

PACIFIC PULSE

A blurred, blue-tinted photograph of a hospital hallway. In the foreground, a person in a white lab coat is walking away from the camera. In the background, another person is walking towards the camera. The hallway has white walls and a light-colored floor. The overall atmosphere is clinical and busy.

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Wound Care Clinic

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Pacific Pulse

Pacific Pulse
Official Publication of U.S. Naval Hospital Guam
Vol. 1 Issue 5
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Pacific Pulse is a professional publication of U.S. Naval Hospital Guam. Its purpose is to educate readers on hospital missions and programs. This publication will also draw upon the medical departments rich historical legacy to instill a sense of pride and professionalism among the Navy Medical Department community and to enhance reader awareness of the increasing relevance of Navy Medicine in and for our nation's defense.

The opinions and assertions herein are the personal views of the authors and do not necessarily reflect the official views of the U.S. Government, Department of Defense, or the Department of the Navy.

Guidelines for Submissions:

This publication is electronically published monthly. Please contact Jennifer Zingalie at jennifer.zingalie@med.navy.mil for deadline of present issue.

Submission requirements:

Articles should be between 300 to 1000 words and present the active voice.

Photos should be a minimum of 300 dpi (action shots preferred)
NO BADGES

Subjects considered:

Feature articles (shipmates and civilians)
Quality of Care
R&D/Innovations
Missions/Significant Events
Community Outreach

On the cover:

According to Capt. Kathryn M. Serbin, a Reserve Nurse Corps, Mental Health Specialty Leader, being a caregiver is a labor of love, but also physically and emotionally challenging. When a person works to manage someone else's care without caring for themselves, it can lead to stress and burnout, which can in turn put them at an increased risk for chronic conditions and, for those under extreme stress can age them prematurely. It is important that caregivers get adequate amounts of exercise and healthy foods as well as enough sleep to feel rested. Those who feel overwhelmed or burned out should seek medical attention (**see page 10**). Providers are standing by to help. There are resources available such as the National Caregivers Support Line (1-855-260-3274) for those caring for veterans, and the Defense Center of Excellence Outreach Center (1-866-966-1020). In Guam, active duty and beneficiaries can make an appointment with U.S. Naval Hospital Guam Mental Health Department by calling 344-9402 or through their TRICARE ONLINE account. After all, caring for someone shouldn't hurt.

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On the Web:

Thank you for taking the time to rate and provide us with your comments and suggestions.

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<http://www.med.navy.mil/sites/usnhguam/Pages/default.aspx>



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Commanding Officer Capt. Jeff Plummer

Readiness

Happy New Year! Given our January/February themes of a New Year, a New You and our ever present focus on a Healthy Life, I wanted to touch on two things in this issue.

First is an update about some important work that will begin soon. Our command received BUMED and Military Health System (MHS) approval for a DoD/VA Joint Incentive fund (JIF) project, which provides seed funding for two years, for everything from facilities projects to medical equipment. For the first time in BUMED, a JIF project was approved to buy “people.” We will soon have on staff, a nurse diabetic educator and clinical pharmacist. The nurse educator will focus on our extensive and vulnerable diabetic population and support both patients and staff. Our new pharmacist will work “outside” the pharmacy as a consultant for chronic disease management and a patient educator on medications. Our goal is to evaluate the contributions to patient experience by these key staff members over the next two years to ensure they bring value to achieving our mission and vision.

Second, I want to tap into your innovative spirit. Are you an idea person? Ever want to be an entrepreneur? Then we need help from someone like you. Technology today is an amazing thing, and in my view can have a huge impact on the “experience of care” in American healthcare. The MHS can be considered a leader in certain circles with our global, integrated electronic health record, and our application of technology in research. TRICARE Online (TOL) and Relay Health are examples of patient-level technology that provide information in the right format for patient use. For us to succeed in delivering quality, patient-centered care (our command’s Vision), we need

to leverage these technologies and teach our patients how to do the same.

Here’s where we need your help. To effectively blend these technologies into our primary care practices we have to help our patients see what’s in it for them and what’s the value of being online. To do that you have to be online yourself! So step one of this challenge is to get online with your assigned PCM and activate your accounts in both TOL and Relay Health; in my view you need both. Then, test drive them a bit and make some notes for feedback to our healthcare business team (CDR Clark).

Step two is to surf the web and APP Stores for cool APPS that you believe our patients will like. Currently, our accepted web portals for patient friendly health & medical information are MEDLINE Plus (<http://www.nlm.nih.gov/medlineplus/>) and WebMD (<http://www.webmd.com>). However I’m sure that there are other cool sites and APPS on health, fitness, or medicine that our patient might find useful (or that we may want them to use).

If you help us research USNH Guam’s top ten cool sites and APPS, and your suggestions make our Top Ten list, not only will you get a handful of wooden coins coming your way, but also you’ll get a chance to participate in our social media and communications team to work on this important patient engagement program.

Thanks for what your do every day, and start surfing!

With all my respect, CO



Executive Officer **Capt. Mike McGinnis** *Jointness*

Hafa adai Dream Team and a happy new year! Hope you and your loved ones are enjoying an excellent start to 2014 and that you enjoyed a meaningful and rejuvenating break during the holidays. Things are picking up and we're gaining steam. As we close-out January, I'll highlight two things.

A big Si Yu'us ma'ase' to the Diversity Committee for organizing an outstanding MLK celebration. We valued the day off to celebrate Martin Luther King's lasting impact to our country, but our ceremony appropriately called all of us to act, do the right thing and make an impact. The MLK celebration is another reminder that our diversity is our strength. In my view, no other American institution does as fine a job in embracing diversity and demonstrating equality as a foundational principle as the United States Navy.

We're less than 90 days from our scheduled move in to the new facility. Transition is upon us. The team of Navy Medicine West, NAV-FAC ROICC, and WWO has been working hard to deliver a state of the

art facility. We must do due diligence in being prepared to effect a seamless transition to the new hospital without compromising the quality or safety of care delivered.

We are up to the task. Engage with your departmental leaders. Learn about your new spaces and see if you can participate in a departmental tour of your new spaces. There's a significant amount of work between turning off the lights here and raising the flag at the new facility, but I know you're up for the challenge. Let's be ready to roll!

