JTF CAPMED

THE VOICE

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LOCALLY RESOURCED REQUIREMENTS WORKSHOPS

By Rhonda Baxter
J1-Admin Assistant

We are excited to provide you information regarding the process of integrating the workforce into the two new Joint Hospitals. In January, the JTF CAPMED, J1 Personnel and Manpower teams began an eight week process called the Locally Resourced Requirements (LRR) workshop. The purpose of this review was to help identify current mission requirements in order to accomplish Workforce Mapping (WFM) which helps us to identify "who goes where."

The LRR process actively involved frontline functional experts in the continuous assessment of the draft manpower document; and is critical to applying work load planning factors to WFM. Workforce Mapping is the process of aligning current Military Treatment Facilities (MTFs) employees to the funded positions for the future Joint Hospitals.

In November 2009, the JTF CAPMED staffed the third version of the draft manpower document to the three Services, (Army, Navy, and Air Force). The draft contained only the positions authorized by the Services as "funded positions." Since the draft manpower document does not reflect current additional manning at the hospitals, JTF added two Addendums to account for additional workforce.

Addendum 1 lists positions within the MTFs that are funded by Congress or Overseas Contingency funds. Addendum 2 lists positions for which funding sources have yet to be defined. We call these positions "locally resourced requirements" because many of these positions are funded locally by the MTF Commanders.

Prior to each session, functional experts received an orientation and an opportunity to evaluate data related to the LRR sessions. Present at the orientations were Manpower, Civilian HR, Defense Medical Human Resources System – internet (DMHRSi), Facilities, and other component representatives central to integrating staff for WRNMMC and Ft. Belvoir.

The LRR process allowed for functional experts to receive factual information, and it provided first hand staffing guidance for WFM. Currently, the J1 is optimizing the accuracy of the draft manpower document through analysis with frontline functional experts in order to capture all positions within the NCR and integrate staff appropriately.

The J1's goal is to have every civilian employee know their future assignment by the end of Spring 2010. We are committed to keeping everyone informed through newsletters, articles, and the webpage http://www.jtfcapmed.mil.

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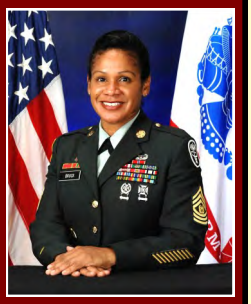

CSM BROCK
CSEL

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COMMAND SENIOR ENLISTED LEADER'S PERSPECTIVE

DIVERSITY

Working in a Joint Service environment is fun but challenging. Not only do you have to learn, understand, and appreciate the differences in service culture, you also continue to meet different types of people and deal with diversity as a whole. We all deserve to be treated with respect, dignity, professionalism and courtesy. Despite our differences, we often have much in common. We must continue to respect and appreciate our common heritage.
Here are 12 ways to respect and appreciate our common heritage:

- Notice how we are similar first, different second.
- Learn about other cultures-join groups that you would not normally join.
- Understand the negative impact of stereotypes about yourself and others around you.
- Respect the opinions and rights of all human beings.
- Treat others the way you would like to be treated – Platinum rule.
- Put yourself in the shoes of others – try to be understanding, sympathetic, compassionate, and empathetic.
- Do not belittle or bemoan those different from you because of their differences.
- Be inclusive; try to include everyone in your activities and decisions.
- Encourage everyone to participate and seek feedback from others to ensure you are doing just that.
- Understand that your actions may send a very different message that does not jive with your original intentions.
- Remember everyone is important and unique in their own way.
- Keep an open mind and warm heart.

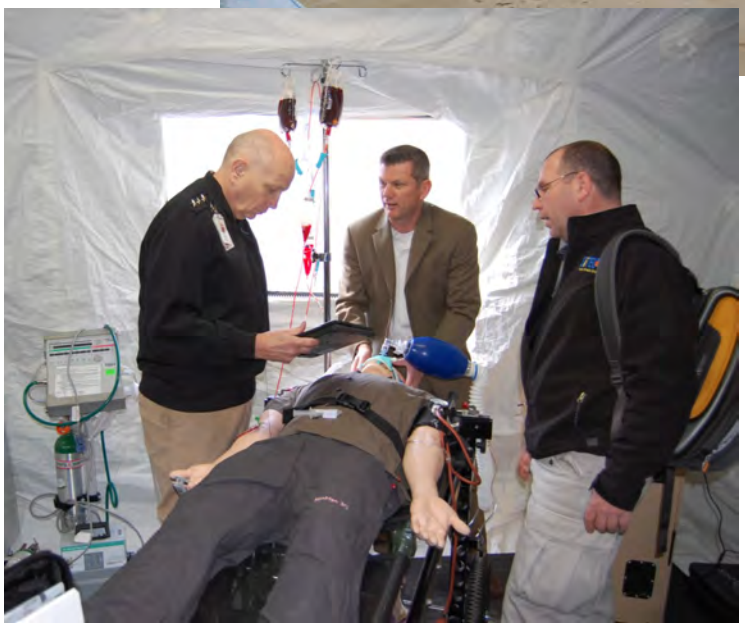
If you do this, you will have absolutely no problem working in this new environment we are working to build! Learn about the heritage, background, culture of your sister service. Learn and get to know each and every one of your civilian counterparts and vice versa. We live and work in a community of caring. Care about one another and care about yourself. We are witnessing history with our new joint hospitals. Come along for the ride!

