



Nurse Corps News

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Director, Nurse Corps, Departing!



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NCNEWS-REQUEST

Nurse Corps News Staff

Design/Layout:
LT Eric Banker
LT Nikki Pritchard

Editor:
LCDR Melani Harding

Navy Nurse Shipmates, **RDML Tina Davidson** assumes the watch as the 25th Nurse Corps Director in March. Incredibly gifted, she will lead the Nurse Corps with tremendous vision, energy and optimism. I am so excited for her and for all Navy nurses.

As I reflect on the privilege of serving as Nurse Corps Director, I am flooded with emotions; awe, inspiration, pride, confidence and gratitude, just to name a few.

It has been wonderful to meet with and learn from so many Navy nurses; junior and senior, experienced and novice, military and civilian. Navy nurses from around the world. Navy nurses working in all different specialties. Our diversity is vibrant and yet we are united in our Caring, Compassion and Competency.

Our predecessors' legacy inspires us. Your contributions to our legacy are no less inspiring. I am in awe of your many accomplish-

ments to advance the health and readiness of those we are so privileged to serve. I am equally moved by your love and care for one another and our nursing profession. I am proud, very proud, to wear a gold oak leaf on my collar. As I contemplate the next generation of Navy nurses, I do so with great confidence, for you are amazing!

I am grateful to each and every one of you for your selfless Caring, Compassion and Competency. I would be remiss if I did not take this opportunity to thank members of the Nurse Corps office for their tireless efforts on your behalf. **CAPT Beadle, CAPT Roy, CAPT Morrison, CAPT McGee, CAPT Atterbury, CAPT Aune, CAPT Weaver, CAPT Smith** and **LCDR Troncoso**; you are superstars.

Finally, thank you to the developers of Professional Practice Model (PPM). The model serves to guide all facets of our practice now



Rebecca McCormick-Boyle
RADM, NC, USN

Director, Navy Nurse Corps

and into the future. The model articulates our identity and our values. Our PPM governance structure will align our daily practice with our identity and values. I hope this model speaks as much to you as it does me.

Thank you for your support, your friendship and your enduring commitment to those we are so privileged to serve. RDML Davidson, you have the Con.~

From the Editor:

Please enjoy the new format of your bi-monthly Nurse Corps News! We've added some great features, including an easy link to the Navy Nurse Corps MilSuite Page—you can click on the Professional Practice Model wheel (below left) on any page to go straight to the main Nurse Corps page.

We're also looking for guest writers! Yes, you can write a story for the Nurse Corps News! We will post requests for future stories in each issue; your Specialty Leaders will also be seeking input to highlight a member of their community. Please email the News Team or your Specialty Leader with your interest!



Reserve Corner



Mary Riggs, RDML, NC, USN

Deputy Director, Reserve Component

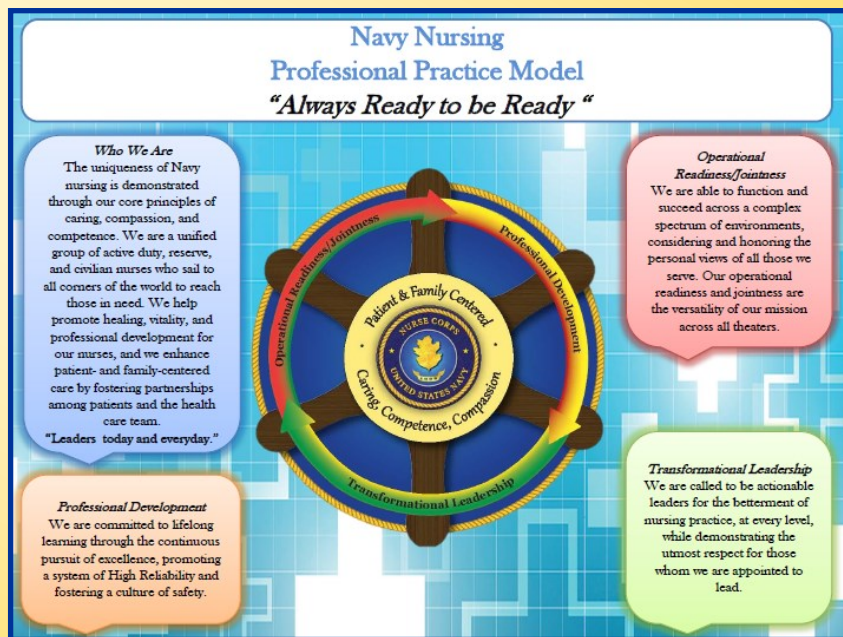
It is a great honor to step into the position of Deputy Director for the Reserve Nurse Corps. I want to thank **RADM Alvarado** for her leadership and guidance to our Corps over the last three

years. Her strategic thinking and advanced knowledge on value added health care proved a positive force for our community! I look forward to carrying on her legacy of excellence.

What an exciting year we are off to! Our Professional Practice Model sets the course for Navy Nursing to compete with the most advanced Magnet Programs in the nation. Our strategic goals continue to keep us true to our chartered course for excellence in care, readiness and high velocity learning! With the New Year still upon us, I encourage our reserve nurses to re-dedicate yourselves to activities that advance your Professional Development, Operational Readiness and Transformational Leadership. You are in a consequential position to enhance our Corps' principles and contribute to the advancement of Navy Med-

icine. Utilize your Special Leaders, Senior Nurse Executives and our Reserve Liaison Officer (RAO), **CAPT Anita Smith**, to ensure that you are progressing on track. Our reserve nurses continue to step up and bring value to many areas of expertise.

