



Nurse Corps News

Volume 9, Issue 9

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Director's Corner: Clinical Leadership Model



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NCNewsletter
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Nurse Corps News Staff

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Greetings Navy Nurses! This past month has been busy for us, with much information exchange and the annual meeting of Navy Nurse representatives to review our Strategic Objectives. The meeting will be reviewed in more detail in next month's newsletter as well as posted to MilSuite. The work accomplished this past year on our Strategic Objectives, Professional Excellence, Clinical Excellence, Strategic Partnerships, Total Workforce and Strategic Communication, is quite impressive and I am very proud of and grateful to the amazing Navy Nurses who have accomplished so much.

This month I focus my newsletter comments on the work of the Professional Excellence and Strategic Communications workgroups to update our professional practice "Clinical Leadership Model." This effort will continue in the coming year and in fact, will be our overarching Nurse Corps priority. Indeed, each work group will contribute to this effort.

Before reviewing our professional practice model, I think it important to articulate its purpose. In the article "Blueprint for Design: Creating Models that Direct Change," Wolf and Greenhouse describe a model as a "schematic description... [that] ...helps make sense of a complex reality." A model helps to articulate our identity as a professional nurse as well as the structure and processes in place to help us achieve desired outcomes for our patients and those we serve. A model also

assists the individual nurse in managing his or her career, from novice to expert.

Led by RADM (ret.) Christine Bruzek-Kohler, our 21st Navy Nurse Corps Director, the "Clinical Leadership: The 21st Century Model for Navy Nursing" was published in 2010. Based on this publication, the Nurse Corps developed Career Planning Guides for Active and Reserve Component and Federal Civilian nurses, implemented Career Development Boards, instituted clinical sustainment policy, and began standardizing nursing competencies. The "21st Century Model for Navy Nursing" has provided a tremendous foundation for us and I am grateful to RADM Bruzek-Kohler and her team for their visionary efforts to prepare this document.

It is now five years since the original "21st Century" or "Clinical Model" was published. The world around us has changed greatly, the Military Health System has changed greatly and Navy Medicine has changed greatly; it is time to update the model. The ability to differentiate how we are unique in what we do is essential to our identity as Navy Nursing Professionals. The Clinical Leadership Model translates to the newest nurse amongst our ranks, to the most senior, and includes our civilian partners with whom we work side by side. Having a professional practice model enables us to articulate what we do and how we do it; it guides our decisions whether at the bedside, in an operational setting, conducting research, or in any of the roles we perform. The Clinical Leadership Model has Patient Centered Care Delivery as its focus and



Rebecca McCormick-Boyle
RADM, NC, USN

Director, Navy Nurse Corps

emphasizes three practice domains: Transformational Leadership, Professional Development, and Operational Readiness/Jointness. Caring, Compassion, and Competency serve as our guiding principles.

Much work has been done to update the model, but more work is needed. In the coming weeks you will see increased communication about the model and receive periodic solicitations for your input. I believe this model will guide our strategic goals, policy decisions, interactions, and clinical practice well into the future. My hope is that you will embrace it as passionately as I do.



Follow the Admiral on Twitter
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Ask the Admiral

Rebecca McCormick-Boyle
RADM, NC, USN

Director, Navy Nurse Corps

Q: *With CONUS commands locking down on travel distance parameters, and to promote comradery and esprit de corps, would the Admiral be willing to authorize/advocate for No-Cost TAD for active duty nurses to attend nontraditional events? An example would be East Coast (Jacksonville Gate Bridge Run) versus West Coast (San Diego's Rock and Roll 1/2 Marathon). Whichever coast had the most representatives would get bragging rights. This will facilitate the NC officer to save a day or two of leave, spend quality time with their fellow shipmates, engage, and represent the Navy Nurse Corps in a healthy event. OORAH!*

A: I greatly appreciate the question and applaud your effort to think "outside of the box" in looking at ways to enhance Nurse Corps connections and exchanges. Travel is certainly a sticky subject across the DoD and a subject whose governing rules have gotten more stringent as time has passed. The specific rules for conference approval and travel are located on the BUMED home page. However, what you talk about is no-cost orders.

