

TUESDAY, May 25

Health Services Officer Category Day Agenda

Room: TBA

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- 7:45 am - 8:00 am **Welcome and introductory remarks**
CDR George Durgin, USPHS
- 8:00 am – 9:00 am **Chief Professional Officer update**
RADM Michael Milner, DHSc, PA-C, USPHS
- 9:00 am - 10:00 am **Myths and realities of the HSO promotion precepts:
Empowering officers for career success**
CAPT Jose Belardo, JD, LCSW, USPHS; CAPT Deborah Dozier-Hall LICSW, USPHS; and RADM Michael Milner, DHSc, PA-C, USPHS

The presentation will go beyond the basics of rank promotion efforts and show how to use HSO promotion precepts as the basis of career planning to progress in rank over time and to pursue individual interests and goals as professionals. Presenters will draw upon their individual areas of expertise and their experiences serving on promotion boards to illuminate the promotion decision process, and to challenge widely-held myths and misconceptions about specific precepts and benchmarks. RADM Milner will discuss career progression, billets, and mobility. CAPT Belardo will discuss promotion readiness and leadership. CAPT Dozier-Hall will discuss training, education, and professional development. The panel presentation is designed to be applicable to HSOs at all ranks and in any Health Science professional discipline. Equipped with the information and insights provided by the presentation, officers may view the promotion precepts not as professional constraints, but as generative principles for empowerment in their career planning.

At the end of the session, participants will be able to:

1. Summarize the Health Science Officer Category promotion precepts and their applications in their own career planning and professional life.
2. Identify 3 commonly-held myths concerning the HSO promotion precepts.
3. Enhance their capacity for career planning that provides for both rank promotion and personalized career growth consistent with the individual officer's interests and strengths.

10:00 am - 10:15 am **BREAK**

10:15 am - 11:15 am **Health Services-Professional Advisory Committee meeting**
CDR George Durgin, USPHS

The HS-PAC will conduct a meeting so that all HSOs will understand the process of a PAC meeting. Information will be presented on what each of the subcommittees do.

11:15 am - 11:45 am **Awards Ceremony**
CDR Travis Fisher, MHA, RDH, USPHS & LCDR Michael Tilus

11:45 am - 12:30 pm **BREAK**

12:30 pm - 2:00 pm **HSO Luncheon and Presentation**
CDR George Durgin, USPHS

The HSO Lunch Presentation will examine leadership qualities in officers and how they can apply outside sources to becoming an effective and dynamic leader.

At the end of the session, participants will be able to:

1. Be a dynamic leader.
2. Utilize outside sources to be a better leader.
3. Describe how to learn from mistakes and not make them again.

2:00 pm - 3:00 pm **Round Table Sessions**
(Descriptions Below)

3:00 pm - 3:15 pm **BREAK**

3:15 pm - 4:45 pm **Round Table Sessions (continued)**
* (Descriptions Below)

4:45 pm - 5:15 pm **Closing Remarks**

Round Table Descriptions – Each round table presentation is approximately 30 minutes long and will repeat for four sessions. Session 1) 2-2:30, session 2) 2:40-3:10, Session 3) 3:30-4:00 and session 4) 4:10-4:45. All sessions run concurrently from 2:00 pm – 4:45 pm with a 15 min. break at approximately 3:10 pm.

1. Preparing and taking advantage of international deployment opportunities for the non-clinical HSO

LCDR Morrissa B. Rice, MHA, RS, USPHS

Officers in the HSO Category who do not have a clinical background can take advantage of international deployment opportunities such as the Continuing Promise Missions coordinated through the Office of Force Readiness and Deployment. Among the valuable roles that a non-clinical HSO could play is to serve as an Executive Assistant/Public Information Officer (EA/PIO) during these missions. Officers are encouraged and should take advantage of these opportunities, however; they must plan and be prepared to take part. This session will address the duties associated with serving as the EA/PIO during the mission and the planning and preparation that is necessary prior to serving in the role. This will ensure that officers are prepared and can take advantage of these rewarding international deployment opportunities.

At the end of the session, participants will be able to:

1. Describe the planning process necessary for participating in international deployment opportunities (e.g seeking supervisory support and approval, agency approval, etc).
2. Detail the preparation process once an officer is accepted for the mission (e.g immunization, documents, uniforms and gear, etc).
3. Describe the skills that are necessary to assume the role of EA/PIO, and the duties of the EA/PIO before, during, and after the mission.

