

Nurse Corps News

Volume 14, Issue 2

March/April 2020

Director's Message: Compassionate Nursing Care During COVID-19



Inside This Issue:

Director's Message

Page 1-2

Reserve Spotlight

Page 2

COVID-19 Resources and Updates

Pages 3-6

Specialty Leader Symposium

Page 7

Specialty Leader Update: 1910 Community

Page 8

Obtaining an Advanced Degree

Page 9

Operational Nursing

Page 10

Virtual Medicine

Page 11

Nursing Innovation: NMRTC Pensacola

Page 12

NTSA Summit

Page 13

Insights from an Executive Assistant

Page 14

Junior Officer Spotlight

Page 15

Bravo Zulu!

Page 16-17

Would you like the News in your inbox? Click [here](#) to be added to the ListServ!

NCNEWS-REQUEST

Nurse Corps News Staff

Design/Layout:

LT Randi Acheson

LT Nube Macancela

LTJG Barbara Kent

Editor:

LCDR William Westbrook

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



Navy Nurse Corps Team,

By now you have heard much about COVID-19, a virus until recently most of us had never heard of or knew anything about. Indeed, this global pandemic brings much uncertainty. It can be an anxiety-inducing time and therefore, more than ever it is important to remain committed to supporting each other. Navy nurses, both Active and Reserve, are already serving on the front lines preparing to care for patients, including those with COVID-19. Navy nurses are deployed on the USNS COMFORT and USNS MERCY, many more are getting activated to deploy with an EMF, to serve in community hospitals, and makeshift hospitals set up in convention centers. Of course Navy nurses continue to serve in the Fleet, in the USMC, at the MTFs, and at research and training commands. **That is who we are and what we do...we are caring, competent and compassionate, regardless of the environment** in which we provide care, as outlined in our Professional Practice Model; we maintain our core values of honor, courage and commitment.

Regardless of where we serve, who we serve and who we serve alongside, we consistently deliver safe, quality care following professional practice guidelines, while minimizing risks to our patients and each other. Communicating proactively with colleagues, to include those from other corps, sister services, as well as our civilian colleagues, is critical. The physical and psychological well-being of our team is a top priority!

While I can't tell you how or when COVID-19 pandemic will end, I can say that Navy Nurses are and will continue to make the difference in controlling the spread of COVID-19. You are leaders, and will be looked up to by the Corpsmen and others to set the tone and the "can do" spirit during the toughest of times. You are



Tina Davidson, RDML, NC
Director, Navy Nurse Corps

professionals who stand out and will be remembered for the difference you made.

I want to share with you an excerpt from the book **Quiet Heroes, Navy Nurses of the Korean War**, which exemplifies the care the Navy Nurse Corps team delivers.

A Marine patient once stated:

"I was placed in a hallway. I was told that there were no beds at the moment. Between the nurses and the Corpsmen, it didn't matter about the hallway. They made it seem like the Ritz Hotel. If we made one moan...a nurse and a Corpsman were immediately at our side."

"The overall treatment I received from the hands of our navy nurses was the best. There are no words to make my feelings known to you, save to say, God bless the naval nursing corps. You all deserve the Medal of Honor."

I have no doubt you will leave a similar impression with those you care for during this COVID-19 crisis, as well as those you serve alongside.

Continued page 2

Nurse Corps News

Volume 14, Issue 2 ~ March/April 2020

Director's Message: Compassionate Nursing Care During COVID-19 (cont'd) ★

It is not about the medals but the satisfaction that you made a difference, you made a patient feel safe, cared for or listened to and that is what allows you to continue the next day. Someone is counting on you to hold their hand, share a smile, or just be there.

While upcoming days may include separation from loved ones, as well as being long and exhausting, know how proud I am of you and your constant dedication and compassion, as we adapt to this rapidly-changing situation. Stay safe, stay healthy and take care of each other!~



Reserve Spotlight: Reserves on the Forefront of COVID-19 ★★



Mary Riggs, RADM, NC

Deputy Director
Reserve Component

“**Be Ready**”, the mantra for the year in Navy Medicine. There has been no better example of how important this concept is than right now during the COVID-19 Pandemic. Our world, our normal lives changed drastically within a few days or weeks based on new information on this virus. Despite all of this change, Navy Reserve Medicine stood ready! The call for volunteers to support our own country in this time of need went out, the response was overwhelming and has continued.

The Reserve Nurse Corps alone had hundreds of volunteers from all specialties and multiple missions.

Amazingly, when the call came to support, some of our earliest volunteers were packed, and ready to go (personally and professionally) and arrived on site within 48 to 72 hours!! The missions assigned are ongoing and varied. The **USNS Mercy** was our first call to support in the Los Angeles area, **USNS Comfort** in support of New York City, Medical support from **Expeditionary Medical Facility (EMF), Bethesda** at the Javits Center which was transformed into a field hospital.

Additionally, medical professionals are augmenting eleven hospitals in New York City to support their current situation. We continue to lead the way and work jointly with sister services, civilian hospital systems and federal agencies to care for our citizens in need.

The Nurse Corps is supporting in clinical spaces, as mentors and as leaders during this unprecedented time in our world. You

prove on a daily basis what a dynamic force you are! Countless long hours and the ability to be flexible to meet the missions and resiliency in your attitude to get the job done.

As the Director of the Nurse Corps, Reserve Component I want to thank each and every one of you for your sacrifice. I am so proud of you for answering the call and for your contributions every day but especially during this pandemic. ~

Thank you!

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

Volume 14, Issue 2 ~ March/April 2020

USNS Mercy and USNS Comfort COVID-19 Support

Excerpt from the *Hospital Corps Force Report*
(Volume 1, Issue 19, published 1APR2020)



USNS Comfort (T-AH-20)

USNS Mercy (T-AH-19)

HOSPITALS + AT SEA

MISSION

The two Mercy-class hospital ships have become prime assets in the Navy's efforts to provide humanitarian assistance and disaster relief. Military Sealift Command Hospital Ships are being deployed in support of the nation's COVID-19 response efforts. Ships will treat non-COVID-19 patients which will allow local health professionals to further focus on treating COVID-19 patients.