CSM Donna Brock

LEARNING ANYWHERE WITH FIELD SIMULATION

By CDR Susan Galloway, J7 – Chief, Health Professions Education

No matter the nature of the health care scenario, top quality care by the health care team is the number one priority and customer expectation. Learning through simulated scenarios with simulation techniques can provide the edge to competent readiness in the controlled clinic or operating room environment to the battlefield or disaster scene. Thinking out of the box, SiTEL, MedStar Health's Simulation and Training Environment Laboratory, in partnership with IBM, Herman Miller, Laerdal and IRT, brought their Field Sim Center to the NNMC campus on February 25, 2010 to demonstrate how learning and training can truly happen anywhere.



The Field Sim Center provides a deployable medical simulation training environment with a modular floor plan. It can be used in environments ranging from urban areas to remote forward operating bases. Inside the Field Sim Center, the latest medical simulation technologies, mannequins, and task trainers are combined with advanced courseware running on a clinical simulation management system. Personnel can practice and master skills in an environment that safely allows for error as part of the learning process to expertise. Learning happens at the individual and team levels using proven education and human factor concepts. From a control room that can be located anywhere in the world, trainers monitor and control the simulated patient's clinical status. Trainers manipulate the scenario to challenge the team, putting their learned skills to the test.

The Field Sim Center itself is an inflatable shelter that can be erected and entirely outfitted and operational in under two hours without the use of tools. Is it durable? Engineers designed the structure to withstand snow loads of 10 pounds/square foot and wind gusts up to 65 mph. On demonstration day winds were gusting up to 40 miles per hour, but inside the tent all was calm and warm.

Today's medical simulation centers model realistic clinical settings and are an expected part of high quality medical facilities. Usually though, such sophisticated medical simulation training is only provided in fixed locations or mobile, but cumbersome, "bus" platforms. While invaluable, medical simulation training is unavailable to personnel in the field or remote clinics. The Field Sim Center offers a combination of capabilities ideal for rapid deployment where compact storage, quick set-up, safety, and flexibility are paramount.

The Field Sim Center was toured by dozens of providers and staff from around the National Capital Region. As one participant said, "This is exactly what we need at the clinics so our staff can get the same quality of training that takes place at the larger MTFs . . . The Field Sim Center could make the rounds on a regular schedule". Sounds like real thinking out of the box.

JTF CAPMED, J1 THE SOURCE FOR TRANSITIONAL INFORMATION

By Rhonda Baxter
J1-Admin Assistant

Remember the 'telephone game'? Most of you may have played this game as a child. A statement would be whispered into someone's ear and they would turn and whisper to the person seated on their other side. This cycle would continue on through at least a dozen people. At the end, the statement would be repeated aloud and it would be so different from the original it would have everyone giggling hysterically.

You are probably thinking, "Yes, I remember that game. But what does it have to do with the transition process of the workforce to the new Joint Hospitals?" The telephone game is mentioned in this article to illustrate the development and flow of inaccurate information regarding the transition process.

Much the same way a sentence generally changes from person to person in the telephone game, information regarding the transition process of the workforce has changed. All information received along the telephone cycle is a secondary source of information. Joint Task Force (JTF) Capital Medical Region (CAPMED), Manpower and Personnel (J1) is the original source of information regarding the transition of the workforce to Walter Reed National Military Medical Center (WRNMMC) and Ft. Belvoir Community Hospital (FBCH).

To date, departments and positions have been defined for the Joint Hospitals according to the Services (Army, Navy, and Air Force) manpower documents. JTF CAPMED, J1 manpower representatives are meeting with integration chiefs and department chiefs supported by human resources experts to validate current positions at all of the military treatment facilities. This is known as the Locally Resourced Requirements (LRR) review. First, each departments' positions are validated, then current employees are mapped against these positions. These two processes are simultaneously occurring and actively include key transitional personnel from Walter Reed Army Medical Center, National Naval Medical Center, Dewitt Army Community Hospital, and Malcolm Grow Medical Center to ensure appropriate integration of the current workforce.

It is JTF CAPMED, J1's objective to increase the flow of accurate and reliable information to everyone involved in the transition process, especially the workforce. For continued original source information on the transition process to WRNMMC and FBCH, please visit our website at http://www.jtfcapmed.mil and look forward to continued newsletters.

AMA HONORS VICE ADMIRAL JOHN MATECZUN, M.D. WITH GOVERNMENT SERVICE AWARD

WASHINGTON - Vice Admiral John Mateczun, M.D. was honored earlier this month with the American Medical Association's (AMA) top government service award. He was presented with the award by the chief medical editor for NBC News, Nancy Snyderman, M.D., at an awards dinner in Washington, D.C. as part of the AMA's National Advocacy Conference.

