



Nurse Corps News

Volume 11, Issue 5

September/October 2017

Train as You Fight; Fight as You Train



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NCNEWS-REQUEST

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On a recent trip to Naval Medical Center San Diego, a junior officer asked me, “Admiral, I work on postpartum, how do I get my corpsmen ready?” I had just completed speaking on the importance of ensuring that we sustain our skills, continue to learn, and to push ourselves to obtain certifications and all training in order to be our best when called to deploy. The other essential point was our responsibility to train our corpsmen. I was so impressed that she wanted to know what she can do for her part.

A time-honored phrase in the US military is “train as you fight; fight as you train.” During my talk, I mentioned the importance of pushing your corpsmen to be their best and setting the expectations high, because when they deploy, the responsibility they carry on their shoulders is colossal. Therefore, we owe it to them to ensure they are prepared. I shared with the audience how I used to drill my corpsmen on Code Blue drills, crash cart inventories, and timed scavenger hunts, all the while creating that sense of stress and urgency. We had fun, but were learning at the same time, and the corpsmen knew the crash cart and its contents inside and out. Even on postpartum, head-to-toe assessments, two-minute crash cart drills, and practicing Code Blue drills can lead corpsmen to feeling more confident in their skills. Encourage them to ask questions when they don't understand a diagnosis or a procedure. Foster that curiosity and a learning environment by asking those questions yourselves and modeling that it is okay not to know everything and that it is best to ask when you are unsure.

Previously, **RADM McCormick-Boyle** and I spoke about the “Pivot to the Pacific,” [Readiness](#), the Chief of Naval Operations’ [Four Lines of Effort](#), and our long-standing relationships with our



Tina Davidson, RDML, NC, USN

Director, Navy Nurse Corps

Hospital Corps colleagues. Recently, our Senior Nurse Executives had the opportunity to hear from three WWII Pacific War veterans about their experiences (*see page 3*). We enjoyed meeting the colorful WWII veterans; while the discussion may not have been solely about Navy Medicine, it was a pleasure to meet them, thank them for their service, and hear their perspectives on potential future conflicts. RDML Cathal O'Connor, Commander, Expeditionary Strike Group 3, was dynamic as he shared his thoughts with us as well on what “power at and from the sea” (CNO [“A Design for Maintaining Maritime Superiority”](#)) would look like in the near future. It was sobering.

As Nurse Corps Officers, it is our responsibility to prepare ourselves AND our corpsmen for what we may face in a combat environment. Our corpsmen are essential to maximize survival rates, and they bear a heavy burden; working on the front lines, providing lifesaving care often independent from more educated and experienced medical personnel. Corpsmen do this with only 14 weeks of Hospital Corps

(cont. on page 3)

Reserve Corner: FY17 Strategic Goal Work



Mary Riggs, RDML, NC

Deputy Director,
Reserve Component

FY17 Reserve Corps (RC) Strategic Goal teams focused on readiness, promotion of our [Professional Practice Model \(PPM\)](#), and facilitation of innovative ideas and interdisciplinary collaboration. BRAVO ZULUs to the Champions, Team Leads, and Team members who worked collaboratively with our Active Component peers. The Nurse Corps Strategic objectives are grounded in the PPM and emphasize Operational Readiness/Jointness, Professional Development, and Transformational Leadership. As we wrap up this FY and meet to establish our FY18 Strategic goals/initiatives, I want to highlight each team's accomplishment.

To support [Operational Readiness/Jointness](#), two teams focused on clinical readiness of the Nurse Corps. One team, led by **CAPT Karen Young**, reviewed the current clinical sustainment

instruction ([BUMED Instruction 1500.33](#)) and proposed revisions to the RC paragraph. These proposed edits are currently under review within BUMED. Champions for this team were **CAPT Tamberlynn Baker** and **CAPT Karen Morgan**, and the team members included: **CDR Cynthia Anderson**, **CDR Elizabeth Bundt**, **LTJG Faith Fuentes**, **LCDR Trent LeBoeuf**, **CDR Marci Lucas**, **LCDR Ann Mortara**, and **CAPT Rebecca Zornado**.

CAPT Lisa Gittleman lead the second team in identifying and creating a systematic method to track the core training for each NOBC/SSC and drafted recommendations for accomplishing future operational platform training requirements. Champions for this team were **CAPT Trent Friedel** and **CAPT Renice Washington**; team members included **LT Tre Baker**, **LT Shan Chin**, **LCDR Leigh Graham**, **CDR Gwen Metz**, **CDR Pamela Peaks**, and **LCDR Kyloni Phillips**.

We also had two teams working on initiatives supporting [Professional Development](#). **CDR Phillip Hurd** lead team members to establish an inaugural interdisciplinary innovative board that will accept, review, and recommend proposals to senior leadership to improve patient care, delivery, and/or outcomes. Champions were **CAPT Deborah Greubel** and **CDR Michael Watson**, and team members included **LT Tetyana Muirhead** and **LCDR George Lane**.

Finally, **CDR Patricia Kimkewicz**, along with Champions **CDR Valerie Diaz** and **CAPT Shannon Fox**, promoted increased awareness of our Navy NC Professional Practice Model through presentations during Senior and Junior Officer quarterly VTCs and by collaborative work with the AC in planning and developing a PPM Toolkit. Team members included: **CDR Mindy Kendrick**, **LT Jody McIntosh**, **LCDR Teresa Scharrar**, and **LCDR Peggy Wolstein**.

Last, but certainly not least, **CAPT Anita Smith**, our Reserve Liaison Officer, kept us all on track as well as took on the goal of analysis and realignment of the Nurse Practitioner billets – no small task. **CAPT Smith's** leadership and support of the entire RC Nurse Corps is greatly appreciated!

The collaboration with the Active Component and the grounding of strategic goal work within the PPM illustrates the professionalism and expertise that defines Navy Nursing! As we move into the new FY, you can continue to support the FY17 Strategic Goal Initiatives by maintaining clinical sustainment and the required SSC certifications, aligning your nursing practice within the PPM and taking the time to submit proposals identifying innovative ways that support evidence-based care.~

Reserve Component:
Did you know you have
your own milSuite page?



Click on any of the Naval Reserve icons
throughout the News to check it out!



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Nurse Corps Strategic Planning Meeting “Readiness & Relevance”



Melissa Troncoso, LCDR
Nurse Corps Fellow

The Navy Nurse Corps FY18 Strategic Planning Meeting was held September 12-14, 2017, in San Diego, California. The Senior Nurse Corps leadership gathered for this annual meeting to evaluate the current status of the Corps and identify new objectives aligned with the [CNO's Maritime Strategy](#) and [Navy Medicine Commander's Guidance](#).

This year's focus was on “Readiness and Relevance.” RDML Cathal O'Connor, Commander, Expeditionary Strike Group 3, gave a motivationally charged presentation and reminded us of the importance of sustaining clinical and operational readiness. Three WWII veterans shared humorous and inspiring stories of their experiences during our nation's last major sea battle. Gunner Bill Hay joined the U.S. Marine Corps at the age of 16 and received two Purple Hearts during his 23 years of active service. Mr. Andre Chappaz joined the U.S. Army in 1943 and served in the Pacific as an engineer. Mr. Gil



San Diego Calif. (13 September 2017) RDML Cathal O'Connor, USN. (Photo by RDML Tina Davidson/Approved for release by NPASE West PAO).



