



Nurse Corps News

Volume 12, Issue 3

May/June 2018

Do Nurses Really Eat Their Young?



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NCNEWS-REQUEST

Nurse Corps News Staff

Design/Layout:

LCDR Eric Banker

LT Randi Acheson

Editor:

LCDR Melani Harding

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



“Nurses eat their young.” Not long ago, when I was the capstone speaker at a leadership development course for Navy Medicine officers, a Medical Service Corps (MSC) officer stood up and asked me if this behavior was true. This type of behavior refers to multiple behaviors, some subtle and some not so subtle, where nurses “sacrificed,” criticized, and undermined each other, versus supporting, mentoring, and promoting each other. Perhaps this was considered a rite of passage for the new nurses, but in fact, this type of behavior did more harm than good.

Today, this behavior is referred to as lateral violence and/or incivility. Those of us who are senior may tell you that today’s Nurse Corps (NC) is far more respectful and supportive than the NC of years ago; unfortunately, while I hope that is true, research shows that incivility still exists in today’s NC ([Spiri, C., Brantley, M., McGuire, J., 2017](#)). Incivility, in all of its forms, is not consistent with our Navy Core Values, nor our [Professional Practice Model \(PPM\)](#). Under the tenants of Professional Development, Operational Readiness, and Transformational Leadership, there is no place for incivility. It undermines good order and discipline, jeopardizes patient safety, and creates an environment that diminishes and devalues our individual talents and strengths.

Nurse Corps, we are all in this together! There is no room in our Corps or Navy Medicine for incivility. Embracing the idea of “one team, one fight,” we value, respect, promote, grow, and support each other. By doing so, we are able to provide the best possible care to our patients, overcome incredible challenges, advance our profession, and create an environment for everyone to excel.

The [World Health Organization \(WHO\)](#) defines a [healthy workplace](#) as a place of “physical, mental, and social well-being,” supporting optimal health and safety. I ask each of us to reflect on our behaviors and word choices. Do you remark negatively



Tina Davidson, RDML, NC, USN

Director, Navy Nurse Corps

when someone asks a question? Do you roll your eyes or take a deep sigh in response to other’s comments? Do you use condescending language? What is your body language saying? What tone are you setting? Do you undermine others by talking negatively about them among their peers? Perhaps you don’t even realize you are behaving in this way, so ask a friend, and share your observations in a supportive manner when you witness these behaviors. The next time you witness an episode of incivility, I ask you to “name it,” understand what the behavior actually is, and handle it at the lowest level possible. In addition, communicate this behavior with your leadership, who will assist in addressing the behavior, and help each other explore other ways to manage the stress, frustration, and other causes that can result in this behavior.

While there are times when we must provide constructive criticism to colleagues, peers, and subordinates, it is an important part of our growth as professionals and leaders that we do so with respect and the intent of helping someone, not putting them down. [“Mitigating Violence in the Workplace”](#) is a topic the American

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Director's Message (cont.)



(continued from page 1)

Organization of Nurse Executives (AONE) addresses in their Guiding Principles for Nurse Leaders (see end of article).

I'm sure you have heard of the golden rule, but have you heard of the platinum rule? According to AONE, the golden rule states: "Do unto others as you would have them do unto you." The platinum rule states: "Do unto others as they would have you do for/unto them." This principle speaks to treating others as they want to be treated, not necessarily how you would want to be treated.

So, how did I answer that MSC officer? I asked the Navy Nurses in the audience that day to raise their hands. There were about seven Navy Nurses in the audience. I then asked those same

nurses to raise their hand if they had had a [Career Development Board](#). They all raised their hand! I stated that this is what we do. We foster an environment to ensure our nurses are growing personally and professionally and succeeding in their jobs now and in the future. We are guided by our Professional Practice Model.

You are a remarkable group of individuals, with talents, skill and perspectives that contribute to the advancement of patient care, our profession, and Navy Medicine. Let's work together to create an environment that supports and fosters our success and the success of those we work alongside. You are the role model!

Ask yourself, how can I support my shipmates, advance them, and positively represent my profession?~

AONE Guiding Principles for Nurse Leaders

1. Recognition that violence can and does happen anywhere.
2. Healthy work environments promote positive patient outcomes.
3. All aspects of violence (patient, family and lateral) must be addressed.
4. A multidisciplinary team, including patients and families, is required to address workplace violence.
5. Everyone in the organization is accountable for upholding foundational behavior standards, regardless of position or discipline.
6. When members of the health care team identify an issue that contributes to violence in the workplace, they have an obligation to address it.
7. Intention, commitment and collaboration of nurses with other health care professionals at all levels are needed to create a culture shift.
8. Addressing workplace violence may increase the effectiveness of nursing practice and patient care.



SACRED 20
U.S. NAVY NURSE CORPS

- DEBUTED IN 1908
- 3 OUT OF 20 WERE FROM CANADA
- TEAM OF ALL WOMEN
- FIRST SHIP COMMISSIONED FOR LENAH HIGBEE IN 1944
- AVERAGE YEARS SERVED: 11

May 13th marked the 110th Anniversary of the Navy Nurse Corps

On May 13, 1908, President Theodore Roosevelt signed the Naval Appropriations Bill authorizing the establishment of the Nurse Corps as a unique staff corps in the Navy. Initially, all Nurse Corps candidates were required to travel to Washington, D.C., at their own expense and take an oral and written examination. Since many applicants expressed reluctance to travel at their own expense, U.S. Navy Surgeon General Rixey ordered that applicants be allowed to submit an original essay on the topic of "nursing practices" by mail, in lieu of an onsite written examination.

By *André B. Sobocinski, Navy Medicine Office of the Historian*

See leave card 8418-0102 (1)

LEONHARDT, Elisabeth, Chief Nurse, USN
10-3-08 Oath as Nurse, USN
10-3-08 R. Wash. Nav. Med. Sch.; Det. 6-11-09
6-12-09 Rept. Norfolk; Det. 3-28-11
3-28-11 Appointed Chief Nurse
4-26-11 Rept. Guam; Det. 5-28-14
10-27-14 R. Norfolk; Det. 9-28-22
5-22-20 Rept. USS MERCY TAD DN-767a Det. 7-2-20
7-18-20 Ret. Norfolk from TAD
10-1-22 R. Puget Sound; Det. 10-20-25
10-25-25 R. Quantico (DN-666c)
12-16-28 Released from active duty.
12-17-28 retired. Quantico.





