Nurse Corps News

Volume 9, Issue 10 October 2015

Inside this issue:

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Director's Corner: Nurse Corps Strategic Objectives

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

Greetings, I hope this note finds you well. Last month a number of Nurse Corps leaders and subject matter experts gathered to review last year's strategic objectives, the accomplishments achieved, and the obstacles and challenges confronted. We then turned our attention forward to develop the strategic objectives for the coming year. There is much to celebrate and much to anticipate; my summarized version follows. Additional information will be shared via e-mail and milSuite.

Professional Excellence:

In alignment with Navy Medicine's "Value" goal, the Professional Excellence Team made significant strides in updating and refining our Clinical Leadership Model (CLM) or professional practice model. As described last month, the CLM "is a schematic description that helps make sense of a complex reality," "helps articulate our identity," and "assists the individual nurse in managing his or her career, from novice to expert." The updated CLM book describes three domains (Transformational Leadership, Professional Development, and Operational Readiness/Jointness) and the team is working on a pictogram to represent these concepts. This team's work is exciting and I consider implementation of the model to be our top priority. The model is the foundation of our professional practice and the touch stone for all our strategic objectives.

Clinical Excellence:

The Clinical Excellence team took on three very distinct initiatives in alignment with Navy Medicine's goal of "Readiness and Value":

1. **Competencies:** Continuing efforts to establish firm professional practice standards, the team linked our seven established nursing core competencies to Mosby skill sets and drafted nine new supplemental competencies for PACU, Ambulatory Care, Public Health, Operational Nursing, Occupational Health, Immunizations, Case Management, Newborn Care/NICU, and Telemetry. On Chief BUMED approval, these competencies will be available via SWANK. In the coming year additional competencies will be developed, as well as utilization of SWANK and other modalities for distribution and training.
2. **Utilization of the Clinical Nurse Specialist:** Utilization of the CNS and the Doctor of Nursing Practice is a significant professional practice challenge within the Navy and within many other organizations as well. Your questions are appreciated and your input to this team's questionnaire regarding utilization of the CNS is appreciated as well. Based on these data, a draft CNS instruction and Position Description have been created and are being reviewed by the NC office for implementation. Further analysis of the data will continue, including further evaluation of the role of the DNP. New efforts include determining how to support skills sustainment across the Navy Nurse Corps.
3. **Nurse Sensitive Indicators:** Professional nurses impact patient outcomes and the Clinical Excellence team has worked to prioritize and select those key patient outcome measures nursing care significantly impacts. The Tri-care Inpatient Satisfaction Survey (TRISS) was chosen for analysis with an emphasis on 11 questions focused on Nursing Communication, Medication Communication, and Discharge Education. The data revealed remarkable performance variance among our facilities. In the next year, the team plans to understand the variance and to identify best practices for sharing.

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Director's Corner: Nurse Corps Strategic Plans *(cont.)*

Strategic Partnerships:

This goal group sought to improve interoperability between and among Federal Nursing Services in alignment with Navy Medicine's Goal of "Jointness." Great progress was made exploring Navy partnerships within the Veterans Administration, Red Cross, and our fellow services. Many relationships exist and are integral to successes in those regions. Two questionnaires were conducted to determine desire for joint Senior Nurse Executive (SNE) networks. Ninety-five percent of respondents desired cross service networking opportunities in the form of regular TelCONs, milSuite, and shared Newsletters. In the following year these communication avenues will be explored. In addition this team will support our other Objective groups to facilitate establishing relationship to meet our objectives.

The Navy Nurse Corps had two additional enabling objectives for FY 15; **Strategic Communication** and **Workforce**. Great work has been done by the **Communication team** to improve communication within our Corps using milSuite, Facebook live events, and expanded use of our list serves. The efforts will continue. One specific initiative will be to migrate the content from Navy Knowledge Online to milSuite. Our **Workforce team** continues to update our manning document to reflect our current and future requirements. Both of these groups actively support the efforts of the Professional Excellence, Clinical Excellence, and Strategic Partnership teams.

Our Navy Nurse Corps Strategic Objectives compliment and contribute to Navy Medicine's goals of Readiness, Value, and Jointness. Our Strategic Objectives advance the ongoing imperative to become a High Reliability Organization with a personal and cultural commitment to quality and patient safety in all we do. I am proud of our Navy Nurse Corps accomplishments, the tremendous commitment, and the demonstrations of excellence I see by Navy Nurses each and every day.

Reserve Corner: Leadership and Excellence Go Hand in Hand

Tina Alvarado
RDML, NC, USN

Deputy Director,
Reserve Component

The new CNO, Admiral John Richardson, is a recipient of the prestigious Stockdale Leadership Award. While excellence in leadership is expected at the highest levels of the US Navy, it is in fact one of our guiding principles that applies to service members at all levels of the organization.

