Nurse Corps News

Volume 14, Issue 1 *January/February 2020*

Director's Message: Special Pay Incentive Guidance

Tina Davidson, RDML, NC

Director, Navy Nurse Corps

Nurse Corps Team! As you may already know, the NAVADMIN 054-20 & Special Pays guidance has recently been released for FY 2020.

The following information specifies much needed information to help clarify how this incentive shapes our NC community.

Background for Special Pays:

Navy Medicine's mission is to keep the Navy and Marine Corps ready, healthy and on the job. Paramount to this mission is ensuring the Department of the Navy has a ready medical force to meet assigned operational missions. To do this, we must maximize recruitment and retention tools such as special and incentive pay to attract and retain Medical Department officers with critical specialties.

Navy Medicine analyzed current manning data, end-strength forecasts, loss and retention rates, training timeframes, recruitment rates, and Department of Labor statistics to craft the Fiscal Year 2020 (FY20) Medical Department Special Pays Guidance. Expected force adjustments as a result of the Medical Manpower All Corps Requirement Estimator (MedMACRE) further influenced recommendations. Changes to the FY20 special pays guidance align with needed requirements, enhancing future operations and Navy and Marine Corps lethality.

Key Messages:

*Navy Medicine's mission is to keep the Navy and Marine Corps ready, healthy and on the job.

*We must have properly aligned uniformed personnel to meet the nursing capabilities of the Navy and Marine Corps operating forces.

*Navy Medicine analyzes external factors that influence Nurse Corps end-strength in relation to required manpower, or authorized billets, and uses special and incentive pay, coupled with other personnel management tools, to influence recruitment and retention behavior and ensure the right mixture of specialties, experience, and talent to meet our mission.

As our Nurse Corps officers consider contracts for a special pay/retention bonus, it is imperative that they have a solid understanding of not only the benefits of specialty pay, but also ensure they understand the legal requirements and assignment limitations this could potentially impose on them. For example, if they are interested in future applications for DUINS, military schools (Command & Staff/Senior War Colleges) or even non-traditional assignments, it may not be possible given the fact that they must be working in their Primary SSC for the entire contract time frame relevant to the bonus signed. It is important to keep in mind, that Special Pays are reviewed and generated annually, meaning that guidance can and will adjust in years ahead to help force shape our NC to meet the needs of Navy Medicine.

If you have any questions on requirements, please contact your SNE, Command's Special Pays Coordinator, or post your question on the Nurse Corps milSuite page.~

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NCNEWS-REQUEST

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

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Reserve Component: Building Leaders in the Clinical Space

Mary Riggs, RADM, NC

Deputy Director
Reserve Component

Leadership as a naval officer is indoctrinated into us from day one. Whether it is hearing feats of past leaders like Fleet Admiral Nimitz or the accomplishments of the "Sacred Twenty" from the creation of the Nurse Corps, we are directed to be leaders. But what does it mean to be a leader in the clinical space? This used to be a simple answer. Beginning as Ensigns, we would learn the skills required for our assigned unit and move from novice to expert in those skills and were considered leaders based on clinical competencies. Times have changed.

Although bedside skills are still an essential part of our practice, clinical expertise does not make a clinical leader. It is essential that we continue to focus not only on clinical skills but also incorporate expertise in research, budgeting, cost containment, clinical innovation and process improvement. We can no longer only be "unit focused" but must understand how each unit interacts with others to affect the overall success or failure of Navy Medicine and the health of our Navy and Marine Corps team.

How do we develop leaders? Future leaders must be identified early in their career. A clinical leader needs to be a recognized expert in their clinical area as well as possess exemplary interpersonal skills and the ability to express their vision to others. Involvement in working groups and placement in leadership positions where they can envision how their actions will determine the future of Navy Medicine is imperative.

Mentoring is essential in development of leaders. Effective mentoring is a two-way street and requires commitment of the mentor and protégé. A successful mentoring relationship allows a developing leader to develop ideas and concepts in a safe, non-judgmental professional relationship with a senior, experienced leader providing real time guidance and reinforcement.

The final area to consider is the concept of lifelong learning. Future clinical leaders must develop interest in reading and interpreting current research to integrate evidenced-based practice in daily care of patients. This can be achieved by involvement in unit "reading clubs" or encouraging seeking advanced degrees, but not necessarily as advanced practice providers. Degrees as a Clinical Nurse Specialist, Master's in Public Health and Master's in Business Administration can all contribute to the development of leaders in the clinical space.

Clinical leaders will shape the future of healthcare from the bedside. They are found in all areas of healthcare, from the medical-surgical ward to the family medicine clinic. It is up to us to recognize their leadership. Navy Medicine will be better for it.~

Reserve Component: The Navy Nurse Corps milSuite site is meant for you, too! But did you know there's a milSuite page built with you in mind? Find information on Reserve-specific education opportunities and career management, and meet your Specialty Leaders.

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

NAVAL RESERVE
STAY STRONG

Nurse Corps News

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Operational Nursing: Operational Readiness is Mission One

William Wiegmann, CAPT, NC

US Fleet Forces Command/USMC

"The surest way to prevent war is to be prepared to win one." (2018 National Defense Strategy)

The drive to be ready for combat and to support combat operations is part of our naval heritage. In the early eighteenth century, the term "beat to quarters" was used to describe when a drummer would beat a tune on a man-of-war sailing ship in the presence of an enemy to immediately call the crew to their stations for action. That term later gave way to sounding General Quarters, where all available sailors would stop what they were doing and immediately report to their Battle Stations.

In the Robley D. Evans Conference Room at United States Fleet Force Command (USFFC), there is a poster of Rear Admiral Evans depicting several key points in his life as a naval leader. In one section, there is a rendering of Captain "Fighting Bob Evans" giving a tour of the USS New York (ACR-2) during his tenure as Commanding Officer (1894-1897). Within the caption, it tells of an account of when Kaiser Wilhelm II didn't believe that USS New York could be combat ready in two minutes. In response, Admiral Evans called the ship to battle stations at one in the morning to prove him wrong.

I have experienced this call to Battle Stations personally as a Ship's Nurse on the USS Harry S. Truman (CVN-75). Sometimes it was just to set Battle Stations for drill purposes. More often for me, as the Medical Training Team lead, it was coordinate the integrated training and assessment of crew response to a variety of medical casualties generated from a variety of primary, secondary and even tertiary battle damage that was simultaneously occurring throughout the ship.

It takes investment to obtain readiness, as an individual, as a division, as a unit, as a command. If we do not invest in readiness "we will rapidly lose our military advantage, resulting in a Joint Force that has legacy systems irrelevant to the defense of our people. We will expand the competitive space while pursuing three distinct lines of effort: First, rebuilding military readiness as we build a more lethal Joint force…" (National Defense Strategy 2018). Furthermore, readiness must be sustained and is a critical element, key to proactively shaping the strategic environment and respond to contingencies.

