



Nurse Corps News

Volume 8, Issue 9

September 2014

Director's Corner



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

Hello Navy Nurses! It's September already and fall has officially begun, even in San Antonio. September signals the close out of one fiscal year and the preparation and planning for the next. Our Surgeon General (SG), members of his Senior Strategy Board, and other leaders met in July to review and refresh Navy Medicine's Strategic Plan. His message that outlines Navy Medicine's strategic next steps will soon be released. Using his renewed focus and direction, the Navy Nurse Corps held its Strategic Planning meeting in September. In attendance were RDML Alvarado and myself, Senior Nurse Executives, Directors of Nursing Services, and Specialty Leaders from both the Active Component and Reserve Component. It was a GREAT meeting during which we celebrated our FY14 accomplishments and then turned eagerly and collectively to align our Navy Nurse Corps' strategic efforts in support of Navy Medicine's Strategic goals while simultaneously pursuing our professional excellence.

The sharing at this meeting was tremendous. There was much wisdom in the room and collaboration and

active learning. Each Specialty Leader (combined AC and RC officers) prepared a one-page summary on their individual community in advance and then during the first day's sharing sessions fielded questions from attendees on their specialty. Additionally, the group reviewed the Strength-Weakness-Opportunity-Threat (SWOT) input received from Nursing Leaders in August. The FY14 Strategic Goal champions then briefed on the accomplishments of their goal teams. I am immensely impressed by and proud of the efforts of all of these AC and RC teams and believe they truly "kicked it up a notch" in their efforts to advance the Nurse Corps' state of excellence. To summarize:

Strategic Goals, FY14:
– **Professional Excellence:** This team solidified the Career Development Board process with better compliance tracking across all commands. This group also organized a SNE/DNS training meeting, held in March, designed to prepare AC and RC nursing leaders to succeed in complex and challenging new roles.

– **Clinical Excellence:** This group forwarded an instruction that combines the clinical sustainment policy with the clinical competency policy. They have also reviewed and updated our core clinical competencies and Knowledge, Skills, and Abilities (KSAs) and identified supplemental competencies that had not been previously addressed, such as neonatal and public health nursing.

– **Strategic Partnership:** This group had the unique challenges this past FY in working on identifying tri-service capabilities within the Enhanced Multi-Service Markets (eMSMs). Their efforts have solidified my expectations that we partner with our sister services and move forward with initiatives

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Director's Corner (cont.)

that support the larger, strategic efforts of the Defense Health Agency and Health Affairs.

– **Strategic Communication:** This team has done much work in optimizing our communications platforms. Establishment of a milSuite account, the development of my Twitter account, and the change of our Newsletter to a monthly edition are all efforts to provide all Navy Nurses current, relevant information.

– **Workforce:** This group made steady progress in matching billets to requirements. On year two of a five year plan, we already see the results of their efforts to standardize nomenclature of billets and help force shape the Nurse Corps while balancing operational and beneficiary mission requirements.

This incredible information sharing and accomplishment review focused the group for discussions on our priorities for the coming new FY. Our facilitator, Ms. Karen Sayers, was instrumental in keep-

ing the group on track and aligned with Navy Medicine Goals. In fact, we concluded that the Navy Medicine Goals are the Navy Nurse Corps Goals and elected to reshape our plan to develop Strategic Objectives that aligned with those goals. By the meeting's end, we had defined our Strategic Objectives and our Enabling Objectives, begun to work on strategic initiatives for each objective, and selected objective champions. Specifically:

Strategic Objectives,

FY15:

– **Clinical Excellence (Value):** Advance Clinical Practice and increase the visibility of nursing value and clinical excellence through the use of Nursing Sensitive Indicators in 50% of commands. Implement a standardized clinical competency and sustainment process for 100% of NC officers in clinical settings by FY16. Champions: CAPT Kristen Atterbury, CAPT Deb Roy (AC), and CAPT Irene Weaver (RC).

