



Nurse Corps News

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

NCNewsletter
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Director's Corner: The Patient Experience



Caring, compassion, and competence – these attributes are essential to nursing and quality healthcare. We tend to define these attributes from our own personal perspective or we might say, “I know it when I see it.” Is it fair to define caring, compassion, competence, and quality health care for our patients? Shouldn't they get a say in assessing the matter? In this note I encourage you to reflect on caring, compassion, competence, and quality from the patient's perspective.

Quality care is safe care. Quality care is technically proficient care. Quality care is also about the experience of care. Indeed, quality is “the clinical experience, the physical experience, and the emotional experience” (D. Cosgrove, CEO & President, Cleveland Clinic).

What do you know of your patients' care experiences? Do you solicit your patients' feedback? Do you listen to your patients' feedback? Do you work to understand your patients' feedback? Do you deliberately assess your findings and use these findings to improve the patient care you provide?

There are several tools available to help you understand your patients'

experience of care. Many Medical Treatment Facilities use the ICE Survey and/or the Navy Monitor. The advantage of these MTF specific point of care service feedback tools is that they provide staff the opportunity to address patient comments and concerns soon after the care experience.

For the Military Health System (MHS), the [Tricare Inpatient Satisfaction Survey \(TRISS\)](#) and the [Tricare Outpatient Satisfaction Survey \(TROSS\)](#) have been chosen as the official assessment tools to track patient satisfaction across DoD facilities. This MHS-wide tool allows benchmarking and analysis of like facilities within and across the services. The TRISS and TROSS questions are the same as the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAPS) surveys given in civilian medical facilities; this allows us to benchmark our care against the civilian sector as well. The ability to benchmark is of strategic importance, though the three to four month data delay is a lamentable drawback.

There is heightened interest in quality of care and renewed interest in satisfaction surveys as a



Rebecca McCormick-Boyle
RADM, NC, USN
Director, Navy Nurse Corps

measure of patient care quality in outpatient, inpatient, non-acute, and Emergency Department settings. On the horizon, many anticipate that commercial payers will soon tie patient satisfaction to third party reimbursement.

Clinical Nurse Leaders committed to caring, compassion, and competence must be cognizant of developing trends in healthcare and of ways to assess and improve the patient experience. How can the patient experience be enhanced?

Promotion of caregiver empathy is a priority; every patient encounter, from the information desk, to the ward, to the discharge window should be kind, respectful, and caring. In addition

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Director's Corner: The Patient Experience (cont.)



to caregiver empathy, attention must be given to understand the processes that may hamper or enhance the care experience. Activities which may enhance the patient experience include hourly rounds, interdisciplinary meetings with the patient, open visitation, animal assisted therapy, facility design, staff practices to minimize patient disruptions, and the list

goes on. Many of these initiatives have been proven to help improve patient satisfaction scores while optimizing patient safety initiatives. And finally, it is important to solicit, review, and take action on patient feedback.

During a recent SNE telephone conference with the Nursing Office, it was clear that all of the commands are putting

great emphasis on customer service and doing very well, at the local level, in monitoring patient satisfaction. You now have an opportunity to market your best practices with BUMED leadership and share your successes across the enterprise. This will enable Navy Medicine to better track, trend and address patient feedback at a strategic level.

Our patients are "entrusted" to us. It is such a very powerful concept. To truly earn and deserve their trust, we must listen to our patients and work with them to enhance their care experience and to ensure we provide a caring, compassionate, competent experience.

Reserve Corner: Leadership is the Art of Taking Risks, Management is the Science of Mitigating Them



Tina Alvarado
RDML, NC, USN
Deputy Director,
Reserve Component

Admiral Jonathan Greenert, Chief of Naval Operations, described in [Sailing Directions](#) the following statement regarding leadership: "One of our guiding principles is 'People are the Navy's foundation' and that 'at all levels of the Navy, leadership and character have always been vitally important dimensions of who we are and what we do.'"

Perhaps the biggest differentiating factor between professional nursing in the civilian sector and Navy Nursing is the emphasis on developing leaders. It is this differentiation that is very important to articulate. Prospective Nurse Corps candidates are chosen not only for their exceptional clinical skills, but also for their potential to become a leader. From the very first FITREP received as an ensign, nurses are graded on Leadership. There is an expectation that nurses will develop leadership skills and seek opportunities to demonstrate those leadership skills throughout their career.

In the civilian sector, much more emphasis is placed on developing Nurse Managers rather than leaders. Thus, successful Navy Reserve Nurses capitalize on the

skills learned as both a manager and a leader and often excel to the highest levels within both their civilian and Navy careers.

