training Cell, in collaboration with nursing subject matter experts from each Service, will finalize the course curriculum, establish an approved list of medications that medics/Corpsman will administer and coordinate implementation of this course with military treatment facility Education & Training Departments. ■



**VADM MATECZUN  
COMMANDER**



**MG VOLPE  
DEPUTY COMMANDER**



**CSM BROCK  
COMMAND  
SENIOR ENLISTED  
LEADER**

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Microsoft Office Word documents can be lost in certain situations. For example, the document may be lost if an error forces Word to close, if you experience a power interruption while you are



editing, or if you close the document without saving changes.

This article <<http://bit.ly/pnYtC>> discusses six methods that you can use to try to recover the lost document.



### Intern Procedural Training Using Simulation

COL Greg Argyros—  
J7 Chief, Graduate Medical/Dental and Undergraduate Education

On 29 June 2009, 108 new physicians underwent basic procedural training at the WRAMC and NNMC Simulation Centers. In October 2008, VADM Mateczun directed the National Capital Region (NCR) Component Commanders to develop a plan for training incoming medical interns in a variety of basic procedural skills. With extensive collaboration between NCR Graduate Medical Education leadership, Simulation Center Directors & Adminis-

trators, and enlisted training cadre, a training plan was developed to instruct each of these interns in the



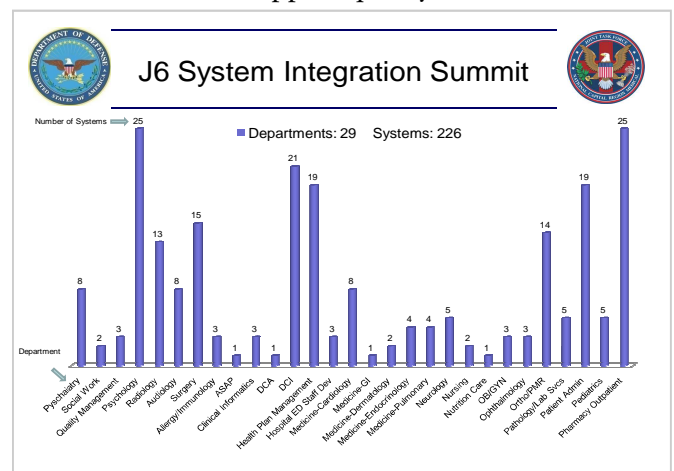
performance of phlebotomy, intravenous catheter placement, and arterial puncture. Feedback on a trainee's ability to perform each task will be provided to their Program Director. Fort Belvoir Community Hospital Family Medicine interns participated in this training exercise as part of their simulation training curriculum. ■

J6

JTF CAPMED J6 IM/IT Communication Team participated System in the Integration Summit June 17-18 2009 in preparation for the consolidation of WRAMC/NNMC

Campuses and Ft Belvoir. The Informatics Tiger Team findings of 29 Departments participated with a total of 226 clinical systems identified. Currently the Tiger Team is out and about with follow up for the remaining departments... they may be in your neighborhood soon. Although the focus is on systems identification, they are also interested in the

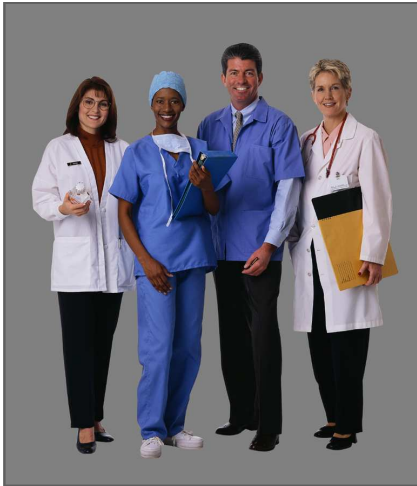
processes that surround the systems. Please feel free to share thoughts/comments/feedback about what we can do to support quality care. ■



# LEADING CHANGE – THE CIVILIAN HUMAN RESOURCES COUNCIL IN ACTION

By: Debra Edmond

**G**reat News on Canvass Letters! In August, the Civilian Personnel Advisory Center (CPAC) at Walter Reed Army Medical Center (WRAMC), in conjunction with the Joint Task Force Capital Medicine Civilian Human Resources Council (JTF Cap Med CHRC), sent out non-binding canvass letters to the permanent WRAMC hospital staff to gather workplace location preferences for the upcoming transition to the new Joint hospitals. The letters asked employees at which location, Bethesda or Fort Belvoir, they would prefer to work, and also asked about retirement plans. The response to the letters has been enthusiastic, with a 75% return so far. The CPAC is still accepting canvass letters until September 15<sup>th</sup>, so the number will climb higher as more employees participate.