2. Building emergency preparedness skills to address the needs of a growing aging population

LCDR Letia A. Boseman, MPH, USPHS & LCDR Darrlyn Cornelius-Averhart, MPH, CHES, USPHS

Older adults often have an increased risk for several common conditions associated with aging such as diabetes, high blood pressure, heart disease, arthritis, depression, and other health problems that can limit their ability to handle high stress situations during disasters or emergencies. The conditions associated with many disasters, such as lack of safe food and water, extreme heat or cold, stress, or exposure to infection, can aggravate chronic conditions and their complications in older adults. Older adults should be prepared for emergencies and natural disasters such as power outages or hurricanes and for illnesses like the flu. Preparation, decisions, and plans made by older adults and their caregiver can help decrease exacerbations of chronic conditions before, during and after a man made or natural disaster and flu illnesses.

At the end of the session, participants will be able to:

1. Identify emergency preparedness resources to help people with chronic conditions such as diabetes and heart disease, Alzheimer's and visual impairment for disasters.
2. Describe preparedness actions steps for assisting older adults and, caregiver and communities prepare for emergencies and disasters.
3. Describe the unique needs of older adults during emergencies.

3. Online Masters programs: To be or not to be, is it for me?

LT Amy Dayhoff, RDH, MPH, USPHS

The presentation will look at the results of a survey of Commissioned Corp officers relating to their experiences, expectations and values related to obtaining an online Masters degree. Certain expectations concerning past and present online degree pursuers will be discussed and compared with traditional master programs.

At the end of the session, participants will be able to:

1. Describe the importance and role of online programs.
2. Evaluate online programs for substance and value.
3. Identify the differences between online and traditional masters programs.

4. Oral Cancer and HPV....What's the connection?

LTJG Sheila Weagle, MPH, RDH, USPHS

Participants will learn about the different strains of Human Papilloma Virus (HPV) that are most commonly associated with oral cancer, the rising incidence of oral cancer associated with HPV, the epithelial and mucosal areas of the body likely to be infected and the various types of tests and treatments available. The session content will include discussion of the modes of transmission of HPV, treatment modalities and HPV patient prevention education.

At the end of the session, participants will be able to:

1. Describe the link between HPV and associated oral cancer.
2. Discuss pathogenesis and clinicopathologic characteristics of HPV-positive and negative head and neck squamous cell carcinomas.
3. Identify the established risk factors associated with HPV related oral cancer.

5. Communication tools/methodologies for a successful PAG

CDR James Gregory, MT(ASCP), USPHS and LCDR William Waldron, MBA, MHA
USPHS

What makes a successful Professional Advisory Group (PAG)? Enthusiastic membership obviously, but also great communication. This presentation will focus on how one PAG, the Health Care Administration PAG, is utilizing various communication tools and methodologies to create a successful PAG. An overview and background of the HAPAG will be provided. There will be a discussion of the various types of mediums used to reach and communicate with PAG members. And finally, officers will see how these initiatives can be used in their own PAGs.

At the end of the session, participants will be able to:

1. Provide an overview and background of the HAPAG.
2. Describe the various types of mediums used to reach PAG members.
3. Summarize how the initiatives can be used across all PAGs.

6. Management tools for clinicians transitioning into management

CDR Rhondalyn Cox, MPH, CHES, USPHS and LCDR David Lau, DPM, MBA/MPH
USPHS

This presentation will be geared towards clinicians that are currently in management or soon to be in management. However, there will be some nuggets for all officers in management. The topic will cover the responsibilities and expectations of a manager. The challenges and opportunities for clinicians in management will also be discussed. Finally, the skill sets that every clinician manager should possess will be covered.

At the end of the session, participants will be able to:

1. Describe the responsibilities and expectations of a manager.
2. Identify the challenges/opportunities for clinicians in management or soon to be in management. (identifying resources, allocating resources, personnel issues.
3. Outline what skill sets every clinician manager needs to have to be successful. (personnel, procurement, budget, etc).