So what are the important aspects of becoming a military leader? The Navy identifies four core elements in [A Strategy for Developing Navy Leaders](#). Each of the four core elements makes a unique contribution to leader development.

- Education instills the fundamental tenets of Navy leadership, broadens the understanding of the Navy Profession, imparts advanced knowledge, and fosters intellectual and character development. Education also serves to contextualize past experience to enable the application of new learning to future assignments.

- Training develops role-specific leadership skills and builds the confidence and competence

necessary to perform effectively in the next assignment.

- Experience is the principal means by which we develop leaders through practical application and learning. Experience also reinforces what was learned through education and training.

- Self-development focuses attention on individual strengths and weaknesses; enables personal evaluation; furthers Navy and personal values; and contributes to life-long learning and growth. Self-development also includes performance evaluation, coaching, counseling, and mentoring.

Integration of these four core elements provides a benefit unavailable from each element operating independently. Ultimately, this outcomes

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Reserve Corner:

Leadership is the Art of Taking Risks, Management is the Science of Mitigating Them (cont.)



-led integration provides a career-long leader development experience, unified in purpose and content, but also flexible and responsive to our changing environment.

The Navy provides many opportunities for leadership development both through formal course curriculum (Junior Officer Leadership Training Course and courses offered through the US Naval War College, the Naval Leadership and Ethics Center, and the Senior Reserve Component Officer course are examples) and operational hands on training such as various unit level leadership positions (AOIC, OIC, XO, and CO for example). Beyond Navy specific

training there are abundant Joint leadership training courses as well, such as the Joint Medical Executive Skills Institute (JMESI) and the Joint Professional Military Education (JPME) program). The emphasis on leadership development recognizes that nurses are officers as well as clinical experts. The goal is to produce a systematic process for what was first described by Admiral Mullen, then CNO in 2007, as development of the "21st Century Leader."

RC nurses have begun to utilize the RC Career Development Board (CDB) template which expressly outlines the educational requirements to undertake based on an Ensign to Captain rank structure. The develop-

ment of this RC NC template closely aligns with the Navy Leadership Development Strategy. The specific identified characteristics, such as core values, moral character, judgment, and leadership, are the foundational elements listed within each rank (O1-O6) which provide the building blocks to help ensure a career progression that is consistent for Officer selection and promotion.

The RC NC CDB further defines this continuum within an Operational readiness, leadership, and professionalism dimension as it provides identified pathways to follow in order to accomplish the specified training for the member's rank.

Leader development in the Navy is accomplished through professional experience, training, education, and personal development. In the Navy, "*There is no priority more essential than our enduring obligation to develop effective Navy leaders.*" It is my strongest conviction to ensure that each RC NC officer is given ample opportunity to become a 21st Century Leader. It is an imperative measure by which I will judge my personal success as your Nurse Corps leader and one that will have the most enduring impact on providing a solid foundation for the nurses who come after us.

Ask the Admiral



As deployment opportunities become fewer with the drawdown in Afghanistan, will deployment orders continue to be required to attend C-4 or LA Trauma? How do junior Nurse Corps Officers best prepare themselves to gain slots in these training opportunities?

There was a great article in the October 2013 edition of our Newsletter about the LA Trauma training. I would encourage you to

review that article about specifics of the program. I know we have typically used this training to prepare our nurses prior to deployments, but we have no intention to change the opportunities afforded to our nurses because of a drawdown in our current operational mission.

Our ability to stay "ready to be ready" will be key for us as we transition out of current operations in Afghanistan. We have to ensure that we avoid the situation we were in at the start of this war, over a decade ago,

when we had to admit that our nurses were not clinically competent, current, or ready for deployment because we had no plan in place for skills sustainment. I encourage you to work with your chain of command if you are interested in the LA Trauma training or any other professional training opportunity if it meets the Navy's readiness mission.



**Nurses:
Do you have a question
for the admiral?**

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



Just a Nurse – Really?



Valerie Morrison
CAPT, NC, USN

In 1990, Janet Kraegel published a book entitled “Just a Nurse.” As a brand new Ensign at Portsmouth Naval Medical Center, I remember reading this book cover to cover, mesmerized and inspired by the stories of nurses who worked in a variety of different settings. Their story relayed the message loud and clear: nurses play many roles – advocate, teacher, clinician, researcher – but the one thing that does not exist is “just” a nurse.

Have you ever had a moment where you find yourself answer-

ing, “I’m just a nurse.”? As nurses it can be difficult for us to express our value in the healthcare system. Nursing care, which is often at the bedside, is not valued economically. Historically, in the late-19th and early-20th centuries, nurses were paid directly by families and patients for care in their home. In the mid-20th century, nurses became employees of hospitals and the care provided by nurses was billed as part of room and board. This made nursing care invisible in the health care financial system.

