

MEDICAL NEWS

News in Brief

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DONATIONS, SIMPLE, YET EFFECTIVE WAY TO SAY THANKS

By Julie Blakely
Madigan Healthcare System
Strategic Communication Office

The Madigan Healthcare System Strategic Communication Office is inundated with messages on a daily basis – emails for the daily bulletin, phone calls from the media and requests for tours of the hospital. I’ve always said what I love about my job is that my day is never the same. But there is one constant message from our wounded, ill and injured Soldiers – a message of thanks.



(Photo by Lorin T. Smith)

Handmade quilts provide a sense of comfort for active duty Soldiers receiving care at Madigan Healthcare System.

As the donations coordinator for Madigan Healthcare System, I see the generosity of the surrounding community and all of the support given to our Soldiers. About 60 percent of the donations we receive are designated by the donor for the Warrior Transition Battalion, and range from board games to running shoes to tickets to sporting events. The rest of the donations, mostly exquisite, handmade quilts, go to active duty Soldiers who are inpatients at Madigan.

I remember the very first quilt I gave to a Soldier at Madigan. The Soldier was young, a private,

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Graduation ceremony celebrates successes, honors families

By Julie Blakely
Madigan Healthcare System
Strategic Communication Office

Madigan Healthcare System celebrated the graduation of 161 interns, residents, fellows and clinical chaplains June 5 at the American Lake Community Club on Joint Base Lewis-McChord North.

Col. Jerry Penner III, commander of Madigan Healthcare System, congratulated the graduates on their accomplishments and thanked their Families for the sacrifices they’ve made.

“Many of you...are about to walk across this stage today signifying completion of studies and clinical rotations that have been demanding,” Penner said. “You’ve probably missed a birthday, or had meals interrupted. You’ve probably forgotten what free time was really all about. That ends today.”

For the first time in the history of Madigan’s Graduate Medical Education program, graduates wore Army Combat Uniforms instead of Class A uniforms, which Penner said symbolized the conflicts in Iraq and Afghanistan.

“The ACUs you’re wearing today are signifying those thousands of brothers and sisters in our corps that have deployed and will continue to deploy,” Penner said. “And as you’re coming out of your programs, you know you will be called. But one thing I am very confident about – we know you will be up to the challenge to take your new skills independently to the next level and you will make us proud.”

Retired Brig. Gen. (Dr.) George Brown served as the guest speaker for the event. The past Madigan commander, who is now the chief executive officer for Legacy Health System in Portland, Ore., encouraged the graduates to celebrate their profession, and to make sure they connect with and relate to their patients.



(Photo by Julie Blakely)

Rachel Smith and son Stockton Smith, 18 months, congratulate Capt. (Dr.) Stirling Smith, Emergency Medicine Department, for finishing a three-year residency at Madigan Army Medical Center. Smith, along with 167 other residents, interns, fellows and clinical chaplains, celebrated their graduation from Madigan June 5.

“Chances are you, too, will become a patient. So learn to give what you would expect,” Brown said.

He also told the graduates to advance the field of medicine by being involved and leading change. “Use your dissatisfaction and irritation to look for a better way. Make a habit out of questioning current processes,” Brown said. “You should know that you are well trained and prepared for the professional challenges that lie ahead. It is a high honor for me to witness this day with you.”

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Madigan Soldiers celebrate birthday, memories with 100-year-old Army nurse

By Lorin T. Smith

Madigan Healthcare System Strategic Communication Office

SEATTLE — Margaret Hollinger's bright eyes lit up as her memory kicked into gear, rewinding time to 60 years ago when she provided medical care to survivors of the Buchenwald concentration camp. "It was so difficult, so sad to see human beings treated the way they were," said Hollinger, a retired lieutenant colonel.

The hardest scene for her emotionally, she remembered, were the Jewish children who no longer had mothers or fathers to take care of them. "They were just youngsters," she told Madigan Army Medical Center nurses who had come to help celebrate her 100th birthday June 4 in Seattle.

The Madigan nurses' attendance wasn't just to surprise Hollinger, but also to bestow gifts on a nurse who served for 28 years. They spent the morning looking at pictures, asking questions about her life and updating her on the current state of Army nursing, before sitting down to lunch with Hollinger, who may be the holdest living Army nurse.

"It's wonderful to come up here and share this day with you and celebrate your birthday and your service," said Col. Janice Lehman, chief, Department of Nursing.

Her career spanned World War II and the Korean War, and she retired in

1963.

The new centenarian received birthday letters from President Obama, Israeli President Shimon Peres, Israeli Prime Minister Benjamin Netanyahu, Centre of Organizations of Holocaust Survivors in Israel Chairman Noach Flug, U.S. Sen. (D-WA) Patty Murray, Washington Gov. Chris Gregoire, Chief of the Army Nurse Corps and Deputy Surgeon General Maj. Gen. Patricia D. Horoho and Madigan Healthcare System Commander Col. Jerry Penner III.

Also, Horoho and Penner honored her service to the nation with Coins of Excellence and a quilt made by American Hero Quilts.

