



# Nurse Corps News

Volume 8, Issue 2

February 2014

## Director's Corner



**Rebecca McCormick-Boyle**  
RDML, NC, USN  
Acting-Director,  
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[NCNewsletter@med.navy.mil](mailto:NCNewsletter@med.navy.mil)

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Did you know **Patient Safety Awareness Week** begins March 2? Nurses are key contributors to the National Patient Safety Foundation's (NPSF) annual education and awareness campaign for health care safety. I hope that Navy Nurses worldwide will participate fully in this year's campaign in order to dramatically advance Navy Medicine's culture of patient safety.

Each year, health care organizations and communities around the world take part in the event by displaying the NPSF campaign logo, distributing promotional materials, creating awareness in the community, and deploying NPSF educational resources to health care staff and patients. The 2014 National Patient Safety Week theme – *Navigate Your Health... Safely* – emphasizes the importance of patient engagement in the health care process, whether visiting a provider for a routine exam, being seen for an acute

condition, or entering the hospital for surgery. Nurses are often at the lead of these patient encounters and are key in promoting patient engagement.

Our Patient Safety goal is Zero Defect. To achieve that goal we must constantly develop, strengthen, and celebrate our Patient Safety culture. Recently, the Surgeon General signed a memorandum describing his expectations for a culture of Patient Safety within Navy Medicine. I hope you have read this important memorandum, dated 3 January 2014, and that you will actively support it not just during Patient Safety Awareness Week, but each and every day, in each and every interaction, 24/7.

Navy Medicine's nurses play a tremendous role in ensuring safe, quality health care. We must be persistent in our efforts to improve the patient care experience and optimize patient safety. As nurses, we should also be well versed in

The Joint Commission's seven 2014 National Patient Safety Goals; to identify patients correctly, improve staff communication, use medicines safely, use alarms safely, prevent infection, identify patient's safety risks, and prevent mistakes in surgery. We are entrusted with the care of our patients and ensuring their safety through our practice is fundamental to all we do.

More information on the Patient Safety Week can be found at <http://npsf.org/psaw>



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[Twitter.com/Navy\\_NC](https://twitter.com/Navy_NC)





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

*Patient safety  
requires all  
members of  
the health  
care service  
delivery team  
be “patient-  
safety  
minded”...*

## Patient Safety – the Navy Reserve Nurse’s Credentialing Process



Linda Emanuel, MD, PhD, from Northwestern University, authored the article “What Exactly is Patient Safety?” for the Agency for Healthcare Research. In this article she defines patient safety “as a discipline in the health care professions that applies safety science methods toward the goal of achieving a trustworthy system of health care delivery” and “an attribute of health care systems that minimizes the incidence and impact of adverse events and maximizes recovery from such events.” She articulates that patient safety requires all members of the health care service delivery team be “patient-safety minded,” which embraces a model of four domains including the following: 1) the recipients of care, 2) the providers, 3) therapeutics and methods, and 4) other elements that fall within these domains.

In keeping with this theme, the Centralized Credentials & Privileging Directorate (CCPD), part of BUMED-M3, in Jacksonville, Florida, assists the Nurse Corps (NC) in Navy Reserve Medicine (NRM) in meeting the “provider” theme by ensuring that our nurses comply with maintaining applicable licensure, certifications, and competency in their primary clinical subspecialty (SSP/NOBC). This goal is achieved by the work of a dedicated Executive Committee of the Nursing Staff (ECONS) comprised of Reserve and Active Component NC officers evaluating over 1,150 non-privileged Reserve NC officers’ Credentials Records (CR) an-

nually to ensure the nurse complies with a minimum standard of 144 hours of clinical time within the member’s primary clinical SSP/NOBC and billet assignment every two years.