In 2003, the American Nurses Association wrote, “Nursing is the pivotal health care profession, highly valued for its specialized knowledge, skill, and caring in improving the health status of the public and ensuring safe, effective, quality care.” In an environment that rewards value and quality, nursing provides value to the

Military Healthcare System through attention to outcome measurement and evidence-based improvements. We are increasingly interdependent in health care, and nursing must be a full partner in the process of improving quality and decreasing preventable adverse events and medication errors.

The Institute of Medicine’s report *Future of Nursing: Leading Change, Advancing Health* addresses several broad themes including nursing leadership. The IOM report declares, “The nursing profession must produce leaders throughout the system, from the bedside to the boardroom.” And furthermore, “To ensure that nurses are ready to assume leadership roles, leadership-related competencies need to be embedded throughout nursing education, leadership development and mentoring programs need to be made available

for nurses at all levels, and a culture that promotes and values leadership needs to be fostered.”

The Navy Nurse Corps is committed to developing leaders! Our model of Clinical Leadership through operational readiness, professional development and leadership development guides us on that journey. The process starts in your clinical beginning while serving as a staff nurse and continues throughout your career in each and every assignment/position you are given. We offer Career Development Boards and mentoring assistance, leadership courses, and encourage graduate education. However, you must make up your mind that you are not “just” a nurse. The challenge to you: reframe the picture. The call to you is to be a leader – because you are a nurse.

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

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

NCNewsletter@med.navy.mil



Specialty Leader Update: Family Nurse Practitioner (1976)

Greetings from DC! My three year term as the Specialty Leader for the Family Nurse Practitioner (FNP) Community is about to come to an end, and what an amazing experience this has been. It has been an honor to represent this community, and I have learned so much from this appointment.

What does it take to be a successful Family Nurse Practitioner? For nurses aspiring to become an FNP, a successful FNP has foundational nursing experience in either inpatient or outpatient nursing. Although it is important to firmly grasp the role of the FNP in primary care and the concept of Medical Home, a broad nursing experience base is most important regardless of the setting. Listening, assessment, and critical thinking skills will help ensure success as an FNP. Successful transition from an outstanding clinical nurse to a nurse in a provider role creates an opportunity to join and experience a new specialty and peer group, but it's important to remain grounded in your nursing roots.

Demonstrating leadership and initiative in the clinical setting as well as engagement with command and community is essential.

Becoming involved in wellness and disease prevention programs such as tobacco cessation and baby boot camps demonstrate additional contributions as an FNP towards patient-focused initiatives. Other important programs that an FNP is ideally suited for include the Sexual Assault Forensic Examiner program. FNPs provide care across the continuum and wellness is a consistent focus for our community. Involvement with these and other programs will leverage your skills as a provider and build on your core experiences as a nurse.

As I close out my term as Specialty Leader, I have reflected on what an amazing community we have. There are so many examples of outstanding achievements within our FNP community. For example, CDR Kathaleen Smith is currently the DoD Liaison to the American Association of Nurse Practitioners. This year's conference had over 6,000 attendees and CDR Smith successfully coordinated the Military/Uniformed Services with the Navy leading the way. Navy presenters included:

CAPT Dixie Aune, CDR Troy Baumann, CDR Jean Fisak, LCDR Matthew Loe, CAPT Susan Steiner, CDR Melissa

Troncoso, and CDR Gayle Walker.

Several of our FNPs have expanded their training outside their FNP roles. CDR Santiago Camano earned his MA in National Security from the Naval War College through their distance learning program and LCDR Travis Peterson completed the Acupuncture for Physicians course over six months with 300 clinic hours logged. Diverse thinking and experiences are what make for superior FNPs!

Although operational tempo has declined overall, deployments continue and maintaining readiness is essential. Recent deployments include: CDR Ron Fancher and LCDR John Spannuth (Pacific Partnership 2014), and LCDR Elizabeth Gloor (Djibouti). FNPs currently deployed include CDR Cherie Blank (Sembach, Germany) and CDR Sana Savage (Bahrain).

The Doctorate of Nursing Practice remains a hot topic in our community. As a practicing Family Nurse Practitioner, you are ineligible to apply for DUINS to attain a DNP, however the GI Bill is still available for your higher learning needs as Tuition Assistance is no longer an option for



Barbara Mullen
CDR, NC, USN

Doctoral level programs. Several FNPs have attained their DNP on their own within the last 18 months, including CDR Troy Baumann and CDR Sean Skinner.

Thank you all for your outstanding contributions to the community of Family Nurse Practitioners! I am honored to have served as your Specialty Leader and it has been a great three year opportunity for which I will be eternally grateful. I look forward to handing off the role to a hard charging FNP who will continue to lead our community into the next half of the decade!