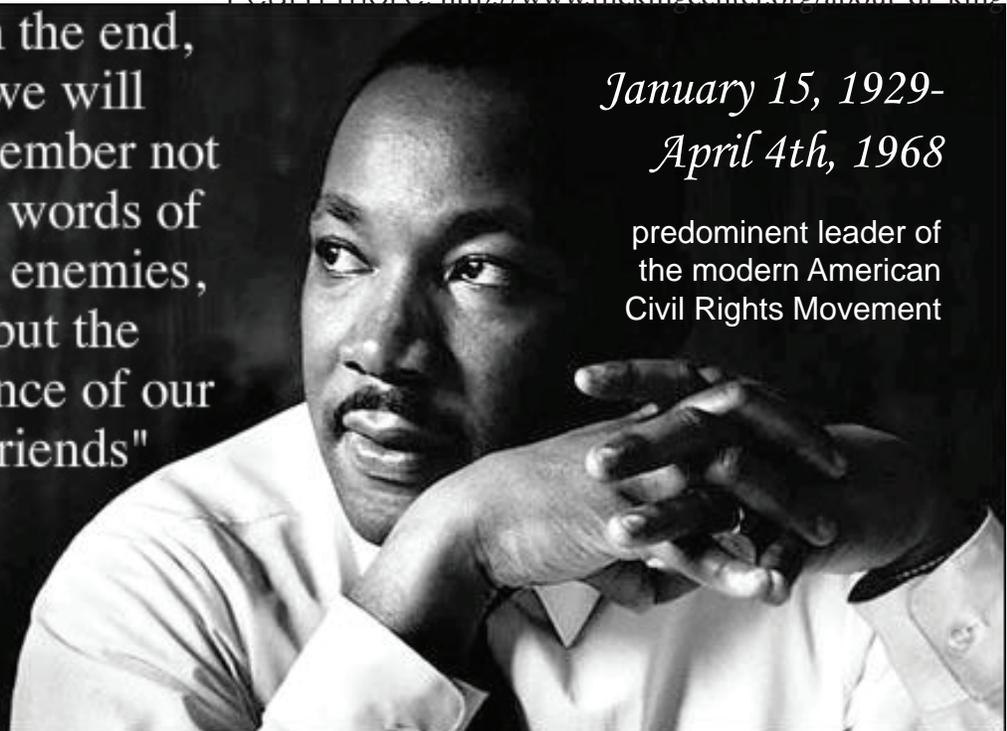
V/R,
XO

Learn more: <http://www.thekingcenter.org/about-dr-king>

"In the end,
we will
remember not
the words of
our enemies,
but the
silence of our
friends"

*January 15, 1929-
April 4th, 1968*

predominant leader of
the modern American
Civil Rights Movement





Command Master Chief Robert Burton

Value

In the military we are frequently trained to be as prepared as possible

for the unexpected, we know it as “readiness”.

However, it can still be a shock when you receive a call and readiness is required, there and then.

Many factors contribute to individual readiness.

At times, events may happen that require a group or individual to deploy, and can be at a moment’s notice. In any circumstance, things start moving very fast.

When this happens, the Sailor has to determine how much time they have, what are the most important things that can be accomplished in the amount of time available, and then move quickly to get those things done. Over time, most people have things set aside to make things easier when readiness is required. This often includes, but is not limited to:

- Passport and financial items
- Packed Seabag or travel kit
- Pre-signed legal documents
- Forms of automatic bill payment
-

When time is short, understand long good-byes are not on the list, due to time constraints. If you want to help, ask what you can do and please don’t be offended if the answer is nothing. Please understand this may change after the member is deployed, and relies on you at home to assist with new challenges that may arise, after having the opportunity to catch up. At this point, your assistance and encouragement is of more value than you know.

Be sure to utilize your Fleet and Family Support Programs (FFSP) which serve to support individual and family readiness through a full array of programs and resources which help Navy families to be resilient, well-informed and adaptable to the Navy environment.

Programs include:

- Deployment Support for Sailors and their families
- Personal and Family Wellness Education and Counseling
- Emergency Preparedness and Response
- Crisis Intervention and Response
- Military and Personal Career Development
- Financial Education and Counseling
- Relocation Assistance
- Transition Assistance
- Spouse Employment

Navy FFSP is organized into three sub-functional areas: Deployment Readiness, Career Support and Retention and Crisis Response. Across all three sub-functions, services include information and referral, individual clinical and non-clinical consultation and educational classes and workshops.

Call the Guam FFSC at 671-333-2056/57/58 or email them at ffscguam@fe.navy.mil

Online options: NEW SPOUSE ORIENTATION
<http://bit.ly/1muL0T8>

NAVY FAMILY ACCOUNTABILITY SYSTEM
<http://1.usa.gov/1jBT3y5>



Heart health is the national focus for the month of February. Many of the major risk factors for heart disease – including elevated blood pressure and cholesterol levels, obesity and tobacco usage – are in many cases preventable and controllable. During the month of February, we also observe National Cancer Prevention Month, National Children’s Dental Health Month, the Great American Spit Out and National Wear Red Day®.

Care for your Heart:

- **Get Routine Screenings** - Talking to your health care professional about your heart health and getting your blood pressure and cholesterol checked are important first steps. TRICARE covers cardiovascular disease screenings, including periodic cholesterol and blood pressure checks.
- **Make Healthy Lifestyle Choices** - Your lifestyle choices greatly impact your heart’s health. Eating healthy, exercising regularly, sleeping sufficiently and avoiding tobacco usage are the best ways to reduce your likelihood of developing heart disease and to maintain your cardiovascular health.
- **Manage Stress** – Excessive stress may affect behaviors and factors that are proven to increase heart disease risk, including blood pressure and cholesterol levels, tobacco usage, physical activity and eating behav-

iors. Managing stress by engaging in physical activity, using specialized DoD mobile applications or accessing other DoD mental wellness resources, helps lower your risk factors for contracting heart disease.

Some American Heart Month Resources:

Military Health System – Heart Health

<http://1.usa.gov/1kZNu0n>

Navy and Marine Corps Public Health Center – February Heart Health Toolkit

<http://1.usa.gov/1aKAbKL>

Centers for Disease Control and Prevention – February is American Heart Month

<http://www.cdc.gov/features/heartmonth/>

National Heart, Lung, and Blood Institute – The Heart Truth®

<http://1.usa.gov/1muLHf8>

American Heart Association

<http://www.heart.org/HEARTORG/>

Million Hearts®

<http://millionhearts.hhs.gov/resources/toolkits.html>

U.S. Naval Hospital Guam

Pharmacy's Hospital Corpsman 2nd Class Christina Ahmann was named the Navy's 2013 Junior Pharmacy Technician of the Year for 2013.