THE BASICS ► BOTH SHIPS



Length: 894 feet
Beam: 100 feet
Draft: 25 feet
Displacement (Full): 70K metric tons
Speed: 12 knots

Both ships can staff up to

1200
MEDICAL PERSONNEL

And also have capabilities & equipment compatible to a **MODERN HOSPITAL ASHORE**

Maintain up to **5000 UNITS OF BLOOD**

Inside Each Ship



Operating Status & Crew

When not deployed, each ship is kept in reduced operating status. Comfort in Norfolk, Virginia, and Mercy in San Diego.

In full operating status, both ships are navigated and maintained by a crew of

UP TO **1200** MEDICAL STAFF
AND **71** CIVIL SERVICE MARINERS

For more information go to: www.navy.mil/covid19

Revised March 20, 2020



The Sailors and staff of the USNS **MERCY** (T-AH 19) and USNS **COMFORT** (T-AH 20) have expeditiously prepared to provide aide and support to our great nation in the midst of a pandemic. Our two Hospital Ships deployed to different locations here in the United States in response to the rapidly spreading COVID-19. The USNS Mercy is currently rendering assistance along the coast of Los Angeles, and the USNS Comfort docked in harbors outside New York.

Each ship has **1,000 patient beds**, **12 operating rooms**, **4 radiology suites**, **1 CT machine** and each carries **5,000 units of blood**. The aide and relief that these ships will provide will play a major role in the containment and the stoppage of the drastically fast spreading COVID-19. ~

Be safe and healthy shipmates.



COVID-19 Toolbox: Resources for Navy Nurses

★ Nurse Corps Spotlight: ★

Resources compiled and contributed by **LCDR Jason Reid**, Critical Care Clinical Nurse Specialist, Naval Medical Center San Diego.

WHAT IS CORONAVIRUS DISEASE 2019 (COVID-19)?

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.

Incubation period: For COVID-19 is thought to extend to 14 days, with a median time of 4-5 days from exposure to symptoms onset. One study reported that 97.5% of persons with COVID-19 who develop symptoms will do so within 11.5 days of SARS-CoV-2 infection.

WHERE IS THE MOST UP-TO-DATE INFORMATION ON COVID-19?

American Association of Critical Care Nurses (AACN)

[Free Course: COVID-19 Pulmonary, ARDS and Ventilator Resources](#)
[Procedure Manual: COVID-19 Resources](#)
[ARDS, COVID-19 and Pronation Therapy](#)

American Nurses Association

[Free Course: ANA's COVID-19 Webinar Series](#)
[ANA Response to COVID-19 Pandemic](#)

BUMED Navy Medicine Home Page (COVID-19 updates):

<https://www.med.navy.mil/Pages/default.aspx>

CDC Links:

[Coronavirus \(COVID-19\)](#)
[Healthcare Professionals: Frequently Asked Questions and Answers](#)
[Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#)
[Priorities for testing Patients with Suspected COVID-19 Infection](#)
[Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings](#)
[Situation Summary](#)
[Use of Cloth Face Coverings to Help Slow the Spread of COVID-19](#)

Centers for Medicare & Medicaid Services (CMS):

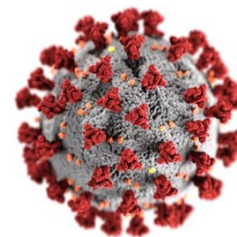
[CMS News](#)
[Sweeping Regulatory Changes to Help U.S. Healthcare System Address COVID-19 Patient Surge](#)

Environmental Protection Agency (EPA)

[Disinfectants for Use Against SARS-CoV-2](#)

Food and Drug Administration:

[N95 Respirators and Surgical Masks \(Face Masks\)](#)



[Click on Links!](#)

continued page 5



COVID-19 Toolbox: Resources for Navy Nurses (cont'd)

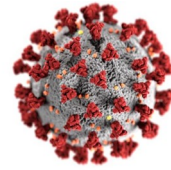
WHERE IS THE MOST UP-TO-DATE INFORMATION ON COVID-19?

Navy Exchange Services:

[Navy Exchange Service Command Closes Tailor/Embroidery, Laundry, Dry Cleaning Shops Due to COVID-19](#)

Military OneSource

[CORONAVIRUS INFORMATION FOR OUR MILITARY COMMUNITY](#)
[FINANCIAL COUNSELING](#)



Click on Links!

Occupational Safety and Health Act of 1970 (OSHA)

[Guidance on Preparing Workplaces for COVID-19](#)

The Joint Commission:

[Coronavirus \(COVID-19\)](#)

[The Joint Commission statement on shortages of personal protective equipment \(PPE\) amid COVID-19 pandemic](#)

[The Joint Commission suspends all regular surveys amid COVID-19 pandemic](#)

[Doffing Personal Protective Equipment \(PPE\) - Gown](#)

[Step by Step Donning and Doffing: Disposable Gown, Face Mask and Goggles](#)

TRICARE:

[Coronavirus Guidance](#)

U.S. Navy COVID-19 Updates

[COVID-19 U.S. Navy Response](#)

World Health Organization

[Coronavirus disease \(COVID-19\) Pandemic](#)

Walter Reed COVID-19 ToolBox

[Evaluation and Treatment for COVID-19](#) (This link may only work on personal devices)

COVID-19: HOW IS IT AFFECTING TRAVEL, PCS, SELECTION BOARDS, ETC?

Travel Links

Centers For Disease Control: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

Joint Travel Regulation (JTR): https://www.defensetravel.dod.mil/site/news_Coronavirus.cfm

USTRANSCOM Defense Personal Property: <https://www.ustranscom.mil/dp3/index.cfm> or

<https://www.ustranscom.mil/dp3/advisory.cfm> (Click: PP Advisories, most recent at bottom)

ORDERS RELEASE UPDATE:

Due to limited PERS funding, orders are currently being released through Oct 2020. Appropriate adjustments will be employed if lead times affect mission/PCS execution. Retirement/resignation/ accession orders are being released nine months prior to retirement for OCONUS and six months prior to retirement for CONUS personnel.

continued page 6



COVID-19 Toolbox: Resources for Navy Nurses (cont'd)

COVID-19: HOW IS IT AFFECTING TRAVEL, PCS, SELECTION BOARDS, ETC?