Perhaps the biggest differentiating factor between professional nursing in the civilian sector and Navy Nursing is the emphasis on developing leaders who build "excellence." Dr. Warren Bennis, PhD, author of *On Becoming a Leader* states, "Managers are people who do things right, while leaders are people who do the right thing." It is this differentiation that is very important to emphasize as we go about building the culture of the Navy Reserve Nurse Corps. Our newest nurses experience it right away as prospective Nurse Corps candidates are chosen not only for their exceptional clinical skills, but also for their potential leadership qualities.

In a July 2013 article, David Morken simplified the complexity of this notion by identifying "3 Lessons for CEOs in Deploying Military Leadership Principles." The military understands that leaders are made – not born. From the moment the oath is taken, military members are trained to accept ever increasing levels of responsibility and leadership. In order to advance to the next rank, certain levels of training and accomplishment must be achieved. This is made very clear. Every year the sailor is ranked against his or her peers in a lineal order. This forced distribution identifies who will advance and who will not. From the very first FITREP received as an ensign, officers are graded on specific leadership attributes with an expectation there be continuous development and expansion of these leadership skills and traits throughout the member's career track. It is the behavior that a person displays, such as integrity, drive, energy, determination, self-discipline, willpower, and risk-taking, that

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Reserve Corner: Leadership and Excellence Go Hand in Hand *(cont.)*

indicates the overall character of each individual. These types of behaviors win trust and loyalty and encourage others to follow and emulate that individual.

Nursing as a profession engenders trust. In 2013 the Gallup poll reported again that "nursing is the most trusted profession in the United States," with 82% of respondents ranking that honesty and ethical standards were high, or very high, for the profession. Excellence in leadership has its basis in trust and integrity. There are examples throughout history of leaders who led without it or used fear and intimidation instead. These include the likes of Adolf Hitler.

Keep in mind our motivation is not the same as the private sector. When serving in crisis conditions where leadership influences the physical well-being or survival of both the leader and the led – in extremis contexts – transactional sources of motivation (e.g., pay, rewards, or threat of punishment) become insufficient. Why should a person be motivated by rewards when he might not live to enjoy them? Why would a person fear administrative punishment when compliance might lead to injury or death? Sailors in such circumstances must be led in ways that inspire, rather than require, trust and confidence.

When followers have trust and confidence in a charismatic leader and in each other, they are transformed into willing agents, rather than merely being compliant. In the lingo of leadership theorists, such influence is termed transformational leadership and it is the dominant style of military leaders.

Additionally, the Navy has identified core elements listed in "A Strategy for Developing Navy Leaders." These core elements need to be blended into our future leaders, as well.

Core Elements of Leader Development - Synopsis

Each of the four core elements makes a unique contribution to leader development.

Education inculcates 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.

In order to continue with the leadership development of our officers, course curriculum opportunities are outlined in the **MILPERSMAN 1301-906**. Courses are defined by topic, target population, and length of the course. In addition, every officer is required to take the Navy Leadership Courses which are outlined in the **2014 Navy Times article**. So if you are delinquent in any of these training requirements make sure to sign up for the next course offered in your area. You may also want to consider any of the Joint Leadership training courses such as the Joint Medical Executive Skills Institute (JMESI) and the Joint Professional Military Education (JPME) program.

Let me re-emphasize that the RC nurses have the RC Career Development Board (CDB) document, which explicitly outlines the educational/training requirements to undertake based on an Ensign to Captain rank structure, is also available to you. There will be further development of this RC NC template which will closely align with the newly designed Professional Practice Model being developed and designed by the AC Nurse Corps, so stand by for the unveiling in March/April 2016 time frame.

The emphasis I am placing on leadership development recognizes that nurses are officers as well as clinical experts. I am continually amazed that this is actualized every year by the Senior APPLY selection boards where Nurse Corps Officers incur about 50% of the Executive or Commanding Officer positions for Navy Reserve Medicine. What a tribute to all of you who are taking the information provided to you and making it your goal to become leaders of excellence.

Leadership 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 challenged to become a transformational 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.

Blue in Support Of Green (BISOG)

CAPT Deborah Roy

Deputy Director, Navy Nurse Corps

Greetings, nursing leaders! There is a new buzz around Navy Medicine in general and the Nurse Corps in particular; it's called BISOG. I wanted to take this time to tell you a bit about this new opportunity and address some of the questions we are hearing.

What is BISOG? The United Stated Marine Corps, in an effort to maximize deployment readiness, has "purchased" Medical Corps, Nurse Corps, Medical Service Corps, and Hospital Corpsman billets to be added to 1st, 2nd, and 3rd Medical Battalions. These billets will be phased in over the next five years. The FY 17 billets have been funded and a total of 15 Critical Care (1960), 20 Emergency Room (1945), and 19 Medical Surgical (1910) billets will be detailed starting in October of 2016.

