



# Nurse Corps News

Volume 13, Issue 3

May/June 2019

## Director's Message: Some Things Stay the Same



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Use these icons on each page to find the NC milSuite site or email the NC News team!



Hello Navy Nurse Corps! I hope you are having a wonderful start to your summer and will have a chance to spend time with family and friends. As most of you know, we are facing many changes across Navy Medicine, not just in the Nurse Corps. Change is not new. Navy nurses who came before us experienced discussions and challenges that are similar to the ones we face today. Rear Admiral Maxine Conder served as the Director of the Navy Nurse Corps in 1975. In the book, *In and Out of Harm's Way: A History of The Navy Nurse Corps*, she said, "We knew that a great amount of the military budget would be cut and there were continual talks of closures and discontinuing of programs...We were being threatened with what was known as a 'purple suit,' a combination of medical departments into one unit or department and we would all wear purple suits rather than Army, Air Force or Navy Nurse Corps uniforms....I did not want to be present, certainly not the leader, at the demise of the Navy Nurse Corps as we had known it since its beginning in 1908."

In light of the many changes we are facing in Navy Medicine, it is important that we understand that change is not new and we must continue to focus on what is truly important. Our Navy Nursing Professional Practice Model, with tenets of Professional Development, Transformational Leadership, and Operational Readiness/Jointness, ensures we are on point.

What doesn't change is the fact that Navy nurses are talented, seasoned officers with the core responsibility to train corpsmen. Navy nurses ensure corpsmen are ready to care for the injured, not only in the hospital setting, but more importantly in the operational environment, where they often function independently.

What doesn't change is the fact that you will still have the opportunity to be promoted, at all ranks. It is still sustained superior performance that will get you promoted. Don't focus on titles, focus on what you accomplish and the subsequent impact of that accomplishment. Focus on the success of those you lead, to include the corpsmen; their success is your success. Continue to utilize valuable tools such as Career Development Boards and Mock Promotion Boards.

What doesn't change is the fact that Navy nurses don't work alone. Service reputation is determined not just on our ability to work well with each other, but with our healthcare col-



**Tina Davidson, RDML, NC**

**Director, Navy Nurse Corps**

leagues as well. Navy nurses must have the ability to interact professionally with corpsmen, Medical Service Corps, Dental Corps, Medical Corps, and civilians and contractors, given the fact that we work alongside them each and every day.

What doesn't change is the fact that there are exciting and challenging duty stations for Navy nurses, which include CONUS, OCONUS, in the Fleet, and with the Marine Corps, and there are new opportunities on the horizon.

What doesn't change is the fact that Navy nurses are still needed to take on the tough jobs. Navy nurses will still have the opportunity to apply for milestone positions such as Officer in Charge or Senior Nurse Executive. We are forecasting for even more milestone positions in environments that weren't previously available; for example, Senior Nurse Executives serving in Medical Battalions.

What doesn't change is the fact that Navy nurses are still needed to serve in Executive Medicine positions such as Executive Officer (XO) and Commanding Officer (CO). However, the types of XO and CO positions may change, with more becoming available in areas such as the Navy Medicine Readiness and Training Commands.

What doesn't change is the fact that each and every nurse is valued. While certain communities may decrease in number, no community is being eliminated. With some communi-

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## Director's Message: Some Things Stay the Same (cont'd)



ties undermanned, we will continue to focus on opportunities to cross train and substitute when and where appropriate. Navy nurses are integral to the mission of Navy Medicine. Each and every one of you is extremely valuable and gifted. Don't lose sight of the fact that each of you

brings expertise in a particular specialty, but you also may have had a myriad of experiences that add to your overall ability and flexibility to serve in any environment.

What doesn't change is the fact that Navy nurses rock! Keep up the

job of providing outstanding care -- it is what you do best.

What doesn't change is how proud and honored I am to serve as your 25th Director of the Navy Nurse Corps. Thank you!~

## Guide to Individual Operational Readiness



**Mary Riggs, RADM, NC**

**Deputy Director  
Reserve Component**

It only takes a few minutes of watching the news on any day to see that the United States is facing national security threats on many fronts: not just military or terrorist, but also economic and technological. The world is indeed volatile, uncertain, complex, and ambiguous (VUCA). What does this mean for today's Navy Nurse Corps, and how do we individually ensure our Operational Readiness? I propose we take the acronym "VUCA," apply some different and more positive elements to each of the four letters, and use this to guide the nurse's path to Operational Readiness. Do not limit yourself to thinking that readiness is just a checklist to complete in a certain amount of time. Rather, consider it to be all the things you must do to maintain your administrative, pro-

fessional, physical, mental, emotional, and family readiness throughout your Navy career. You may or may not have extended notice to prepare for deploying in support of a specific event. Be ready now!

### **V: Versatile and Vital.**

Nursing is arguably one of the most versatile professions by virtue of the fact there are so many specialties, roles, types of education, and types of certification a nurse can pursue. As Navy nurses, we are expected to continue to grow in professional and leadership expertise. Learn to develop yourself in both of these areas early on. Get the board certifications in your chosen specialty, apply for Joint Professional Military Education opportunities to grow as a military officer and critical thinker, make a goal to read books from the CNO's reading list, and volunteer for opportunities that may take you out of your comfort zone.

"Vital" can have two meanings and they both apply to Navy nurses. Nurses are a vital part of the healthcare team. Nurses care for our nation's warfighters and their families 24/7 in all sorts of settings. In order to do that, you must tend to your own vitality: are you leading a healthy lifestyle that includes good nutrition, regular exercise, adequate sleep, and tending to your spiritual/emotional health? Work on that balance in your life now, so that you can be more resilient and help your shipmates with their resiliency when you deploy.

### **U: Updated and Unflappable.**

Don't wait for your deployment notification before you take a look at your personal and professional matters and make plans for how to handle these issues while you are gone. Make sure you have these plans outlined and up-to-date at any given time. Are your nursing credentials updated? Will your license or BLS expire while you are deployed? What about your will, power of attorney, and family care plan? How will you pay your bills, deal with your apartment lease, store your vehicle? Who will care for your pets? Have you talked about deployment possibilities with your family? If you are a reservist, have you discussed mobilization possibilities with your civilian employer? Additionally, is your knowledge updated? Take some time to make sure you know what our Navy leaders are saying about strategic goals and direction for our organization and our nation. Do you know what the Surgeon General is saying? The CNO? Look it up! Then consider how you fit into that bigger picture for Navy Medicine and the Navy in general.

"Unflappable" is another way of looking at your resiliency, your toughness. We've all heard the saying, "You can't control the things that happen to you, but you CAN control how you react to them." Seek positive people who can be your role models in building resiliency; again, take care of yourself—including your spiritual health, whether that be through religious activities, learning

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## Guide to Individual Operational Readiness (cont'd)



meditation and mindfulness, or reading books that help you develop your resiliency skills. Build these skills now, so they can serve you in the tough times and during deployment.

### **C: Competent and Caring.**

Competent and compassionate nursing care is the hallmark of our profession. In fact, it is written into our Professional Practice Model. If you have been in an administrative role for some time, make it a priority now to get time at the frontline of patient care. More and more, Navy Medicine is moving to smaller, more agile care delivery models, especially in the operational setting. You will be expected to be a hands-on nurse, delivering safe and quality care. And

remember, a Navy nurse is also a teacher. One of our most sacred duties is to ensure our Hospital Corpsmen are trained and ready to care for our warfighters in all situations. Our competence fuels their competence.

### **A: Adaptable and Accomplished.**

As we are all aware, Navy Medicine and the military health system are both changing rapidly and in big ways. These changes will impact all of us and how we train, support medical readiness in our force, and deliver care to those who depend on us. These changes will require Navy nurses to be adaptable and ready to lead during uncertain times. There is also much opportunity to look forward to as we shift and adapt to a

much more operational medicine focus that supports the warfighter in diverse domains. Align yourself with that outlook now.