Arthur Rubinstein stated, "I have found that if you love life, life will love you back." February is Heart Health month and a great reminder to commit to the tenets of a healthy lifestyle. Don't forget that the real threat to our cardiovascular health is stress. Stress cloaks itself in many forms; take the time to identify the areas of stress in your life and how you can leverage support. Above all, don't forget to laugh! A sense of humor is sometimes worth more than all the medicine in the world! Take care of yourself and find your heart's desire in your work!~



Check out the Navy Nursing Professional Practice Model & follow the development of the manuscript on [milSuite!](#)



Promotion Cycles - Keeping Perspective



Deborah Roy, CAPT, NC, USN
Deputy Director, Nurse Corps

Nursing Leaders! The Holiday season has now past but December brought us each a gift, the FY18 Lineal list. This has no doubt instilled excitement and panic into many of you as this year's promotion cycle has officially begun. If you will be looked at this year, it is time to get your documents together and schedule a Career Development Board. I'd like to take this opportunity to talk to you about the promotion process.

The promotion process is a force shaping tool built to do two things; select the most highly qualified officers to lead and perform Navy's Mission; and shape the force to the congressionally-authorized size. Typically, we talk a good deal about the first item: promote the best qualified officers; we do not often speak to the second, or shaping the force size.

Defense Officer Personnel Management Act (DOPMA) is a federal law that standardized officer personnel management for each service and applies to all Officer Corps with the exception of Doctors and Dentists. DOPMA constraints create regulations governing promotion for control or field grade officers (LCDR, CDR

and CAPT). According to DOPMA, In-Zone Opportunity % guidelines are: LCDR 70-90%; CDR 60-80%, and CAPT 40-60%. As such we know that only a certain percentage of officers will promote to those ranks.

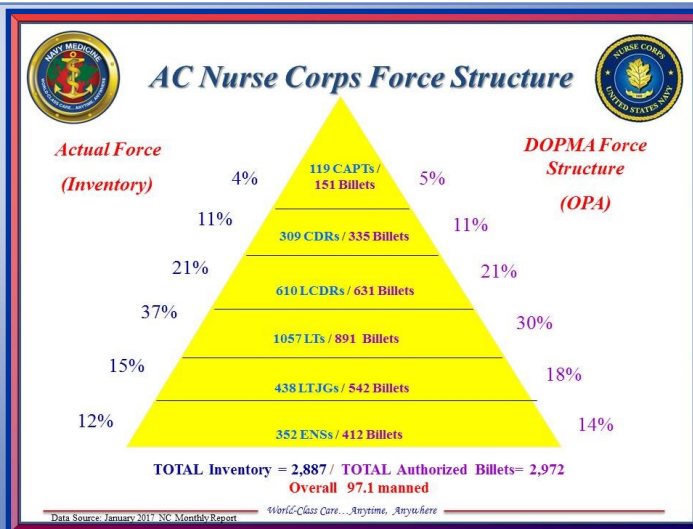
The number of promotion opportunities is determined via trended loss data of retirements and resignations against the funding/authorizations for each rank. Simply, when funding and rank structure are held constant, if we know there will be 20 CAPTs leaving the NC, then we know the fill quota is 20 positions. Since the opportunity for CAPT is 50% ± 10 based on DOPMA, then the zone for CAPT would be roughly 40 officers. Also considered for promotion are those officers currently above-zone and below-zone. The more above-zone or below-zone officers selected for promotion, the in-zone promotion percentage falls for that cycle. This may seem "unfair;" however, every officer has the opportunity to demonstrate their ability to successfully perform at the next rank, thus allowing the promotion of the "best qualified officers."

To keep this in perspective: at any given promotion rank, we know that a certain percentage will not select.

Not because they are "bad" nurses or officers, but because DOPMA says so. Many officers scour through their records looking for the one thing that "caused" them not to select. Having reviewed numerous records, I can tell you, there most often is not a smoking gun. So why do good people not promote? It boils down to how their record compared to their peers and the make up of that board.

Whether new in your Navy career, or well along the path, you must make the best decisions for yourself at any given time consistent with your goals, values and interests. Understand the system you work in, seek mentorship and proactively manage your career. You must separate your measure of self-worth and professional accomplishments from your FITREPS and promotions. Are you satisfied with your contributions to the Navy and the profession? If yes, then you're doing awesome!

If you select for promotion, congratulations! This is a mighty accomplishment. If you do not select, please know what you have done, and continue to do, is valued and not diminished in any way. Keep moving forward doing what you do best, and know the NC thanks you for your contributions. ~



Career Planner



Carolyn McGee, CAPT, NC

Assistant Director to Career Plans

Hello Colleagues,
I'm the Assistant Director for Nurse Corps Career Plans – also known as the Nurse Corps Career Planner. I work in the Office of the Corps Chiefs at the Bureau of Medicine and Surgery. One of the major responsibilities of my job is to advise all members on professional career issues. I disseminate career and leadership development information, provide career consultation and guidance to groups and individuals, and serve as the liaison for nomination of Nurse Corps officers to courses such as the Advanced Medical Department Officers Course, the TRICARE Finan-

cial Management Executive Program, the Navy Senior Leader Seminar, and the Healthcare Management Course. I coordinate the Military Health System Nursing Leadership Excellence Awards, the RADM Hall and RADM Niemyer Awards, and the Health Professions Loan Repayment Program. I'm the Champion for the Nurse Residency Program, the Career Development Board Program, and the Professional Development Strategic Objective Team. I'm also the Senior Member of the Nurse Corps Professional Review Board, which reviews applications from civilian nurses and nursing students who wish to join our Corps.