By definition, Temporary Active Duty or TAD is when the "member is issued round trip orders from home to active duty

assignment on a temporary basis and return. The length of active duty period is determined in the orders. The member is not counted on active strength during TAD time."

In theory, if service members are interested and willing to pursue no-cost TAD to attend non-traditional events as representatives of the Navy Nurse Corps, I would support that. However, I cannot insert myself into the administrative processes at individual commands. The Executive Medicine team at each MTF and Clinic has the latitude to determine how they wish to utilize their staff, their budget, their resources, and their travel policies. If an officer wanted to participate in an event and wished to encourage maximum NC participation, it would be up to individual commands to support the time off (either with leave or TAD) for any interested officers.

Q: *With a Nurse Corps that is heavily female (much more significant portion than many of our Fleet occupations), is there any plan or consideration for covering the projected gaps that occur as part of the new maternity leave policy? Has there been any consideration to leverage reservists for these gaps? Small, overseas commands may have the most difficulty with balancing support the member/member's family and meeting the mission.*

A: The new Maternity and Convalescent Leave Policy, [NAVADMIN 182/15](#), was generated by the Chief of Naval Operations and I believe it is positive step for the Navy in recruiting and retaining our best and brightest female service members across all Corps and specialties. The additional time spent between a new mother and her child will be extremely beneficial for both.

That being said, we are sensitive to the challenges that commands will face in implementing this policy. Flexibility on the part of the Command leadership and the individual is paramount to program success. And, the smaller and overseas commands will struggle with implementation more because of the limited "depth" they have with staff. Reserve support is certainly an option if there is funding to support the request. I encourage commands to work with their Reserve Liaison Officer (either command or Region) for backfill needs. Specific to the Nurse Corps, we would like to hear from the SNE/DNS team, via their Regional SNE, on particular situations. The NC Office can collate this feedback and provide that to the BUMED lead on the policy implementation and oversight.



Reserve Corner: Strategic Plan Update for FY 15



It is a matter of great pride to share the enormous successes achieved this year by our Navy Nurse Corps Reserve strategic planning groups. These talented teams took on some very challenging and complex initiatives that will help establish an even stronger foundation for our Nurse Corps as we go forward into the new fiscal year. All goal areas tie directly to the Surgeon General's strategic goals of Readiness, Value and Jointness by outlining specific Nurse Corps objectives and initiatives

Professional Excellence (Team Lead CAPT Karen Young):

This team had multiple initiatives which included: 1) Development and implementation of an RC Specialty Leader orientation guide to standardize the requirements of the role. 2) Development of new Nurse Corps accessions orientation trifold guides – one for the Direct Commissioned Officer and one for the Career Transition Officer. These guides provide the new RC nurse with resource information to help assimilate transition to the Reserve community. Publication is pending final review. 3) Development of a standardized one page checklist both for the DCO and CTO which will assist with the initial In-Processing at the Navy Operational Support Center. 4) Update of the Career Development Board tool for every Officer, O-1 to O-6, to utilize for career progression. 5) Update of the Senior Nurse Executive Tool kit which provides every SNE standardized tools and information to assist with management of NC mem-

bers. 6) Development of a new team to assist with revising the Reserve Component chapter of the Active Duty Clinical Leadership Book, which will outline the Navy Nurse Corps Professional Practice Model.

All of these tools will provide standardization and consistency across our Corps as well as help form a strong culture of what it means to be a member of the Navy Nurse Corps Reserve. **CAPT Kimberly Matthews** is the newly selected team leader who will take the helm at the upcoming FY 16 Strategic Planning session to be held later this month, where all the goal teams will revise and refresh objectives for the coming fiscal year.

