

MEDICAL NEWS

News in Brief

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U.S. ARMY INSTITUTE OF SURGICAL RESEARCH CONDUCTS FLUID RESUSCITATION MEETING

FORT SAM HOUSTON, TEXAS — It has been nine years since the Army held a formal meeting to review the science of fluid resuscitation for military casualties. So recently, the Army held a two day meeting that included leaders from the American College of Surgeons, American Association for the Surgery of Trauma, and Eastern Association for the Surgery of Trauma, experts from civilian trauma centers, special operations medical personnel and military medical leaders.

“The U.S. military has achieved unprecedented levels of battlefield survival through innumerable advances in medical care and personal protection. Those who are injured on the battlefield have an overwhelming chance of surviving due to advances in care,” said Col. Lorne Blackburne, a trauma surgeon and the USAISR commander, and one of the meetings organizers.

He said, “In order to build on this success, the USAISR is relentlessly seeking further improvements in care. As part of this effort, the USAISR conducts research to deliver improved fluids to administer to patients who have suffered blood loss. This effort is especially crucial for combat casualties who may experience prolonged evacuation time due to continued fighting or long distance to a military hospital. Though battlefield injuries are uniquely military, civilian facilities can also experience penetrating trauma similar to those seen in combat, and as such have significant experience in treating trauma patients.”

In reviewing the results of several large, multi-center clinical trials that have been conducted in the past ten years that studied the selection of pre-hospital and in-hospital resuscitation fluids, the consensus of the experts at the meeting was that there is no data to recommend anything other than the military’s current practice.

This practice includes the use of Food and Drug Administration approved fluids and blood products including red blood cells that have been previously frozen and stockpiled.

In order to further refine the use of these FDA approved fluids and blood products, the U.S. Army Medical Research and Materiel Command conducts clinical trials in collaboration with leading civilian trauma centers. These trials will ensure

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Whiting Field Branch Health Clinic opens ‘Facebook’ page

In New Wave of Navy Medicine Healthcare Innovation

The Naval Branch Health Clinic at Naval Air Station Whiting Field, Fla., has launched a Facebook page for patients becoming the first Navy Medical facility to launch a patient-centered Facebook presence.

For those who join the site as ‘Fans’, the no-cost subscription delivers weekly media content directly to a user’s computer ... from clinic news and health advice to last minute open appointments. The page was unofficially launched a couple months ago, says the clinic’s Officer In Charge, Captain Jeff Plummer.

The clinic is now officially promoting the site to its customers so that patients know how to find it and what a subscription to the page can provide. Government-based NMCI computers have access to the Facebook social media site.

“After polling our new flight student check-ins, we found they all use Facebook,” says Capt. Plummer.

NAS Whiting Field flight surgeons came to the OIC telling him that down on the flight line, students are waiting for training flights and ‘Facebooking’ between hops [training flights]. “Is Facebooking a new verb,” Plummer asks the Flight Surgeons.

There is an even greater appli-



(US Navy photo)

Whiting Field Navy Nurse LCDR Janice A. White (left) and one of her patients sign in, at clinic’s atrium kiosk, to the Facebook account of NAS Whiting Field branch clinic.

cability to real-time information flow (social media, blogs, online chats) in the family member realm. Many military spouses have internet access both at home and on mobile devices they use multiple times a day.

“We want at least one of those interactions to be about their family’s health,” continues Capt. Plummer.

“If that’s how our patients communicate these days, then we want to be right there with them,” he explains. “We hope that if they

read something every few days, over time it will encourage them to do something regularly -- whether it’s exercising or eating right. The ultimate goal,” he says, “is improving their lifestyles and lives.”

NBHC Whiting Field’s webpage address is:

<http://www.cnmc.navy.mil/WhitingField/Programs/MedicalDental/index.htm>

It is also listed on the Navy’s official Social Media Directory: www.navy.mil/media/smd.asp.

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New TRICARE standard handbook - Get e-Version now

FALLS CHURCH, VA. — Hot off the press and filled with helpful tips and information, the newest TRICARE Standard and Extra handbook is now available to all TRICARE Standard beneficiaries.

The 68-page handbook includes information on accessing routine, urgent and emergency care, as well as TRICARE's prior authorization and referral requirements. Also provided are sections on what's covered by TRICARE Standard's health and pharmacy benefits, and how to coordinate TRICARE with other health insurance. Information on claims, appeals, grievances, reporting fraud and abuse and much more can also be found in the new TRICARE Standard handbook.