ECONS is comprised of at least one member from each clinical subspecialty and a committee Chairperson. ECONS meets every two months, along with the CCPD senior leadership, who provides guidance and council on specific issues that may arise after reviewing a member’s CR. ECONS mirrors the Executive Committee of Medical Staff (ECOMS) or Medical Executive Committee (MEC), which is responsible for credentialing and privileging all of the privileged providers in NRM, including Advanced Practice Nurses (i.e., FNP, CNRA, CNMs).

The timeline for processing an application for ECONS can take up to three months after the nurse submits their application, due to several unrelated factors which includes collecting clinical information and peer reference forms. The applications scheduled for review at a specific ECONS are primarily based upon nurse’s Clinical Support Staff (CSS) appointment expiration date. Following a thorough review of the application and CR by the ECONS, the Chairperson recommends approval (in most cases) for a CSS appointment which is approved by the CCPD Director. Included in the nurse’s CR is the electronic application, Centralized Creden-

tialing Quality Assurance System (CCQAS). The application also includes whether the nurse’s full time job is clinical or administrative, completion of one of the eight clinical competency checklists, a clinical hour log sheet, two peer reference forms, and one supervisor reference. Additionally, a minimum of two Clinical Appraisal Reports (CAR) from a military treatment facility (MTF) for the nurses’ last Annual Training (AT) or other active duty assignments, highest degree earned, a current photograph, a personal medical history questionnaire, a list of all current and inactive state nursing licensures, and any significant training certificates including BLS, ACLS, TNCC, etc.

As a result of this comprehensive review process, we are confident that the majority of our nurses do maintain and meet a satisfactory level of clinical competence. Thank you to CCPD for assisting us within our community to ensure our Reserve nurses are among the most qualified in the country. Quality of care and patient safety must be the highest priority of Navy nurses everywhere.



## Navy Nurse Assumes Command of Fort Belvoir Community Hospital

Leadership of Fort Belvoir Community Hospital changed hands for the second time since its 2011 opening during a ceremony in January. Navy Captain Jennifer Vedral-Baron assumed directorship of the award-winning hospital from Army Colonel Charles Callahan as hundreds of medical staff, patients, friends, and family observed the event, which featured the melding of both Navy and Army traditions.



**CAPT Jennifer Vedral-Baron returns the FBCH flag to Command Sergeant Major Richard Watson, signifying that she has accepted command of the joint facility from COL Charles Callahan. (L-R) RDML Raquel Bono, CAPT Vedral-Baron, CSM Richard Watson, and COL Charles Callahan**

CAPT Vedral-Baron is a Navy nurse practitioner who most recently served as the Assistant Deputy Chief, Medical Operations, Bureau of Medicine and Surgery.

In 2002, CAPT Vedral-Baron was assigned to National Naval Medical Center, Bethesda, MD, where she held a variety of positions, including assistant director for Clinical Support Services and executive assistant to the commander. Collateral duties included serving as officer-in-charge of the Medical Evaluation

and Treatment Unit, the team responsible for coordinating the care of the President of the United States and his family members. In 2007, she reported to the Bureau of Medicine and Surgery as the executive assistant to the Navy Surgeon General.

RDML Raquel Bono, officiating officer and Director of National Capital Region – Medical Directorate, commended both CAPT Vedral-Baron and COL

Callahan for their leadership and acting as threads of consistency for the Military Health System during integration. “History continues to be made,” RDML Bono said. “Our success is dependent upon our leaders... I can’t think of a person who can follow the standard COL Chuck Callahan has set [better than] CAPT Vedral-Baron.”

“‘Ducimus. We Lead.’ It isn’t just a slogan of

the hospital. It’s a way of life. It is our collective destiny,” CAPT Vedral-Baron said. “To our patients, you are our partners in health and are truly engaged and invested in our success. I know how special this relationship is, and I consider it a blessing to care for those who wear and have worn the flag of our nation. This Fort Belvoir team works hand-in-hand to heal, reassure, and change lives.”