NORFOLK, Virginia (08.06.2014): LT Nancy Helfrich, the Ship's Nurse and Medical Training Team lead supervises both training and her team's instruction during a General Quarters Drill involving mass casualties; Hospital Corpsman 1st Class Chris Lockhart directs Sailors aboard the aircraft carrier USS Theodore Roosevelt (CVN 71) on proper stretcher bearing techniques during a mass casualty drill (U.S. Navy photo by Mass Communication Specialist 3rd Class Sandra A. Pimentel/ Released)

Readiness is central to our Nurse Corps role and development. It was almost exactly three years ago when "Chapter 2: Operational Readiness and Joint Capability Domain" of our corps' Professional Practice Model was released on the Nurse Corps milSuite site. In the beginning statements of Chapter 2, "Operational readiness is the reason Navy Medicine exists and the cornerstone of a Navy Nurse's career development." Clarifying further per Chapter 2, "Successful operational readiness encompasses individual readiness, unit readiness, and force health readiness." Furthermore, all warfighters, including support personnel, must be ready to conduct their mission.

Preparing nurses to be ready in an operational environment includes being introduced to the environment. The operational and specialty leaders are already doing that. For example, in November of 2019, **Captain Baggott** and **CDR Storz** hosted a VTC Operational Nursing Brief for the Nurse Corps Resident Operational Environment Familiarization Program with 35 commands with an estimated 200 nurses in attendance. The brief was designed to expose new nurses to operational nursing, however, it was not limited to resident nurses only. The brief in VTC format provided an opportunity to reach all nursing residents and allowed for any nurse to refresh while energizing the base. Currently, **CDR Garcia-Duenas** is coordinating with CDR Storz and me to develop a green side version as well. As another example, to better understand the environment in which a nurse may find themselves, 57 resident and perioperative nurses from military treatment facilities in San Diego, and Portsmouth participated in one of five Shipboard Familiarization visits across four TYCOMs (CNSP/

continued page 4

Operational Nursing: Operational Readiness is Mission One *(cont')*

CNSL/ CNAL/ CNAP) with one tour including a Ticonderoga-class cruiser for increase awareness of IDC led platforms.

From Page 7 of Chapter 2 of our Professional Practice Model, "How, then, does the Navy Nurse become ready to act effectively in all circumstances? To prepare for deployment, the Navy Nurse must work diligently to grow as seasoned professionals within the MTF setting. The Navy Nurse should seek additional formal opportunities for study, certification, training, and/or advanced professional education. Additionally, the Navy Nurse should develop mentoring relationships with other nurses who will offer guidance, share their experiences, and provide a professional yardstick from which to measure one's own progress. Operational Readiness requires the Navy Nurse to be flexible, adaptable, and creative. Education and training expand knowledge, skills, and abilities, enhancing the readiness of the Navy Nurse to provide expert care in any environment, including the joint environment."

There is a common thread of readiness that can be identified through our senior military and civilian leaders. Consider the following:

On Oct 2, 2015, the Chairman of the Joint Chiefs of Staff, Marine Corps Gen. Joseph F. Dunford Jr, listed his priorities in a message to the force. He wrote, "The military must be ready today and tomorrow… Our fundamental responsibility to the nation is to be a ready force." Why? Because "when deterrence fails, we will deliver joint forces that can fight and win."

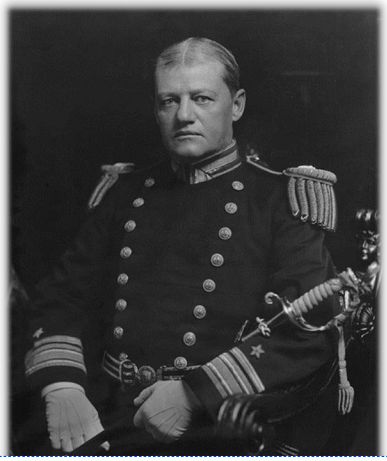
In the Washington Navy Yard on August 22, 2019, Admiral Michael Gilday assuming his duties as the 32nd Chief of Naval Operations during the change of command ceremony, stated "My focus in the coming years is to move forward...with a sense of urgency, and sustaining our readiness and modernizing our force and taking care of our most important weapons system, our sailors and their families."

In the memorandum for all military and Department of Defense personnel, "Message to the Force-Warfighting Readiness" (10 OCT 2019), the Honorable Mark Esper, Secretary of Defense, sums up his message "Everything we do must contribute to the readiness and lethality of our joint force."

In LTG Place's email sent to the DHA enterprise on Oct 10, 2019 on his announcement message of General Milley's guidance to the force, he highlighted Gen. Milley's focus areas, as our 20th Chairman of the Joint Chiefs of Staff. One focus area of General Milley is to "improve joint warfighting readiness. We must be ready 24-7—that is our contract with the American people." LTG Place furthermore makes note that: "There is a reason we emphasize the importance of readiness in the reforms under way in the MHS: Senior uniformed and civilian leaders are demanding it. We must demonstrate our value to the joint force in increasing the nation's ability to defend itself and its interests."

In his initial guidance released on 4 December, Admiral Gilday identified just how important readiness is: "Mission One for every Sailor – active and reserve, uniformed and civilian – is the operational readiness of today's Navy." [FRAGO 01/2019: A Design for Maintaining Maritime Superiority (published December 2019 and written to "simplify, prioritize, and build on" Admiral Richardson's "A Design for Maintaining Maritime Superiority, Version 2.0" issued in DEC 2018)].

During RADM Gillingham's 30 Jan 2020 VTC, he stated "Job One is readiness." The concept of our "true north" being readiness permeates through his "Surgeon General's Day One Guidance" memorandum (dated 1 NOV 2019) and his follow on Surgeon General Operational Orders "Medical Power for Integrated Naval Superiority" (dated JAN 2020).



Rear Admiral Robley D. Evans USN photographed by Gessford, New York City circa 1901. U.S. Naval Historical Center Photograph.

Summary: As leadership has clearly identified, achieving and sustaining readiness across the department of defense, strategically positions our fighting forces for success of the mission and operations. Navy Nursing must continue to remain laser focused on being ready as an individual, as a team, as a supporting professional organization, to ensure, when the drum gets beat, when "All Hands" is piped, when the klaxon sounds, when the word is passed, when the ambulance arrives, when the patient is brought in, they and their team are well prepared to save life and limb. They have already trained their shipmate and they have already invested in the warfighter to set them up for success.~

Informatics: MHS GENESIS Implementation

Joshua Wymer, LCDR, NC

Chief Nursing Informatics Officer

Greetings from beautiful Southern California and Naval Medical Center San Diego (NMCSD), "The Pride of Navy Medicine." This New Year affords an opportunity to enhance our individual and organizational contributions to **Readiness**. The Surgeon General's charge to leverage our "leadership, influence and personal commitment" should be our touchstone as One Navy Medicine embraces the priorities of People, Platforms, Performance, and Power. (click here to watch an important message from the new Navy Surgeon General Rear Adm. Gillingham).