Finally, as I look across our Nurse Corps community, I see many accomplished professionals: you are educated, dedicated to best practices and research, and innovative in how you give care. In addition, you are an integral part of training, leading, and shaping the future of Navy nursing. Ensure your own operational readiness, support the operational readiness of your shipmates, and look forward to the dynamic times ahead where you will use your Navy nursing practice and expertise!~

## A Step by Step Guide for Updating Your Record



Heather Ray, CDR, NC

### Personnel Planner

**Step 1. TAKE RESPONSIBILITY** for your record and set aside dedicated time for its care and feeding. Remember, records are selected, not people. Make sure your record represents you!

**Step 2. PLAN FOR SUCCESS.** You can't update your record if you haven't been managing your career. It's a good idea to have at least one professional goal each year that will be reflected in your record. You can

get suggestions for goals during Midterm Counseling and other discussions with your chain of command, through personal mentorship, by attending your Career Development Board, reviewing the latest Navy Medicine Course Catalog for relevant courses, and attaining/maintaining professional certifications. This is one of the most important, but oftentimes overlooked steps. You don't want to review your record and realize there is nothing to update because you haven't done anything.

**Step 3. DON'T PROCRASTINATE.** Updating your record requires coordination through several offices. Ideally, you should update your record as soon as you need to make an addition or request a correction. At a minimum, you should review your record annually and follow-up to ensure the changes were made. If you ignore the first three steps, you will have to make frantic efforts to update your record at least 3 months prior to a selection board. But seriously, you know better than that.

**Step 4. REVIEW YOUR RECORD.** The Officer Record Management Brief is posted on [milSuite](#). Step-by-step instructions to verify your record are included on pages 9 through 12. First review your record for any discrepancies and then ask a more senior officer to review it. Did they catch anything you missed? Reviewing records is a skill, start honing this early.

**Step 5. REQUEST UPDATES/CORRECTIONS.** Once your record has been reviewed, you can request updates using the points of contact (POCs) listed in the Officer Record Management Brief. The one item you will not be able to correct is your Naval Officer Billeting Code (NOBC). On the surface this is a dissatisfying answer; however, the NOBC is a billet code from billets you were detailed into. For example, you may have been detailed into a billet that carried the NOBC for Clinical Nurse Specialist. You may or may not be a Clinical Nurse Specialist, but if you were detailed into a billet with that NOBC you will have that on your record. You cannot

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## A Step by Step Guide for Updating Your Record (cont'd)

change this as it is technically correct.

**Step 6. SUBSPECIALTY CODES AND ADDITIONAL QUALIFICATION DESIGNATORS.** In the Nurse Corps, the Personnel Planner manages Subspecialty Codes and MOST Additional Qualification Designators (AQDs). Nurse Corps, the Personnel Planner manages Subspecialty Codes and MOST Additional Qualification Designators (AQDs). If the Personnel Planner does not

manage the particular AQD you're inquiring about, you will be given the POC for that AQD. If you have an advanced degree, the Personnel Planner will need a copy to update your Subspecialty Code. The Planners cannot update degrees in your official record, so you will still need to ensure that your degree is listed on your Officer Data Card; if not, you need to take the appropriate steps to correct the deficiency. Copies of all certifications and re-certifications

need to be submitted to the Personnel Planner. Send an email with supporting documents (redact all personally identifiable information) to the group email: [usn.ncr.bumedfchva.list.personnel-plans-nc@mail.mil](mailto:usn.ncr.bumedfchva.list.personnel-plans-nc@mail.mil).

**Step 7. FOLLOW-UP.** It is a best practice to review your record about 6 weeks after a change request to ensure the change was processed and is reflected in your record.~

## Duty Under Instruction (DUINS). Are you Ready?



Rhonda Hinds, CAPT, NC

### Head, Graduate Nurse Corps Programs

Greetings from Graduate Nurse Corps Programs at Navy Medicine Professional Development Center!

Duty Under Instruction (DUINS) is a force shaping tool that allows active duty Nurse Corps Officers to attend graduate school, enabling Navy Medicine to fill nursing billets that require advanced degrees. With the DUINS season quickly approaching, I would like to take this opportunity to point out key elements that will assist candidates with the application process.

**Start preparing early.** It is imperative to ensure you are prepared to mitigate any unexpected challenges that may arise as you prepare your package for the board. Allow ample

time for your letters of recommendation to be drafted. The turn around time for receipt of college transcripts is also a time sensitive item that has to be considered. Some applicants may not have a competitive Graduate Record Exam score, and may need an additional opportunity to retest. Those are just a few examples of instances when planning appropriately can make a measurable difference in the quality of a DUINS application.

#### Use all available resources.

There are a plethora of resources available to assist candidates with preparing DUINS applications. The program specific specialty leaders, Senior Nurse Executives/Directors of Nursing Services, Nurse Corps detailers, and the Head of Graduate Nurse Corps Programs are available to assist with guiding applicants through the process from start to finish. [BUMEDNOTE 1520](#) outlines eligibility requirements and provides templates for each document that is required. Additionally, the DUINS milSuite site provides the most current information regarding the DUINS program, while providing a platform for applicants to ask questions about specific DUINS topics that may need additional clarification. There are also numerous successful DUINS graduates who are willing to share their journey in an

effort to prevent others from experiencing some of the same pitfalls they may have experienced.

**Be flexible.** Changes in operational requirements have a direct impact on the number and type of training opportunities that are offered annually. As we have seen with prior DUINS cycles, some of those changes can impact a training plan that has already been published, resulting in decreased billets for some subspecialties or increased billets for others.

#### Put your best foot forward.

The DUINS selection process is extremely competitive, and small details count. For example, a package with a personal statement that has multiple misspellings and punctuation errors may lead to the perception that the applicant is not wholly committed to succeeding. On the other hand, if an applicant's undergraduate grade point average is marginally competitive, successfully retaking courses sends a clear message regarding his or her willingness to take steps to ensure success.

DUINS is an excellent opportunity for Nurse Corps Officers to reach the next echelon of professional growth and development!

Please feel free to contact CAPT Rhonda O. Hinds (Head, Graduate Nurse Corps Programs) via [milSuite](#) with any questions.~



## Specialty Leader Update: Medical/Surgical Nursing (1910)



**Tuesday Adams, LCDR, NC**  
**1910 Specialty Leader**

**Gabrielle Crane, LCDR, NC**  
**Assistant Specialty Leader**

Welcome Medical-Surgical Nurses!!

As the newly appointed Specialty Leader, I wanted to take the opportunity to say I am truly honored to have been selected to lead such a vast and diverse group of nurses. **CDR McHenry** turned over an amazing community that her team worked hard to improve and grow, and I hope to continue to make strides alongside **LCDR Crane**, our Assistant Specialty Leader.

We are working diligently toward making our community stronger and more operationally ready, but where do we start? We start with preparation up front. Recently, our team of active and reserve Specialty Leaders reviewed the current Elsevier Core competencies. We are working towards a more streamlined approach to align the competencies with an operational readiness mindset.

Commands are embarking on journeys to give medical-surgical nurses opportunities that may have been previously perceived as only for specialized nurses. These possibilities vary depending on location: clinical sustainment at larger military treatment facilities, regional partnerships with civilian partners, providing medical support to special activities, and robust in-house training courses.

Naval Hospital Pensacola has implemented a robust Skills Sustainment Program that allows nurses to obtain credentialing and complete rotations under a Training Affiliation Agreement at the area's largest network Trauma Center. This exciting opportunity allows those who participate in the program to work toward achieving required core competencies.