TRICARE Standard and Extra are available to family members of active duty service members, retired service members and their families and others including those who purchase TRICARE Reserve Select. With TRICARE Standard, beneficiaries manage their own health care and have the freedom to seek care from

any TRICARE-authorized provider. TRICARE Extra provides discounted cost-shares for seeking care from network providers.

The "TRICARE Standard Handbook: Your Guide to Using TRICARE Standard and TRICARE Extra" is available now on the TRICARE Smart Site at http://www.tricare.mil/mybenefit/Download/Forms/Standard_Handbook_LoRes.pdf. TRICARE Standard beneficiaries can expect to see the annual TRICARE Standard Health Matters newsletter, containing the latest updates and information about their benefits, in their mailbox in March 2010.

Receiving the newsletters from TRICARE is one more reason to keep personal information current in the Defense Enrollment Eligibility Reporting System (DEERS). → Along with address or phone number changes, both active duty and retired beneficiaries should update their DEERS entry with any changes to their families (birth, adoption or death), changes in sponsor status, marriage, divorce, or when they become eligible for Medicare. For more

information about DEERS visit www.tricare.mil/deers.

To download, view or print any

TRICARE benefit information product on the Web, visit www.tricare.mil/tricaremart.

★ Resuscitation

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that the Army continues to be the leader in resuscitation research and practice.

"Although the last prehospital fluid consensus USAISR meeting, 9 years ago, was directed at the military use of fluid resuscitation, it rapidly became the standard of care for civilian prehospital field resuscitation and care as well. A similar outcome for this consensus meeting would be expected. Except for transport time and the more severely injured military combatant, the same physiology of resuscitation and hemorrhage control occurs in the pathophysiology of shock for the severely injured patient in civilian patient care. It would be correct to assume that the civilian prehospital providers and their medical directors, will rapidly adapt these same concepts of traumatic shock care," said Norman McSwain, MD, trauma surgeon at the Spirit of Charity Trauma Center and the medical director of the PreHospital Trauma Life support course, who was actively involved in the USAISR consensus conference.

Participants at the meeting also reviewed the products under development and identified dried plasma as the top research priority for improving prehospital fluid resuscitation. In addition, the group noted that there is a need for multisite clinical trials on the use of frozen blood before it can be considered for more robust use.

"Ideally, in the future, the USAISR and civilian trauma centers, will conduct

multiple multicenter fluid resuscitation trials that will generate evidenced based data ultimately leading to improved pre-hospital care, said Dr. David Baer, Director of Research, USAISR.

For more information about the U.S. Army Institute of Surgical Research, visit <http://www.usaistr.amedd.army.mil>

The U.S. Army Medical Research and Materiel Command is the Army's medical materiel developer, with lead agency responsibility for medical research, development and acquisition, medical logistics management, medical information management/information technology and medical health facility planning.

The U.S. Army Institute of Surgical Research is part of the U.S. Army Medical Research and Materiel Command and is collocated with Brooke Army Medical Center. The USAISR is dedicated to both laboratory and clinical trauma research. Its mission is to provide requirements-driven combat casualty care medical solutions and products for injured soldiers, from self-aid through definitive care across the full spectrum of military operations; provide state-of-the-art trauma, burn, and critical care to Department of Defense beneficiaries around the world and civilians in our trauma region; and provide Burn Special Medical Augmentation Response Teams.

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Combating PTSD with Virtual Reality Exposure Therapy

By Lorin T. Smith

Madigan Healthcare System Strategic Communication Office

This summer, thousands of Joint Base Lewis-McChord Soldiers will return home from deployments to Iraq and Afghanistan, ready to reunite with Family and loved ones. But for some, the war will not be over. The Improvised Explosive Device that killed their best friend while on a mission will play over and over again in a few Soldiers' minds. For others, who may have just finished up their third or fourth deployment in less than a decade, may recall traumatic events and describe them with little or no emotion, similar to giving results for an After Action Review.

Behavioral health providers have treatment options for Soldiers dealing with these serious examples of Post Traumatic Stress Disorder, but one in particular is receiving lots of attention in the medical community — Virtual Reality Exposure Therapy.

The Department of Defense National Center for Telehealth and Technology, in partnership with the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, and the Department of Psychology at Madigan, were funded by the United States Army Medical Research and Materiel Command, to conduct a four-year study to determine the effectiveness of VRET on active duty service members returning from Operations Iraqi Freedom and Enduring Freedom who are suffering from PTSD. Through VRET, behavioral health providers can use 360-degree, interactive computer-generated environments uniquely tailored to expose the patients back into the environment and experience where the trauma occurred, to help reduce anxiety and post traumatic stress.