– **Professional Excellence (Readiness):** Advance the Clinical Leadership Model to align professional pathway opportunities for Navy Nurses in Advanced Practice, Nurse Executive, and Senior Leadership roles to improve quality, health outcomes, and satisfaction by FY18. Champions: CAPT Val Morrison, CAPT Donna Stafford (AC), and CAPT Irene Weaver (RC).

– **Strategic Partnerships (Jointness):** Improve interoperability between and among Federal Nurse Services by FY16. Champions: CAPT Annette Beadle, CAPT Carolyn McGee (AC), and CAPT Irene Weaver (RC)

Enabling Objectives:

– **Strategic Communication:** Increase the usage of various communication platforms by 10% in the NC community by FY16. Champions: LCDR Marlow Levy (AC) and CAPT Irene Weaver (RC)

– **Workforce:** Update 90% of NC macro infrastructure by FY18. Champions: CAPT Julie McNally,

CAPT Brenda Davis (AC), and CAPT Irene Weaver (RC).

A formal version of our Strategic Objectives will soon be released, but I wanted to share this information with you now. The final product will be posted on NKO and milSuite alongside the Specialty Leader briefs, the updated SWOT tool, and the FY14 Goal Team briefs. If you are interested in participating on any of the Objective Teams, please contact the team Champion. We will solidify team memberships by early November and hold the first quarterly brief to me, RDML Alvarado, and the Nurse Corps office on 11 December, 2014.

I am tremendously proud of our Nurse Corps achievements and I thank all who have helped propel us forward! You are amazing and I am ever so grateful to serve alongside you and call you Shipmate!



Ask the Admiral

What aspect of your job do you find the most challenging?

Time management – there never seems to be enough time for projects or people. We do great work in Navy Medicine and in the Nurse

Corps, but I wish for more time to devote to certain projects that personally interest me and/or that I feel are strategically important to Navy Medicine or the Nurse Corps. I value connecting with people and I find it challenging to

find the time to make those connections, either in person or via alternate modalities. I learn so much interacting with people. I wish more than anything that I could visit with each and every Nurse Corps Officer to learn his or her story, as

well as his or her goals and aspirations. These exchanges are important to me for they teach and inspire me.



Strategic Goal Team Updates

As the fiscal year comes to a close, it is important to reflect back on the enormous success we have had in meeting the Reserve Component (RC) Nurse Corps (NC) Strategic Goals (SG). For the first time, a cadre of very talented Reserve NC stepped up to the challenge as Team Leaders (TL) and team members (TM) helped identify critical goals and objectives for our Corps that will provide a firm foundation for the future. The Reserve Goal areas were determined in close collaboration with our AC counterparts to ensure total force integration and tie closely to the overall strategic goals of the Surgeon General; Readiness, Value, and Jointness. The hard work and dedication of our Reserve teams have helped support all of the FY14 goals of Strategic Communications, Strategic Partnerships, Professional Excellence, Clinical Excellence, and Workforce.

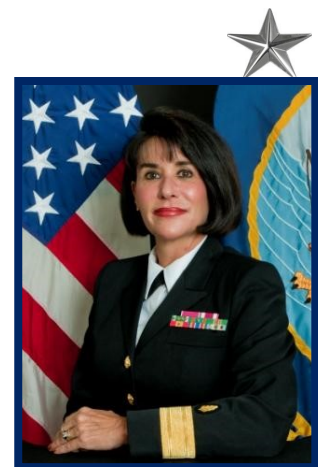
Professional Excellence: The team's focus was to identify a common platform by which we train and develop the leadership skills of our Reserve Senior Nurse Executives to promote consistency across all Commands. A number of tools were designed

for the SNE to assist their NC members with career progression and training, including the Career Development Board Guide for NC members. The SNEs also received a revised toolkit, which provided a central location for these tools, documents, and policies. The Career Development Board tool was reintroduced at the Junior Officer Training Meeting, held at Walter Reed National Military Medical Center in August. It provides career guidance to officers of all ranks, can be obtained from your Senior Nurse Executive, and will be posted on a soon-to-be-defined new website. To further improve collaboration, a business meeting for all SNEs was held in March in conjunction with the AC SNEs, providing an excellent opportunity for networking and the sharing of best practices.