NEPMU Five, San Diego Calif. (13 September 2017) From left to right: RDML Tina Davidson, Mr. Bill Hay, Mr. Gil Nadeau, Mr. Andre Chappaz, Leslie Granger, RDML Mary Riggs. (Photo by LCDR Troncoso/Released)

Nadeau joined the U.S. Navy in 1944 and served as a signalman during WWII. These amazing veterans reminded us of the importance of innovation and GRIT!

Five Navy Nurses (LCDR Phyllis Dykes, LT Michael Hendricks, LT Maria Cristina Veloria, LTJG Emma Sprott, LTJG Samantha Filipovich)

(cont. on page 4)

Director's Message: Train as You Fight; Fight as You Train

(cont. from page 1)

School training, which makes the Medical Treatment Facility (MTF) follow-on training even more crucial.

I challenge you to “push” yourselves and your corpsmen to learn more, do more, and train like we fight. Put your corpsmen “in charge” of the unit for a shift, challenge their critical thinking under stress, and develop their problem-solving skills. If they had to dress a wound in an under-

resourced environment, what are the critical elements they would need to optimize wound healing? Do they know what to do if a chest tube falls out? How accurate are their head-to-toe assessments? Can they develop a plan of care? If you were the only nurse in an austere environment providing care to dozens of patients, what would you need your Corpsmen to be able to do?

Our [Professional Practice Model](#) sums all of this up

nicely. Professional Development, Transformational Leadership, and Operational Readiness...it is who we are. So, train as you fight; fight as you train. Make the time to build our team and optimize our effectiveness for future operations.

Thank you for what you do every day; your expertise, dedication, and resourcefulness greatly contribute to the success of our mission. I am so proud of all that you do... keep up the great job! ~



NC Strategic Planning Meeting “Readiness & Relevance” (cont.)

(cont. from page 3)
were identified to assist with the planning meeting as NC interns. Here is what they had to say about the experience:

Implementing change is a process. The Strategic Planning Meeting is a part of that process that the nurse interns (and maybe future SNEs!) are grateful to have been a part of.



NEPMU Five, San Diego Calif. (14 September 2017). From left to right: LCDR Phyllis Dykes, LTJG Samantha Filipovich, RDML Tina Davidson, LT Maria Cristina Voloria, LTJG Emma Sprott, LT Michael Hendricks. (Photo by LCDR Troncoso/Released)



Navy NC FY18 Strategic Plan



OBJECTIVES

Operational Readiness/Jointness

Objective: Advance the Navy nursing team trained and ready to operate and provide care in support of Naval warfighter requirements by 2020.

Professional Development

Objective: Align nursing practice to achieve unity of effort via full implementation of the Professional Practice Model (PPM) by 2020.

Transformational Leadership

Objective: Cultivate character and leadership development across the Navy nursing team while fostering innovation and creativity by 2020.

World-Class Care... Anytime, Anywhere

The intent of the conference was for all Senior Nurse Executives (SNEs), both active and reserve, representing the various commands throughout Navy Medicine to come together in efforts to determine the future goals and overall direction of the Nurse Corps for the next fiscal year.

The meeting provided the interns a valuable reminder of all the amazing things that Navy NC Officers are capable of and the importance of Navy nursing to accomplish the Navy's mission, which extends far beyond the work at Military Treatment Facilities.

It was indeed an eye-opening experience for everyone. Participation in the exchange gave invaluable insight into the dynamic leadership that the Navy Nurse Corps has, and how they were able to all come together and work through their differences in opinions while demonstrating great teamwork and unity. It was amazing to

witness the knowledge and talent that the SNEs brought to the table. It was rejuvenating to see their passion for the Nurse Corps, which left the interns feeling more inspired than ever on what it truly means to be a Navy nurse.

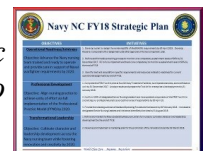
Not only did the five interns witness all of these, they were also given the chance to provide their inputs, which were welcomed, encouraged, and valued by the team.

This year, Active and Reserve Components are fully unified under one Navy Nurse Corps Strategic Plan. Tremendous work was done over three days and there is still much to be accomplished. Consider getting involved with one of the strategic groups as a team leader or member. Check out the announcement on milSuite for more information, including the initiatives and the SNE Champions associated with each Objective. ~



NEPMU Five, San Diego Calif. (14 September 2017) NC Leaders, Director, Navy Nurse Corps; Deputy Director, Navy Nurse Corps (RC) and Navy Nurse Corps. (Photo by LCDR Dykes/Released)

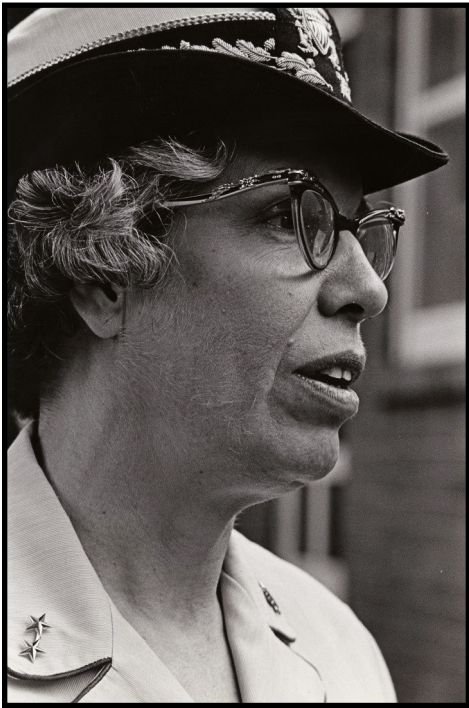
Click the Strategic Plan to the right to be taken there!



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In Tribute: Rear Admiral Alene Duerk, First Navy Admiral



Rear Admiral Alene Duerk, NC, USN, was the 12th Director of the Navy Nurse Corps and the first woman flag officer in the United States Navy. Born March 29, 1920, in Defiance, Ohio, she received her BSN from the Frances Payne Bolton School of Nursing in Cleveland, Ohio. She commissioned as an ensign in the Nurse Corps Naval Reserve in 1943, then transferred to an inactive status in 1946 until she was recalled in 1951 for the Korean War.

Rear Admiral Duerk's military experience included a variety of assignments, including Naval Hospitals along the East Coast, the U.S.S. Benevolence in 1945

"The chief objective, the very reason for the existence of nurses, is to provide optimum patient care."

