



YEAR 2017 ISSUE

OCTOBER 15, 2018

## INSIDE THIS ISSUE

Letter from the Chair	1
Promotion-Results	2
Readiness Update	3
Hurricane Maria	4
Good Reads	5
USPHS Lab Cache	6-11
TIPS FOR FALL EXERCISE...	12-13
MLSPAG Case Studies	14
2018 USPHS SYMPOSIUM:	15-25
Professional Interviewing Tips	26-28
Article Submission Information	29
MLS-PAG Coin Information	29



Welcome to the fall newsletter. Once again we have made it through another quarter in 2018. I would like to thank everyone for maintaining sound mind, commitment and diligence in all our meetings this year and also for engaging other officers in participating in MLSPAG bimonthly meetings. It has been an exciting year so far. I would also like to thank each and every medical laboratory scientists in the corps for adapting to the new guidelines and policies. The wake of the year 2018 with the change of leadership of the Corps and revision of policies that guides the existence of the United States Public Health Service has really shown how prepared the Corps has made us over the years. Many that were present at the COA 2018 Symposium in Dallas, Texas witnessed firsthand the new direction the Corps is going.

The Surgeon General VADM Jerome Adams made it very clear the importance and the need of the new United States Public Health Service. He asked all of us to be ready to go above and beyond for the greater good of all. The new guidelines and policy revision anchor mainly on readiness. Hence we have seen the directives of the Weight Verification Standard and other important parts of the basic readiness. I would like to encourage everyone to be familiar and follow the instructions as directed. Thanks to the MLSPAG Technical Readiness subcommittee for taking the lead in ensuring that MLS officers are aware and up to date on the information required. As we all know the Corps has received new directives on how to ensure readiness for all officers. The weight verification form submission was due by September 30<sup>th</sup> 2018. I want to remind everyone to ensure that this is completed. Please also guide junior officers on how to get this done expressly. At this point I would like to congratulate those that were recently promoted during the 2018 promotion cycle. Congratulations!! We are corps strong because of the contributions each of us make every day towards the development of the Corps. It has been a thing of Joy to be in the United States Public Health Service. As I always say, we are unique in our orientation and in rendering our services to the communities we may find ourselves as officers. The Corps and the communities we serve need us more than ever before. Therefore, we need to engage in self-development and creative ability to help mold the new generation of officers. Finally, as we enter another season I want everyone to share their outdoor experiences in their respective cities and States. Let us get out there and make the best of our time in experiencing nature and what we do not have time to do often as officers in the Corps. I look forward to working with each of you as we conclude the rest of the year.

Thank you!

CDR Babatunde Oloyede

Chair MLSPAG 2018

# *Promotion Results*

## *Congratulations To:*

### **Temp CAPT:**

Jeffrey Allen Christopher

Jeri Ann Coats

### **Temp CDR:**

Lisa L Flores

Lane Nuhn Vause

### **Temp LCDR:**

David Brent Hamilton

Noel Miller Miraflor

Shercoda Genee Smaw

Julie Michelle Smoot

### **Perm CAPT:**

Dana Nemeth

Daniel H. Hesselgesser

### **Perm CDR:**

Jennifer Ann Malia

### **Perm LCDR:**

Richard J. Bashay III

Charles D. Boison

Kent Alling Conforti

June Germain

Sabrina Marie Ivory

Christopher Minh Le

Camille Yvonne Mitchell

Ryan Michael Thrasher

Lane Nuhn Vause

*We are CORPS Strong!!*

## Readiness Update!!

By: LT Angela Hatzenbuhler

Two major changes have occurred recently that may affect officer readiness; Immunizations and Verified Weight reports (PHS 7044-1). This is becoming increasingly important now that Readiness is evaluated monthly instead of quarterly. All immunizations required by REDOG must be uploaded through e-DOC-U under Immunizations tab. Medical Affairs no longer accepts paper copies, so be sure to check your immunization data has been correctly uploaded. Any immunization data that is emailed, will be deleted. There is a helpful tab in your Officer Secure Area (OSA) Dashboard “Show Immunization Details” that will take you to your records that have been uploaded. The other major change is the Commissioned Corps Retention Weight Standards that go into effect 01 October 2018. You must use the Verified Weight report (PHS 7044-1) which must be filled out and uploaded by 30 Sept 2018 at 11:59 PM ET. This form must be uploaded in the “READINESS” document tab, where you will be able to select PHS 7044-1. DO NOT upload under the “Medical” tab as this will not be acceptable when readiness is evaluated. Make certain your PHS 7044-1 has been uploaded in the correct location. If not, just delete and re-upload. One other item that had been brought to the attention of the HSPAC Readiness committee, is Licensure and Certification. Reminders have been sent out to ensure officers remember that those documents are also uploaded through e-DOC-U. Be sure they are legible! Good Luck!

## Hurricane Maria Deployment LT Danielle Baquero, MLS(ASCP)

Earlier this year I deployed to assist with hurricane relief efforts and served as the Intake/Discharge Lead on the Services Access Team (SAT) in Atlanta, GA. This was my first deployment with the United States Public Health Service (USPHS) and I thoroughly enjoyed this learning experience. I met many great officers who served from different agencies and disciplines.

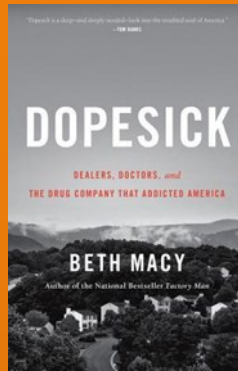
Most officers were assigned as Case Managers, but I had the opportunity to fulfill the role of Intake/Discharge Lead. As the Intake/Discharge Lead, I was responsible for all communication and coordination related to the travel necessary to get evacuees back to the U.S. Virgin Islands, St. Croix, or Puerto Rico. There were also special cases where evacuees needed to travel within the



United States and those cases required additional attention. Specific forms were needed before an evacuee could be cleared for travel and I created, managed, and I communicated that information back to the assigned Case Manager and filed for future reference.