Where did these billets come from? Please note that NC Billets were not taken from our MTFs. In fact, these are new billets added to the Nurse Corps base manning and assigned to the Marine Corps Units.

How will these billets be detailed? As the BISOG billets are operational, they are priority to fill along with overseas assignments. This is the standard PERS regulation on billet prioritization. Detailing processes are not different for these billets.

Will the specialty nurses be taken early from the MTFs to fill? We certainly hope not! The plan is to fill these billets in phases during normal PCS negotiations/assigning. However, as these are new requirements, situations may arise that require an early move to meet billet requirements.

Does the Nurse Corps have enough specialty nurses to fill these billets? Yes and no. The number of billets per specialty per fiscal year was negotiated to allow filling the BISOG billets without draining the specialty inventory from the MTFs. That being said, we will see a transient drop of "bodies" (not billets) in some specialties at the MTFs until new nurses are accessioned and/or trained. The good news is that Nurse Corps recruiting has been very successful, with nurses of these specialty backgrounds applying in good numbers. Our Direct Accession quotas have increased and we have quality candidates in the pipeline.

If assigned to a BISOG billet, what will I be doing? The goal of the Marine Corps is to build deployable units who train and work together to optimize unit function, efficiency, and deployability. To meet this goal Medical Battalions will utilize multiple avenues to build and train the teams. You will use your advanced knowledge and skill to lead teams/processes, perform clinical care, train yourself and others, conduct exercises, optimize systems/procedures, and lead innovations. Operational billets offer a good deal of autonomy and require self-direction and the ability to take the initiative to meet the mission.

Will I have leadership opportunities? Yes, with every assignment there is an opportunity to lead in several ways. Clinically you will lead skills sustainment efforts, provide educational growth, and improve practices of you team. Operationally, you will lead efforts to improve systems, functions, and performance of your unit. Professionally, you will apply standards of care, best practices, and initiate process that improve safety, quality, and patient outcomes. In addition these units have a rank structure that allows for formal positions of leadership.

Are there rank limitations? The BISOG billets are distributed among several ranks to allow for variation of experience, skills sets, and to meet unit structure requirements.

What will this mean to my career? With every new assignment you have the opportunity to set yourself apart from your peers and excel. The BISOG billets are no different. The reason the medical specialties exist is to support our operational forces, and the opportunity to serve in such a direct manner is viewed positively. I've heard concern that being in "one of one" billets will hurt a career. This not necessarily true, "one of one" billets could impact you career over a long period of time in light of other factors, but and of themselves are not detrimental to a career. In any case, these are not "one of one" billets. You will have a pool of other nurses assigned with you at these Medical Battalions and, therefore, you will also have a peer group to be ranked against.

How will I sustain my clinical skills? Skill sustainment is a priority for the Navy and the Marine Corps leadership. There are some

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Blue in Support Of Green (BISOG) *(cont.)*

exciting conversations/planning as to the specifics to include rotations at regional Trauma Centers, MTFs, Simulation labs, and other avenues. Specifics will depend on your assigned region.

If not assigned to a BISOG billet, will I still be able to deploy with the Marines? Yes. The number of Marine Corps Platform billets at the MTFs will decrease over the five year implementation; however, platform billets will still exist. Individuals assigned to those platforms will have the opportunity to train and deploy when needed.

I know that BISOG questions will continue to surface and the Nurse Corps leadership is committed to answering your questions and fielding your concerns. Please submit questions on milSuite. The specialty leaders and the Nurse Corps office will do our best to answer them.

I am very excited about these billets and the opportunities that they bring! Your contributions will ensure a ready medical Marine Force, able to respond when needed. Your leadership, professionalism, and clinical expertise are vital to long term success and I thank you for your efforts.

Naval Hospital Jacksonville Nurse Anesthesia Students Present at the AANA and TSNRP

Students from the Uniformed Services University (USU) Registered Nurse Anesthesia (RNA) Program at Naval Hospital Jacksonville (NHJAX), Florida presented the results of their evidence-based practice (EBP) performance improvement (PI) project in September at the 2015 American Association of Nurse Anesthetists (AANA) Annual Congress in Salt Lake City, UT, and the Tri-Service Nursing Research Program (TSNRP), Research and Evidence-based Practice Dissemination Course in San Antonio, TX. As part of fulfilling the USU Daniel K. Inouye Graduate School of Nursing (DKI-GSN) Doctor of Nursing Practice (DNP) academic requirements, **LCDRs Danielle Cuevas** and **Michael Rucker** delivered poster and podium presentations on their project entitled "Implementation of a Standardized Preoperative Diabetes Medication Management Guideline and Its Effect on Day of Procedure Blood Glucose Levels."