COVID19 PCS IMPACT as of 2 Apr 2020: NAVADMIN 074/20

- PCS orders take precedent over mobilization.
- Ensure communication with gaining/losing command/detailer to mitigate gaps due to delayed PCS.
- Can detach/report anytime within EDD/EDA months listed in orders. EXCEPT: Sep/Oct then must detach in Sep and report in Oct due to fiscal year funding.
- Entitlement questions should be directed to command and PSDs, see JTR link below.
- Retirements and separations continue without impact.
- Retirements/separations desiring to extend in place 6-12 months NAVADMIN 089/20.
- Modification or Cancellation. All requests to modifying an existing request in NSIPS routing process at NAVPERSCOM level or canceling approved orders must be made in writing using Milpersman 1810-20 guidance, and must include a command endorsement. Scan and e-mail Adobe PDF to pers_835_retirements@navy.mil and Cc your detailer. All requests to cancel or modify approved retirement orders require flag officer approval, and additional processing time.
- Officer Development School continues as scheduled. NAVADMIN 075/20
- CONUS to CONUS local moves. gaining/losing command agree then execute. If unable to agree then adjudication by PERS 44 – Order modifications are not always necessary.
- PCS to/from level 2 countries.
- Member can execute to OCONUS, family after 13 May.
- From OCONUS to CONUS member and family can execute.
- PCS to/from level 3 countries, All Stop until 13 May.
- Waiver process available on MyNavyPortal, submit from losing command to PERS 451.

Updated NAVADMIN 044/20, extending stop movement travel restrictions to 30 June 2020.

<https://www.public.navy.mil/bupers-npc/reference/messages/Documents/ALNAVS/ALN2020/ALN20049.txt>

NEGOTIATING ORDERS:

We are currently focusing our efforts on members directly impacted by PCS All Stop. If you are one year or less away from your projected rotation date (PRD) and have not already begun discussing the PCS plan with your Specialty Leader and Detailer, please reach out to them to initiate communication.

PROMOTION SELECTION BOARDS POSTPONED:

- Boards scheduled to convene on or after 24 March 2020 have been postponed until further notice.
- Members will be able to submit letters to board ten calendar days prior to newly established board date. Updates and amplifying information can be found at below link:
<https://www.public.navy.mil/bupers-npc/boards/activedutyofficer/Pages/default.aspx>
- *NEW* Electronic Officer Photo Submission through MyNavy Portal: <https://my.navy.mil>
- Officer Record Management Brief: Click on most recent [PDF] link.

<https://search.usa.gov/search utf8=%E2%9C 93&affiliate =npc&query=Officer +Record+Management>



Specialty Leader Symposium



Richard Lawrence, CAPT, NC

Assistant Director Policy & Practice

During 3-6 March, 2020, the Navy Nurse Corps hosted the combined Senior Nurse Executive orientation and Specialty Leader Symposium at the Defense Health Headquarters in Falls Church, Virginia. This represented one of the rare times where all current and future Nurse Corps leaders, active and reserve, were together with the Senior Nurse Corps Leadership team to be provided orientation, updates, and strategic direction in their roles across the globe.

Some highlights from the four day agenda include presentations and discussions from our top leaders, including the Bureau of Medicine and Surgery's newly appointed Deputy Surgeon General, **RADM Gayle Shaffer**; Director, Navy Nurse Corps and Commander, Naval Medical Forces Support Command, **RDML Tina Davidson**; Deputy Director Navy Nurse Corps Reserve, **RADM Mary Riggs**; and the Deputy Director, Navy Nurse Corps, **CAPT Paul Loesche**.

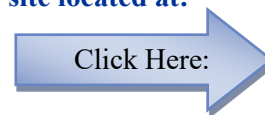
There were 105 participants from the Active and Reserve Components

representing current and future Senior Nurse Executives, Specialty Leaders, as well as up and coming nurse leaders and two of the leaders from the Clinical Nurse Specialist Advisory Board. For those unable to attend due to mission requirements, we included the ability to join via telephone. We had the distinct pleasure of ten junior officer interns who were able to attend all sessions, provide administrative support, as well as present valuable feedback to the process and ideas shared and discussed throughout the gathering. Some of the common feedback themes were about renewed sense of empowerment, how one person can be so influential, how decision-making is such a critical part of anything we do including our career choices, as well as learning where some of the current knowledge gaps are and how to overcome them.

Serving as a Specialty Leader or Assistant Specialty Leader in one of the 16 Nurse Corps communities is a significant recognition that comes with a very demanding commitment, governed by the BUMED Instruction 5420.12 series. Specialty Leaders and Assistant Specialty Leaders are appointed by, and report to the Chief, BUMED via the respective Corps Chief. They have the delegated authority as their specialty's Subject Matter Expert, consultant in and out of federal agencies, assist with medico-legal reviews and standard of care evaluations, make recommendations and influence policy.

Their multiple roles also include providing consultative services for specialty-specific programs, training, and deployment taskers, as well as a multitude of other requirements depending on the specialty and the situation. The Specialty Leader appointment is for three years and can be extended at the discretion of the Corps Chiefs office.

Senior Nurse Executives are recognized during the application process, which includes the milestone screening and slating conducted every year for the upcoming Senior Nurse Executive positions available for the following year's vacancies across the globe. A milestone position, such as the Senior Nurse Executive, is an opportunity that requires specialized healthcare leadership expertise, experience, and a documented career progression that prepares an officer for those duties and responsibilities. Application procedures, eligibility, requirements, and additional criteria listed by milestone position are contained in BUMEDNOTE 1410. **Additional information can be obtained from your SNE as well as referencing the BUMED Executive Medicine site located at:**



This combined orientation and symposium provided a precious opportunity for all of our Nurse Corps leaders to meet face-to-face in a collegial environment. They had the opportunity to discuss best practices and network with new and existing professional relationships as they prepare and continue to maneuver through their challenging, yet highly rewarding roles in Navy Medicine. The Corps Chief's office looks forward to continuing this opportunity for years to come and wants to thank each member's chain of command for financially supporting this TAD, especially during these ever-tightening financial circumstances. ~

Your commitment and support of these current and future leaders will contribute to the success of the Nurse Corps and Navy Medicine for years to come.