At almost the same time as the Walter Reed effort, the Human Resources Office (HRO) at the National Naval Medical Center (NNMC) at Bethesda sent out a similar canvass letter, and the CPAC at Fort Belvoir will also be sending canvass letters to their hospital personnel. These letters will gather information about retirement, and in addition, will ask if anyone at these Medical Treatment Facilities (MTFs) wishes to move to relocate to the other Joint facility. The HRO at NNMC has had a 35% response so far and expects a much higher number in the next few weeks. The CPAC at Fort Belvoir will send out about

700 letters to the staff at DeWitt Army Hospital in September.

The early results of the WRAMC canvass letter shows that only about 2% of employees plan to retire on or before September 15, 2011 and 2% may consider the Voluntary Retirement Incentive Program. The greatest proportion of employees, 64%, requested to be placed at the Bethesda facility with 22% of employees

requesting to work at the new hospital at Fort Belvoir. Eight per cent (8%) marked no location preference on their survey and 2% were in an ‘Other’ category that includes write-in location choices. About 500 WRAMC employees have not turned in a survey yet.

The data gathered from the canvass letters at all three hospitals will be used to help determine employee preferences for work locations at either of the two new Joint facilities sometime in the next year. Although employees will not be relocating to their new permanent facility until 2011, the decisions on where employees will be going will be made in 2010. The CPACs, HRO and the JTF Cap Med CHRC will work together to assist managers in placing employees where their function is and, to the maximum extent possible, in each employee’s preferred location. ■

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## National Security Personnel System (NSPS) Assessments – The Task Everyone Loves to Hate

By: Debra Edmond

Last month's article on NSPS covered ongoing challenges with the new personnel management system across DoD and our early experience with performance management here at JTF CAPMED. This issue focuses on the challenges we all face in preparing the annual assessment AND the benefits.

There is no shortage of guidance on writing assessments. Many employees and raters here at the JTF are attending a series of two hour coaching sessions. Training and reference materials on the NSPS website include the ORCA approach; the SCRAM approach, and the STAR approach for writing effective self-assessments on

our SMART objectives. With all that guidance and all those creative acronyms, there should be something in there that makes it easy, shouldn't there?

The tools can help but, for most of us, it will never be easy.

Preparing an assessment is one of the most difficult tasks we confront as employees and supervisors. Whether you are a senior executive or an administrative assistant, stepping back from your every day work to see how well it translates to results for your organization can be an uncomfortable experience. The fact that we are all relatively new employees in a relatively new system makes it even more so.

- First, we have to make time to do it and our regular work does not go away while we are working on it.
- Second, we need information on what we have accomplished over the last twelve months and

many of us have been too busy to stop and keep a record.

- Third, we need a good understanding of the Performance Indicators and Contributing Factor benchmark descriptors and we need to make it clear how our performance compares to those standards.
- Fourth, we need to have a shared understanding of how work actually links to overall organizational goals.
- Fifth.... You get the idea – this process is multi-dimensional and it is, at times, much harder than our day-to-day work. Given the complexity and

relative newness of the JTF mission and workforce (most of us have been here less than a year!), the challenging environment and the constant change, the already difficult

assessment process will be a test for all of us.



Is there any good news here? Absolutely. If you follow the steps above and use the available guidance, you will almost certainly gain new understanding of how your work supports the JTF mission. Many employees and raters use the process to improve objectives and measures and communication for the next rating year. You also have an opportunity to share ideas about the work you do and how it might be done differently to support the JTF CAPMED mission. In other words, we all have an opportunity to engage in a process that will support continuous improvement and learning for us as individuals and for our organization. It IS really, really hard but it is definitely worth it. ■



# JTF CAPMED

## VISION

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.

### HEALTHCARE IN THE NCR

- \*Regional healthcare delivery
- \*Readiness and disaster preparedness

### BRAC

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



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