Additional duties included coordinating with the Hartsfield-Jackson Atlanta International Airport for those that needed special assistance once they arrived at the airport, the rescheduling of flights, scheduling of local transportation, coordinating with the CDC Foundation to provide funds for those that were not able to afford the fees of checked bags, and providing reports twice a day to the Incident Response Command Team (IRCT).

This deployment required the coordination of many responders working from different agencies with some of those being offsite. During these long days, the willingness and ability to work together as a team to ensure that evacuees got back home, was our focus and joy. Every second of those two weeks was worth it, if it meant getting someone back home to their loved ones. I learned many new skills from this deployment, and am eager to deploy again.



GOOD READS by CDR Toni Bledsoe

## Dopesick: Dealers, Doctors, and the Drug Company That Addicted America

By Beth Macy

The opening paragraph to a New York Times review of Beth Macy’s book, “Dopesick: Dealers, Doctors, and the Drug Company That Addicted America,” encapsulates the iatrogenic (doctor caused) addiction of one of the many opioid users Beth interviews. The words of this mother in Virginia gives the reader a glimpse of the beginning of the opioid crisis. The woman explains how her addiction started in the early 2000s, after routine gallbladder surgery. “The doctor didn’t force me to take them,” she said of OxyContin and Percocet, two powerful painkillers she was instructed to take concurrently. Her doctor, she assumed, was a “high-standard person, someone you’re supposed to trust and believe in.” The book begins in the epicenter of the epidemic, in the rural counties of the westernmost part of Virginia when the painkiller OxyContin was introduced in 1996. Purdue Pharma, the maker of OxyContin, claimed, “If you take the medicine like it is prescribed, the risk of addiction when taking an opioid is one-half of 1 percent.” They were wrong. In this part of Virginia, West Virginia, and throughout the Appalachia region, many blue collar workers were losing their jobs with the closures of coal mines, textile mills, steel mills, and furniture-making factories. These jobs had a high incidence of occupational injuries and disease- both acute and chronic. Pain treatment was given in the form of OxyContin and other morphine-derived painkillers. Many of these patients became addicted to their prescription medications. Beth Macy traces the shift of the morphine molecule craved by these patients to heroin and fentanyl, a synthetic morphine analog, to avoid the agony of ‘dopesickness.’ The book gives some harsh statistics related to the opioid crisis: Americans represent 4.4% of the world’s population but consume roughly 30% of its opioids. In 2015, 51,000 Americans died from drug overdose. In 2017, 10% of the addicted population managed to get access to care and treatment. Beth Macy puts a human face on the opioid crisis by sharing stories from community activists, healthcare workers, law enforcement officers, families and the addicts themselves as they struggle with addiction, treatment, and recovery.

After a competitive bidding, [Fox 21 Television Studios](#) and [Warren Littlefield’s The Littlefield Company](#) have optioned Beth Macy’s new book *Dopesick: Dealers, Doctors, and the Drug Company that Addicted America*, about America’s opioid crisis, to develop for television.

## USPHS Lab Cache

By: CAPT Daisy Mitchell & Technical Readiness Committee

The Assistant Secretary for Preparedness and Response (ASPR) Laboratory system manages 18 deployable Lab Plus packages and 28 deployable Lab Basic packages strategically staged around the country to provide regional support to the Rapid Deployment Forces (RDF) and National Disaster Management System (NDMS) teams. Every Disaster Management Assistance Team (DMAT) maintains an initial laboratory package (Lab Basic). The Lab Basic package consists of the i-STAT analyzer for Point of Care testing, Clinitek for urinalysis, Lifescan OneTouch glucose meters, and rapid test cassettes for cardiac markers and pregnancy. If necessary, the Lab Basic packages are augmented by the addition of Laboratory Plus packages maintained in California, Maryland, and Texas. The Lab Plus package consists of the Lab Basic package, Coulter AcT diff 2 for hematology, Piccolo chemistry analyzer, microscope, Drugs of Abuse panel, and occult blood slides. All test cartridges, controls, and reagents are stored and transported with the lab packages. When deployed and operational, the labs are categorized as moderately complex laboratories capable of both waived and non-waived testing. **[Photos: Lab Basic, Lab Plus, Coulter, Piccolo]**

**Laboratory Cache Deployments** – ASPR developed the lab basic packages in 2007 and matched them to the NDMS/Disaster Management Assistance Teams (DMATs). These packages augment the local laboratory capabilities during disasters and can provide limited capabilities during National Special Security Events (NSSE). The Lab Plus packages were added in 2008 during Hurricane Gustav (Texas). Since then the lab packages have deployed fifteen times. Typically, RedDog deploys two USPHS Medical Laboratory Science officers to operate the lab plus packages when they deploy to augment the Federal Medical Shelters (FMS) or Trauma & Critical Care Teams (TCCTs). The lab packages can deploy to meet the pre-staging needs of the incident. However, deployment of the lab package does not necessarily indicate that PHS officers will be deployed or that the packages will be opened. To date, only seven officers have been deployed to operate the lab packages. **(See Laboratory Package Deployment History Table)** The packages deploy for 2-4 weeks on average depending upon the event. When in operation, the labs typically run from 0600 – 2000. At the start of day, techs turn on the equipment, check supply levels, perform QC, and any other startup activities identified (temperature checks, etc). As the day progresses techs perform tests as requested, but since the workload is typically low volume (average 10-20 patients) they frequently help in other areas throughout the deployed facility/location as needed (assisting nurses, feeding patients, assisting patients, etc). When the day/shift ends, the equipment is prepared for shift change or startup the next day.