Hollinger worked at several Army hospitals, including the original Madigan Army Medical Center, now Madigan Annex. As a lieutenant colonel, she was the second highest-ranking Army nurse as colonel was the highest rank available to females at that time. "This is all so meaningful; I just



Lorin T. Smith photo

Maj. Glenn Dorner, an ambulatory care nurse at Madigan, looks at pictures detailing the life of retired Lt. Col. Margaret Hollinger, who celebrated her 100th birthday June 4. Several Madigan nurses visited Hollinger in Seattle to bring birthday gifts and share memories.

can't explain what it all means to me," Hollinger said.

She was born June 4, 1910, in Gladstone, N.D. She was the first in her Family to graduate from high school, become a registered nurse and obtain college degrees. Being single, she decided to join the Army, because that's what single people did back then, she said.

Hollinger shared with the Madigan nurses a few of her experiences during World War II. She deployed to Europe with the 120th Evacuation Hospital as a surgical nurse.

The 120th was a mobile field hospital that was near the front lines and saw many casualties. She would rush into enemy fire to save Soldiers' lives many times, even being trapped behind enemy lines. "There were some memories that

were delightful, and some that were not so delightful," Hollinger said.

Because she provided medical care for the Jewish survivors at Buchenwald, she was able to establish residence at the Caroline Kline-Galland Home in Seattle, a Family of residential and community services in support of Jewish seniors in the greater Seattle area, where she's lived for the past three years.

Margaret celebrated her birthday with friends and Family the previous weekend. She has three siblings in Montana, about 20 nieces and nephews, many great-nieces and great-nephews, and two great-great-nephews.

Lehman and the other Madigan nurses all agreed that they would be back for Hollinger's 101st birthday next year, bringing gifts and spending time with one of their own.

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On the 'Tobacco-Free' Road at Naval Hospital

Naval Hospital Pensacola and its clinics are on the road to becoming tobacco free by the time of the Great American Smoke out in November.

As a leading provider of healthcare services, NH Pensacola is committed promoting the health and safety of our community by voluntarily adopting 100 percent tobacco-free policies to protect employees, patients and visitors from second-hand smoke exposure.

"I appreciate your cooperation with the forthcoming requirement to refrain from using tobacco products while you are on the hospital grounds," says Commanding Officer Capt. Maryalice Morro. "We also need to be sensitive to the fact that while it is your right to continue to smoke [elsewhere] ... [that a staff member] presenting to work smelling of smoke can trigger health sensitivities for many patients; and in addition presents a poor example and image to [patients]."

The entire NH Pensacola command is responsible for enforcing this policy; and is encouraged - if they see people smoking on the compound, including in parked vehicles - to gently remind [smokers] that there is a no tobacco use policy on hospital property ... because of its health concern for patients and staff, and since tobacco use is a leading cause of cancer and illness.

"We are sensitive to how difficult giving up tobacco can be," continues Capt. Morro. "To that end, Naval Hospital Pensacola is offering a cessation program through our Wellness Center; and they are opening up their doors with classes to help you quit."

For information about the cessation program call 452-6959 ext. 4100.

"We [as a medical command] must lead by example," she says.



Naval Hospital's Deployment Health and Wellness Center director, Jim Sherrard [left], and the command's 'Tobacco-Free' mascot, Ciggy Butts [right] provided tobacco-free promotional materials, and cake, to staff member HM3 Karla Matthews on June 11 at the first of three planned informational-educational events prior to the facility going tobacco-free in November.

(US Navy photo by Rod Duren)

First advanced trauma life support course is conducted since Katrina

By Steve Pivnick

81st Medical Group Public Affairs

KEESLER AIR FORCE BASE, Miss. — This month, the 81st Medical Group conducted its first advanced trauma life support course since it was suspended in August 2005 following Hurricane Katrina.

Fifteen students -- physicians, nurse practitioners and physician assistants -- participated in the three-day course June 7-9.

The training was intended to prepare students to treat traumatic injuries they could encounter while deployed.

According to Tech. Sgt. Matthew Wiese, 81st Aerospace Medicine Squadron and ATLS coordinator for the 81st Medical Group, "The course is governed by the American College of Surgeons. Although primarily for providers, it eventually may be audited by nurses and medical technicians."

The training fulfills readiness skills verification for providers that's required before they deploy. It also provides valuable skills to medical residents. Course certification is effective for four years.

"Being able to provide the program at Keesler alleviates the cost of sending providers on temporary duty to other locations to acquire the certification," Sergeant Wiese said.

Lt. Col. (Dr.) Valerie Pruitt, course director,



(U.S. Air Force photo by Steve Pivnick)

Colonel Moore discusses his patient's symptoms as Captain Freeman and Major Rippon observe. Airman Gina Brown, an aerospace medical apprentice Phase II course student, was the "patient."

remarked, "We were really excited about conducting a course at Keesler again after many years."

Students in this first session were:

81st Medical Operations Squadron -- Maj. (Dr.) George Kotti, Jennifer Rippon, Kirk Hinkley, Louis Varner and Matthew Carlson; Maj. Michael Wascher; Capt. (Dr.) Mark Burbridge and Catherine Kim;

and Capt. Mark Rountree and Robert Brown, 81st Medical Operations Squadron.

