



Nurse Corps News

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Inside this issue:

Director's Corner	1
Reserve Corner: Continuing Education	2-3
Ask the Admiral	3
Army-Baylor Graduate Program	4
Specialty Leader Updates (1945/1950/ 3130)	5-7
Leadership Opportunity: FNP Specialty Leader	8
FBCH Receives Baby Friendly Accreditation	9
Disappointed by Recent Promotion Board Results? Call Your Detailer!	10
USNS Mercy Makes History at RIMPAC	11-14
Bravo Zulu	15



Submit your articles, photos, and BZs through your chain of command to

NCNewsletter@med.navy.mil

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Director's Corner

“Clinical Leadership: The 21st Century Model for Navy Nursing” outlines why and how we must be ‘Ready 2B Ready’ to provide caring, compassionate and competent care, anytime, anyplace. The Professional Development, Clinical Specialization, and Advanced Education chapter states that “nursing professional development is the lifelong process of active participation in learning activities that assist in developing and maintaining continuing competence, enhancing professional practice, and supporting achievement of their career goals (ANA, 2004). Staff development, academic education, and continuing education are all pieces of the Navy Nursing career journey; and each plays an important role as nurses gain knowledge and confidence in their abilities to care for our unique patient population.”

Countless staff development, academic education, and continuing education opportunities and pathways are available to professional nurses and Naval Officers. Mentors, leaders, and significant others may provide input, but ultimately the individual is responsible for developing his or her career goals and the plans to achieve them. The Navy Duty Under Instruction program (DUINS) provides one pathway to career goals and is the focus of this newsletter. However, DUINS may not be the right choice or available to all, so I encourage mentors, leaders, and friends to be familiar with, share information on,

and be supportive of alternate educational pathways.

For those who set their sights on the DUINS program, it is important to understand its purpose and structure. The DUINS program exists to meet manning needs in critical specialty areas. CAPT Mark Copenhaver is our Nurse Corps DUINS program manager at the Navy Medicine Professional Development Center (NMPDC). His many responsibilities include frequent communication with academic institutions, oversight of Nurse Corps DUINS students, and most importantly development of the annual training plan. The training plan follows a complex analysis of subspecialty code manning projections. It is a coordinated effort with the Nurse Corps Office, BUPERS staff, and the Nurse Corps Community Manager to determine training needs to meet current and emerging requirements in the Nurse Corps and Navy Medicine. The plan is released each spring for a fall selection board; BUMEDINST 1520.27 outlines specifics.

I wish each Nurse Corps Officer who wanted to take advantage of DUINS could do so. The DUINS budget creates limits, however, and the increased education requirements associated with the Doctor of Nursing Practice (DNP) for the Licensed Independent Practitioner community has forced a reduction in opportunities – 60 total for FY15. Limited opportunities



Rebecca McCormick-Boyle RADM, NC, USN Director, Navy Nurse Corps

render DUINS selection even more competitive. Those interested in taking advantage of it will need to plan carefully to ensure the timing is right and a noteworthy application is submitted. Communication with mentors, nursing leadership, and detailers is critical to planning for DUINS. For those privileged to be selected for DUINS, stay in touch with the team at NMPDC to ensure academic and other military requirements are met.

DUINS is an investment *by the individual* in his or her professional growth, but it is also an investment *by the Navy Nurse Corps* for the future. For those applying to DUINS for the FY15 opportunities, I wish you the best of luck with your application and thank you for your continued interest in supporting the clinical and professional needs of the Navy Nurse Corps.



Follow the Admiral on Twitter
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Reserve Corner: Continuing Education



Tina Alvarado
RDML, NC, USN
Deputy Director:
Reserve Component

Continuing professional education for Navy Reservists is a priority at the highest levels of our leadership ranks. The Chief of Navy Reserve, Vice Admiral Braun, states in the Commander's Intent 2014 newsletter that the Navy Reserve Force must "invest in the people to ensure they have the tools, training and resources necessary to support their service to our nation." In tandem with this statement is one of the Admiral Braun's strategic goals which relates to the need to "invest in leadership training and education to ensure our future leaders are well prepared to lead the Navy Reserve." The need for continual learning to improve and maintain clinical relevancy to practice at the top of his/her clinical specialty is paramount to the Navy nurse. The

Nurse Corps career progression ladder also addresses on-going leadership training to also ensure our Nurses are superior officers.

The various continuing medical education support systems provide funding to members in order for them gain or maintain clinical skills in a variety of operational settings. As per the Accreditation Council for Continuing Medical Education, continuing medical education (CME) is defined as "educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession." Navy Medicine utilizes this definition as a guideline and expands the definition to include educational training for all healthcare professions, including nursing.