The congressionally-funded medical research study is the first randomized clinical trial that uses active duty military diagnosed with combat-related PTSD to compare VRET results to traditional "imaginal" prolonged exposure therapy, and to a control group that waits five weeks for any type of treatment. The study's sample size is 120 service members to complete the three types of treatment options. Treatment sessions for each type of therapy last about 90 minutes, said Dr. Greg Reger, the chief of T2's Innovative Technology Applications division. And the best way to participate in the study is to be recommended by a behavioral health specialist at Madigan Healthcare System or Naval Hospital Bremerton.

Established Prolonged Exposure requires a person to imagine, in as much detail as possible, the traumatic situation and describe the image or memory verbally. This treatment is repeated by the patient over and over again, until the stress is reduced. It is currently the technique most used by clinicians throughout the Department of Defense. However, Reger said "imaginal" exposure is less effective for combat trauma than other types of trauma.

He linked the lowered success rate to Soldiers, for example, having to endure multiple deployments for 12 to 15 months at a time. Some people find it difficult to imagine in sufficient detail or for a long enough period of time to reduce anxiety, he said. "With a constant stressful environment and



(U.S. Army photo by Hylie Jan Pressey)
Sgt. Matthew Payne demonstrates the "Virtual Iraq" program, a computer simulation that allows behavioral therapists to use Virtual Reality Exposure Therapy to treat patients suffering from PTSD. The Department of Defense National Center for Telehealth and Technology is currently conducting a study to determine the effectiveness of VRET on active duty service members.

exposure to potentially multiple traumatic events, people get emotional disengagement," Reger said.

VRET is traditionally used to treat phobias like fear of heights or flying, in a cost-effective manner, Reger added. "I can't fly a patient in a plane to create the exposure, but I can use a computer flight simulator and get the same effect," he said.

Patients undergoing VRET still explain to the therapist what happened that caused the trauma, but are exposed to a variety of computer-generated stimuli with the program "Virtual Iraq." VRET is designed to promote a multi-sensory emotional connection to the memory, thus helping the patient be able to gradually face the traumatic experiences that underlie his or her distressing memories after a number of treatment sessions.

This connection is facilitated by having the patient put on a head-mounted display (over-the-eyes video glasses) and either ride or drive in a simulated convoy, and Reger matches the scenario to the event. Or a Soldier will be given a dummy M-4 with a mounted game controller and conduct a dismounted patrol, and Reger could simulate gunfire. Reger can customize the simulation experience ensuring ample control of the exposure to the programmed situations — changing weather condi-

tions, terrain, helicopter flyovers, types of attack; even add in Muslim prayer call. "Consider the difference between someone closing his eyes and imagining the situation versus someone who tells his story while the same type of event is occurring with the sights and sounds — it is so much more emotionally-engaging," Reger said.

Reger encourages those who are suffering from PTSD to give the study a try, because he said it is his job to give back to those who have already sacrificed so much. "We have treatments that are effective; and we can help get our troops back to the level of functioning their Families need them to be in," Reger said.

The DoD is expanding its use of VRET treatments. Walter Reed Army Medical Center in Washington, D.C., and Naval Medical Center San Diego are conducting their own VRET-based studies; Tripler Army Medical Center in Hawaii and a number of Veterans Affairs hospitals are starting to use virtual reality, as more service members transition into veterans. "Exposure therapy is a well-established therapy and a great way to leverage treatment with technology," Reger said.

For more information on the VRET study, call (253) 968-4793.

'Visionary' training with virtual reality

By Lorin T. Smith

Madigan Healthcare System Strategic Communication Office

A baseball pitcher warms up before taking the mound, a basketball player shoots a few hoops before tip-off, and ophthalmology residents at the Madigan Healthcare System warm up on a simulator before operating on patients' eyes.

As part of Madigan's drive to be on the cutting edge of technology and patient safety improvement, the Ophthalmology Clinic has a virtual reality simulator to ensure that its staff and students are always on top of their game.

The Ophthalmology Clinic is one of the busiest surgical clinics in Madigan's Department of Surgery. The staff conducts about 1,200 operations and sees more than 25,000 patients a year, with the majority of these operations being cataract surgeries. Col. (Dr.) Robert Mazzoli, consultant to the Office of the Surgeon General for Ophthalmology, said that Madigan was the first residency program in the nation to purchase the simulator five years ago. Called EyeSI (eye-see), ophthalmologists can practice their surgical skills on a machine before performing operations on patients. The simulator is designed to be exactly like the equipment the eye surgeon normally uses, and as part of the simulation, displays a three-dimensional helix of red balls floating in a virtual microscope eye. With two instruments, a light source and a surgical pick, the doctor impales the red balls by holding the pick's tip in the center of the sphere for a simulation-determined length of time until the ball turns green.