Ahmann is a Pharmacy Supply Technician who manages a budget of approximately \$5.5 million, the largest budget at the hospital. She is directly responsible for replenishment, storage, inventory, and maintenance of over 6,100 line items valued at \$3 million. Because of Guam's geographical location, she must store a larger supply and vigilantly observe expiration and reorder dates. Her relentless efforts in tracking these items saved the command up to \$250,000.

"Ahmann was selected because she is the Pharmacy Department's 'go-getter'. When she is given a task (any task) she completes it almost immediately and then follows up with the leadership to let them know it is done," said Hospital Corpsman Chief Petty Officer Sharon Calmese.

Ahmann also implemented a Pharmacy Optimization Project. The project team conducted a cost-analysis of 6,100 line items and converted 180 products to cost-effective alternatives saving the command \$1.4 million.

Said Calmese, "She is that 'fire and forget' Sailor where I know she can be trusted to do anything I ask her to do. She also thinks about everyone else around her and tries to help her shipmates when she can."

In order to keep track of everything, Ahmann has a specific system scanning labels on a weekly basis to check for amount of stock available for those items. Ahmann also stays abreast on drug recalls. Said Ahman, "Working in supply I strive to do my best, I don't like to run out of anything where people cannot get their medications, and of course there are drugs that are vital, for example, inpatient needs such as in the ICU (Intensive Care Unit) things like IV's (*intravenous solution*)."

Ahmann arrived at USNH Guam directly out of technician school and worked in the Pharmacy as an outpatient and inpatient technician filling medication prescriptions for those patients who come to the pharmacy window, as well as for patients staying at the hospital.

For those who know Ahmann, it may be no surprise to learn she wanted to become a Pharmacist even before joining the Navy. "I like the challenge, I like the mathematics of if, you have to think on your feet often--being off by a decimal could be serious for the patient," she said.

Along with her daily responsibilities, Ahmann is also a member of the DITS (Department in the Spotlight) Team. Once a week, a random department is inspected and she inspects their drugs--making sure they are not expired, and if they are refrigerated drugs she ensures they are at the right temperature. These efforts contribute to increasing patient safety and decreasing medication errors as well as meeting the Joint Commission and Medical Inspector General Standards.

Ahmann also provided pharmaceutical support to USNS John Ericsson, 30th Naval Con-

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HM2 Ahmann

Navy Pharmacy Junior Technician of the Year

Be Physically Active without Spending a Dime

You don't need to spend a fortune to be physically active. In fact, you can be active in many ways without spending any money. Here are a few ideas to get you moving for free!

Close to home

- Get some exercise and socialize with friends while you walk the entire mall.
- Get your garden or yard in shape, and you'll shape up, too.
- Make your own weights from household items – plastic milk jugs filled with sand or water, bags of rice, soup cans, or bottles of water.
- Rather than driving, walk when doing errands.

In your community

- Try out free demonstration exercise classes at your local senior center or fitness center.
- Participate in community-sponsored fun runs or walks.
- Join a basketball or baseball league that plays at your community center.

In the great outdoors

- Go for a hike in a park.
- Learn about trees and plants while exploring a local arboretum.
- Help your community by participating in a stream clean-up effort.

All year round

- Borrow a bicycle and ride around the neighborhood to admire the spring flowers.
- Play an early-morning tennis match at your community courts in the summer.
- Jog through the park and breathe in the crisp fall air.
- Go sledding or cross country skiing in the winter.



Quick Tip

Be creative! The only limit to free physical activity opportunities is your imagination!

VISIT

www.nia.nih.gov/Go4Life

- Read more tips for adding physical activity to your day.
- Print useful tools.
- Order a free exercise guide or DVD.
- Share your exercise story.



National Institute on Aging

National Institutes of Health

U.S. Department of Health & Human Services

Go4Life is a registered trademark of the U.S. Department of Health and Human Services.

Do We Really Know ... ?

By: Luis Martinez, U.S. Naval Hospital Guam, Health Promotion and Wellness

If we really listen to discussions and debates over the cause of the obesity increase,

our country has been experiencing over the last quarter century, we will hear a real difference of opinion. Some believe we are collectively eating more calories than before. It would seem most of us believe the over-consumption of calories is the real “bad guy” for those of us who have put on a few extra pounds we don’t need.

Yet, there are others who make a very interesting counter argument. Some say the cause of our country’s weight gain problem is living a sedentary lifestyle or not being as active as our parents and grandparents generation. However, it is often difficult for this group to make a convincing argument when the other group points out more people today are involved in exercise programs and activities than ever before.

So who is right? Well, maybe it depends on how we define our terms. Studies from researches at the Cooper Institute in Texas, one of the country’s most accomplished centers on exercise research on weight gain, suggest if we substitute the concept of exercise (*meaning a planned/organized set of physical activities done with a specific health goal in mind*) with the concept of daily movement (*meaning all of the physical things we do every day, i.e. walking, manual tasks, and exercise*) we find an answer.