One of the projects I have worked on since starting this job is marketing the Navy Nursing Professional Practice Model and finalizing the accompanying manuscript. Our Professional Practice Model unifies us as a Corps and provides a visual framework to guide practice. I hope you have been following the roll-out of the manuscript chapters on the Navy [Nurse Corps milBook](https://www.milsuite.mil/book/groups/navy-nurse-corps) page (<https://www.milsuite.mil/book/groups/navy-nurse-corps>). If you haven't visited this site, please do and familiarize yourself with the [Professional Practice Model](#) and the abundance of announcements, news, and information that is available there. MilSuite is

interactive, so you can post questions or comments and join in discussions on the Nurse Corps page, or one of the many other sites that are available. One that I recommend is the [Military Professionalism milBook](#)

site (<https://www.milsuite.mil/book/groups/military-professionalism>).

The list of what I do doesn't necessarily capture the essence of my role. I'm in a position to influence the current and future Nurse Corps workforce and I play a key role in recruiting and retaining the best and most fully qualified individuals to serve in our Corps. I have the opportunity to review packages for various positions and programs, which gives me a window into the exceptional work that is being done at the deckplate. I'm continually amazed and impressed at the accomplishments in the realms of research, publication, evidence-based practice, and clinical excellence that are taking place in the operational environment and military treatment facilities. My favorite part of my job is talking to people. I travel to Newport periodically to meet the junior Nurse Corps officers who are about to graduate from Officer Development School. I suspect I gain as much from the time we spend together as they do, since I enjoy their enthusiasm, energy, and curiosity. As I speak to them I remember my own anxiety and anticipation when I stood at the threshold of my Nurse Corps career, and this continually reminds me of the importance of mentoring and nurturing our newest members. I also collaborate with the other Navy Medicine Career Planners and with the Nurse Corps Senior Leadership Team and I communicate with officers by phone and email on various career questions and issues. I am truly privileged to have this assignment and serve the Nurse Corps in this capacity.

If you have any questions about the programs I've listed or would like to discuss your career, please contact me on [MilSuite](#) or email at usn.ncr.bumedfchva.mbx.bumed-nc-career-planner@mail.mil ~



CAPT Carolyn McGee with the 2016 MHS Nursing Leadership Excellence Award winners at the AMSUS Awards Dinner held at National Harbor, Maryland. From left to right, Senior Federal Civilian Kathleen Davitt, Senior Military CAPT Andrea Petrovanie, Navy Junior Military LCDR Shane Lawson, CAPT McGee, and Navy Junior Federal Civilian Judith Graff.



How is Your Work-Life Balance?



Dixie Aune, CAPT, NC

NC Policy and Practice

Some of life's best moments are right before our eyes, but we must be present to enjoy them. Presence can mean taking the time to disconnect from work and our smartphones to

spend time with friends and family, travel, or sometimes to take a little time out for ourselves. Unplugging from today's social networks, news feeds and especially our work emails isn't easy- but it's important.

The start of a New Year is the perfect time to reassess our priorities and our own work-life balance. Work-life balance is far more than good time management and turning the cell phone off. Work life balance is a fluid process which often requires us taking a step back to pause and be in the moment.

As employees and the general population become more connected to each other with the use of technology, social media and mobile devices, it has become increasingly difficult for many people to separate work from their personal lives. Checking email in bed, tweeting throughout dinner and taking work calls on the

weekend have become common practices- often diminishing time to spend with friends and family or to decompress. In turn, this can be detrimental to our overall productivity, as research has found that the less time there is between work and bedtime, the less time there is to unwind and let our creative juices flow.

Give yourself permission to disconnect, take a walk, smell the roses, call a friend, or read a book. And, equally important, encourage those around you to do the same!!~



Mindfulness to Improve Patient Safety

Thomas Sarti, LT, NC

Three short seconds and we lose our focus. Studies have shown that a three-second distraction can double our risk of a cognitive error. Imagine the constant danger this entails for our patients. Consider a pediatric Code Blue, an emergent labor or a patient with PTSD amid a painful flashback. Each situation is complex and deserves 100% of our time and attention. We must focus to serve our patients in the safest and most effective manner. The question remains: Are we doing enough?

In comes the practice of mindfulness. Put simply, mindfulness means full engagement in the present moment. It means meaningful resistance against harmful distractions that often invade our thoughts and hijack our

ability to focus clearly on a task. Cultivating this skill takes practice, just like a physical workout at the gym. The solution lies in focusing on our breathing mechanisms; this trains the mind in its resiliency to ward off distracting stimuli and allows it to focus on one thing at a time.

In 2015, while stationed at NH Twentynine Palms, **LT Brent Edwards** and I created a more mindful environment on our Multi-Service Ward as part of our own study. We encouraged junior nurses to adopt this approach following a research pilot study presented to Army, Navy and Air Force Nurse Corps leaders in San Antonio, Texas. We encircled the Pyxis with red tape and adopted rules to promote a quiet, structured environment during the critical moments of a medication pass. Our study

worked to measure mindfulness using a survey tool, as increased mindfulness scores are associated with Highly Reliable Organizations.

On a personal level, mindfulness helps me become more focused, energized and fully attuned to the needs of my patients. I believe it is pivotal for healthcare workers to practice mindfulness regularly. This is especially true because of pervasive distractions from cell phones, call-lights and work-talk. These distractions often impair our ability to be present in the missions we serve. The Alabama Crimson Tide and World Champion Seattle Seahawks are already practicing this with great results. Incorporating mindfulness into our care is another tool to move us forward. Our patients deserve nothing less. ~



Additional Qualification Designation (AQD) Codes



John Eckenrode, CDR, NC

Nurse Corps Personnel Planner

What is an AQD and how do I get one? AQD stands for Additional Qualification Designation and it is a code that provides supplementary information regarding the qualifications, skills and knowledge a Nurse Corps officer retains or that may be required to perform the duties and/or functions of a billet beyond those implicit in the billet, designator, grade, subspecialty or naval officer billet code (NOBC). Per the Manual of Navy Officer Manpower and Personnel Classifications (NOOCS Manual, Updated October 2016), “Additional Qualification Designation (AQD) codes enhance billet and officer designator codes by identifying more specifically the qualifications required by a billet or a unique qualification awarded to an incumbent through service in the coded billet.” The AQD generally indicates a requirement for an officer who has attained special qualifications through training and/or experience.