**Officer Deployment Experiences** - Two officers deployed to support the lab missions are CDR Renee Galloway and CDR Cara Nichols. CDR Renee Galloway is a 15-year USPHS veteran assigned to CDC in Atlanta, GA as a Microbiologist III in the Zoonoses and Select Agent Laboratory. A certified Medical Laboratory Scientist for 21 years, CDR Galloway was deployed with the lab cache during a RDF-3 mission to staff a special needs shelter in Baton Rouge, LA. This response was her first deployment to support the lab cache, but not her first deployment. During previous responses CDR Galloway was deployed in other roles to support the Admin/Finance Team in the Joint Field Office in Baton Rouge, LA (2005 Hurricane Katrina) and as a Public Information Officer to support the 2014 Unaccompanied Minors Response. CDR Cara Nichols is an 11-year USPHS veteran currently assigned to CMS in Denver, CO in the Clinical Laboratory Improvement Amendments (CLIA) Program. CDR Nichols has been a certified Medical Laboratory Scientist for 19 years, but unlike CDR Galloway, she deployed with the lab cache on two occasions, 2008 Hurricane Ike and 2012 Hurricane Isaac. In addition to these deployments, CDR Nichols also deployed as a Safety Officer and Logistics Officer during other responses. **[Photo: CDR Galloway & LCDR Chavez, Louisiana Flooding, August 2016]**

CDRs Galloway and Nichols have varying opinions regarding their training and preparation for deployments to support the lab caches. CDR Galloway felt that her training was adequate and prepared her for deployment, but she noted that reviews of the manuals/protocols were critical since she does not routinely perform point of care (POC) testing within her current assignment. Prior to working with the lab cache, CDR Galloway had only worked with the cache equipment as a student during clinical rotations. Otherwise, she did not routinely use the cache equipment within her current lab. As a result, CDR Galloway relied on the ASPR Laboratory Director, LCDR Christopher Le, to assist with her acclimation and familiarization with the cache equipment, manuals, procedures, and protocols that she found to be very helpful and clearly written. CDR Nichols on the other hand did not feel adequately trained and/or prepared for deployment to support the lab cache. She was able to adapt quickly because she was familiar with the equipment from its usage in clinical settings. CDR Nichols used her own phone and laptop to pull procedures for the instruments since there wasn't one available with the cache when she deployed with the cache.

**Lessons Learned** – Both officers discussed particular lessons learned during their deployments. Officers deployed should make sure that the instrument/equipment QC and reagents are not expired before performing QC. The performance of QC provides opportunities for the techs to familiarize themselves with the instruments/equipment. Deployments with the lab cache were very frustrating in 2008 and 2011 due to the incompleteness of the cache, but major improvements in the last several years have made things 100% better. The caches are in better shape now and have more oversight. However, officers need to understand that the caches may not always arrive on time and they should be prepared to be flexible and prepared to perform other duties in the interim. For example, in 2011, the cache arrived two days late for the Hurricane Irene response in New York. Because things on the ground change rapidly during a response, this two-day delay resulted in the cache not being used at all. Compared to other non-laboratory deployment roles, CDRs Galloway and Nichols felt more prepared for the non-laboratory deployment roles. Non-laboratory sections conducted meetings more regularly during the mission than the laboratory specific section. Neither officer has done anything specific since deployment to help maintain the specific skills required to deploy in a laboratory role, other than maintaining their familiarity with the normal MLS duties and performing diagnostic tests following CLIA guidelines.

**What Officers Can Do to Prepare for Deployments with the Lab Cache** – To prepare for deployments with the lab caches, CDR Galloway and CDR Nichols recommend that officers read the lab manuals, familiarize themselves with the SOPS, procedures, and protocols of the cache, and any associated paperwork. Most importantly, officers should be prepared to perform phlebotomy. Many officers do not routinely perform phlebotomy and may not have done so for years if the labs they work in have others assigned to perform blood draws. However, when deployed with the lab cache there is an expectation that lab officers perform phlebotomy. Officers not currently assigned to lab positions or working in labs to maintain their clinical hours may find it difficult to operate in the cache because of their time away from the lab. Other officers will be available to assist with retraining, but all MLS officers should familiarize themselves with the equipment in the lab cache prior to deployment. The ASPR Lab Director, LCDR Christopher Le, is also available onsite at the beginning of every Lab Plus package deployment to provide training and perform competencies for any individuals not comfortable with the packages. A final recommendation from the officers was that ASPR develop SOPs specific for cot-side or bedside draws that include supply lists, a caddy, and procedures for discarding needles.

## Laboratory Package Deployment History Table

Incidents	Location	Date (month-year)	Lab Package	PHS Officers Deployed for Lab
Hurricane Florence	NC	Sep-18	Lab Basic	None
Hurricane Olivia	HI	Sep-18	Lab Basic	None
Hurricane Lane	HI	Sep-18	Lab Basic	None
Typhoon Mangkhut	Guam	Sep-18	Lab Basic	None
Hurricane Maria	PR	Aug-17	Lab Basic and Lab Plus	None
Hurricane Irma	US Virgin Islands & PR	Aug-17	Lab Basic and Lab Plus	None
Hurricane Harvey	TX	Aug-17	Lab Basic and Lab Plus	None
Major Flooding in Louisiana	LA	Aug-16	Lab Basic and Lab Plus	LCDR Chavez & CDR Gallaway
Hurricane Sandy	NJ and NY	Oct-12	Lab Basic and Lab Plus	CAPT Alspach
Hurricane Isaac	LA	Sep-12	Lab Basic and Lab Plus	LCDR Jason Truax, LCDR Renae Hill, & CDR Cara Nichols
Hurricane Irene	NY	Aug-11	Lab Basic	???
Haiti Earthquake	Haiti	Jan-10	Lab Plus and Lab Basic	???
Red River Flooding	ND	Mar-10	Lab Basic and Lab Plus	???
Red River Flooding	ND	Mar-09	Lab Basic and Lab Plus	???
American Samoa Tsunami	American Samoa	Sep-09	Lab Basic	None
Hurricane Gustav	TX	Sep-08	Lab Basic and Lab Plus	LCDR John Welch