Clinical Excellence: The team's focus was to help strengthen clinical practice and enhance professional knowledge. Working closely with the AC Clinical Excellence team, they completed an update of the Clinical Competency checklists. With the imminent rollout of SWANK, the online Learning Management System, the teams will attempt to match these competencies as they relate to a member's billet and Subspecialty Code (SSC) training requirements. The team also ad-

dressed the requirements of the [Resuscitative policy 1500.15E](#), which guides those who are tagged for mobilization to obtain the TNCC training. The ramp up of the Trauma Nursing Core Course mobile team, which currently is within the domain of the RC Navy Medical Education Training Center (NMETC) detachment and led by CAPT Lori Karnes, NC, will greatly improve access to the mandated training at the detachment level.

Strategic Communications: The team focus was to evaluate and streamline the complex ways in which we communicate and disseminate information to our decks. A communication survey was completed in April to help identify preferred and least preferred platforms by which the RC Nurse Corps wants to receive and send information. The summation of information denoted that over 77% of those surveyed preferred communication via email from their SNE, 29% preferred the RC List-Serve, and 28% preferred SNE to NC representative communication. The least preferred method for communication was Defense Connect Online (39%) and Facebook (37%). The take away from this is that every RC NC member accesses their email daily, appreciating the communication sent down from the SNE directly. So, it is impera-



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

tive you keep your email updated with your Command SNE.

Strategic Partnerships: The focus of this team was on maximizing training opportunities in a joint environment. The team assessed current joint capabilities and developed several lists including: 1) Reserve nurses who have joint qualifications skills who may assist with mentoring Junior or Senior NC members on specific joint training exercises, initiatives, or educational pathways. 2) Consolidation of specific medical training courses available to RC nurses. These lists will be provided to the SNEs for dissemination. Additionally, the goal was to identify specific Commands who utilize Memoranda of Understanding (MOUs) in order to train their members, typically in regions where no Navy

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Strategic Goal Team Updates (cont.)

MTF exists.

Workforce: The focus of this team was to assess the number and mix of specialties within the Reserve NC to ensure we have the proper mix for future mission readiness. An in-depth review of billet title Revealed that 84%, or 884 out of 1000+ NC billets are correctly slated. Changes occurring in multiple arenas, such as the standup of the 4th and final Expeditionary Medical Facility, along with the CONUS Hospital study, may result in further changes to the current billet structure.

The work of this team will continue to evolve and will include a review of APPLY billets to maintain the accuracy of billet selection.

Please join me in congratulating CAPT Weaver, our NC RAO, and the FY14 teams!

Professional Excellence:

– TL: CAPT A.J. Eagleton (Previous TL) and CDR D. Greubel (Newly Acting TL)
 TM: CAPT K. Young, CAPT L. O'Malley, CAPT Lori Karnes, and CAPT Kimberly Matthews

Clinical Excellence/Evidence Based Practice:

– TL: CAPT J. Dye and CDR M. Luttrell
 – TM: CDR I. Cook and CDR L. McCracken

Strategic Communications:

– TL: CDR T. Guley
 – TM: CAPT K. Young, CDR E. Peterson, CDR Cathy Lovelace, and LCDR R. Bolen

Strategic Partnerships:

– TL: CAPT K. Sandberg
 TM: CAPT T. Smith and CDR K. Matuczinski

Workforce:

– TL: CAPT A. Bacher
 – TM: CAPT D. Stafford, CAPT M. Owings, CDR L. McCracken, CDR D. Brendley, CDR P. Hurd, and CDR M. Watson

The teams recently met with the AC to close out the completed objectives and developed very aggressive objectives and initiatives for the coming year. If interested, I encourage you to join one of the teams and lend a hand in helping to shape the Navy Nurse Corps.