Strategic Partnerships (Team Lead: CAPT Kim Sandberg):

The objective for this team was to identify available clinical training sites and/or gaps across Navy Reserve Medicine (NRM). To accomplish this task, a questionnaire was developed and disseminated to every Command Senior Nurse Executive and Specialty Leader to complete. All of the data was then compiled and analyzed. The team developed specific courses of actions and recommendations which were then forwarded on to me. It was determined that we have a need to maximize the use of non-Navy clinical training sites for detachments that are not co-located with Navy Military Treatment Facilities (MTFs). To simplify the process and improve access to training, we determined a need to have standardized Memoranda of Understanding (MOUs) within NRM



Tina Alvarado
RDML, NC, USN

Deputy Director, Reserve Component

which utilize non-MTFs for clinical sustainment and training for all Corps. Because the process for establishing these MOUs is not well understood, somewhat limited, and not well publicized, my plan is to have the team work with Navy Reserve Medicine and BUMED legal to develop a user friendly guideline and process for all Commands to utilize if they wish to establish some form of an MOU outside of the Navy network. Such MOUs can improve access to critical training for Reserve personnel and increase opportunities to train in a joint environment (Army, Air Force, or VA facilities), while at the same time mitigate professional risks and liability.

Clinical Excellence (Team Lead: CAPT Judy Dye)

The objective for this team

(continued next page)



Reserve Corner: Strategic Plan Update for FY 15 (cont.)

was to design and develop a Nurse Corps Tracker and Dashboard which allow us to capture specific metrics defining the overall readiness, manpower, training, and specialization within the RC NC. This dashboard helps in identifying where our training strengths and weaknesses are and allows Commands to compare and share best practices for improvement. The dashboard is a management tool for SNEs and DET leaders to maintain ready knowledge of their individual Nurse Corps members as well as provides a snapshot of the overall state of the NC Reserve.

Workforce Objective (Team Lead: CAPT Anita Bacher)

The initiatives for this objective required a review of the NC infrastructure, i.e., billet structure, titles, and educational codes for all authorized billet assignments using the concept of “right person for the right billet” or “fit to fill.” The team reviewed about 450 out of 1,280 Senior and Junior AP-PLY billets. The billets were scrubbed for accuracy in order to ensure “fit to fill.” It is imperative that each officer review their service record to maintain correct subspecialty and educational codes as this may impact future billet assignments.

The second initiative of this group was to review the Additional Qualification Designation codes (AQDs) utilized within our RC NC. It was found that we have limited numbers of members who list certain specialty codes in their service record even though they may have these qualifica-

tions, such as Business Administration, Nursing Informatics, Advanced Practice, Joint En Route Care, Division Officer, Department Head, etc. The committee developed a simplified spreadsheet identifying which AQDs the members are eligible for. This tool was sent out to the SNEs to disseminate to all of their members. It is also posted on the [RC NC milSuite website](#). To ensure we accurately capture all Nurse Corps areas of expertise, please make sure to update your AQD profile. As you know, if it isn't in your record, it isn't going to count! This team still has a lot of work to do to in the coming fiscal year to complete the review for the remaining 830 billets. Periodic review of billets is imperative to achieve the right mix of personnel to meet current and future mission requirements.

Strategic Communication (Team Lead: CAPT Teresa Gulley)

This team led efforts to streamline and increase the usage of various communication platforms within our Reserve Community. It is known that the average RC NC officer utilizes their personal email account to obtain daily information passed down from their Commands. However, in an effort to provide a “one stop shop” for Reserve Nurse Corps matters, this team developed the [RC NC milSuite website](#), a CAC-enabled homepage. To increase familiarity and use of the site, the team has provided multiple training sessions with more scheduled throughout 2016. Registration on

the site is slowly increasing, with more than 100 members added since the training began, but the goal is to have every NC member utilizing the site. Once training is achieved for our current Corps, every new NC officer coming on board will need to be trained to access this site and begin to utilize it as a resource. There are endless capabilities with this website such as chat rooms, etc., which can be developed – all of which will help to open up new avenues for communication. Each command is encouraged to develop innovative ideas to make the new site more valuable. The team will be responsible for maintaining the site with informational updates, design, and continued improvements.