Edited by:
Kristen Atterbury,
CAPT, NC, USN



Special Leader Update: Ambulatory Care Nursing (690)



Faria Belmares
CDR, NC, USN

As I reflect on my term as the Specialty Leader for Ambulatory Nursing, I'd like to thank each of you for your outstanding contributions to our diverse community. Ambulatory Nurses remain at the forefront of quality patient care representing many specialties in ambulatory care settings and Patient Centered Medical Homes across Navy Medicine.

A revised description of the criteria for awarding the 690 AQD has been submitted and is pending approval. If approved the new criteria for the AQD will include Ambulatory Care certification (AAACN) and experience in a Medical Home setting to ensure alignment with Navy Medicine's strategic priorities and reflect the highly trained and experienced nurses within the ambulatory nursing community.

The Ambulatory Care Nursing Competency Work Group is well underway and has begun to incorporate Mosby's Skills Online and Patient Centered

Medical Home skills into the Ambulatory Care Nursing competencies. Special thanks to the hard work of CDR Sana Savage, LCDR Maria Kennedy, LCDR Lara Kirchner, LCDR Mary Phillips, LCDR Eric Miller, LCDR Michael Guy, LT Brittany Berger, LT Jubal Marlatt, and RN Adam Krasnoselsky.

The Ambulatory Care Nursing competencies will be available in draft form on Navy Knowledge Online in the [Education section](#) and the [Ambulatory Care Nursing Specialty page](#). The current Ambulatory Care Nursing skills in Mosby's Skills can be found by logging into Mosby's [here](#). A third site will be on The American Academy of Ambulatory Care Nursing [Tri-service Military Special Interest Group MilSuite group](#).

Volunteer opportunities are available within the community to include:

- One volunteer to serve as the Navy Co-chair for the Military Tri-service Special Interest Group
- One to two volunteers to maintain the Military Tri-service Special Interest Group webpages and the Ambulatory Care Nursing Specialty webpage on NKO.

Point of contact for these opportunities is [CDR Faria Belmares](#).

The American Academy of Ambulatory Care Nursing (AAACN) is the recognized specialty nursing organization that focuses on excellence in ambulatory care. It promotes leadership, collaboration, and innovation in ventures that advance the delivery of nursing and health care services in ambulatory care settings through professional,

clinical, educational, research, and health policy initiatives. In addition, it provides the Ambulatory Care Nursing Certification and offers a review course tailored to the certification exam. AAACN draws civilian nurses, military nurses, and other healthcare professionals from around the world to advance Ambulatory Care and Telehealth nursing.

CDR Sana Savage served as the Navy Co-Chair who led the Tri-service Military Special Interest Group (MILSIG) pre-conference sessions at the 2014 39th Annual American Academy of Ambulatory Care Nursing (AAACN) conference in New Orleans. This year the Navy Nurse Corps had one of the largest representations of all the services. Attendees remarked that "this was the best conference ever" and that they were "wowed." They were also a united call for more sessions next year.

Capt Sara Bittiker, USAF, kicked off the Evening Forum with a dynamic presentation on the Standard-

ization of a Nurse Telehealth Peer Review Program followed by a presentation on the newly launched Nurse Advice Line. Other highlights included CDR Savage ceremonially passing on the baton to the Army Lead Co-Chair, LTC Sonya Shaw, to plan next year's military pre-conference sessions.

The 40th Annual AAACN conference will be held 15-18 April 2015 at the Hilton Orlando, Lake Buena Vista, Florida. Consideration for funding will be based on mission criticality such as need for CEUs to renew licenses or preparation for national certification. To expedite the process, nominations will be made by your Senior Nurse Executives who will ensure your commands have the funds to support you if the conference is approved. Nominations are due by 31 October 2014 via email to [CDR Faria Belmares](#).

AAACN poster abstracts are due 15 December 2014. More information may be found [here](#).



The 2014 AAACN Tri-service SIG Planning Committee with guest presenter-Capt Sara Bittiker (center).



Specialty Leader Update: Psychiatric-Mental Health Nursing (1930/1973)

As I journey through the next few months as the Psychiatric-Mental Health Specialty Leader and prepare to turn over the reins, I'm thrilled to share with you the latest happenings throughout our wonderful community.

A Joint Venture initiative with the American Psychiatric Nurses Association is underway to bring together the military and civilian psychiatric communities – to educate and, more importantly, collaborate in order to provide the highest quality care for our service members. Goals include:

- Partner with Veterans Administration and sister services to offer military cultural training.
- Connect with such agencies as the American Legion, Veterans of Foreign Wars, and Disabled American Veterans regarding mental health promotion, prevention, and treatment.
- Liaise with civilian mental health agencies to explore high-risk/high-volume mental health issues.