## **Ask the Admiral** RDML Rebecca McCormick-Boyle, NC, USN

**The Army has a remarkable Nurse Corps Officer who is currently the Surgeon General of the Army. Do you see the Navy Surgeon General's position as one that could or should be filled by a Navy Nurse? Why or why not?**

The Navy Surgeon General could absolutely be a Nurse Corps Officer. The Surgeon General position is one of leadership. In the past Medical Corps may have been

requirement, but that is no longer the case. The Surgeon General is selected for promotion, as with all promotions, based on past performance and achievement as an indicator for future leadership performance. As noted above, it is about providing an equal opportunity to excel and then identifying our talented Nurse Corps Officers who are ready to excel at each and every rank. I believe

Navy Medicine has achieved great success in breaking down opportunity barriers. Our own CAPT Feller is currently the Force Surgeon, NAVEUR/NAVAF/6th Fleet Surgeon, the first Nurse Corps Officer ever to hold a Fleet Surgeon position. As the opportunities expand and we develop the best and brightest, it is quite likely that a Nurse Corps Officer will be selected for Surgeon General.



**Jean Fisak**  
CDR, NC, USN

## **Specialty Leader Update: Psychiatric/Mental Health (1930/1973)**

Throughout my deployment CDR Sean Convoy, former Program Director and Chair at USUHS graciously stepped up and assumed the Specialty Leader role. CDR Convoy's passion and dedication for advancing our community's practice was profound. CDR Convoy recently retired from the Navy Nurse Corps but left a legacy for our community that will continue to give well into the future.

CDR Convoy and LCDR Connie Braybrook collaborated with fellow Specialty Leaders to establish a transition orientation program for newly graduated practitioners that will be in place at post-residency sites at Naval Hospital Camp Lejeune and Naval Hospital Bremerton. CDR Convoy additionally drafted policy to expand privileges for the Psychiatric/Mental Health Nurse Practitioner (PMHNP) from the initial work by himself and CDR Pamela Wall. PMHNPs previously con-

ducted medical boards, limited duty boards, and command directed evaluations, however due to the current instruction, were not able to have full signature authority and required two additional signatures from psychiatry and/or psychology. The persistent demand signal for mental health care and the redundancy of work was a concern voiced by the PMHNPs. The team prepared and presented a white paper to the Nurse Corps Director as well as the Psychological Health Advisory Board (PHAB), a multidisciplinary team who provides mental health related recommendations to the Deputy Surgeon General. Currently a draft policy is completed and under review by the PHAB for final approval.

The PMH community has made great strides over the past year and future plans include:

- Standardize inpatient Standard Operating Proce-

dures, championed by psychiatric/mental health nurses at four MTFs.

- Develop a standardized psychiatric/mental health nurse course for all sites.
- Collaborate with our sister services, Veterans Health Administration, and American Psychiatric Nurses Association on the First Lady's Joining Forces Initiative to military mental health.

The PMH community continues to work towards innovative programs and practices to improve the psychological health of our Sailors and Marines and work collaboratively on mental health issues and best practices throughout the Navy and Marine Corps enterprise, sister services, and VHA.

Bravo Zulu, team!



**SNEs:**  
**Would you like to see your command featured in our new Spotlight on a Command section? The debut article is on page 8! Contact us to find out how!**

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

## Specialty Leader Update: Maternal-Infant/Neonatal Critical Care (1920/1964)

Nurses who are specialty trained in the Maternal-Infant communities (1920 and 1964) are highly skilled to provide care throughout the perinatal period. We are engaged and well versed in programs such as Patient and Family Centered Care, Patient Caring Touch, Partnership for Patients and Baby Friendly initiatives. Always at the forefront is our primary mission: to provide care for operational forces while focusing on Navy Medicine's Goals of Readiness,

having current competencies in primary clinical assignments as well as foundational nursing competencies to include such training and certifications in ACLS and TNCC.