The 1910 nurses at USNH Okinawa played a major role in the success of a Joint Mass Casualty Code Gray Drill. During this evolution, these nurses demonstrated the ability to deliver safe, high quality medical-surgical care to a majority of the 200 drill patients. They went on to expand their bed capacity by 26 and converted an outpatient area for inpatient overflow, further expanding capacity by as many as 10 beds. This all was accomplished while tracking and treating 100% of all admitted patients and successfully evacuating 20 patients without discrepancy.

At NH Guantanamo Bay, nurses are gaining useful skills for augmenting humanitarian assistance/disaster relief missions. Using

high-fidelity mannequins, they are conducting multidisciplinary drills to allow the staff to identify opportunities for improvement in skills, processes, and communication.

At USNH Naples, medical-surgical nurses added five stations to their Skills Fair that focused on building nursing skills needed at the Role II level.

How are we keeping skilled 1910s in our community? By recently adding four qualifying certifications: Maternal Newborn Nursing, Pain Management, Certified Registered Nurse Infusion, and Hospice and Palliative Care. For the first time, our community has been included in the retention bonus special pay guidance. This allows for medical-surgical nurses with an approved graduate degree who qualify for a 1910 primary specialty code with the "Q" suffix to apply for a 2-, 3-, or 4-year retention bonus. For more guidance see [FY19 Nurse Corps Special Pay Guidance](#).

No matter where we practice, grow, and hone in our skill set, it is for one reason...Be Ready to Fight Tonight!~



*Click on the picture above to find us on milSuite!!*

## Specialty Leader Update: Family Nurse Practitioner (1976)



**Edgar San Luis, CDR, NC**  
**1976 Specialty Leader**

**Troy Baumann-Freund, CDR, NC**  
**Assistant Specialty Leader**



Greetings, Nursing Leaders! Time has flown by since I last contributed to the Newsletter. **CDR Edgar San Luis** facilitated our first Family Nurse Practitioner teleconference. The event was a great success, with over 70 people dialing in and contributing. Looking forward to more of these!

I would like to thank **LCDR John Arce** for taking on the task of web master for our [milSuite](#) page. He has done a phenomenal job streamlining and cleaning up our page. If you have not had a chance to look or join, please do.

It has been a pleasure serving this community over the last 3 years. My term will end this November. I encourage anyone with interest to apply for this wonderful opportunity to help shape our community and gain a better understanding of the Nurse Corps as a whole. I would like to take this opportunity to highlight some of the great things that 1976 nursing leaders have done/are doing:

### Presentations:

**CDR Accursia Baldassano** presented a 60-minute podium presentation, "Implementing a non-delayed contraception clinic on a military base."

**LCDR Crystal Aandahl, DNP, FNP-BC,** and **LCDR Kara McDowell, DNP, FNP-BC,** are both conducting a poster and podium presentation at the TriService Nursing Research Program Dissemination Course in San Diego.

### Other successes:

**CDR Assanatu Savage** was elected to the Board of Directors for the American Academy of Ambulatory Care Nursing and was selected as faculty to the Defense Institute for Medical Operations.

**LCDR Erinn Gelakoska** started a pilot program for an Active Duty (AD) Comprehensive Women's Health Clinic. The clinic is run by one of our civilian Family Nurse Practitioners and caters to a female AD population only. All of their care is provided in this clinic, and there is also a Social Worker who provides women-based programs and classes.

**LCDR Crystal Bryant** is serving as Interim Chief Medical Officer, Naval Health Clinic Charleston. She was selected over several physicians after interviews.

**LCDR Robyn White, LCDR Rachel Hernandez, LT Lewis Monroe, CDR Marddi Rahn,** and **CDR Savage** developed a draft "Mentorship Handbook" for the Nurse Corps.

All the Navy FNP DUINS students at the Uniformed Services University of the Health Sciences passed their Boards and are now FNP-Board Certified. They are ready to take follow-on orders for their utilization tours!

**CDR Ronald Fancher, USAAMDS Romania,** recently went through what was scheduled to be a Medical Readiness Assessment. However, since the team performed so well, it was converted to a Medical Readiness Inspection and graded as a C-1 (Fully Medically Ready). This is the first time an Aegis Ashore command received a C-1 grade. In another first, the command received the Surgeon General's Blue H award for Health Promotion and Wellness.

I am always humbled by the impressive list of accomplishments of this community. It has been a great term over the last 3 years serving as your Assistant Specialty Leader. As always, please feel free to contact me with any questions or concerns, or if you are interested in the FNP community.~





## Specialty Leader Update: Operational Nursing



**Damian Storz, LCDR, NC**

**Specialty Leader**

**Harry Hamilton, CAPT, NC**

**Assistant Specialty Leader**



Onboard USS Kearsarge (LHD-3) in the Arabian Gulf. LT Jared Lacamiento is awarded his Surface Warfare Medical Department Officer device/ Released.

settings. In this article, I'll address some myths about operational nursing that may undermine readiness and our ability to meet the needs of the Warfighter.

**Myth #1.** "Operational nursing does not apply to me because of my specialty. I won't deploy."

**Fact.** All Navy nurses might deploy, whether for a combat scenario, humanitarian assistance mission, or disaster relief mission. No matter the background or specialty, nurses must be ready to deploy with little to no advanced notice, particularly if the mission is combat support or disaster relief.

**Myth #2.** "Filling an operational billet will negatively impact my chances to promote."

**Fact.** Navy Medicine and the Nurse Corps value Navy nurses who are clinically proficient, demonstrate career diversity, and show growth in role scope and complexity. Operational assignments develop a nurse's capabilities as a leader, clinician, teacher, and mentor. These assignments don't hurt your Navy career, they enhance it.

**Myth #3.** "The standards of care are different when you deploy."

**Fact.** Although personnel in operational units provide care in different physical environments compared to military treatment facilities, standards of care do not change. We are still expected to deliver safe, high quality patient care within each member's individual scope of practice. While The Joint Commission does not survey operational units, several organizations routinely inspect all operational units that contain a healthcare delivery element to ensure they meet established standards of practice, safety, and quality.

**Myth #4.** "I have plenty of time to get my training completed and personal affairs in order before I deploy."

**Fact.** Some unit deployments are scheduled on a known rotation, but unforeseen contingencies can and do occur that require rapid force deployment which could be within days. Readiness is more than the ability to provide safe patient care, it includes the ability to leave with little to no advance notice.

Operational nursing is a unique and highly rewarding opportunity! To think there are few possibilities for providing care in an operational setting is the ultimate myth. Navy Nurses must always be ready. For more information, visit the [Operational Specialty Leader milSuite page](#) and contact the Operational Specialty Leaders and your detailer.~



Onboard USS Kearsarge (LHD-3) in the Arabian Gulf. LT Mary Catherine Taylor conducts mass casualty training with corpsmen from Fleet Surgical Team TWO/ Released.



(Field Medicine Training Battalion West, Remote Training Site onboard Marine Corps Base Camp Pendleton: 1-4OCT2018) LT Nube Macancela (Surgical Company Alpha, Company Commander) and LT Joshua Mondloch (Special Marine Air-Ground Task Force 19.2, Medical Officer In Charge) prepare a casualty receiving station inside the Shock Trauma Platoon tent as part of training during the 2018 Marine Corps Combat Readiness Evaluation /Released.

### Operational Nursing: Myths versus Facts

Men and women join the Navy Nurse Corps for a myriad of reasons. Some to pay off student debt, some to advance professionally, and many to answer a call to duty. Whatever the reason, today's Nurse Corps officers must be ready to provide care in diverse, austere afloat and ashore



## Nursing's Crucial Impact During Pacific Partnership 2019

**Phon Eadens, LCDR, NC**

**Derrick LeBeau, LCDR, NC**

**Tim Whiting, LCDR, NC**

Pacific Partnership began in response to one of the world's most catastrophic natural disasters -- the December 26, 2004 earthquake in the Indian Ocean that resulted in a tsunami that devastated parts of South and Southeast Asia. This mission has evolved over the years from an emphasis on direct patient care to an operation focused on enhancing partnerships through host nation (HN) subject matter expert and civilian-military exchanges.