While our deployments have downsized, our global presence remains. Psychiatric-Mental Health nurses continue to provide world class care around the globe:

- LT Jim Francisco deployed to the Role 3 hospital in Kandahar as a psychiatric nurse

practitioner.

- LT Megan Nickell deployed in support of Pacific Partnership 2014 as a behavioral health nurse. This unique mission was aboard the Japanese Maritime Self-Defense Force ship, JDS *Kuni-Saki*.
- CDR Salee Oboza relieved LCDR Robin Harris in Sembach, Germany.
- Joint Medical Group Guantanamo Bay will transition back to the active duty community for support and two 1930 nurses will provide support for the upcoming rotation.

Transitions in operational assignments that are embedded with and provide direct support to the Marines include:

- LT Erin Eickhoff relieved LCDR Hyelee Kim at I MEF (Camp Pendleton)
- LCDR John Fleming relieved CDR Pamela Wall at II MEF (Camp Lejeune).
- CDR Rene Belmares continues to hold strong at III MEF (Okinawa).
- With continued demand for our specialty, two new assignments have emerged – one at Naval Air Station Fallon and one at Navy Personnel Command.

Psychiatric/Mental Health nursing continues to pioneer standardization of restraint practices. LCDR Jacqueline Lopez and LT Megan Nickell are Preventive Management of

Disruptive Behavior (PMDB) Master Trainers. PMDB is an evidence-based restraint program designed by the Veteran's Health Administration and they have worked collaboratively with military medicine in establishing training. Naval Hospital Camp Lejeune completed their Joint Commission inspection where their restraint practices were recognized as Best Practice. Kudos, LCDR Lopez and team!

- In addition, members in our community have been actively engaged with FY14 NC strategic goals:
- CDR Pamela Wall, Clinical Excellence/Evidence Based Practice.
 - LCDR Jacqueline Lopez, Professional Excellence.
 - LCDR John Fleming serves on the Federal Nursing Service Council Goal Group 2, Psychiatric-Mental Health Federal Nursing Strategies.

I'd like to also give a shout-out to CDR Christopher Reddin, PhD, is the Department Head of Nursing Research at NMCS and LCDR Jane Abanes (DUINS selectee for PhD — congratulations!) for their outstanding work in contributing to evidence-based practices in our community:

We are a small but powerful community at the forefront of Navy Medicine, constantly striving to improve psy-



Jean Fisak
CAPT, NC, USN

chological health care. The impact on patient care is immeasurable and the dedication, passion, and clinical excellence have been recognized by other mental health communities.

The strong leadership is exceptional. From Ensign to Captain, our community has contributed to the development of budding Psychiatric-Mental Health nurses and established policies that reflect evidence-based best practices and paradigm shifts in how we deliver care.

It's been an honor and a privilege for me to serve with some very awesome psychiatric nurses and the Navy Nurse Corps as the Psychiatric-Mental Health Specialty Leader for the past three years.

Hooyah Navy nurses!
Hooyah Psychiatric-Mental Health Nursing!



Leadership Opportunity: Psychiatric/Mental Health Nursing Specialty Leader



Kristen Atterbury
CAPT, NC, USN

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

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

NCNewsletter@med.navy.mil

Applications are now being accepted for the Psychiatric/Mental Health Nursing/Nurse Practitioner Specialty Leader (1930/1973) position for a 3-year term beginning November 2014. Specialty Leaders are appointed by and receive direction from the Surgeon General, and are responsible to serve as primary advisors via the Director, Navy Nurse Corps and Nurse Corps leadership. Specialty Leaders serve as liaisons for counterparts in other services and to Senior Nursing Leaders across all commands. The Psychiatric/Mental Health Specialty Leader represents more than 100 Navy Nurse Corps officers as an advisor for policy and practice matters related to the mental health nursing communities.

As this is a leadership position which interfaces with many senior leaders within

Navy Medicine, ideal candidates present well, possess strong leadership and communication skills and are considered subject matter experts in the specialty. Candidates that possess a strong record of clinical expertise and leadership and are currently active and in good standing within the Psychiatric/Mental Health (1930/1973) Community, will receive the highest consideration for this position.

Those interested in applying for this leadership position should forward a Statement of Intent, Biography and Curriculum Vitae to CDR Jean Fisak NLT 19 September 2014. In addition, a Commanding Officer's endorsement is required to be submitted with all packages, which denotes command awareness and support of the nomination including the additional collateral responsibili-

ties required of the position, and support of funding for specialty leader-related travel when possible. All candidate packages will be reviewed by a board of senior NC leaders and a recommendation for selection will be made to the Nurse Corps Director for final selection and appointment by the Surgeon General.