NMCSD was privileged to kick off 2020 with our Command Executive Brief (CEB) and the official start of the MHS GENESIS implementation for Wave San Diego. The implementation will add nearly 10,000 end-users in a catchment area with more than 250,000 eligible beneficiaries. In addition to the large medical center, 11 branch clinics and many remote and mobile locations, the wave will also include Navy and Marine Corps units representing the full spectrum of operational medicine.

Our NMCSD staff have eagerly embraced this opportunity with nearly 400 super users being selected to guide the Balboa team through the transition to a fully integrated electronic health record (EHR) system. Our Current State Assessment (CSA) in January included clinical and technical walkthroughs across more than 100 work centers. With Model System Review (MSR) around the corner in March, our team is looking forward to leaning into the many tasks that will be accomplished in the year ahead.

Implementation of the MHS GENESIS electronic health record (EHR) represents a compelling opportunity for NMCSD and One Navy Medicine as we continuously enhance our support of medically ready forces, a ready medical force, and the care of our beneficiaries. The single-instance EHR and the efforts being undertaken by the DOD/VA Interagency Program Office are the next step in the evolution of healthcare provided to our service members and their families.

In addition to supporting many local and regional partners who have come alongside our organization for this implementation, NMCSD has embraced the opportunity to leverage MHS GENESIS capabilities for the benefit of our patients and staff.

From the new patient portal to the ever increasing number of integrated data exchanges, Defense Health beneficiaries are gaining invaluable access and interoperability that far exceeds previous offerings.

As for long-term and system level impact, the introduction of new health data exchanges and innovative data mining capabilities are among the most compelling outcomes for the future state of Tri-Service Informatics and Defense Health. In many ways, our ability to support future innovation and research is simply expanding and scaling the work for which Navy Nursing is renowned.

As we continue to maintain and enhance a vibrant culture of safety, Navy Nurses are key stakeholders through the uniqueness of our charge and our core principles of **Caring, Compassion, and Competence**.

The frenetic pace of innovation across healthcare calls for engagement from those who are most connected to our patients, families, and communities. Navy Nursing remains uniquely positioned to shepherd the evolution of health technology while delivering on outcomes that align with the Navy's Culture of Excellence (CoE). I am confident we will continue to embrace the critical role of patient advocate as we assure that current and future innovation is harnessed for the good of those we are privileged to serve.~

Specialty Leader Update: Nursing Research (1900D)

Virginia Blackman, CAPT, NC

1900D Specialty Leader

Wendy Cook, CDR, NC

Assistant Specialty Leader

Asking questions and conducting research to extend our understanding of a problem or phenomenon, then designing and testing interventions, is how Navy Nurse scientists contribute to readiness. Across the community of PhD-prepared Navy Nurse researchers (1900D), our scientists focus on emerging threats related to novel weapon systems, developing models of how to use big data to support readiness and resourcing requirements, and exploring how military service impacts women's health. Navy Nurse scientists are conducting research to better understand long-term implications of battlefield analgesics, prepare trauma care providers, and optimize training for Global Health Engagement missions. Still others develop behavioral health interventions to be delivered by primary care providers, to help keep the Navy/Marine Corps personnel "in the fight." In all of these areas, new knowledge, unique to military nursing, is essential if we are to lead with evidence-based practices.

To give a more in-depth picture of leadership in research, this month we feature **CAPT Abbie Marter Yablonsky**. Through her PhD education and research activities since graduation in 2015, she has led research focused on Warfighter Fitness/Availability. She led a team at NHRC to complete the first ever scoping review of military women's health research, which identified sexual & reproductive health and psychological health as areas in need of more targeted, high-quality research. She presented these findings to leadership in Washington, D.C. and active duty women's health has become a visible priority throughout the Department of Defense. Her team described gaps in gender-specific military research on topics including sexual assault, gynecological care on deployment, eating disorders, adjustment disorders, sexually transmitted infections, chronic illness, and sleep health. The Congressionally Directed Medical Research Program's updated 2018 funding priorities included gaps previously identified by her team, such as chronic illness (e.g., cancer, chronic pain, heart disease), sleep disorders, and eating disorders.

Collaborating with a team of circadian scientists, she found significant positive results in response time and sleep quality from several light-based interventions in a small sample of Navy hospital shift workers. Supported by NMCSD leadership, her team is expanding these light-based interventions to additional inpatient wards with the aim to strengthen and reproduce findings in a larger sample, which could support changes to architectural lighting within the entire hospital, and could have applications in non-healthcare military facilities with 24-hour operations.

In response to several ship-based fatalities, in which suboptimal communication during stressful situations was a factor, she led a team to evaluate current training on workplace team communication and stress management. She developed a partnership with the Fleet and Family Support Center to scientifically evaluate their course materials on board Navy ships to test efficacy and suggest modifications based on current scientific literature.

The unique readiness needs of Navy and Marine Corps personnel, whether pre-deployment, on deployment, when injured and recovering, or returning and reintegrating post-deployment, require customized nursing care based on the best evidence. Check out our milSuite page to find out more about the research being conducted by Navy Nurse scientists, and how you can be part of the these efforts!~

CAPT Blackman is currently an Assistant Professor, Graduate School of Nursing at Uniformed Services University and CDR Cook is assigned to Naval Medical Center San Diego

DISCLAIMER: The opinions and assertions expressed herein are those of the author(s) and do not necessarily reflect the official policy or position of the Uniformed Services University or the Department of Defense.

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Specialty Leader Update: Perioperative Nursing (1950)

Robert Cuento, CDR, NC

1950 Specialty Leader

Lacy Gee, CDR, NC

Assistant Specialty Leader

CDR Lacy Gee and I are honored to be your new Perioperative Specialty Leaders. We are extremely proud of the 1950 community and we will give our all to ensure its continued success. We would like to recognize our previous Specialty Leaders, **CDR John Broom** and **CDR Christina Tellez** for their leadership and guidance.

Although change is inevitable, what remains unwaverable is our desire to serve this Nation, support one another as colleagues, and provide the highest quality care for our warfighters.

You may often hear "Readiness" and "Knowledge, Skills, and Abilities" touted as the new buzzwords. Simply put, we ALL need to be actively practicing in our field, being well rounded in all aspects of surgical services (to include Post Anesthesia Care Unit cross training and Sterile Processing Department experience), and repetitiously perform cases to sustain our skillset. If assigned outside the Main OR, taking regular call and making time to work the rooms are ways to stay sharp. As your Specialty Leaders, what keeps us up at night is if we are all prepared to go downrange. Combat Casualty, Trauma, and Burn cases are generally not within our normal daily operations within our smaller facilities and surgery. Although simulation has its benefits, nothing beats the real deal. We encourage those with local Military – Civilian partnerships to take full advantage to hone the skills that could be needed in operational settings.