81st Surgical Operations Squadron -- Lt. Col. (Dr.) William Moore and Maj. (Dr.) Ryan McHugh and Oscar Currie.

81st AMDS -- Maj. Tracy Hinote.

403rd Aeromedical Staging Squadron -- Maj. (Dr.) Brian Friloux.

Course instructors were:

81st MSGS -- Maj. (Dr.) Robert Cromer and Craig Kolasch and Capt. (Dr.) Andrea Blake and Theresa Freeman.

81st MDOS -- Col. (Dr.) Gerald Schwartz.

81st MDG -- Randy Bernhardt.

Major McHugh stated, "It's a good thing to be certified with ATLS as that is becoming a standard."

Colonel Moore said, "This was my first ATLS course ever. It provided beneficial knowledge, especially if I were to deploy. The surgery residents were excellent teachers."

"I found the training to be outstanding," Major Wascher noted. "It was excellent preparation for deployment, but the skills were also very applicable to everyday clinical practice. This was my first time taking ATLS."

Col. (Dr.) Warren Dorlac, ATLS military liaison, was on hand as an observer.

The next course is Sept. 13-15.

★ Graduations

Continued from page 1

Several special awards were presented during the graduation ceremony. The award winners are:

Maj. (Dr.) Christina Vaccaro, Maj. Gen. Byron Steger Award, presented to a resident researcher.

Capt. Vance Y. Sohn, Maj. Gen. Floyd L. Wergeland Award, presented to an outstanding graduate resident in a four-year or more residency program.

Capt. Dustin J. Little, Col. Robert Skelton Award, presented to an outstanding graduate in a two or three year program.

Cdr. (Dr.) Craig Zelig, Madigan Foundation Research Award, presented to a fellow for outstanding clinical research.

Maj. Michael V. Krasnokutsky, Lt. Col. Joeseeph A. Munaretto Outstanding Educator Award, presented to an outstanding educator at Madigan.

Retired Col. (Dr.) Ronald Cooper, Outstanding Staff Teacher

Capt. Shawn Corcoran, Outstanding Resident Teacher

Residents and Fellows:

Capt. Troy Allan, Capt. Matthew Angelidis, Capt. Ivan Antosh, Capt. Benjamin Baker, Capt. Katisha Baldwin, Capt. Christian Bang, Capt. Chaska Barksdale, Lt. Col. John Barrett, Lt. Cdr. Margaret Bayard, Capt. Benjamin Blanks, Capt. Matthew Brooks, Capt. William Callis, Capt. Brian Cashin, Capt. Laura Cashin, Lt. Col. Yong Cha, Maj. Matthew Chambers, Capt. Fong-Kuei Cheng, Capt. Joseph Chiara, m1st Lt. William Conkright, Capt. Megan Connell, Maj. Ronald Cooper, Capt. Shawn Corcoran, Capt. Aaron Cronin, Lt. Col. William Crum, Capt. Cristina Cruz-Crespo, Lt. Col. Louis Dainty, Col. David Della-Giustina, Capt. Jason Desadier, Capt. James Duncan, Maj. Elizabeth Duque, Capt. Aaron Dykstra, Capt. Matthew Eckert, Maj. Matthew Fargo, Capt. Michael Favero, Capt. Colby Fernelius, Capt. Lera Fina, Capt. Susan Fisher, Capt. Ryan Flanagan, Capt. Nathan Frost, Maj. Robert Geddie, Capt. Bonnie Geneman, Capt. James Ham, Capt. Maximilian Hecht, Capt. Jason Heiner, Capt. Timothy Hoyt, Capt. Tracy Hudgins, Capt. Michael Hudson, Maj. Adam Huillet, Maj. Stephen Hyland, Capt. Stanislaw Jasiurkowski, Capt. Joseph Jung, Capt. Matthew Kidd, Maj. Megan Kloetzel, Capt. Kendral Knight, Maj. Kenneth

Kuhn, Monica Kwak, Lt. Cdr. Kelly Latimer, Capt. Jeffrey Leininger, Capt. Benedict Lesczynski, Capt. Dustin Little, Capt. Abraham Loo, Capt. Kang Lu, Capt. Daniel Martin, Capt. Ryan McDonough, Capt. Lawrence Mcmillion, Capt. Nathaniel Miller, Capt. Peter Moffett, Capt. Ila Moffitt, Maj. Patrick Munson, Maj. Dayne Nelson, Capt. Michael Oganovich, Lt. Col. Dawn Peredo, Capt. Neil Perera, Capt. Coryell Perez, Capt. Jason Perry, Capt. Kristine Pfeiffer, Capt. Nathan Phillips, Lt. Col. Matthew Rice, Capt. Brittany Rinehart, Maj. Bruce Rivers, Capt. Catherine Sampert, Capt. Teresa Saultes, Valerie Schade, Maj. John Sheppard, Capt. Stirling Smith, Maj. Eric Smith, Maj. Vance Sohn, Capt. Bethany Sonobe, Capt. Jason Stone, Capt. Kathryn Sulkowski, Capt. David Sulkowski, Capt. Leland Taylor, Capt. Nathan Teague, Capt. Bethany Teer, Capt. Eric Tomich, Capt. Katherine Tucker, 1st Lt. Mallory Valverde, Capt. Julie Welch, Capt. Michelle Whitlock, Capt. Michael Wilhelm, Capt. Paula Young, Cdr. Craig Zelig.