Pacific Partnership, now in its 14th iteration, is the largest annual multinational humanitarian assistance and disaster relief preparedness mission conducted in the

Indo-Pacific Region. The objectives of the Pacific Partnership mission are to work collectively with HNs and partner nations to enhance regional interoperability and disaster response capabilities, increase stability and security in the region, and foster new and enduring friendships across the Indo-Pacific Region. Pacific Partnership happens at the invitation of each HN. Partner nations, including Australia, the United Kingdom, Canada, Japan, Malaysia, Peru, the Philippines, South Korea, and Thailand, help strengthen disaster response preparedness around the region.

Through Pacific Partnership, we are building bonds of trust, friendship, and partnerships with HN counterparts that will help prepare for a multitude of contingencies that our nations may face from manmade and natural disasters. We are honored to be guests of the HN countries and work beside our counterparts.

Military Sealift Command provided two Expeditionary Fast

Transport platforms for Pacific Partnership 2019. The first platform was the USNS Brunswick, with mission stops in the Republic of the Marshall Islands, Federated States of Micronesia, and Vietnam. The second platform was the USNS Fall River, with mission stops in the Philippines, Malaysia, Timor Leste, and Thailand. Pacific Partnership personnel worked side-by-side in the fields of engineer-



10Apr19 - Professional Nursing Symposium at the Sarawak General Hospital. The symposium was led by CDR Brooke Basford, Pediatric Nurse Practitioner; LCDR Marie Miller, Community Health Nurse; LCDR Phonthip Eadens, Critical Care CNS; and CDR Abigail White, ER Trauma CNS/ Released.

ing, medicine, and disaster response, and partnered with each HN to conduct civic-action projects. These included community health engagements, community health outreach teams, medical and nursing symposiums, and disaster response subject matter expert exchanges (SMEEs).

Before the mission began, three medical teams were established that included a Medical Lead Planner, Dental Lead Planner, Nursing Lead Planner, and Medical Planner. The Nursing Lead Planners were **LCDR Derrick LeBeau** (Team 1), **LCDR Phonthip Eadens** (Team 2), and **LCDR Tim Whiting** (Team 3). Prior to the mission's execution, each medical team traveled to their assigned HNs and performed a Pre-Deployment Site Survey during which they assessed and discussed the respective HN's needs and requests in order to strengthen their healthcare capacities.

During the mission stop in Kuching, Malaysia, Pacific Partnership

nursing personnel from Canada, Australia, the Malaysian Armed Forces, and Malaysian civilian nurses were an integral part of meeting mission objectives. We strengthened the capacities and intraoperative abilities of the Kuching, Malaysia healthcare staff through 1- and 2-day Trauma Nursing Care and Train the Trainer on STOP THE BLEED. We also conducted a 1-day Professional Nursing Symposium for over 300 nursing staff from the Sarawak General Hospital (SGH) and outlying hospitals and clinics of Kuching, Malaysia. Topics included nursing in disaster relief, patient safety using the principles of the Team Strategies & Tools to Enhance Performance & Patient Safety (TeamSTEPPS), and wound care management. This event was historic because it was the first time Pacific Partnership personnel were allowed to participate in programs within a hospital

located in Kuching, Malaysia. From these exchanges, the SGH's leadership implemented the Situation, Background, Assessment, and Recommendation communication tools so their staff members can communicate critical patient information during transition of care. During our time in the Philippines and Timor Leste, several nursing-focused events were conducted to build local nursing capacity and learn through effective SMEEs. Lectures were provided to nurses and nursing students on a variety of topics, including team building, leadership, Emergency Room nursing, CPR, first-aid, and patient assessment. The Nursing Lead for Timor Leste led a team in providing a first-ever Mass Casualty Triage Training Exercise with the local National Hospital, which established a foundation to build upon for future mass casualty training exercises.

During the mission stops in the Marshall Islands and Vietnam, mis-

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# Nurse Corps News

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## Nursing's Crucial Impact During Pacific Partnership 2019 (cont'd)



11Apr19 - Wound care subject matter expert nursing side-by-side with the Sarawak General Hospital Wound Care Team in Ortho Ward; LT Kaitlyn Vangunten, Wound Care Nurse (Right) and LCDR Phonthip Eadens, Critical Care CNS/Released.

by conducting a 2-day disaster nursing seminar with nursing students and faculty to familiarize them with the vital role that nurses play in all phases of disaster preparedness and response. At the Medical College of Phu Yen in Vietnam, we held a 1-day seminar to discuss

shop on simulation based medical education (SBME) and the impact on patient safety. The SBME event culminated with disaster-related trauma scenarios with nursing students utilizing the college's simulation center. All three of the USNS Brunswick locations included nursing side-by-side engagements, basic first responder training, mass casualty training, and various courses focused on basic life support, pediatric and cardiac life support, obstetric emergencies, and train-the-trainer courses in Helping Babies Breathe. Nurses either led or were extensively involved in conducting all these training events.~

sion personnel were fortunate to have access to HN colleges with nursing programs. We leveraged this opportunity in the Marshall Islands

strategies on incorporating the World Health Organization's disaster nursing competencies into the nursing school curriculum and a 1-day work-

## Pacific Partnership 2019 Global Health Engagement Initiatives

**Abigail White, CDR, NC**

**Sharon Hoff, LT, NC**

**USNS Fall River (T-EPF-4)**

Pacific Partnership 2019 had a mission stop in Kuching, Malaysia from 28 March – 12 April. While in Kuching, the Nursing Line of Effort was involved in numerous capacity building exercises, including subject matter expert exchanges (SMEEs), community health engagements (CHEs), community health outreach teams, and host nation (HN) outreach events. The SMEEs included partnering with nursing and medical personnel at the University of Malaysia at Sarawak, Sarawak General Hospital, and Malaysian Armed Forces (MAF), First Medical Battalion. Professional knowledge exchanges occurred over 5 days with topics covering trauma nursing assessment, enroute care, Stop The Bleed, wound care management, TeamSTEPPS, disaster nursing management, and a multiple-casualty field training exercise. Nurse Corps officers from the U.S. Navy, Canada,



3Apr19 - Nursing Student Trauma Subject Matter Expert Exchanges (SMEE) at University Malaysia Sarawak (UNIMAS). CDR White discussed with the UNIMAS Nursing Students the Head-To-Toe practicum skills portion of the Trauma SMEE/Released.

and Australia were paired with HN nurses for one-on-one knowledge exchanges in intensive care nursing, emergency nursing, pediatrics, and orthopedics. The SMEEs provided the HN counterparts with evidence-based practice knowledge and skills to increase interoperability. The partner nation (PN) Nurse Corps officers also participated in two CHEs. At the combined events, the nurse practitioners assisted with the evaluation and care of over 700 Ma-

laysians. Also, Public Health Nurses, Critical Care Nurses, Emergency Nurses, Culinary Specialists, Preventive Medicine Technicians, and Army Veterinarians provided health briefings to the community. These outreach events demonstrated the strong partnership between MAF and PN health care providers.