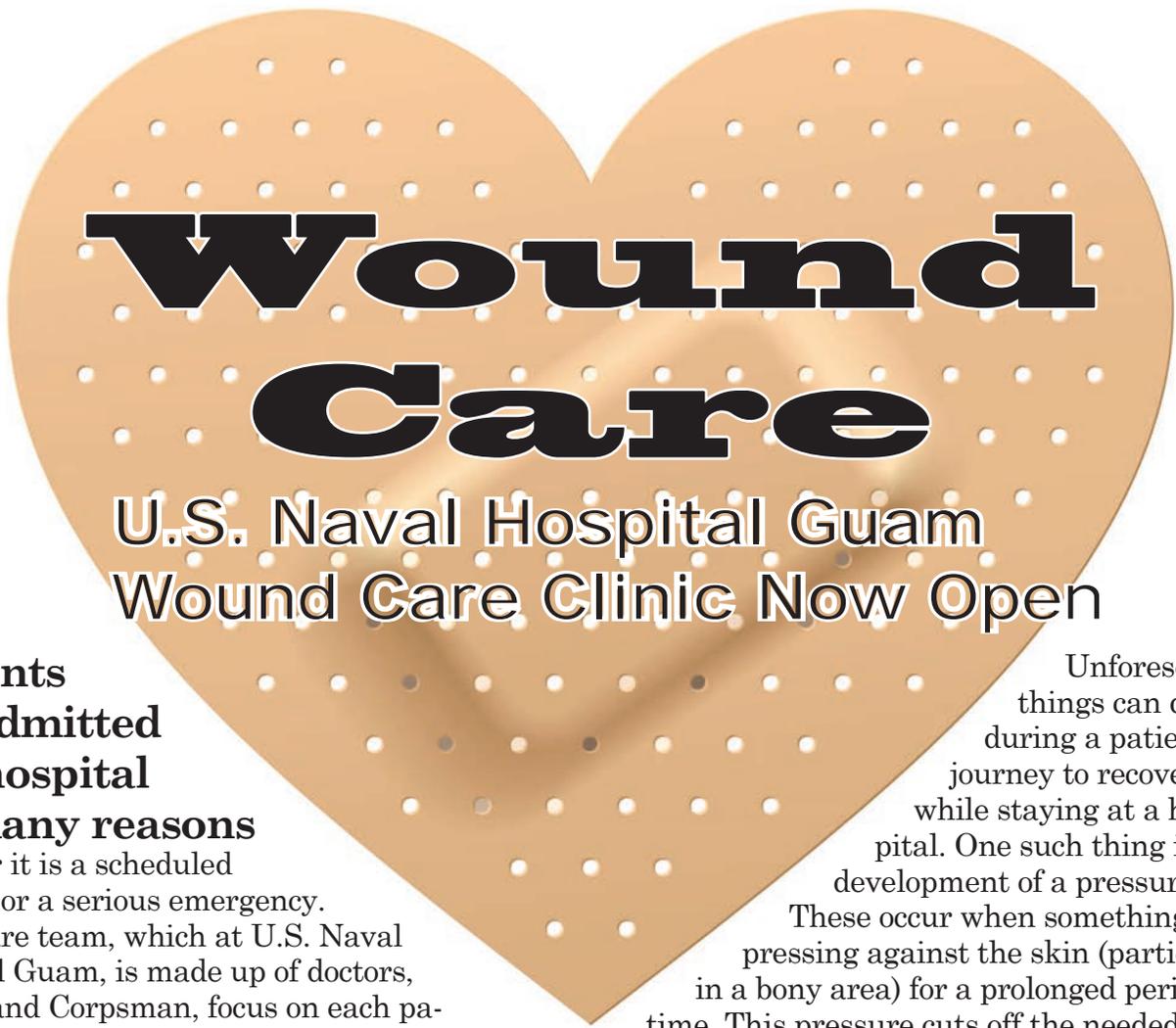
A major study conducted by the institute, regarding the cause of the nation’s obesity increase from 1985 to 2003, found that although the average number of calories consumed per person increased during that time, the additional calories were not enough to account for the majority of the weight increase which occurred. Instead, during that time, people decreased how often they walked to the TV to change the channel (used remote instead), used the stairs, parked or walked from the end of a parking lot to their destination, walked to a nearby friend’s house, and so on. In other words, the study showed weight increased as

people stopped doing ordinary daily physical tasks.

Many of us might think “this does not pertain to me; I work out regularly”. Well, let’s examine this by analyzing the amount of movement (formal exercise and everyday physical activities) one does in an average day/week. Yes, some people perform so many physical tasks and exercise so much during their average week, this concept clearly does not apply to them. But, not all people are as physically active as others. The recommended amount of formal exercise one should get in a week is equivalent to jogging for 30 minutes, three times a week. For example, jogging only the 1.5 mile distance required by the Navy’s Physical Readiness Test (PRT) three times a week results in one getting roughly only 20 minutes per day of exercise, or only about two-thirds of what is recommended. So people with exercise routines limited to this who also have desk or related types of jobs are probably fairly similar to those studied by the Cooper Institute and point blank they do not move enough during an average week to burn off the calories they’ve eaten. And, for those whose exercise routine is less or non-existent, the concept of not moving enough to burn off calories eaten becomes even more likely.

Controlling calorie consumption is important; the research of the Cooper institute definitely confirms this. But the implications of their research about our decreased daily movement has profound implications in the age of Wii-fit, emailing co-workers, kids playing on computers for hours, and waiting in the middle of the parking lot for a space closer to an entrance. In the “old days,” the idea of walking a half-mile, which takes 10 minutes, to visit a friend down the street was no big thing for most people.

So we do know what it takes to keep weight under control, eating less calories than we burn and burning those calories by moving. Perhaps that empty space at the far end of the parking lot doesn’t look so bad after all.



Wound Care

U.S. Naval Hospital Guam
Wound Care Clinic Now Open

Patients are admitted to a hospital for many reasons

whether it is a scheduled surgery or a serious emergency. Their care team, which at U.S. Naval Hospital Guam, is made up of doctors, nurses and Corpsman, focus on each patient's distinct healthcare needs on their way to recovery.

Unforeseen things can develop during a patient's journey to recovery while staying at a hospital. One such thing is the development of a pressure ulcer. These occur when something is pressing against the skin (particularly in a bony area) for a prolonged period of time. This pressure cuts off the needed blood flow to that area of the skin, which can cause the affected tissue cells to die.

Although pressure ulcers can occur anywhere on the body according to most healthcare experts they are more likely to occur on a person's backside, heels and back of the head. They can also come about on the spine of someone who is frail or thin. Patients are admitted to a hospital for many reasons whether it is a scheduled surgery or a serious emergency. Their care team, which at U.S. Naval Hospital Guam, is made up of doctors, nurses and Corpsman, focus on each patient's distinct healthcare needs on their way to recovery.

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In 2011 U.S. Naval Hospital Guam saw a high number of these pressure ulcers. As a result, the command decided to develop a wound care program. The main purpose of the wound care program is to prevent pressure ulcers from occurring in a hospital setting and treatment of patients who come into the hospital with already developed pressure ulcers. The team also serves to educate staff on wound prevention and care, as well as the patient and their family members or care givers. Although they focus on pressure

continued on next page

Wound Care continued from page 10

ulcers they also see other types of wounds such as venous and arterial insufficiency ulcers and post-surgical wounds and traumatic wounds.

Currently the team has two collateral duty wound care nurse providers as well as collateral duty wound care representatives from different departments throughout the hospital. The team strives to meet quarterly for training on wounds so members may see and learn to treat them. The goal is that members go back to their respective departments and provide the same education to their co-workers.