Specialty Leader Update: Medical Surgical Nursing (1910)



Tuesday Adams, LCDR, USN

1910 Specialty Leader

Gabrielle Crane, LCDR, USN

Assistant Specialty Leader



Medical Surgical Updates

What a busy year we have had a Medical-Surgical Community!! We just returned from the Specialty Leader Symposium, where we were able to get together with all the specialty leaders, newly selected Senior Nurse Executive and our leaders from the Corps Chief Office.

Throughout the time with the NC Leaders it was imperative that each of our communities needed to be ready. Our focus right now is

readiness! Are you ready? Is your staff ready? What does readiness even look like?

Readiness around our community can be seen through many lenses: competencies, licensures, certifications; and training our Hospital Corpsmen. At NMRTC Rota, they are ensuring their 1910 nurses are cross trained to the PACU to support the service in the event of a mass casualty event. On station, their leadership is engaged in keeping their staff up to date with training initiatives of ACLS, PALS, TNCC and TCCC, when available they are actively nominating their staff to attend Combat Casualty Care Course.

The team at NMRTC Guam participated in a Joint Operational training over two days with the Japanese and Australian Air Forces for mass casualty evolutions. Navy nurses and Corpsmen participated in the field as healthcare support staff and as moulaged patients. **LCDR Aparacio** and **LCDR Sierleja** conducted an evidence based 2-day Basic Facilitator and Operator Simulation course training for **LT Menninger**, **ENS Shimisaki** and **ENS Sheckley**. This will enable the staff on the Multi-Service Unit to run their own simulation training on their unit.

A very strong initiative for NMRTC Great Lakes is to ensure all their nurses have maintained individual operational readiness through sustainment training and keeping up to date individual medical readiness. A partnership was established in the beginning of 2019 with John Stroger Hospital of Cook County to help facilitate this initiative. Since inception, eight Medical Surgical nurses to include: **LT R. Aubuchon**, **LT E. Benjamin**, **LTJG E. Eisenberg**, **LT K. Follebout**, **LT K. Kron**, **LT L. Leonard**, **LTJG J. Riggins** and **LT H. Steele** have been able to attend a 4-week trauma training at

John Stroger Hospital of Cook County.

Looking across our community we must ensure that as a specialty we are aligned with the Surgeon General's priorities of optimizing **People, Platforms, Performance, and Power** in a consolidated effort to enhance lethality through increased survivability of the fighting force.~



Pictured: LCDR Adams and LCDR Crane at the recent Specialty Leader Symposium. Released.

For more information regarding medical surgical nursing visit our milsuite page or request to be apart of our Listserv email. Click on the picture below to be directed to the 1910 Milsuite site!



PPM Professional Development: Your Advanced Degree in the Nurse Corps



David Frey, LT, NC, USN

“An investment in knowledge pays the best interest.” – Benjamin Franklin

Given our current limits on travel and recreation, it is a great time to make a plug to start, or complete an advanced degree. Obtaining an **advanced degree** is an important career milestone for all Naval Officers, personally and professionally. For the Nurse Corps specifically, a graduate education allows nurses to gain a deeper knowledge of a specialty within the nursing profession

There are **four** avenues to choose for funding your graduate degree:

- Get it through Duty Under Instruction (**DUINS**)
- Get it on your own time using **Tuition Assistance** (TA)
- Get it on your own time using your **GI Bill**
- Get it on your own time and pay out of pocket.

There are also Service schools that offer graduate level programs via resident (full time, in person) or non-resident (part time distance learning)

options. One example is the U.S. Naval War College in Newport, RI, which offers a Master of Arts degree in Defense and Strategic Studies. You can learn more at [FY-20 Navy Medicine Leadership Courses](#) and by discussing timing and seat availability with your chain of command and detailer.

If you are unsure what type of degree to pursue, consider academic programs that provide the most value to our community. Examples of degrees that add value to the Nurse Corps:

- **Master of Science in Nursing (MSN):**
 - *Clinical focus:* Nurse Practitioner (NP), Midwife, CRNA, Clinical Nurse Specialist
 - *Non-clinical focus:* Education, Informatics, Leadership/Administration/Management.
- **Master’s in Healthcare Administration or Healthcare Management**
- **Master of Business Administration (MBA)**
- **Master’s in Public Health (MPH)**
- **Doctor of Nursing Practice (DNP):**
 - Typically advanced-practice focused (NP, Midwife, CRNA) however there are some non-clinical DNP options as well.
- **Doctor of Philosophy (PhD) in Nursing Research or Education.**

There are many others! Any advanced degree can benefit the Nurse Corps and the nursing community, when the knowledge is applied and shared.

Some tips for those looking to get started:

- If you are aiming for a MSN,

make sure the school is accredited by either the Commission on Collegiate Nursing Education (CCNE) or the Accreditation Commission for Education in Nursing (ACEN). MBA, MHA and MPH programs also have their own accreditations so do your homework if you plan to go with one of those.

- Look for a school that uses the same writing format (APA vs MLA) that you used for your undergraduate degree. This will ensure a smooth transition from undergraduate to graduate writing.
- If using TA, remember that \$250 per semester credit will be covered (only for Masters courses, not for Doctoral). The rest is out of your pocket (or GI Bill). If a school charges more than \$250 per credit, ask if they have a reduced tuition for active duty as some do.
- Some programs offer many different 8 to 15-week courses year-round while others expect you to start on a specific date and follow their timeline. Deployments can happen with little notice, so lean towards programs that offer maximum flexibility.

The first step for any academic pursuit is to discuss your intentions with your chain of command. They can help you navigate the DUINS or TA deadlines specific to your command and provide encouragement along the way. ~



Operational Nursing with the USMC

Pushing the Limits and Leading the Way

Submitted by:

LCDR Darcy Guerricagoitia, CDR Fierros and CDR Damian Storz.

Operational nursing care with the Marine Corps Medical Battalions is a unique experience as they follow a Marine Corps structure of battalion, company and platoon. The medical battalion is in a constant state of maintaining and evaluating operational readiness, focusing on continually training of doctors, nurses, physician assistances and hospital Corpsmen to ensure they are ready to care for our wounded Marines on the battlefield.