The AQD codes consist of three characters, either alpha-numeric or all-numeric. The first character identifies a broad occupational area close-

ly related to the designator. The second character specifies the type of qualification within the occupational area. The third character further defines the qualification. Those starting with the number “6” pertain exclusively to health care. For Nurse Corps Officers, the AQD may be used during assignment and selection procedures. For instance, a command representative may ask the detailers

to assign an officer who carries a particular AQD; e.g., a 1910R officer who carries the 690 AQD for an Ambulatory Clinic billet. Additionally, during selection boards, an individual’s AQDs are visible and provide descriptive information about the officer’s skill set and experience. Further information regarding AQD descriptions and awarding criteria can be found in the [NOOCS Manual Volume I, Part D](#).

The most common AQD codes validated and assigned by the Nurse Corps Personnel Planner (other AQDs exist but are granted through a different process, such as Joint Specialty AQDs

for deployments which are approved by PERS-4) can be found in the table below.

The forms for requesting AQDs can be found in the Navy Nurse Corps Subspecialty Code Management Guidance located on the Nurse Corps MilSuite site. For questions regarding specific AQDs, please contact the [Nurse Corps Personnel Plans Analyst or Assistant](#). ~

BX2	Fleet Marine Force (FMF) Qualified Officer
HB3	Officer Recruiter
HG1	Officer Recruiter, Headquarters Staff Officer
LA7	Surface Warfare Medical Department Officer
6FA	Fleet Marine Force Experience
6ZF	Researcher (*New 2017)
6OB	Shipboard Assignment
6OC	Hospital Ship Assignment
6OE	En-Route Care
6OU	Fleet Hospital Experience
6OW	Trauma Trained Officer
6AJ	Flight Nurse
67G	Managed Care Coordinator
67A	Executive Medicine
68H	Health Promotion Coordinator
68I	Health Care Management
68M	Global Health Specialist (*New 2017)
69K	Pediatric Intensive Care
68L	Informatics Nursing
69O	Ambulatory Care Nursing
69P	Primary Care Nurse Practitioner
69K	Pediatric Intensive Care Nurse (*New 2017)
69L	Labor & Delivery Nurse Experienced



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<https://www.milsuite.mil/book/docs/DOC-280125>

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 Take a class at <https://www.milsuite.mil/book/groups/milieu>



Greetings from the Perioperative Community!



Richard Lawrence, CDR, NC

Perioperative Specialty Leader

A great deal of action and movement continues within the Perioperative Specialty. We, like all of the other specialties, now have the addition of an Assistant Specialty Leader. I would like to welcome **CDR John Broom** into that role and I look forward to the many opportunities we will have serving our specialty and collaborating within the Nurse Corps. The competition was fierce and I would be remiss if I did not thank all of those who applied.

Moving forward within the specialty requires us to ascertain where we have been and where we would like to go in the future. Last year, we were able to take advantage of numerous specialty conferences, ranging from our own specialty to Infection Prevention and Control, pediatric conferences and technical conferences to aid us in sterilization practices, both clinically and administratively. We have also had perioperative nurses assisting the Navy training programs evaluate and recommend updates to the Surgical Technologist

program through the Human Performance Requirements Review and the more recent Job Duty Task Analysis. Through some of these trainings and meetings, we have nurses who have had the opportunity to gain the latest training and evidenced-based practices and brought these back to their MTFs, while also applying the knowledge to the surgical technologist training pipeline. We will continue to support these efforts and many more in the very near future.

The Perioperative Nurses also have revitalized our newsletter, published quarterly, highlighting the activities and accomplishments within the specialty. This has been a great platform for our nurses to showcase and highlight specialty specific best practices, deployment experiences and information sharing from those who attended one of the many conferences previously referenced. We are looking forward to the continued communication opportunities the newsletter offers while leveraging our listserv and [MilSuite](#) page to disseminate the information to all perioperative nurses—Active Duty, Reserve Component and civilians.

In support of our specialty, acting as ambassadors to recruit active duty and reserve perioperative nurses, our nurses have spoken in front of a local chapter of Perioperative nurses, tested the new electronic health record and are attending DUINS. Our recruitment and retention has consistently improved over the years and I believe it is through the efforts of both the Active Duty and Reserve Components as a whole that continues to shape the future of the specialty and the Nurse Corps. We will constantly have opportunities to support recruitment efforts, with a formal opportunity at this year's AORN Global Surgical Conference. While

the details are being finalized, this will represent the second year in a row we have leveraged this conference specifically in our recruitment efforts.

Additional opportunities to influence the future of nursing in and out of the specialty would be taking advantage of the DUINS opportunities and attending USUHS' Clinical Nurse Specialist program. The program has morphed quite extensively over the years and now includes a very robust High Level Disinfection and a Sterilization Assurance set of courses with additional opportunities to immerse in the Office of the Surgeon General. With the ongoing and increased focus in reprocessing, our organization is in great need for more subject matter experts as an AGCNS with an emphasis in perioperative nursing. We continue to offer the opportunity and USUHS has reached out to me stating if you meet the requirements for DUINS for the Navy, USUHS will guarantee admissions to the program. If you have any other questions about the program, please contact me via e-mail and look for an article to hopefully appear in our next Perioperative Newsletter.