Clinical Nurse Specialist, Lt. Susanne Pickman, of USNH Guam's Multi-Service Unit, and a wound care nurse, believes the key to the whole program is education. She feels training is important as staff will perform the initial evaluation on patients in order to decide whether a wound care consult is needed.

Each patient who is admitted to an inpatient unit is evaluated for the presence of vulnerabilities of skin breakdown. This evaluation occurs through physical inspection of the skin and the use of a "Braden Scale". It is used to assess a patient's risk of developing a pressure ulcer. The scale is based on 6 criteria: Sensory perception, moisture, activity, mobility, nutrition, friction and shear.

In turn, each category is rated on a scale of 1 to 4, the numbers are then totaled to reveal whether the patient is very high risk, high risk, moderate risk, mild risk or no risk for a pressure ulcer. The final score determines whether or not there is a need for a wound care consult.

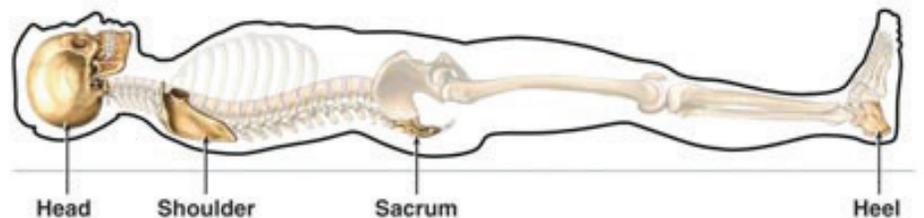
If there is a need, the wound care team visits the patient

within 24-hours. The consult entails a head to toe skin assessment, Braden Scale elements, pressure offloading needs, and nutrition needs. During the wound care consults, the opportunity is also used for staff and family member education, with a focus on wound assessments, dressing types and selections and pressure offloading and prevention. Discharge planning is also an extremely important factor to ensure the patient has support to sustain the treatment prescribed at home.

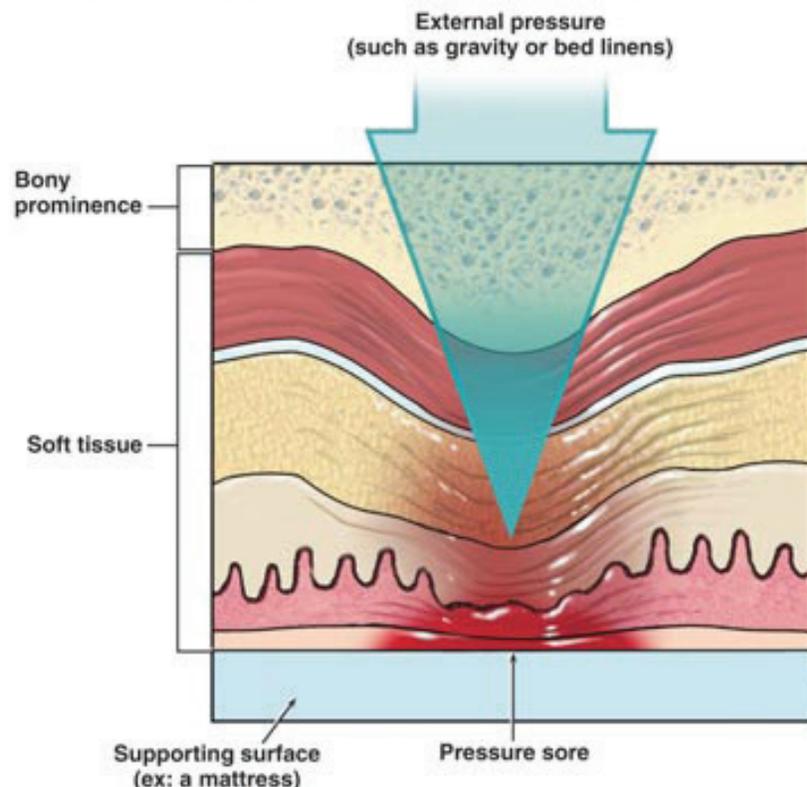
Lt. Sarah Ott, Nurse Manager of Family Medicine, and a wound care nurse, also explained

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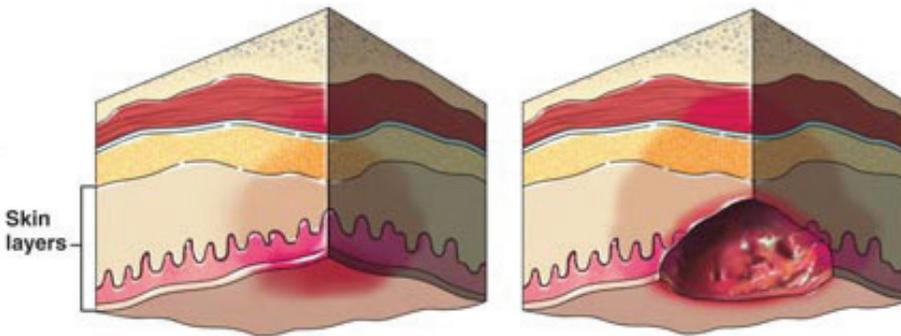
In an immobile patient, pressure sores most commonly form over bony prominences.



A pressure sore forms when pressure forces a bony prominence to compress underlying soft tissue.



Stages of Pressure Sores

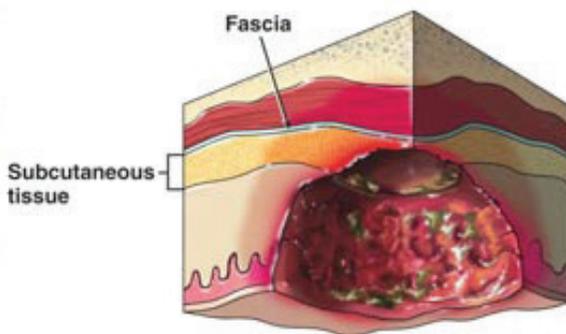


Stage 1

The lesion is a reddish area which may be hard and warm to the touch. No skin is lost.

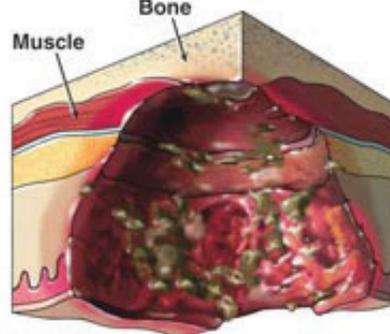
Stage 2

Sore extends into, but not through, the skin layers. Skin is partially lost.