In addition to leadership provided by our Nurse Corps RAO, CAPT Weaver, and all the Team Leaders, I want to thank the many team members who participated throughout the year. These teams worked very hard and their accomplishments are many. Please be sure to thank them for their extra efforts because their willingness to step forward and serve in this collateral role which will serve all of us for years to come.



Officer Training Command Newport: Officer Development School

Have you ever considered mentoring and instructing new Officers coming into the Navy? Officer Training Command, Newport (OTCN) in Rhode Island is home to 5 different schoolhouses: Officer Candidate School (OCS), Limited Duty Officer (LDO)/Chief Warrant Officer (CWO) "Mustang" Academy, Officer Development School (ODS), Direct Commission Officer Indoctrination Course (DCOIC), and Sta-21 Naval Science Institute (NSI). OTCN commissions and trains two thirds of all Naval Officers coming into the Navy; twice as many as the Naval Academy and Naval Reserve Officer Training Command (NROTC) combined. Chances are good if you are reading this article, you came into the Navy as an officer through ODS.

ODS is a five week accession training program for up to 1,100 commissioned Staff Corps and Restricted Line Officers annually (Medical Corps, Medical Service Corps, Nurse Corps, Judge Advocate General, Chaplain Corps, Dental Corps, Nuclear Instructors, Nuclear Reactor Engineers, and Cyber Warfare Officers). Training focuses on basic military instruction, Navy Core Values, Ethics, Physical Fitness, and Leadership, and includes a one week Division Officer Leadership Course. Instructors challenge every student to leave ODS a more confident and competent Naval Officer and leader.

Nurses coming through ODS receive tremendous support from the Navy Nurse Corps Chief's office at BUMED as well as nursing staff at Naval Health Center New England (NHCNE) and the Newport branch of the Navy

Nurses Association. On the last week of training, senior nurses from BUMED and NHCNE spend a morning with the students discussing the Navy Nurse Corps and what students can expect when they go to their first duty station and throughout their career.

Nurse Corps Officers fill several instructor and administrative billets at ODS and have positively impacted newly commissioned officers including nearly 150 Nurse Corps Officers in FY 2015. There are currently three Nurse Corps officers stationed at OTCN: **LCDR Penelope Heiges** (Deputy Director, ODS/DCOIC), **LCDR Lori Campbell** (OTCN Schools Administrator), and **LT Frank Riojas** (Instructor). All instructors are required to attend Navy Instructor Training Course (NITC) prior to arrival at OTCN and can potentially earn their Master Training Specialist (MTS) qualification as well as a 3150 Education and Training Subspecialty Code (SSC) at the end of their rotation.

Interested in being an instructor at OTCN and completing a challenging but rewarding non-traditional tour? Contact your detailer for more information.



LCDR Penelope Heiges

**Deputy Director,
ODS/DCOIC**



**LCDR Lori Campbell with ENS
Lauren Cebulski, 2015 Nurse
Corps ODS graduate.**



**LCDR Heiges and LT Riojas celebrate the 2015 Navy Nurse Corps
birthday with ODS and DCOIC Nurse Corps students.**



Specialty Leader Update: Nursing Research (1900D)



CAPT Lisa Osborne

I was so proud of the Navy Nurse Researchers at the Tri-Service Nursing Research Program (TSNRP) Research and Evidence-Based Practice (EBP) course 31 August - 3 September in San Antonio, TX. It was a fantastic opportunity to showcase the research efforts of the Navy Nurse Corps. There were 24 Navy posters presented and 17 podium presentations! A milSuite page for research is under construction and all of these presentations will be listed there for everyone to be able to review this important work. Please keep your eyes open for the announcement for the launch of the research page.