Mary Riggs, RDML, NC

**Deputy Director,
Reserve Component**

You are the leaders that make VADM McCullum's statement of "Be Ready to Win" the reality. I know each and every one of you are continuously preparing to "be ready to win." Your leadership skills are witnessed during the drill weekends, Individual Readiness Training (IRT) exercises, joint field exercises, and annual trainings (AT). Most importantly, your dedication to our nation is evident during mobilizations. Being graceful leaders who transform our military nursing care as well as our partnerships with all the stakeholders in military medicine is a lifelong journey. As a **transformational leader**, you embrace lifelong learning through **professional development**, both as a clinician and military officer.

In March, both the Active Component (AC) and Reserve Component (RC) Senior Nurse Executives met for several days to learn the state of military

medicine from our medical leaders. They learned about the coming changes in our military health system to occur by October 2018. The key change is management of the MTFs will be the responsibility of the Defense Health Agency (DHA), while our primary focus is on the Readiness mission. Senior Nurse Executives (SNE), Specialty Leaders (SL), and command leaderships will continue to share the upcoming changes. The key take away is to be ready to care for the war-fighter in any setting. Continued focus on our clinical readiness remains a key component to ensuring a "Ready Medical Force." However, we also need to be ready to be transformational leaders and display our military leadership skills in these ever-changing times in new and diverse settings.

Our Senior Nurse Executives are vital mentors who will light the fire within you as officers and leaders. For example, your SNE will reach out to you to make sure you have the opportunity to partake in a Career Development Board (CDB), where you review your personal record and learn how to correct your record if necessary. This is an opportunity to discuss taking on new leadership roles that prepare you for future promotions. Just as you work with your clinical Specialty Leader (SL) to ready yourself clinically, seek out your Senior Nurse Executive to ready yourself as a military officer.

What both the SNEs and SLs learned during their symposiums is that the [RC NC milSuite page](#) is an excellent resource for all Navy nurses. I recommend you

explore the following links that are tools to use in growing as Naval Officers and making sure your record reflects your accomplishments:

[NC Career Milestones](#)
[Career Development Boards](#)
[Adding/Changing Education](#)
[Codes or AOD](#)
[FY18 Leadership Course Catalog](#)
[Leadership Readings](#)

New symposiums to prepare our NC members for operational and military leadership roles include the upcoming Transition to Senior Officer Symposium in June (Bethesda) and the Operational Nursing Symposium in July (San Diego). The Transition to Senior Leadership is for the new CDR selects and is an opportunity for those moving into the Senior Officer role to learn about new responsibilities and to be mentored into this significant and new leadership role. Professional growth starts with you, but know you have a community of Nurse Corps Officers who are standing by to mentor, support, and facilitate your growth as a military officer and caring clinician who exemplifies our [Navy Nurse Corps Professional Practice Model](#) on a daily basis.

It continues to be an honor to serve with each and every one of you. I never tire of being delighted and amazed at all you do and accomplish both in your military, family, and civilian careers.~

**NAVAL
RESERVE**
STAY STRONG



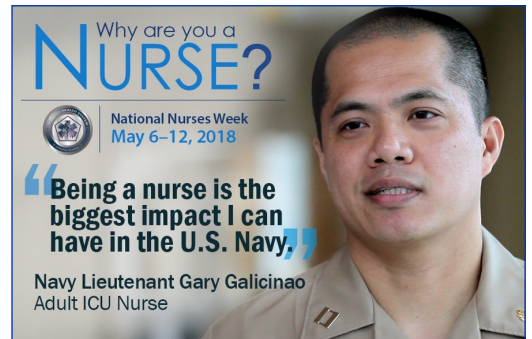
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Happy 110th Birthday, Nurse Corps!



Thank you to all of you who shared your Nurses Week Celebrations with us! [Find these photos and more on our Flickr site.](#)



You never know when a simple gesture will reflect something timeless and universal. I remember this patient encounter very

well! In Guatemala, she was a retired nurse in a senior center day care program and reading one of the Spanish CPR booklets I had donated and she was so happy to see it in her native language. She went on to tell me that she had recently had to do CPR on her husband and was unsure if she had remembered it from her days as a nurse. She was successful and told me she could not wait to teach it to her peers at the senior center and now her family and friends. It made all of the inconveniences of the mission fall away.
LCDR Lynn Skinner, PP18



Health Professions Loan Repayment Program

Carolyn McGee, CAPT, NC

Career Planner

The Health Professions Loan Repayment Program (HPLRP) for Retention of Nurse Corps Officers assists eligible personnel in repaying up to \$40,000 for qualified loans incurred while earning a Bachelor of Science degree in Nursing. The Bureau of Medicine and Surgery Notice directing the annual program is released each February.

The HPLRP Board convened in April. The FY2018 HPLRP Board President was **CAPT Carol Hurley**. Board members were **CDR Mary Parker**, **CDR William Wiegmann**, **LTC Kari McRae** (U.S. Army), and **LCDR Robert Cuento**. Board members evaluated applicants on career potential, professional accomplishments, motivation, and special achievements.

This has always been a very competitive board. Accomplishments and activities that make an applicant stand out include evidence of sustained superior performance in one's primary duties; contributions to the unit, command, Nurse Corps, and/or Navy Medicine; collateral duty achievements; certification; advanced education; active membership in professional organizations; professional presentations and publications; awards; and volunteer work. This is not an exhaustive list, nor is it a list of absolute requirements.

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



Congratulations to this year's awardees!

LT Ashley Aclese
NH Camp Pendleton

LT Sarah Cadorette
USNH Guam

LT Satin Ibrahim
NRD Raleigh

LTJG Katharine Pardew
USNH Rota

LT Kenneth Steele
NMC Portsmouth

LCDR MaryPat Tobola
NMC Portsmouth

Alternates

LT Jessica Hann
USNH Yokosuka

LT Brandi Cason
NHC Charleston

Duty Under Instruction (DUINS) Updates

Matthew Bouma, CAPT, NC
Interim NC Graduate Programs

[Opportunities just released!](#)

FY2019 DUINS guidance has been released via BUMEDNOTE 1520 this year instead of an Instruction. Interested applicants should send a Letter of Intent (LOI) via email to the Naval Medical Professional Development Center (NMPDC).