Stage 3

Skin layers are completely lost. Necrosis of subcutaneous tissue may extend to, but not through, the fascia.



Stage 4

Necrosis reaches beyond the fascia causing extensive damage to support structures, such as bone and muscle.

in the outpatient setting in the same manner as other specialties. This allows the wound care team to have a consistent setting and routine to see patients after being discharged from an inpatient setting and/or seeing the patient for an initial evaluation.

The clinic will be more beneficial to staff providing them a home base for follow up appointments as well as patients that are seen regularly. It is also beneficial to the patients and their caregivers in convenience and location. "This clinic is important, in so many ways," said Ott. "One of our largest patient populations is retirees, so we see a lot of chronic conditions which means we see a lot of chronic wounds that someone may have been dealing with for a long time."

She explained how the team addressed one

wound a particular patient had been dealing with for several years and was able to see that wound fully healed. "The body is amazing and most of the time it will heal itself. However, there are those complex wounds and that is where wound care comes in to help discover what caused the wound and how we can treat and heal it."

The next goal for the wound care team is to develop a comprehensive wound care class for all USNH Guam nursing and Corpsman staff, which will assist in breaking down barriers to understanding wounds, gaining more confidence in treating wounds.

Wound Care continued from page 11

that standard operating procedures and policies were developed based on evidenced based practice to establish a protocol to follow once a patient is admitted, to evaluate their risk for pressure ulcers, and to prevent and treat pressure ulcers. Since the Wound Care Team was established, the overall incidence of pressure ulcers for USNH Guam's inpatient setting has been reduced by approximately 80%.

As the need to see and treat wounds expanded, USNH Guam leadership made the decision to open a wound care clinic in January 2014. The clinic is based out of General Surgery. Providers order wound care consults for patients to be seen

A LESSON FOR RAISING A HEALTHY CHILD



Helping kids maintain a healthy weight isn't easy. But you have more power than you know. Provide nutritious foods, help your kids be more active, and reduce their screen time. Learn more at <http://wecan.nhlbi.nih.gov>



U.S. Department of Health and Human Services
National Institutes of Health

We Can! Ways to Enhance Children's Activity & Nutrition, We Can!, and the We Can! logos are registered trademarks of the U.S. Department of Health & Human Services (HHS).



Caregiver Burnout

by: Lt. Kay Harris, U.S. Naval Hospital Guam, Mental Health Dept.

With the holidays now behind us and as we prepare to move forward in what looks to be a very promising year, now more than ever it is important to be ready for whatever the new year may bring. The majority of us who are reading the Pacific Pulse are caregivers in some shape, form, or fashion so in an effort to promote the spirit of readiness for our unique population, some tips for preventing caregiver burnout and treating the early symptoms are presented here.

The first and most important thing to do to prevent burnout is to recognize it, but its signs and symptoms may not be very obvious to us at first. We are often too preoccupied managing the whirlwind of activities we are presented with in our daily lives to realize when we are having difficulty coping and when do realize it it can be hard to pinpoint the cause to remedy the situation. It is usually best if we notice and address the signs and symptoms of burnout in ourselves before others have the chance to talk with us about the problematic behaviors they may be seeing and a good way to evaluate where we stand in the burnout process is to complete a self administered burnout inventory. One of the best and most widely used scales for measuring experienced burnout in

people whose work requires continuous contact with other people is the Maslach Burnout Inventory (MBI). The MBI assesses burnout on three important dimensions which include emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment, which also prompts the individuals who use it to the life areas that need the most time and attention.

Once the life areas that are the most deserving of attention have been recognized, it is then up to you to find creative ways to address those areas. If you are at a loss for how to do this, reaching out to family, friends, coworkers, and available support services should be your next step. Be on the look out for the next three Care for the Caregiver articles in the Pacific Pulse because they will each outline specific information related to these three dimensions including strategies to try and manage them.

Below are some tips that all of us could use in the meantime to prevent burnout and/or treat its early symptoms.

1. **Be aware of the signals your body sends you.** Signs and symptoms of burnout can include headaches, sleep disturbances, dif-

Continued on next page

Caregiver Burnout from page 14

difficulty concentrating, short temper, upset stomach, job dissatisfaction, and low morale.

2. **Be on the lookout for your own dysfunctional burnout coping style and aim to be more flexible in your approach to solving your problems.** All of us have a characteristic way of responding to stress, but overuse of some of our preferred methods of coping can do more to increase burnout than prevent it. Notice if you have thoughts and behaviors associated with:

- perfectionism (everything must be perfect)
- selflessness (my own needs aren't important),
- passivity (I won't say or do anything because I don't want to make waves),

- avoidance (If I just ignore this, it will go away soon)
- overcompensation (workaholic)
- scapegoating (it's everyone else's fault)
- and my all time favorite, the guilt trip (I should be superman or superwoman)

3. **Set realistic goals for yourself.** Take some time to reconsider your work goals and life priorities. Talk with trusted friends, family, and coworkers about how attainable they may be given your current circumstances and make adjustments accordingly.

4. **Exercise, eat right,** and don't forget to **treat yourself** from time to time.

Take the Test: Burn Out Self Test Maslach Burnout Inventory (MBI)

The Maslach Burnout Inventory is the most commonly used tool to self assess whether you might be at risk of burnout. To determine the risk of burnout, the MBI explores three components; exhaustion, depersonalization, and personal achievements. While this tool may be useful, it must not be used as a scientific diagnostic technique, regardless of the results. The objective is simply to make you aware that anyone may be at risk of burnout.

For each question, indicate the score that corresponds to your response. Add up your score for each section and compare your results to the interpretation found on page 17.