I am excited for what the New Year has in store and what the Perioperative community will accomplish moving forward.~



The Nurse Educator and Global Health



Joe Pinon, LCDR, NC

Education & Training Community Member

I first discovered the value of training when I was the Training Officer at 1st Medical Battalion. We used healthcare simulation to exercise trauma resuscitation, perform surgery and conduct mass casualty drills. This training was extremely valuable in becoming mission ready and building team performance skills in preparation for deployments. Now I work in Staff Education and Training at Naval Hospital Camp Pendleton, and I continue to use training to rehearse skills, build confidence, and improve team performance. Last summer, I deployed on the USNS MERCY in support of Pacific Partnership 2016 (PP-16) and I experienced a renewed appreciation for the value of training.

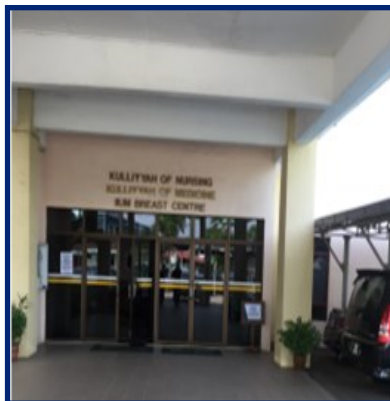
During PP-16, I was one of three Nurse Educators aboard the MERCY. We were employed on Advanced Echelon (ADVON) teams to plan and execute health engagements in Timor Leste, the Philippines, Vietnam, Malaysia and Indonesia. Many of the engagements we planned were side-by-side exchanges, where partner nation healthcare providers and host nation healthcare providers ex-

changed best practices and ideas. One event I planned was at the International Islamic University of Malaysia School of Nursing (IIUM SoN).

Several months prior to the MERCY embarking on the mission, my ADVON team conducted a pre-deployment site survey in Malaysia. During my survey, the IIUM SoN faculty voiced a desire to teach its students to become more proficient in managing postpartum hemorrhage (PPH). During our initial meeting, I took a brief needs assessment and identified a few significant factors. First, the Nursing faculty had a Doctorate-prepared women's health nurse that would be a great resource in identifying learning objectives and learning styles of the students. She would also be a great resource for increasing our cultural awareness of Malaysian nursing. These cultural considerations directly impacted and guided our training plan, and enabled us to exchange ideas and theories freely, without offense to our hosts. The nursing school also had a simulation lab but did not have a Certified Healthcare Simulation Operational Specialist (CHSOS). Nor did they have a training plan with learning objectives and scenarios to manage PPH. Aboard the MERCY, there were several partner nation staff who were qualified to help with this PPH training. The Royal Australian Navy

provided an OB GYN physician and Nurse Midwife and the U.S. provided a Navy Nurse Anesthetist. All of them were trained and proficient in managing PPH.

While on mission in the Philippines, I flew to Malaysia ahead of the MERCY and began to work with the IIUM SoN to plan the PPH learning event. I communicated frequently with the MERCY staff via email to establish a training plan and discuss the logistics involved in its execution. After several weeks of planning via email, the MERCY arrived in Malaysia. I arranged an initial meeting for the IIUM SoN staff and the MERCY staff shortly after the ships arrival. After the initial meeting, the group met twice more to finalize plans, then they executed the event. This event was one of many that proved to be tremendously valuable in building relationships and forming strategic alliances in the Pacific area of operation. On a personal level, it was extremely rewarding for me to be emerged in Malaysian culture and to learn firsthand about Muslim faith. I was also very delighted to have coordinated an event that was very rewarding and enjoyable to the host and partner nations. I am very grateful I was part of the Pacific Partnership team. I will forever cherish the things I learned and the friends I made.~



Partnership at its Best—Pacific Partnership 2016

CAPT Dennis Spence, NC, USN, PhD, CRNA

Postpartum Hemorrhage is the 4th leading cause of maternal death in Malaysia; unfortunately, many of these deaths could be prevented with early recognition and implementation of evidence-based best practices. During the Pacific Partnership planning meetings Nursing faculty at the International Islamic University Malaysia (IIUM) Kulliyah of Nursing (School of Nursing; SoN) identified postpartum hemorrhage and neonatal resuscitation as high priority topics that USNS MERCY and SoN faculty could partner on to improve the knowledge and skills of Malaysian nurses. The results of these early meetings led to a one-day workshop on postpartum hemorrhage and neonatal resuscitation, which was co-lead by SoN faculty and USNS MERCY staff. The workshop was a resounding success, and as you will see below, embodies the true spirit of “Pacific Partnership.”

On August 9, we traveled to IIUM SoN for the workshop. The audience included 40 Malaysian Nurses, four MERCY Nurses (three US Navy and one Canadian), five SoN faculty and four Corpsmen. The SoN faculty were gracious hosts, providing breakfast for us. Dr. Siti Mariam started the day off by providing an overview of postpartum hemorrhage in Malaysia. She described how postpartum

hemorrhage used to be the leading cause of maternal death, with 540 deaths per 100,000 deliveries in 1957. Through education, training and increased resource allocation, the Malaysian government was able to decrease the rate to 25 deaths per 100,000 deliveries. However, she noted they still have room for improvement and expressed a desire to learn best practices from MERCY staff.

CAPT Dennis Spence then presented on the massive transfusion and management of postpartum hemorrhage. **LCDR McCormack** followed with specifics on obstetrician and nursing considerations for the management of postpartum hemorrhage. Throughout both of their lectures they related the content back to clinical cases to help the audience understand the concepts presented. **LCDR Grimshaw** then presented a lecture on neonatal resuscitation. All three commented how the audience, both Malaysian and MERCY nurses, appeared to be very engaged and expressed appreciation for the material presented. The lectures also stimulated interactions and discussions of clinical experiences between MERCY and Malaysian nurses.