In alignment with practice-focused scholarship requirements outlined by the American Association of Colleges of Nursing and the USU DKI-GSN DNP program, RNA students are prepared to generate new practice knowledge by addressing complex clinical or system problems, appraising and translating evidence into practice, and evaluating the effects of implementation of quality or performance improvement processes in the Military Health System. Students coalesce into a DNP project team early in Phase I training and solidify their EBP project ideas with assistance from USU faculty and key-stakeholders. The objective of the EBP project is to formulate and answer a clinical/systems question that addresses a practice issue at the gaining Phase II clinical training site.

The DNP project team of **LCDR Danielle Cuevas**, **LCDR Michael Rucker**, and **LT Douglas Johnson** identified a clinical problem: There were no standard preoperative medication instructions for diabetic patients undergoing ambulatory surgical procedures at NHJAX. The result was patient confusion and staff disagreement about what antiglycemic medications should and should not be taken before surgery. Recognizing that optimizing blood glucose (BG) levels on the day of procedure could help prevent perioperative complications, the student team developed and implemented standardized medication management and BG measurement guidelines for diabetic patients undergoing elective surgical procedures.

CDR Chris Crerar

Director of Clinical Academics, USU RNA Program

Under guidance from DNP project mentors **LCDR Raymond Bonds**, **CDR Ken Wofford**, and **CDR Chris Crerar**, the students demonstrated doctoral level scholarship by lead-

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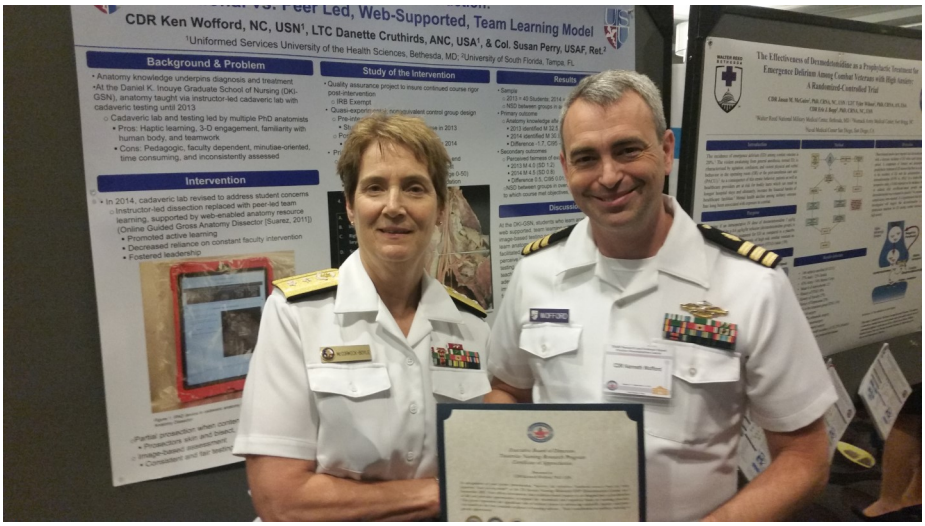
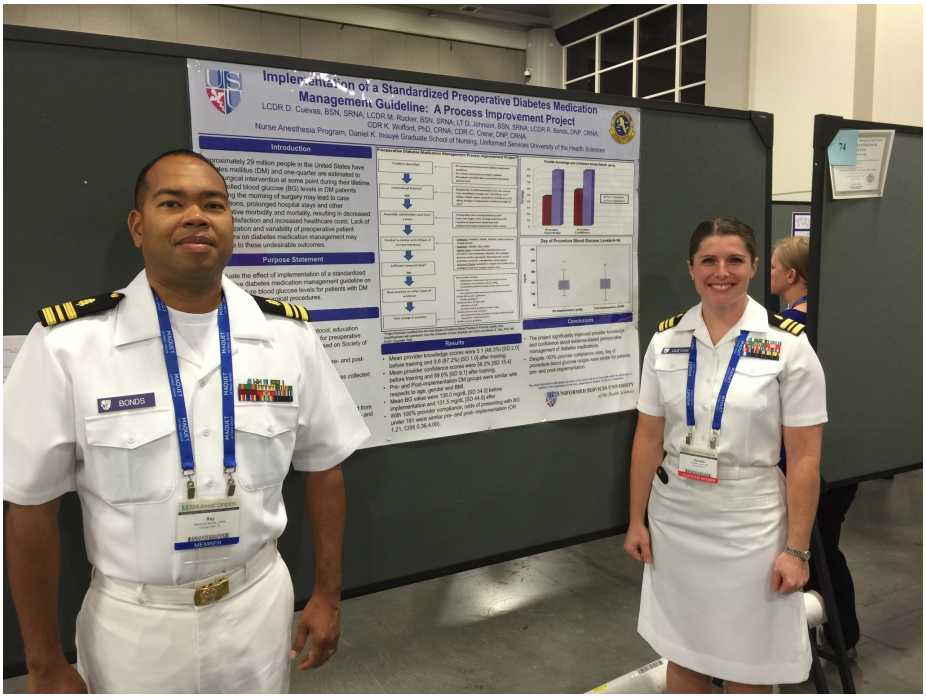
Naval Hospital Jacksonville Nurse Anesthesia Students Present at the AANA and TSNRP *(cont.)*