Questions	Never	A few times/year	Once a month	A few times per month	Once a week	A few times per week	everyday
Section A	0	1	2	3	4	5	6
I feel emotionally drained by my work.							
Working with people all day long requires a great deal of effort							
I feel like my work is breaking me down.							
I feel frustrated by my work.							
I feel I work too hard at my job.							
It stresses me too much to work in direct contact with people.							
I feel like I am at the end of my rope.							
Total score-- SECTION A							

Section A

Continued on next page

Questions	Never	A few times/year	Once a month	A few times per month	Once a week	A few times per week	everyday
Section B	0	1	2	3	4	5	6
I feel I look after certain patients/clients impersonally, as if they are objects.							
I feel tired when I get up in the morning and have to face another day at work.							
I have the impression that my patients/clients make me responsible for some of their problems.							
I am at the end of my patience at the end of my work day.							
I really don't care about what happens to some of my patients/clients.							
I have become more insensitive to people since I've been working.							
I am afraid this job is making me uncaring.							
Total score-- SECTION B							

Section B

Questions	Never	A few times/year	Once a month	A few times per month	Once a week	A few times per week	everyday
Section C	0	1	2	3	4	5	6
I accomplish many worthwhile things in this job.							
I feel full of energy.							
I am easily able to understand what my patients/clients feel.							
I look after my patients/clients problems very effectively.							
In my work I handle emotional problems very calmly.							
I am easily able to create a relaxed atmosphere with my patients/clients.							
I feel refreshed when I have been close to patients/clients at work.							
Total score-- SECTION C							

Section C

Continued on next page

Get your Results: Scoring Interpretation

Section A: Burnout

- Total 17 or less: Low-level burnout
- Total between 18 and 29 inclusive: Moderate burnout
- Total over 30: high level burnout

Burnout (or depressive anxiety syndrome): Testifies to fatigue at the very idea of work, chronic fatigue, trouble sleeping, physical problems. For MBI, as well as most authors, “exhaustion would be the key component of the syndrome.” Unlike depression, the problem disappears outside work.

Section B: Depersonalization

- Total 5 or less: Low-level burnout
- Total between 6 and 11 inclusive: Moderate burnout
- Total of 12 and greater: High-level burnout

“Depersonalization” (or loss of empathy): Rather a “dehumanization” in interpersonal relations. The notion of detachment is excessive, leading to cynicism with negative attitudes with regard to patients or colleagues, feeling of guilt, avoidance of social contacts and withdrawing oneself. The professional blocks the empathy he or she can show to his or her patients and/or colleagues.

Section C: Personal Achievement

- Total 33 or less: High-level burnout
- Total between 34 and 39 inclusive: Moderate burnout
- Total greater than 40: Low-level burnout

The reduction of personal achievement: The individual assess themselves negatively, feels they are unable to move the situation forward. This component represents the demotivating effects of a difficult, repetitive situation leading to failure despite efforts. The person who begins to doubt their ability to accomplish things. This aspect is a consequence of the first two.

A high score in the first two sections and a low score in the last section may indicate burnout.

Note: Different people react to stress in many ways. This test is not intended to be a scientific analysis or assessment. The information is not designed to diagnose or treat your stress symptoms; consult your medical doctor, counselor or mental health professional if you feel you need help regarding stress management or dealing with burnout.

USNHG

Preventive Medicine

Understanding Force Health Protection

Readiness

An editorial by Lt. j.g. Richelle Magalhaes, U.S. Naval Hospital Guam, Preventive Medicine Dept.

Readiness is paramount in the military. It ensures that we are able to do our jobs to the best of our abilities, it allows us to deploy at a moment's notice and it guarantees that we are fit to fight. There are many factors that affect military readiness. Factors such as: the economy, resources, politics and policies. The biggest and most controllable variable to readiness is actually one that can be controlled by the member themselves and that is medical. Medical Readiness ensures Service members are free of health-related conditions that limit ability to actively fulfill an assigned mission (www.health.mil).

Medical readiness is the reason why the Navy has a full-fledge medical program, to ensure that our Sailors are a healthy and fit force with the ability to fulfill our mission on land or at sea. There are many health programs in place to assess the readiness of Sailors from random urine analysis, to physical fitness assessments.

In addition, the Navy requires certain health milestones are met every year or every other year to make certain that the Sailor is medically ready. For example, the Navy requires Physical Health Assessments (PHAs) and dental check-ups every year. If not, the member will go on a delinquent list which results in a drop in medical readiness for that Sailor's command.

U.S. Naval Hospital Guam plays a huge role in medical readiness, especially in Guam and the surrounding areas. As the largest military facility on the island, there are quite a few tenant commands to which we provide care. We also care for our sister services stationed here since we are all part of Joint Region Marianas. As the Preventive Medicine (Prev Med) Department at USNH Guam, we undoubtedly have a role in Joint Region readiness.

Prev Med monitors the readiness of all of the Navy tenant commands on the island. This

means we can input the commands identification code into a system called the Medical Readiness Reporting System (MRRS) and find out the medical readiness percentage of that command. We can even see why they are not at 100%. For example, Seaman Jones needs a flu shot, this would put him on a delinquency list, thus, he would not be considered medically ready. In some cases, the command does not have any medical support directly attached to them, at which point we offer assistance to help get their people medically ready and get their commands medical readiness to its top percentage.

I mentioned flu shots because that is another way we help with medical readiness. All commands automatically go on the delinquency list when it is flu shot season. This is an annual requirement for every Sailor. In order to get all of the Navy units stationed in Guam off of the delinquency lists, we schedule flu shot

Continued on next page

Prev Med Continued from page 18

meetings with the units that do not have medical personnel directly attached to them. We take our flu shots on the road to each unit, we find a large enough room and administer shots to all who are there. If the unit does have medical personnel attached to them, then we have their medical representative come pick up enough shots for their command. Prev Med does this to try and get our people medically ready as soon as possible. This year, the hospital was back in readiness standards

by the third week of flu shot season!

Due to our location in the world, we sometimes find ourselves right in the middle of the action. Whether it is political tensions, or a major typhoon that strikes a nearby island, it is crucial we remain ready to join the battle or provide humanitarian aid when the time calls. Medical readiness along with combat readiness allows us to support the war fighters and place the mission first.

Ahmann continued from page 7

struction Regiment, CAT-Palau mission, and 84th Engineer Battalion, totaling \$10,000 worth of medications. Her efforts helped enhance the Navy's combat force readiness. The CAT Palau mission was a tri-service rotational mission between the Army, the Air Force, and the Navy, an effort that spearheaded or supported many of the U.S. community outreach programs in Palau.

Recently, Ahman completed The Sexual Assault Prevention and Response Victim Advocate (SAPR VA) Academy which is a week long course and a new requirement for victim advocates. "I like doing meaningful things you can help people with," she said.

Ahman continues to strive for more. "I would like to become a Pharmacist through the Navy, as a Pharmacist people put a lot of trust in you," she said. "I always liked the medical field and helping people with their health issues."