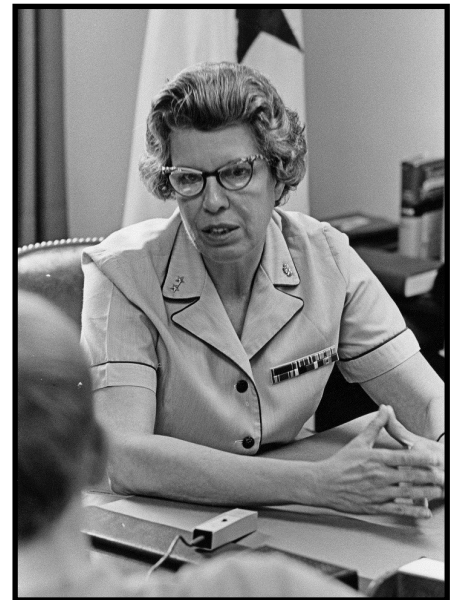


when it was anchored off Eniwetok to receive the wounded from the operations in Japan, and at the Hospital Corps School in Portsmouth, VA, where she was an instructor.

In May, 1970, Rear Admiral Duerk was appointed Director, Navy Nurse Corps, and on 27 April 1972, she was selected to the rank of rear admiral, effective 1 June 1972, which she heard announced over the news while driving home to Ohio. During her tenure, Navy Nurses expanded into new nursing fields like ambulatory care, anesthesia, pediatrics, and obstetrics/gynecology. As the first woman admiral, she traveled over 150,000 miles and presented nearly 200 speeches relating to women in the Navy. She was the recipient of many honorary degrees and civilian awards, including the

Ohio Governors Award in 1973 and multiple doctorates in humanities and science. In 2013, the University of Central Florida (UCF) College of Nursing unveiled a statue of Rear Admiral Duerk, honoring her service and the scholarship she endows at the college.

Rear Admiral Duerk retired on 1 July, 1975, and celebrated her 97th birthday this year.~



The UCF College of Nursing unveiled a bronze statue of retired Rear Admiral Alene Duerk, the Navy's first female rear admiral, at a small ceremony Friday, Feb. 8, 2013. Duerk, who has an endowed student scholarship in her name at the college, and several local Navy nurses were in attendance.

"Each of us must not only be able to communicate our knowledge and understanding to the other team members, but also our needs and the needs of our departments or services. In turn each of us must listen as others talk with us. The listening side of communication is the most difficult."

*Images and biography information provided by BUMED Archives.
Tribute written by LCDR Melani Harding, NC
News Editor In Chief.*

You've Just Accepted Orders... What Happens Next?

Iris Boehnke, CAPT

Senior NC Detailer

A "Behind the Scenes" Look at the Order Writing/Review/Release Process

You've just finished negotiating with your detailer and have accepted your dream assignment. But... you don't have "hard copy" orders yet. Are you considered "penciled in"? Can you still negotiate for another assignment? Is it safe to purchase a house at your new assignment location? Can you move yourself and then be reimbursed? The answer is NO to all of these questions. Let's take a Behind the Scenes look at the order proposal process.

Once you and your detailer have decided on your assignment, you will be placed into a billet on your detailer's slate (this is **NOT** in pencil). At this point you are considered "under orders" even if those orders have not been released yet ([MILPERSMAN 1301-104](#) "Notification of intent to issue orders obligates officer for the MTS at the new duty station"). Therefore, it is imperative that you be sure of your decision prior to accepting orders.

The next step in the process is for your detailer to "propose" your orders in the Officer Assignment Information System (OAIS). Your orders are now considered "propped" or "in the system." Once propped, orders go through a rigorous review process, and depending on the type of orders (e.g. OCONUS) or your personal situation (e.g. EFM, colocation,

LIMDU), it will require different levels of review or "chops" before it can be released. This process can take a few weeks or a few months, depending on how many reviews are required. For example, if you accepted orders to an overseas duty station (OCONUS), orders will be held in the overseas screening queue until the screening has been completed for the officer and any eligible family members. If there are waivers associated with the propped orders, additional time will be required for the waiver to be reviewed and adjudicated prior to orders being released. For example, if you are detaching prior to your PRD, a "Time on Station" waiver will be required. Some waivers require flag-level approval from PERS-4 or higher, which will add to the time it takes to get through the system.

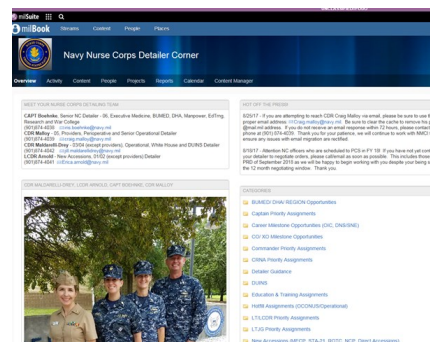
The final stop in the "chop chain" is Cost Review. This is where the financial analysts perform a quality assurance review to ensure the funding allocated to your orders is correct. PCS funds are received by Navy Personnel Command (NPC) in allocations throughout the year (not one large increment at the start of the fiscal year). So, as money is received by NPC, orders are released until that allocation of PCS funding is depleted. When more funds are received, more orders are released. Any delay in funding will delay the release of orders.

Another factor that impacts orders release timing is the

category of the orders. There are currently three categories: Category One is orders to sea duty (operational) units; Category Two is moves to/from overseas shore commands; and Category Three is shore duty orders within the continental United States (CONUS). Once funding is available, Category One orders will be released first, followed by the other two categories. The goal is to ensure that officers going to operational or overseas units receive orders early enough to complete the screening process and other requirements of the orders. Unfortunately, due to the funding challenges faced in fiscal year (FY) 17, the lead time for receiving orders significantly decreased. Whenever possible, NPC desires to have orders released six months prior to your PRD. Separation orders (funded separately from regular PCS orders) are released approximately six months from the requested detach date.

(cont. on page 6)

Check out the detailer's page on milSuite!



You've Just Accepted Orders... What Happens Next? (cont.)

One way that NPC can assist with the reduced orders lead time is to provide a "Letter of Intent" (LOI) to the officer under orders to a certain duty station. While the LOI does not contain accounting data needed to execute a household goods (HHG) move, it can be used to accomplish various administrative tasks in preparation of receipt of orders, such as scheduling a HHG move, overseas screening, signing up for base housing and/or child care, requesting dependent entry approval, and security clearance

requests. LOI's are automatically generated and sent via Message Traffic. Note: LOI's are NOT orders – do not take any irreversible funding action (i.e. do not purchase a house) prior to receiving hard copy orders.

It is important to remember that once orders are proposed by the detailer, they must go through a series of queues prior to release and if there are waivers associated with the orders, it will take longer for the orders to process. The progression through the system, availability of funding, and orders

priority are factors that impact orders release and are generally out of the detailer's control. Individual officers can assist in the process by ensuring their EFMP status is updated, promptly completing overseas or operational screening, and discussing with their detailers if the orders involve co-location of military spouses.

Have questions? Don't hesitate to call, email, or visit the NPC Website and NC milSuite. We are standing by to assist.~



September is Suicide Prevention Month, but Awareness is Year-Round

Suicide is one of societal tragedies that affects the entire community when someone decides to end their life. "Suicide is the 10th leading cause of death in the United States, claiming the lives of more than 44,000 people.