I'd like to highlight **CDR Lisa Braun**, who won the first place poster award for her project, "Communication & Understanding: Perceptions of U.S. Navy Women with Abnormal Cervical Cancer Screening & Follow-up Care." She was recognized by RADM McCormick-Boyle at the awards ceremony. This project was part of her doctoral dissertation work, funded by a TSNRP grant. She used a qualitative research method to explore the experiences, barriers, and facilitators to care. In this project, U.S. Navy women freely shared their experiences which aided in the identification of key issues: 1) timely notification of results; 2) education on the need for preventive screenings and abnormal findings; and 3) ability to schedule follow-up appointments. She has shared these issues with Navy leadership, as well as the need to develop a comprehensive educational plan to inform both patients and providers on the importance of preventive screening guidelines and follow-up care. Her dissertation also received recognition from Yale University and she received the doctoral student Anthony DiGuida Excellence in Nursing Research Award upon graduation. Additionally, she has had three manu-

scripts accepted for publication by *Military Medicine* and *Journal of Midwifery and Women's Health*. She has recently reported to Naval Medical Center Portsmouth and we will look forward to seeing more great things from her.

Congratulations to **CDR Randy Ashman**, **CDR Arnel Barba**, and **Dr. Susan Appel** for their 3rd place poster award for the EBP project entitled "The Effectiveness of Interventions to Increase Provider Monitoring of Endotracheal and Laryngeal Mask Airway Pressures." All attendees at the course remarked that this was an awesome opportunity to network and to view the research being done by Navy Nurse Researchers; Retired Nurse Researchers; and our Army, Air Force, Public Health Service, and VA colleagues. **I hope to see more Navy Nurse Leaders at this course next year** because these topics align with our goals of readiness, jointness, and value. The TSNRP website can be found at <https://www.usuhs.edu/tsnrp>.

I have come to the end of my time as the Specialty Leader for this talented community. It has been such an honor to serve in this capacity. The search for the next Specialty Leader is underway and we will make the announcement in mid-October. Thanks to all of my colleagues for the tremendous work you do to advance the science for our practice.



CDR Lisa Braun is recognized by RADM McCormick-Boyle for her 1st place project.



Specialty Leader Update: Medical-Surgical Nursing (1910)

Hello from always sunny San Diego! My name is LCDR Erica Arnold and I'm happy to be your new assistant Medical-Surgical Specialty Leader. I've had the opportunity to work in the medical-surgical nursing community my entire nursing career working both inpatient and ambulatory care before obtaining my Master of Science in Nursing as a Clinical Nurse Specialist through the DUINS program. I'm now proud to be working as the division officer for inpatient cardiology at Naval Medical Center San Diego (NMCSDD) where we're developing some of the next generation of medical-surgical nurses. As the largest nursing community, CDR Vega and I will be sharing the workload to help keep us all learning and growing.

In a community 780 nurses strong, there are many looking for a unique nursing experience and I've had several nurses ask me, "How can I deploy?" One way to gain one of these experiences as a medical-surgical nurse is the Global War on Terrorism (GWOT) Support Assignment (GSA) deployments. These are advertised on the Navy Nurse Corps Detailers page on Navy Knowledge Online (NKO).

GSA versus IA

GSA billets were created for those assignments that we can plan on having to fill for

the foreseeable future. GSAs generally last from 6-12 months and those currently available for 1910s are to Guantanamo Bay, Cuba. The nurse accepting a GSA deployment will check out of their command with follow-on orders directly to a new permanent duty station after the GSA. It's a good idea to fully understand the nature of the GSA billet that you will be filling. Consider the kind of nursing care you will be providing in unique places, like JTF GTMO, before accepting the assignment as these are not conventional assignments.

Benefits

This method of advertising and seeking volunteers to fill these necessary assignments gives the individual nurse the opportunity to gain a unique experience which will be added to their career as a milestone, working overseas in a joint environment. It also helps the commands by not pulling someone in the middle of their tour, leaving the command short of staff for that time period. Also, when you agree to take on a GSA deployment, you get to negotiate follow-on orders at the same time with favorable consideration of duty stations.

Additional Information

If you are interested in a GSA deployment, talk to your chain of command, your specialty leader, and/or your detailers to get all your questions answered and make an informed decision. We're here for you!