Interns

Capt. Jeffery Ashburn, Capt. Joanie Baca, Capt. Todd Balog, Capt. Jennifer Benincasa, Capt. Scott Bevans, Capt. Barrett Campbell, Capt. Elizabeth Campbell, Capt. Brian Chen, Capt. Jonathan Claassen, Capt. Stephanie Claassen, Capt. Kasey Cole, Capt. Jonathan Columbia, Capt. Anthony Cooper, Capt. Matthew Debiec, Capt. Erik Dedekam, Capt. Justin Eisenman, Capt. Peter Everson, Capt. Silvia Fannings, Capt. Brendan Griffis, Capt. Amber Gruters, Capt. Samuel Han, Capt. Amy Harmasch, Capt. Hilary Harper, Capt. Erick Heygood, Capt. Gale Hobson, Capt. Molly House, Capt. Kelly Langan, Capt. Ryan Macdonald, Capt. Jill Mccauley, Capt. Daniel Mcguire, Capt. Derek Mcvay, Capt. Craig Meggitt, Capt. Pamela Meyers, Capt. Christopher Mierek, Capt. Kyong Min, Capt. Edwin Morales, Capt. Mackenzie Morgan, Capt. Melody Nolan, Capt. Stephen Overholser, Capt. Samit Patel, Capt. Christopher Porta, Capt. Clifford Porter, Capt. Matthew Porter, Capt. Daniel Nelson, Capt. Preston Roberts, Capt. Jacqueline Rosenthal, Capt. Titus Rund, Capt. Joshua Simmons, Capt. Bridget Sinnott, Capt. Brian Snyder, Capt. Ryan Speir, Capt. Andrew Stein, Capt. David Um, Capt. Avery Walker, Capt. Ryan Walsh, Capt. Dewayne Weaver, Capt. David Wilson, Capt. Ekaphol Wooden, Capt. Priscilla Wong, Capt. David Vanwyck.

★ Donations

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and he'd been in a motor vehicle accident. I wasn't prepared for what I saw when I first entered his hospital room. He was sleeping, but I could see through the gauze and bandages that his face was a network of cuts, scratches and bruises. He also had some broken bones. His mom was there, and I told her who I was and that I'd like to give her son a quilt for his service.

She immediately began to cry. She told me that he'd recently returned from a one-year deployment to Iraq, and he was a different kid than the one that had left her months earlier. He was moody, angry and was drinking heavily. He had decided to take his all-terrain vehicle for a ride after a drinking binge, and it landed him in the hospital. I sat and talked with his mom for a little while, and after about 15 minutes, his mom thanked me for the quilt and I left the room. A couple of days later, I saw his mom in the hallway near the dining facility, and asked how her son was doing. She said he was doing better, and he loved his quilt. Every so often, I thought about that Soldier and wondered where his life was taking him.

Another part of my job consists of taking a large amount of donations to the Warrior Transition Battalion and arranging an event called the Donor Depot. I lay all of the donations out on a couple of large tables, and Soldiers attached to the WTB are able to browse through the items and take what they need. A couple of months ago, I saw a Soldier at the event that I immediately recognized as that young Private to whom I'd given that first quilt. I walked up to him and introduced myself.

"You don't remember me," I said, "But you were in the hospital about a year and a half ago, and I gave you a quilt."

His response shocked me. "Oh my God," he said. "I'm so sorry you had to see me like that."

He started to tell me what had happened to him since that accident. He

was being medically discharged from the Army in just a few days and his plan was to go to college. And he was sober. "Yeah, PTSD and alcohol don't mix," he said.

He said he appreciated the quilt so much that he's slept with it every night since I'd first given it to him. In fact, the night after he'd received the quilt, he said he'd gotten angry with a nurse because she had tried to remove the quilt from his bed. He was running a fever and she was trying to cool him down by removing some of his bedcovers.

He told me that quilt was exactly what he needed – a sign that someone cared. Other Soldiers I've spoken to have echoed this thought. The donations are such a morale booster, they say. When you're wounded, ill or injured, you're just trying to take care of yourself and trying to adjust to "not being a Soldier," as one of them put it, and that's hard when you've been a Soldier your whole life.

One Soldier I spoke with at the WTB had been deployed three times, but said, by today's standards, "that's not a lot. Most Soldiers do four or five deployments." But the donations help. "People we don't know are reaching out to us, but it's almost like someone close to your heart is thinking about you," he said.

This is what makes my job great. Seeing these Soldiers at their worst – some of them literally arriving to the WTB with just the clothes on their backs straight from the airport, sometimes with obvious injuries, sometimes with not-so-obvious injuries – but then running into them a few months later, and they're getting better and have a plan for their future. This doesn't happen to all of them. But when you see it happen right in front of you, it gives you hope. And that is what the generosity of the community provides – for all of our Soldiers and for all of us who care about them.