Pacific Partnership, in its fourteenth year, continues to be an important strategic capacity building mission in

*USNS Fall River Nurse Corps Team:*

**CDR Edgar San Luis, CDR Brooke Balford, CDR Abigail White, LCDR Erik Hardy, LCDR Marie Miller, LCDR Derrick LeBeau, LCDR Pontip Eadens, LT Sharon Hoff, LT Nube Macancela, LT Kaitlyn Vangunten, Capt. Kaethe Sabr (Canadian Army), Lt. Kevin Franklin (Australian Royal Navy), and FTLT John Cullion (United Kingdom Royal Navy).**

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# Nurse Corps News

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## Pacific Partnership 2019 Global Health Engagement Initiatives (cont'd)

the Indo-Pacific area of responsibility. Under the guidance of CAPT Randy Van Rossum, Mission Commander, Pacific Partnership 2019, and CDR Edgar San Luis, Director of Medical Operations, the Nurse Corps officers were pivotal in carrying out the mission. ~



3Apr19 - Nursing Student Trauma Subject Matter Expert Exchanges (SMEE) at Universiti Malaysia Sarawak (UNIMAS). The SMEE was led by CDR Abigail White, ER Trauma CNS; LEUT Kevin Franklin, ED RN from the Royal Australia Navy; LT Sharon Hoff, FNP; CDR Brooke Basford, PNP; CAPT Kaethe Sabr, Critical Care RN from Canadian Army; LCDR Phonthip Eadens, Critical Care CNS; and LCDR Derrick LeBeau, Doctor of Nursing Educator. LCDR LeBeau and LT Hoff demonstrate to the UNIMAS Nursing Students the proper way to remove a helmet during practicum skills portion of the Trauma SMEE/Released.

## Pacific Partnership 2019 Nurse Practitioner Involvement

### Sharon Hoff, LT, NC

FNP, USNS Fall River (T-EPF-4)

Pacific Partnership 2019 had three Nurse Practitioners as part of the mission staff. I was fortunate to be selected for this opportunity. In my 8 years in the Navy as an FNP, I have measured HEDIS metrics, written numerous prescriptions, and completed countless well child visits and school physicals. However, I have not worked outside of the clinic setting. I went through Officer Development School in 2011 and since that time the deployment opportunities for Family Nurse Practitioners have been scarce. The Pacific Partnership mission permitted me the chance to focus on improving my readiness capability, although maybe not in the traditional way.

Our team was deployed aboard USNS Fall River with mission stops in the Philippines, Malaysia, Timor Leste, and Thailand. The goals of the medical and nursing lines of effort were to work with host nations (HNs) to improve and solidify their disaster relief efforts, improve interoperability, and share capacity building programs. Our team participated in multiple field training exercises, trauma nursing trainings, and subject matter expert exchanges with HN counterparts. Prior to this deployment, I had pre-military ICU

experience but no significant trauma training and little to no interactions with foreign nation military personnel. Pacific Partnership allowed me to step outside the world of PAP smears and low back pain; allowing me to take, then teach, courses not required for my daily work.

A requirement for this mission was to complete the Trauma Nursing Core Course. After completing the class and a quick turnaround, I found myself in Southeast Asia teaching trauma. Our core instructor group, along with partner nation ER and trauma nurses, taught a modified trauma nursing course to 250 nursing students, critical care nurses, and mid-level providers. Pacific Partnership 2019 permitted me the opportunity to improve operational medicine skills as I was able to assist with a field training exercise and ATLS course with the Malaysian Armed Forces. I supervised a table in the simulated shock trauma platoon, coached a new provider through his assessment, and helped carry the litter to the helicopter. While this assessment skill was new to me, the continual teaching and discussion on our mission allowed me to feel comfortable in this training exercise and eager to expand this skill set. The experience certainly improved my readiness capability.

During this mission I was also able to expand my general shipboard and Navy knowledge. Life aboard a

ship was a unique and overall enjoyable experience. It enhanced my interoperability within the Navy, giving me the opportunity to work with the medical community and enlisted rates outside of the rates normally associated within the medical setting. The USNS Fall River served as the hub of operations for this mission and my home for most of the deployment. I had the opportunity of standing Senior Medical Officer duty in a remote location with limited supplies, and learned about the International SOS process and how we help sailors in need of medical care far from their parent commands. We manned the rails and stood duty in the scullery, and I even became a Shellback. I had the pleasure of serving under CAPT Randy Van Rossum who ran the mission with the focus of capacity building and interoperability in the region, but with our safety and morale at heart.

As we move toward a warfighter focused mission, working with the line community will only become more important. I encourage Family Nurse Practitioners to raise their hand for this mission. I enjoyed my time thoroughly, and despite it not being a wartime exercise, I have increased my readiness, Navy knowledge, and ability to care for our Sailors and Marines.~



## Enhancing Readiness through Simulation

**Sharon House, CAPT, NC**

**OIC, NMOTC DET Naval Expeditionary Medical Training Institute (NEMTI)**

Medical modeling and simulation provide opportunities to learn and practice clinical trauma assessments and procedures. A host of patient simulation devices are available, from task trainers that focus on procedures such as cricothyroidotomies and chest tube insertions, to whole body mannequins that allow students to conduct respiratory and cardiovascular assessments and employ biomedical equipment such as expeditionary ventilators and ruggedized vital signs monitors. Most clinicians are familiar with these complex simulators within a controlled lab setting. However, expeditionary training takes the experience to the next level by immersing students in the



MCB Camp Pendleton, CA – HM2 Zachary Wood and LCDR Colleen Hiebenthal from a Damage Control Surgical Team perform a cricothyroidotomy on a simulated surgical patient (taken by HN Cassandra Chatman/Released).

can replace actual patients and combat environments, these immersive training environments, employing a myriad of medical modeling and simulation, can prepare medical per-

organ structures. Even canine casualties that breathe, bark, and whimper are incorporated into training environments to stress students' abilities to perform under the pressures of



MCB Camp Pendleton, CA—(L to R) LCDR Javier Childress, NC, LCDR Jay Yelon, MC, and LTJG Joseph Rimkus, NC from Expeditionary Resuscitative Surgical System Team 22 resuscitate a simulated double amputee casualty. (Photo taken by HN Cassandra Chatman/Released).

sight, sound, smell, and unique environments of warfare.

Expeditionary training focuses on the “Train as you fight” principle, ensuring students experience and learn to adapt to the variable conditions they will be challenged with during deployment. While nothing

sonnel clinically and emotionally for warfare. Live actors with moulage replicate burns, lacerations, and penetrating injuries, while amputee actors wearing cut suits simulate severe trauma. Cut suits allow actual surgical procedures such as thoracotomy, laparotomy, and suturing of gross



MCB Camp Pendleton, CA – LCDR Theresa Jenkins, NC from EMF Alpha (Camp Pendleton) performs chest compressions on a simulated surgical trauma patient (Photo taken by IC2 Jordan Guerrero/Released).

warfare while building resiliency.

A key aspect of immersive expeditionary training is the use of simulated field environments, such as V-22 simulators that include the same space confinement, temperature, and sounds of an actual MV-22 aircraft. Resuscitative surgical teams deploy-

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## Enhancing Readiness through Simulation (cont'd)

ing aboard surface combatants will be challenged to use nontraditional spaces for casualty resuscitation and surgery. To help orient and prepare deploying teams for this unique challenge, NEMTI uses a surface ship environment simulator that replicates the San Antonio Class LPD Operating Room and the Arleigh Burke



MCB Camp Pendleton, CA – LCDR Francis McKeown, NC from EMF Bethesda provides life saving care to a simulated canine casualty (taken by IC2 Jordan Guerrero/Released).

Class DDG Flight II galley and hanger bay. Students receive and conduct casualty care in these simulated environments. These awkward spaces require students to adapt and use unique problem-solving skills they may need in theater. The simulator also incorporates the hum of the ship's engines powered by expeditionary generators and features tight spaces that hamper patient and student movement. To provide a completely immersive environment, sight and smell aspects are added to expeditionary training, such as the BADGER AK-47 simulator, smoke machines, low light conditions, speakers generating battlefield or



MCB Camp Pendleton, CA – Members of an Expeditionary Resuscitative Surgical System load equipment onto a V-22 simulator during night operations (taken by IC2 Jordan Guerrero/Released).

ship noise, and conditions that require the use of night vision devices.