ing a multi-disciplinary team to formally plan, implement, evaluate, and, most recently, disseminate the findings of their EBP PI project. They successfully developed a standardized protocol, education program, provider reminder, and patient education tool for preoperative diabetes medication management, largely based on Society of Ambulatory Anesthesia's consensus statement on perioperative blood glucose management (Joshi et al., 2010). Overall, the provider education coupled with the process standardization significantly improved provider knowledge, confidence, and process compliance. The results of this PI project exemplify how the concerted efforts from the USU DKI-GSN DNP program and advanced practice military nurses may serve to improve the care provided to medical beneficiaries through the implementation of similar standardized EBP guidelines across the Military Health System.



CDR Ken Wofford, PhD, CRNA, USU RNA Program Research Director congratulated by RADM McCormick-Boyle at TSNRP course. CDR Wofford serves as a DNP project mentor for the NHJAX PI project.



Left: LCDR Raymond Bonds (Research Director and Assistant Site Director, USU RNA Program NHJAX) with LCDR Danielle Cuevas, USU Student Nurse Anesthetist, at the AANA Annual Congress.

Specialty Leader Update: Nurse Midwives/Women's Health Nurse Practitioners (1981/1980)

Salutations from the Nurse Midwife/Women's Health Nurse Practitioner Community. I would like to start off by greeting several individuals joining our specialty:

- **LCDR Annette Hemphill** graduated from Shenandoah University this Spring, successfully passed the American Midwifery Certification Board (AMCB) examination, and recently reported to USNH Okinawa, Japan. Welcome!
- **LT Jenique Keys** graduated from San Diego State University this Spring, successfully passed the AMCB examination, and recently reported to Naval Hospital Camp Pendleton. Welcome!
- **LCDR Nicky Peterson** graduated from California State at Fullerton this Spring and recently reported to Naval Hospital Camp Lejeune. Welcome!
- **LT Lindsey Boyd** and **LT Jessica Miller**, two direct accession gains, recently reported to Naval Hospital Jacksonville. Welcome! And not only welcome to the Nurse Midwifery Community, but hail to the Navy!

Additionally, congratulations go out to **LT Amber Wilson**, a reservist nurse midwife who successfully passed her AMCB examination.

As our 1980/Women's Health Nurse Practitioner Community continues to phase down, I'd like to again say thank you to the few active duty 1980s who remain and continue to provide exceptional women's healthcare.

Patient-Family Centered initiatives continue to be successes for our community to boast about! **CDR Sara Shaffer** successfully advocated for the establishment of a permanent, devoted Centering Pregnancy (group prenatal care) room at Kimbrough Army Community Clinic (Fort Meade). **LCDR Cathy Luna** championed the practice of Nitrous Oxide for labor pain management use at Naval Hospital Camp Pendleton (with the support of **CDR Cary Schulz**, a CRNA, and the crew at Naval Hospital Jacksonville). Additionally, nurse-midwives at several other MTFs are currently working towards bringing this pain management option to laboring and immediate postpartum women. The number of Centering Pregnancy groups have grown strikingly through **CDR Kirsten Harvison's** dedication towards group model prenatal care.

We had the recent return of **CDR Erlain Naval** (Women's Health Nurse Practitioner), and **LCDR Faith Underwood** (Nurse Midwife) from their impactful participation with the humanitarian mission Continuing Promise 2015 aboard the USNS *Comfort* (T-AH 20).

Likewise, **CDR Protegenie (Genie) Reed** (Nurse Midwife) returned from her influential role during Pacific Partnership 2015 aboard the USNS *Mercy* (T-AH 19). As an invaluable contributor during the "Subject Matter Expert Exchanges" in Fiji, Papua New Guinea, and the Phillippines, CDR Reed presented educational discussions to approximately 150 Host Nations nurses, nurse midwives, and physicians on such topics as obstetrical emergencies, postpartum care, and active management of the third stage of labor. She participated in cultural traditions and even delivered a few babies in Fiji and Papua New Guinea. CDR Reed recalls her experiences during the humanitarian mission in an **exciting and uplifting blog**.