There are more than twice as many suicides (44, 193) in the United States as there were homicides (17,793)" (Centers for Disease Control, 2015). A suicide act affects all those whom knew the individuals and the community. This tragedy maybe identified before it occurs. Some of the signs and symptoms will be discussed, along with intervention when someone is suicidal.

The possible risk for suicide increases when someone suffers a significant loss such as a partner, employment or loved one. Then if the person engages in the abuse illicit drugs, alcohol or prescriptive medications their risk for suicide increases further. Additional risks are the signs and symptoms of depression which consists of sadness, anhedonia and insomnia, irritability, and isolation, hopelessness and negativity. Other suicide identifiers are changes in work performance and household responsibilities and risky behaviors.

Beyond signs and symptoms of suicide is the expression of overwhelming emotional pain that many whom have contemplated suicide express. They believe the only way to stop the emotional pain is through death. The suicidal mind suffers through such distress which compromises their ability to recognize the dangerousness of their thoughts and seek the help. The people who interact with the distraught individual are the first to recognize the changes in behavior and personality. Then there are those who don't have any identifiable risk factors and hide their emotions and commit suicide.

If you recognize someone who appears distressed, let them know you are concerned and would like to help them. Active listening and empathizing are effective tools to make a person feel important. Talk to them and ask them if they are contemplating suicide. Don't be afraid to ask, you will not trigger them to act upon their negative thoughts. Many individuals report a sense of relief once their dark secret has been revealed. This interest you have demonstrated acknowledges the individual and leaves them with the feeling that someone cares enough to ask and noticed their agonizing pain. An anonymous individual wrote on a suicide note, "If someone had smiled at me or said hi I might not have taken my own life."

"But in the end one needs more courage to live than to kill himself."
~Albert Camus

By Cecilia Salazar, CDR, USNR, Mental Health Specialty Leader



Specialty Leader Update: Emergency Nursing (1945)



Danilo Garcia-Duenas, LCDR
Emergency Nursing
Specialty Leader

Eric Gryn, CDR

Assistant Specialty Leader

Greetings to our 1945 community around the Navy. Over the past six months, we have continued to provide excellent emergency care to our extremely diverse population around the globe. As we start a new fiscal year, we look forward to many exciting opportunities that will ensure we continue to maintain the high standard of care our patients expect from us.

I want to take this opportunity to highlight outstanding accomplishments made by many of our members in our community. The Emergency Nurses Association has selected Naval Medical Center Camp Lejeune (NMCCCL) as [a Lantern Award recipient](#). The Lantern Award is a three-year designation presented to emergency departments who have shown unparalleled commitment

to quality, safety, a healthy work environment, and innovation in nursing practice and emergency care. This is the first time this recognition has ever been bestowed upon a Department of Defense Emergency Department (ED). The award was presented at the Emergency Nurses Association's Annual Conference in September of this year.

Much work by many people went into the application process; however, I must mention those members who had the foresight and perseverance to see the application process through from start to finish. **CAPT Donna Stafford**, DNS for NMCCCL at the time, was instrumental in supporting the ED. She was well aware of the challenges the ED faced over the years prior to submission, but was extremely confident in the ability of the ED staff and its leadership to achieve this endeavor. Without the belief of **LT (Ret) Martin Summerville**, Division Officer of the ED at the time, this award would not have come to fruition. As a longtime military member and Nurse Corps Officer, Mr. Summerville continued to serve the 1945 community after retirement. His ability to lead and ensure his staff provided the best care possible to our military members and their families was truly a major reason for this recognition. **LCDR David McDonald**, **LT Amanda Jacobsen**, **LT Megan Olson**, **Ms. Jamie Nielsen**, and **Mrs. Kylee Cisneros** all contributed and worked through the arduous

application process, ensuring the submitted final product was the best it could be. I personally THANK YOU for all your hard work and dedication to our community. You are truly great examples of the caliber of personnel that represent us.

I have no doubt, all of our Navy EDs are deserving of this recognition. If your ED is interested in applying, please don't hesitate to contact me and take a look at the [ENAs Lantern page](#) for more information.

As we continue to strive to be the best Emergency Nurses we can be, I am happy to report the Emergency Nurses Association's Orientation program is in the final phase of purchasing and will soon be available for our entire community to use. I will be working with the ED leadership team to ensure its roll out and utilization is the best it can be.

As always, I am available by phone or email so please don't hesitate to contact me at any time. Continue to provide great care to our patients and thank you for all you do.~

The [FY18 Navy Medicine Leadership Course Catalog](#) is now on milSuite!

This catalog contains information about available courses and dates, how to register, funding & eligibility requirements.



Specialty Leader Update: Operational Nursing



Angelo P. Lucero, CDR

**Operational Nursing
Specialty Leader**

Harry Hamilton, CDR

Assistant Specialty Leader

Greetings, Operational nurses! I am very excited to have assumed the role of the Operational Specialty Leader and it is truly an honor to represent a diverse community of talented nurses crossing multiple subspecialty codes and operational commands.

BRAVO ZULU to **CDR Carl Goforth** for his leadership, guidance, and direction as he represented the operational community over the last three years. Thank you for all you have done. **CDR Harry Hamilton** (Assistant Specialty Leader) and I proudly take the torch and lead in championing current and past initiatives while pushing Navy Nursing to the forefront of operational medicine.

First, a little bit about me. I am currently serving as the Force

Nurse and Deputy of Medical Readiness for the Commander Naval Forces Pacific. I have been fortunate to have served as a Navy Flight Nurse at USTRANSCOM/GPMRC, Shock Trauma Platoon/Enroute Care Nurse with 1st MedBn (OIF 08.1) and Ship's Nurse onboard the USS CARL VINSON (CVN 70). I am truly humbled to share my successes and excitement for operational nursing with you.

Operational opportunities have more than doubled in 20 years and I am proud to say our community has grown to 126 operational billets strong! CDR Hamilton and I have started looking into ways to collaborate with other senior operational nurses to address distinctive needs within our community. We are excited to announce a NC Active Duty Operational (BLUE) Career Development Tool developed by **CAPT Cindy Baggott**, Fleet Forces Command Senior Nurse, to facilitate operational nursing development from O-1 to O-6. A Marine Corps (GREEN) specific variant will soon follow. Once finalized, I will immediately post in milSuite.

Fourth Quarter Specialty Leader briefs have concluded and **RMDL Davidson** wishes to express how proud she is of the Operational Nursing Community and is most appreciative of all the hard work you and your teams have accomplished. She further stated that Vice Admiral Faison tracks your successes as well and expresses the same sense of pride

for your contributions. Some of the highlights of the Operational Specialty briefing include:

-Operational teams, ensure tight coordination with all stakeholders when drafting a memorandum of understanding (MOU) for training or courses. This includes the COC, Legal, TECOM, and BUMED. Also, the Surgeon General is tracking TCCC training for all Hospital Corpsmen!