Specialty Leader Update: Nursing Research (1900D)



Lisa Osborne
 CAPT, NC, USN

The Navy Nurse Researchers attended the 2014 Triservice Nursing Research Program (TSNRP) Research and Evidence Based Practice Dissemination Course in San Antonio, TX. This new course

combined two historical military research events, the Karen Rieder Poster Session (formerly presented at AMSUS) and the Phyllis J. Verhonick Nursing Research Course, to provide military researchers with a venue to disseminate research findings and collaborate with other military researchers. With 18 podium presentations and 20 poster presentations, the Navy nurses demonstrated their accomplishments in creating science and advancing practice. The



course was attended by 250 active duty, reserve, retired military nurses, and PhD students in DUINS from all of the branches of the military and the VA. The course provided an excellent forum for sharing innovative ideas and the networking opportunities resulted in exciting new

partnerships.

The course also provided an opportunity for the Research Interest Groups to meet in person. The TSNRP Research Interest Groups include: Military Women's Health, En Route Care, Anesthesia, and

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Specialty Leader Update: Nursing Research (1900D) (cont.)

Biobehavioral Health. Interested researchers and clinicians are welcome and encouraged to join the Research Interest Groups. More information can be found on the [TSNRP website](#).

Awards were given for the Poster Competition. Congratulations to the following awardees:

– CDR Chris Reddin, (NMCSO) for his poster *A Biopsychosocial Exploration of Pain and Post-Traumatic Amnesia during Rehabilitation for Traumatic Brain Injury*.
 – CAPT Samuel Dixon (USN, Ret) for his poster *Identification and Management of Obstructive Sleep Apnea in a Military Population Before and After Surgical Procedures: An Evidence-Based Practice Project*.

Also, congratulations to CDR Eric Bopp who was chosen to present his dissertation at the Guest Lecture portion of the program.

In other Navy Nurse Researcher news, the 2014 RADM Mary Hall Awards were announced recently. There were many

excellent submissions and the following were chosen:

– **Research Publication Award:** CDR Carl Goforth, NC, USN, Peter Lisman, PhD & Patti Deuster, PhD, MPH. The Physiological Impact of Body Armor Cooling Devices in Hot Environments: A Systematic Review. *Military Medicine*, 179 7:724.
 – **For the EBP category, the Admiral Betsy Niemeyer Award for Evidence-Based Practice:** LCDR Jane Abanes, NC, USN, and Susie Adams, PhD, RN, PMHNP. Using a Web-based Patient-Provider messaging System to Enhance Patient Satisfaction

Among Active Duty Sailors and Marines Seen in the Psychiatric Outpatient Clinic: A Pilot Study. *NursClin N Am* 49 (2014) 91–103.

The Nursing Research community welcomes its newest PhD members to the ranks. CDR Carl Goforth successfully defended his dissertation this summer at the Uniformed Services University and he is now stationed at HQMC Quantico, VA. CDR Pamela Wall successfully defended her dissertation last week at Penn State and she is stationed at Cherry Point, NC. Congratulations to both of you!

Additionally, we welcome two new re-

gional researchers to their new roles. CDR Robert Hawkins is now the regional researcher for Navy Medicine East and CDR Jason McGuire is the regional researcher for the National Capital Area.

Nurses:

Do you have a question for our Admiral?

**Post your question to
 NCNewsletter
 @med.navy.mil
 for an
 opportunity to**

“Ask the Admiral”



The Specialty Leader Role



Kristen Atterbury
CAPT, NC, USN

Appointed by the Surgeon General, Specialty Leaders are critical to the community management and leadership of Navy Medicine. Specialty Leaders are subject matter experts, serve as advocates for matters related to policy and practice standards of the specialty represented, and are recognized as advisory with direction and guidance provided by way of the respective Corps Chief. Specialty Leaders provide global representation for their specialty within the Navy, with other service partners and professional organizations.

Requirements for the position of Specialty Leader include a superior record of performance, good standing in the specialty community, varied assignments within the

specialty, and appropriate degree and requisite credentials for the specialty. As this is a leadership position which interfaces with many senior leaders within Navy Medicine, Specialty Leaders present well, possess strong leadership and communication skills, and are regarded as subject matter experts in the specialty. Specialty Leaders are appointed for a term of three years as a collateral assignment. Those Specialty Leaders representing multiple complex specialties or large communities may nominate Assistants for appointment by the Director, Navy Nurse Corps, to assist with community management and to serve as relief during periods of absence.