"Vice Admiral Mateczun has dedicated himself to the care of military patients and their families," said AMA Board Chair Rebecca J. Patchin, M.D. "His insight and conviction led to the establishment of Combat Stress Centers during Operation Desert Storm and his work focuses on battling the stigma associated with seeking treatment for mental health issues."

Vice Admiral Mateczun was one of nine honorees chosen this year to receive the Dr. Nathan Davis Award for Outstanding Government Service. The award, named for the founding father of the AMA, recognizes elected and career officials in federal, state or municipal service whose outstanding contributions have promoted the art and science of medicine and the betterment of public health.

"Through the Nathan Davis Awards, the American Medical Association salutes government officials who go above and beyond the call of duty to improve public health," said Dr. Patchin. "Award winners come from every branch of government service and are a testament to the important role public officials play in creating and implementing health policy that benefits Americans."

Vice Admiral Mateczun was nominated for the award by the Dr. Michael Kilpatrick, Director of Strategic Communications, Military Health System.

MORAL COURAGE: ACTING ETHICALLY EVEN IN THE PRESENCE OF RISK

By Colonel John S. Murray, PhD, RN, CPNP, CS, FAAN

"Stand up for what is right even if you stand alone." Anonymous

Examples of unethical behaviors are seen today in academia, politics, sports, entertainment, banking, and the legal system. Healthcare professionals working in clinical practice, education, research, and administration are not immune to these unethical behaviors. They face ethical dilemmas on a regular basis. Shortages in the numbers of clinicians to deliver patient care, inadequate staffing levels, cost containment measures, consolidation of healthcare organizations, and ineffective leadership have resulted in an escalation of ethical dilemmas professionals face today in healthcare environments. How individuals respond to these ethical dilemmas depends on their previous experiences with unethical behavior, their individual personality traits, and their ethical values, as well as their knowledge of ethical principles. Moral courage is needed to confront unethical behaviors.

There are few articles addressing moral courage in today's healthcare literature. What is available indicates a lack of moral courage on the part of healthcare professionals when they are faced with ethical challenges. Ethics experts have encouraged healthcare organizations to promote 'ethical fitness' so as to increase providers' level of moral courage in daily organizational activities. Healthcare agencies and professional organizations both need to articulate, encourage adherence to, and act on shared values as they provide an environment in which moral behaviors are welcomed and expected. The challenge in today's constantly changing healthcare environment is to be certain that professionals understand what moral courage is, why it is important for all settings in which they practice, teach, research, and/or lead, and how moral courage can be demonstrated when ethical challenges are confronted.

Moral courage enables healthcare professionals to act in accord with their ethical principles in situations when doing so can pose significant risks. Later this Summer, an article on moral courage written by JTF CAPMED, will be published in the *Online Journal of Issues in Nursing*. In this article, Colonel John Murray, J7 – Director of Education, Training & Research defines moral courage, addresses ongoing discussions related to moral courage, explains how to recognize moral courage, and offers strategies for developing and demonstrating moral courage when faced with ethical challenges.

Colonel Murray is the Department of Defense representative to the American Nurses Association (ANA) Ethics Advisory Board – a body of experts who focus on providing guidance to the ANA concerning issues of current ethical concern to nursing practice, education, research and administration.

JOINING WORKFORCES TO CREATE A JOINT HEALTHCARE SYSTEM

By Rhonda Baxter
J1-Admin Assistant

Imagine you are preparing to travel to a foreign country for a long period of time. You will need a dictionary to translate the unfamiliar language and time to study and practice the culture beforehand. The Joint Task Force (JTF) Capital Medical Region (CAPMED), a fully functional Standing Joint Task Force, has been preparing for travel to a transformed Joint Healthcare System in the National Capital Region (NCR) since its establishment in 2007.

Since each of the Services uses unique nomenclature and coding in their manning documents, it is essential to have a method to translate those Army, Navy and Air Force manpower "languages" and processes in order to blend the three documents and languages into a joint military medical manning document.

The blending of the three Service medical manpower documents and cultures into one Joint Healthcare System has never been done before. After two years of communication and interpretation, the manning documents for the hospitals at Walter Reed Army Medical Center, National Naval Medical Center, DeWitt Army Community Hospital and Malcolm Grow Medical Center have been merged to create an Intermediate Manning Document (IMD) that will become the predecessor of a future Joint Table of Distribution (JTD). That document will create the foundation for our future workforce footprints at Walter Reed National Military Medical Center at Bethesda (WRNMMC) and the new Community Hospital at Fort Belvoir (FBCH).

JTF CAPMED, J1 respects the time and efforts of all integration participants from all of the military treatment facilities. We are striving to create an efficient and effective process with an understanding that improvement and refinement are necessary for all new creations. The Locally Resourced Requirements (LRR) review is one method of improvement and refinement.

Look for updates and new developments on mapping the journey to the standup of the future WRNMMC and FBCH. For additional information on all topics discussed, log on to our website at http://www.jtfcapmed.mil. Thank you for the opportunity to serve military medicine in the NCR.

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