-Operational nurses, please coordinate across all three MedBn to ensure consistency in order to meet expectations and use the right processes and correct channels. Regularly check the MilSuite site for updates in your community, such as billet opportunities. Be honest brokers about your resources; if overmanned, let it be known. Provide feedback from the deckplate, and allow senior leaders to assist. Explore the resources available to you. Encourage periodic review of your records, and take credit for your accomplishments.

-All, be goal driven and report useful metrics!

As we approach the end of FY17, I would like to use this opportunity to remind you that it is never too early to discuss with your chain of command your interest in operational nursing. CDR Hamilton and I are available to discuss operational billet specifics with you or can direct you to a current operational nurse. The [milSuite Operational Nursing](#) page is also available for community discussions and is packed

(cont. on page 10)



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Specialty Leader Update: Operational Nursing (cont.)

with the latest and the greatest operational nursing news and guidance. Please help me utilize milSuite to better serve our community. It's a powerful tool but requires your continued input for success!

During the March to April timeframe, the Nursing Operational Detailer drafts the operational billet needs for following calendar year (January through December). Once the operational detailer and Operational Specialty Leader review billet opportunities for the upcoming year, the [operational billets are posted on milSuite](#). For additional questions, contact the Operational Specialty Leader or the Assistant Operational Specialty Leader. ~

Right: (Sept. 13, 2017) U.S. Navy LT Stephen Lancaster (FMF), a critical care nurse with Special Purpose Marine Air-Ground Task Force - Crisis Response - Central Command is choosing medicine to treat a simulated patient during training in the Middle East, Sept. 14, 2017. Service members participated in a mass casualty exercise to increase proficiency and preparedness in an emergency situation. Photo by Staff Sgt. Phillip Elgie Task Force 51/5th Marine Expeditionary Brigade.



Left: CARIBBEAN SEA (Sept. 7, 2017) LT Mary Catherine Taylor, the intensive care unit nurse of Fleet Surgical Team 2 (FST-2), supporting the amphibious assault ship USS Wasp (LHD 1), provides aid to evacuees as part of first response efforts to the U.S. Virgin Islands in the wake of Hurricane Irma. (U.S. Navy photo by Mass Communication Specialist 3rd Class Livingston Lewis/Released)

Specialty Leader Update: Critical Care (1960)



Julie Darling, CDR

Critical Care Specialty Leader

Rena Ohliger, CDR

Assistant Specialty Leader

Greetings to all our Critical Care Navy Nurses around the world. I'd like to take this opportunity to introduce **CDR Rena Ohliger** as the incoming Assistant Specialty Leader. She is currently serving as the Force Nurse for Commander, Naval Air Force, Atlantic.

Over the past year, the critical care community has been busy. We would like to recognize the many roles in which our nurses are doing what they do best: taking care of patients, ANY-TIME, ANYWHERE!! 1960's are working in small Role 2 casualty-receiving expeditionary units in very austere environments, as well as in support of our enduring missions in Afghanistan at the NATO Role 3 Multinational Medical Unit. Critical care nurses

are called upon to serve aboard hospital ships, amphibious ships, and aircraft carriers. Our community supports flight nurses, Navy In Support Of the United States Marine Corps (NMISOMC), and new emerging roles for critical care nurses include the Navy's first Role 2 Light Maneuver team (R2LM). The goal of the team is to effectively triage, stabilize, treat, and disposition critically injured patients. Lastly, the 1960 community is being called to serve as clinical instructors for a newly designed training program for recent hospital Corpsman graduates to increase clinical/trauma experience and exposure. Critical Care Nurses, you all are doing amazing work out there.

(cont. on page 11)



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Specialty Leader Update: Critical Care (1960) (cont.)

In this newsletter, we would like to highlight the Navy Nurse Corps Officers of the Seth Michaud Expeditionary Medical Facility (EMF) at Camp Lemonnier, Djibouti (CLDJ). This EMF provides Role 2 advanced trauma management and emergency medical treatment for US and multinational forces. The EMF has two operating rooms and eight beds (four primary care/intensive care and four emergency). Some of the notable medical cases include: multiple trauma and heat-related injuries from incidents sustained in the AFRICOM Area of Responsibility (AOR) and severe plasmodium falciparum malaria. The EMF CLDJ team is comprised of Active Component (AC) and Reserve Component (RC) Individual Augmentee (IA) sailors, dedicated to providing "World Class Care...Anytime, Anywhere" to thousands of joint military personnel in the AFRICOM AOR.

Given our current manning (79 -81% on average) and OPTEMPS, we want to ensure all primary and secondary 1960's are sustaining their skills, as there is a high likelihood that you will deploy. We acknowledge that this can be a challenge and we assure you this is high on our priority list as a community. Please engage your leadership to determine the best way to retain and maintain your critical care skill set.

[DUINS](#) boards are right around the corner. Our community has three Clinical Nurse Specialist opportunities and, new this year,

are two Brooke Army Medical Center (BAMC) fellowship openings. BAMC is considered the Army's largest and busiest medical center, located at Fort Sam Houston in Texas. The goal of this program is to provide the critical care nurse with the opportunity to work in higher-acuity intensive care units to increase experience and exposure to trauma and burns. Good luck to all of our magnificent applicants!!

We would like to send out Bravo Zulu to some of our nurses. **LCDR Davy Jenkins** and **LT Joshua Mondloch** were selected as members of The Great 100 Nurses of Northeast Florida. The Great 100 Nurses are nurses who have demonstrated outstanding contributions to not only the

patients and families for whom they care, but to the profession as a whole and the community in which they live. **LT Michael Kaiser** presented at the annual American Association of Critical-Care Nurse's National Teaching Institute representing Air and Surface Transport Nurse's Association. Nurses making a difference!!

As always, CDR Ohliger and I are available by phone or email; please don't hesitate to contact us. Thank you for what you all do at the "tip of the spear."~

Meet your Reserve
Critical Care Specialty
Leader!!



Cynthia Anderson, CDR, USNR
Specialty Leader



(L-R): LT Anthony Diorio (Operating Room-RC), LTjg Khadijah Torres (Critical Care-AC), LCDR Stephen Shirk (Emergency Room/Trauma-RC), LT Tyler Hippey (Critical Care-RC), LCDR Stephanie Kasper (Certified Registered Nurse Anesthetist-RC) Photo by: HM2(SW) Daniel Dimond. Date: 11 August 2017. Photo approved for release by CAPT York, OIC EMF Camp Lemonnier, Djibouti.



Specialty Leader: Certified Registered Nurse Anesthetists (1972)



Christopher Crerar, CDR
Assistant Specialty Leader

John Volk, CAPT
Specialty Leader

Greetings from the Nurse Anesthesia (CRNA) community! September is proving to be a particularly productive and special month for our community. Numerous CRNAs and Student Nurse Anesthetists (SRNAs) across the enterprise have congregated in Seattle, WA, for the 2017 American Association of Nurse Anesthetists (AANA) Annual Congress. Attendance in mass at our professional organization's conference provided a unique opportunity to advance our clinical knowledge and practice, network with our fellow uniformed military and civilian colleagues, as well as disseminate results from our translational and experimental research projects. However, many CRNAs this September were also fulfilling the "always ready to be

ready" principle in answering the call to support humanitarian response operations for Hurricane Irma.