Navy Medicine Professional Development Center (NMPDC) assists with guiding the Reserve member to identify and apply for specific CME educational courses and programs, both in the clinical or leadership continuum. The specific funding source used for these programs is known as Active Duty for Training in Continuing Medical Education (ADT-CME). This funding type

allows members to receive monetary support, including per diem and pay for an approved course. BUMEDINST 1500.15E defines courses, such as Trauma Nursing Core Course and Advanced Cardiac Life Support, which will receive priority funding when a member holding a specialty billet (e.g., critical care), which requires this specific training. Once a member obtains the required billet specific training, they can move on to other officer leadership classes such as the required Naval Reserve Unit Management (NRUM), Senior Officer Leadership Course (SOLC), and the Advanced Officer Leadership Class (AOLC). The Reserve Nurse Corps Career Development Board (CDB) guidelines help to identify which specific courses may enhance a member's career. The CDB guidelines are rank specific, from Ensign to Captain. Other senior leadership courses such as MedXcellence, CAPSTONE, etc., are offered on a limited seat quota basis by NMPDC or the Defense Medical Readiness Training Institute (DMRTI) and are available with endorsement from the member's Commanding Officer. Unfortunately, due to the recent DoD guidelines on conferences, no civilian conferences will be funded by Navy Reserves. Civil-

ian courses (NOT CONFERENCES) will be reviewed on an individual basis.

Another CME training source is Swank Healthcare, which provides numerous online courses that offer CME credit. A member is able to earn retirement points for completing these courses per BUPERINST 1001.39F. For every three hours of authorized non-resident instruction successfully completed, one retirement point will be credited. Currently, the maximum number of retirement points that can be obtained per anniversary year is 20 for ASP/IRR members and a maximum of 35 points for Selected Reserve (SELRES) members. Only a maximum of two inactive retirement points can be awarded per day and the member cannot be on any type of orders during that day.

No online courses can be approved for drill credit/pay, per RESPERSMAN 1570-020, Section Six – Telecommuting, as of 5 June 2012. Courses can only be submitted for retirement point capture only.

A member can submit a memo for retirement point capture using the following format:

(continued)



Reserve Corner: Continuing Education (cont.)



To: Commander, Navy Reserve Personnel Center, PERS 912

From: Your name and last 4 of your SSN

Subj: ONLINE CE FOR RETIREMENT POINT CREDIT

RE: Course certificates for verification purposes

Make a closing remark after you identify the courses taken, sign the letter and remember to send your certificates to:

Commander, Navy Reserve Personnel Center
PERS 912
5720 Integrity Drive
Millington, TN 38055.

Contact PERS 912 at (866) 827-5672 for any questions on retirement points. Fax number is: (901) 874-7044. Be

sure to include your full name, SSN, Unit, and contact phone number on your memo.

Appropriate training and continual pursuit of new knowledge and skills is of paramount importance to the Navy Reserve. The individual member must establish a personal training plan through their chain of command to identify their priority training needs. The Senior Nurse Executive can guide members to training opportunities that maximize clinical competency, operational readiness and leadership skills. Additional sources of training expertise are available through your unit training officer or the [Navy Medicine Reserve Training Liaison](#).

Two other programs of interest include the Train-

ing in Medical Specialties (TMS) and the HM to BSN program. The TMS program has been used as a recruitment tool for new accessions; it is currently under review to determine the feasibility of broadening the scope of the program to promote the retention of specific undermanned, critical wartime specialties within the Nurse Corps. Stay tuned for more information as it becomes available.

The Navy Reserve offers many continuing education options for nurses and we are always on the lookout for ways to improve training options. Through judicious planning and specific goal-setting, the Reserve nurse can utilize various options including Annual Training, Individual Drills and IDTT,

ADT, ADSW, and ADT-CME to maintain a high level of clinical proficiency and enhanced knowledge base. Such training benefits the individual nurse and can add career progression opportunities in both their civilian job as well as the Navy. However, the most important beneficiary of professional continuing medical education is of course our highest priority: our Navy patient.



Ask the Admiral



What is it that you enjoy most about being an Admiral?

Being an Admiral allows me to remain on active duty. I love, love, love being in the Navy, being a Navy Medicine Shipmate, and being a Navy Nurse Corps Officer.

I believe in our mission and am grateful

for the opportunity to help accomplish it while positioning the Nurse Corps for the future.

My favorite activity as an Admiral is when I am able to meet with fellow Nurse Corps Officers, of all ranks. Each of us has a unique story and each of us has our own personal priorities and recommendations for how Navy Medicine and the Nurse Corps is led and managed.

I learn greatly from these interactions. I may not be able to be all things or do all things for all people, but I can listen and in listening I learn and bring the ideas and suggestions forward with me.



Nurses:
Do you have a question for our Admiral?

**Post your question to
NCNewsletter
@med.navy.mil
For an opportunity to**

“Ask the Admiral”



Army-Baylor Graduate Program

Lynn Downs, CAPT, MSC, USN



The 2015 Class of Navy and Coast Guard students with the residency sites listed are pictured above. ENS Richard Gonzales, MSC, USN (University of Texas Health Science Center); ENS Samuel Woodson, MSC, USN (Walter Reed National Military Medical Center); LT Tina Stefaniuk, USCG (Kaiser System North); ENS Juan Gomez, MSC, USN (Fort Belvoir Community Hospital); LT Liliانا Balcazar, MSC, USN (Scripps Memorial Hospital); and LCDR James Ketzler, NC, USN (Baptist Health System North).

On 20 June, the Army-Baylor Graduate School of Health and Business Administration celebrated the completion of the didactic year for the class of 2015 and welcomed the class of 2016.

The Army-Baylor University Graduate Program in Health and Business Administration is located at Fort Sam Houston, San Antonio, Texas. The two-year program consists of a didactic phase and a residency phase. During the 12-month didactic phase at Fort Sam Houston, Army-Baylor students complete 57 hours of graduate coursework toward a Master of Health Administration (MHA) awarded by the Baylor University Graduate School or, alternatively, 78 hours toward a joint MHA/MBA degree from the Baylor University Graduate School and Baylor University School of Business.