The highly respected profession of Nursing provides the opportunity to specialize across many clinical and business specialties and to serve in a variety of venues. From the bedside to the operating room, from the clinic to the delivery room, Navy Nurses are serving in various specialties and roles in Navy and Joint Medical Treatment Facilities, Ambulatory

Care Centers, and training and operational commands around the world. Currently 16 Specialty Leaders represent well over 20 specialties and are highly regarded as essential members among our Nurse Corps leaders. Nurse Corps Specialty Leaders are actively engaged in representing their specialties in the areas of policy, research, evidence based practice, training, competency, determining standard of care, and making recommendations for operational and humanitarian support needs. One of the most important roles of Specialty Leaders is to provide career guidance and mentorship for members of the community and those interested in the specialty by pursuing graduate education through the Nurse Corps' Duty Under Instruction (DUINS) program. Specialty Leaders provide input on each applicant for DUINS seeking graduate education in their respective specialty.

If you are a Nurse Corps officer interested in serving as a Specialty Leader in the future, don't hesitate to reach out to those cur-

rently serving to determine if this is the right role for you!

Applications are now being accepted for the Ambulatory Care Nursing Specialty Leader (AQD 69O), position for a three-year term beginning December 2014. The Ambulatory Care Nursing Specialty Leader represents many Navy Nurse Corps officers from a variety of nursing specialties that are serving in Medical Home Ports and Ambulatory Care settings across Navy Medicine. Those interested in applying for this leadership position should forward a package including a Commanding Officer's endorsement, Letter of Intent, Biography and Curriculum Vitae to ncpolicyandpractice@med.navy.mil NLT 7 Nov 2014.

Please contact the Specialty Leader for Ambulatory Care Nursing, [CDR Faria Belmares](#), at Comm: 011-81 98-623-1046 or DSN (315) 623-1046, or [CAPT Kristen Atterbury](#) at (703) 681-8927 for additional guidance or information regarding this great leadership opportunity!



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



Jason Layton
CDR, NC, USN

Greetings to all 1920 and 1964 nurses serving around the world. I had the outstanding opportunity to recently attend the Nurse Corps strategic planning sessions for the coming FY. Many objectives and initiatives are in the works and are in direct alignment with the Navy Medicine Strategic Plan. Priorities include skills attainment and sustainment including standardizing core competencies with Mosby's and then identifying and closing gaps that may exist between Mosby's and our competencies. There will be opportunities for members of our communities to be involved in this effort as well as other teams assisting with the Nurse Corps goals for this year. If you have ever thought of being more involved in the direction of the Navy Nurse Corps and your subspecialty, don't hesitate to volunteer to become a member of one of the goal teams when the messages come out.

As discussed in my last article, readiness and deployability are imperative. The current resuscitative medicine instruction has formalized training requirements to assist in that endeavor. Currently each Command is responsible for ensuring their members have the training in particular before PCS to an overseas location. Overarching guidelines include the option to deploy nurses with foundational skills in medical surgical and critical care nurses (where appropriate). Therefore it's important to maintain skills and seek out opportunities to gain TNCC and ACLS training. The core competencies have been revised to reflect these changes.

Within our communities we continue to work on several large issues. As the Consensus Model of Nursing (CMN) continues to take effect across the country, a priority is to determine the best approach for graduate preparation for the 1920 community. The CMN, which was adopted by each of the major nursing organizations, was approved for our profession to ensure unanimity or consensus across the country on what it means to be an Advanced Practice RN and Clinical Nurse Specialist, and what training, certification and licensing requirements should exist. As with any major

change, there tend to be unintended consequences including the removal of the Master's level maternal-child certification, resulting in a requirement to adjust how we train our maternal-child educators. I am committed to working with our NC leadership to find the best solution and will keep the communities informed.