Being prepared to support all military and coalition forces, while serving in a forward role will push the limits of your clinical acumen. Operational environments are often austere and resource-constrained requiring nurses to use critical thinking that is outside the box, with clinical competency always

“In the operational environment, it is vital for our nurses to be able to function with even greater autonomy in comparison to a traditional medical treatment facility.” - LCDR Guerricagoitia

remaining the core of the nurse’s operational readiness.

LCDR Guerricagoitia arrived to 2nd Medical Battalion excited for her first Marine Corps billet where she could pursue her Fleet Marine Force Warfare Officer qualification and have the opportunity to deploy. Checking into the command, she quickly realized the importance of having a

solid foundation in specialty specific knowledge, skills and abilities.

Serving as Officer in Charge and Critical Care Nurse for the Role II -Forward Resuscitative Surgical System (FRSS), Task Force Southwest (TFSW) in support of Operation FREEDOM’S SENTINAL and the Resolute Support Mission in Helmand and Nimroz Provinces, Afghanistan, LCDR Guerricagoitia continuously evaluates nursing practice to ensure mission success.

When in garrison, nurses will participate in courses such as BLS, TCCC, and en-route care through the battalion’s Combat Trauma Medicine (CTM) section to maintain a high state of readiness. Additionally, they support CTM by authoring medical scenarios,

proctoring training evolutions, and conducting simulation training.

This prepares personnel to deploy in various environments and increase awareness of the challenges they will likely encounter in an operational setting.

Medical battalions are ideal commands for operational medicine innovation. Currently, 2nd Medical Battalion is focusing on Prolonged Field Care (PFC) at the Role 2, which is based upon the

anticipated requirement to hold a patient in an austere environment for greater than 72 hrs.



Pictured: LCDR Darcy Guerricagoitia, Ali Al Salem, Kuwait. Released.

There are three active duty medical battalions; 1st Medical Battalion, Camp Pendleton, CA, 2nd Medical Battalion, Camp Lejeune, NC, and 3rd Medical Battalion, Okinawa, Japan. There are billets for 1910’s, 1945’s, and 1960’s.

If you’re looking for a unique opportunity, expanding your military knowledge, and be a clinical leader consider a Medical Battalion. ~



Enhancing Military Medicine's Posture with Virtual Medicine

Brent Edwards, LT, NC

**Chief Nursing Informatics
Officer
Health Clinic Patuxent River**

Imagine answering your phone and you are connected to your doctor for a video appointment from the comfort of your home. This is the future of medicine, and the direction of the Navy's Virtual Health program.

Virtual health is a top priority for Navy Medicine, with the Bureau of Medicine & Surgery's strategic vision describing it as an integral part of health care for our nation's warfighters. As Military Treatment Facilities (MTF) realign into Navy Medical Readiness & Training Commands, Virtual Health capabilities are being included to facilitate readiness and optimize warfighter health and wellness. As the Chief Nursing Informatics Officer of Navy Medicine Readiness & Training Command Patuxent (NMRTC PAX), I have the privilege of overseeing the command's virtual health capabilities to meet this critical initiative.

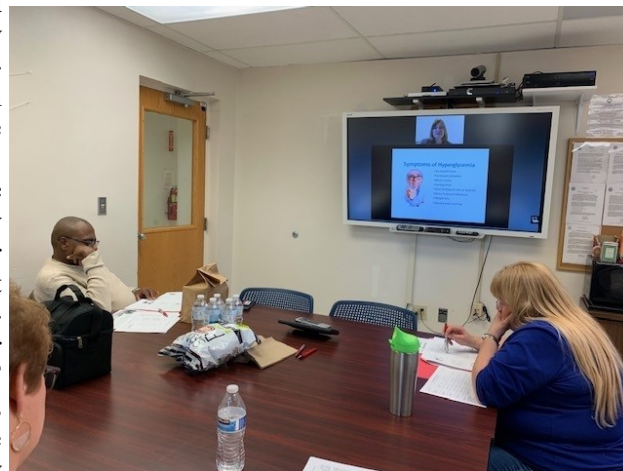
Since its inception in 2017, NMRTC Pax's – at the time Naval

Reed National Military Medical Center connecting with NHCPR to conduct virtual appointments using a video teleconference system for three specialty services: tele-pain, behavioral health and nutrition. NHCPR immediately recognized the impact and value of virtual health services, re-evaluating and expanding its own virtual health footprint to its Branch Health Clinics (BHC) at Indian Head and Dahlgren. Specialty care previously available only at an MTF in the D.C. area became available at NHCPR. Beneficiaries at these remote BHCs can now choose to have their appointments done at their local MTF instead of driving two or more hours to an MTF in the D.C. area. As these programs have grown in popularity with both providers and patients, NHCPR has also acquired the limited capability to provide MTF-TO-HOME for some nutrition, tobacco cessation, primary care, pediatric, and physical therapy appointments.

Virtual health possibilities are growing, and NMRTC Pax continues to expand its capabilities based on patient demand. In October 2019, our diabetic educator, nutritionist, and physical therapist held the first Diabetes Virtual Health class, connecting to BHC Dahlgren to provide critical diabetes' education not covered by TRICARE. In the near future NMRTC Pax, in collaboration with the other MTFs within the National Capital Region, intends to establish an audiology program using virtual health capabilities.

This program will allow Active Duty hearing conservation program members to conduct virtual appoint-

ments, saving one workday and eliminating command travel costs, an estimated \$78,000 yearly expenditure. Additionally, eliminating barriers to access encourages Active Duty to complete their yearly readiness requirements, maximizing the fleet's readiness. NMRTC Pax is also working to acquire a portable, virtual health kit contained in a 30 lb carrying case, which can be deployed in



Pictured: Tina Beck teaching a Diabetes Virtual Health Class from main Patuxent Health Clinic to Branch Clinic Dahlgren. Released.



Health Clinic Patuxent River (NHCPR) - **Virtual Health** program has been at the forefront of virtual health, experimenting with new technologies and growing its capabilities. The program began with Walter

an operational setting to connect providers and patients virtually anywhere in the world.