While simulation builds individuals skills, it also provides opportunities for aggressive unit-based training. Small

surgical teams such as Role 2 Light Maneuver, and large units such as Expeditionary Medical Facilities,

can engage in complex problem solving, interdisciplinary collaboration, patient movement, resource management, and engagement with larger theater assets for support.

“Train as you fight.” The culmination of hyper-realistic casualties, realistic environments, sights, and smells from the battlefield provide the closest and safest means we have to remain ready and resilient.~



MCB Camp Pendleton, CA — Aerial view of a simulated LPD Operating Room with simulated casualty. LCDR Javier Childress, NC pictured center inserting an IV (Photo taken by HN Cassandra Chatman/Released).





## The Intern Perspective: Senior Nurse Executive Orientation 2019

**Nube Macancela, LT, NC**

**1st Medical Battalion,  
Camp Pendleton, CA**

Six Nurse Corps officers from commands across the globe were selected to attend the 2019 Senior Nurse Executive Orientation as leadership interns. As the time for the event approached, the Nurse Corps interns wondered what the experience would be like. They had heard rumors that they would be kept busy chauffeuring and fetching coffee for the Senior Nurse Executives (SNEs). They could not have imagined the remarkable experiences that awaited them.

The 2019 Senior Nurse Executive Orientation took place in March at Defense Health Headquarters, Falls Church, Virginia. The 4 day orientation provided new and aspiring SNEs with tools and resources that would be vital to their success in their future leadership roles. Briefs were delivered by top leaders in Navy Medicine, including VADM C. Forest Faison III, Surgeon General and Chief, Bureau of Medicine and Surgery; **RADM Mary Riggs**, Deputy Director, Navy Nurse Corps Reserve Component; and **RDML Tina Davidson**, Director, Navy Nurse Corps and Commander, Navy Medicine Education, Training, and Logistics Command.

Topics included the Navy Medicine/Defense Health Agency transition, operational planning, expectations SNEs should impart to their nurses regarding the detailing process, legal and personnel issues, Nurse Corps programs, executive decision making, team building, and the role SNEs have in the development and implementation of evidence-based practice projects. As the SNEs were learning and networking with one another, the six junior Nurse Corps officers were doing the

same.

Prior to the orientation, the six leadership interns, including myself, met with **CAPT Carolyn McGee**, the Nurse Corps Assistant Director for Career Plans, and **CDR Jamesetta Goggins**, Information Management and Technology Director for Capability & Requirements Management, to plan and coordinate the week's events. Responsibilities included escorting and introducing guest speakers, distributing course materials, taking photographs, and managing the audio-visual equipment. We had the opportunity and privilege to sit down with **CAPT Deborah Roy**, Deputy Director of the Nurse Corps, to discuss the future of the Nurse Corps as it realigns itself to support the Navy's evolving operational requirements. We also spoke with **CAPT Iris Boehnke**, Senior Nurse Corps Detailer, to learn about the various billets that are available to us as we advance in our Navy careers. Apart from ensuring a successful week of events, we were ultimately charged with learning and developing our own leadership skills as a room full of experienced leaders shared wisdom, knowledge, and lessons learned throughout their Naval careers.

Towards the orientation's conclu-



(Defense Health Headquarters) March 15, 2019:

The Interns gather at the main entrance of DHHQ with the Nurse Corps Assistant Director for Career Plans and Information Management and Technology Director for Capability & Requirements Management. From Left to Right: **CAPT McGee**, **LT Reeves**, **LT Daley**, **LCDR Powell**, **LT Macancela**, **LT Bartle**, **LT Gunther**, **CDR Goggins** (Photo by: **CAPT Morgan/Released**).

sion, the interns had the opportunity to share what they had gained from this experience. **LT Larry Gunther**, from Naval Medical Center Camp Lejeune, stated he enjoyed listening to Senior Nurse Corps officers discuss the Navy's strategic goals and how they are applied to Navy Medicine.

**LCDR Courtney Powell**, from Naval Medical Center Portsmouth, was thankful for the amazing opportunity to be surrounded by rising members and influential leaders in Navy Medicine. She hopes to share the lessons learned with her staff.

**LT Samantha Bartle**, who traveled from Naval Hospital Okinawa, felt inspired to work with a group with so much experience and knowledge. She appreciated the great emphasis the presenters placed on valuing the impact nurses can make at any level and that leadership shouldn't be based on a position or a title, but rather on how nurses help achieve the mission.

**LT Crystal Reeves**, a reservist from Expeditionary Medical Facility Dallas, said that attending the SNE Orientation as an intern and as a

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## The Intern Perspective: Senior Nurse Executive Orientation 2019 (cont'd)

junior officer was a great honor. From the numerous briefs given by experienced Nurse Corps leaders, she learned that “leadership is not taught, but rather it is learned through experience and mentorship.” LT Reeves is grateful to know that there is a community of senior nurses that are eager to mentor and guide junior nurses, such as herself.

**LT Timothy Daley**, from Oper-

ational Health Support Unit Portsmouth, stated that the orientation provided him with up-to-date information on clinical practice and leadership skills that he can utilize in his current role as a mental health nurse and as a future nurse leader with the U.S. Navy. He highly recommends that junior Sailors actively seek out opportunities like this to enhance their careers.

As for my own thoughts on the

experience, I echo the sentiments of my colleagues. The SNE Orientation was a remarkable learning experience that allowed me to gain a unique perspective on what’s next for Navy Medicine. I appreciated that the presenters and the attendees all voiced the importance of nurses being at the forefront of the transformation that is underway – not only present in it, but leading it.~

## Nurses Week, Happy Birthday, Nurse Corps!!



OKINAWA, Japan. – 3d Med Battalion Nurses’ Week Photo. Back Row: LCDR Jessie Peralta, LTJG Kelsie Deisinger, LT Akouete Kouevigou, LT Brian Dunford, LT Christine Peterlin, LT Andrew Gottula; LT Jennifer Steveley Middle Row: LCDR Corey Fancher, LT Tiffany Bradley, LT Cassandra Ruark, LT James Carter, LCDR Dominick Stelly, LT Priscilla Boateng, LT Lauren Opalenski, LT Dana Mangano Front Row: LT Choang Lai, LT Brian Bonzo, LT Marie Chiong, LT Marven Ayson (Photo by: HM2 Michael Ponn/Released)

Click [here](#) for more Nurses’ Week photos!!

**Tribute to Nurse Pioneer!**

**BHC Atsugi, Japan**

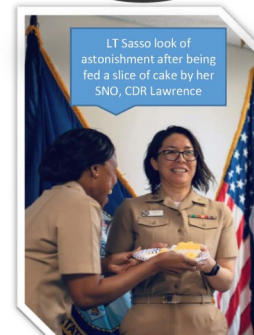
Let us of never consider ourselves finished nurses ....we must be learning all our lives.  
~ Florence Nightingale

Left-Right:  
RN Satomi, CDR Baumann-Freund, LT Nina Sasso, CDR Sophia Lawrence, LT Molly Clark, LT James Jacob, and RN Rinehart

Photos released by:  
LT Jacob



LT Molly Clark: winner of “musical chairs” during Atsugi fun-filled birthday celebration.