CDR Protegenie (Genie) Reed at a Fujian midwife clinic during Pacific Partnership 2015.

CAPT Maria Perry

Finally, I hope everyone enjoyed National Midwifery Week (4-10 October)! Thank you for the wonderful care you provide to women and their families! Please feel free to contact me if you have any questions about this dynamic community.

Specialty Leader Update: Pediatric Nursing and Pediatric Nurse Practitioners (1922/1974)

LCDR Kathryn Stewart

Hello to all the 1974 and 1922 nurses across the globe! Another six months has flown by with our nurses participating in exciting events at home and abroad. The Strategic Planning Meeting that was held last month at the USO Fort Belvoir was exciting and invigorating as we discussed the way ahead for Nurse Corps. It was a great meeting where topics included an identified Professional Practice Model specific for the Navy Nurse Corps, utilization of the DNP, clinical training pipeline, improved navigating and increased use of milSuite, and many other topics. If you have been selected to participate in a goal team, please let me know.

The FY 2017 DUINS offerings included three positions for the Master of Science in Nursing for Pediatric Clinical Nurse Specialist and two positions for the Doctorate of Nursing Practice for Pediatric Nurse Practitioner. We had a large application pool for each of these DUINS opportunity routes with strong candidates. Currently, we have seven nurses training in the 1974 pipeline to become DNP trained Pediatric Nurse Practitioners and four nurses training in the 1922 pipeline to become Masters prepared Pediatric Clinical Nurse Specialists. In the past six months, the following individuals have joined our ranks:

- LCDR Sheila Almendras-Flaherty (1922)
- LCDR Allyson Whalen (1974)
- LT Lauren Dinan (1974)
- LCDR Reginaldo Cagampano (1974).

As discussed in my last newsletter articles the number of schools offering Masters' degrees continues to decrease and states are continuing to align with the Consensus Model for APRN Regulation. Remember that LCDR Davies, the assistant specialty leader, and I are here to answer any questions you may have on the DUINS process and the differences between the two roles and utilization within the Navy. Start early, learn the **BUMED Instruction 1520.27**, identify the prospective schools, reach out to your command, and find an individual to shadow in the specific role. The candidates who have a true understanding of the role will outshine their peers. Pediatric Clinical Nurse Specialist and Nurse Practitioners both serve as Navy leaders and add value to the diversity of our roles and ranks!

Pediatric Intensive Care Unit (PICU) nursing updates:

Currently, our PICU nursing colleagues fall under the 1922 subspecialty code umbrella. However, it is impossible to distinguish between a ward or clinic nurse with a pediatric background or a nurse who has worked within the PICU. We have seen an increase in the requests for 1922 nurses with pediatric intensive care background on humanitarian missions as well as reports from forward deployed nurses in theater that a high volume of care was provided to the pediatric civilian casualties to include those critically injured. One exciting opportunity for those who work within the PICU includes obtaining and completing the Essentials of Pediatric Critical Care Orientation online didactic program. This program is offered through the AACN and the NMPDC has purchased seats to standardize the training of our PICU nurses. I am working with BUMED and seeking out ways to identify the PICU nurses within our system and hope to have an approved plan within the year. I'll keep everyone posted!

Finally, our colleagues for the Continuing Promise and Pacific Partnership deployments have returned. The USNS *Comfort* provided humanitarian relief to multiple countries within the Caribbean and South America. **CAPT White**, **CDR (Sel) Ebueng**, and **CDR Schwarz** each served as OICs to various medical sites, attended subject matter exchanges with professional counterparts in the host nations, taught Pediatric Advanced Life support and Helping Babies Breathe, and collectively saw over 1,800 patients. **LT Ashley Rohrman**, **LT Erin Williams**, and **LTJG Ashley Chase** worked together to open the inpatient pediatric ward and collectively cared for hundreds of pediatric patients with varying degrees of acuity and diagnoses. **CDR Eva Domotorffy** and **LT Ryan Walter** served in similar roles on the USNS *Mercy*. LT Walter served in the role of acting division officer and charge nurse for a 40 bed pediatric ward and shadowed CDR Domotorffy in the role of PNP at community health engagements throughout the Pacific to hundreds of local children.

As always, thank you to all the 1922 and 1974 nurses for dedication to duty and our pediatric patients on a daily basis. Thank you to all of those who stayed behind to support the MTFs during these summer months – you helped keep the command functioning while our partners provided humanitarian aid. If you have not already signed up for a **milSuite** account, now is the time! We now have a **1974/1922 page on milBook** and I invite you to check it out and join the group.

LCDR Christine Davies and I remain here and available to assist. We look forward to working with you and continue to consider it both an honor and privilege to serve as your Specialty Leaders.