The value of 1920 and 1964 nurses is significant as it is directly linked to the high cost of obstetrical care. Highly valued to Navy Medicine, we have the ability to recapture obstetrical care from the network, which may have a cost associated as high as \$10,000 to \$17,000 for

***Highly valued to Navy Medicine, we have the ability to recapture obstetrical care from the network...***

Value and Jointness. Our specialties possess the additional skills to provide care for those who are often in need during peacetime and humanitarian missions.

Readiness for all communities means being prepared to deploy at a moment's notice in support of operational and humanitarian missions, including up to date competencies for our core specialties for missions such as the Haiti earthquake relief effort. Our 1964 nurses are eligible to deploy as critical care nurses and 1920 nurses are eligible to deploy as Medical Surgical nurses due to the close alignment of their nursing competencies. Readiness includes

an uncomplicated delivery in a civilian hospital. Additionally, neonatal care in a civilian Neonatal Intensive Care Unit (NICU) averages \$150,000 for a three month period of care for prematurity.

Joint initiatives our communities are involved in include proposed shared Maternal-Infant training program offerings, as well as sharing documentation practices, and other women's health programs with our Army and Air Force nursing colleagues for enterprise-wide utilization.

A significant initiative affecting the 1920 community is an assessment of skills and clinical sustain-

ment necessary for nurses reporting to OCONUS and small/medium CONUS hospitals where labor and delivery services exist including the determination of perinatal training needs, and programs that have been implemented locally at commands which are considered best practices, such as the program at Naval Hospital Guantanamo Bay, Cuba, led by one of our 1920 community members, LCDR Aaron Myers.

For those nurses who provide care for our littlest patients, the 1964 community, a review is underway to ensure appropriate billet alignment with where the needs exist. The goal is to ensure the majority are assigned to the large facilities to ensure a high degree of patient safety and opportunities for skills maintenance in neonatal critical care.

The 1920 and 1964 communities continually strive to deliver the best care for service members and their "growing families". Community members should be proud of the care they provide and should continue to strengthen their individual abilities and as a community. Our 1920 and 1964 nurses are at the forefront of Navy Medicine growth, and will have the opportunity to be the first to experience the new Level II NICU at Camp Lejeune and new Birthing Center in Japan.



**Jason Layton**  
**CDR, 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](mailto:NCNewsletter@med.navy.mil)**



**[Faria Belmares](#)**  
CDR, NC, USN

## Specialty Leader Update: Ambulatory Care Nursing (690)

Today healthcare is shifting from inpatient to outpatient care across the U.S. healthcare system, which makes this an exciting time to be an Ambulatory Care Nurse! It has also been five years since Assistant Secretary of Defense for Health Affairs, Dr. Jonathan Woodson, issued a policy to implement Patient Centered Medical Home across all military treatment facilities.

Navy Medicine is experiencing remarkable success with Medical Home Port (MHP) with ambulatory care nurses at the forefront of this strategic imperative. We currently have 157 Medical Home Ports (MHP) with 70 of them earning recognition from the National Committee for Quality Assurance. In addition there are six Marine Centered Medical Homes (MCMH), with Nurse Corps Officers such as LCDR Dawn Galvez, LT Raquel Chambers, and LT Ellen Hall trail blazing this transformation.

This trend will continue based on plans to expand both MHPs and MCMHs, including five hospitals identified to optimize MHPs in alignment with Navy Medicine's value goal (NH Oak Harbor, NH Lemooore, NH Bremerton, NH Beaufort, and NH Pensacola). This reengineering of outpatient clinics have created a great demand for ambulatory care nurses and a need for new competencies and standard operating policies and procedures. As a result we launched an Ambulatory Care Nursing Competency Work group that has partnered with

BUMED's MHP office and the NC Clinical Excellence Goal team to develop these requirements.