LT Sasso look of astonishment after being fed a slice of cake by her SNO, CDR Lawrence





# Nurse Corps News

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## Nurses Week, Happy Birthday, Nurse Corps!! (cont'd)



JACKSONVILLE, Fla. (May 10, 2019) – CAPT Matthew Case (right), Naval Hospital Jacksonville Commander; CAPT Kevin Brown (left), NH Jacksonville Executive Officer; CAPT Susanne Blankenbaker, Director for Nursing Services (representing the most senior nurse); and ENS Jordan Raidl (representing the most junior nurse), cut the ceremonial cake celebrating the Navy Nurse Corps' 111th birthday. The Navy Nurse Corps was established by Congress on May 13, 1908, with 20 original members, known as the "Sacred Twenty." (U.S. Navy photo by Jacob Sippel, Naval Hospital Jacksonville/Released).



CORPUS CHRISTI, Texas -- CAPT Kimberly A. Taylor, Senior Nurse Executive, and Ms. Jeannine Hardwick, senior civilian nurse, celebrate National Nurses Week and the Navy Nurse Corps 111th Birthday at Naval Health Clinic Corpus Christi on May 13, 2019. The annual observance recognizes the vast contributions and positive impact military and civilian nurses have on quality care delivery. (U.S. Navy photo by Bill W. Love).

BREMERTON, Wa.—A cut above the rest...Navy Nurse Corps officers take part in the ceremonial cake cutting - and sharing of slices - at Naval Hospital Bremerton (NHB) commemorating the 111th birthday of the Navy Nurse Corps on May 10, 2019. NHB nurses - active duty, activated reservists, civil service, contractor, volunteer - were also joined by retired nurses at the event, fittingly held at the end of National Nurses Week, which featured a steady week-long schedule of events including various dining affairs to 'Blessing of the Hands,' an ice cream social, and gift giving, all culminating with the Navy Nurse Corps birthday celebration (Official Navy photo by Douglas H Stutz, Naval Hospital Bremerton Public Affairs).



PORTSMOUTH, Va—(Above) CAPT Donna Stafford and ENS Michael Escobar cut the cake in celebration of National Nurses Week. (Left) Nurses assigned to Naval Medical Center Portsmouth (NMCP), Navy Medicine East, and Branch Health Clinic Norfolk stand by for morning colors. Nurses conducted colors to celebrate of National Nurses Week while honoring the legacy of military nurses and Navy traditions. (L to R) ENS Peter Smith, LT Randi Acheson, CDR Dana Dones, & ENS Devin Patterson. (Photos taken by SN Imani N. Daniels/Released).



# Nurse Corps News

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## Nurses Week, Happy Birthday, Nurse Corps!! (cont'd)



KANDAHAR, Afghanistan—NATO ROLE 3 MULTINATIONAL MEDICAL UNIT (MMU) nurses pose for a photo during Nurses Week 2019. (Pictured from L to R) Back row: LT Darius Brown, LT Cory Rogge, LT Eric Wright, LCDR Chris Grey, LT Abiodun Adigan, CDR TaRail Vernon, LCDR Woody Pierre, LTJG Matthew Baskwell, LT Geraldine Bazile; Middle row: LT Stacy Bourne, LT Maryanna Swanson, LT Sarah Bush, LT Jennifer Lo; Front row: LT Anne Echenque, LTJG Sherie Bernados, LT Meagan McAuley, LT Joahna Pedrozo, LT Kirsten Hausinger, LT Meagan Headrick, LT Zachary Dodd (Photo by: HM3 Kathering Baldwin/Released).

## Happy Nurses Week from Kandahar, Afghanistan!

National Nurses Week 6 May – 12 May 2019 celebrates nurses around the nation as heroes. It's a time when we recognize nurses for their compassion, selflessness, and hard work. This year the American Nurses Association (ANA) wants to highlight "4 million Reasons to Celebrate" in honor of over 4 million registered nurses in the United States in 2019. Nurses week will mark a very special time, not only for myself but for the 21 other nurses celebrating at NATO Role 3 Multinational Medical Unit in support of Operation Resolute. We play a vital role in ensuring every injured American and Coalition forces military member returns home to their families, safely. Our selfless service to duty and our country makes us who we are: NURSES!



KANDAHAR, Afghanistan (10 May 2019)—LT Matthew Baskwell (left) and LT Kirsten Hausinger (right) raise our Nation's Flag for Morning Colors at Role 3 MMU (Photo by: HM3 Kathering Baldwin/Released).





# Naval Health Clinic Lemoore introduces DAISY Award!!

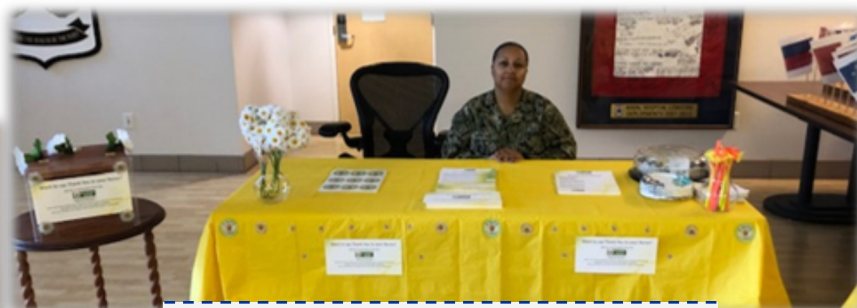


LCDR Erica Nicoletti serves cinnamon buns to staff members in honor of the DAISY Program implementation during Nurses Week at NHCL (7May2019/Released).



This Photo by Unknown Author is licensed under CC BY.

LT Kimbelee Orr serves cinnamon buns to staff members in honor of the DAISY Program implementation during Nurses Week at NHCL (7May2019/Released).



LCDR Juanita Hopkins educates patients and staff members alike on the DAISY Program at NHCL (7May2019/Released).



LT Kimbelee Orr and LCDR Erica Nicoletti serve cinnamon buns to staff members in honor of the DAISY Program implementation during Nurses Week at NHCL (7May2019/Released).

Nurses Week, sponsored by the newly established Nurses Association, at Naval Health Clinic Lemoore (NHCL) also marked the introduction of the **DAISY** program to the command. The DAISY Foundation was established in 1999 by family members of Patrick Barnes, who passed away from an autoimmune disease. They wanted to develop a recognition program to honor the extraordinary work done by nurses for patients every day. Today the DAISY (Diseases Attacking the Immune System) Award is in 50 states and 21 countries and now most recently at NHCL. The DAISY Committee used Nurses Week as a forum to educate the staff and patients within the clinic along with the hallmark treat of the DAISY Foundation, cinnamon rolls. The DAISY Award will be presented biannually at NHCL with the first award celebration planned for November 2019.





### Certifications

**CAPT Annie Case**, USNH Guantanamo Bay, obtained her certification as Nurse Executive-Board Certified (NE-BC).

**LTJG Lauren Andres**, NMC Portsmouth, earned her Oncology Nursing Certification (OCN).

**LTJG Mercedes Proctor**, NMC Portsmouth, earned her OCN.

**ENS Clara Miller**, NMC Portsmouth, earned her Emergency Nursing Certification (CEN).

**LT Katrina Chalfant**, NMC Portsmouth, earned her CEN.

**LTJG Myesha Barr**, NMC San Diego, obtained her certification as a Certified Medical-Surgical Registered Nurse (CMSRN).