Please contact the current Psychiatric/Mental Health Specialty Leader (1930/1973), **CDR Jean Fisak**, at (619) 532-8387 or **CAPT Kristen Atterbury** at (703) 681-8927 for additional information regarding this great leadership opportunity!



Communicating with the Fellow: The Year in Review



Marlow Levy
LCDR, NC, USN

Wow, what a difference a year can make! The duties and role of the Nurse Corps (NC) Fellow seem to have expanded, contracted, and expanded again. And yet... it has been a great ride so far! The Navy Nurse Corps has consistently met our recruiting goals year after year as we currently enjoy 101.9% manning. Therefore, I focused much of my efforts toward promoting communication across the entire NC enterprise. As Chair of the NC Communications Board, along with a brilliant team of NC Officers, we set out to sustain any gains from last year's Strategic Communications Goal Team, evaluate present and future communication needs in the NC, and continue to develop old and new platforms for enhancing

communication across the community.

The members of the Board include:

- CDR Allison Faith (*Team Leader*)
- CDR Sara Pickett
- CDR Cathy Lovelace (*Reserve Rep*)
- LCDR Charles Dickerson (*NKO Manager*)
- LCDR John Brooms
- LCDR Brandon Limtiaco
- LCDR Keith Dobbins
- LT Ed Spiezio-Runyon (*NC Newsletter Editor*)
- LT Jessie Peralta (*ListServ Manager*)
- LT AnThanh Hy
- LT John Aylsworth
- LT Danilo Mendoza

These outstanding officers represent the "Voice of the Community" and hail from every corner of our beloved Corps. They are committed to excellence and come from such diverse places as our Reserve component, our Operational folks, our nurses at the MTF, to those in ambulatory care settings, to those lucky enough to serve at Joint commands. I want to share with you some of their accomplishments over the past year.

Highlights from the Board:

- Implemented Defense Connect Online (DCO) utilization as a secondary source of communication for all NC "Live" VTCs and other major briefings.
- Developed a new social media platform for the Navy Nurse Corps on MilSuite, leading Navy Medicine into a new age of interactive communication with sailors across the globe.
- Spearheaded the effort to develop a new Twitter presence for the Navy Nurse Corps Director. FOLLOW HER ON TWITTER!
- Increased distribution of NC Newsletter from quarterly to monthly, in order to disseminate timely, current, and relevant information to all subscribers.
- Redesigned the NC Newsletter for improved aesthetics and ease of use.
- Oversaw the total redesign of the NC NKO page and executed the necessary updates required by the community managers.
- Develop strategies with BUMED Public Affairs Office to align the NC and Navy Medicine Facebook page and websites for increased effectiveness, improved communications with the public,

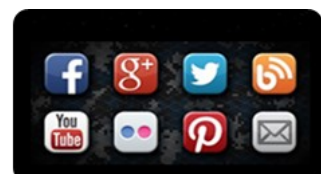
and expanded reach to a larger population.

These are just the highlights! So, what's next you ask? As we end one fiscal year and begin a new one, we are looking to continue down the path to successful global communications. Effective communication across such a large organization requires an "all hands on deck" approach.

Future Course of Action for NC Communications:

- We need photos! We are constantly seeking updating photos of Nurse Corps officers in field, doing what we do best by taking care of wounded warriors, veterans, and their families while simultaneously changing the world. Please send us your photos with brief captions and we will post them on one of our platforms. Better yet, create a MilSuite account, post them on the discussion board, and let's create a dialog.

(continued next page)



Communicating with the Fellow: The Year in Review (cont.)

- We need more members to join us on MilSuite and post articles, discussions, create blogs, share pictures or videos, and help make the Navy Nurse Corps, the largest active community on MilSuite. Right now, the Army has us beat, followed by our MSC shipmates.

- NC Newsletter will soon be on Issuu! It's a free digital publishing site that simulates the experience of reading a printed publication such as a magazine or newsletter online.

- MilSuite Training will begin next month. The training dates are tentatively scheduled for 9 SEP and 16 SEP at 1000 via DCO. If you are interesting in

attending this web-based training, please send me an [email](#).

- As the DOD moves forward with its overhaul of our email systems, please keep the ListServ manager, [LT Peralta](#), informed of any changes to your email address, especially if you stop receiving correspondence via ListServ. Additionally, if you or any NC officer you may know does not have a "med.navy.mil" email address, works in an Operational setting or similar conditions, and has not been able to receive our newsletter via ListServ, please send us a "good" email address and we will add it to the distribution list.