The program is fully accredited by the Commission on Accreditation of Healthcare Management

Education (CAHME) and the dual MHA/MBA degree is awarded with accreditation standing from the Association for the Advancement of Collegiate Schools of Business (AACSB).

The 52-week administrative residency provides students an opportunity to integrate graduate management and health administration concepts and principles in an applied setting under the supervision of a highly qualified preceptor. Residency slots are available at numerous civilian and military hospitals throughout the United States and Europe, including Johns Hopkins, Mayo Clinic, Cleveland Clinic, Massachusetts

setts General, Scripps Memorial Hospital, Baptist Health System, Kaiser Permanente System, Cleveland Clinic, Walter Reed National Military Medical Center, Naval Medical Centers San Diego and Portsmouth, Tripler Army Medical Center, and Landstuhl Regional Medical Center, just to name a few. Residents receive thorough exposure to various organizational challenges in the marketplace and complete a portfolio of projects to enable organi-

zations to operate more efficiently and effectively. The residency earns the student nine credit hours toward a total of 66 credit hours for the MHA and 87 total credit hours for the dual MHA/MBA degree.

According to U.S. News & World Report, the Army-Baylor MHA program is ranked #11 in the nation.

Both the 2015 and 2016 classes consist of 54 students from the Army, Air Force, Navy, Coast Guard, Veteran's Affairs, and civilians from the Department of the Army and have diverse backgrounds to include physicians, nurses, administrators, social worker, and physician assistants.

For more information on the Army-Baylor program visit the [website](#) or contact [CAPT Lynn Downs](#).



The incoming class of 2016 of Navy and Coast Guard students is pictured above: ENS Jujuane Hairston, MSC, USN; ENS Owen Pitrone, MSC, USN; ENS Cayce Stepp, MSC, USN; LCDR Christina Lumba, NC, USN; LTJG Gomez-Rivera, MSC, USN; and LT Frank Morrison, USCG.



Specialty Leader Update: ER/Trauma Nursing (1945)

Greetings Navy nurses! It's a pleasure to share with the world-wide Nurse Corps all that is going on in the 1945 ER/Trauma specialty. I want to extend a special greeting to all 1945 nurses who are deployed throughout the world. Please be assured that your colleagues and I are grateful for your sacrifice and are standing by to support you in any way possible. Please reach out to me via email or phone, whichever you can, and let me know how I can be of assistance.

I had the honor to meet with RADM McCormick-Boyle to discuss the road ahead for 1945s, specifically regarding the status of the standardization for orientation discussed in my last newsletter update. We also discussed the operational tempo and future DUINS opportunities for the specialty. The proposal to standardize emergency nursing orientation throughout the Navy is pending feed-

back and approval and it is my hope to implement this standardized program in the coming year. We discussed the future of nursing with regards to the shift to doctoral programs and the concerns and the need to work with other services to develop an appropriate strategy that will address military nursing needs.

One of the more exciting projects that I have been working on of late is cultivating a cohesive relationship with the Critical Care and Operational Specialty Leaders. Although all Specialty Leaders share a common goal of guiding the Nurse Corps into the future, CDR Eddie Lopez, CDR Carl Goforth, and I have recently been collaborating towards a common goal of ensuring the En Route Care instruction and certification requirements meet current mission needs. Currently this advanced skill set has an expiration date of three years from completion, regardless of experience and utili-

zation. Our goal is to ensure the instruction and method of attaining the designation are relevant to meet mission needs and provides a mechanism for recertification for those nurses who have attained the training and experience.

Finally, I wanted to inform the community that I will be PCSing from my current location at the Naval Medical Center in Portsmouth. The operational tempo these days continues to demand readiness, and I want to thank all those who I have volunteered to deploy. These are very fluid times for the military as we modify and react to the world stage. Please continue to be flexible and although you may volunteer and not deploy, your readiness is essential and your willingness to serve anywhere, anytime does not go unnoticed. As your Specialty Leader, it is an honor and privilege to serve with you!



Daniel D'Aurora
CDR, NC, USN

Edited by: CAPT
Kristen Atterbury

* Interim specialty leader point of contact during PCS move 31 July-08
August: [LCDR Danilo Garcia-Duenas](#)

DNS/SNEs:
Would you like to see your command featured in our new Spotlight on a Command section?

Contact us to find out how!

NCNewsletter@med.navy.mil



Special Leader Update: Perioperative Nursing (1950)



Carol Burroughs
CDR, NC, USN

Over the past six months, our Perioperative Community has continued to make progress in the “way forward.” With the establishment of the Navy’s Surgical Service Product Line Team (led by CDR Gruschkus-Wright), the continued joint efforts with our sister services, and the collaborative actions taken by our Department Head Leaders, this community has evolved into a productive nursing workforce that has identified the requirements to improve upon our clinical excellence and business practices.

Around March of this year, CDR Gruschkus-Wright and her team (CDR Bunten and HM1

Matthews) were tasked with defining and aligning business rules to optimize surgical service capabilities. This is not an easy undertaking, but they have reached out to the perioperative community, surgeons, and joint service leaders to ensure necessary changes with surgical operations are fully captured and standardized.