There are currently 205 nurses who are assigned the 690 Additional Qualification Designator (AQD). We are in the process of reviewing the criteria for assignment of the code and will propose a revision to better align with national standards established by the American Nurses Credentialing Center (ANCC) which will result in a push to achieve certification. All certified ambulatory care nurses are encouraged to celebrate "Certified Nurses Day" on 19 March 2014. The [ANCC website](#) offers information on certification requirements and the day of celebration.

[LT Sarah Chamberas](#) and [LT Dwight Hampton](#) recently received their certification exemplifying professionalism, leadership, and commitment to excellence in practice. As mentioned in a previous newsletter, LT Hampton was also an honored recipient of the 2013 Excellence in Nursing Award by the *Washingtonian Magazine*. Both are exemplary ambulatory care nurses who can offer assistance in preparation for the exam as well as mentoring on being the best ambulatory care nurse you can be.

CDR Sana Savage, Navy Co-Chair of the American Academy of Ambulatory Care Nursing (AAACN) Tri-Service Military Special Interest Group, and her team are coordinating top notched training opportunities available during this

year's AAACN conference and via Defense Connect Online (DCO) sessions throughout the year. The conference is scheduled for 19-22 May 2014 in New Orleans, Louisiana, and is pending BUMED approval. This is the premier conference for Ambulatory and Telehealth nurses to attend to enhance their leadership, management, and clinical skills. This enriching conference provides a chance to earn up to 17.25 continuing nursing education contact hours while gleaning best practices to advance your career and to contribute to the Nurse Corps. Additionally I am collaborating with the Specialty Leader for Public Health as well as BUMED MHP and Nurse Corps leadership to explore opportunities for graduate education in alignment with Navy Medicine's goals and priorities.

**Call for Volunteers:** Volunteers are needed to assist in developing webpages on NKO and MilSuite as well as to serve on the Competency Work Group. Please [email me](#) if you are interested in volunteering.

The future has never been brighter for ambulatory care nursing! A cornerstone to Navy Medicine's MHP efforts, we are poised to provide significant support to Navy Medicine's goals. Thank you for your leadership and commitment as we continue to forge ahead in shaping our workforce, standardizing our practice and expanding our partnerships to deliver cost effective quality healthcare.

***We currently  
have 205  
nurses who  
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Designator.***



## Career Planning: Will I EVER get into AMDOC?

The Advanced Medical Department Officer Course (AMDOC) is the second course in the Medical Department Officer's Learning Continuum. The course is designed to prepare medical department officers and senior civilians for increased responsibilities as senior officers and leaders who understand the "practice and business" of Navy Medicine in both operational and military treatment facility (MTF) settings. It is

*We are always "working the system" to ensure every NC seat is filled and, when possible, extra attendees are squeezed in!*

a two-week course, with one week completed through a virtual classroom. The course is offered seven times per year, and has space for 25 students in the rank of O-4 and O-5.

Nomination for the course is generated by the member through the Navy Medicine Professional Development Command (NMPDC). The nominations are collated by NMPDC and forwarded to the Nurse Corps (NC) Career Planner to select the attendees.

The NC is given seven seats at each course. For this past course, the NC had 36 nominations! This makes selection for the course a very challenging process. Consideration is given to lineal order and for those who are in-zone.

It is understandable that one could feel disheartened by multiple attempts, but please continue to apply! The NC leadership is most definitely aware of the constraints in number of possible attendees, and we are always "working the system" to ensure every NC seat is filled and, when possible, extra attendees are squeezed in!

Other courses you may want to check out include the following:

**MedXellence:** <http://medxellence.usuhs.mil/>

This five-day course is intended for senior MHS executives O-4 to O-6 and civilian healthcare administration specialist equivalents who wish to be educated on MHS relevant issues that are essential when leading in a tri-Service environment. This course is being sponsored by the Uniformed Services University of the Health Sciences (USUHS). Travel, per-diem, and lodging costs are covered by the student's command.