Specialty Leader Update: Public Health Nursing (1940)

Once again I am honored to share with you the adventures and accomplishments of the 1940 Public Health Nurses. In the last six months, Navy Public Health nurses have explored new worlds, learning new cultures, and found new ways to provide care around the Navy, their communities, and the globe. Below are some of the highlights from the last six months.

LCDR Julie Schaub, one of our DUINS students couldn't even get out of school before she was taking opportunity during her MPH program to participate in a study abroad to Switzerland. The trip included examining Switzerland's culture and history to understand how this nation became one of the world's headquarters for global health and diplomacy. The trip included analyzing the socioeconomic, environmental, and lifestyle factors that contribute to Switzerland's high quality of life. She spent two days at the United Nations, which included meetings with the Office of High Commission for Human Rights, UNICEF Children's Fund, World Trade Organization, Environment Program, World Food Program, and the Disaster Reduction Office. The trip included a tour of the Palais des Nations and a day at the World Health Organization (WHO). This visit included a variety of speakers who discussed social determinates of health, diet and physical activity, national guidelines for drinking water, Middle East Respiratory Syndrome (MERS), and Ebola. Additionally, she spent one day at The International Committee of the Red Cross (ICRC). The ICRC is part of the International Red Cross and Red Crescent Movement. It is the oldest and most honored organization within the Movement and one of the most widely recognized organizations in the world. We welcome LCDR Schaub into our public health community and look forward to great things from this Nurse Corps Officer!

LCDR Julie Schaub, DUINS student 1940, MPH in Health Promotion and Education, University of North Florida.

Up at the DHA, Public Health Division, **CDR Denise Gechas** is diligently working on standardizing the PHA/MHA into a DoD web-based tool. The corresponding DoDI and DHA-Procedural Instructions are in coordination. She is working with Navy and Marine Corps Public Health Center (NMCPHC) to determine how the Navy and USMC will test and implement the new tool/process until all the Services integrate onto the new DoD Electronic Health Record. In the meantime, NMCPHC is building the prototype on the eDHA server. The streamlining of the PHA and the deployment health assessments is expected to result in significant cost (and time) savings for the MHS.

CDR Heather Sellers, Director of Public Health Services at Naval Hospital Oak Harbor, served as ADVON Nurse Planner for Kiribati and Solomon Islands (USNS *Millinocket*) for Pacific Partnership 2015 (PP15). In Kiribati they provided guest lectures to nursing students and medical staff at local Universities and hospitals. In the Solomon Islands she taught many topics to include the triage process, BLS, wound care, diabetes management, and infection control. She was appointed as CNIO for NH Oak Harbor and is a part of the Oak Harbor team that will be the first MTF to deploy the new EHR in the fall of 2016!

LCDR Misty Scheel

In Twentynine Palms, **CDR Wendy Stone**, Director for Public Health Services, mentored an ambulatory care nurse through the Public Health competencies leading to **LCDR Molly Cook's** being awarded the 1940 SSC. Directly after her SSC assignment, she was selected to serve on the *Mercy* for PP15 and was recently selected to be on PP16 as the Pre-Deployment Assessment Team. **CDR Shelly Benfield**, also at Twentynine Palms, was selected

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Specialty Leader Update: Public Health Nursing (1940) *(cont.)*

to attend the Global Health Strategies for Security Course in Washington, DC. This multinational, tri-service course was designed to prepare participants with the knowledge and skills to develop global health strategies and programs that support National Security and Defense priorities. In addition with the support of the public health nurses, Twentynine Palms has moved from the bottom performer in Navy medicine to only three composite points from meeting the Navy benchmark.

LCDR Timothy Whiting, at Naval Medical Center Portsmouth, continues working on several population health initiatives including the first ambulatory intensive care, a program for tertiary prevention. This BUMED-funded pilot program uses retrospective and prospective modeling to identify and prioritize patients for enhanced primary care intervention. Additionally, the team with colleagues in the Health Analysis division of the NMCPHC and our Air Force counterparts in the DHA are moving forward in collaborative initiatives utilizing advanced predictive analytics to identify multiple sub populations of rising risk patients due to high utilization, diabetes, readmission, and several other areas of high concern. Lastly, he is working with Navy Medicine East on the implementation of industry leading business intelligence tools that will facilitate unprecedented data visualization, essentially re-defining how we approach population health management.

We are a diverse specialty that uses our nursing background and our advanced degrees in public health to move health care beyond the walls of traditional medical facilities to reach our patient population were they need us most, in their communities and as part of their daily lives. We use our training to ensure the warfighter is always fit and healthy to go down range on any mission. We serve beside our acute care providers in times of war, disasters, and humanitarian missions using our primary nursing skills to care for the injured. When the acute care phase ends, we carry on ensuring the community and population returns to a level of equilibrium and health.