Understanding the way forward for military medicine and our part in the mission is essential to our support of the warfighter. If you haven't done so already, please read, Surgeon General's JAN 2020 message "Medical Power for Integrated Naval Superiority", "The 4 Ps: People, Platforms, Performance, and Power", and BUMED NOTE 1500 Phased Medical Readiness Trauma Training Requirements.

As medical professionals, excellence is both our expectation and our norm. We highly encourage certification (CNOR, CSSM, or CNAMB) as well as the pursuit of graduate education. The Competency & Credentialing Institute (CCI) has been active in supporting the Tri-Services in obtaining certification. Take pride in knowing that all US Navy hospitals have been designated as CNOR® Strong facilities recognizing their dedication to perioperative nursing excellence. Regarding higher education, we are actively seeking Duty Under Instruction (DUINS) applicants to rebuild the Clinical Nurse Specialist community within our specialty.

We welcome all members to our monthly meetings (2nd Wednesday of the month, @1400 EST) as we are tailoring them for both operational and professional development. **LCDR Thomas**, our milSuite page manager, has added many resources with links to information across Navy Medicine areas of interest. **LT Vickers** leads the newsletter team, publishing quarterly newsletters highlighting the amazing accomplishments of our shipmates. It is through these enhanced communication platforms that we are getting information out to our community and reaching down to the deckplate levels.

In closing, we challenge you to be bold and innovative, supporting your Navy Medicine Readiness Training Command (NMRTC) and the Navy's global readiness mission. Be safe, care for all, and always remember our deployed shipmates serving around the globe.~

Click on picture above to find us on milSuite!!

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Specialty Leader Update: Healthcare/Business Analytics (3130)

James Ketzler, CDR, NC

3130 Specialty Leader

Rebeca Rodriguez, LCDR, NC

Assistant Specialty Leader

First and foremost I want to personally thank each of the nurses within the Healthcare and Business Analytics specialty for the amazing work you do all year round. Evidenced by recent BUMED guidance, never has the role of the Healthcare and Business Analytics community been so vital. In his January 2020 operational order to the Fleet, Rear Admiral Bruce Gillingham, U.S. Navy Surgeon General, outlined his guidance and priorities: People, Platforms, Performance, and Power.

The Navy Nurse Corps Healthcare and Business Analytics specialty stands ready to leverage its expertise in manpower, nursing informatics, standards compliance, performance measures, process improvement, and healthcare management to achieve the desired end state for each identified priority.

Highly focused on the priority of people, manpower officers help inform human capital strategy development through excellence in manpower analysis; including calculations, modeling, and interpretation. One benefit of this analysis is end strength and subspecialty mix forecasting. As a result, senior leaders are better equipped to make the hard decisions on force shaping to optimally meet critical manning requirements. This includes realignment of professional graduate education opportunities as requirements dictate. Nurse Corps officers trained in manpower analysis will undoubtedly shape the future of Navy Medicine OR chart the course ahead.

As Navy Medicine works to maintain and modernize platforms, integrated systems will become critical to the delivery of healthcare in the operational environment. Implementation of a new electronic health record, advances in tele-medicine, biomedical equipment with enhanced network capabilities, and the evolution of artificial intelligence applications also necessitate a nursing informatics force. Nurse Informaticists bring clinical expertise and healthcare information systems understanding to the platforms needed to support warfighter readiness.

The priority of performance is grounded in empirical measure of operationally-focused knowledge, skills and abilities (KSA). Nevertheless, no matter what regulation or guidance establishes the KSA competency standards, Joint Commission Fellows offer expertise in standards compliance and performance measures. Additionally, a process improvement cadre represents an opportunity to increase the performance of virtually any process. Collectively, these Nurse Corps officers offer a capability with in-depth insight into the principles of high reliability: 1) preoccupation with failure, 2) reluctance to simplify, 3) sensitivity to operations, 4) commitment to resilience, and 5) deference to expertise. When artfully applied in practice, these principles will help achieve high-value performance.

The Healthcare and Business Analytics specialty also enhances medical power projection through its enhanced analytical capabilities. In addition to the analysis performed by our manpower officers, nursing informaticists, and process improvement leads, Nurse Corps officers formally trained in healthcare management combined with their clinical nursing expertise are uniquely qualified to analyze, advise and administer the ready medical force. The strategic analysis offered by our healthcare management nurses can be a force multiplier in the planning process. The result of good strategic analysis and planning will likely be increased efficacy of medical power projection.

The Navy Nurse Corps Healthcare and Business Analytics community is highly aligned with and ready to support the priorities of People, Platforms, Performance, and Power now and into the future. Looking forward, Healthcare and Business Analytics Duty Under Instruction (DUINS) opportunities will be critical to maintaining this capability for the Nurse Corps and Navy Medicine.

Lastly, I would like to send a BRAVO ZULU and congratulations to **LCDR Jesse Peralta** and **LT Mary Looker** who were both selected for a DUINS full time in-service manpower systems analysis opportunity. They will be reporting to the Naval Postgraduate School in Monterey, CA, in July 2020.

Learn more about Healthcare and Business Analytics specialty on milSuite.~

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Unit Practice Councils (UPCs): Giving Every Nurse a Voice

Raymond Bonds, CDR, NC

USUHS, Bethesda

I was commissioned in May, 2000, and reported for duty on the inpatient telemetry ward at NMCSD. I was enthusiastic about my new job, but had a limited understanding of how to contribute to advancing nursing practice and enhancing unit operations, beyond the delivery of bedside care. In today's Nurse Corps (NC), a model of Shared Governance allows all members of a unit the opportunity to contribute to the development and monitoring of unit practice standards; determination of equipment needs; communication with other departments, and conflict resolution among staff. Shared Governance has existed at select civilian healthcare institutions for quite some time and has demonstrated measurable improvements to nursing and patient outcomes.

The NC Shared Governance initiative began with the fiscal year (FY) 17 and 18 NC Strategic Goal Teams, who developed the Navy Nurse Corps Shared Governance Operating Guidelines. In FY19, a pilot program of the Shared Governance model was implemented at USNH Rota and USNH Guam. **CAPT Eva Domotorffy** was the Senior Nurse Executive (SNE) champion and under her leadership, the Strategic Goal Team applied the domains of the Nursing Professional Practice Model (PPM) - Operational Readiness & Jointness, Professional Development, and Transformational Leadership as the foundation for Shared Governance. The team leaders, **CDR Raymond Bonds** and **CDR Karen Belcar,** worked with the Strategic Goal Team members to operationalize the implementation of the model at the MTF level.

While both MTF's reorganized their existing council and committee structures to align with the Shared Governance Operating Guidelines, the implementation of UPCs was a new concept. As referenced in the Operating Guidelines, UPCs are a vehicle for nurses who are providing deck-plate level patient and family centered care to affect the clinical practice environment, while promoting safe patient care and process improvement.