**LT Candice Fox**, NH Jacksonville, earned her CMSRN.

**LTJG Molly Fekete**, NMC San Diego, earned her CMSRN.

**LTJG Kathryn Hrezo**, NH Jacksonville, earned her Critical Care Nursing certification (CCRN).

**LT Ashley Hanhurst**, WRNMMC, obtained her Certification for Perioperative Nursing (CNOR).

**LTJG Olivia Nuzzo**, NMC Portsmouth, earned her CEN.

**LT Jeffrey Ng**, NH Camp Pendleton, earned his CEN.

**LTJG William Cowden**, NMC Portsmouth, earned his CMSRN.

**LT Chad Obermeyer**, NH Jacksonville, earned his CCRN.

**LTJG John Fassoth**, NMC Portsmouth, obtained his Progressive Care Nursing Certification (PCCN).

**ENS Peter Nguyen**, NMC Portsmouth, obtained his PCCN.

**LTJG Andrew C. Dudley**, NH Jacksonville, obtained his CEN.

**LTJG Erin Brining**, NMC Camp Lejeune, achieved ANCC board certification in Psychiatric-Mental Health Nursing (PMHN).

**LTJG Penelope Quinton**, USNH Yokosuka, earned her CMSRN.

**LT Debi Hopkins**, USNH Guam, obtained her PMHN.

**CDR Stephanie Donahue**, OHSU Bremerton, became Board Certified in Ambulatory Care.

**LCDR Julie Cunningham**, EMF Bethesda, earned certification in Inpatient OB.

**LCDR Robert Muth**, EMF Bethesda, earned RNC-OB (Inpatient OB) certification.

**CAPT Michael Watson**, OHSU Portsmouth, became a board certified Emergency Nurse Practitioner.

**CDR Mitchell Wright**, OHSU San Diego, earned his CNOR certification.

**LT Sharnell Reid**, EMF Dallas, earned certifications in Medical Surgical nursing and Ambulatory Care nursing.

### Education

**LT Caitlin Carroll**, NHC Quantico, earned her Master of Science in Nursing as a Family Nurse Practitioner from Chamberlain University in April 2019 and earned her certification from AANP as a Family Nurse Practitioner in May 2019. Additionally, LT Carroll earned her LSS Green Belt in April 2019.

**LCDR Andy Lum**, NMC Camp Lejeune, completed his Doctorate of Nursing in Anesthesia Practice.

**LCDR Eduardo Barnet**, NMC Camp Lejeune, completed his Masters in Nursing.

**ENS Daniel Thompson**, NMC Portsmouth, completed his APNA Transitions in Practice (ATP) Certificate program.

**LCDR Oliver Bascon**, OHSU San Diego, earned a Master of Business Administration degree.







### Education

**LT Rockey Poeta**, EMF Bethesda, earned a Post-Masters as a Family Nurse Practitioner from Widener University.

**LCDR Andrea Shaferearned**, EMF Bethesda, earned a Doctorate of Nursing Practice as a Family Nurse Practitioner from the University of Maryland

**LCDR Katie Jones**, EMF Bethesda, earned a Masters in Public Health - Global Maternal/Child Health with a certificate in Public Health Preparedness and Disaster Response, and won the Community Team Award from her civilian hospital employer this past year.

**LCDR Amber Wilson**, EMF Bethesda, completed a Doctorate of Nursing Practice degree.

**LT Kerbie Salvador Barrantes**, EMF Bethesda, earned a Doctor of Nursing Practice as a Family Nurse Practitioner from Washington State University.

**LT Joshua Becker**, OHSU Portsmouth, graduated with a Master of Science in Nursing degree from SUNY Upstate Medical University as a Family Psychiatric Mental Health Nurse Practitioner.

**LCDR Karen Doyle**, OHSU Portsmouth, earned a Master of Science in Nursing Education from Excelsior College.

**LCDR Thomas Gaffney**, OHSU Portsmouth, earned his Doctorate of Nursing Practice as a CRNA from the University of Pennsylvania.

**LCDR Stephanie Daily**, OHSU San Diego, earned a Doctorate of Nursing degree.

**LCDR Shirlene Sulatan**, EMF Camp Pendleton, graduated from the Naval War College.

### Recognition

**LCDR Jennifer Loran**, NMC Camp Lejeune, was selected the NMCCCL 2018 Officer of the Year.

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!](#)



Duke University School of Nursing hooding and graduation ceremony (May 12, 2019): **LCDR Desirae Pierce** (Left) received her Doctorate of Nursing Practice diploma and **LT Brandi Gibson** (Right) received her Master's of Nursing for Neonatal Nurse Practitioner.

### NURSE CORPS NEWS TEAM MEMBERS HAIL & FAREWELL!!

**LCDR Melanie Harding** has served as Editor in Chief, Nurse Corps News, for the past 3 years. She has truly done an exceptional job producing a high quality product that is read and enjoyed by our entire Nurse Corps community. Under her leadership, the inaugural Year in Review edition was published in 2016, and subsequent Year in Review editions were published in 2017 and 2018. Her dedication and diligence enabled information about Nurse Corps policies, initiatives, and information to reach a global audience. THANK YOU and best wishes to you, Lcdr Harding!

I'm pleased to announce **LCDR William Westbrook** is our selection for our next Editor in Chief. Lcdr Westbrook is currently assigned as the Assistant Department Head, S3-Training, 1st Medical Battalion, Camp Pendleton, CA. He's previously been stationed at NH Jacksonville, NMC San Diego, and NH Guam, and has experience in adult and neonatal critical care.

We have also selected **LT Nube Macancela** and **LTJG Barbara Kent** as our newest Layout Editors. LT Macancela is also assigned with 1st Medical Battalion, as Company Commander of Surgical Company A. LTJG Kent just recently PCS'd from the Neonatal ICU, NAVMEDCEN Portsmouth (NMCP) to Walter Reed National Military Medical Center (WRNMMC).

These officers join **LT Randi Acheson**, who has been a member of the Newsletter team since January, 2018.



**Bravo Zulu!**



## Health Professions Loan Repayment Program (HPLRP) Selectees!!

Congratulations to the following officers who were selected for this year's **Health Professions Loan Repayment Program (HPLRP)**!

Selectees (in alphabetical order):

<i>LT Joseph Biddix</i>	<i>Navy Medical Center Portsmouth</i>
<i>LT Brandi Cason</i>	<i>Naval Health Clinic Charleston</i>
<i>LT Kayla Hennen</i>	<i>Naval Hospital Jacksonville</i>
<i>LT Margaret Mitzkewich</i>	<i>Naval Medical Center San Diego</i>
<i>LT Erica Monsees</i>	<i>Navy Medicine Training Support Center</i>
<i>LT Christopher Payne</i>	<i>Uniformed Services University of the Health Sciences</i>



Alternates (in priority order):

<i>LCDR Sierra Howell</i>	<i>Naval Medical Center Portsmouth</i>
<i>LT Jessica Hann</i>	<i>U.S. Naval Hospital Yokosuka</i>

The HPLRP for Retention of Nurse Corps officers assists eligible personnel in repaying up to \$40,000.00 for qualified loans incurred while earning a Bachelor of Science degree in Nursing. The Bureau of Medicine and Surgery Notice directing the annual program is released in February. The Notice describes eligibility and application procedures, and lists the number of selections.

The HPLRP Board convenes in April. The Fiscal Year 2019 HPLRP Board President was **CAPT John Eckenrode**. Board members were **COL Cheryl Creamer (Army Nurse Corps)**, **CDR David DeSantos**, **CDR Maria Fuentesbella**, and **CDR Rhonda Hinds**. Board members evaluated and scored applicants on career potential, professional accomplishments, special achievements, and motivation. This is always a very competitive board. Accomplishments and activities that make an applicant stand out include evidence of sustained superior performance in one's primary duties; contributions to the unit, command, Nurse Corps, and/or Navy Medicine; collateral duty achievements; subspecialty certification; advanced education; active membership in professional organizations; professional presentations and publications; awards; volunteer work; and excellent or outstanding physical fitness scores. These are examples of achievements that assist board members in selecting officers for this opportunity. This is not an exhaustive list, nor is it a list of absolute requirements.

Congratulations to this year's awardees, and thank you to all board members, recorders, and technical advisors for your time, diligence, and thoughtful deliberations.~

~CAPT Carolyn McGee, Assistant Director for Career Plans