After a wonderful lunch of local cuisine, we resumed in the SoN Simulation Center. We had four skill stations set up to practice neonatal re-

suscitation, one station to estimate blood loss after delivery, and used the NOELL OB Simulator to take the nurses through postpartum hemorrhage scenarios. The nurses loved going through the scenarios and practice sessions and LCDR McCormack and FLLT Evans were a great team, coming up with postpartum hemorrhage scenarios on the fly, really getting the Malaysian nurses to actively participate. They did an excellent job of reinforcing management principles, teamwork and the importance of closed loop communication. Likewise, our Corpsmen really enjoyed being able to teach Malaysian nurses neonatal resuscitation skills.

We wrapped up the afternoon with a MERCY staff demonstration of two “mega-code” postpartum hemorrhage/neonatal resuscitation scenarios. These allowed the participants to observe best practices and helped reinforce concepts presented during the lectures. The SoN faculty recorded the scenarios so that they could use them to train nurses in the future. Before leaving, we presented certificates of appreciation to the participants; on behalf of the IIUM SoN, Dr. Saidi thanked us for partnering with them and hoped that this would be the start of a lasting partnership between the IIUM SoN and Pacific Partnership.~ *Check out more on [MilSuite!](#)*



Meet One of Your NC News Team!



Eric Banker, LT, NC

Salutations to my fellow Nurse Corps colleagues!

It has been my pleasure to serve the Nurse Corps team as a layout editor for these last four years. However, that is not nearly all I've done...just like all of us in the Nurse Corps, we are made up of so much more. I

joined the Navy in 1992 as a Hospital Corpsman, went to boot camp and Corpsman "A" school both at Great Lakes, IL. Then, I became a surgical technologist from NSHS San Diego and next stationed (in chronological order) aboard the USS Ogden LPD-5, Naval Medical Center San Diego, Fleet Surgical Team 5, Naval School of Health Sciences (Surgical Technologist instructor), 1st FSSG (now 1st MLG). It was at Group, that I was picked up for MECPC and commissioned as a Nurse Corps Officer out of NOSC San Diego. Back in the saddle and on to Naval Hospital Camp Pendleton, Perioperative School at NHCP, Naval Medical Center San Diego (again), and now Naval Hospital Okinawa. For those doing the math, I will be celebrating my 25th year of service this April and I have and continue to enjoy every day!!! Through my deployments, world travel, and lest us not forget our collaterals, I feel that I have

helped make an impact everywhere I have been. When I was enlisted and at my first command, my Chief and LPO gave me sayings that have shaped me through my journey through the Navy. First, was "Always leave your command better than you found it" which I have strived to do everywhere I go. Second, "Everything is a "how-to" or "how-not-to" experience." At the time I attributed that to the job, but over time that saying has applied to literally everything, especially leadership. Taking the lessons learned from each division, department, and command and turning them into "how-to" experiences for my fellow shipmates, I hope to educate everyone I encounter to build a stronger Navy for years to come. Humbled and honored to be selected for Lieutenant Commander, I shall continue to serve my patients, my Navy, and my country for as long as I can. Semper Forte. ~

New Year, New You, New Nurse Corps Officers!

Kristin Edgar, LCDR, NC

As the Nurse Corps (NC) Program Manager at Navy Recruiting Command Headquarters, Millington TN, I am honored to be part of the Navy's Medical Recruiting Mission.

In my role as the Program Manager, I serve as the main conduit between Navy Recruiting, the NC Officer Community Manager, NC Detailers, BUMED, 26 Navy Recruiting Districts and 180 medical Officer recruiters across the nation to recruit, screen, select and commission the best and the brightest to serve as future Navy Medicine Nurses. In this capacity, I maintain comprehensive

knowledge of the NC Program Authorization, professional NC qualifications, incentive pays, Officer Recruiting Manual and the recruiting application process. I also coordinate Medical VIP Tours and collaborate to ensure appropriate recruiting presence at National Medical Recruiting Events.

Best of all, I get to play a role in providing mentorship and guidance to our potential new NC Officers, support Navy Medical Officer Recruiters in supplying the lifeblood to the next generation of Navy Nurses, and ultimately shaping the future of the Nurse Corps.

If you are interested, during this **New Year**, in supporting our Medical Recruiting Mission to recruit **New Nurse Corps Officers**, please contact me at Kristin.edgar@navy.mil.

We could use your talents to:

1. Provide NC interviews
2. Support Navy Recruiting booths at National Events
3. Support Navy Recruiting events in your local area
4. Referrals. If you know any high quality potential NC applicants that may be a good fit for the Navy Nurse Corps, please refer them to me or a local Navy Officer Recruiter. ~



WWII Army Nurse and Today's Navy Nurses Learn Their Similarities

Larry Coffey, NMETLC PAO

Rear Adm. Rebecca McCormick-Boyle, Nurse Corps Director and Navy Medicine Education, Training and Logistics Command (NMETLC) Commander and several Navy Nurse Corps officers spent a few minutes with a WWII Army Nurse following a Veteran's Celebration event at Joint Base San Antonio – Fort Sam Houston (JBSA-FSH) on Nov. 9.

1st Lt. Josephine Reaves was one of 40 Army nurses who landed in Normandy six days after D-Day. Army Lt. Gen. Jeffrey Buchanan, Commander of US Army North, spoke at the Veteran's Celebration event and recognized 18 WWII Veterans attending who had served in the Army and Army Air Corps, Marine Corps and Navy.

"It was such a privilege to meet 1st Lt. Josephine Reaves," McCormick-Boyle said. "Josephine is one of the many military nurses who paved the way for all military nurses, including our Navy Nurses and today's Navy Nurse Corps."

Josephine Reaves was serving in the 24th EVAC hospital in Cheddar, England, when the hospital was moved to France. She said German mortar and rifle fire forced the Army nurses to spend seven days off the coast of France on board a Navy LST. When they were finally permitted to board a landing craft and go ashore to care for the injured troops, Reaves said it was more than she bargained for.