[The milSuite site for Navy Nurse Corps DUINS](#) is your best place for information, templates, and details.

CAPT Meyerhuber has detached NMPDC, and **CAPT (Sel) Hinds** will report in July.

Interim coverage is provided by **CAPT Bouma**.

Your completed command endorsed application package will be due to NMPDC by 1 OCT.

As in past years, in order for the Board to consider your package, you must be provisionally accepted into the school of choice (Application deadline for University of Health Sciences for the Uniformed Services is 15 August).

Please go to the website of your school of choice to review the requirements for admission.

The Manpower 3130 option may be completed at Naval Post Graduate School in Monterey,

California. Admission procedures can be found at <http://www.nps.edu/> and applications are accepted throughout the year.

If you are interested in the one- and two-year degree options at Army-Baylor in Fort Sam Houston, you may view the application procedures and academic prerequisites at <http://www.baylor.edu/graduate/mha/>.

For any further questions please contact us at:

CAPT Matthew F. Bouma
(1June-15July)

CAPT (Sel) Rhonda O. Hinds
(16 July - forward)

Ensure to keep your Command, Specialty Leader, and Detailer aware of your intentions.~



Specialty Leader Update: Certified Nurse Midwives (1981)



Protegenie Reed, CDR, NC
Specialty Leader, 1981

Greetings! As I complete my second year serving the Nurse Midwifery Community, I am humbled by the many accomplishments and contributions the community has made in support of women's healthcare, readiness, and global health engagement.

Many have voiced concerns about the projected decrease in our numbers as we align ourselves in support of the readiness and benefit missions. Midwives have a unique skill set that is instrumental in meeting the mission. Our uniformed female population will continue to grow and adjustments will be made in order to meet their unique needs. We may not see our numbers rise over time, but we are relevant to both missions and will be around for the long haul.

We would like to congratulate the follow individuals, **CDR Kim Shaughnessy** and **CDR Ronald Fancher** (FNP/CNM), for their selections to CAPT this year. **LT Chaia McAdams** was our DUINS selectee and she will be starting school later this year.

GUATEMALA - Nurse Corps Officers aboard USNS Spearhead in support of Continuing Promise (CP) 2018. (U.S. Navy photo by/Released)

As the Chair of the Perinatal Sub-Community Board, **CDR Cathy Luna** has led the multi-disciplinary team on various initiatives, including the Code Purple Toolkit. The team is now standing up two new working groups, a TOLAC/VBAC working group and a Rhogam working group. Our goal to implement Centering Pregnancy at all MTFs has found its way to the Pacific with the expertise of **Heidi Walker**, lead facilitator for the DoD, **LCDR Cheryl Castro** at USNH Yokosuka, and **LCDR Andrea Hernandez** at USNH Okinawa, who have led the implementation of this evidence-based group model for prenatal care.

With a focus on Readiness, **LCDR Candace Foura** at NMC Camp Lejeune and **LCDR Katie Schulz** at USNH Yokosuka have been instrumental in initiating walk-in contraceptive clinics.

LCDR Dean Hawkins, currently stationed at NMC Camp Lejeune, recently returned from the humanitarian mission, Continuing Promise 2018. He truly enjoyed the experience on the USNS Spearhead (T-EPF1), where he provided prenatal and

gynecologic care to 605 host nation women in two countries. Through his partnership and exchange of information, he was able to deliver a baby boy in Honduras and assisted with the delivery and resuscitation of another baby in Guatemala. He trained 40 host nation staff in Helping Babies Breathe, an effort to reduce infant mortality rates in resource-limited environments.

CDR Brenda Reseter, currently stationed at UNSH Guam, is participating in Pacific Partnership 2018 on the USNS MERCY (T-AH 19) and will return later this month.

As **RDML Davidson** reminded us earlier this year, Navy Nurses are both nurses and Naval Officers. We are a small and unique community, but we are part of this great big puzzle and without our contributions, we cannot succeed as a whole. Thank you for all that you continue to do every day. I am so honored to be your Specialty Leader! Please feel free to contact me or CDR Cathy Luna if you have any questions. For those interested in becoming a midwife, please reach out to us.~

[Find us on milSuite!](#)



Specialty Leader Update: Family Nurse Practitioner (1976)



Troy Baumann-Freund
CDR, NC, USN

Assistant Specialty Leader 1976

Greetings, Nursing Leaders! Time has flown by since I last contributed to the Newsletter. We had the first opportunity to have an Admiral's call with **RDML Tina Davidson**, where she offered great advice for our community members and listened to the concerns our community is facing. Thank you, Admiral Davidson for taking time to hear our concerns and to talk with us.

We've also been working on some updates to [our milSuite page](#). Please take the opportunity to check out the maps that were recently added showing where all the FNP billets are located, as well as recent updates to the MANMED and [BUMEDINST 1500.33A](#) (sustainment competencies in nursing clinical specialty). I would like to highlight some of the great things that 1976 nursing leaders are doing:

LCDR Carolyn Ellison is currently deployed on the USNS MERCY (TAH-19) as part of Pacific Partnership 2018. The PP-18 mission is to enhance partnerships with knowledge exchanges, medical collaborative health engagements, and humani-

tarian/disaster readiness training with partner nations. The host nations participating this year are Indonesia, Singapore, Malaysia, Sri Lanka, Vietnam, and Japan. A Trauma Training Program has been an added mission this year. This includes several drills for receiving inbound patients from helicopter and boats, mass casualty scenarios, and the medical regulation required for off-loading high numbers of patients and integrating them into military and local hospitals.

CAPT Barbara Joe is serving as Director of Branch Clinics at USNH Yokosuka, leading a directorate of 450 people that covers 6000 miles.

LCDR Stephanie Burleson is currently in a DNP program at University of Arizona and will graduate December 2018. Her capstone project is focused on improving patient-provider communication using secure messaging; she also completed the LSS Green Belt course.

LCDR Virgilio Ocampo presented during a CPI fair at NH Camp Pendleton, focusing on Continuous Intravenous and Venipuncture competency program.

CDR David McIntire was chosen to be BUMED's Pain Champion for NH Bremerton's Navy Comprehensive Pain Management Program, as well as their Chair for the Long-term Opioid Therapy Safety program.

