



(photo taken in California while on assignment for the BOP)

LCDR Sherri A. Wheeler is currently servicing as the National and Residential Continuing Medical Education Coordinator for the Federal Bureau of Prisons located in Washington, D.C. In addition, LCDR Wheeler is currently the lead project manager for the Isoniazid-Rifapentine Protocol for the Federal Bureau of Prisons, as well as the N-PAC Executive Secretary.

LCDR Wheeler has been a Commission Corps Officer since 2008. She is a graduate of the Johns Hopkins University School of Nursing. She began her career with the Federal Bureau of Prisons, detailed to the Federal Medical Center in Devens, MA, where she served as a senior clinical nurse. LCDR Wheeler is currently enrolled in the Doctor of Nursing Practice Program - Family Nurse Practitioner concentration at the University of Massachusetts - Amherst, expected to graduation May 2015. LCDR Wheeler completed 30-hours of Master Education courses from Walden University before transferring into the DNP-FNP program at UMASS-Amherst. LCDR Wheeler is also a board certified educator with a Bachelor Degree in Chemistry from the University of South Carolina - Columbia.

LCDR Wheeler is the wife of a Commissioned Corps Officer, the mother of a member of the U.S. Army Special Forces and U.S. Navy Master-at-Arms.

My most challenging/difficult nursing experience was when I was serving at Grady Memorial Hospital in 5A-Telemetry. I had a patient who came in via ambulance experiencing an STEMI. When I went to assess the patient she grabbed my stethoscope and began to choke me. I didn't know what to do, so I look her square in the face and said, 'You better let go', and she did. Once the patient was stabilized, I was able to review her medical records to find a psychiatric diagnosis. That experience taught me to always be cautious when dealing with new admissions, for there are those who have behavioral or mental illness that may cause harm to caregivers, unknowingly or out of fear.

My most rewarding nursing experience was working with a dying inmate at FMC Devens. The inmate had a terminal illness. When I performed his initial intake to my unit I had to ask him questions about visual marking on his person. He told me that he had a tattoo of a cross on his back. When I went to assess the tattoo it was not a cross but a Swastika. We talked about racism, and his conversion to Christianity, the reason for him calling the tattoo a cross. For nearly three months I was able to provide care for this inmate. He passed away quietly, but was at peace with himself and his God when he died. I was able to see how spirituality plays an extremely important role in the care of patients with terminal illness.