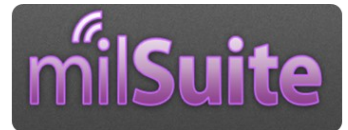
- The Facebook NC "Live" event with RADM McCormick-Boyle is coming soon, so stay tuned for date and time!

- The Nurse Corps will conduct a community-wide assessment of our communications efforts in September, so please take the time to complete them, providing as much feedback as possible. It only helps improve our ability to communicate from the desk to the deck-plate!

The Irish playwright and co-founder of the London School of Economics, George Bernard Shaw, opined that "the single biggest problem in communication is the illusion that it has taken place." We certainly do not

want to make that mistake. Therefore, please take the time to interact with your leaders and fellow NC Officers via MilSuite, NKO, ListServ, the Communications Assessment tool, Facebook "Live," NC VTCs via DCO, and Twitter. The tools are there and we highly encourage you to take advantage of them. Thanks for your continued support!

If you have any questions about milSuite or any other NC communications initiatives, please feel free to contact me via phone at (703) 681-8929 or by [email](#).



Nurse Corps Legacy: 1918 Influenza Pandemic



Influenza patients in a Navy Hospital—November, 1918 (photo courtesy Naval History & Heritage Command)

The 1918 Influenza pandemic is estimated to have infected more than 500 million people worldwide. Mortality was estimated to be between 10-20%. The military was not spared the effects of this disease, which has been declared the most deadly pandemic in world history.

In 1918, a total of 121,225 Navy and Marine patients were admitted to Navy medical facilities with Influenza. Navy healthcare professionals

struggled heroically against this deadly disease, at great personal risk.

Thirty-two Navy nurses made the ultimate sacrifice. All were awarded the British Victoria Cross. Three, however — Marie Louise Hidell and Edna Place (Naval Hospital Philadelphia), and Lillian Murphy (Naval Hospital Hampton Roads) — were posthumously awarded the Navy Cross for their heroism, distinguished service, and devotion to duty and their patients.



Naval Medical Center San Diego Supports RIMPAC 2014

Heather King, CDR, NC, USN, PhD, CRNA

Rim of the Pacific (RIMPAC) 2014 represents the first year that the Military Sealift Command hospital ship USNS Mercy was invited to participate in the training exercise. A unique opportunity arose when the crew of the Mercy requested a training team from Naval Medical Center San Diego (NMCS D) to enhance planned training exercises. A training team from NMCS D's Bioskills Stimulation and Training Center (BSTC) embarked the Mercy to provide operational support during exercise Rim of the Pacific 2014 from 14 July–01 August.

The multidisciplinary team, led by CDR (ret.) Don Raymundo, Director of Clinical Education for the BSTC and three staff members, HM2 Brian Meyer, HM2 Conrado Sampayan, and HM3 Jack Marten joined Raymundo to serve as Pre-Hospital Trauma Life Support (PHTLS) instructors, simulation drivers, moulage experts, and assist with the coordination of mass casualty training exercises conducted aboard



Naval Medical Center San Diego Bioskills Simulation and Training Center Team Provides Operational Support Aboard USNS Mercy for RIMPAC 2014

Mercy.

The BSTC training team helped train 124 medical personnel during five multidisciplinary mass casualty drills containing 48 simulated casualties. The simulated casualties were an international collaboration with participation from the US, Canada, the People's Republic of China, Australia, and the Philippines.

During the series of mass casualty drills, simulated patients were first triaged on the ship's flight deck prior to moving them down to the ship's casualty receiving (CASREC) area for continued

treatment. Once in CASREC, patient simulators augmented the shipboard actors as training aids for continued treatment. The simulators allowed the medical providers to perform hands on training skills such as: IV/IO placement, chest tube placement, intubation, FAST exams, etc. The BSTC training team contributed to the realism of the training by providing moulage for both the live-actors, played by shipboard volunteers, and the simulators: SIM Man, Cut Suit, etc. Additionally, Nurse Corps officers served as observers and facilitators as the mass

casualty teams cared for patients to challenge the staff's critical thinking skills and enhance the overall learning experience. After each exercise, training team members provided feedback and discussed lessons learned with the crew to encourage an atmosphere of continuous improvement.

(continued next page)



Naval Medical Center San Diego Supports RIMPAC 2014 (cont.)

The BSTC training team was also joined by four NMCS D Nurse Corps officers: CDR Heather King, LCDR Noelle Griffith, LCDR Davy Jenkins, and LTJG Mary Pelton, who brought with them first-hand experience in anesthesia, critical care, and emergency medicine as well as real-world experience with combat medicine and humanitarian assistance missions.