LCDR Rhys Parker championed the first-ever Uniformed Services University of the Health Sciences (USUHS) FNP student rotations at USNH Naples. Lcdr Parker believes this collaboration is in keeping with the Surgeon General's [Guiding](#)

[Principles of Readiness, Health, and Partnerships](#) as our clinicians at USNH Naples directly support the FNP program at USUHS for both USA and USAF DNP students while they master advanced principles.

LCDR Michelle McCormick, SAMFE Program Manager at NHC Lemoore, gave a shout-out for their enhanced program. NHC Lemoore started offering exams and expanded medical care in alignment with NDAA 2017. Since California is a mandated reporting state for sexual assault, service members wishing to have a Restricted report were hesitant to report to medical. Though exams were offered in the community, service members were not guaranteed it would stay Restricted, as it was reported to law enforcement. Since starting their program in Oct 2018, they have had 6 victims come forward for medical care and 1 SAFE exam. They will also be starting exams in NBC Fallon this summer/fall!

LCDR Samantha Jennings started the first-ever advanced practice journal club at NH Guam, promoting nursing research, teaching evidence-based evaluation skills – and an open avenue for junior nurses to meet and mentor with a variety of APRNs.

I am always humbled by the impressive list of accomplishments that the FNP community continues to achieve. I look forward to continuing to serve as your Assistant Specialty Leader. As always, please feel free to contact me with any questions, concerns, or if you are interested in the FNP community.~



TriService Nursing Research Program - A J.O. Perspective

Kimberly Kron, LTJG, NC

Lauren Martin, LTJG, NC

NMC San Diego

The TriService Nursing Research Program (TSNRP) hosted a dissemination course in San Antonio, Texas, from 30 April to 03 May 2018. As junior officers (JO), this was an exciting and rare opportunity. Research is an ever-changing and vital part of nursing, which provides insight into the best nursing practices. Throughout the four-day course, we interacted with Nurse Corps leaders and researchers from the Army, Navy, and Air Force. We listened to researchers present their findings, and learned more about the nursing research process and the variety of opportunities military nursing has to offer as a researcher (<https://www.usuhs.edu/tsnrp>).

As a JO, our energy and focus is primarily spent on learning how to do our job, so we can easily fail to recognize the endless opportunities available to us as healthcare providers. TSNRP encourages a culture of curiosity and promotes a positive questioning attitude. How can we be better? With enough initiative, motivation, and innovative

thinking, enlisted members and officers can participate in research that will ultimately shape the Nurse Corps. We should feel empowered to recognize when our current practice does not seem like the best practice, conduct research and be the change agent that corrects the problem and better the Nurse Corps.~

Research Submissions

Abstracts of research and EBP projects are solicited every January, and submissions from all ranks are highly encouraged. Now is the time to start thinking about a project that you would like to show off at next year's TSNRP Dissemination course, which will be held in San Diego in April. Contact CAPT Lisa Braun or CDR Virginia Blackman, Specialty Leader and Assistant Specialty Leader for Nursing Research, for more information, and check out the [NC Research page](#) on milSuite to see [previously submitted posters](#).

Interested in sharing your deployment experiences with a wider audience?

Eastern Area Health Education Center (AHEC) at Eastern Carolina University is partnering with multiple organizations to jointly provide a Military Women's Health Symposium on 19 September 2018 in Greenville, NC. Event organizers are seeking 100-150 word essays from servicewomen (active/reserve) describing an experience related to their health as they were preparing for, during, or after returning from

deployment to Afghanistan or Iraq, Cuba with the JTF Detention Center, the Horn of Africa, or similar operational or deployment assignments. The goal of the symposium is to expand civilian and VA healthcare provider awareness of the unique challenges women experience related to their military service coupled with the physical and mental impact of operational deployments. For more information and attendance, visit www.easternahec.net

~Submitted by CDR Jody King

Advancing care for women who serve

Military Women's Health Symposium

September 19, 2018

Check in at 7:30
Program 8:00-4:00
On site and live webinar



www.easternahec.net

The Education Center at Eastern AHEC, 2600 W. Arlington Blvd., Greenville, NC

For more information, call Christie Martin at 252-744-5223.

Jointly provided by:



DUKEAHEC PROGRAM
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Army Medical Department Junior Leader Course

Logan Manko, LT, NC
NMC San Diego

Attending the U.S. Army Medical Department (AMEDD) Junior Leader Course (JLC) was a great opportunity to break away from our daily mission and gain insight into the strategic perspective that helps answer the question: "Why are we doing this?" This course was designed to develop junior leaders who will influence positive change in military medicine. This Army Medicine group brought together their Nurse Corps, Medical Corps, Medical Service Corps, Dental Corps, and Medic personnel while providing limited seats for the Navy, Air Force, and Public Health Service. The JLC took place in Falls Church, Virginia, over five days, with 110 participants.

Keynote speakers discussed leadership principles that have



guided them throughout their careers. Maintaining the status-quo is not leadership, it is managing. Our actions and presence will help drive change. As leaders, we should get out of the office and spend more time walking our spaces and interacting on the deck-plate. Ensuring we are in-the-know and disputing false misconceptions regarding pending change will improve our ability to influence others in change. Setting obtainable goals and celebrating successes will improve our morale and improve our services. Large annual goals may feel unobtainable and, if not met, lead to disgruntled feelings of failure.

The National Defense Authorization Act 2017 and the Defense Health Agency was heavily discussed by several speakers, including the Defense Health Agency Director, Vice Admiral Raquel Bono. A common theme was operational readiness and the joint focus on tactical medicine. Sending poorly or ill-advised staff into their operational environments will cost many service members their lives. As we focus on the care we provide to beneficiaries, leaders need to assess if this care will provide our staff with the skills necessary to provide care in the deployed setting. We owe it to our deployed members to find opportunities for training that will lead to success. Thus, considerations are being made to seek training opportuni-



(L to R) LT Jason Beard, MSC;
LT Logan Manko, NC; LT Shelli Green,
MSC. (Released)

ties outside the military treatment facilities (MTFs) with civilian partnerships and/or bring higher trauma/acuity cases into the MTFs that will ultimately improve our skills and readiness. There will also be an emphasis on joint-service missions under the DHA. Developing a common set of mission critical competencies that are tri-service wide would improve our capabilities by making billets interchangeable across the Navy, Army and Air Force.