7. Review of 2009 promotion results

LCDR Jean-Pierre DeBarros, CFAAMA, USPHS

This presentation will offer a general look at the 2009 Promotion Results for the HSO category. Statistics will be provided for the HSO category across all the ranks. There will be a further discussion and interpretation of the statistics and their meaning. This will be followed by a frequently asked question portion with an opportunity for the participants to ask questions regarding promotion and the process itself.

At the end of the session, participants will be able to:

1. Describe the 2009 Promotion results for the HSO category.
2. Discuss the statistics and what they mean.

8. Service oriented architecture in the government enterprise

LT Francis Bertulfo, USPHS

One of the methods in moving towards service oriented architecture (SOA) is to invest in a pragmatic, enterprise-wide common services approach to software development, procurement and lifecycle management which results in better outcomes for customers and stakeholders. This presentation will describe one of the early efforts undertaken since 2007 by the Defense Health Information Management System (DHIMS) program office to implement SOA principles and methodology with the development of the Healthcare Artifact and Imaging Management Solution (HAIMS).

At the end of the session, participants will be able to:

1. Identify and describe what service oriented architecture is.
2. Identify the advantages of a service oriented architecture approach and potential trade-offs.
3. Identify the challenges involved in implementing service oriented architecture within an enterprise.

9. Roles and responsibilities of a Commissioned Corps Officer in ESF-6 activations

LCDR Mivoyel Jean Paul, MSBI, MSIT, USPHS

With the ever-changing role taken by the Administration for Children and Families (ACF) in support of the Emergency Support Function 6 (ESF-6), HSOs can anticipate an increase in the deployment rate of USPHS officers during ESF-6 activation in response to natural or manmade disasters. Non-clinical officers of the Health Services category can also serve in critical roles in ensuring the success of the HHS Disaster Case Management project following a Presidential Disaster Declaration.

At the end of the session, participants will be able to:

1. Provide an overview of the Disaster Case Management Project including objectives, activation and officer solicitation and skills requirements.
2. Describe ESF-6 Primary Functions including PHS support to ESF-6 activation.
3. Describe the HHS Disaster Case Management Project IT Platform.
4. Summarize the benefits of deployment activities.

10. Role of Public Information officers in the USPHS

CDR Robin Hunter Buskey, USPHS

Public information officers serve as points of contacts for the media and represent the various agencies that Commissioned Corp Officers serve. Commissioned Corps Officers represent their various agencies by proud display of their performance and by wearing uniforms. Commissioned Corp Officers are encouraged to participate in community and professional organizations. This involvement provides professional development and benefits the Corps. Advance approval by their agency and HHS is required for activities “over and above” daily assignments and interviews. Example of activities includes consulting, volunteering, moonlighting and awards. In some cases acceptance of in-kind services and gifts require advance approval. The process for approval requires forms and memos and begins with supervisor approval. It is important to be familiar with the agency policies regarding outside activity approval. This session will highlight basic procedures using common examples of outside activities.

At the end of the session, participants will be able to:

1. Describe general roles of Public Information Officer.
2. Summarize HHS guidelines for outside employment, volunteer and other non-duty activities.

3. Review examples of agency guidelines for outside employment volunteer and other non-duty activities.
4. Describe procedures for acceptance of in-kind services, compensation and financial awards

11. H1N1 and seasonal flu response at Phoenix Indian Medical Center

CDR Gary Cole, PA-C, USPHS and LCDR Juanita Simpson, RDH, BS, USPHS

In 2010, comparisons and planning were being made and conducted for H1N1 on the magnitude of a 1918-period epidemic. National recommendations were being overseen by Health and Human Services with changing strategy and direction issued through the Centers for Disease Control and Prevention. This overarching guidance was interpreted through local hospitals and health centers respective to their unique populations and resources. This session will review how Phoenix Indian Medical Center performed during this 2010 influenza season.

At the end of the session, participants will be able to:

1. Summarize initial contingency planning accuracy for H1N1/seasonal flu.
2. Describe CDC changes and the dynamics of an epidemic.
3. Identify lessons learned from rapid testing, Tamiflu administration and immunizations.

12. The autism debate

LT Lisa Amaya, USPHS

This session will analyze the effects of the measles, mumps and rubella vaccination in conjunction with the incidence of autism. In recent times, research has been showing a possible link between the two. Yet, previous research argued that there is no correlation between the vaccinations and autism. Is there any truth to this debate? What are the factors surrounding the debate and why is there a rise in autism? The answer to this and other stimulating questions will be discussed in this session.