Military Medicine has begun to recognize the benefits with local and regional leaders, encouraging NMRTC Pax to grab the virtual "bull by the horns" and run with it. Increased use of virtual health capabilities demonstrates our patients and staff are intrigued by the possibilities a virtual health program can provide; with nearly 13% of all civilian providers' appointments conducted virtually today, do not be surprised if one of your next appointments in the near future is done via your smartphone. ~



Nursing Innovation at NMRTC Pensacola



Gabrielle Crane, LCDR, NC

**1910 Assistant Specialty
Leader**

Naval Hospital Pensacola (NHP) transitioned from delivering inpatient services to exclusively ambulatory services on July 1, 2018. As a result of this transition a Care Coordination Team (CCT) was created. Although our beneficiaries receive care from the civilian TRICARE network, our patients will always be our patients. The mission of Care Coordination is to coordinate the diverse aspects of patient

care in order to achieve the highest quality outcomes. Care Coordination is the patient's liaison between civilian and military health care. The primary objectives of CCT are to create partnerships between civilian network facilities and the MTF, facilitate re-engagement into the MTF and support the patient in the navigation of their health care. The team is comprised of three active duty nurses, each with subject matter expertise in Maternal/Newborn, MedSurg or Mental Health.

The CCT created partnerships with three primary network facilities in Pensacola by meeting with the facilities' staff and executive leadership. Care Coordination leveraged those relationships to receive a daily insurance report identifying our beneficiaries, provide personal inpatient visits and obtained access to electronic health records. Beneficiaries are contacted during their inpatient stay and scheduled for follow-up appointments within the MTF. Discharge summaries are uploaded into HAIMS prior to follow up with their provider. The team assists in the navigation of the healthcare system by managing

referrals, booking follow ups and connecting patients with military resources.

As military medicine continues to transition services to our network partners, Care Coordination is the key to successfully improving patient outcomes and maintaining medical readiness for the active duty population. It is the MTF's responsibility to establish strong partnerships with their local facilities and use these relationships to benefit their beneficiaries. Patients cannot be expected to successfully navigate the complex military and civilian healthcare systems independently. Care Coordination teams are the future and should be implemented across the enterprise as the patients link to military medicine. ~



Care Coordination was an innovative concept birthed out of a commitment to our patients. CCT evolved to foster close partnerships with the facilities treating our patients, improved follow up care and records management and provided compassionate coordinated care. Additionally, CCT has safeguarded military operational readiness by tracking active duty members resulting in rapid return to duty. Since July 2018, the CCT has coordinated care for 7,300 patients with 3,000 active duty encounters.

Pictured (Left to Right): LT Sueheigh Seepersau, LT Jeffery Smith and LT Cynthia Dehart/Released.



Nurse Corps News

Volume 14, Issue 2 ~ March/April 2020

NTSA Modeling & Simulation Leadership Summit Highlights



Neva Fuentes, CDR, NC

Deputy Director, Navy Medical Modeling and Simulation Training Naval Medical Forces Support Command

The National Training and Simulation Association (NTSA) hosted the first Modeling & Simulation

(M&S) Leadership Summit February 24, 2020 in Jacksonville, Florida. Healthcare Medical Modeling and Simulation (MM&S) training experts from around the country converged to share best practices and discuss community challenges facing the MM&S community including financial and policy constraints. Charged by Congressmen Bobby Scott (D-VA), Jack Bergman (R- MI), John Rutherford (R- FL), and Stephanie Murphy (D- FL), summit participants identified key elements of effective processes and organizational change that improve patient outcomes.

Consolidated recommendations from the M&S Leadership Summit resulted in legislative proposals for congressional caucus consideration. Among the Military Health System's

M&S leaders in attendance, Navy Nurse Corps **CDR Neva Fuentes**, Deputy Director for Navy Medical Modeling & Simulation Training (NMMAST), and **LCDR (Ret.) Kasmer "Kaz" Meszaros**, Implementation Manger for Defense Medical Modeling and Simulation Office (DMMSO) participated in panel discussions and breakout sessions.

For more information and healthcare simulation resources check out the Society for Simulation in Healthcare (SSIH) @ <https://www.ssih.org/> and the International Nursing Association for Clinical Simulation and Learning (INACSL) @ <https://www.inacsl.org/>. ~

Pictured Below: Panel members for a discussion on Modeling and Simulation Technologies to Achieve Competency-Based Outcomes in Healthcare.



(Pictured Above) Left to Right: Dr. Linda Brown, Dr. Chad Epps, Dr. Gary Geis, Mr. Bill Lewandoswki, Mrs. Connie Lopez, Mr. Jude Tomasello, and CDR Neva Fuentes. Released: 24FEB2020.

Pictured Left to Right: NTSA President, RADM James A. Robb USN, DMMSO Implementation Manager LCDR (Ret.) Kaz Meszaros NC, USN, NMMAST Deputy Director CDR Neva Fuentes NC, USN, and DMMSO Program Analyst Mrs. Kristina Richardson.



For upcoming NTSA events including a health care simulation training expo on Capital Hill, check out <https://www.trainingsystems.org/events>



What Exactly Does an Executive Assistant Do?



Kellie J. Haney, LCDR, NC

**Executive Assistant to the
Commander, Naval Medical
Forces Support Command
Director, Navy Nurse Corps**

I am often asked, "What exactly does an Executive Assistant do?" I too asked the same question when presented with the opportunity to apply to be RDML Davidson's Executive Assistant (EA). Not surprisingly, the feedback I received was vague because the role is relatively rare. All I knew was what I had seen which included someone with a gold rope on their shoulder constantly looking at their watch while carrying some sort of black bag. Part of me thought, "How hard can that possibly be? I can open doors and carry a bag!" The wiser side of me could only assume that there was more to the story. Yes, there indeed was far more to the story.