In short, our operational mission requires improved readiness and a focus on joint operations to succeed. I greatly appreciated the opportunity to interact with our sister services and gain insight into current military medicine policies. The experience expanded my global outlook for tri-service medicine, which will make me a better more well-rounded leader. ~

Transformational Leadership

We are called to be actionable leaders for the betterment of nursing practice, at every level, while demonstrating the utmost respect for those whom we are appointed to lead.



Navy NATO Role 3 MMU - Sierra Rotation

Lee Huss, CDR, NC

DNS, NATO Role 3 MMU Kandahar

Greetings fellow Nurse Corps officers from dusty and hot Kandahar, Afghanistan! Sierra Rotation, led by our fabulous skipper, **CAPT Cynthia Gantt**, NC, has hit the ground running after two months of exceptional training.

Our journey began at Expeditionary Combat Readiness Center (ECRC) in Norfolk, VA on January 29, 2018, with 24 nurses, one ER physician, and two OR technicians. March 31st saw Sierra rotation depart from Shaw AFB with intermediary stops in Shannon, Ireland, and Al Udeid, Qatar, before landing in Kandahar, Afghanistan (KAF) on 02 April 2018 where we were welcomed by indirect fire. We quickly began turnover to assume responsibility for the Role 3.

To celebrate Nurse's week, Sierra Nurses honored all nurses, Active Duty, Reserve, and our civilian counterparts, stationed on KAF. Our week began with the "Blessing of the Hands," and Tuesday's festivities included a MASCAL for all staff, which made for a long day and night. Luckily, Wednesday brought us the Nurse Corps Ice Cream social that was a huge hit!

Over these past several weeks, NATO Role 3 Sierra has been operating with little sleep for many, yet continues to provide the "Best Care Anywhere" and will continue to do so throughout our deployment. Until next time, Sierra Rotation, out! [For the full version of this article, check it out on milSuite!](#)



Nurses in the Emergency Department, Intensive Care Unit, Operating Room, leadership positions, and Patient Movement. This Blackhawk is one of many that bring in trauma patients to the Role III. (Released)



NC Birthday Party: The Role III Multinational Medical Unit nurses deployed to Kandahar, Afghanistan enjoying Nurses Week. For the Nurse Corps Birthday, we had a party at the only restaurant on base. The Role III corpsmen generously made cupcakes in the shape of a stethoscope with others featuring EKG readings. (Released)

Operational Readiness/Jointness

We are able to function and succeed across a complex spectrum of environments, considering and honoring the personal views of all those we serve. Our operational readiness and jointness are the versatility of our mission across all theaters.



Facilitating Command Orientation for New Nurses



Kimberly Kozlowski, LTJG, NC
USNH Guam

The Nurse Corps is a diverse community that trains new nurse graduates entering military medicine. It is essential for Nurse Corps Officers to be flexible and competently care for a wide variety of clinical challenges and patient populations.

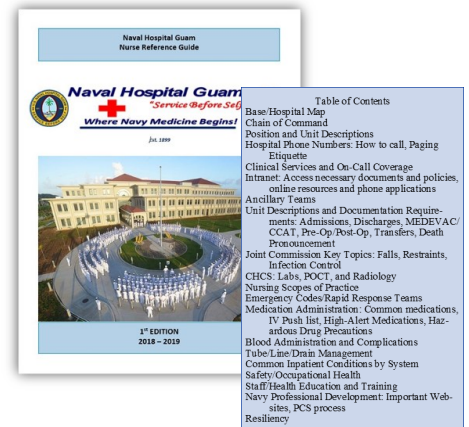
I completed the Clinical Nurse Transition Program (CNTP) at Walter Reed National Military Medical Center (WRNMMC). During this time, I had to quickly adapt to the duties of a Naval Officer as a new nurse on a Medical

-Surgical ward, learn procedures and standards of care in a large Joint Service Medical Treatment Facility (MTF), and transition to a new region. It was an amazing experience, but, at times, overwhelming. After two years, I transferred to the ICU. During rounds, a Medical Intern was thumbing through a “WRNMMC Intern Survival Guide.” It had topics such as phone numbers, charting requirements, and interventions to complete in various clinical conditions. I am certain a guide like this would have been a great resource to have as a new nurse. This was the inspiration for my project.

The main goal of the pocket guide was to increase knowledge of the resources and policies available at WRNMMC, assist standardization of care, and increase compliance of policies amongst the inpatient nursing staff. The Nurse Clinical Practice Council approved the idea to create the “WRNMMC Nurse Reference Guide.” A team of 20 nurses developed a comprehensive 120-page Reference Guide. The final draft was presented and

approved by the Board of Directors for printing. Each nurse receives a copy to assist with their orientation to the command. An online copy was uploaded to the Command’s website. A phone application was created after I transferred to USNH Guam.

Every MTF has a variety of resources and protocols based on their location, patient population, and level of care they are capable of providing. In order to streamline and assist staff familiarization with the unique practices at Naval Hospital Guam, a Guam-specific Nurse Reference Guide was also created. It is my hope that this facilitates the transitions of nurses in every environment. ~



An ICU’s Journey Towards a Healthy Work Environment

Susi Murphy, LT, NC
NMC San Diego

The Intensive Care Unit (ICU) at NMC San Diego has made progress on our journey to a Healthy Work Environment (HWE). The six standards of [American Association of Critical Care Nurses’ \(AACN\) HWE](#) are guiding principles for which we frequently come back to

for alignment. Standard Five: “Meaningful Recognition” is one area we chose to focus on for improvement.

We capitalized on the golden opportunity of Certified Nurses Day to do just that. Our leadership team met and devised a multi-faceted plan to recognize the value each individual brings to our organization.