We continue to work jointly alongside our sister service perioperative communities. The Navy led the establishment of three initiatives: Best Clinical Practices within both the Operating Room and Sterile Processing, as well with the development of a staffing model. We realized that we differed in areas where we shouldn’t (e.g., surgical attire) and are taking steps to correct these differences.

LCDR Trotter leads a joint team that has established several Operating Room “Best Clinical Practices.” These practices are reviewed and approved by the Army, Air Force, and Navy Perioperative Specialty Leaders. Similarly, CDR Reed heads a joint team that has begun the standardization

process in surgical instrument set nomenclature. Their leadership has been and continues to be instrumental in minimizing variation within enterprise practices.

Third, we have collaborated jointly to develop a perioperative staffing model/framework to include necessary administrative requirements based on MTF capacity. We are hopeful that this will provide our nursing leaders with a tool that will maximize the utilization of our staffing resources.

Finally, the Perioperative Department Heads and I continue to collaborate monthly to streamline efforts, identify issues/needs, and provide support to each other with forward movement. Great examples of demonstrated leadership are:

CDR Birdsong, LCDR Tessier, LCDR Ewy, and LT Nobbie provided assistance with the successful opening of a Birthing Center at Naval Hospital Oak Harbor.

CDR Thomas, LCDR Keith (NH Guam), and

CDR Goeckner (NH Pendleton) stood up perioperative services within two brand new, state of the art facilities.

Wow! It’s amazing to see what we can accomplish!

It has been a productive six months and I am excited to see the results of our continued efforts. The Perioperative Community leads the way in demonstrating their ability to establish and execute forward movement as an enterprise-wide specialty.



Specialty Leader Update: Healthcare and business Analytics (3130)

Healthcare and Business Analytics is a collective of highly talented, unique specialties within the business arena.

Many of our specialties are specifically billeted due to the unique skill set required for certain positions. My role as Specialty Leader includes advising however the Nurse Corps detailers and placement officers manage the assignment process for ensuring the right nurse with the right skill set is placed into the right billet. Detailers may request my input if a command or Senior Nurse Executive were seeking a particular skill set that might be found in one of our communities: Continuous Process Improvement, Healthcare Administration, or Nursing Informatics. Joint Commission and Manpower billets are specific to the education, training and certification associated with those specialties and the detailers are the best resource for determining which opportunities exist. For guidance regarding any specialty within Healthcare and Business Analytics or if you desire to learn more about the specialties within this unique community, please don't hesitate to contact me. As a member of our

unique community, please reach out to your detailer regarding opportunities for assignment.

As the Specialty Leader, I have the opportunity to advise on Duty Under Instruction (DUINS) opportunities in our communities as well as provide input regarding a very competitive group of applicants. It is exciting to see the interest in our programs and discuss the various programs with the officers interested in pursuing DUINS opportunities in the Manpower Systems Analysis, Health Administration, and Joint Commission specialties.

As mentioned in my previous newsletter article, I've been participating in a working group with a common goal to define the Healthcare Business Operations skill set, which is proving to be a challenging process. The group may receive a boost from the results of the recent Military Health System Review, which showed a need for better preparation of staff in healthcare business operations. Stay tuned for updates as we progress towards this important goal.

LCDR Piper Struempf, the Nurse Corps Informatics Fellow at

BUMED, has begun working to define the Nursing Informatics career path. We will have more to report in the coming months, but if you are interested in informatics, please navigate to their [Navy Nursing Informatics MilSuite site](#) to participate in the discussions.

As I transition from my current assignment at the Bureau of Medicine and Surgery to Naval Medical Center Portsmouth, I have reflected on the opportunity to serve at headquarters and how the skills and knowledge attained can contribute positively to many career paths. You are empowered to serve Navy Medicine and our beneficiaries on a level unlike any other. Feel free to contact me if you are considering BUMED as a tour of duty and be sure to communicate with your detailer to determine if it is the right fit for you considering your specialty and experience.

I would like to welcome CDR Bobby Hurt to our specialty as the newest Joint Commission Fellow who will be serving at BUMED for his utilization tour.

Also, welcome to CDR John Eckenrode to



Lonnie Hosea
CDR, NC, USN, FACHE

BUMED M1 as the Nurse Corps Personnel Analyst.

For anyone interested in the Healthcare and Business Analytics, please check out our [MilSuite site](#).

Edited by: CAPT Kristen Atterbury



Have an idea for an article or photos of you and your colleagues doing what you do best?

Submit your articles, photos, and BZs through your chain of command to:

**NCNewsletter
@med.navy.mil**



Leadership Opportunity – FNP Specialty Leader



Kristen Atterbury
CAPT, NC, USN

Have an idea for an article or photos of you and your colleagues doing what you do best?

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@med.navy.mil

Applications are now being accepted for the Family Nurse Practitioner (FNP) Specialty Leader (1976) position for a three-year term beginning October, 2014. Specialty Leaders are appointed by and receive direction from the Surgeon General, and are responsible to serve as primary advisors via the Director, Navy Nurse Corps and Nurse Corps leadership. Specialty Leaders serve as liaisons for counterparts in other services and to Senior Nursing Leaders across all commands. The Family Nurse Practitioner Specialty Leader represents more than 100 Navy Nurse Corps officers as an advisor for policy and practice matters.