**Healthcare Management Seminar:** Calls for nominations are announced by the Career Planner. This seminar is a Tri-Service training event designed for first time clinical supervisors or supervisors return-

ing to the clinical environment from an operational or staff assignment. The seminar provides attendees administrative tools to successfully manage their clinical areas. Topics discussed include: civilian personnel, contracting, budgeting, quality management, tools available through the TRICARE Operations Center (TOC), efficient scheduling, utilization management, and more. Due to the restrictions on TAD, JMESI will not fund attendees, but considers the content too valuable to cancel the course. Navy attendees must reside in the San Antonio, TX, or Washington, DC, commute areas.

**Tricare Financial Management Executive Program (TFMEP) Training Course:**

<http://www.med.navy.mil/sites/navmedmpte/courses/Pages/TRICAREFinancial-ManagementExecutiveProgram.aspx>

The TFMEP course offers updates and background information on financial management topics specifically requested for an MHS executive to embrace the next generation of TRICARE contracts new business environment. Target audiences are senior leaders in the grades of O-5 and above holding key leadership roles within MTF, Surgeons General offices, Lead Agent offices, TRICARE regional offices, HA/TMA environments, or intermediate commands.



**Valerie Morrison**  
CDR, NC, USN  
Career Planner



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

## Spotlight on a Command

### USNH Guam – Nurses Gain Unprecedented Clinical and Leadership Skills

Jennifer Zingalie, Public Affairs Officer, USNH Guam

Edited by: LT Edward Spiezio-Runyon



Since 1911, U.S. Navy Nurses have left a legacy on the remote island of Guam. They have been held as prisoners of war, they have cared for numerous casualties from Vietnam as well as refugees displaced from natural disaster and political angst, and they have provided life saving care and medical training to local residents. In fact, one of the island's earliest schools for nursing can be attributed to Navy Nurses.

Today, the legacy lives on through nurses who work in the Navy's highest acuity Emergency Department, participate in aeromedical evacuations of pregnant patients, or on any given day are treating a wide variety of patients, including direct trauma the hospital receives from the local community.

According to USNH Guam's Director of Nursing, CAPT Beth Swatzell, "The majority of our nurses arrive here with Guam being their second tour on active duty. Many are still very novice in their clinical and leadership skill sets,"

she said. "But because of the experiences afforded to them here, I know our nurses leave this tour very confident in both of those areas."

LT Autumn Riddell, a Board Certified Emergency Nurse in the Emergency Department, said the training and experiences nurses receive through the hospital's ED are some of the best in the field of emergency nursing. She attributes this to the fact both are often real-time and, in turn, Riddell believes it also prepares them for success in the battlefield. "Because we are one of two hospitals on the island, if there is a patient who is closer in proximity to us and is acutely ill or injured, they will end up on our doorstep. What this means for our nurses is that they are routinely exposed to patients in cardiac arrest, those who are having an acute stroke, and trauma patients," she said.

From experiences in trauma to labor and delivery, nurses in the Mother Baby Unit (MBU), because of limited resources, must be flexible and ready to lead. Although the hospital does not have a Neonatal Intensive Care

Unit, at times it must function as one, providing advanced care to newborns as well as those which require stabilization prior to transfer to a tertiary care facility. However, limited resources also let nurses to follow their patients throughout their antepartum, intrapartum, and postpartum periods – allowing them to connect with their patients on a deeper level.

Said LCDR Patrielle Johnson, Clinical Nurse Specialist of the MBU, "Nurses have greater autonomy here than that of their counterparts at larger teaching facilities, emphasizing the significance of nursing to the healthcare team. Nurses stationed in Guam have a fantastic opportunity for growth as leaders as well as clinicians."

Swatzell agreed and added, "Our nurses see some of the sickest patients, handle direct trauma, and care for patients requiring continuous renal replacement therapy. At the same time they train a large volume of novice Corpsmen who typically have just arrived straight from the schoolhouse in San Antonio. Our size also allows them the opportunity to fine tune their leadership skills by stepping into multiple and/or significant collateral duties including covering the hospital as Nurse of the Day."