Autism is a neurodevelopment disorder that has similarities to mercury poisoning. One strong consideration is Thimerosal, a component used as a preservative in vaccinations that contains mercury. Thimerosal is a methyl-mercury preservative that has been used in vaccines since its discovery in the early 1900's. Mercury has been known to affect the nervous system and the immune system at a very basic level in the human body. On the whole, it damages the transmission of the signals in the brain and the peripheral nervous system. Infants who are immunized can suffer extensive damage to their brain and spinal cord from mercury.

At the end of the session, participants will be able to:

1. Characterize autism spectrum disorder-etiology, statistics and current trends.
2. Define Thimerosal and discuss possible links to autism through vaccinations

3. Determine modalities available for treating autism.

13. Department of Defense suicide prevention efforts: A common framework

CDR Janet Hawkins, USPHS & Mr. Rajeev Ramchand

In September 2008 the Office of the Secretary of Defense for Health Affairs funded RAND Health's Center for Military Health Policy Research and Resources Policy Center for the National Defense Research Institute (NRDI) to conduct a review of suicide prevention programs in the military and comparable programs in the U.S civilian population. Researchers were asked to catalog and evaluate these programs in order to identify the potential for enhancing them. The results of this study will be shared and discussion will be generated around a common framework for program design and community outreach. The goal is to foster shared information and strategies among DoD and PHS as it relates to Suicide Prevention. A focus will be upon understanding current Service and DoD policy and what PHS officers need to know to assist the DoD's suicide awareness and prevention programs.

At the end of the session, participants will be able to:

1. Describe the Suicide Prevention and Risk Reduction Committee (SPARRC) and DoD suicide prevention programs to support service members.
2. Discuss the role of SPARRC and the various projects over the last year.
3. Summarize the RAND project, including the "best practice" programs that were identified and recommendations made.

14. The PHS mental health mission in the immigration and customs enforcement detention environment

LCDR Christopher D. Cline, USPHS; LCDR Kara Lampasone, USPHS; CDR Tom Hochberg, USPHS; & LCDR Sean Allain, USPHS

The Mission of the Public Health Service within the Department of Homeland Security; Immigration and Customs Enforcement (ICE) detention environment is a relatively new field of practice. It is a hybrid of the correctional environment of care with provision of care to isolated poverty stricken culturally diverse populations who may have never encountered a correctional environment or mental health care before. Mental health services to this population have, therefore, unique challenges and requirements. The demographics of this population will be described to familiarize the learner with the typical patient. This presentation will cover an overview of the Division of Immigration Health Services (DIHS) and its role and relationship with ICE and provision of care to the detainee population.

At the end of the session, participants will be able to:

1. Describe the immigration detention and residential environments of care and how each affects the provision of traditional mental health services.

2. Identify many stressors individuals in the custody of Immigration face during detention and how mental health clinicians can use their many skills and talents to assist them through their experience.
3. Describe how mental well-being may be enhanced by incorporating a different variety of groups and activities, educational, recreational and therapeutic in nature into the daily schedule for this special population.

15. Expanding cultural competency in treatment of mental health disorders'

CAPT Laura Aponte, USPHS and CDR Jeasmine Aizvera, USPHS

While it is a widely-accepted axiom that provision of behavioral health treatment services should be culturally competent, what different providers understand cultural competency to be varies greatly. In this presentation, CAPT Aponte and CDR Aizvera will explore the theory and practice of effective and genuinely culturally competent treatment for mental health disorders. Cultural competency requires more than speaking a client/patient's primary language. Highly-trained and well-supervised interpreters can be key team members in mental health treatment service delivery, helping to meet the need not just for language facility, but also for "cultural brokering." Good mental health professionals must be cognizant of the value of cultural competency in their practices, and attention to these issues may precipitate significant changes in the manner of service delivery. One area of attention will be "Mind-Body-Spirit" cultural competency as a formal area of attention for a strong mental health service delivery system. With an increased focus not just on individual clinicians' knowledge, experience, and practices, but on systemic approaches to cultural competency, significant improvements in service delivery to many populations is achievable.