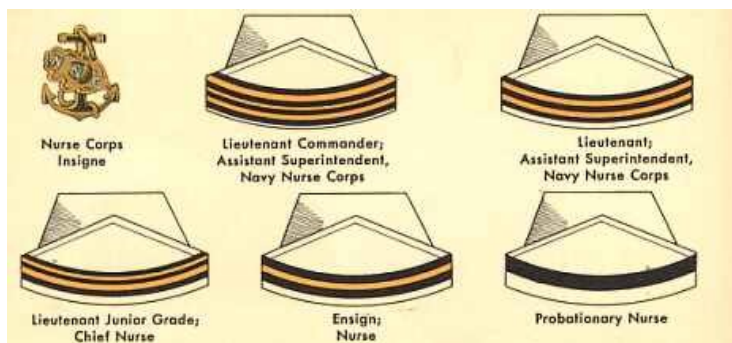
As this is a leadership position which inter-

faces with many senior leaders within Navy Medicine, ideal candidates present well, possess strong leadership and communication skills, and are considered subject matter experts in the specialty. Candidates who possess a strong record of clinical expertise and leadership and are currently active and in good standing within the FNP community (1976) will receive the highest consideration for this position.

Those interested in applying for this leadership position should forward a Statement of Intent, Biography, and Curriculum Vitae to CDR Barbara Mullen NLT 18 August. In addition, a Commanding Officer's endorsement is required to be submitted with all packages, which de-

notes command awareness and support of the nomination including the additional collateral responsibilities required of the position and support of funding for specialty leader-related travel when possible. All candidate packages will be reviewed by a board of senior NC leaders and a recommendation for selection will be made to the Nurse Corps Director for final selection and appointment by the Surgeon General.

For additional information regarding this great leadership opportunity, please contact the current Family Nurse Practitioner Specialty Leader, [CDR Barbara Mullen](#), FNP-BC, at (202) 433-3976/DSN: 288-3976 or [CAPT Kristen Atterbury](#) at (703) 681-8927!



Nurse Corps Legacy:

After December, 1942, Navy nurses wore a white cap with a black velvet band across the front. Gold 1/4 inch and 1/8 inch stripes on the band denoted their rank.

Nurses with the relative rank of commander or captain did not wear the white indoor cap.



Fort Belvoir Community Hospital Receives ‘Baby-Friendly’ Accreditation

Kristin Ellis, FBCH Public Affairs

Fort Belvoir Community Hospital (FBCH) has received the Baby-Friendly Hospital Initiative (BFHI) accreditation, affording patients the highest standard of care and consistency of information in how to feed and care for their baby.

The Baby-Friendly Hospital Initiative is an evidenced-based wellness program that provides families with a strong foundation in the early days of a baby’s life. With more than 90% of families entering the facility intending to breastfeed their new baby, BFHI ensures patients receive the same information on breastfeeding, infant feeding, and caring for their baby regardless of where they receive care in the hospital.

“In essence it is about empowering families to improve the health and well-being of their child and themselves,” said LTC Gabrielle Maybee, medical director of quality. FBCH “is serious about focusing on the wellness of the families in our community.”

The BFHI is a four-step, hospital-wide performance improvement process aimed at giving mothers and families the tools to be successful at initiating and maintaining breastfeeding within moments of delivery and up

until – ideally two years postpartum.

Baby-Friendly USA is part of an international group that works with hospitals globally, so this designation puts FBCH on the international map. FBCH is the second hospital in Virginia and third in the National Capital Region to receive this accreditation. The process is typically four years (or four “steps”), to include training all hospital staff members on the Ten Steps to Successful Breastfeeding.

“Baby-Friendly Hospital Initiative isn’t just a maternal child initiative, it is a hospital initiative,” said CAPT Jane French, former section chief for Maternal-Child and Behavioral Health Nursing. “No matter what role a staff member has in the hospital, all healthcare workers need to have some knowledge of BFHI, and be able to help the patients find the resources available within our hospital.”

In much the same way that The Joint Commission surveys a hospital, members of the accreditation team evaluated the



hospital processes and observed the providers and nursing staff on site providing the same care they do each day – patient-centered and patient-focused care. “Several quality initiatives were pivotal in our success the last few years and impressed our inspectors,” said Maybee.

The skin-to-skin project allows mothers having cesarean deliveries to have close contact with their infants within minutes of delivery instead of waiting until the recovery room. The Breastfeeding Resource Nurse course provided an additional lactation course for nursing and other staff outside the inpatient setting to improve the support that mothers and infants receive in all clinical spaces.

“BFHI certification tells our patients that we care

about the first days together as a family with the parents getting to know how to respond and care for their newborn,” said French. “The staff has been educated on how to support every parents feeding decision by giving them the information they need to be successful.”

Patients put a lot of research into where they want to deliver their baby, and how receptive and supportive the staff is to breastfeeding is important to today’s consumer, French said. With the Baby-Friendly accreditation, FBCH will give all mothers the information, confidence, and skills necessary to successfully initiate and continue breastfeeding their babies or feeding formula safely to enhance patient satisfaction and improve health outcomes.



Disappointed by Recent Promotion Board Results? Call Your Detailer!



Brenda Davis
CAPT, NC, USN

Have an idea for an article or photos of you and your colleagues doing what you do best?

Submit your articles, photos, and BZs through your chain of command to:

NCNewsletter@med.navy.mil

The new LCDR Selection List is out!