LCDR Erica Arnold

Assistant Specialty Leader



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

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

[NCNewsletter @med.navy.mil](mailto:NCNewsletter@med.navy.mil)



Specialty Leader Update: Family Nurse Practitioner (1976)



CDR Kathaleen Smith

There are lots of exciting things happening in our community right now! Here are a few highlights:

DUINS

There is overwhelming interest in our community for DUINS – many wonderful candidates with highly competitive DUINS packages. Some of the Navy's finest nurses are planning their 2017 and 2018 packages already. I am available to discuss our top-notch specialty at any time so please reach out!

milSuite

Have you seen our **Family Nurse Practitioner (1976) group on MilSuite**? Please click the link and join the group. **CAPT Deb Greubel**, the Reserve FNP SL, would like to have all active and reserve FNPs enrolled over

the next 4 months! We were even thinking of challenging our fellow specialties to a friendly game of enrollment competition and see if we can get 100% enrollment to the community page before they do... any takers? We have a Slideshow Carousel, so forward any deployment photos and I will upload them.

2016 AANP Conference

Can you believe it is almost that time again? Next year the conference will be held in San Antonio from 21-26 June 2016. If you are interested in attending, contact me. I have a simple "conference information sheet" for you to complete and I will add you to the projected attendee list. I will submit our package before December, so please act now and touch base with me. I will upload the conference info sheet to our milSuite page. Once again, I will be looking for a flag bearer to represent the U.S. Navy Nurse Corps; let me know if you are interested. No experience required!

DME update

As of 19 August, the Defense Health Agency stated they are "putting the finishing touches" on the changes to the TRICARE Policy Manual. Their Office of General Counsel is conducting a final review of the changes. In short, they are getting close to releasing the changes and are several weeks away from issuing

the final product. I will update you when the updates arrive.

Romania

CDR Paul Allen will arrive in Romania in October to be the sole provider, along with his team of an IDC and hospital corpsmen, to open the medical clinic in Romania. This site will provide medical support for the Aegis Ashore Missile Defense (AAMD) Forward Operating Site (FOS) in Deveselu, Romania. Once he arrives and we fine tune the experience required for this billet, I will soon prepare for his turnover in September/October 2016. I will release more information on milSuite once it is available, so keep your eye on our page if you are interested. This is a huge step for our community!

As always, I am proud to serve as your Specialty Leader. I can be contacted at:

Kathaleen.smith@va.gov and
Kathaleen.smith@med.navy.mil



DNS/SNEs:

Would you like to see your command featured in our new Command Spotlight section?

Contact us to find out how!

NCNewsletter@med.navy.mil



NMPDC – DUINS Framework for Success

Good day! One of the amazing benefits available to commissioned Nurse Corps officers is Duty Under Instruction (DUINS). This program allows commissioned officers the opportunity to attend Graduate school programs (Military and Civilian) while on full time active duty. **Essentially, the Navy pays you to go to school and picks up the cost for tuition!** Members submit completed packages to a review board consisting of senior officers where their packages are ranked and selected for participation in the program. As one might imagine, this board is very competitive and the content of this article is geared towards the application process and what makes a competitive candidate.

After reading BUMED 1520.27H, the first step in successfully applying for DUINS is making your chain of command aware of your desire to apply. **This is typically at least a year out from the application deadline (Generally packages are due 1 October).** Interested applicants should first talk with their immediate supervisor then Senior Nurse Executive. During this time your leadership will ensure that you understand all of the academic as well as military eligibility requirements in order to apply. Are there other prerequisites that you must first meet prior to applying for admission? For example, if you are thinking of CRNA or FNP then make sure you visit the [admissions website](#). Uniformed Services University (USUHS) is the only

option for these specialties and has specific admission requirements that must be met. Is the GRE required? It is not required for all programs. How are your undergraduate grades? **Competitive academics are a major determining factor in selecting a candidate.** Are you working with a mentor in your desired field? Spending time with them in a specific field will accomplish two things; ensure that you understand what you are getting into and serve as a potential letter of recommendation source. Finally, how are your FITREPS? Are they competitive? Are you breaking-out against your peers? The selection board looks at all of these qualities to determine the best candidate. The items paint a picture of who you are.