In fact, many of the nurses are leading the way in a number of areas throughout the hospital, from leading the transition into the new state of the art replacement

hospital, to making an impact on the hospital's medical care approach and protocol, by doing such things as standing up a Wound Care Clinic through evidence-based practice.

Nurses stationed in Guam also have the opportunity to deploy, providing medical care and support to troops injured through explosions and gunfire on the field. At the same time they frequently participate in humanitarian missions throughout the Pacific, building relationships within the region through their care of the ill and injured.

Said Swatzell, "I'm sure every Senior Nurse Executive thinks their nurses are the rock stars of Navy Medicine. I know ours are! For the past three years, we have had 100% pick up of those who have applied for opportunities such as Health Professional Loan Repayment program, Duty under Instruction Nurse Corps, and Executive Officer positions to name a few.

"At the same time our nurses are united and supportive of one another and work unbelievably hard. Serving here provides them a renewed sense of commitment. When they leave here they, are able to look confidently in the rear view mirror and see all this duty station has allowed them to accomplish."





## Detailer Information—Correction

Please note that the contact information for the detailers in the January issue was incorrect. The correct information follows:

Because of the maintenance occurring to BUPERS Online (BOL), the process for obtaining your OSR, PSR, and ODC is as follows:

1) Send an **encrypted** email from an NMCI (@navy.mil) computer to [P312NARA@navy.mil](mailto:P312NARA@navy.mil).

The subject line should read "OSR/PSR/ODC." The body of the email should include your full name, full Social Security Number, and mailing address. You will receive an automatic reply indicating that your request was received, but it may take up

to 30 days for you to receive your documents.

For users not on NMCI computers, alternate instructions to order the report electronically are also available on BOL under "OSR, PSR, ODC" on the main menu or by clicking [here](#).

OR

2) Send your written request containing your full name, full Social Security Number, and mailing address to:

Navy Personnel Command  
PERS 313  
5720 Integrity Dr.  
Millington, TN 38055-3120

### **Nurse Corps Detailers:**

- CAPTs, Manpower, Education & Training, Executive Medicine, Research, BUMED:
  - [CAPT Brenda Davis](#)
  - (901) 874-4038
  - [brenda.davis1@navy.mil](mailto:brenda.davis1@navy.mil)
- CDRs, Providers, Perioperative:
  - [CDR Evelyn Tyler](#)
  - (901) 874-4039
  - [evelyn.tyler@navy.mil](mailto:evelyn.tyler@navy.mil)
- LCDRs, LTs, Operational:
  - [CDR Laura McMullen](#)
  - (901) 874-4042
  - [laura.mcmullen@navy.mil](mailto:laura.mcmullen@navy.mil)
- LTJGs, ENS, New Accessions, Recruiters:
  - [LCDR Aron Bowlin](#)
  - (901) 874-4041
  - [aron.bowlin@navy.mil](mailto:aron.bowlin@navy.mil)

## **Bravo Zulu**



### **Certifications:**

- LCDR Lynn Skinner at Naval Medical Center San Diego passed her Medical-Surgical (RN-BC) certification exam.
- LT Angelina Brannon at Naval Hospital Beaufort passed her Certified Emergency Nurse (CEN) exam.
- LTJG Ireneoeduardo Espinosa at Naval Hospital Camp Pendleton passed his Certified Emergency Nurse (CEN) exam.

### **Education (Non-DUINS):**

- CDR Lenora Langlais at Naval Medical Center San Diego completed her PhD in Healthcare Administration at the University of Phoenix and the Naval War College Post-Graduate Program.
- LCDR Tijuana Milton at Naval Hospital Beaufort completed his Master of Science in Nursing Education from Western Governor's University.
- LT Kenya Hester at Naval Hospital Beaufort completed her Master of Science in Nursing in Acute Critical Care, Clinical Nurse Specialist from Liberty University.