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JBLM schools get new behavioral health plan

By Michele Gross

Child, Adolescent & Family Behavioral Health Proponency

Delivering the best behavioral health care to Joint Base Lewis-McChord's children was the focus of a Memorandum of Agreement for School Behavioral Health programs between Madigan Healthcare System, U.S. Army Garrison Joint Base Lewis-McChord and the Clover Park School District earlier this month.

Meeting at Evergreen Elementary on JBLM, the agreement was signed by Madigan Commander Col. Jerry Penner III, Garrison Commander Col. Thomas Brittain and Debbie LeBeau, Clover Park School District superintendent and principals representing the six JBLM elementary schools.

The initiation of the School Behavioral Health program has been a long-awaited collaborative effort between the on-post elementary schools, part of Clover Park School District, and the Child, Adolescent & Family Behavioral Health Proponency.

The CAF-BHP is the U.S. Army Medical Command proponency that supports and sustains comprehensive and integrated behavioral health systems of care for military children and Families.

Specifically, the School Behavioral Health program will provide much-needed

behavioral health support services directly to children and Families within the school.

The program provides child and adolescent psychiatrists, psychologists, and social workers, who will evaluate and treat military children, and resilience-based models to students, staff, and parents in the JBLM schools.

"This is truly a memorable occasion for JBLM," said Dr. Michael Faran, CAF-BHP director and a child and adolescent psychiatrist. "Army and Air Force children are extremely fortunate to have behavioral health resources available through their on-post schools.

Our children will greatly benefit from the collaborative command support of Madigan and JBLM Garrison Command groups, in this mission," Faran said.

Evergreen Elementary has been a pilot site for the program and is currently offering SBH services to their students and Families.

The SBH program is voluntary and projected to start at all JBLM elementary schools in the Fall 2010-2011 school year.

Parents of Evergreen students with concerns about the behavioral health or academic performance of their student, can contact their respective school's office or Principal Holly Shaffer at Evergreen Elementary at 253-583-5250, for evaluation consideration.



(U.S. Air Force photo by Steve Pivnick)

Cornum in charge

Brig. Gen. (Dr.) Kory Cornum, 81st Medical Group commander, asks about the obstetrics pregnancy simulator in the Keesler Hospital's Family Birthing Center May 17. The general, who assumed command April 30, visited 81st Inpatient Operations Squadron areas as part of a series of "immersion" tours of the 81st MDG's seven squadrons to familiarize him with the hospital's operation and staff. Nurse 2nd Lt. Dawn Mitchell, second from left, and Maj. Janice Shealey, maternal child flight commander, explain "Katrina's" capabilities as Col. Allison Plunk, left, 81st IPTS commander, and Capt. Amber Barker, family birthing center element leader, look on.



Photo by Michele Gross

Robin Walter, assistant superintendent, Elementary Education, Clover Park School District, addresses Joint Base Lewis-McChord elementary principals, US. Army Garrison-JBLM and Madigan Army Medical Center commanders and guests at the Memorandum of Agreement Ceremony for JBLM School Behavioral Health Programs May 5 at Evergreen Elementary.

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Please contact

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Mentored Clinical Scientist Program in Vascular Medicine

The Mentored Clinical Scientist Program in Vascular Medicine at Wake Forest University School of Medicine is accepting applications for an August 1, 2011 start date. This three-year clinical and research training program includes a comprehensive, multidisciplinary clinical core curriculum in vascular disease, to include inpatient and outpatient evaluation and management, exposure to open surgical and endovascular management, non-invasive vascular testing, and vascular imaging. In the second year of training, a one-year research core curriculum will provide the trainee with didactic training to independently design and conduct clinical research. This experience will culminate in a Masters in Science Degree in Health Sciences Research. The third year will be devoted to presentation and publication of research, and development of a K23 proposal.

The salary stipend in each of the three years of training is \$75,000. In each year, the trainee will be eligible for educational debt relief via the NIH Loan Repayment Program (www.lrp.nih.gov) for up to \$35,000 per year in tax-free educational debt repayment.

One position remains open for our three-year program for August of 2011. Trainees eligible for this Career Development Training Program include all physicians with an M.D. or D.O. degree who have completed residency training. The candidates must be citizens or non-citizen nationals of the United States of America or lawfully admitted to the United States of America for permanent residence. All trainees are required to complete an application to the Wake Forest University Graduate School of Arts and Sciences and the Wake Forest University Vascular Medicine Training Program. The applications must be accompanied by three letters of recommendation and a written personal statement defining the trainee's career goals. Applications for the WFUSM Vascular Medicine Mentored Clinical Scientist Training Program can be obtained from:

Ms. Wendy Reedy, Administrative Secretary
Vascular and Endovascular Surgery and Vascular Medicine
Division of Surgical Sciences
Wake Forest University School of Medicine
Medical Center Boulevard, Winston-Salem, NC 27157-1095
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Salt Lake Community College (SLCC) is the largest higher education institution in Utah and operates 14 convenient locations throughout the Salt Lake valley. The School of Health Sciences is committed to providing education in nursing and allied health fields. By offering a quality hands-on experience using state-of-the-art equipment, our students are trained in the science of healing and the art of compassion and each graduate becomes a vital professional within the healthcare community.