The list has been uploaded to MilSuite and can be viewed [here](#).

Congratulations to all those who picked up!

Failing to select for promotion is certainly very disappointing. However, the Nurse Corps Detailers can provide guidance for strengthening your record and helping you prepare for the next board. WE CAN HELP!

A key ingredient to improving your chances for promotion on the next board is calling your detailer sooner rather than later. Calling early gives you time to address issues you and your detailer identify during your counseling session. If you wait until the last minute to contact the detailer shop for advice, it is already too late.

When contacting your detailer for counseling, please provide a copy of your OSR, PSR, and any other relevant documentation that you feel need to be addressed. During your career counseling session, your detailer will review your record with you and make recommendations that could make your record more competitive or address issues that might not be readily apparent to the selection board.



Nurse Corps Detailers

CAPT Brenda Davis (901) 874-4038

brenda.davis1@navy.mil

- Captains
- Manpower
- Education & Training
- Executive Medicine
- Research
- BUMED

CDR Evelyn Tyler (901) 874-4039

evelyn.tyler@navy.mil

- Commanders
- Licensed Independent Practitioners
- Perioperative Nursing

CDR Laura McMullen (901) 874-4042

laura.mcmullen@navy.mil

- Lieutenant Commanders
- Lieutenants
- Operational Assignments

LCDR Aron Bowlin (901) 874-4041

aron.bowlin@navy.mil

- Ensign
- Lieutenant Junior Grade
- New Accessions
- Recruiters

Actions you should take right now include:

- 1) Review your Official Military Personnel File (OMPF) while you still have time to correct any issues.
- 2) Ensure your photo is up-to-date.
- 3) Ensure all of your fitness reports are in your OMPF.
- 4) Examine your fitness reports to determine if there are any gaps between your reporting periods.

5) Make sure that all of the documents in your OMPF are yours.

6) Review your OSR and PSR for completeness and accuracy.

Recognizing areas in your record that could be improved upon and taking action now gives you the best chance for selecting for promotion during the next board cycle.

Call your detailer!



USNS Mercy Joins RIMPAC—Makes History, Demonstrates Navy Medicine

Articles by MC3 Pyoung Yi and MC3 Justin Galvin, Public Affairs
Compiled and Edited by LT Edward Spiezio-Runyon



USNS Mercy (left) and China's People's Liberation Army (Navy) hospital ship Peace Ark (right) transit together during the RIMPAC Exercise 2014. (U.S. Navy photo by MC3 Pyoung Yi)

The Military Sealift Command hospital ship USNS Mercy (T-AH 19) departed Pearl Harbor on 15 July to participate in the sea phase of Rim of the Pacific (RIMPAC) Exercise 2014, the world's largest international maritime exercise. Twenty-two nations, 49 ships, six submarines, more than 200 aircraft, and 25,000 personnel participated in the exercise from 26 June

to 01 August, in and around the Hawaiian Islands and Southern California.

For the first time in its history, RIMPAC has included hospital ships and brought the international military medical community together to meet and share ideas. Mercy was joined in the exercise by the People's Liberation Army (Navy) hospital ship Peace Ark.

While underway, Mercy participated in various events including simulated medical evacuations (MEDEVAC), a mass casualty exercise, subject matter expert exchanges (SMEE), and training courses with other RIMPAC participants.

"I am looking forward to operating with different allied partner nations," said CAPT Michael Perkow,

mission commander aboard Mercy during RIMPAC. "This is a great opportunity for everyone to learn together and operate in a multinational environment."



Mercy: Subject Matter Expert Exchanges

SMEEs took place with medical personnel from multiple participating nations. "The SMEEs are for Mercy's staff to learn best practices other navies have developed and also for our allied partners to learn some of our best practices," said CAPT Perkow.

Along with a subject matter expert panel, officials from the armed forces, government agencies, and non-governmental organizations presented on issues relating to Humanitarian Assistance/Disaster Relief (HA/DR). The panel's purpose was to exchange ideas and provide information to RIMPAC medical participants

on HA/DR response operations, according to RDML Colin Chinn, command surgeon for U.S. Pacific Command. It also offered a unique opportunity for attendees to share personal stories from first-hand HA/DR experiences.

"We're getting an opportunity to hear from our other partner nations of RIMPAC," said RDML Chinn. "We're hearing their approaches and, perhaps, we can learn from their successes and we can share our lessons learned as well."

Attendees included military medical personnel from Australia, Canada, the People's Republic of China, New Zealand, the Republic

of the Philippines, and Singapore.

"RIMPAC was designed to bring nations together to increase interoperability," said CAPT Darin Via, U.S. Pacific Fleet surgeon. It served as "a microcosm of not only international interoperability, but of that interoperability expanded to interagency and non-governmental organizations. To have this much exchange of knowledge capabilities, and what different organizations bring to a humanitarian assistance-disaster response scenario, is unheralded and never been done at RIMPAC."

The panel provided a gath-

ering place for military medical personnel to exchange ideas and increase their collective knowledge base. "We're here together at RIMPAC for the first time," said Chinn. "Medical is one of the major focus areas, which is a major accomplishment. Another highlight of this event is the fact we have both Mercy and Peace Ark here. We're seeing this great exchange between two crews... and I'd like to see that continue."