"I had a fully filled pack on my back and was told the only way off the ship was down the rope ladder," Reaves said. "The rolling seas caused the ship and the craft to move up and down and in and out from each other. I thought to myself, 'If I can live through this, I can live through any-

thing,'" she said with a laugh.

Reaves made it ashore and went on to follow major campaigns from Sainte-Mère-Église in France to Nijmegen in Holland to the Battle of the Bulge. Despite wanting to continue serve, Reaves was sent home after the Battle of the Bulge.

The Veteran's Celebration event and her time with the Navy Nurses were a reminder to Reaves that the military tradition and comradery are still alive and well in today's military.

"It was a wonderful event," she said. "It was just perfect with all the old soldiers sitting together. I'm glad they showed that respect to the old troops. And the Navy Nurses were such a nice group of ladies and gentlemen. They are so meticulous and so professional."

Reaves said she tried to join the Navy Nurse Corps while living in Philadelphia, Pennsylvania, after the bombing of Pearl Harbor. "I was going to join up, but I was too young and too underweight," she said. "The recruiter told me to go down and see the Army. Maybe they are different and you can join. I went down, and the Army recruiter was sitting there with a big cigar. I told him what the Navy said, and he told me, 'No problem. Go home, eat four bananas tonight, and come back first thing tomor-

row morning.'"

She did what the recruiter said and just barely met the weight requirement. Immediately following some quick stretching exercises, Reaves said her height was also just enough to qualify, so she became an Army nurse.

For McCormick-Boyle and the Navy Nurses, Reaves' story and those of the other WWII veterans recognized at the Veteran's Celebration event are important for today's Nurse Corps.

"Their lives, their history, their stories, their accomplishments – they are all an essential ingredient of the Nurse Corps recipe," McCormick-Boyle said. "We must never forget from where we come lest we lose our direction and momentum to move forward." ~



Front Row (L-R): RADM McCormick-Boyle, 1LT Josephine Reaves, CDR Kim Zablan; Back Row (L-R): CDR Corey Jago, CAPT Pauline Taylor, CDR Faria Belmares, LCDR Mohnke Broughton

Be Published in the Nurse Corps News!

We are seeking Nurse Corps Nurses who would like to write about their experiences with Hospital Corpsmen, either having served as one, mentored them, or being deployed with them.

Email the News Team by 1 April and let us know of your interest!



Branch Health Clinic Sasebo's Journey to High Reliability

Assanatu (Sana) Savage, CDR

For our beneficiaries to receive “World Class Care... Anytime, Anywhere,” we must ensure that we are following the tenets of a High Reliability Organization (HRO). One of those tenets is a robust performance improvement program. Performance improvement (PI) is critical in ensuring high quality evidence-based, safe patient and family centered care. However, PI does not, in itself, make an HRO. Becoming a HRO is first and foremost a journey – one that creates and fosters a culture centered on safety, improvement and engaged leadership. Naval Branch Health Clinic (NBHC) Sasebo, Japan, recently took the first step of that journey with its first formal Performance Improvement Fair.

Under the leadership of the Officer in Charge (OIC) at the time, **CAPT Wendy McCraw**, the clinic initiated several process improvements throughout the facility that allowed the deck plate subject matter experts to present their material to clinical leadership, as well as their

peers. Among the PI initiatives presented were “High Risk Management of Oral Diseases,” “Relapse Prevention Support Group,” “Improving Glasses and Contact Lenses Prescription Process,” “Patient Internal Management and Referral Process,” and the award-winning initiative by the laboratory department- “Test and Treat Today,” which highlighted a process for immediate processing of five critical diagnostic testing in the acute/critical care environment for expedient patient care outcomes.

A robust PI program not only identifies areas for improvement, but also engages the deckplate subject matter experts in the process. These presentations came from the deckplate personnel doing the work, not the leaders dictating what needs to be done. “Deference to Expertise” is a hallmark of HRO and means empowering the people who know the work best to realize the greatest efficiencies.

In addition to this fair, the clinic implemented leadership rounds that have become “Gemba Walks,” fully engaging all staff members in the

operational components of their jobs. The journey continued to the next OIC, CDR Daniel Clark (as it often does) who further refined the clinic’s PI efforts with collective mindfulness, realizing that HRO is not a place or endpoint. It is ongoing and one fair is only the start of the journey.

Leveraging continuous process improvements that uphold Health, Readiness and Partnership, NBHC Sasebo is making substantial progress toward HRO and continues to provide top-notch health care through identification and implementation of evidence-based best practices.~

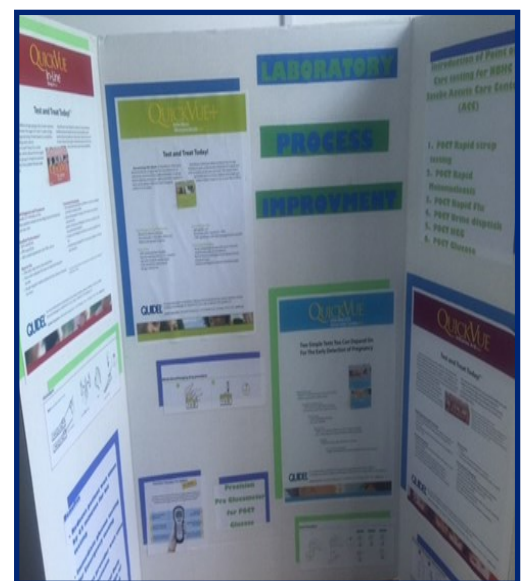


LT Tran-sole, optometrist, explaining improving process for glasses and contact lenses prescription



The Laboratory Department received first place for their performance improvement initiative: “Test and Treat Today”

Left to right: CDR Savage (PI Coordinator/HRO Officer), CAPT McCraw (OIC), HM3 Porche and HN Calvillo (Lab Techs).