DIVISION CHAIR, NURSING

The Division Chair provides leadership, supervision, and management for division personnel; supervises and coordinates division processes and procedures to insure high quality education and training for Salt Lake Community College nursing students. Mentor and guide full and part-time nursing faculty. Provide leadership and supervision to the division faculty and staff. Promote collaboration and positive problem solving both within the division and throughout the college. Master's degree in nursing from an accredited college or university. Five years clinical experience in nursing and three years college level teaching experience required. One year of successful administrative/management experience from education, business or industry.

FACULTY IN OCCUPATIONAL THERAPY ASSISTANT

Bachelor's degree required. Occupational Therapy or Occupational Therapy Assistant degree from an accredited institution of higher education. The faculty member will prepare and teach various OTA classes and strive for excellence. Faculty will demonstrate distinction as a teacher with a pursuit of excellence and providing leadership and professional contributions to the department, division, school and college.

ADJUNCT POSITIONS IN ALLIED HEALTH

Part-time instructor positions in Occupational Therapy Assistant Program and Surgical Technology. Adjunct faculty teach various classes within the discipline, supervise students, prepare course syllabi, outlines, daily plans and associated materials. Adjunct faculty assist in the development of new courses and in the upgrading of current courses and programs, including curriculum development and review. Adjunct faculty may also teach, assist and/or supervise students in clinical setting and work with faculty in program development/accreditation.

FACULTY POSITION IN MEDICAL ASSISTANT PROGRAM

Under general supervision of the program coordinator, the faculty member will teach various Medical Assistant evening/day classes and work with various health care facilities to coordinate student clinical rotations. Courses include fundamentals of medical terminology, clinical pathology, medical coding, medical office management, medical accounting software and other related courses. Possession of a current LRPT, approved by the Division of Occupational and Professional Licensing (DOPL) and a Bachelor's Degree in a related field preferred, along with a breadth of knowledge and experience in the field of Medical Assisting. Minimum of an A.S. degree and three years of clinical and administrative experience in a Medical Office.

For information about these positions, please contact the Health Sciences Dean's Office at: 801-957-4098.

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Bell Prostate Ezee Flow Tea #4a



#4a FOR MEN

■ **Relief in 3-5 days** from dribbling, burning and rushing to the toilet. If you are considering surgery, try this tea first. Must work of money refunded. Literally hundreds of delighted men testifying on our web site: ■ **Doctor said** to keep on drinking the tea. Prescribed prostate drugs did not help. *Leonard Pearcey, Wassis, NB*
 ■ **I cancelled my prostate surgery.** Get up once a night. I'm so happy not to have to face the torment of a prostate operation and incontinence or impotency. *Albert E. Blain, 74, Schumacher, ON*
 ■ **Even after TURP prostate surgery** and microwave therapy had to get up many times. Now down to 1-2 times. Tea is 100% better than drugs. *Robert G. Stocker, Eustasis, FL* ■ **After 1st year drinking tea** my PSA went down to 4.5; after 2nd year to 2.9; after 3rd year to 2.3. I highly recommend the tea. A real life saver. *Thomas M. Thurston, Forsyth, GA* \$22.95 - 120g.

Bell Bladder Control Tea #4b for women



Most women have relief within days from incontinence, frequency, urgency and pain. Stop needless suffering and embarrassments. Go shopping & traveling with confidence. Must help or money refunded. True evidence with full names and towns. ■ **No more wetting accidents.** Within a week I was in complete control. No side effects like with drugs I took. *Deborah Haight, 49, Collingwood, ON*
 ■ **Incredible results.** It's hard to believe a non-drug item is producing such quick relief. I suffered for 20 years with frequency and embarrassments. I now sleep through the night. *Linda Kleber, 62, Milford, NJ* ■ **First surgery didn't work.** After drinking tea for 12 days, Glory to God, I had relief. Cancelled dreaded second surgery. I'm eternally grateful. *Gail F. Moore, 68, Round Pond, ME* ■ **After trying every medication** in the last 5 years, tea gave complete relief in 6 days. Thank you for this great product, and above all, for truth in advertising. *Marina Rosa, 57, Las Vegas, NV* Large box \$22.95 - 120g.

ARTHRITIS



Pain free in 2 weeks. This is what happened to me personally. After suffering for years I desperately tried everything, drugs, natural products, physiotherapy, acupuncture, magnets and nothing was of any real help. **Finally I had relief in 2 weeks by taking shark cartilage that was specially processed to preserve the natural active ingredients. This is the kind we are now promoting.** At first I offered it to friends and they had the same quick response. I realized then that there are over **50 million** men and women in USA and Canada that are battling the same illness and getting treatments that are not working well, otherwise we would not have this ongoing huge health problem. I started to offer the **only money-back guarantee** of all arthritis products and we are still doing it today. In the last 10 years we have helped **tens of thousands** of men and women to have less pain or no pain at all. This is a previously thrown away by-product of the food industry. No sharks are caught for the cartilage. Don't let anybody confuse you.