We would like to recognize several officers for their professional accomplishments in selecting for the following milestone billets and non-traditional leadership roles: **CAPT Robert Hawkins**, Executive Officer for the Navy Marine Corps Public Health Center; **CAPT Dennis Spence**, DNS, Naval Hospital Guantanamo Bay, Cuba; **CAPT Kevin Buss**, DNS, USNS Comfort (T-AH 20); **CAPT Justice Parrott**, Program Manager, Patient Movement for BUMED M92 (Operational Medicine & Capabilities Development); **CDR Jerrol Wallace**, Uniformed Services University (USU) Assistant Program Director, Nurse Anesthesia Program (NAP), Daniel K. Inouye Graduate School of Nursing (DKI-GSN). Also, congratulations to **CAPT John Volk** (Specialty Leader) on his recent promotion and screening selection for DNS.

The USU DKI-GSN NAP continues to be a premiere program, distinguished by *U.S. News & World Report* as the 4th

ranked "Best Nursing Anesthesia Program." While truly a tri-service collaborative, Navy CRNA faculty have played an integral role in achieving this distinction, including: **CAPT Justice Parrott**, **CDR Ken Wofford**, **CDR Jerrol Wallace**, **CDR Raymond Bonds**, **CDR Eric Bopp**, **CDR Darren Couture**, **CDR Tiffany Uranga**, **CDR Ryan Nations**, **LCDR Reginald Middlebrooks**, and **LCDR Chad Moore**. Faculty led a "first of its kind" dive medicine course this July, representing how program innovation demarcates USU from other programs through employment of unique educational methodologies and multi-disciplinary programs with an operational readiness focus. We also congratulate the Class of 2017 Navy graduates earning a Doctor of Nursing Practice degree, Nurse Anesthesia option: **LCDR James Birkla**, **LCDR Wendy Choate**, **LT Erin Gagliano**, **LT Robert Girolamo**, **LT Daniel Garcia**, **LT Chris Grey**, **LCDR Jennifer Loran**, **LT Lisa O'Driscoll**, **LT Ruben Mojica**, and **LCDR Sara Phipps**.

(cont. on page 13)



2017 AANA Annual Congress Navy CRNA and SRNA attendees. Photo by CDR Chris Crerar/Released.



Specialty Leader: Certified Registered Nurse Anesthetists (cont.)

At the AANA Annual Congress, CRNAs and SRNAs shared findings and practice implications of their respective projects during *State of the Science Poster Presentations*. **CDR Kennet Radford** presented his PhD research study entitled, “*Effect of Sub-anesthetic Intravenous Ketamine Infusion on Corticosterone and Brain-derived Neurotrophic Factor in Male Sprague-Dawley Rats*.” **LCDR Chad Moore** presented results on “*Auricular Acupuncture for Postoperative Nausea and Vomiting*,” while practice recommendations from “*Remifentanyl for Labor Analgesia an Evidence-Based Practice Project*” and “*Breastfeeding after Surgery: Influencing Postoperative Recommendations*” was offered by SRNA **LT John Tranberg**, on behalf of fellow students **LT Marylou Proano**, **LT Jeremiah Bond**, **LT Eliseo Bundoc**, and **LT Craig Wilkins**. **CAPT John Volk** comprised a tri-service presentation panel on “*Dynamic Experiences in the Austere Environment*,” relating practice challenges of Navy CRNAs in a variety of deployed platform settings.

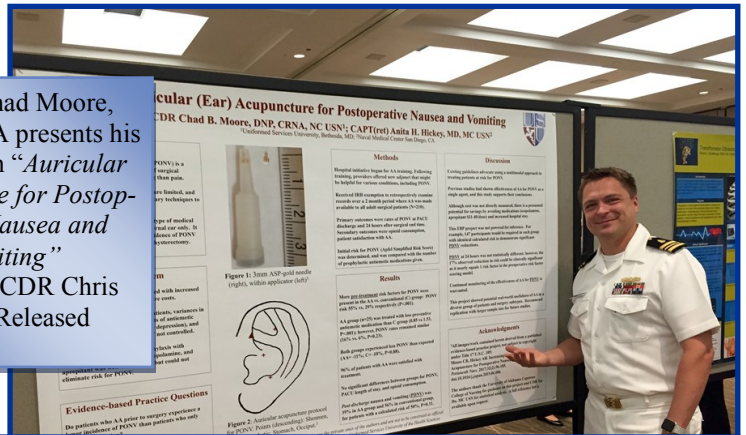
CAPT Volk and I sincerely relish the opportunity to serve and advance the CRNA community. As such, we recognize the commitment and value Navy CRNAs bring to the health care team, by continuing to lead the way in fostering professional development, transformational leadership, academia, and operational readiness and jointness. Thank you for what you do!~

Meet your Reserve CRNA Specialty Leader!!

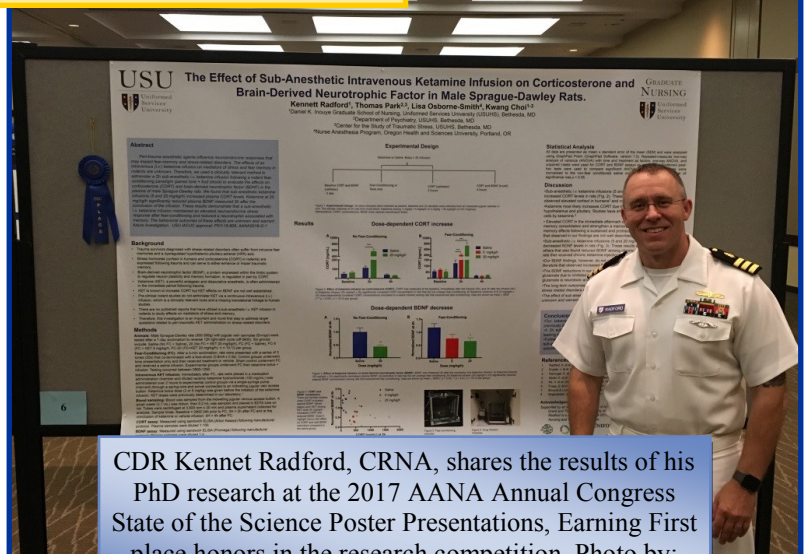
Valerie Diaz, CDR, USNR
Specialty Leader



LCDR Chad Moore, DNP, CRNA presents his research on “*Auricular Acupuncture for Postoperative Nausea and Vomiting*”
Photo by: CDR Chris Crerar/Released



LT John Tranberg discusses the anesthesia implications of his project with LCDR Chad Moore and CAPT John Volk. Photo by: CDR Chris Crerar/Released



CDR Kennet Radford, CRNA, shares the results of his PhD research at the 2017 AANA Annual Congress State of the Science Poster Presentations, Earning First place honors in the research competition. Photo by: CDR Chris Crerar/Released



Nurse Corps News

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Operational Health Support Unit Pensacola Earns “Blue H” Award

Operational Health Support Unit Pensacola, commanded by CAPT John Hardham, MSC, USN, is a model for the Surgeon General's [Health Promotion and Wellness Blue-H Award](#). For FY16, all Detachments were awarded the prestigious Blue-H Award for the first time, reflecting the professionalism and dedication of these Reserve Units to health promotion and wellness of their members. This enables OHSU Pensacola, in collaboration with the local Naval Operational Support Centers (NOSC), to maintain maximal deployment readiness of all reserve members.