Mercy: Multinational Trauma and Preventative Medicine Courses

From 21 July to 23 July, the Mercy, in conjunction with Canadian military medical personnel, hosted three trauma care courses. The courses included advanced trauma life support, advanced trauma care for nurses, and pre-hospital trauma life support.

American participants in the classes included Mercy corpsmen, nurses, doctors, and Naval Academy midshipmen. Medical personnel from participating nations also attended the courses, which included lectures, presentations, practical assessments, and comprehensive exams accredited by the American College of Surgeons.

“Any anticipated trauma, either aboard Mercy or elsewhere, would require a high level of medical skills,” said LCDR Ressorreccion Macaspac, training officer aboard Mercy. “The courses, especially ATLS, enable providers the ability to offer advanced medical care in various situations.”

With a multinational field of participants,

the courses offered real-life scenarios to train students to respond to a range of HA/DR situations. “We want to make sure that we pass on the skills of trauma care,” said Canadian Army Major Andrew Beckett, ATLS

student course director and instructor. “If any humanitarian mission or multinational operation occurred, we want our interoperability to be seamless.”

To further the skill sets of hospital corpsmen, Mercy and Navy Environmental and Preventive Medicine Unit Six (NEPMU-6) also conducted classes on environmental health, industrial hygiene, and pest management.

“These classes offer a general overview of what we do with respect to preventive medicine,” said LCDR Toby Palmer, an entomologist with NEPMU-6. “It will also help them become better corpsmen who will know how to prevent diseases and prevent injuries further down the road.”



Many of the corpsmen in the class learned new and relevant information not typically received in a medical work environment.

“The most interesting aspect of the preventive medicine training thus far has been the food handling lesson,” said HM3 Stephanie Cilo. “It really gave me perspective on the importance of healthy practices within the galley and on the mess decks.”

Topics discussed throughout the week ranged from water quality and shipboard sanitation to infections and diseases transferred by insects. “As a corpsman you are expected to know and do a lot of things,” said HM2 Dylan Rich, a preventive medicine technician with NEPMU-6. “You never

know when you may be called upon to be a preventive medicine authority where you’ll have to draw on the information learned here.”

With Mercy’s missions largely consisting of humanitarian assistance and disaster relief, LCDR Palmer believes this training is of even more importance to those involved. “In the future they will be the ones going into Pacific Command’s area of operation and looking at different disease. They’ll have the ability to recognize some of the signs and symptoms and be able to make determinations on how to control and handle the diseases when they get there.”



Mercy: Mass Casualty and MEDEVAC Exercises



LCDR Alden Chiu performs a focused abdominal sonography trauma exam on a patient with a simulated torso wound during a mass casualty drill aboard the Mercy. (U.S. Navy photo by MC3 Pyoung Yi)

The mass casualty exercise simulated an oil platform accident with 40 patients being brought to Mercy, allowing the ship's staff to train in an environment in which a large amount of injured people are loaded onto the ship. The MEDEVAC simulations occurred between Mercy's task force and other participating ships. The simulations tested each ship's medical department's ability to respond and evaluate patients, and then decide whether they need to be brought to Mercy for a higher level of medical care. The drill's purpose was for Mercy's crew to practice coordinating between all of the medical components aboard the hospital ship, while receiving a steady flow of incoming patients who suffered injuries likely to be seen during a mass casualty scenario. Medi-

cal, aviation, and security personnel were all called into action in support.

CDR Aneglo Lucero, a staff member for Mercy's directorate for nursing services, looked forward to the exercise in order to test "our junior officers, integrating their skills and knowledge they've learned so far with our previous engagements with other

countries."

Simulation observers included medical personnel from the Canadian Armed Forces, the People's Republic of China, People's Liberation Army (Navy), and Naval Medical Center San Diego (NMCS D).

Some of the attendees who witnessed the fast-paced atmosphere of the drill were impressed. "I found the whole experience to exceed anything I've done or witnessed in my 21 year career as a nurse," said LTJG Mary Pelton, a nurse and observer from NMCS D. "The use of resources, the communication, the level of professionalism, and the mission in getting patients quickly

evaluated, it's the gold standard."

Seven patients with various mock injuries were treated. Simulated mannequins were also utilized to enhance training and make the drill more realistic. Posing as patients with mock injuries during the drill were two midshipmen from the U.S. Naval Academy. "The first time being wheeled into the casualty reception area, in that sort of trauma scenario, was very unique," said Midshipman 1st Class Vikram Mukherjee. "The medical team acted very quickly. You can tell they know what they're doing."

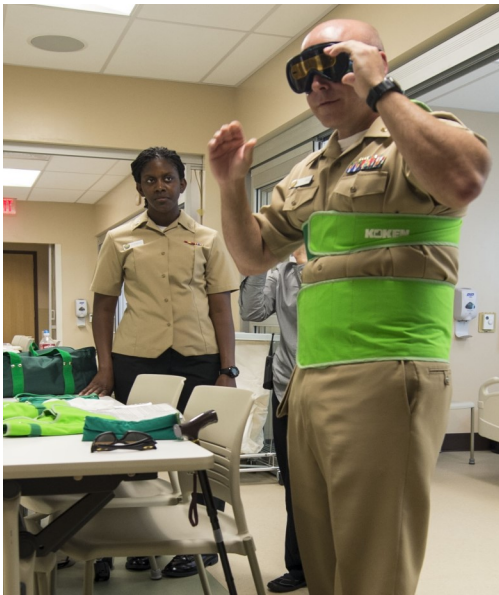
LTJG Nicole Ely, a nurse aboard Mercy, said the MEDEVAC drill, along with other drills the Mercy conducts, provides sailors experience with the ship's standard operating procedures when dealing with a mass casualty situation.