We have real **EVIDENCE** that it works. On our web site you find over **100 testimonials** with full names and towns. All 100% true. Skeptics may call them. Here are some examples: ■ **I recommend it** to those **millions suffering needlessly** like I did for 40 years with arthritis in my knees. It's a shame that I was given drugs and injections all these years when a natural medicine could have spared me the endless torture day and night. *Pat Laughlin, Coldwater, ON*
 ■ **My hip is 95% pain free.** Pain killing drugs mask and Bell Shark Cartilage heals. *Rebecca Hite, Oroville, CA* ■ **I tried another brand and pain came back.** 2 weeks on Bell and pain is gone again. *Gert Dupuis, Hamer, ON* ■ **Cancelled knee replacement.** I was in pain and limping. Have no more pain now. Can square dance for hours. *Anton Melnychuk, Porcupine Plain, SK* ■ **For 32 years I cried barrels of tears.** Was in and out of hospitals costing society tens of thousands of dollars. I have taken many thousands of pills that nearly killed me. Finally 3 bottles of Bell Shark Cartilage costing less than \$100 stopped a lifetime of suffering without side effects. *Eleanor Sauson, Shigawake, QC* ■ **Others write:** Can walk again for hours...Climb stairs without hanging on to railing...First time in 15 years can sleep at night...**Rheumatoid pain** in joints down 90%, same for my sister.

You need 3 bottles to take 4 capsules 3 times daily until you have pain relief. Most have relief in 2-3 weeks or we refund the money. \$19.95 per bottle of 100 capsules. Success rate 98%.

Know the truth: Lancel Medical Journal confirms that all drugs contribute to the **destruction** of joint cartilage and cause internal bleedings, heart attacks and strokes. The FDA office published figures showing that one miracle drug alone caused 139,000 heart attacks and strokes and about 50,000 were fatal. Many people wrote why do medical school teach only about drugs and nothing about natural products. It's official now, after a study by the US National Institute of Health in 16 medical centers: Glucosmine products do not work in most cases. Our customers confirmed this to be true, read their letters on our web site. **Isn't it time to try a natural product** that has none of the above side effects? Most can be helped quickly or I refund your money.



#1

Nick A. Jerch, President.

SNORING? SLEEP APNEA?



#23

Most older men and many women snore and have sleep apnea (gaspng for air) :

To my surprise, after taking **Bell Sleep & Apnea Relief #23** I really didn't snore or gasp for air anymore. I sleep through the night and feel rested and refreshed in the morning. *Mark Wilson, 40, Hudson, NH* ■ **Sleep apnea capsules worked first night!** For last 15 years I had sleep apnea and my doctor made me buy a C-Pap machine, which I could not use. Finally Bell #23 helped the first night and every night thereafter. Like a miracle. Unbelievable. *Karen Braun, 67, Glace Bay, NS* ■ **For 20 years I was waking up frequently gasping for air.** During the day I would start napping every time I would sit down, because I was tired. Since taking Bell #23 sleeping 6 hours is heaven. It made a substantial change in my life. *Mary C. Myrick, 62, Jackson, MS* ■ **Many more true testimonials** with full names and towns on the Bell website. Try this before you buy a breathing machine. Helps to sleep well. Results can be obtained by virtually everybody. **\$27.95**

WRIST PAIN

■ **I'm a car mechanic.** Holding tools was getting increasingly difficult because of wrist and tendon pain. After 2 weeks on #30 I'm fully productive again. Cancelled scheduled surgery. *William Marrero, 56, Miami, FL* ■ **Bell Carpal Tunnel Syndrome #30** gave quick relief within an hour. I was hand milking cows and began having weakness, numbness and pain shooting up my arms. Pain increased at night. My doctor suggested surgery as the only option. Not true! The pain and numbness are all gone after taking #30. I can do now whatever activity I want. *Marjorie Wilson, 55, Dubuc, SK*



#30

■ **I was wearing wrist braces.** A woman saw it and told me she had relief right away with #30. I got some same day. It worked for me as well. Thanks a million. *Diane Frank, 49, North Battleford, SK*

■ **Dozens more on the Bell website.** Costs \$24.95, a trifle compared to the cost of surgery, missed work days and suffering. Quick results can be obtained by virtually everybody.

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 ■ **Tried all other virility products!** I tried all those male performance products and nothing worked. I didn't think that there is anything that works – until I found Eroxil. It took two weeks until I realized I was on to something. It started to work really well and my lady is happy with our new sex life. She wants to buy a partnership in your company. *Richard Noyce, 65, Palm Springs, CA* ■ **Eroxil worked despite health problems!** I have high blood pressure, diabetes, had a heart attack and I'm taking drugs, which interferes with my sex life. I'm so happy Eroxil overcame all these health problems. After several weeks I had excellent results like 10 years ago. Thank you for such a good product. *John Hayes, 58, Laureville, Ohio* **\$39.95 per bottle.**

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 ■ **I've been on prescription drugs** for 15 years. I experienced depression and complete lack of desire. After using Erosyn for 2 weeks I was amazed about my sudden interest for intimacy. *Karla Iverson, 57, Whitehall, MI* ■ **My husband complained a lot** and I felt I should do something for our relationship. Within a couple of weeks taking Erosyn I regained my interest for intimacy. *Kelly Goodbrand, 36, London, ON* ■ **After 25 years of marriage we have** the time of our lives again. I thought after 60 sex life was over. Instead I feel like I was in the prime again. Thank you for this gift. *Lavern Jones, 61, Portsmouth, VA* **Cost \$39.95.**



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Physicians

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Physicians

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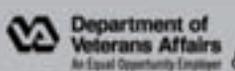
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Please e-mail resume to **Jaena Richards** at jrichards@pcmh.org

Questions? Call **Jaena** at (406) 846-7717.