**Piccolo**

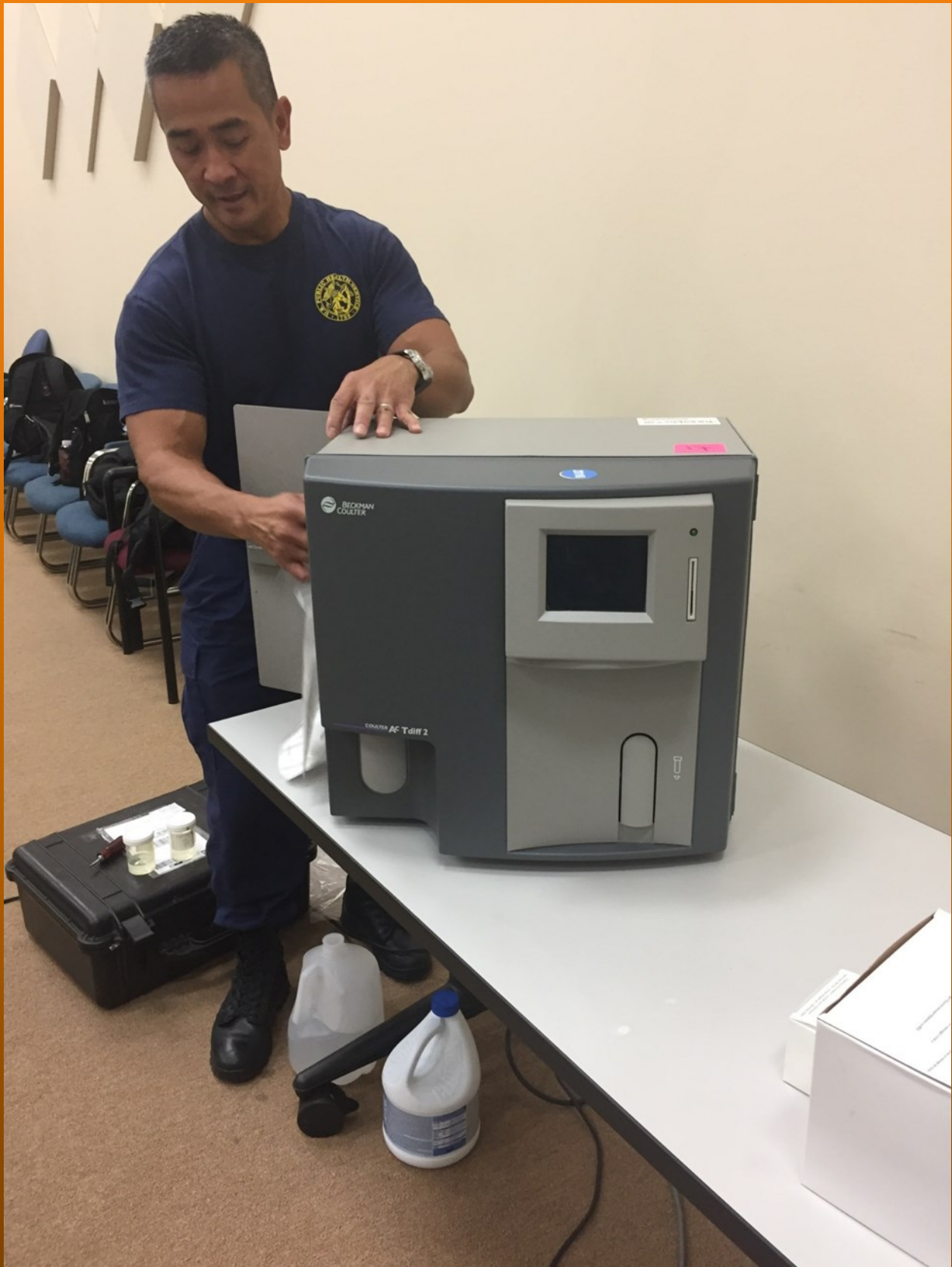




Lab Basic Package



Lab Plus Package



**LCDR Christopher Le and the Coulter AcT diff2**



LCDR Helen Chavez (IHS) and CDR Renee Galloway (CDC) staffed the laboratory at Louisiana State University in Baton Rouge, Louisiana during a USPHS Rapid Deployment Force 3 (RDF-3) mission to staff a medical special needs shelter.

## TIPS FOR FALL EXERCISE...

Hello I am a Medical Technologist who works in a laboratory in an Indian Health Service in Lame Deer, MT. I am going to give you some fall exercise tips. But, before I do that, I wanted to tell you a little more about myself and, also, try motivate you to exercise in the first place. I have been in the Corps 6 years and, now, with the new Policy for weight limits I feel the game has changed a bit. I have always been a fairly active person and with 3 young children, I don't sit down much either. J That being said, I am still pretty close to my upper limit of weight and that is concerning to me. I have done some long distance runs in the past like 5k's, a 10k, and even a couple half marathons. But three kids later, it's been quite a struggle/challenge getting my pace back. But, I recently signed up for a 10K anyways. It's called Hoofin' It for Hunger and it's in Miles City, MT. Sounds like fun right? I feel having a goal and a set date to reach that goal, is the only way to truly keep me motivated.

Why start now, in the fall, and not wait until January 1<sup>st</sup>? Here's why, in my point of view. New Year's goals always have such a stigma about them. Take the pressure off and start gradually now in the fall. From a physical standpoint, just see what you can achieve in the next 4 months. I am usually an all or nothing person, but recently I have learned to take smaller steps, train myself to have good habits, and find middle ground in the exercise part of life. It has made it much more rewarding and not so hard to talk myself into a run or workout session. Also, I should have taken more pointers in my past because I learned the hard way that a cotton sweatshirt will weigh ten pounds after a road race in the rain!



## Tips/Pointers/Advantages for Fall Exercise:

1. It's not so **hot**, or **cold** yet, so outdoor exercise can be done at any time of the day.
2. Staying hydrated is still important, but not as hard to do with the cooler temps.
3. Dress in layers if needed and athletic clothing can optimize results.
4. The landscape and scenery can be mentally refreshing, try to appreciate the beauty.
5. Fall daylight hours are shorter, don't forget the reflective items for your safety.
6. I would rather indulge during the holidays with the mentality that I "earned" it.
7. Try doing different activities at different times of day and see what works best for you.
8. Some of my best problem solving is accomplished during exercise which adds to my improved relaxation post workout.
9. Diet can affect energy levels and weight loss goals, try to make better food choices.
10. Lastly, I don't think anyone **ever** regrets spending time exercising.