LT Katharine Pardew, the MTF lead for Shared Governance at USNH Rota stated, "*UPCs impact the deck- plate level. They allow for positive change to originate from the department level. It has been encouraging to see those who didn't think they could make a difference, be empowered by identifying areas needing improvement, suggesting change, and then putting it into action. UPCs allow for each area to identify areas of improvement specific to their unit and do something about it; they allow and encourage input from the most junior member to the most senior—the team effort and support is proving beneficial.*"

CAPT Jean Fisak , the SNE/DNS at USNH Guam stated, *"The UPC opens up an avenue for everyone at the deck plate to have a voice (as I wished I had as a new nurse) on practice, policy and processes. I think we have a good structure of the NPC and UPC's that works at our command, and the success of program comes from deck plate engagement that is driven by the leaders (DH, LPO's), overseen by the CNS's and highly encouraged by the SNE."*

USNH Guam: USNH Guam's Medical Surgical Ward Unit Practice Council (UPC) members pose for a group photo (photo submitted by CDR Brandon Limtiaco/ Released).

The objective of the FY20 NC Strategic Goal Group for Professional Development/High Velocity Learning is to implement the Shared Governance structure at all 18 Navy MTFs. The BUMED Advisor is **CAPT Julie Darling** and the SNE Champions are **CAPT Jeffrey Bledsoe, CAPT Daniel Clark**, and **CAPT Kelley Fox (RC),** but Shared Governance really requires the involvement of every single nurse to be successful. UPC's are coming to your MTF and the hope is that you will participate to improve nursing practice and patient outcomes on your unit. Let your voice be heard!~

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Naples Naval Hospital Semi-Annual Skills Fair

Nathacha Avril, LTJG, NC
U.S. Naval Hospital, Italy

The semi-annual hospital skills fair was a great success at U.S. Naval Hospital Naples, Italy. Physicians, nurses and corpsmen came together for a Halloween-themed skills fair to create eight theater-focused stations: external fixation devices for skeletal injuries, compartment syndrome, traumatic amputation and tourniquet use, ocular trauma, sexually transmitted infections, intraosseous vascular access devices, chest tube placement and drainage devices, and trauma assessment and triage.

LCDR Cole times participants at the Amputation & Tourniquet station on tourniquet application. Pictured: HM2 Nicklaus, HM2 Santillo, HM3 Guzman and HM3 Shields/Released.

The ingenuity and creativity for simulation was impressive. The staff had the opportunity to drill PVC tubing, which simulated the effects of drilling into actual bones during surgery, to apply an external fixation device. At the tourniquet station, there was a friendly competition to see who could apply a tourniquet the quickest, achieving "hemostasis" with a simulated arterial laceration. The trauma triage assessment was practiced in a dark room with combat-themed background noises, while actors simulated different injuries, forcing triage officers to quickly triage four trauma patients for successful evacuation using a nine-line medevac request. Real chicken legs were used to mimic the feel of inserting the intraosseous vascular access device.

This successful event resulted in strengthened medical readiness for wartime casualties, awareness of patient safety-related incidents, and skill development of 85 staff members for high-risk and low-volume skill sustainment. All attendees, as well as instructors, attested that this skills fair was creative and produced an educational atmosphere. HM3 Marquis Thomas expressed that, "The atmosphere was very energetic and I was excited to be part of it and to be there manning a station." **LT Hannah Glidden** said she was, "Extremely pleased with how interactive, creative and different the Trauma Assessment and Triage station was. It was unlike any other skills fair I had ever been to." We are expecting similar outcomes for our spring 2020 skills fair.

LCDR Balboni presenting External Fixator & compartment syndrome, using drill & PVC tubing. Pictured: **LT Hart** and HM3 Thomas/Released.

LCDR Catherine Dickinson presenting the chest tube & and **LT Emily Latimer** teaching about EZ-IO insertions/Released.

Bravo Zulu to the following Sailors for their significant contributions toward this mission-critical event: **CDR Ryan Nations**, **CDR Patricia Butler**, **CDR Michael Johnston**, **CDR Jennifer Reem**, **CDR Thomas Ableman**, **CDR Misty Scheel**, **LCDR Alanna Balboni**, **LCDR Francene Cole**, **LCDR Catherine Dickinson**, **LT Emily Latimer**, **LT Sarah Hart**, **LT Haley Huff**, **LT Ivette Sanchez**, **LT Natalie McCormick**, **HMC Joel Aguillon**, **HMC Adam Clayton**, **HM2 Tristan Mendoza**, **HM2 Tyler Duncan**, **HM2 Kevin Barriga**, **HM2 Andrew Looks**, **HM3 Marquis Thomas**, **HM3 Mindy Stang**, **HM3 Tyrell Oudman**, **HN Jeffrey Delille**, **HN Kayle Madej**, **HN Laurie Amos**, **HA Isaiah Hipskind**, **HA Calvin Alemanbautista**.~

LTJG Avril shielded LT Huff's eye as **CDR Ableman** educated the staff on ocular trauma/Released.

HMC Clayton and HM3 Oudman as first responders in the trauma assessment and triage station/Released.

LT Sanchez presenting to **LT Bryant** and HM1 Chang on Sexually Transmitted Infections/Released.

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Mass Casualty Response Training USNH Yokosuka, Japan

Due to threats of natural disasters, as well as the ever present potential for manmade threats, it is imperative that U.S. Naval Hospital Yokosuka (USNHY) has a staff that is ready to respond to any mass casualty disaster at a moment's notice. After Action Reports (AAR) and findings from a Failure Mode Effects Analysis (FMEA) identified deficiencies that required a more robust training plan to ensure staff members can confidently and competently respond in a mass casualty incident. Implementing regularly scheduled and standardized training contributes to staff member's knowledge and competency deficiencies regarding mass casualty roles and response capabilities.

The Nurse Practice Council (NPC) organized a mandatory 2-hour training evolution for all Hospital Corpsmen and Registered Nurses at the command. The training provided an overview of Simple Treatment And Rapid Treatment (START) as well as Triage, Delayed, Immediate, and Minimal Expectant (TDIME) categories followed by a security brief regarding standard radio communication and equipment familiarization.

USNH YOKOSUKA, Japan: Clinical Nurse Specialists LCDR Candice West, LCDR Stephany Daniell, and CDR Suzanne Maldarelli. Photo by USNHY Public Affairs/ Released.

USNH YOKOSUKA, Japan: HM3 Allen Kirkpatrick applies a SAM splint to HM3 Andrea Halstead at the Minimal Skills Station. Photo by USNHY Public Affairs/ Released.