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Life Line Screening works with Military Organizations

Life Line Screening provides safe, non-invasive preventive health screenings to communities across the nation, and has also worked with various military institutions and organizations.

The preventive screenings are primarily focused on vascular disease, with a core set focused on early identification of stroke risk factors. Screenings include tests for carotid artery disease, atrial fibrillation, peripheral arterial disease, and abdominal aortic aneurysms. Screenings are also offered for high blood pressure, cholesterol and glucose, as well as an osteoporosis risk assessment.

At Wright-Patterson AFB, the program is offered as part of its Civilian Wellness efforts. Mr. Ray Szymanski, Wright-Patterson AFB Civilian Wellness Program Director, explains,

“Large percentages of base employees suffer hypertension, obesity, high cholesterol and are age 55 and older. These statistics are validated through thousands of cardiac risk assessments conducted annually on WPAFB base employees. This makes the base population ideal candidates for advanced vascular screenings.

The Installation Civilian Wellness Program (ICWP) fully supports preventive screenings as one of its basic tenets. The ICWP utilized Life Line Screening from January 2009 thru June 2010 to conduct eight screening sessions. In those sessions a total of 384 employees and some spouses were screened.

Tests revealed that 20% of subjects displayed mild-to-moderate carotid artery blockage. 19% of subjects displayed mild-to-moderate osteoporosis. There were no cases of atrial fibrillation, abdominal aortic aneurysm or peripheral arterial disease detected. (Note: these results do not contain the June 2010 results which were not available at the time of this release.)

For the 20% who tested positive for one or both of the conditions above, these tests may be the necessary motivation they need to make appropriate lifestyle changes or visit their physician for expert guidance. If so, these employees will certainly be healthier with the changes and should enjoy a longer, more productive Air Force career.”

Susan Rubel, Director of Insurance/Member Benefits for the Air Force Association and the

AFA Veteran Benefits Association, notes similar reasons for offering the screenings to their members.

“By working with Life Line Screening, we have identified members who have had underlying, silent vascular disease that put them at-risk for a serious problem like stroke or a ruptured abdominal aortic aneurysm.”

“We learned about this program when one of our insurance staff members attended a Life Line Screening and had a life-threatening issue discovered in time. This motivated us to offer the screenings to our members, which, because of our partnership, we are able to do at a discount. This is a valuable service that we are pleased to offer our members.”

Other military associations that work with Life Line Screening include the Military Officers Association of America, The American Legion, the Armed Forces Benefit Association, AMVETS and the National Association for Uniformed Services.

To learn more about Life Line Screening, call Jessica Smith at 1-800-897-9177, ext 1152.

4 facts YOU need to know about stroke prevention

- Stroke is a leading cause of death and permanent disability
- 4 out of 5 stroke victims have no apparent warning signs
- 80% of strokes can be prevented*
- Painless ultrasound screenings can help you avoid a stroke

ARE YOU AT RISK?

Do you have?

- high blood pressure or take medication for high blood pressure?
 an immediate family history of stroke or heart disease?
 high cholesterol or take medication for high cholesterol?
 a history of smoking or live/work with others who smoke every day?

If you answer yes to any of these questions, you should be screened

1 Stroke Screening/ Carotid Artery

This screens the carotid arteries in the neck for plaque buildup. The #1 cause of stroke is linked to carotid artery blockage.

2 Atrial Fibrillation Screening

This screens for the most common irregular heart beat, which increases the risk of stroke 5-fold.

3 Abdominal Aortic Aneurysm Screening

Screens for the existence of an aneurysm in the abdominal aorta. The vast majority of people who have an aneurysm have no symptoms.

4 Peripheral Arterial Disease Screening

It is 4-5 times more likely that you will die of heart disease if you have peripheral arterial disease.

Community-based health screenings available for as little as \$45.

To find a screening near you, call
(888) 763-4154
 or go to **LifeLineScreening.com**



*Source: National Stroke Association

Screenings not available in
 Hawaii and Alaska

All tests are for screening purposes only. You should consult with your personal physician regarding your screening results. Life Line Screening does not participate in the Medicare program and the cost of our screening services is not generally covered or reimbursable by Medicare. Life Line Screening does not file insurance claims and the cost of our screening services is your responsibility. Screenings in Kansas are performed by Life Line Screening of America, LLC on behalf of Life Line Screening Physicians, PA. In some states, including Texas, physician authorization is required. A Life Line Screening affiliated physician will provide authorization for you if you qualify.

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