The Blue-H Award "guides, encourages, and rewards the promotion of health in Navy and Marine Corps organizations." It recognizes excellence in clinical primary prevention services, community health promotion, and

medical staff health by assessing health topics such as alcohol abuse prevention, nutrition, injury prevention, physical activity, psychological health, sexual health, tobacco cessation, and weight management. There are three levels to the Blue-H Award: the Bronze Anchor, the Silver Eagle, and the Gold Star.

Under the leadership of **LCDR Pamela Massey, NC**, **LCDR Jamey Wilson, NC**, **CDR Edgar Gonzalez, MC**, and **LCDR Teri Curington, NC**, OHSU Pensacola Detachments F, G, H, and J, respectively, were awarded the coveted Gold Star Blue-H Award. Under the leadership of Nurse Corps OIC's **LCDR Freddie Thronson** and **LT Kate Lee** of Detachment B, **CDR Marci Lucas** of Detachment C, and **LCDR Thomas Hamilton** of Detachment D, these three

detachments won the Bronze Anchor Blue-H award. Health promotion and wellness programs are implemented by these Detachments through health fairs, community outreach programs, posters and bulletins, Plan of the Month entries, and classroom participation. OHSU Pensacola works closely and cooperatively with the local NOSC to implement health and wellness programs.

OHSU Pensacola is comprised of seven Detachments across five states including Florida, Alabama, Mississippi, Louisiana, and Arkansas. Approximately 400 Officer and Enlisted members serve within the Command.~



NC Nurses Help Overhaul DIVOLC



Newport, RI. CDR (Sel) Clemia Anderson (4th from back left), LCDR Jamaal Lofton (Third from back right), LT Megan Caltagirone (2nd from right), and HMCM (Ret) Clinton Garrett (4th from right) represented Navy Medicine at a Naval War College and Naval Leadership & Ethics Center (NLEC)-sponsored workshop conducted 27-29 June 2017. The purpose of this workshop was to facilitate the overhaul of the Navy's Division Officer Leadership Course (DIVOLC), completely revising the curriculum to focus on character development while allowing for community-specific competency training. Twenty-three current DIVOLC instructors and training course supervisors, representing 12 warfighting communities, attended.



The 2017 AWHONN Convention

The 2017 Association of Women's Health Obstetric and Neonatal Nurses (AWHONN) Annual Convention in New Orleans was a great opportunity to connect, share and explore with nurses and clinicians, literally from around the globe. We were able to discover new ideas and solutions to provide the best care for our patients while also strengthening our knowledge, influence and professional

network. It offered over 70 educational sessions with 32 CEUs and 240 exhibitors. The convention had over 3,000 attendees, including 27 Navy Nurse Corps officers and Civil Service nurses from various Navy commands. This was the most robust Navy presence at any AWHONN meeting in recent memory! Many of these nurses were also able to attend the AWHONN Armed Forces Section

meeting, where the 2017 AWHONN Armed Forces Section Award of Excellence in Practice was awarded to a Navy Nurse, **LCDR Patricia Butler!** Bravo Zulu, Shipmate!

Overall, the 2017 AWHONN Convention was an empowering, energizing, and enlightening event. It was a bit exhausting, but worth every effort it took to get there. We encourage you to attend your own professional conference!



New Orleans, La. (June 25, 2017). LCDR Patricia Butler receiving the AWHONN Armed Forces Section Award of Excellence in Practice from section co-chair, Major Kimberly Rosenbaum. (Photo LCDR Michelle Westcott /Released).



New Orleans, La. (June 25, 2017). Navy Nurse Corps Officers from across the globe attended the 2017 Association of Women's Health Obstetric and Neonatal Nurses Annual Conference. (Photo by Major Kimberly Rosenbaum/Released).

Call for Graduate Research Topics and Innovative Ideas to Improve Navy Medicine

The Reserve Component (RC) Nurse Corps (NC) Innovation Medicine Board serves as an interdisciplinary platform to accelerate the introduction of innovative, evidence-based practices that would improve current delivery of Navy medicine. The RC NC Innovation Medicine Board invites members of the Nurse Corps community to submit:

- Original research topics, such as from capstone projects and thesis/doctoral papers (*Graduate students only*)
- Other innovative ideas that demonstrate a new way of thinking about an existing challenge and have a potential to transform, refine or improve the way we deliver patient care (*All Navy Sailors*)

Graduate researchers will receive assistance disseminating their work at various outlets, such as AMSUS, and will be invited to post final papers on the Board's milSuite page. All research topics and other idea submissions will receive consideration for further development by the Innovation Medicine Board for possible adoption by Navy Medicine.

Research topics and ideas may address (but are not limited to): processes, drugs, devices, technology, and data analytics that improve diagnosis and treatment or reduction of administrative burden. Submissions should be sent to CDR Hurd, Innovation Board team leader, and include:

- Title
- Your rank, full name and contact information
- Abstract (200 word maximum; understandable to general audience)
- Maximum of four-page description (background, suggested implementation, significance).

Please feel free to contact CDR Hurd with any questions; [contact information can be found on milSuite](#).



Asia Pacific Military Health Exchange 2017

Heather King, CAPT, NC

Virginia Blackman, CDR, NC

The Asia Pacific Military Health Exchange (APMHE) is a forum for military healthcare professionals across the Indo-Asia Pacific region. The purpose of this annual meeting is to enable dialogue, exchange critical healthcare information, and collaborate on important issues such as disaster response, medical readiness, and improvements in the delivery of healthcare.

Sponsored by Pacific Command, APMHE emphasizes a cooperative, shared learning approach to providing US military medical professionals the opportunity to engage with partner nations. This year's theme, "Future Challenges and Collaborations in Healthcare," was aligned with this approach. Over 600 military medical personnel from 27 countries throughout the region, including Australia and Bhutan to the United Kingdom and Vietnam, met in Singapore from May 23-26, 2017. The Singapore Armed Forces hosted this forum and were integral to the

success of the exchange. The event included 53 plenary speakers, 130 breakout presentations and more than 150 scientific posters. Over tea breaks, panel discussions, and the celebration dinner (where participants were encouraged to wear their national costume), attendees had the opportunity to meet colleagues from other nations, discuss issues of mutual interest, and build relationships.

