

2010 Military Health System Conference

By Col John Murray

On Wednesday, January 27, 2010 the JTF CAPMED Education, Training & Research Directorate conducted a panel at the 2010 MHS Conference entitled, "Sharing Knowledge: Integration of Education, Training & Research in the National Capital Region." Panel members included Colonel John Murray, JTF CAPMED/J7, Director of Education, Training & Research, Colonel Greg Argyros, JTF CAPMED/J7 Chief, Graduate Medical Education/Graduate Dental Education, CAPT Bob Taft, Dean, Naval Postgraduate Dental School, CDR Susan Galloway, JTF CAPMED/J7 Chief, Health Professions Education and CMSgt Celia Dowers, JTF CAPMED/J7 Chief, Enlisted Training.

An overview of JTF CAPMED and the J7 was provided be-

fore panel members described the transformation of education, training and research in the National



Capital Region sharing with the audience initiatives currently underway in each of these areas. Topics included: integration of physical

and electronic medical libraries, development of educational dashboards, an overview of Graduate Dental Education, Newcomer's Orientation at the Joint medical treatment facilities, standardized Joint training record, simulation for world-class academic medical facilities, Joint competency based orientation program, standardized enlisted medication administration program, electronic Institutional Review Board pilot testing and Joint scientific review processes.

The panel presented an opportunity for JTF CAPMED and the to highlight initiatives that have been underway since September 2007 and the great progress that has been made to date. This session also provided audience members with a chance to ask questions regarding the initiatives presented. ■ ...

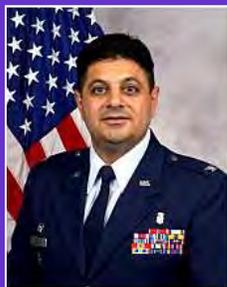
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COMMAND SENIOR ENLISTED LEADER'S PERSPECTIVE

Developing GREAT Leadership

I ran across an article recently that was so outstanding that I wanted to share a few bits and pieces with you. It talked about 'Leadership:

Leadership is a word often used throughout the United States Military. We develop into leaders throughout our careers: Officers, Enlisted, and our Civilians. We recruit, train and appoint new leaders. We plan and carry out operations under the direction of our command and staff leaders.

But, how does one define and become a great leader?

A great leader is someone who helps others do and become more than they ever thought possible. It's about unlocking potential. It's not telling people what to do, but inspiring them to achieve and lead by example. The quality of leadership makes the difference between a team that's passionate about what it's doing vs. one that's simply following orders.

Good leadership isn't hard to achieve, but a truly GREAT leader stands out above all other leaders. A great leader doesn't make false assumptions, is understanding and humble, and accepts that there's ALWAYS room for improvement.

To be a great leader, one must be an effective leader. Great leaders also must be open to change. A leader shouldn't think that their way is the only way to accomplish goals. Some people have only one style of leadership but must be willing to change as that style may not always work. Flexible leadership can be difficult but can be great because it involves being able to adapt to the situation and personnel involved. Great leaders have the ability to listen. They also must have a great amount of mental toughness without acting "mean" and understand that no one can lead without being criticized.

To be a GREAT leader, period, a person must have a leader's spirit, which consists of the drive, willingness and motivation to lead. It takes hard work. A great leader has the ability to motivate, to inspire, to boost morale of others. A good leader with a positive attitude and a vision can motivate anyone – even those who may feel dissatisfied with their jobs. A great leader will have an outstanding ability to communicate. Leaders must lead by example. A great leader will be continually decisive. How often do we hear people say, "I wish they would just make a choice, any choice!"

***These are just a few tidbits to get you thinking about 'your' leadership style and ask yourself how you fit into this or future leadership roles.

Happy February and Happy Valentine's Day! Don't forget to let your special ones know how special they are!

CSM Donna Brock



EXECUTIVE COUNCIL APPROVES USE OF STANDARDIZED RESEARCH FORMS

By Colonel Charles McQueen

One of the goals of the J7 Directorate is to establish procedures for the submission, review and oversight of research which are standardized throughout the Joint Operating Area (JOA). Another step towards achieving that goal occurred when the Executive Council recently endorsed the implementation of a new exempt research protocol template with standardized instructions and operating procedures.

By DoD policy, research using human volunteers must undergo a review process. In general, the DoD directs that the intensity of the review be proportional to the degree of risk and complexity of the proposed study. Accordingly, research studies involving human volunteers are processed

through one of 3 pathways: research reviewed by a full Institutional Review Board, research reviewed using an expedited pathway, and research that is exempt from the full IRB review pathway.

A task force made up of members from the J7 Research Cell has worked to harmonize the research templates and procedures used in the JOA for review by the 3 pathways. The task force, comprised of Army, Navy and Air Force, Uniformed Services University and civilian research regulatory experts, analyzed the template and procedures used to review exempt category research at the Walter Reed Army Medical Center, the Malcolm Grow Medical Center and the National Naval Medical Center. The task force found that while the major characteristics of the exempt review pathway at each site were similar, there was considerable

variation in details. The task force evaluated strengths and weaknesses of the variations, and created a template and standard operating procedure that harmonized the differences yet still satisfied the Service Component requirements for review by Service Component higher headquarters. The task force completed work on standardized protocol templates for review by the full and expedited IRB review pathways previously.