Nurse Corps Legacy - The Birth and Growth of the Wartime Corps

In 1908, Congress established the United States Navy Nurse Corps. Up until this time, women nurses had been working unofficially on Navy ships and in Navy hospitals.

First Introduction

The concept of women being formally added to Navy hospital staff was first introduced by Dr. William Barton in 1811. But the official service of women as nurses would not be established until much later - in 1908 with the formation of the Nurse Corps. At that time, 20 women were chosen and assigned to the Naval Medical School Hospital in Washington, DC. This first group, however, had to provide their own room and board.

WWI and the Nurse Corps

Just prior to WWI, the Nurse Corps had already grown to 160 nurses. With the onset of WWI, the duties of the Nurse Corps were greatly expanded, including overseas service and working under difficult battle field conditions while on loan to the US Army. In all, 19 female nurses lost their lives during this time – more than half of them dying from influenza.

World War II

The World War II era saw a great influx in the number of nurses in the Nurse Corps. In November of 1941, close to 800 were on active duty, with an additional 900+ on reserve (inactive status).

When the Japanese attacked Pearl Harbor on 7 December 1941, Navy nurses were on duty throughout the Pacific and played a vital role in minimizing the overall loss of life and limb. The need to place them under the War Manpower Commission became apparent and, despite the shortage of qualified nurses, the Navy upheld its standards and enrolled those nurses with outstanding credentials and exceptional skills. The nurses selected received further training in specialty areas such as orthopedics, surgery, and psychiatry. Navy nurses were also made responsible for training Hospital Corpsmen.

Navy nurses participated in WWII throughout the Pacific theater and in Europe, as well as stateside. Some were assigned to naval hospitals aboard ships and were eventually given permission to travel off ship to pick up the wounded. By the mid-1940s, flight nurses were graduating after additional training in swimming and rescue missions. Upon graduation, they became an active member of a flying team.

Post-WWII

By the end of the war, more than 10,000 nurses were serving on six continents. After WWII, the US Navy Nurse Corps played important roles in the Korean War and the Vietnam War. The US Navy Nurse Corps, far removed from the worn torn battlefields of WWII, remains active to this day with nurses deployed throughout the world.

Article courtesy of **The Armed Forces Museum**. Please visit their website to learn more about our Nurse Corps Legacy.

Bravo Zulu!

Certifications:

- LT Kellie Haney, from Naval Medical Center San Diego, currently deployed to the Role III MMU in Kandahar, Afghanistan, earned the Perioperative Nurse (CNOR) certification.

Award:

- LT Peggy Wolstein, from Operational Health Support Unit Bremerton, Montana Detachment, was selected by the Association of the United States Navy to receive the Bea Ratner Award. Congratulations!

Education:

- CDR Randy Ashman, from Naval Medical Center San Diego, earned a Doctor of Nursing Practice (DNP) degree from the University of Alabama at Tuscaloosa.

- LT Lisa Umpa, from Naval Medical Center San Diego, earned a Master of Nursing degree with a concentration in Administration from Liberty University. She was also inducted into the Sigma Theta Tau Honor Society!

Fair Winds...

- CAPT Annette Beadle
- CAPT Rochelle Owens
- CAPT Kathleen Michel
- CDR Larry Labossiere
- CDR Deborah Williams
- CDR Patricia Hasen
- LCDR David Aeurbach
- LT Ben Majam
- LT Thomas Myers
- LT Cornell Woodley

Calling All Nurse Corps Artists!
CAPT Valerie Morrison

Now is the time to put your artist caps on and volunteer your creativity.

We are looking to create a new generational coin for our Corps. One side of the coin is already in development but you still have time to join our work group! We are seeking a group of highly motivated artists to work together to bring the coin to completion.

If you are interested in taking part in a part of Nurse Corps history, please consider joining the group by contacting **LCDR Karen Ortolani**.

Thank you for your consideration and interest!

Naval Hospital Naples, Italy, is CNOR Strong!

Perioperative nurses at Naval Hospital Naples, Italy, have been recognized by the Competency & Credentialing Institute (CCI) as being CNOR Strong!

According to CCI, "Research shows that nurses who earn the CNOR credential have greater confidence in their clinical practice, having validated their specialized knowledge in perioperative nursing. Thus, a team of CNOR certified nurses who have mastered the standards of perioperative practice furthers a culture of professionalism and has been correlated to improved outcomes in surgical patients." Such nurses are known as CNOR Strong.

In order for a facility to be recognized as CNOR Strong, more than 50% of eligible perioperative nursing staff must be CNOR certified. In addition, the facility must consistently recognize and reward nurses who become certified.

Bravo Zulu, team, for the outstanding effort and for setting the standard for others to follow!