# MLSPAG Case Studies for 2018

The MLSPAG Training Education and Mentoring Subcommittee would like to remind members of PAG that there are Case Studies on the MLSPAG's site on Max.gov

MLSPAG Case Study #1 (Westgard Rules Questions)

MLSPAG Case Study #2 (Multiple Myeloma)

MLSPAG Case Study #3 (Urinalysis)

MLSPAG Case Study #4 (General)

MLSPAG Case Study #5 (Hematology)

MLSPAG Case Study #6 (Hematology)

All Case Studies are located at:

[MLSPAG Case Studies](#)

**Reminder: Each course is worth 1 CE credit:** You must achieve an **80% or better** on the quiz and submit answers to the MLSPAG TEM's email address:

[MLSPAGTEaM@gmail.com](mailto:MLSPAGTEaM@gmail.com)  
to get Certificate of Participation

QUESTIONS: Please contact [LCDR Richard Bashay](#) or [CDR Karen Romancito](#)

## **2018 USPHS SYMPOSIUM: A PHENOMENAL EXPERIENCE**

*By: LT Shercoda “Cody” Smaw*

I thought the 2017 USPHS Symposium was awesome. It was my first symposium and it set the bar high for all my future symposiums. Yet, I have to say that the 2018 USPHS Symposium took it up a notch and was a phenomenal experience. For those of you that know me and you all will once you read my article. I am a social butterfly and enjoy meeting and interacting with officers, so I made it a point to be active for my second symposium. This way I can network and make new friends. Prior to the symposium, I made a list of goals that I wanted to achieve. First on the list was to participate with the MLSPAG Technical Readiness Subcommittee in setting-up the Lab Cache. Second on the list was to apply and hopefully be accepted to present a poster at the symposium. Third was to participate with the JOAG Step It! Subcommittee on a Symposium Walk. Finally, fourth on the list was one of the things that I want to accomplish at all the symposiums is to achieve CE credits for the wonderful sessions being offered. I did a great job fulfilling this at my first symposium and wanted to make sure I did it again along with my top three goals.

My poster submission was under Track 3 for Environment and Social Factors. I wanted to highlight what I have been doing at the United States Department of Agriculture (USDA) Food Safety and Inspection Service (FSIS) and present it to fellow officers. My poster featured how USDA FSIS will use new state of the art technology such as Whole Genome Sequence (WGS) for detecting, tracking, and characterizing food pathogens. WGS will improve food safety practices, identify foodborne illnesses earlier, enhance decision making in outbreak detection and surveillance. My submission was selected which made my day but then I had to create, get my poster approved, and printed out. Long story short, I got it approved and printed out and it came out beautiful (Photo 1). One of the highlights of presenting was when RADM Sylvia Trent Adams came by and looked at my poster and took a photo with me. It is always a joy to see and talk with RADM Trent Adams (she is phenomenal) and to take a photo with her is a super special treat (Photo 2).

I mentioned first on my list was to participate in setting up the Lab Cache. I had such an incredible experience and time with CDR June Germain, LCDR Christopher “Chris” Le, and LCDR Jessica Damon. Thanks, LCDR Le and LCDR Damon for organizing this event. While most officers were in classes such as BLS or leadership training that Monday of the symposium week, well the MLSPAG Technical Readiness Subcommittee were at the FCC. I am so thrilled that I got hands on experience opening and assembling the lab cache. It was a lot of fun. Not to mention the camaraderie with my fellow officers. I took a bunch of photos

and it pained me to choose the best 6 (Did I mention I took over 100 photos at the symposium?). We took a spectacular group photo (Photo 3) and there were great photos of what the lab cache looked before it was opened; how nicely packed the contents are inside, and how many supplies there are once you see it laid out (Photos 4-8).

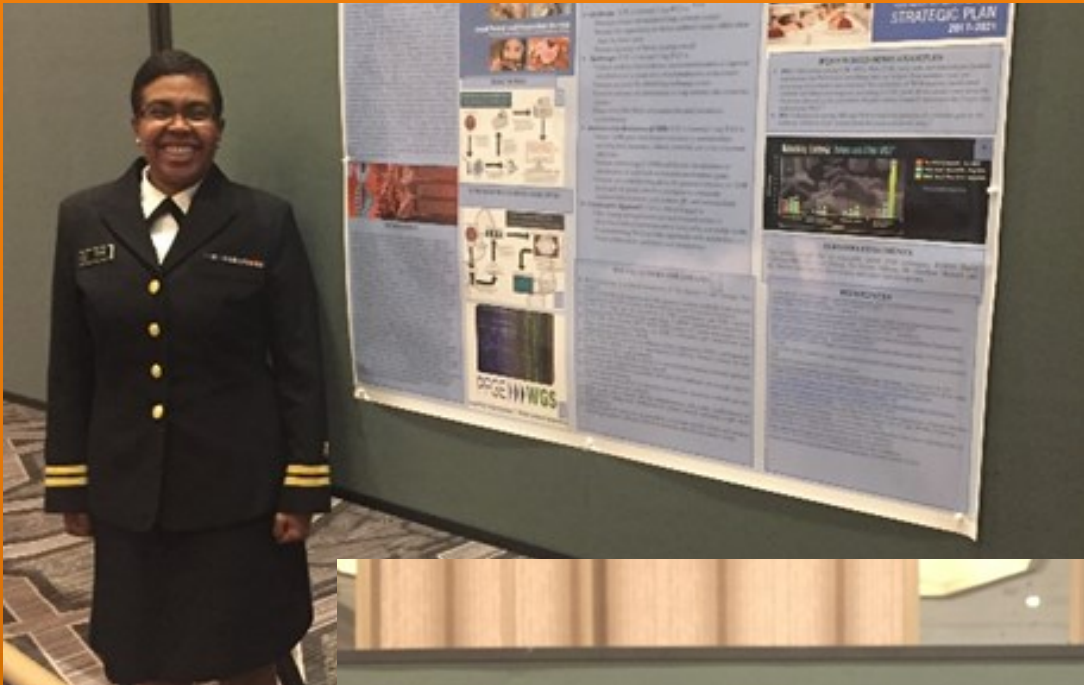
The 2018 USPHS Symposium kept getting better. Thanks to LCDR Jessica Damon for having an extra ticket that she graciously gave to me enabled me to attend the Anchor and Caduceus Dinner, which was a lot of fun. The speaker was superb, the food was great and everyone at my table was great. When I approached the table, there were officers there (four seats were left) one for LCDR Damon, one for my mentor CAPT Rector, one for CDR Fujardo, and one for me. I noticed they were all staring at me and at the same time they said your teeth look awesome. I was like thanks so much and went through the story of my braces. Well, when we sat down, and everyone started introducing ourselves, I learned they were all dental hygienists (LOL). I took that as a huge compliment coming from them. We took some super photos too (Photos 9-12). My favorites are the gag photos where you have fun and act a little crazy. You only have a second to change your pose which LCDR Damon and I didn't know which is why we are shown running out of one of the photos. We were trying to make a costume change and "snap" there goes the camera. That was it the photographer said but the photo is super cute and funny. I did another one with CAPT Rector and CDR Fujardo. I knew before we took the photo that we had to get everything we needed before the camera started shooting. Those four photos came out funny too.