Celebrating the excellent and innovative work that members of our community do every day, I would like to recognize LT Desirae Pierce and LT April Ehrhardt for their leadership of the Level II NICU at Camp Lejeune, which has been able to recapture well over \$1,000,000 in its first year of existence. At Camp Pendleton Naval Hospital, LT Kierstin Hays has completed a Discharge Newborn Care Guide for parents and will now be working to measure its effectiveness. At Naval Medical Center Portsmouth, LTJG Lawrence LeDuff, CDR Brigit Carter, and RN Angela Kane, are working on a Capstone project with one of our current DUINS students, LT Whitney Brock. The project is a collaborative effort with the unit's dietician, Valerie Hoehn, and Dr. Karina Volodka called a Milk Technician Program, which aims to reduce variation of milk preparations for neonates in the NICU and ultimately lead to positive

outcomes such as reduced infection rates and reduced lengths of stay for the infants. At NH Rota, LT Amy Aparicio is engaged in the initiation of an OB Clinic Education course with nurses from the Fleet and Family Support Center, the Navy and Marine Corps Relief Society, and other RNs from Labor and Delivery. Similarly, at NH Sigonella, LT Teresa Sikes, LT Melissa Rosloniec, and LT Katie Gervais have instituted a newborn care course for newly assigned nurses and corpsmen. These are just a few examples of the excellent work our community members are doing every day to make a positive difference and impression on our warfighters and their families.

Lastly, as the complexity of managing two related but distinct communities has grown, I will be soliciting for an Assistant Specialty Leader, preferably with Labor and Delivery experience to complement my background in NICU. Stay tuned for the announcement and I look forward to working with the NC leadership to identify the right leader. As always, it is an honor to represent you as your Specialty Leader and an honor to serve beside you.



Specialty Leader Update: Medical Surgical Nursing (1910)

Med Surg nurses are serving all around the globe in all size facilities and at all levels of the organization. The majority of 1910s are in the Lieutenant rank and over half of the billets are at large and medium MTFs. Because of the overall size and diversity of the specialty, there may be an opportunity in the near future for an Assistant Specialty Leader. The ideal candidate would be a subject matter expert in Med Surg nursing with varied experience and a strong desire to help move the specialty forward.

Deployment opportunities have steadily decreased over the last year. Some opportunities still exist including 180-day rotations to Guantanamo

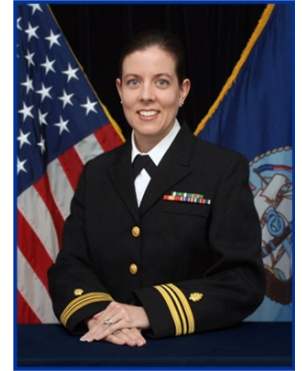
Bay, Cuba. Please keep your leadership aware of your desires to deploy as short-fused taskers do occasionally come up. If interested in the Guantanamo deployment, please discuss with your Senior Nurse, especially about the expectations for nursing related to the enteral feeding program.

For any Clinical Nurse Specialists out there who have not taken a certification exam yet, you only have a few months left to apply for the Adult Health CNS exam. You must apply before 31 December 2014 and take your exam before 31 December 2015. Otherwise you will take the Adult Gerontology CNS certification exam. That option is also currently available.

In an effort to standardize practices across the Nurse Corps, the BUMED Core Competencies have been revised and are pending approval at BUMED. Once approved, they will be posted to the NC page on NKO.

Watch milSuite for the 1910 Specialty Leader page coming soon! If you haven't joined milSuite yet, I highly recommend it as it is a great resource. The CNS Advisory Board (CNSAB) has a very active page with lots of information on policies and procedures from different commands.

Please do not hesitate to contact me for any questions. I look forward to hearing from you!