(continued on page 11)



(L to R) RN James Lara, LT Hope Erwin, LT Melanie Abbott, CAPT (Sel) Julie Darling, LT Brian Bonzo, LT Susi Murphy, LCDR Woody Pierre, LT Lauri Elrod (Photo by LT Murphy/Released)



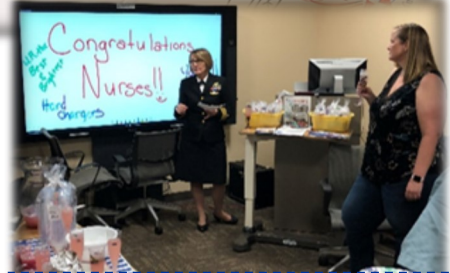
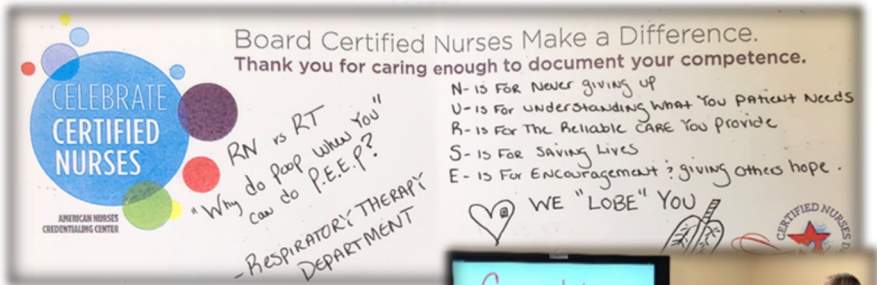
An ICU's Journey (cont.)

In the weeks preceding our event, we asked our staff how we truly express our gratitude; in other words, "when we (leadership) do X, I feel appreciated and valued." By significant majority, the staff wanted a "party with food." We decided we would host a party and spread the news. We meticulously planned food, music, and entertainment. The leadership team served the staff a beautiful spread of goodies and beverages, including "mocktails" and the highly controversial chocolate fountain. But that wasn't enough—we wanted to take the event to the next level.

I once read a Nursing article written to our physician teammates, explaining what certification means and why one would care that the Nurse caring for their patient was certified. Prior to the party, we sent out letters to all our multidisciplinary team

members to explain what certification means. The letter invited them to complete a card (which we provided) thanking the Certified Nurse. We had an overwhelming response from our colleagues, with 35 cards recognizing the value that certified nurses bring. We placed a card into a gift bag filled with pens, candy, and other goods. Each Certified Nurse received a thank-you card from someone in the hospital.

At the party, our staff were greeted at the door and thanked by leadership for their contributions, and enjoyed the hour



Critical Care Specialty Leader CAPT(Sel) Julie Darling delivers a speech! (Photo by LT Murphy/Released)

mingling with each other. This truly demonstrated value for each other, a feeling of comradery, and most importantly, a Healthy Work Environment. Thank you, AACN, for the guiding principles and inspiration!~

Navy Nurses Lead the Way for Operational Readiness Training

Accursia Baldassano, CDR, NC
NHC Cherry Point

NHC Cherry Point is leading the way for Operational Readiness Training. Nurses stepped up to the challenge of creating a 12-week Operational Readiness recurring curriculum which incorporated didactic and physical readiness training for all active duty service members at the command.

Topics covered in the training included point of injury care under fire, triage, combat lifesaver skills, 9-line orientation, helicopter landing zone set up, and Role 2 & 3 echelon of care on land and sea-based platforms.

Physical readiness application includes triage under physical stress, patient carries, litter-bearer training, passageway maneuvering, and high-intensity training.

During the Role 2 shipboard training, Retired Command Master Chief James Parlier of the USS COLE presented a moving account of the attack by Al-Qaida off the coast of Yemen. He stressed training and knowing the basics. He offered insight into the actions of the crew during the catastrophic event and the challenges he faced as a Hospital Corpsman Command Master Chief.

Providing this training is in direct alignment with the Surgeon

General's priority of Readiness. We are training as a team, which is exactly how we serve in combat. Many of the staff at the clinic have served in the operational setting and are stepping up to help teach those who have not. This training has resulted in improved morale, increased teamwork and enhanced readiness for operational assignments.~



Grand Opening of Naval Family Branch Clinic Iwakuni

Angela Weisse, LT, MD

Naval Family Branch Clinic Iwakuni

On May 1, 2018, the doors to the new Naval Family Branch Clinic Iwakuni (NFBCI) officially opened after many years of planning and hard work. The new facility is adjacent to the old Branch Health Clinic on Marine Corps Air Station Iwakuni, approximately 30 miles southwest of Hiroshima, Japan. Iwakuni is home to one of the largest overseas airfields with the Marine Aircraft Group 12 (MAG-12) as well as the newly relocated Navy Carrier Air Wing FIVE (CVW-5).

Built with the help of the Japanese, the new clinic building allows us to expand our capabilities in this area. It includes a larger Urgent Care Clinic equipped with an in-house CBRN (chemical, biological, radiological and nuclear) decontamination area. This state-of-the-art

technology facilitates rapid decontamination while maintaining the safety of patients and staff.

The highlight of NFBCI is the new Mother Infant Care Center (MICC), equipped with two large operating rooms, making it the first Navy Branch Clinic to incorporate labor and delivery services. Prior to NFBCI's opening, the Japanese healthcare system supported Iwakuni patients' obstetric needs. "With a rapidly growing population, we

are excited to better support our Sailors, Marines and their families with this new facility," explains the clinic's Officer in Charge **CDR Jessica Beard**. "Being a command overseas and in a rural area, our mission is to provide high quality medical support for all entrusted in our care. Ensuring that our warfighters remain ready to fight tonight."

The labor and delivery unit is set to open shortly after the opening of NFBCI.~



(L to R) LT Claudia Briano, LT Ashley Aclese, LCDR Latarya Smith, LCDR Eileen Scott (MICC Department Head), LT Ruby Jackson, and MICC corpsmen. (Photo by LT Angela Weisse, 10 May 2018/Released).



Officer in Charge, CDR Jessica Beard, and staff in front of the new Naval Family Branch Clinic Iwakuni. (Taken Oct 17, 2017 by PO2 Edwin Gombio/Released)



USNH Okinawa Holds NP/PA-Specific Training Event

Leticia Banker, LT, PA-C

MAGCC 29 Palms

U. S. Naval Hospital Okinawa held a Nurse Practitioner/Physician Assistant (NP/PA) Day on 01 Mar 2018. LT Leticia Banker, PA-C, MPAS, MSC, event host, believed it would be beneficial since an OCONUS location, high operational tempo, and limited off-island opportunities, make it difficult for providers to attend conferences or other specific training. Although USNH Okinawa boasts a robust Staff Education and Training Department, a special NP/PA training day provided a chance for both communities to participate in continuing medical education, mentorship, and networking.