At the end of the session, participants will be able to:

1. Describe the cultural/personal and professional values they bring to the treatment encounter.
2. Articulate five constructs critical to the development of personal/professional and organizational cultural competence.
3. Describe assessment strategies to advance understanding and skill in work with diverse client populations.

16. The evolving mental health strategy of a USPHS rapid deployment force

LT Chad Wheeler, USPHS and LT Jonathan D. White, USPHS

LT White and LT Wheeler, the Group Leader and Deputy Group Leader for Mental Health & Laboratory Services on RDF PHS-2 respectively, will explore the changing role of Mental Health responders on an OFRD Tier I Rapid Deployment Force team. Mental Health officers on an RDF team are typically include 3-4 social workers tasked on deployment with meeting the mental health needs of a 105-member team, as well as the patients and families in a 250-bed Federal Medical Station. This presentation will focus on strategies for prioritizing these needs and challenges. The psychological force protection of responders, including the development of a pre-deployment/deployment/post-deployment plan to reduce deployment stress and prevent

traumatization of team members, is one key objective. Mental health responders also are responsible for intervention in psychiatric emergencies, such as suicidal or homicidal episodes; risk screening for behavioral health issues pre-disaster or secondary to disasters; and supportive counseling to reduce morbidity of trauma disorders in the shelter population. A plan that balances these needs, and strategies for a flexible and scalable response, will be explored in the presentation.

At the end of the session, participants will be able to:

1. Identify four core mission elements for mental health responders on a Tier 1 Rapid Deployment Force (RDF) Team.
2. Evaluate criteria for prioritizing mission elements using crisis-level standards of care.
3. Describe force multipliers to enhance the capacity of a limited number of mental health responders to address the needs of other responders, patients, and others.

17. Emotional Intelligence and Leadership- The Successful Connection

LCDR Rhonda Plake, BSDH, MHA, USPHS

Leadership today is complex and demanding. The constant changes in technology and rapid exchange of information requires leaders who are skilled, savvy and aware of his or her abilities to lead. Leaders with high Emotional Intelligence (EI) are equipped with the skills necessary to lead future generations.

By the end of this session, the participant will:

1. Be able to articulate the definition of Emotional Intelligence.
2. Demonstrate an understanding of the importance of Emotional Intelligence within leadership.
3. Have knowledge of his or her level of emotional intelligence.

18. Commissioned Corps career enhancement, promotions and assimilation

CDR Ali Danner, MPH, USPHS & LT Matthew Weinburke, MPH, CHES, REHS, MLT(ASCP), USPHS

This session will provide tips and specific actions that an officer can take to enhance and maximize their Public Health Service (PHS) career. The presentation will employ quality information, humor and a focus tool to help officers anticipate whether their career is likely to be very "basic" or have "maximum" satisfaction. Senior officers also will benefit from the reasons offered why many of their peers have been in the Commissioned Corps for over 15 years without the benefits of being assimilated into the Regular Corps. Subsequently, those senior officers find themselves ineligible for consideration as the category's Chief Professional Officer (CPO) and missing out on other benefits of assimilation. Similarly, many junior officers do not have mentors and are at risk of not receiving timely promotions or other "career satisfactions" that an "aware" officer is likely to attain. This seminar will better prepare officers, both junior and senior, for a PHS career to remember and smile about.

At the end of the session, participants will be able to:

1. Identify key actions of *Go Getter* officers in enhancing their Commissioned Corps career success.
2. Describe “Your” next promotion success story using an index card, selected readings and an action plan for you and the officers you mentor or encourage.
3. Describe the regular Corps assimilation process, including at least three reasons for striving to achieve assimilation and three show stoppers or hindrances.

19. Corps Policy Development Process

CDR Hall-Robinson, USPHS & CDR Paul Wong, USPHS

In 2006, the Assistant Secretary for Health (ASH) and senior leadership of the Commissioned Corps of the U.S. Public Health Service (Corps) agreed on the management approach of approving new and reformatted Corps issuances. The 3-tiered approach (WIPTs, OIPTs and SOG) provides transparency in the policymaking process and allows junior and mid-grade officers to provide critical input. The project management approach for approving eCCIS issuances is a best business practice approach for recommending directives to the Secretary and policy instructions to the ASH for approval. This session will offer officers the opportunity to gain a better understanding of the Corps policy development process.