Staff were then divided into four smaller sub-groups (Delayed, Immediate, Minimal, or Expectant). The sub-groups spent 20 minutes at each station completing station objectives for the TDIME category as well as associated skills. Staff attending the event completed a skills competency sheet along with a pre - and post-survey to measure knowledge. Administrative content was made available to all Branch Health Clinics to mirror training evolution in their clinic spaces to ensure an command-wide initiative.

The event was a huge success with lots of positive feedback. Survey results revealed an increase in knowledge in all Mass Casualty START and TDIME content after training. The "critical to quality goal" was to increase staff's self-reported competency from 3.0 to greater than 4.0 at the completion of the week long training event. Actual results revealed a pre-assessment overall comfort level of 3.33 which was improved to 4.45 after completing the skills fair. Additionally, greater than 80% of attendees reported the training to be value added.

Creating the foundation of a training process will have lasting effects on an institution. **LCDR Stephany Daniell** said she was taught to build a process, not a person. "I think that mentality is crucial in the military setting. We are such a transient population, especially overseas, that for wins like this to be sustained there has to be a solid process in place prior to the transfer of the content creators." The Clinical Nurse Specialist and NPC groups are already planning for the next Skills Fair to ensure we continue providing high quality training opportunities to staff who can confidently provide high quality care when a disaster strikes.~

USNH YOKOSUKA, Japan: Delayed Skills Station Instructor LT Tristan Vokoun observes CDR Suzanne Fierros and HN Selena Sedano during their return demonstration portion for basic life support. Photo by USNHY Public Affairs/ Released.

Article submission by: Nurse Practice Committee USNH Yokosuka, Japan

Nurse Corps News

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What does it mean to be a Class Officer/Instructor at Officer Development School?

Sarah Howe, LT, NC

Lauren Solo, LT, NC

Marc Manucal, LT, NC

Aaron Cagley, LCDR, NC

ODS Class Officer/Instructor

Officer Development School (ODS) is a five-week accession program located in Newport, Rhode Island that serves as the initial training for active duty and reserve direct commission officers. In all, ODS is responsible for the initial military training of officers across 24 line and staff designators from both the active and reserve components of the Navy. ODS is one of four schoolhouses that make up Officer Training Command Newport (OTCN) which is the largest accession command in the Navy. Here at OTCN, we train two thirds of all incoming naval officers; more than the Naval Academy and Naval Reserve Officer Training Corps (NROTC) combined.

On average ODS graduates 1600 officers a year, with a core staff of eight officers and four chief petty officers; in fact nurses and corpsman make up half of the instructor pool at ODS. The program runs for five weeks, eight times a year, with a maximum of 200 students per class. It is a daunting task, and seemingly endless throughput of students; but if you ask any instructor at ODS what their best duty station in the Navy has been, hands down, across the board, they will tell you that their time as a class officer and instructor at Officer Development School has been the most rewarding experience.

Virtually all Nurse Corps Officers have attended ODS as a student, but we would like to give a little insight as to what it means to be part of the staff. This position is a non-traditional billet for Nurse Corps Officers, but the experiences as a Class Officer at ODS forge leadership traits and qualities that transcend professions to make you a stronger person, more dynamic leader, and ultimately a better Nurse Corps Officer.

Admiral Davidson with NC ODS Instructors – (LtoR) LT Lauren Solo, RDML Tina Davidson, LT Sarah Howe, LT Marc Manucal Not Pictured: LCDR Aaron Cagley/Released.

A typical week at ODS usually starts with both staff and students waking up at O' Dark-Thirty, Monday through Friday, for some good old fashioned Navy PT. After PT, while the students get their first taste of the finest Navy chow, the class officers begin the task of setting the conditions of success for a LONG DAY of military training. Being a class officer is much more than just lecturing on topics such as maritime strategy, law of armed conflict, morals and ethics, Navy programs and policies, naval history, military etiquette, and most importantly officer development, to name a few. As a class officer, we are there to support students in all aspects of life as they transition and embrace the responsibilities of being an officer in the United States Navy. We are there to provide administrative support to get students gained, engaging to address pay issues, we put our "English teacher hats" on to revise hundreds of letters of introduction to their gaining commands and most importantly, we are there to provide mentorship, guidance and support for our newest Shipmates.

As a class officer, meekness is not a virtue that lasts long. Our leadership skills are tested, honed, and refined as we engage with Officers from all walks of life and professional disciplines; we must adapt to every situation and rise to the challenge to educate and motivate our students to stay focused and be the best that they can be. Throughout the many challenges faced at ODS, the class officers are there to be the caring nurturer in times of despair and doubt; or there with a strong "knife hand" ready to maintain good order and discipline! Each day brings new challenges that not only test the limits of the students, but tests the Class Officers as well. Failure is not an option; because if we fail, democracy fails and that is unacceptable, so we attack each day with the same zeal and passion as the day before, knowing that we are forging the future leaders of the Navy who will sustain America's maritime superiority for decades to come.

On October 18, 2019, OTCN had the pleasure of hosting **Rear Admiral Tina Davidson**, NC, USN, Commander, Naval Medical Forces Support Command and Director of the Nurse Corps as the guest speaker for ODS Class 19070, consisting of 86 officers, 25 of which were nurses. According to one of our Medical Service Corps counterparts, we, (the authors of this article) were "star struck" by Rear Admiral Davidson. We attended the graduation and had

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What does it mean to be a Class Officer/Instructor at Officer Development School? *(cont')*

the honor of listening to RDML Davidson's speech as it perfectly echoed what we tell all of our students.

ODS Newport, RI: (LtoR) Top Row: ENS Mohammad, ENS Moeller, ENS Fune, LTJG Zona, LTJG Torres, ENS Williams, ENS Telenga, ENS Walker, ENS Ligon, ENS Tatunay, ENS Dearmon, ENS Holthaus, ENS Wall, ENS Hykes Bottom Row: LCDR Haney, LT Howe, ENS Russell, LTJG Cunningham, ENS Scheler, LTJG Lavopa, RDML Davidson, ENS Comia, ENS Enescu, ENS Gonzalez, ENS Amick, ENS Lacombe, ENS Ashley, LT Solo, LT Manucal/Released.

She seamlessly balanced a tone of seriousness and humor when talking about their future as naval officers and the responsibility they had accepted. RDML Davidson reminded them "Less than 1% of the American public joins the service, you are that 1%. It is a privilege to serve our country, to take care of the warfighters we serve alongside and to care for their families." She also emphasized, "Remember you are first and foremost naval officers. If you forget that, look to your right collar where your rank is displayed. There is an expectation of behavior and performance commensurate with that rank. Your left collar reflects what your specialty is in the Navy, i.e., a doctor, dentist, chaplain, nurse, lawyer, etc. We have a unique mission in that we have both titles."