LCDR Alexander Ayzengart discusses the proper use of an ultrasound machine during a mass casualty drill aboard the Mercy as People's Republic of China, People's Liberation Army (Navy) medical personnel observe. (U.S. Navy photo by MC3 Pyoung Yi)



Mercy: University of Hawaii Medical Simulation Center Visit



CDR Richard Kutschman tries on equipment from the "Aged Simulator Kit" during a visit by Mercy medical staff to the University of Hawaii's (UH) Translational Health Science Simulation Center. (U.S. Navy photo by MC3 Justin Galvin)

Navy nurses, hospital corpsman and other medical staff serving aboard the Mercy also had the opportunity to tour and meet with the staff of the University of Hawaii's (UH) Translational Health Science Simulation Center (sim center) as part of a medical exchange taking place during RIMPAC.

The sim center, with functional life-like exam rooms, intensive care units, and operating rooms as well as a labor and delivery room, allow students to train in a safe environment while gaining hands on skills to take with them into the

field. "Having Navy personnel here is wonderful and offers us the chance to learn from one another," said Lorie Wong, an associate professor at UH and the director of the sim center. "Our

goal is to not only learn and educate our civilian staff, but witness the practices used in military nursing and see if and how they differ."

The tour of the sim center was only part one of the exchange as staff from UH toured Mercy later in the week to meet with medical staff and view the hospital ship's capabilities.

"The exchanges allow for us to focus on collaboration and team-building," said CAPT Veronica Armstrong, the Director for Nursing Services aboard Mercy. "It has provided us an opportunity to see how they train within their simulation center and look to incorporate some techniques into our own training."

CAPT Armstrong added that the medical exchange this week will look to have long lasting impact for the Navy. "UH is very involved in the South Pacific with ties to education and health services throughout the region," she said. "Their engagement offers the Navy oppor-

tunities for sustainment in to the future."

Through sharing of operational ability, knowledge, and skills, Mercy's participation in RIMPAC Exercise 2014 has showcased the Navy's medical capabilities to nations throughout the Pacific. As Major Beckett noted, "We're building relationships between our services and countries. It all goes toward helping provide better care for our patients."

Bravo Zulu!



HM2 Michael Costanza participates in a labor and delivery simulation. Mercy staff visited UH as part of a medical exchange taking place during RIMPAC. (U.S. Navy photo by MC3 Justin Galvin)



Bravo Zulu!



Certifications

- LT Justin Allen at Naval Hospital Yokosuka passed the Medical-Surgical Nurse (CMSRN) certification exam.
- LT Eric Banker at Naval Medical Center San Diego passed the Perioperative Nurse (CNOR) certification exam.
- LT Diana Cozzens at Naval Hospital Naples passed the Inpatient Obstetrics Nurse (RNC-OB) exam.
- LT Sarah Faris at Naval Hospital Guam passed the Certified Emergency Nurse (CEN) exam.
- LT Konstance Mackie at Navy Medicine Training Support Center passed the Inpatient Obstetrics Nurse (RNC-OB) certification exam.
- LCDR Christian Melendez at Naval Hospital Naples passed the Nurse Executive Advanced - Board Certified (NEA-BC) exam.
- LTJG Colleen Spiri at Naval Hospital Camp Lejeune passed the Neonatal Critical Care Registered Nurse (CCRN) certification exam.
- LT Jentry Vranian-Wade at Naval Hospital Naples passed the Critical Care Registered Nurse (CCRN) certification exam.
- LT James McLamb at Naval Hospital Guam passed the Certified Emergency Nurse (CEN) exam.

Education (Non-DUINS)

- LT Kyle Brown at Naval Hospital Naples received a Master of Science in Nursing: Nursing Leadership and Management with honors from the George Washington University.
- LCDR James Driscoll at Naval Hospital Camp Lejeune received a Master of Science in Nursing from American Sentinel University.
- LT Jamie Spiezio-Runyon at Fort Belvoir Community Hospital received a Master of Science in Nursing Informatics from Chamberlain College of Nursing.

Achievements

- LT Kelly Ricketts at Naval Hospital Naples was awarded the American Nurses Credentialing Center (ANCC) Board Certified Specialty Nurse of the Year Award for 2014. She was nominated for her accomplishments and contributions to the elevation of nursing practice, specifically in the field of the Psychiatric and Mental Health Nursing Specialty. In addition, she was chosen by the ANCC Nomination Committee to be among the most highly deserving for the Certified Specialty Nurse award. Bravo Zulu, Lieutenant!
- LCDR Andrew Wilson at Walter Reed National Military Medical Center was selected from a highly competitive field of candidates by the National Library of Medicine to attend the Georgia Biomedical Informatics course. The week-long survey course is designed to familiarize individuals with the application of computer technologies and information science in biomedicine and health science. Congratulations, Commander!

Receive a certification or a non-DUINS degree? Selected for an award or honor? For mention in our BZ section, submit your announcements through your chain of command to:

NCNewsletter@med.navy.mil