On 20 January, the find-

ings and recommendations of the task force were presented to the Executive Council. The Council approved the template and procedures. As a result, investigators assigned to any of the military treatment facilities in the JOA now follow the same instructions and use the same exempt protocol template wherever they are assigned. The new template and instructions were uploaded to the IRBNet electronic document management system and are accessible to investigators electronically through the internet. For example, investigators registered with the Defense Medical Research Network (DMRN) can point their browser to the DMRN, click through the appropriate links and download the template. The azimuth is set, and we are headed in the right direction! ■

Task Force members: Dr. Audrey Chang; COL Janine Babcock, WRAMC; Ms. Sheila Gaines; CAPT Jeff Lenert; LCDR Todd Gleeson, NNMC; Col Peggy McNeill, 79 MDW; Ms. Maggie Pickerell; Dr. Rick Levine, USU; LTC Molly Klote, CIRO; COL Charles McQueen, JTC CAPMED





2009 JTF CAPMED Seniors Leaders Conference: Work Group Updates

By Colonel John Murray

JTF CAPMED held its annual Senior Leaders Conference October 27 – 28, 2009. As a follow-up to that meeting, senior leaders who participated in work groups at the conference agreed to continue work by the groups as well as provide periodic updates. The following is an overview of progress made to date by the respective groups:

Integrated Healthcare Delivery System. The long-established relevant cells in J-3, Clinical Operations Division, have assumed the lead for follow-up actions discussed at the conference. Membership of these cells is inclusive of representatives from the Component Commands. Ad hoc representatives will participate in the established cells' work on a case-by-case basis. POCs:
CAPT Herden
(Mary.Herden@med.navy.mil)
Mr. Musashe
(Vincent.Musashe@med.navy.mil).

Care for the Caregiver. Work group members called for a plan to formalize a Care for the Caregiver work group, develop an integrated Care for the Caregiver program and draft a policy statement. Re-establishment of the work group is underway. Once in place, goals of the work group will be reviewed, and literature on various programs for Care for the Caregiver will be circulated for review/feedback. POCs:
LTC(P) Porter
(Rebecca.Porter@med.navy.mil) &
CAPT Myhre
(Elizabeth.Myhre@med.navy.mil).

Benchmarking. *Appointing* - JTF staff continue to coordinate efforts with Call Center vendor, T Metrics, to assess the feasibility of expanding this vendor's communications contract to include the JOA. Currently, T Metrics is poised to have the communications contract, to include the Call Center at Malcolm Grow Medical Center and Bolling Air Force Base. A concept of operations

(CONOPS) and Rough Order of Magnitude (ROM) are being completed by Booz-Allan Hamilton contract personnel, in conjunction with JTF staff, for roll up into a brief for the Executive Council. *Referral Management* - CONOPS and a ROM are being developed by Booz-Allan Hamilton contract personnel and JTF staff. POCs:
Col Boss
(Naomi.Boss@med.navy.mil)
Ms. Blankenship
(Susan.Blankenship@med.navy.mil).

World-Class. Efforts continue to collect data for the development of a report similar to Medical Center of Georgia's report on Creating a World-Class Academic Medical Center. A copy of the report can be found at http://www.mcghealth.org/media/file/Publications/MCG_AnnualRpt_02.pdf. POCs: Mr. Wardell
(Scott.Wardell@med.navy.mil) & Dr. Longacre (jlongacre@usuhs.mil).

What in the world is Workforce Mapping?

By Debra Edmond

If you are a civilian employee at Walter Reed, you are anxious to know where your job will be in 2011 when your work is realigned from WRAMC to the Walter Reed National Military Medical Center (WRNMMC) at Bethesda and the new Community Hospital at Fort Belvoir (FBCH). If you are a civilian employee at National Naval Medical Center (NNMC) or DeWitt Army Community Hospital (DACH), you are probably wondering what impact the expansion at Bethesda and the huge new hospital at Fort Belvoir will have on you. The answers may be closer than you think and the process that will create those answers is "Workforce Mapping."

Over the next three months, department chiefs supported by subject matter, manpower and human resources experts will be "mapping" current employees at WRAMC, NNMC and DACH to positions on the manning documents for these two incredible Joint hospitals. NNMC and DACH employees will be mapped to positions in their current locations unless they have requested a change. WRAMC employees, who were surveyed about their geographic preference last July, will be mapped to positions at Bethesda or Fort Belvoir based on their stated preference to the maximum extent possible. Employees will be notified in writing of their assignments no later than

June 2010. After the initial notification, there will be a process to update and modify those future assignments as turnover occurs and there are opportunities to make changes.

Planning is underway for Town Halls at WRAMC, NNMC and DeWitt to talk about the Workforce Mapping process and to solicit employee feedback. Stay tuned for more news soon! ■



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