At Officer Development School, we have five weeks to set the standard of what the American people and the Navy expects of a naval officer. It is a huge responsibility and honor to help shape the future of naval leadership; and we are reminded everyday of why we joined the Navy. This position reinvigorates your love for the service as you watch others launch their careers as naval officers and learn the many reasons people choose to serve our great nation. If you are passionate about the Navy, mentoring others, and are offered the chance to serve as a Class Officer and Instructor at ODS, DO IT!~

NHC Charleston Nurses Attend Critical Care Air Transport Team Training

CHARLESTON, SC: Naval Health Clinic (NHC) Charleston military nurses attended the Critical Care Air Transport Team (CCATT) training lecture taught by the Pittsburgh 911th CCATT at Shaw Air Force Base. The CCATT is a highly specialized medical asset team that can create and operate a portable intensive care unit on board any transport aircraft during flight. This educational seminar featured hands-on training with lifesaving transport equipment and assists with operational readiness for our medical staff.

Photo on Left: pictured from left to right: LT Eduardo Rosas, CDR Keith Goldston, Lt Col Charles Giordano, LT Anthony Waite, LT Elyssa Easterling; Photo on Right pictures military nurses receiving training from CDR Goldston (Photos submitted and released by NHC Charleston PAO, CDR Shanna Powell Searcey).

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Status Update: Health Professions Loan Repayment Program

Valerie Morrison, CAPT, NC

Director, Military Medical Personnel Plans and Policy (M13), BUMED

The Health Professions Loan Repayment Program (HPLRP) offers loan repayment up to $40,000 per year to commissioned officers on active duty who are qualified health professionals in specific specialties in return for additional years of obligated service. This program is one mechanism utilized by the Bureau of Medicine and Surgery (BUMED) to aid in recruitment and retention efforts. The authority for this program is found in Title 10, U.S.C., Chapter 109, Section 2173, and administered under the Assistant Secretary of Defense for Health Affairs (ASD(HA)) Policy Memo 08-008 of 29 July 2008.

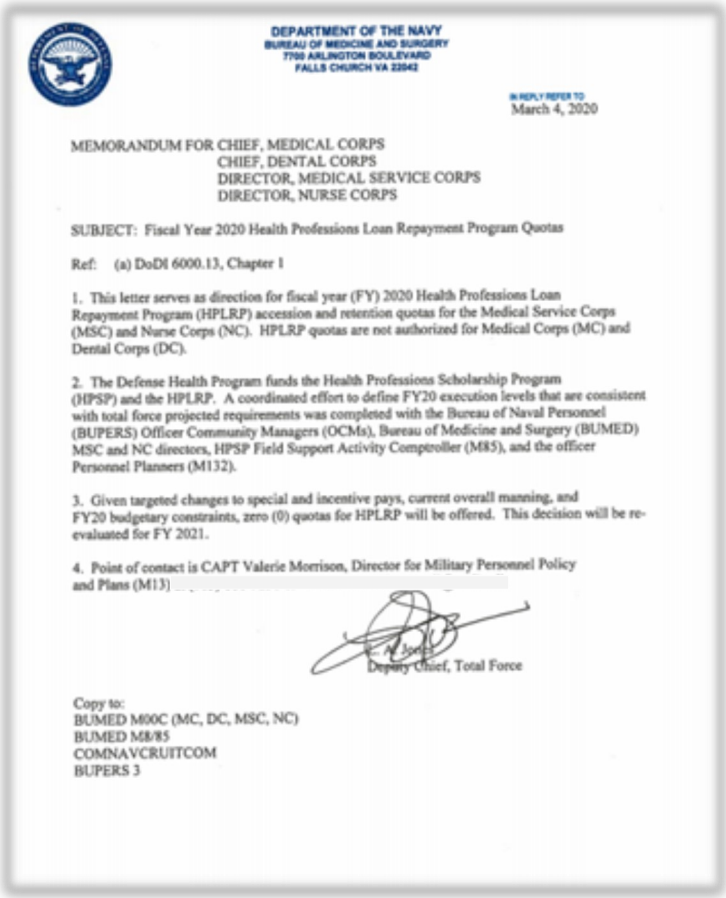
BUMED Manpower and Personnel (M1) in concurrence with the Navy Nurse Corps, identifies the requirement for the use of HPLRP, designates the number of quotas, and works with the BUMED Field Support Activity Comptroller (M85) for its funding. HPLRP has been utilized to support both accession and retention of Navy Nurse Corps officers. However, over the years HPLRP was found to be more conducive to retention purposes.

In Fiscal Year (FY) 2019, six quotas for retention of Nurse Corps officers were offered. A board was convened and six qualifying Navy Nurse Corps officers were selected for this program, paying over $224,000 in baccalaureate loan debt.

Though this program is very popular with junior Nurse Corps officers, the need for this additional retention tool is not as greatly required with current manning levels and availability of special and incentive pays. Furthermore, in FY 2020 BUMED received a budget reduction to Bag 6 funding. This reduction impacted funding available for student accession programing and the HPLRP.

A decreased number of student accessions in the Health Professions Scholarship Program (HPSP) places BUMED at risk for training the required number of Medical Department officers necessary to meet operational manning requirements. Given the targeted expansion of special and incentive pays and the reduction to Bag 6, the decision was made to not offer the HPLRP in FY 2020 in order to maximize HPSP quotas.

This decision will be reviewed annually. If budget and manning support the need, the program will be re-evaluated for FY 2021. Thank you for your continued service to the United States and your invaluable contributions to the Navy Nurse Corps. Each of you are very important to the future of Navy Medicine! I am available to discuss any questions or concerns you may have.~



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH VA 22042

IN REPLY REFER TO
March 4, 2020

MEMORANDUM FOR CHIEF, MEDICAL CORPS
CHIEF, DENTAL CORPS
DIRECTOR, MEDICAL SERVICE CORPS
DIRECTOR, NURSE CORPS

SUBJECT: Fiscal Year 2020 Health Professions Loan Repayment Program Quotas

Ref: (a) DoDI 6000.13, Chapter 1

1. This letter serves as direction for fiscal year (FY) 2020 Health Professions Loan Repayment Program (HPLRP) accession and retention quotas for the Medical Service Corps (MSC) and Nurse Corps (NC). HPLRP quotas are not authorized for Medical Corps (MC) and Dental Corps (DC).

2. The Defense Health Program funds the Health Professions Scholarship Program (HPSP) and the HPLRP. A coordinated effort to define FY20 execution levels that are consistent with total force projected requirements was completed with the Bureau of Naval Personnel (BUPERS) Officer Community Managers (OCMs), Bureau of Medicine and Surgery (BUMED) MSC and NC directors, HPSP Field Support Activity Comptroller (M85), and the officer Personnel Planners (M132).

3. Given targeted changes to special and incentive pays, current overall manning, and FY20 budgetary constraints, zero (0) quotas for HPLRP will be offered. This decision will be re-evaluated for FY 2021.