The event began with discussion on each community's professional development,



(Left to right) LTJG Keegan Fees, LT Rachel Ames, CDR Randy Panke, LT Aimee Grande, LT Leticia Banker, LT Erica Kaheakuenhada, LT Veronica Gomes, LCDR Diane Kiilehua, CDR Jennifer Miller
(Photo taken 1Mar2018/Released)

credentialing, career pathways, manpower and opportunities. Additionally, there were multiple specialists who provided clinical lectures. The afternoon session was a capstone event focusing on auricular battlefield acupuncture training. Despite military and base differences, an island-wide e-mail group ensured enhanced

communication, but the collegial interaction truly helped make this event successful. There are few active duty NP's in the region, to include **CAPT Kuehner**, USNH Okinawa's Commanding Officer. It was a great event where everyone came together to make it a fantastic day of learning, laughing, sharing, and collaborating.~



On April 3, 2018, NHC Corpus Christi nurses attended the Adele Bemis Leadership Series hosted by Eta Omicron Chapter of Sigma Theta Tau. The leadership series focused on elements of being an authentic leader.

Pictured from left to right: LCDR Cardia Wilson, CAPT Kimberly Taylor (SNE), Ms. Adele Bemis, and LCDR Rachelle Stottlemire. (Released)

Professional Development

We are committed to lifelong learning through the continuous pursuit of excellence, promoting a system of High Reliability and fostering a culture of safety.



Nurse Corps News

Volume 12, Issue 3 ~ May/June 2018

Navy ER Nurse Leads Team to Mt. Everest

After months of planning and preparation **LTJG Patrick Marsh**, an Emergency Room (ER) Nurse in Okinawa, Japan, lead a team of eleven to Mt. Everest. On April 15th, the team from Okinawa embarked on a ten-day trekking expedition through the Himalayas. They started their trek flying in to the most dangerous airport in the world, the Tenzing–Hillary Airport, also known as Lukla Ai. They reached Everest Base camp on day 8 and visited the Everest ER, a mountain emergency care center staffed with three full-time providers and located in the center of Everest Base camp at the foot of the Khumbu icefalls. This is one of the most dangerous areas of Mt. Everest for



On the summit of Nagartsang: (Back Row L to R) LCDR James Ilish Dentest, LTJG Patrick Marsh, Alvin Clark, LCDR Ray Cudnik, Ben Arriga, and CDR Del Clark. (Front L to R) LCDR Mike Doxey and Scott Stables (Taken 21 April 18 by Krishna Basnet/Released).



LTJG Patrick Marsh on his way to Everest Base Camp (Taken 23Apr18 by Ben Arriga/Released)

climbers. The providers at the Everest ER see a variety of ailments, but specialize in Acute Mountain Sickness; a version of altitude illness that can progress to High Altitude Cerebral Edema (HACE). HACE can be fatal if left untreated. Our own team suffered from a variety of illnesses in the duration of the expedition, but we were very prepared. One member did require med-evac off

the mountain due to pulmonary edema. Fortunately, everyone on the team made a full recovery. The team summited two mountains during the trek. On day nine, four members, including LTJG Marsh, made an early morning summit of Mt. Kala Patthar, which at 18,513 feet has the best view of the largest mountains in the world!! Excited to share a small piece of this experience with all fellow nurses with the hope to encourage you to go see the world!~



Mt. Everest Base Camp (Taken 23 April 18 by LTJG Patrick Marsh/Released)



In Memoriam

Remembering a Quiet Hero Jean Elizabeth Ellis Young

Lieutenant Commander, Nurse Corps, USN
(Retired)

26 December 1924 to 26 May 2018

LCDR Jean Young, NC, USN, the last of the “Quiet Hero” nurses of the Korean War, died at the age of 94. CDR (ret.) Frances Omori, author of the book, *Quiet Heroes: Navy Nurses of the Korean War, 1950-1953*, Far East Command (2000), writes:

Five months after the start of the Korean War, LT Young was sent to USNH Yokosuka, Japan in November 1950. Her journey began in Alameda, California with 13 nurses onboard to Hawaii. Three stops and 36 hours later, they landed in Tokyo just after midnight in the driving rain. Arriving at Yokosuka, the nurses were taken to dependent housing. This was to become the nurses’ quarters for the duration of their stay as all dependents had been sent state-side. Commander Fleet Activities Yokosuka was the hub of activity during the Korean War. There were 200 Navy nurses stationed at the hospital, and three hospital ships that came in for repair, off-load patients, replenish supplies and refuel.

During a 48-hour period (6-7 December 1950) a total of 2,022 patients were admitted to NH Yokosuka. These patients were primarily injured US Marines from the Chosin Reservoir. LT Young worked in the Surgical and Orthopedic Department. She described the hospital as “a lot of patients, less space. We had to put beds in the recreational area and stack them three-beds high. Because patients were arriving at in droves, this kept the nurses ‘constantly on their toes’ and we had to maximize our nursing skills.” Leaving Yokosuka in June 1952, Lcdr Jean Ellis Young served in Great Lakes, Quantico, onboard MSTs USNS General D. Patrick, Naval Hospital San Diego, Camp Lejeune, and back to Quantico, where she retired from the Navy in 1971. We will forever remember this quiet hero, Lcdr Jean Young, as a naval officer, compassionate nurse, loving wife and mother.~

ate nurse, loving wife
and mother.~

Obituary and funeral
information: [https://
mountcastle.net/obituary/
jean-ellis-young/](https://mountcastle.net/obituary/jean-ellis-young/)

A Navy Nurse cares for a patient during the Korean War. (Photo provided by BUMED Archives)



Navy Nurse Keynote Speaker for Memorial Day Delivers Message of Remembrance and Hope

When Lcdr Reynalda McBee was asked to share a few words on Memorial Day, there was no hesitation on her part. The Navy Nurse Corps Officer was the keynote guest speaker at the annual Ivy Green Cemetery Memorial Day service coordinated by the Veterans of Foreign War Association Post 239 of Bremerton, Washington.

McBee tailored her speech to specifically focus on remembering those who served their nation and made the ultimate sacrifice. She shared a personal, poignant memory of loss and the power of hope.