Along with attending great sessions, I had the honor of attending the ASCP Leadership Institute presentation. Thanks so much to MLSPAG Chair CDR Babatunde Oloyede for bringing this session to the MLSPAG Committee members, we had such a wonderful time. We learned a lot about the program and the many benefits it will provide to us. I could not resist in taking photos. Please check out the ASCP website and enroll in the Leadership Institute program. I have provided three super cool photos we took for those unable to attend the symposium can see how much fun we had (Photos 13-15).



I had some fun time away from the conference and ventured out to several social events that were being held by the different PACs. I wish I could share all those photos, but I had to be selective and slim down this article, and therefore I could not include photos from the social events. However, I am happy to be sharing memorable photos on the JOAG Step It Up! Subcommittee Symposium Walk, led by our very own LCDR Pamela Ogonowski along with scientist LCDR Tyann Blessington. Being the secretary of the subcommittee, I was thrilled to be able to participate this year (Photos 16-18). MLSPAG member LCDR Tameika Kastner also participated. GO MLSPAG MEMBERS!!!! WE ROCK!!!!

Finally, I had the ultimate blast at the Surgeon General's 5K Run. I didn't like that it felt like 100 degrees, but I had the opportunity to meet and talk with our awesome Surgeon General VADM Adams. VADM Jerome Adams even ran next to me and was saying good job and he took that super photo at the end of the race with me and my big brother LCDR Jorge Muniz Ortiz (Photo 19). Overall, I had a phenomenal time at the 2018 USPHS Symposium. I accomplished all my goals that I set out to do and I look forward to the next symposium. I would like to thank my mentors who suggested that I write an article. I hope all my fellow MLSPAG members enjoyed reading it and I hope you had a phenomenal experience too. For my final photo, I included the USPHS Symposium Welcome to Dallas, TX sign (Photo 20).



**Photo One: LT Shercoda Smaw and her poster.**

**Photo Two: RADM Sylvia Trent Adams and LT Shercoda Smaw at Poster.**

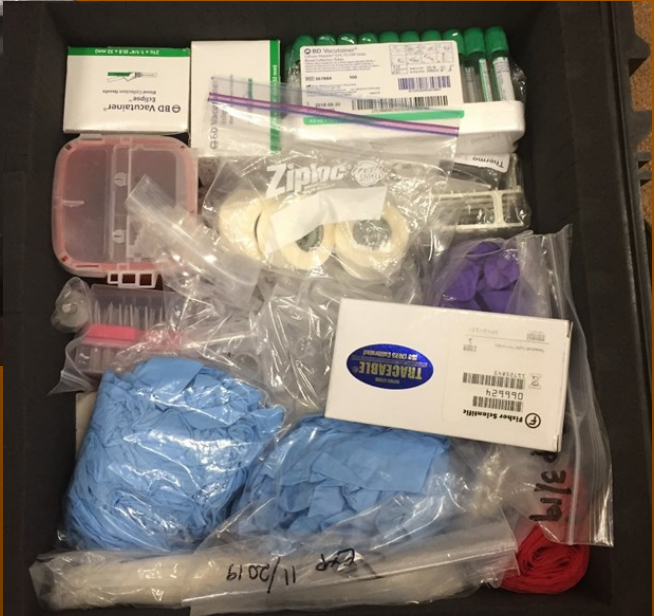


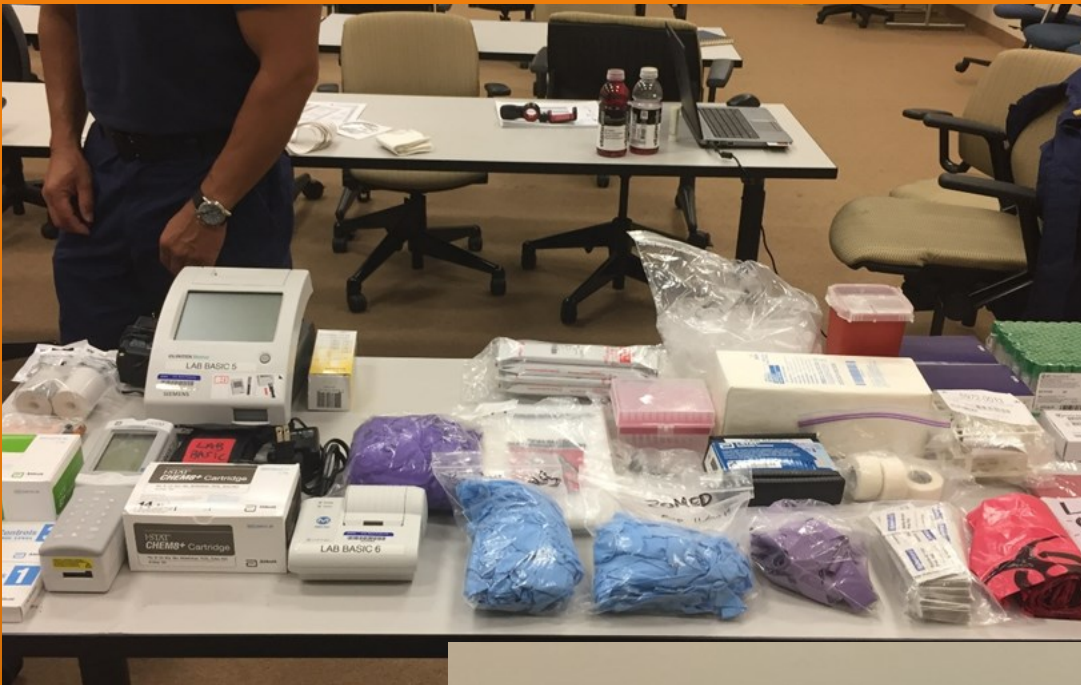
**Photo Three: LCDR Christopher Le, LCDR Jessica Damon, LT Shercoda Smaw, LCDR June Germain (Left to Right).**