4. Point of contact is CAPT Valerie Morrison, Director for Military Personnel Policy and Plans (M13)

Deputy Chief, Total Force

Copy to:
BUMED M00C (MC, DC, MSC, NC)
BUMED M8/85
COMNAVCRUITCOM
BUPERS 3

Bravo Zulu!

Certifications

LTJG Tobey Ratoff, 1st MedBN, earned her Adult Critical Care Nursing Certification (CCRN-Adult).

LT Welle Huening, 1st MedBN, earned her CCRN-Adult.

LTJG Nicolas A. Filio, NAVMEDCEN San Diego, obtained his CCRN-Adult.

LT Kathleen L. Kohl, USNH Rota, earned her Emergency Nursing certification (CEN).

LTJG Elizabeth Lebold, NAVMEDCEN Portsmouth, obtained her Medical-Surgical Nursing certification (CMSRN).

LTJG Dominic Chambers, NAVMEDCEN San Diego, earned his CEN.

LT David Frey, NAVMEDCEN San Diego, earned his Nurse Executive certification (NE-BC).

LT Desiree Bustamante, NAVMEDCEN Portsmouth, obtained her CMSRN.

ENS Steven Shiel, NAVMEDCEN Portsmouth, obtained his CCRN-Adult.

LTJG Cynthia Holte, NAVMEDCEN San Diego, earned her CCRN-Adult.

LTJG Margaret Pinto, NAVMEDCEN Portsmouth, earned her CMSRN.

ENS Christina Dahlgren, NAVHOSP Jacksonville, earned her CCRN-Adult.

LT William A. Hookes, USNH Guantanamo Bay, obtained his CMSRN.

LT Charles T. Pearson, NAVMEDCEN Camp Lejeune, obtained his CEN.

LTJG Bobby Bradford, NAVMEDCEN Portsmouth, obtained his CCRN-Adult.

LT Alyssa Burton, NAVMEDCEN San Diego, obtained her Psychiatric-Mental Health Nurse Certification (PMHN).

LT Deanna Ciaccia, USNH Sigonella, earned her CMSRN.

LTJG Bethel N. Romero, NAVMEDCEN Camp Lejeune, earned her Inpatient Obstetrical Nursing Certification (RNC-OB).

LTJG Francesca M. Derderian, WRNMMC, obtained her CCRN-Adult.

LT Shawndell McNary, NAVHOSP Guam, earned her RNC-OB.

LT Ebony Jakes, BMC Iwakuni, earned her certification in Maternal Newborn Nursing (RNC-MNN).

CDR Jonathan D. Levenson, NAVMEDCEN Portsmouth, earned his Fellow of the American College of Healthcare Executives (FACHE) certification.

LT Zachary J. Dotson, NAVMEDCEN San Diego, earned his PMHN.

LT Esther Ruedi, Fort Belvoir Community Hospital, obtained her CMSRN.

LTJG Jusen C. Garcia, NAVHOSP Jacksonville, obtained his PMHN.

ENS Patrick Coyle, NAVMEDCEN San Diego, earned his Pediatric Nursing Certification (CPN).

LT Kirsten Roach, USNH Okinawa, earned her RNC-OB.

LT Corey Beggs, NAVMEDCEN Camp Lejeune, obtained his CEN.

LT Alexandra Benner, NAVMEDCEN Camp Lejeune, obtained her RNC-OB.

LTJG Lucas Brown-Raventos, NAVHOSP Jacksonville, earned his CCRN-Adult.

LT Michele A. Taylor, NAVMEDCEN San Diego, obtained her CCRN-Adult.

LTJG Joseph Kolaszewski, NMRTC Camp Lejeune, earned his CCRN-Adult.

Bravo Zulu!

Certifications

LTJG Karl Antoine, NAVMEDCEN San Diego, earned his CCRN-Adult.

LT Victoria Vuong, NAVMEDCEN Camp Lejeune, obtained her RNC-OB.

ENS Christopher Walker, WRNMMC, earned his CCRN – Adult.

LT Matthew Wittmann, USNH Yokosuka, earned his CCRN-Adult.

LTJG Kevin Ready, NAVMEDCEN San Diego, earned his CEN.

LTJG Sydney M. Jourdan, USNH Sigonella, earned her RNC-OB.

LTJG Eric Taylor, NH Jacksonville, obtained his CMSRN.

LT Amanda Watts, NAVMEDCEN Camp Lejeune, earned her CCRN—Adult.

LT Jill Thompson, NAVMEDCEN Portsmouth, earned her Operating Room nursing certification (CNOR).

ENS Hannah Hargis, NAVMEDCEN San Diego, obtained her CEN.

LTJG Rylan Sankay, NAVMEDCEN San Diego, obtained his CCRN-Adult.

LTJG Krista MacMurray, NMRTC Guantanamo Bay, earned her CEN.

Recognition

LCDR William Westbrook, 1st MedBN, successfully qualified for Fleet Marine Force (FNF) Qualified Officer.

LT Nube Macancela, 1st MedBN, successfully qualified for Fleet Marine Force (FNF) Qualified Officer.

LT Jessica Oliver, Ship's Nurse, USS Theodore Roosevelt (CVN-71) earned her Surface Warfare Medical Department Officer warfare device.

LT Sharrod Greene, NAVMEDCEN Portsmouth, was selected as a Hero of Military Medicine. LT Greene will be officially honored at the 2020 Heroes of Military Medicine (HMM) in May.

LT Christine Peterlin, 3rd MedBN, successfully qualified for Fleet Marine Force (FMF) Qualified Officer

LT Marie Chiong, 3rd MedBN, successfully qualified for Fleet Marine Force (FMF) Qualified Officer

LT Marven Ayson, 3rd MedBN, successfully qualified for Fleet Marine Force (FMF) Qualified Officer

LT Codi Kelly, 3rd MedBN, successfully qualified for Fleet Marine Force (FMF) Qualified Officer

LT Dana Mangano, 3rd MedBN, successfully qualified for Fleet Marine Force (FMF) Qualified Officer

Education

CDR Jesús M. Crespo-Díaz, Naval Medical Forces Support Command Fort Sam Houston, completed his Doctor of Nursing Practice (DNP) with the University of North Florida and his recertification as an Acute Care Nurse Practitioner (ACNP-BC). His DNP Project title was Healthy Lifestyle Education to Reduce Cardiovascular Risk Factors and Lower Blood Pressure.

LCDR Lindsey Touchette & LCDR Brenda Williams, NAVMEDCEN Camp Lejeune, earned their Acute Care Clinical Nurse Specialist in Adult/Gerontology.

CAMP PENDLETON, CA: LTjg Scott Klingensmith (right) was promoted to LT on 18 December 2019 by LCDR Stacy Stats (left) in the back of a UH-1Y Venom over the Pacific Ocean of the coast of Camp Pendleton (Photo submitted and released by 1st MedBN, 1st MLG PAO, LCDR Ramir C. Salcedo).