“In March 2009, I was stationed at NMC San Diego, along with LT Florence Choe, Medical Service (Corps). She deployed to northern Afghanistan Balkh province. Her husband was a surgeon finishing his residency at San Diego. They were the proud parents of a three-year old daughter, Kristin. While running on the compound, she and two others were shot by an Afghan National Army soldier. LT Choe was killed,” stated McBee. “This was a safe mission, and considered a humanitarian mission, but there are no guarantees.”

McBee’s Memorial Day message concluded with a message of hope and faith from Choe’s husband, who shared that even when ‘life can seem so dark, there is a light at the end of the tunnel.’ There is strength to be found in the resiliency of a child, strength also to be found when asking for guidance, help and support. The greatest lesson he learned during the tragedy of losing a loved one was that asking for help and seeking support is the most honorable thing to do for a loved one, as well as oneself.~



Navy Lcdr Jay Choe and his daughter, Kristen, 3, visited the grave site of Choe’s wife and Kristen’s mother Navy LT Florence Choe, at Fort Rosecrans National Cemetery.



Certifications

LT Elsie Garcia, NHC Corpus Christi, obtained her certification from the American Nurses Credentialing Center in Ambulatory Care Nursing.

LT Kelly Keck, NMC San Diego, obtained her Neonatal Intensive Care certification (RNC-NIC).

LT Sarah E. Munn, NMC Portsmouth, obtained her certification in Inpatient Obstetrics.

LT Anna Schlenker, NH Camp Pendleton, obtained her certification as a Peri-Anesthesia Nurse through ABPNAC.

LT Lauren Schuetz, NMC Portsmouth, earned her Adult-Gerontology Clinical Nurse Specialist Board Certification.

LT Lauren M. Solo, NMC Portsmouth, obtained her certification in Inpatient Obstetrics.

LT Andrea Tondre, USNH Yokuska, obtained her Board Certification for Ambulatory Care Nursing in April 2018.

LT Lisa Umpa, WRMNNC Emergency Department, earned her Emergency Nurse Certification (CEN).

RN Noelle Rivas, Branch Health Clinic Key West, obtained her Case Management Certification with CCMC in May 2018.

RN Helen Garfin, MSN-FNP, NH Jacksonville, recently obtained her certification as a Certified Wound Care Nurse (CWCN).

RN Terri Torres, NH Jacksonville, obtained her Certified Nurse Operating Room (CNOR) in April.

LTJG Nathacha Avril, NMC Portsmouth, obtained her certification as a Medical-Surgical Registered Nurse.

LTJG Megan Bess, NMC Portsmouth, earned her certification as a Medical-Surgical Nurse (CMSRN).

LTJG Erin Conner, USNH Yokuska, obtained her Critical Care Registered Nurse certification (CCRN) in May 2018.

LTJG Veronica Dambrauskas, NMC Portsmouth, obtained her certification in Inpatient Obstetrics.

LTJG Sophie Daniels, NMC Portsmouth, obtained her certification in Inpatient Obstetrics.

LTJG Kayla Downs, WRMNNC, obtained her Pediatric Nurse Certification (CPN).

LTJG Brianna Duncan, NMC Portsmouth, obtained her Critical Care Certification.

LTJG Kathleen Hartzell, NMC Portsmouth, obtained her certification as a Medical-Surgical Registered Nurse and Ortho Nurse Certification.

LTJG Karly Hoyt, NMC Portsmouth, obtained her certification as a Labor and Delivery nurse.

LTJG Kirlin James, NMC Portsmouth, is now a Certified Pediatric Critical Care Nurse.

LTJG Amanda Mammolito, NMC Portsmouth, obtained her certification in Inpatient Obstetrics.

LTJG Susannah Percy, NMC Portsmouth, obtained her certification as a Medical-Surgical Registered Nurse.

Share your Exciting Experiences With Us!

Have you ever met anyone, done anything, or been anywhere cool that was because of the Navy? The NC News Team would love to share your story!

Submit your pictures/articles through your chain of command, then to your Nurse Corps News team using the envelope hyperlink found on each page in the lower right-hand corner, or [find us on milSuite!](#)



Education

CDR Debbie Brendley, OHSU Camp Lejeune DET B, Jacksonville, NC completed her Doctor of Nursing Practice at Gardner-Webb University.

LCDR Kimberly Albero, OHSU Portsmouth DET R, graduated with her Doctor of Nursing Practice degree from the University of Virginia in May 2018.

LCDR Norma Dawn Knight-Pongratz, OHSU Portsmouth DET S, completed her MSN with a specialty as a Clinical Nurse Educator at Jacksonville University in March 2018.

LCDR Kristen Kennedy, OHSU Portsmouth DET R, graduated with her Doctor of Nursing Practice degree from the University of Virginia in May 2018.

LT Ashley M. Flynn, NMC San Diego, currently deployed with Pacific Partnership 18 on the USNS MERCY, finished her Master's in Nursing Leadership & Management at George Washington University.

LT Melinda Garrett, NH 29 Palms, completed her dual Master's program for Healthcare Administration (MHA) and Business Administration (MBA) through Trident University International.

LT Barbara Sterrenberg, OHSU Camp LeJeune with Det N, currently on CANREC orders in Knoxville TN, graduated with Doctorate of Nursing Practice (DNP) from Grand Canyon University.

LTJG Courtney-Jamaal T. Rouse, NMC San Diego, earned her Master of Science in Nursing, with a concentration in Nursing Education from Concordia University Texas.



(Pictured L to R)

LT Chip LeDuff completed his Doctor of Nursing Practice (DNP) degree from Duke University in May 2018. **LCDR Desirae Pierce** graduated with her Master of Science in Nursing - Neonatal Nurse Practitioner (MSN-NNP) from Duke University in May 2018. **LCDR (Sel) Tiffany Hariman** completed her Doctor of Nursing Practice (DNP) degree from Duke University in May 2018.



U.S. Naval Hospital Yokosuka acknowledged certified nurses for their achievements with Certified Nurses Day on March 19, 2018. What makes this date unique to recognize as Certified Nurses Day is it directly honors the enduring legacy of Margretta 'Gretta' Madden Styles, Doctor of Education, Registered Nurse, and Fellow of the American Academy of Nursing (1903-2005). March 19th is Styles' birthday, and she became known as the 'Mother of Nurse Credentialing' as a visionary scholar who made an endearing, international impact on the nursing profession. ~ (USNH Yokosuka Public Affairs Office, U.S. Navy Courtesy Photo/Released)