Photo Four: LCDR Christopher Le with Lab Plus Cache #17 before opening it.



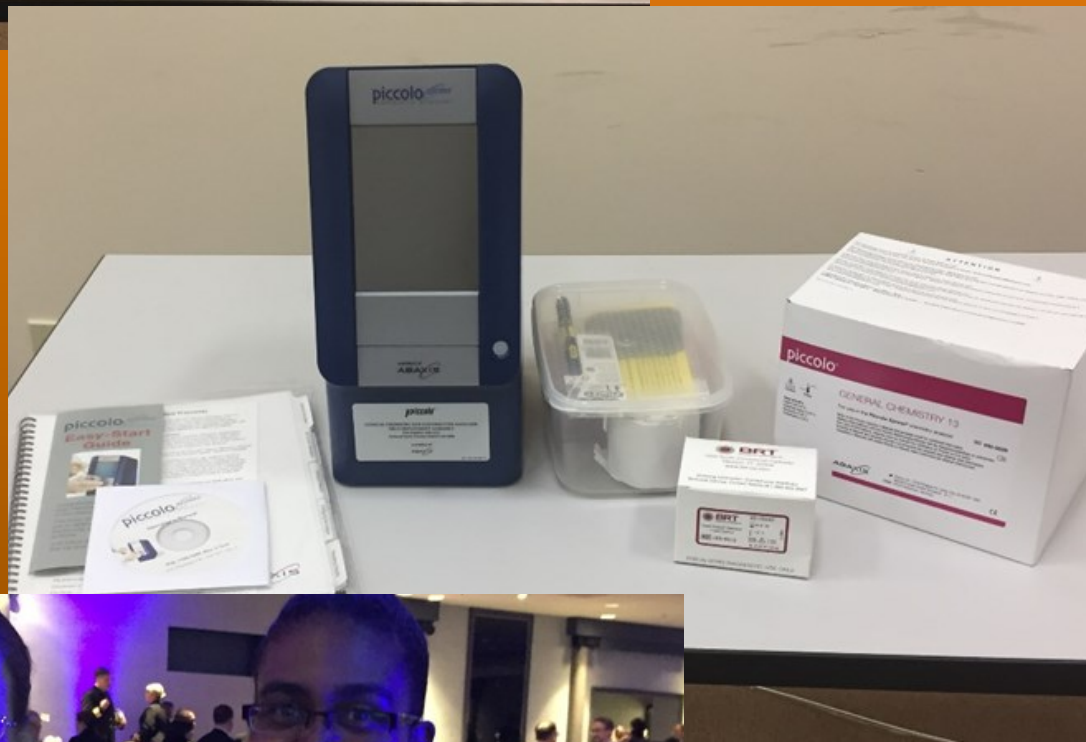
Photo Five: Opened Lab Cache.





**Photo Seven:** MLSPAG Technical Readiness Subcommittee Members (CDR June Germain, LCDR Chris Le, LCDR Jessica Damon, and LT Cody Smaw) set-up lab cache items and equipment on the table. LCDR Le is in the photo.