While that sounds easy, ophthalmic doctors aren't just using their hands when operating, but also both feet, not unlike a drummer. An ophthalmologist holds surgical instruments in each hand, and uses each foot to simultaneously control other instruments' functions, such as the microscopes' focus, magnification, and travel, or suction, irrigation and ultrasonic power, to name a few. This requires some retraining of the brain's hard wiring, Mazzoli added. Part of the student's education is to help them develop hand-eye-foot coordination with precise accuracy. That's why residents must spend at least an hour a week using the simulator, and about 30 minutes of warm-up time before scrubbing up to do surgeries. In



(U.S. Army photo by Lorin T. Smith)

Ophthalmology pic: Maj. Bruce Rivers, a resident with the Ophthalmology Clinic, warms up on the eyeZI, a virtual reality simulator, before operating on patients. The simulator allows Rivers to tone his hand-eye-foot coordination skills needed for ophthalmic surgery. Madigan was the first residency program in the nation to purchase the simulator more than five years ago.

fact, Mazzoli said even staff surgeons are using the simulator before operating, which increases patient safety during surgery. "We don't want surgeons to be warmed up by the third case, but ready to go for the first one each morning," he said.

The simulator warming-up method has been extremely beneficial to Maj. Bruce Rivers, an ophthalmic resident at Madigan. His first cataract surgery took 90 minutes; but thanks to the simulator, he's down to an average of 15 minutes now. "The simulator lets us work on our skills with no liability involved," Rivers said. "Any time you can practice as close to real-world as possible, without the negatives of being in a real-world situation, I think you are going to have a great result."

The accelerated learning curve associated with EyeSI experienced by Rivers is increasing the residents' surgical decision-making efficiency, Mazzoli said. The simulation scenarios teach a resident how to move their instruments as little and efficient as possible, since surgical cuts in the eye are only a few millimeters in length. If a resident is performing the scenario tasks within the simulator and has too many jerky movements when traveling from one ball to the next, it can cost him or her points. "In ophthalmology, efficiency in the thought process and maneuvers is paramount, as there can be no wasted effort in surgical performance," Mazzoli said. "And efficiency is the most difficult thing you can teach a novice surgeon."

DoD, VA realign disability ratings claims process

By Suzanne Ovel

Fort Lewis Warrior Transition Battalion

FORT LEWIS, Wash. — Fort Lewis Soldiers who are being medically released from the Army will soon benefit from a more streamlined disability evaluation system, due to a program aligning the Department of Defense's and Department of Veterans Affairs' disability evaluations.

Starting Feb. 4, Fort Lewis will begin implementing the new disability evaluation system pilot program. Soldiers assigned to Fort Lewis who are entering a medical evaluation board will simultaneously apply for VA disability claims; those Soldiers already in an MEB will be grandfathered in and will not switch over to the new system.

Conducting both processes at once means a shortened wait time after separating to receive a VA disability check.

Under the new system, once Soldiers separate, they'll have severance/ retire-

ment from the Army and disability from the VA within 30 days of separation, said Maj. Theresa Saville, patient administration division chief at Madigan Healthcare System.

Currently, Soldiers can either apply post- or pre-separation and must go through a separate VA medical assessment examination — a process that can take from five months to more than a year from post-separation to check in-hand.

With the new combined system, the DoD and VA rating systems will remain distinct due to their separate functions; each system considers different factors when giving a disability rating, which often results in different ratings.

The Army looks at the physical problems that are causing the Soldier to go through the MEB... and the VA tends to look at all diseases and injuries incurred while on active duty, said Saville; while the DoD rating functions more as a workman's compensation, the VA rat-

ing aims to protect lifetime income that may be threatened by a service-related disability.

While the two ratings and their related benefits should remain unchanged, the new program will consist of just one evaluation physical to be conducted by the VA primarily at an off-post clinic. Both the VA and DoD will use this physical for disability evaluation purposes, and will then evaluate the same medical records. This evaluation physical is for assessing only; all treatment will still be conducted with Soldiers' primary care providers.

"Once all the kinks are worked out, it's going to be great for Soldiers; the Soldiers are truly the ones who are win-win in this case," said Saville.

Although the new program will begin in early February, Soldiers most likely won't notice its effects until March, Saville said. Feb. 4 is the first date that doctors may recommend Soldiers be reviewed for an MEB under the new pro-

gram; the process to gather and review all the medical records can take from 14 to 45 days, depending on how complete the records are initially. After a review determines the MEB is needed, the Soldier will then go to the MEB and to the VA.