At the end of the session, participants will be able to:

1. Describe the policy development process.
2. Identify opportunities to get involved.
3. Describe the management approach utilized to reach agreement on the strategy/plans for identifying/resolving issues early.

20. Direct Access

CDR Richard Glabach, USPHS & LCDR Mark Agnello, USPHS

This session will be an interactive discussion of Direct Access. Direct Access Self Service is your connection to managing a wide range of activities from selecting your emergency contacts to updating your phone numbers. Self Service is available to all Officers of the Public Health Service.

At the end of the session, participants will be able to:

1. Describe how to log into Direct Access and how to get login issues resolved.
2. Summarize why the Corps is migrating to Direct Access and what benefits will be offered.
3. Have a greater degree of comfort with Direct Access.

21. Mentoring: A window of opportunity

LCDR Raquel Peat, USPHS & HSO Mentoring Sub-committee Members

The Commissioned Corps and the Health Services Professional Advisory Committee (HS PAC) have recognized the importance and the value of mentoring for the professional

development of officers. As a formal subcommittee of the HS PAC, the Mentoring Subcommittee is responsible for administering the Mentoring Program for the category. The Mentoring Program offers an excellent opportunity for officers, both Junior and Senior, to be more proactive in planning and achieving their professional goals. Learning the culture of the Corps can be a daunting process for new officers. The guidance and support provided by the mentors have proven to be invaluable to the junior officers and the Health Services Category.

At the end of the session, participants will be able to:

1. Describe the Application and Matching System.
2. Summarize training opportunities.
3. Describe key elements of program evaluation.

22. What's new with your Veterans Affairs benefits? An update on the new Post 9/11 and Montgomery GI Bills.

Veterans Affairs Representative

As a result of the Post 9/11 Veterans Education Assistance Act of 2008 (Post 9/11 GI Bill), passing into law June 30, 2008, new educational benefits have become available to PHS Commission Corps Officers. The new bill, which went into effect on August 1, 2009, is the most comprehensive educational benefits package since the original GI Bill was signed into law in 1944. In addition to the new Post 9/11 GI Bill, there have been several changes made to the Montgomery GI Bill that provide PHS Officers with more opportunities for educational assistance. Although there are qualifying restrictions with both bills, PHS Officers can now choose between the new Post 9/11 GI Bill and the existing Montgomery GI Bill, and take advantage of the excellent VA educational assistance available.

This session will provide an overview description of the VA benefits available for USPHS Officers, and compare the differences between enrollment, eligibility, and the benefits of the Montgomery and new Post 9/11 GI Bills. While each officer is the only person who can choose which program meets their specific needs, the session will encourage officers to learn about and take advantage of the VA educational opportunities that are available to them.

At the end of the session, participants will be able to:

1. Identify the eligibility requirements and types of VA Benefits available to PHS Officers.
2. Describe the differences between the Post 9/11 GI Bill and the Montgomery GI Bill.
3. Describe the enrollment process for both the Montgomery and Post 9/11 GI Bills.

23. COER Writing Tips

CDR Diahann L. Williams, USPHS

The Commissioned Officers Effectiveness Report (COER) is a Web-based performance evaluation process that is generally completed annually by all Commissioned Corps Officers in the U. S. Public Health Service. Completion of the narrative portions of the

COER may be perceived as a daunting and dreaded task for various reasons including: (1) Trying to fit an abundance of information in a limited space without exceeding the character-count capacity; (2) Not having enough information to maximize the available space; (3) Deciding what content to include or withhold; (4) Determining the “best” presentation/ layout of information.

The COER *Writing Tips* round table session will offer attendees useful writing tools and best practices that address the above issues as well as other writing challenges.

At the end of the session, participants will be able to:

1. Describe writing tips to Maximize (but not exceed) the limited space allotted for the narrative portion of the COER.
2. Review decision-making strategies for including or withholding content in the narrative portion of the COER.
3. Describe best practices for layout and presentation of content in the narrative portion of the COER.

24) Billet transformation update

CAPT Byron Bailey, MPH, USPHS

Description: an update on the commissioned corps billets program will be provided.

At the end of the session, participants will be able to:

1. Describe the objectives of billets transformation.
2. Describe the process utilized for billets transformation.
3. Describe the progress status of billets transformation.