**Photo Eight: Piccolo Set-up.**



**Photo Nine:** LCDR Jessica Damon and LT Shercoda Smaw at the Anchor and Caduceus Dinner.

**Photo Ten: Group Officer Table Photo from Anchor and Caduceus Dinner.**

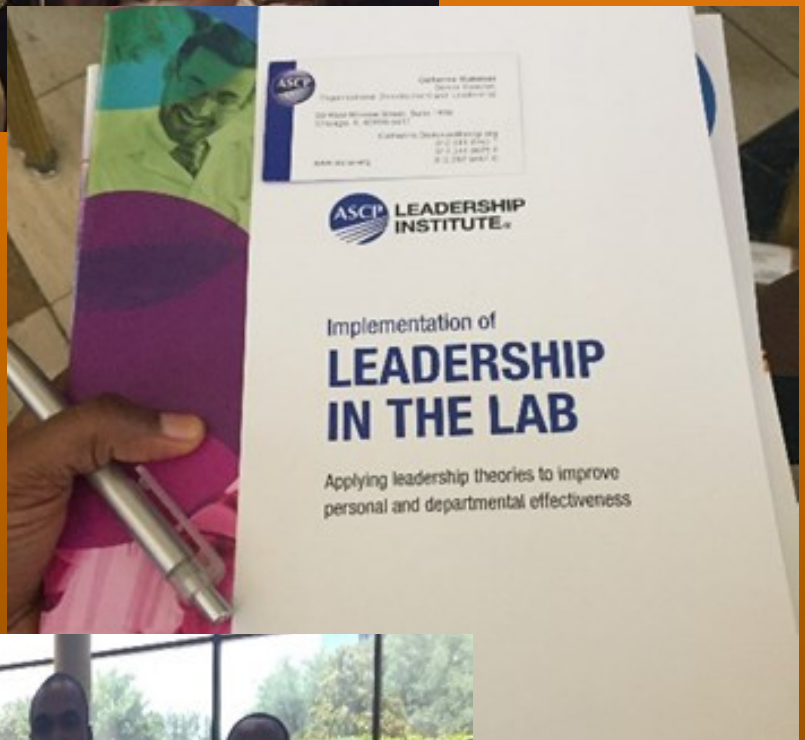


**Photo Eleven: LCDR Damon and LT Smaw at Anchor and Caduceus Dinner.**





**Photos Thirteen, Fourteen, and Fifteen: MLSPAG Officers at ASCP Leadership Institute Session.**





**Photo Sixteen, Seventeen, & Eighteen: JOAG Step It Up! Subcommittee USPHS Symposium Walk.**





**Photo Nineteen: Surgeon General's 5K Run: RADM Jerome Adams, LCDR Jorge Muniz Ortiz and LT Shercoda Smaw**





**Photo Twenty: USPHS Welcome to Dallas June 4-7, 2018 Welcome Sign.**

# *Professional Interviewing Tips*

By: LCDR Richard Bashay III

## **Preparing for the Interview**

1. Know something about the organization you are applying to, the panel will ask you why you want to work there and want you to tell them something about the organization. They don't expect you to know everything, but you should know something about the organization i.e. mission statement, population served, and organizational structure.
2. Know something about the position for which you have applied. Have a good answer ready for why you want to work there and why you applied for that particular position (leave out the fact that you really just need a job). If you are not sure which position they are calling you about, ask when they call to setup the interview. It is ok, and preferable, to ask for this clarification up front. They know you may have applied for multiple positions. Just ask, so you can be prepared for the interview.
3. Be prepared with your references if asked.
4. Review the top 20 interview questions listed on throughout the internet. The government uses these common questions. <https://www.thebalance.com/top-job-interview-questions-and-answers-2061226>
5. Bring paper and pen – be prepared to write down the names of the people who are on the interview panel. Understanding you will be nervous, if necessary jot down questions to ensure you answer them in full. Also, write down items you need to follow up on, especially requests made by the panel or promises you made in turn. It does not look good to forget to follow through on their first request.
6. Most interviews are done via Skype, WebEx, or some other video platform. Be sure your Service Dress Blues are ready. Don't wear casual dress (i.e. service khakis or ODU's), rather, put effort into your appearance to show the panel you know how to present yourself and therefore, will also be able to represent the agency well. It shows the panel that you put effort into your appearance. Remember, you want to represent them, and if you don't look like you can dress yourself, then you won't represent them well.  
If they ask for you to test your computer to see if it is capable of video conferencing, then you should do so before the day of the interview. The panel can call if necessary; however, it does not look good to make last minute changes because you did not prepare your device.
7. Make sure to take into account time zone differences. A number of people have missed the interview just because they forgot to figure out the time correctly. Do I add 2 hours or subtract...hmm?

## During the Interview

1. Arrive early for the interview. If you are on-time you are late. If you are 10-minutes early you are on-time.
2. Bring the energy for 1-hour. Now don't drink 3 cups of coffee, but appear excited to be interviewed. It comes across to the people who are asking the questions. There is nothing worse than interviewing someone who isn't excited about it.
3. Smile and be happy. People like people who are happy. Smile during the interview and make eye contact with the interviewers. It is only one hour. You can do it. Plus, people can hear a smile, even though the phone.
4. You will be nervous. You will probably say something less than perfect; however, all that is often overlooked if you come across as intelligent, confident, and eager to work with the organization. Remember, you aren't a dumb person. You passed college and joined the USPHS. So, now just show them that you are eager to join their team.
5. Please leave your ego at the door. They will want team players who are eager to join the team. It is not their privilege to be interviewing you. You may feel that way, but you should probably keep that to yourself until you are offered the position.
6. Most people qualify for the job if they are getting interviewed. Most people don't get the job, because they talk the people out of giving it to them. For example, telling the interview panel that the work life-balance is very important to you...well guess what, it is to everyone. Also, do not tell them that you don't like to work weekends, especially if you know the position may require it.

Ask someone else who works for that organization about their experiences with the organization, likes and dislikes. Ask them any questions you like, but do not ask those questions to the interview panel. The following are a few quotes/questions to never say during an interview,

### **Things you should not say include:**

- "I thought this was a Monday thru Friday job?"
- "Do you cancel leave very often?"
- "For PHS officers, how many hours am I expected to work during a normal week?"
- "I heard that you have to travel for this job, but I don't like to travel. How often does this position require?"
- Don't bring up negative feelings with past employers or fellow employees.

This is the biggest issue I see during interviews. They tell the panel what they are and are not willing to do, when asked if they will work hard to protect public health. You need to tell the panel why you want to protect public health and that you will work hard to do so. If applying for an administrative position, weekends are not often required. For those in clinical positions, as the person with the least seniority you may have to work weekends, evenings/nights, and holidays. Be flexible if you truly want the position. This is when we take it to the next level and show our worth. Do not talk yourself out of a job.

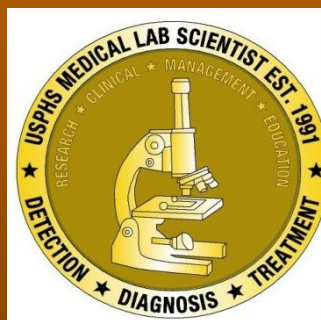
Have your own questions ready. Remember you are interviewing them just as much as they are interviewing you.

- What is your supervisor's leadership style?
- Why is the position you are interviewing for currently vacant? i.e. did the person leave after 3-months because the supervisor is a tyrant, or did they retire after working there for 28 years?

### **Following the Interview**

1. Be sure to send a thank you note or email to everyone that interviewed you within 24-hours of the interview. This will make you stand out.
2. Immediately send the point of contact any requested information i.e. references, writing sample, last 3-COERS.

**Good Luck!**



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