Since Soldiers will now be going through an additional disability evaluation, the entire process could take an extended amount of time from the current MEB length, Saville said. The benefit to Soldiers is to continue receiving active duty pay and benefits until that separation, after which the VA claim check should arrive shortly, if earned.

In addition, Soldiers should benefit because one of the two VA offices that conduct evaluations happens to be in Seattle, and Madigan is collocated with one of the Army's three physical evaluation boards, said Saville. This proximity should make implementation of this program easier and should also help in expediting receipt of the findings from the MEB and VA.

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Program Director in the Office of Minority Health Research Coordination Medical Officer, GS-15

The Office of Minority Health Research Coordination (OMHRC), National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health (NIH) is seeking a clinical scientist to join a dynamic staff dedicated to reducing and ultimately eliminating health disparities.

A clinically oriented scientist with expertise in Internal Medicine is sought for this position. The Program Director will be responsible for oversight of human research grants and promoting training of future scientists especially from minority and underserved communities. Applicants with an interest in fostering basic and clinical research partnerships are desirable.

This position involves close interaction with leading researchers, scientific administration of grants and contracts, program planning and development, and the opportunity to organize and attend scientific meetings. A successful candidate will have experience in basic, clinical and behavioral research, with a track record of publications especially in the area of the causes of disparities in health and disability among various populations, excellent interpersonal and written communications skills, the ability to identify research priorities and

opportunities, and the ability to track and analyze the success of initiatives and programs. In carrying out these responsibilities, the Program Director will interact with national leaders in minority health disparities. Many NIDDK research activities are conducted through partnerships between the NIDDK and other components of NIH and DHHS, as well as voluntary organizations. The Program Director will play a leadership role in fostering these partnerships.

This position is subject to a background investigation. Applicants must be U.S. citizens, with advanced degree (M.D., D.O. or equivalent) along with relevant independent clinical and/or basic research. The position is located in Bethesda, Maryland. Salary and benefits will be commensurate with the experience of the applicant.

Position requirements and detailed application procedures are provided on Vacancy Announcement Numbers: NIDDK-10-393835-DH, which can be obtained by accessing WWW.USAJOB.GOV All applications must be received by 3-12-2010. For additional information, contact **Karen Page** at (301) 496-4232.

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The Online RN Reentry Program, Sinclair Community College, is totally funded through a \$729,000 Nurse Education, Practice and Retention Grant from Health Resources and Services Administration of the US Department of Health and Human Services.

Sinclair Community College (OH-101/7-1-12) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

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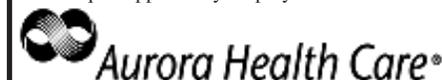
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Physicians

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Physicians

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Physicians

PHYSICIANS

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Physicians

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Physicians

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Physicians



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Keesler medical teams provide Haitian victim care

By Steve Pivnick
81st Medical Group Public Affairs

KEESLER AIR FORCE BASE, Miss. (AFNS) — Two 81st Medical Group medical teams from here are providing vital care to Haiti earthquake victims who are airlifted to hospitals in Florida.

Two, three-person critical care air transport teams from the 81st Medical

Operations Squadron at Keesler Air Force Base, are bringing aid to the earthquake survivors.

The team members includes emergency medicine physicians, critical care nurses and respiratory therapists.

Their teams have treated “all ages of victims,” from children to adults, said Major Boskovich.

Most of the wounds the teams have seen are the result of crush injuries:

skull and extremity fractures, head injuries, amputations and burns, he said.

“We’ve also encountered medical emergencies like sepsis,” he said, “I had an actual case of tetanus, which is very rare in the U.S. because of our good vaccination policies.”

The major said their highest tempo missions were daily to Haiti, “with as many litter patients as we could fit on the plane (20 to 30), and four to five

critical patients attended by the CCATT team.”

The teams in Tampa are operating out of MacDill AFB, Fla.

“We pick up the patients in Haiti and fly them back to the United States, distributing them to hospitals throughout Florida (Miami, Fort Lauderdale and Tampa) in coordination with Florida emergency medical services,” Major Boskovich said. “It’s about a three-hour flight to Haiti on a C-130 (Hercules). We have been flying into Port-au-Prince airport and pick up patients from the mobile aeromedical staging facility set up just off the flightline.”



(Courtesy photo)

A critical care air transport team member (lower right) sits among litter patients being transported on an C-130 Hercules Feb. 8, 2010, on a flight bound for Florida. Critical care air transport teams from the 81st Medical Operations Squadron at Keesler Air Force Base, Miss., are assisting in the airlift and treatment of Haitian earthquake victims to hospitals in Florida.

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