Being an EA is a 24/7 job that requires a tireless commitment to your unique role. There is no official EA training, you basically have to "figure it out" as you go. You do that by asking an obscene amount of

questions, enlisting the help of subject matter experts, and of course making plenty of embarrassing mistakes in front of high ranking people. Your overall goal as an EA is to handle the daily tasks and coordination required to keep things on track so that the Admiral can fully focus on their different roles. In RDML Davidson's case she is dual-hatted as the Commander, Navy Medical Forces Support Command AND the Director, Navy Nurse Corps. As the EA you are frequently the single point of contact for an endless stream of questions, requests and requirements. I worked directly with BUMED Headquarters, Joint Base San Antonio, Defense Health Agency, Commanding Officers and the Nurse Corps Office to assist RDML Davidson in supporting their individual missions. That included single-handedly managing the schedule, planning trips, coordinating meetings, scheduling appointments and ensuring that RDML Davidson was fully prepared with the necessary documents and information for whatever she was doing. In addition, San Antonio is referred to as "Military City USA" so there was always a plethora of community outreach events, parades, festivals and speaking engagements that RDML Davidson and I would participate in as representatives of the Navy.

Executive Assistants need to be incredibly organized, punctual, have solid communication skills and show great attention to detail. Most importantly, they need to be able to multitask and stay flexible because everything can change within five minutes time. It is important to mention that contrary to popular belief, an EA does not clean the Admiral's house, do their grocery shopping, cook them food or do their taxes. Which is unfortunate for RDML Davidson because I am sure she, like anyone else with a busy schedule, would have welcomed that sort of

help!

The role of an EA is one of those rare opportunities that opens your eyes in ways that you could never imagine. You are catapulted 15-20 years forward in an officer's career to seeing the other side of the Navy Medicine coin, this time from the 10,000ft view. As a Junior Officer you are given the opportunity to observe a wide range of leadership styles and different ways of approaching challenges that you never knew existed. You are able to see firsthand how effective and important collaboration truly is as you watch the future of military medicine unfold from your front row seat.

Initially, everything seemed overwhelming and I regularly second guessed my ability to overcome the challenges facing me. There was so much that I didn't know, would I ever be able to "figure it out"? All I could do was try my hardest with a good attitude and a smile on my face. Then, one day at an Admiral's Call it dawned on me, I had officially become the person with a gold rope on their shoulder who is constantly looking at their watch and carrying some sort of black bag. Funny how things find a way to come full circle. So when unique opportunities and roles present themselves, don't be afraid to take them. You don't have to have all of the answers, just have faith that you can and will "figure it out".

I feel incredibly blessed to have had this opportunity and want to say a great big thank you to everyone who assisted me along the way. Thank you all for your patience and mentorship, it truly was a team effort! ~



Junior Officer in the Spotlight



Alaina Crotty, LT, NC

**Clinical Nurse Specialist
Walter Reed National Military
Medical Center**

My journey as a Navy Nurse Corps Officer began in January of 2012 at Walter Reed National Military Medical Center (WRNMMC) in Bethesda, MD. As a newly commissioned Ensign, I tried to set meaningful and realistic career goals for my future. Throughout the last eight years, I have been blessed with finding mentors that helped guide my path to becoming a successful junior officer while solidifying life-long friendships. My fellow Navy Nurse Corps Officers have definitely made a positive impact on my life and helped to mold me into a leader, knowledgeable clinical nurse specialist (CNS), and valued member of the healthcare team.

In the beginning of my NC career, I participated in the Clinical Nurse Transition Program (CNTP) at WRNMMC. This program is designed to help new graduate nurses transition to the role of a staff nurse. It provided the foundation for establishing my clinical skills while understanding the importance of evidence-based practice (EBP). While being stationed at U.S. Na-

val Hospital Okinawa, I met two CNS mentors who inspired me to apply for Duty Under Instruction (DUINS) to become an adult-gerontology CNS. I learned that a CNS is able to impact patient care, nursing practice, and the broader organization by ensuring policies and competencies were rooted in EBP. My understanding of the true value of a CNS and their benefit to an organization became clearer. It was through this experience that I discovered my passion for becoming a CNS.

In 2016, I attended Johns Hopkins University under the DUINS Program and earned a dual Masters of Science in Nursing in adult-gerontology CNS and Health Systems Management as well as a Post-Master's certificate in Nursing Education. DUINS is a unique opportunity to obtain a graduate level degree while still serving on Active Duty in the military. I feel very fortunate to have been chosen to participate in the DUINS Program. It allowed me the ability to focus all my energy and attention on coursework without the need to manage a full-time job in addition to my studies.

Currently, I am serving my utilization tour as a medical-surgical CNS at WRNMMC. As a new CNS, both Army and Navy CNS preceptors have guided me in my new role. These talented nurses helped to develop my skills as a new advanced-practice registered nurse in a major military medical center. Working in a joint environment has its challenges, but it is also a wonderful opportunity to learn from the other services, collaborate, and incorporate their best practices to better military medicine.

I am extremely humbled to be named the American Nursing Credentialing Center (ANCC) adult-gerontology CNS of the year for 2020. I am truly appreciative of the ability to serve my country in this capacity. I contribute my professional growth and successes to Navy Nurse Corps mentors and fellow CNSs at WRNMMC that have taught me the skills and attributes of being a CNS and health care professional throughout my career.

Encouraged by my Army and Navy mentors, I have chosen to pursue my Doctorate in Nursing Practice. I will be starting my degree program in May at Johns Hopkins University. Upon completion of the CNS doctoral program, I am confident that I will possess the knowledge and skills to make a positive impact upon the nursing profession, the Nurse Corps, and Navy Medicine as a whole. ~



Junior Officer in the Spotlight!

New section in the
NC Newsletter!

Do you know someone you would like to be recognized in the Junior Officer Spotlight? Submit your submission to the Nurse Corps News team using the envelope hyperlink found on each page in the lower right-hand corner, or [find us on milSuite!](#)





Certifications

CAPT Jenny Burkett, NMRTC Okinawa, earned her Nurse Executive Certification (NE-BC).

LTJG Elizabeth Mathews, NMRTC San Diego, earned her CCRN certification.

LTJG Rachael Meza-MacDonald, NMRTC Twentynine Palms, earned her CEN certification.

LTJG Kathleen LaBoa, NMRTC Twentynine Palms, earned her CEN certification.

LTJG Kara Johnson, NMRTC Portsmouth, earned her Obstetric Nurse Certification (OB-RNC).