The training team also taught three Shipboard Lifesaver Courses to 99 shipboard personnel, one Advanced Trauma Care for Nurses (ATCN) to eight Nurse Corps officers, and one Pre-Hospital Trauma Life Support Course to 16 Corpsmen. Additionally, the team taught 14 skill stations at a newly developed "Hospital Corpsman Academy," where they taught a range of topics including: basic EKG interpretation, suture skills,

IV placement, bag-valve mask ventilation, foley placement, nasogastric tube placement, FAST scan assessment, and respiratory and circulatory assessment. In addition, the team conducted advancement exam reviews for 55 corpsmen.

This training was the first time ATCN and PHTLS were offered during a maritime mission aboard Mercy and in collaboration with an international medical team directly supported the RIMPAC military medicine objectives to enhance the interoperability of the combined RIMPAC force and increase the familiarity of partner nation military medicine practices, capabilities, and experiences.

RIMPAC is an international maritime military exercise which occurs every two years dating back to 1971. The theme of RIMPAC 2014 was "Capable, Adaptive,

Partners." This year's theme was particularly relevant as RIMPAC 2014 is the first to include a hospital ship. Mercy's inclusion fulfilled four objectives outlined by Military Medicine: 1) enhance the interoperability of the combined RIMPAC force across the full spectrum of military operations, 2) develop a robust Health Service Support (HSS) system to provide real-world medical care to all RIMPAC participants, 3) increase familiarity of partner nation military medicine practices, capabilities, and experiences through military medicine exchange in order to foster multinational relationships and enhance coalition medical interoperability, and 4) conduct medical exercises during humanitarian assistance/disaster relief exercises, forced integration phase, and free play/scenario phase to enhance casualty management interoperabil-

ity between partner nations.

These objectives were met through the collaborative efforts of 22 participating nations, 46 ships, 6 submarines, 16 land forces, 200 aircraft, and more than 25,000 personnel. Participating nations included Australia, Canada, Chile, Colombia, France, Indonesia, India, Japan, Malaysia, Mexico, Netherlands, New Zealand, Norway, Peru, Philippines, Republic of Korea, Singapore, Tonga, United Kingdom, United States, Brunei, and the People's Republic of China.

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Bravo Zulu!



Certifications

- LTJG Megan Alderson at Naval Hospital Sigonella passed the Medical-Surgical Nurse (RN-BC) certification exam.
- LT Sarah Anderson at Naval Hospital Sigonella passed the Pediatric Nurse (CPN) certification exam.
- LTJG Miranda Blais at Naval Hospital Pensacola passed the Inpatient Obstetrics Nurse (RNC-OB) certification exam.
- LT Kelly Fulks at Naval Hospital Sigonella passed the Medical-Surgical Nurse (RN-BC) certification exam.
- LCDR Michael J. Guy at Naval Hospital Pensacola passed the Ambulatory Care Nurse (RN-BC) certification exam.
- LT Erica Khoury at Naval Hospital Sigonella passed the Medical-Surgical Nurse (RN-BC) certification exam.
- LT Lee-Anne LaFleur at Naval Hospital Pensacola passed the Inpatient Obstetrics Nurse (RNC-OB) certification exam.
- LT Cherry Minkavage at Naval Hospital Pensacola passed the Ambulatory Care Nurse (RN-BC) certification exam.
- LTJG Cynthia Nicholson at Naval Hospital Pensacola passed the Inpatient Obstetrics Nurse (RNC-OB) certification exam.
- ENS Sheila Pesta at Naval Hospital Pensacola passed the Progressive Care (PCCN) certification exam.
- LCDR Amanda Schaffeld at Naval Hospital Guantanamo Bay passed the Adult Health Clinical Nurse Specialist (ACNS-BC) certification exam.
- LT Sarah Shields at Naval Hospital Sigonella passed the Medical-Surgical Nurse (RN-BC) certification exam.

Education (Non-DUINS)

- CDR Debra Diaz at Naval Reserve Operational Health Support Unit Jacksonville earned a Doctor of Nursing Practice with a specialization in Anesthesiology from Barry University.
- LTJG Lisa Francois, currently deployed at Joint Task Force-Joint Medical Group Guantanamo, home command of Operational Health Support Unit Portsmouth, Detachment A, earned a Master of Science as a Psychiatric/Mental Health Nurse Practitioner from Stony Brook University.
- CDR Joseph A. Gomez at Naval Hospital Pensacola earned a Joint Professional Military Education - Phase I diploma from the Naval War College.
- LCDR William Roulaine at Naval Hospital Pensacola earned a Master of Science in Health Sciences (concentration in Health Informatics) Summa Cum Laude from Trident University.

Receive a certification or a non-DUINS degree? Selected for an award or honor? For mention in our BZ section, submit your announcements through your chain of command to:

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