APMHE is a powerful tool for military nurses to build and sustain collaborations in the Asia Pacific region and promote international stability. Interestingly, military nurses in the Asia Pacific region founded this forum in 2015. Since the inception of APMHE, US Air Force Nurses have played a central role in the planning and execution of this forum. APMHE now includes a nursing breakout session, which highlighted presentations by nurses from Singapore, Nepal, Republic of Korea, US, Sri Lanka, Indonesia, and Thailand and focused on operational and clinical nursing topics (enroute care, extending health concepts and roles, cardiovascular disease, mission readiness, injury patterns, global health, and disaster preparedness). Three Navy Nurses attended the APMHE this year: **CAPT Heather King** (Senior Nurse Corps Research Scientist, NMC San Diego), **CDR Virginia Blackman** (Assistant Professor,

Uniformed Services University of the Health Sciences), and **LCDR Timothy Whiting** (Public Health Nurse, NH Okinawa). CAPT King presented her team's research findings at the Nursing Breakout session with a podium presentation entitled "Collaboration Matters: A Powerful Tool for Global Health Engagement Missions." CDR Blackman presented initial outcomes from her team's evidence-based practice project entitled "Palliative Care in the Military: Improving Critical Care Nurses' Communication Skills with Multidisciplinary Evidence-Based Education." Lcdr Whiting made many connections as he prepares for his leadership role on the Advanced Operational Planning Team for Pacific Partnership 2018.

APMHE provided a wonderful opportunity to enhance international collaboration among nurses and exchange information – just ask us about sharing dinner with the Mongolian delegation, or learning about New Zealand's innovative nurse-led primary care clinics. Navy Nurses have a wealth of valuable operational and clinical experience and information to share in this international forum. Next year's meeting will be held in Xian, China from September 17-21, 2018, and abstracts are typically requested six months in advance for consideration. Please check with your command for possible funding of this opportunity.~ [For more information visit the Asia Pacific Military Healthcare Exchange website!](#)



Singapore (May 26, 2017)/ Lcdr Timothy Whiting, CAPT Heather King, and CDR Virginia Blackman attended the Asia Pacific Military Health Exchange. (Photo by Heather King/Released)





Certifications

LCDR Rhys Parker, a DNP FNP at NH Naples, earned the National Healthcare Disaster Certification for Healthcare Professionals.

LTJG Chelsea A. Null, recently of NMC San Diego and now at NH Guam, passed her examination to become a Certified Medical Surgical Registered Nurse (CMSRN).

LTJG Valerie Jenz C. Tunday of NMC San Diego is now a Certified Pediatric Nurse.

ENS Kevin L. Garcia, NMC San Diego, achieved his certification as a Critical Care Registered Nurse (CCRN).

LTJG Savannah L. Dean, also of NMC San Diego, is now a Certified Critical Care Registered Nurse (CCRN).

LT Lizette Mix, NMC San Diego, is now a Certified Nurse Operating Room (CNOR).

LTJG Jacqueline Hicks, NH Guam, passed her Critical Care Registered Nurse (CCRN) exam in September.

LT Elisha Gowen, also of NH Guam, passed her Critical Care Registered Nurse (CCRN) exam in September.

LT Inecika Daniels, WRNMMC, passed her Medical-Surgical board certification.

LTJG Erik Sanchez, also of WRNMMC, passed his Medical-Surgical board certification.

LTJG Raul Cardona, NH Pensacola, achieved certification as a Medical-Surgical Nurse.

LCDR Chasity Reid, NH Jacksonville, passed the Ambulatory Care Certification.

LCDR Amanda Schaffeld of NH Guam achieved her Certified Wound Care – Advanced Practice (CWCN-AP).

LCDR Sarah Chamberas, BHC Sasebo, passed the exams and achieved certification in Certified Nurse Manager and Leader (AONE-CC) and Care Coordination and Transition Management (CCTM).

LT Candyce M. Curry, NMC San Diego, is now a Certified Medical Surgical Registered Nurse (CMSRN).

LT Lorna Chandler, NH Jacksonville, completed her NCC Certification in Maternal Newborn Nursing (RNC-MNN).

LTJG Jennifer Martin, also of NH Jacksonville, passed Pediatric Certification Exam.

LCDR Sarah Certano, recently of NH Yokuska and now at NH Camp Pendleton, passed the Adult-Gerontology Primary Care Nurse Practitioner Certification examination.

LT Liza Stone, USNH Yokosuka, was awarded certification as RN-BC for Medical Surgical Nursing.

**Earn a certification or a non-DUINS degree?
Selected for an award or honor?
Congratulations!
For mention in our BZ section,
submit your announcement
through your chain of command,
then to your Nurse Corps News
team using the envelope
hyperlink found on each page
in the lower right-hand corner,
or [find us on milSuite!](#)**





Education

LCDR Lc Russell, CNIO at NMC San Diego, completed his MSN with an emphasis in Healthcare Informatics from the Grand Canyon University.

LT Joanne Isme of NH Jacksonville graduated with a Masters in Science in Nursing from University of South Alabama. She additionally passed her certification exam as a Pediatric Nurse Practitioner.

LCDR Mary Beth Hendricks, USNR, serving with NR OHSU Jacksonville, completed JPME I via the distance education program at Navy War College and graduated June 2017.

LT Michael Bury, USNR, Training Officer, OHSU Camp Lejeune, Det-C, graduated from the University of North Carolina at Chapel Hill with a Master's of Science in Nursing- Nursing Administration and also received a Graduate Certificate in Nursing Education.

LCDR Mark Silfies at NH Twentynine Palms obtained a Doctorate of Nursing Practice from Chapman University on his own time. Well done, Mark!

CDR Brenda Shepherd of OHSU Pensacola Detachment F received her Doctorate of Nursing Practice degree in Psychiatric Mental Health Nursing from the University of South Alabama - Mobile on July 28, 2017. She completed a scholarly research project examining the effects of the Skills Training in Affective and Interpersonal Regulation (STAIR) model on post-traumatic stress disorder (PTSD), reducing the risk of suicide, and increasing perceived social support among Veterans with PTSD.



Recognition

LT Alesha Egts, NH Jacksonville, was the recipient of the Spirit Award from the First Coast Magazine "Celebration of Nurses;" she was selected from among nurses at hospitals across Northeast Florida (*see picture below*).

LT Kynasha Fongsam, an outstanding charge nurse and currently one of only two Navy Nurses selected as an instructor for the Army's LPN program at Walter Reed National Military Medical Center (WRNMMC), has been designated by American Nurses Credentialing Center (ANCC) as a content expert in the field of Medical-Surgical Nursing. She will now be able to contribute as an item writer for test content, as well as participate on the standard-setting panels to establish passing criteria for one of the largest national credentialing bodies worldwide! Your Navy and Army leadership is proud of you.



JACKSONVILLE, Fla. (July 20, 2017) – LT Alesha Egts, Value-Based Care and virtual health champion at Naval Hospital Jacksonville, collaborates with LCDR Andrew McDermott. LT Egts was selected as First Coast Magazine's 2017 Celebration of Nurses "Spirit Award" winner. The Spirit Award recognizes nurses with 10 years or less experience, who exemplify spirit in nursing. (U.S. Navy photo by Jacob Sippel, Naval Hospital Jacksonville/Released).