LT Kierstin Hays, NMRTC Portsmouth, obtained her Neonatal Nurse Practitioner Board Certification (NNP).

LTJG Christine Donahue, NMRTC Portsmouth, earned her Medical– Surgical Nursing Certification (CMSRN).

LTJG Keenan Fitts, NMRTC Portsmouth, became Progressive Care Certified Nurse certified (PCCN).

ENS Rachel Martin, NMRTC Portsmouth, became Progressive Care Certified Nurse certified (PCCN).

LT Victoria Vuong, NMRTC Camp Lejeune, earned her RNC-OB Certification.

LT Sarah Long, NMRTC Rota, earned her Certified Emergency Nurse (CEN) certification.

LT Matthew Farnham, NMRTC Bremerton, earned his ANCC RN-BC certification.

LTJG Ian Ryan, NMRTC Portsmouth, earned his Certified Medical-Surgical Registered Nurse (CMSRN).

LTJG Marc Boulanger, NMRTC Jacksonville, earned his ANCC Psych/Mental Health Nurse Certification.

LTJG Sydney Jourdan, NMRTC Sigonella, earned her NCC Inpatient OB Nurse Certification (RNC- OB).

LTJG LeKesha Amos Jones, NMRTC Pensacola, earned her ANCC Medical Surgical Nursing Certification.

ENS Jarred Props, NMRTC Camp Lejeune, earned his APNA ATP Certification.

LTJG Lucas Brown-Raventos, NMRTC Jacksonville, earned his CCRN.

ENS Christina Dahlgren, NMRTC Jacksonville, earned her CCRN.

LT Michelle Taylor, NAVMEDCEN San Diego, earned her CCRN.

LT Michelle Taylor, NMRTC San Diego, earned her CCRN.

LTJG Rylan Sankey, NMRTC San Diego, earned her CCRN.

LCDR Jerry Brown, Naval Health Clinic Hawaii, earned his Rehabilitation Registered Nurse Certification (ANC-BC).

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

ENS Hannah Hargis, NMRTC San Diego, earned her Certified Emergency Nurse (CEN) certification.

LTJG Krista MacMurray, NMRTC Guantanamo Bay, earned her Certified Emergency Nurse (CEN).

LT Jill Thompson, NMRTC Portsmouth, earned her Perioperative Certification (CNOR).

LTJG Kari Antoine, NMRTC San Diego, earned her CCRN.

continued page 16





Certifications (cont'd)

ENS Christopher Walker, NMRTC Bethesda, earned his CCRN.

LT Lauren Preston, NMRTC Naples, earned her Psychiatric-Mental Health Nursing Certification (RN-BC).

Education

LCDR Megan J. Scott, DNP, FNP-C Naval Hospital Bremerton, completed her Doctor of Nursing Practice (DNP) degrees as a Family Nurse Practitioner and Women's Health Nurse Practitioner with Uniformed Services

University of the Health Sciences and her certification as a Family Nurse Practitioner (FNP-C). Her DNP Project title was "The effect of same-day vaccinations on vaccine adherence rates for pediatric patients' age 0-5 years".

LCDR Christopher E. Steadman, DNP, FNP-BC Naval Hospital Bremerton, completed his Doctor of Nursing Practice (DNP) degree with Uniformed Services University of the Health Sciences and his certification as a Family Nurse Practitioner (FNP-BC). His DNP Project title was "The effect of same-day vaccinations on vaccine adherence rates for pediatric patients' age 0-5 years".

TriService Nursing Research Workshop Series: Call for Military Nurse Authors & Manuscripts

The response by military nurses to the COVID-19 global pandemic has been an incredible display of the readiness of the Army, Navy, and Air Force Nurse Corps, as well as our enlisted and civilian team members. We have an unprecedented opportunity to capture the clinical knowledge, experiences, and lessons learned by military nurses to support the country through this health crisis. This opportunity is open and targeted to first time authors and these resources will support your writing efforts thought idea generation to manuscript submission and subsequent publication.

TSNRP seeks military nurses with limited previous publication experience, interested in developing and writing peer-reviewed manuscripts describing the contributions of military nurses during the COVID-19 pandemic. If you are a Nurse Corps officer in the Armed Services (Active, Reserve, National Guard) and are interested in contributing to a manuscript regarding the nursing care provided during COVID-19 pandemic, you are invited to submit a proposed manuscript topic.

TSNRP seeks military nurses with significant publication experience to coach and guide military nurses with no prior publications to

guide first time authors through the process of manuscript development and submission.

For selected proposed manuscripts, military nurses will participate in the TSNRP Writing Workshop Series and work with a senior writing mentor to develop, write, and submit a manuscript for publication in a peer-reviewed journal. Proposed article topics must align within one of the following TSNRP strategic areas: **Force Health Protection, Nursing Competencies & Practice, Leadership, Ethics, and Mentoring**

To be considered for this opportunity, please submit your name, rank, military assignment, clinical area of expertise, and proposed article concept to heather.king@usuhs.edu by April 17, 2020.

Military nurses will receive an assigned writing mentor/team on May 1, 2020. Writing teams will be expected to meet monthly (May – December 2020) and complete a short online journal writing course.

A total of 10 CEU's will be offered for this writing workshop series. Please contact CAPT Heather King heather.king@usuhs.edu for any additional questions. ~

Dates	Event	Assignments
April 17, 2020	Proposed Article Concepts Due	
May 1, 2020	Notification of Writing Team	Writing mentors contact mentees
May 4, 2020	Virtual Meeting Introduction to Writing Workshop Series	TSNRP Director presents Writing Workshop Series Plan
June 8, 2020	Virtual Writing Workshop Meeting	TSNRP Director Meets virtually with writing teams
July 2020	Virtual Writing Workshop Meeting	TSNRP Director Meets virtually with writing teams
August 2020	Virtual Writing Workshop Meeting	TSNRP Director Meets virtually with writing teams
September-November 2020	Monthly Writing Team Meetings	Manuscript Development
December 2020	Submit to selected Journal Completed Articles will be considered for TSNRP Sponsored Nursing Supple-	Manuscript Completion & Submission