Kelly Vega
LCDR, NC, USN



Educational Opportunities for Civilian Nurses

The Navy Nurse Corps offers a version of Duty Under Instruction for our Civil Service Registered Nurses who wish to attain a Bachelor's of Science Degree in Nursing. The program, known as the Bachelor's Degree Completion Program for Federal Civilian Registered Nurses (BDCP-FCRN), offers Civilian RNs the opportunity to attend a nationally accredited nursing school of their choice. Participants continue to receive full pay and allowances of their permanent position while all tuition and educational fees are paid for by BUMED.

To be eligible for the BDCP-FCRN, candidates must have served at least three years in the Federal civilian service at a Navy Medicine command prior to applying, hold an Associate's Degree in nursing, and be able to work within the Baylor Plan 24/40 Compressed Work Schedule at their existing command.

Candidates are allowed up to 24 months to attain their BSN and, upon successful completion of the Bachelor Degree Completion program, must continue working full-time for Navy Medicine for a period of two years, unless in-

voluntarily separated from Federal Service.

Applications are due to the Director of Nurse Corp Graduate Programs, Navy Medicine Professional Development Center by 15 June of each year. Specific information about the program is provided every April with the release of a BUMEDNOTE. Information about the Baylor Plan is provided in the [DoDI 1400.25, Volume 541, June 15, 2009](#). For additional information about the BDCP-FCRN, contact [CAPT Mark Copenhagen](#) by email or phone at (301) 295-5773.



Mark Copenhagen
CAPT, NC, USN



Bravo Zulu



Certifications:

- LTJG Emily Barnett at NATO Role 3 MMU passed the Critical Care Registered Nurse (CCRN) certification exam.
- LT Devon Czarzasty at Naval Hospital Camp Pendleton passed the Critical Care Registered Nurse (CCRN) certification exam.
- LT Megan Debus, recently re-deployed from Joint Task Force-Joint Medical Group Guantanamo Bay, home command EMF Great Lakes, passed the Medical-Surgical Nurse (RN-BC) certification exam.
- LTJG Jamie Dunn, recently re-deployed from Joint Task Force-Joint Medical Group Guantanamo Bay, home command Operational Health Support Unit Bremerton, NOSC Portland, passed the Medical-Surgical Nurse (RN-BC) certification exam.
- LT Kristina Hadley, currently deployed to Joint Task Force-Joint Medical Group Guantanamo Bay, home command Operational Health Support Unit Bremerton, NOSC Everett, passed the Medical-Surgical Nurse (RN-BC) certification exam.
- LTJG Jared Hartman at Naval Hospital Camp Pendleton passed the Critical Care Registered Nurse (CCRN) certification exam.
- LTJG Ruth Johns at Naval Hospital Camp Pendleton passed the Critical Care Registered Nurse (CCRN) certification exam.
- LT Trent Leboeuf, currently deployed to Joint Task Force-Joint Medical Group Guantanamo Bay, home command EMF Dallas, completed all requirements for Certification as a Certified Healthcare Simulation Educator.
- LTJG Vernon Parker at Naval Hospital Camp Pendleton passed the Critical Care Registered Nurse (CCRN) certification exam.
- LTJG Christine Quick at NATO Role 3 MMU passed the Critical Care Registered Nurse (CCRN) certification exam.
- LT Angelica Rosales at Naval Hospital Camp Pendleton passed the Critical Care Registered Nurse (CCRN) certification exam.
- LT Kenneth Sierleja at NATO Role 3 MMU passed the Critical Care Registered Nurse (CCRN) certification exam.
- LT Linda Williams at NATO Role 3 MMU passed the Critical Care Registered Nurse (CCRN) certification exam.

Education:

- LTJG Olaniyi Alli-Balogun at EMF Great Lakes One earned a Master of Science degree in Nursing Administration with a concentration in Nursing Informatics from University of Illinois in Chicago.
- LT Rachel Cousins at Naval Health Clinic Cherry Point earned a Master of Science in Nursing Education degree from Grand Canyon University.
- LTJG Nathan Voelkel at NATO Role 3 MMU earned a Master of Healthcare Administration degree from Park University.

Announcements:

- The ICU staff at Naval Hospital Camp Pendleton has achieved 100% Critical Care Registered Nurse (CCRN) certification. Bravo Zulu!