Once you have engaged your chain, then contact your detailer to ensure your Projected Rotation Date (PRD) is adequate. Detailer information is located [here](#). The detailing shop is an invaluable asset in providing career guidance. If you require an order modification the detailing shop will assist with this. **As a general rule your PRD can be extended, but not shortened.** Typically members don't contact the detailing shop until a year out from their PRD.

If you haven't already, contact your [Specialty Leader \(SL\)](#). Our specialty leaders are some of the most gifted officers in our corps, so when you engage them please do so having read the DUINS instruction. **Serving as SL is not a full time job, but is a collateral duty - Having first done your homework (read 1520.27H) will allow for a more positive first impres-**



CDR Daniel Meyerhuber

sion and a more informed dialogue. One of the SL roles is to rank all officers applying for that specialty to the selection board. They will review your academic records, work experience, letters of recommendation, and future goals to allow them to rank order all the candidates. Don't fret, you don't have to be #1 to be accepted to DUINS, but there do need to be enough training billets available to send you to school.

Finally, [engage me](#). I want you to succeed and am here to guide you through the process. Every year in the spring (February/March), the DUINS training plan is posted. Available training billets or seats fluctuate on an annual basis, so there is no requirement to ensure availability for all programs. **Additionally, there is no adverse effect on your career if you apply and are not picked up. Some of our best had to apply 2-3 times!** I prefer [email](#), but you can certainly call (301) 295-5773.



Bravo Zulu!



Certifications:

- **LT Siobhan Clark**, from Naval Hospital Guam, earned the Certified Emergency Nurse (CEN) certification.

- **LT Melinda Garrett**, from Naval Hospital Twentynine Palms, earned the Certified Sterile Processing and Distribution (CBSPD) Management certification.

- **LT Marisa Gonzalez**, from Naval Hospital Okinawa, current deployed to Role III Afghanistan, earned the Perioperative Nurse (CNOR) certification.

- **LT Kelly Minor**, from Naval Hospital Jacksonville, earned the Inpatient Obstetric Nursing (RNC-OB) certification.

- **LT Jamie Spiezio-Runyon**, from Naval Hospital Camp Lejeune, earned the Informatics Nursing (RN-BC) certification. He carries the distinction of being the first Navy Nurse known to hold this certification. Bravo Zulu!

- **LT Stacey Yon**, from Naval Hospital Jacksonville, earned the Medical-Surgical Registered Nurse (RN-BC) certification.

Education:

- **LT Lindsey Manko**, from Naval Hospital Okinawa, earned a Master of Nursing degree with a concentration in Administration from Norwich University. She was inducted into the Pi Alpha Alpha Honor Society for Public Affairs and Administration.

- **LT Nathaniel Schwartz**, from Naval Hospital Guam, earned a Master of Business Administration degree from University of Maryland University College.

- **LCDR Hassan A. Brown**, from Naval Hospital Camp Pendleton, earned a Master of Business Administration degree in Healthcare Management from Walden University.

- **CAPT Karin Warner**, earned a Master of Science degree in National Security Strategy from the U.S. National War College. She has been assigned to the Bureau of Medicine and Surgery, as the Deputy Chief Medical Officer for Navy Medicine.

Fair Winds...

- CAPT Jamie Hammer
- CAPT Mary Nadolny
- CAPT Carla Stang
- CDR Susanne Lemaire
- CDR Kathy McCall
- CDR Blair Miles
- CDR Shirley Moone
- CDR Avemaria Reed
- CDR Tanya Sinclair
- CDR Tanya Stevenson-Gaines
- CDR Susan Toyama
- LCDR Jason Boyce
- LCDR John Connolly
- LCDR Jaime Salazar
- LCDR Chad Springer
- LT Nathan Madrid



Nurses:
Do you have a
question for the
Admiral?

Post your question
to NCNewsletter@med.navy.mil
for an opportunity
to
"Ask the Admiral"

We would like to add a special "fair winds" to CAPT Annette Beadle, who retires from her position as Deputy Director of the Nurse Corps this month.

Ma'am, thank you for all of your support and guidance over the past few years. We wish you all the best in your new adventures!

- Nurse Corps News Staff