Nurse Corps News

Volume 11, Issue 1 ~ January/February 2017

NH Pensacola Nurses Visit with Director, Nurse Corps

Edith Glanton, LCDR, NC

‘Navy Nurse Corps. World Class Care... Anytime... Anywhere’ was the topic of discussion when Rear Admiral Rebecca McCormick-Boyle, Commander, Navy Medicine Education, Training and Logistics Command and Director, Navy Nurse Corps, visited the Naval Hospital Pensacola on Jan. 9. Often on the front lines of patient care, nurses may lose sight of their overall contribution to the Navy and Navy Medicine; however, in keeping with the Chief of Naval Operations’ mission, we were reminded of the important role we play as Navy Nurses. Armed with the strategic objectives of the Nurse Corps, we left feeling rejuvenated and inspired to continue to provide outstanding care...

Anytime...Anywhere! ~



Front Row (L-R): LTjg Sheila Pesta, LT Erin Ryan, CDR Timothy Drill, RADM McCormick-Boyle, CAPT Frances Barendse (NHP DNS), LT Holly Vickers, LT Ashley Rohrman, LCDR Edith Glanton
Back Row (L-R): LT Robert Leahy, CDR Christopher Niles, LCDR Kristina Oliver, LCDR Mohneke Broughton, ENS Matthew Kirchoff, LTjg Jeffery Smith, CAPT Michelle McKenzie, CAPT Sarah Martin (NHP Commanding Officer), LCDR Kirk Duncan (Pensacola, FL. Photo by Joe Fiscus/Released)

Navy Perioperative Students Save a Life at the Base Gym

Julie A Conrardy, CDR, NC

Most people go their entire lives never having to utilize the Basic Life Support techniques taught in training, but LT Victoria Eddy and LT Allan Bullington happened to be at the “Right Place at the Right Time” one afternoon, following their shift in the Operating Room at Naval Hospital Jacksonville. They were getting ready to start one of the classes at the base gym; LT Eddy went out of the exercise room to grab a towel and noticed a man on the floor of the gym. She called for help from LT Bullington. They quickly assessed the man and could not find a pulse. LT Eddy directed someone to call 911 and another to grab the Automated External Defibrillator (AED). Chest compressions were initiated by



Pictured L to R: LT Allan Bullington, LT Victoria Eddy and Naval Hospital Jacksonville Commanding Officer, CAPT David Collins

LT Bullington and the AED was set up by LT Eddy. A shock was advised and administered and shortly thereafter the ambulance and crew arrived and took over care of the patient. Because of their quick thinking and response the patient was

talking when he arrived at the emergency room (ER). The ER physician noted that their efforts did indeed save the patient’s life!

LT Eddy and LT Bullington were awarded spot NAMS for their efforts.~





Certifications

LCDR Rachel Nadolsky, FBCH, passed her RNC-OB certification exam in December.

CDR Kelly E. Vega, NMCS, successfully became an Advanced Oncology Clinical Nurse Specialist (AOCNS) in December.

LT Chantel D. Charais, NMCS, passed her Boards and is now an Acute Care Clinical Nurse Specialist – Adult/Geriatric (ACCNS-AG).

LTJG Stephen T. Duncan, NMCS, is now a Certified Critical Care Registered Nurse (CCRN).

LT Ingrid Knight, USNH Rota, passed her Medical-Surgical Certification exam.

Congratulations to **LT Haley Willis**, FHCC Lovell for passing her CCRN exam.

LTJG Khadijah R. Torres, of the ICU at NH Jacksonville, obtained his CCRN in August 2016.

ENS Steven Pochop, NMCS, is now a Certified Pediatric Nurse (CPN).

The NH Camp Lejeune Intensive Care Unit would like to recognize **LT Lecia Kolaszewski**, **LT Manuel Martinez**, and **LT Simon Conrad**, for earning their CCRN.

LT Kynesha Fong-Sam received her ANCC Medical Surgical Certification. She is stationed at WRNMMC.

LT Vanessa Brown, NH Naples is proud to announce her certification in inpatient Obstetrics (RN-C).

WRNMMC would like to recognize the following perioperative nurses for obtaining their CNOR Certifications: **LT Kylee Arvizu**, **LT Francene Cole**, **LT Christina Espinosa**, **LT Erin Folstad**, **LT Jacqueline Gemme**, **LT Kendra Johnson**, and **LT Jeremy Jordan**.

LT Daniel Watson, Department Head of the NHC Cherry Point Wellness Department and Immunizations Clinic, passed his certification in Ambulatory Care Nursing.

The NMC Portsmouth ICU would like to recognize **LTJG John Barrow** for passing his CCRN.

ENS Isaac Parrish, NMCS, is now a certified Pediatric Nurse.

LTJG Kilian, USNH Yokosuka, became certified as RN-BC for Medical-Surgical Nursing.

Education

LT Rachel A. Bradshaw, the Perioperative Nurse Educator at WRNMMC, completed the Naval War College JPME Phase One and earned a Master's of Arts in Military Studies with a concentration in Joint Warfare.

Need Money For Graduate School?

2017 Graduate Degree Nursing Scholarship Opportunity!



Three Washington Metro Area Navy Nurse Corps Association (WMANNCA) Chapter Nursing Scholarships will be offered to three Navy Nurses to continue their studies for an advanced graduate degree in Nursing.

Active duty (non-DUINS), Reserve Component, retired and former Navy Nurses are eligible.

A \$1,000 scholarship will be awarded to each winner.

The applicant must live or work in the WMANNCA AOR (Maryland, Northern Virginia, West Virginia, Pennsylvania, New Jersey, Delaware or the District of Columbia).

Deadline for submission is April 1, 2017!

Download the guidelines and application materials here:

<http://nnca.org/join-nmca-2/local-chapters/wmannca>