Intimacy for the Heart

Active Date Ideas:

Friday night finally arrives, and you and your date are ready to go out to dinner... again. Busy work weeks can lead to falling into a date night rut, turning to the same trusty staples you've been doing for a while now. But have you considered that the date you choose could either kindle or douse that romantic flame? Making the right date choice will keep both you and your relationship healthy.

Outdoor Ideas:

1. Hike a Trail
2. Take a walk in a park
3. Enjoy a beach picnic
4. Pick out foods at a local market

Races and Sports:

1. Train for a 5K
2. Pick a fun race, a color run or an evening race
3. Sign up for a tough mudder

Indoor Date Ideas:

1. Enjoy an "Active movie"-- choose a movie and a list of words, every time you hear those words in the movie do 10 sit ups and push ups
2. Try an indoor sport like raquet ball
3. Take dancing lessons
4. Prepare a healthy indoor picnic
5. Create a fun dessert together, chocolate dipped bananas and strawberries

Still unsure what to do on your next date night? There are a variety of smartphone apps that can help you search things to do in your area based on your mood and location. Regardless of what you and your partner decide on, try to find a healthy alternative to a dinner out that you will both enjoy.



Stay Fit with your Phone

The Navy Operational Fitness and Fueling Series (NOFFS) is designed to provide the Navy with a "world-class" performance training resource for Sailors, as well as Navy health and fitness professionals. Using the latest sports science methodologies, the logic engine for NOFFS combines both human performance and injury prevention strategies, resulting in safer training while yielding positive human performance outcomes. Get the APP by going to: <http://bit.ly/KvOWY8>



Crews Into Shape

Take the Crews Into Shape Team Challenge

The Crews Into Shape challenge, held every March in conjunction with National Nutrition Month, is sponsored annually by the Navy and Marine Corps Public Health Center (NMCPHC). The goals of the challenge are to spark and guide workplace-focused, team-oriented, physical activity and improved fruit and vegetable intake among the whole DoD family.

The 14th annual challenge will run from 2-29 March 2014. Sign up by Feb. 28. The Crew sign-up form is downloadable and is sent by the Crew Leader to NMCPHC via e-mail. Participants can earn a free pedometer and cookbook (while supplies last) a copy of the American College of Sports Medicine Fitness Book.

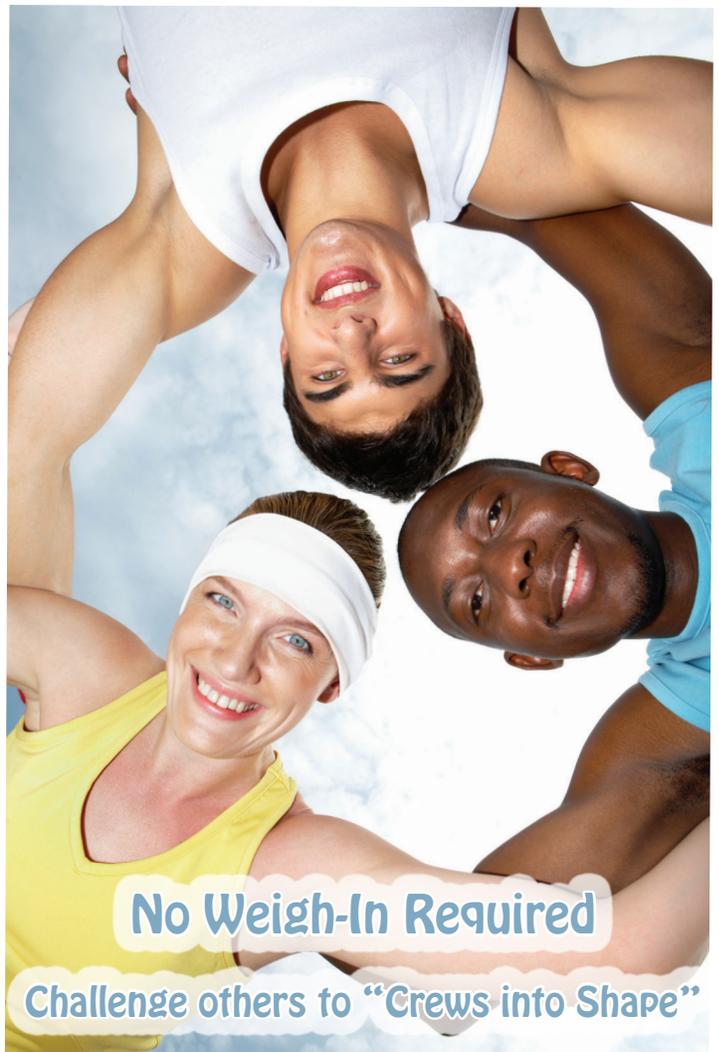
Crews Into Shape is a Navy-wide wellness improvement program for active duty and civilian personnel. Teams should consist of 2-10 members who will exercise weekly, eat more fruits and vegetables, drink enough water, and accomplishing small weight loss goals during the month of March.

Use this link to get started:
<http://1.usa.gov/1eCHW68>

What to do at the website:

1. Recruit Team members
2. Read through "Quick Start Checklist For Crew Leaders"
3. Read through "Quick Start Checklist For Crew Members"
4. Set weight goals
5. Fill out Health and Fitness Questionnaires and Contracts
6. Register

In Guam, to qualify for the pedometer, cookbook, and fitness book your team must: register online by Feb. 28 using the website mentioned, and email Luis Martinez of Health Promotion luis.k.martinez@med.navy.mil a copy of your Crews Worksheet or contact him at (344-9124) for further information and to obtain assistance for your Crew.



No Weigh-In Required

Challenge others to "Crews into Shape"

February



Celebrate African American Heritage Month:

AFRICAN AMERICANS in the **UNITED STATES NAVY**

There is no black Navy, no white Navy—just one Navy—the United States Navy.

—ADMIRAL ELMO R. ZUMWALT JR., CHIEF OF NAVAL OPERATIONS, 1970

AMERICA'S
NAVY
A GLOBAL FORCE FOR GOOD.™

Learn more: http://www.history.navy.mil/diversity/brochures/AfricanAmericansInUSN_Final.pdf

African Americans have distinguished themselves at sea since the Revolution. During the War of 1812, the commander of U.S. naval forces on the Great Lakes declared black sailors to be “amongst my best men.”