

Nurse Corps News

2010 WRAP UP & REVIEW



FEATURED

*Director's Reflection
Reserve Corps Admiral Remarks
Regional & Community Highlights
Recognizing Excellence Around the World*

*Nurse Corps News Staff
Layout: LT Randi Acheson, LT Nube Macancela
& LTJG Barbara Kent
Editor in Chief: LCDR William Westbrook*

Nurse Corps News

2019 WRAP UP & REVIEW



**Tina Davidson,
RDML, NC**

Director, Nurse Corps

Director's Reflection



Nursing Team, I truly hope each of you had a wonderful holiday season! It is my great pleasure to introduce the Nurse Corps' Year in Review 2019! You are all valuable members of the Navy Medicine Team. I am so proud of our Navy Nurses' drive to serve and their collective accomplishments. Even with so much change going on around us, we have been able to produce significant achievements over the past year. In our clinical care, education and training, executive medicine, operational medicine and research, we are successfully utilizing our Nurse Corps [Professional Practice Model](#) principles of [Caring](#), [Compassion](#), and [Competence](#) through Professional Development, Operational Readiness, and Transformational Leadership to serve the mission and reach for the vision.

The Navy and Marine Corps is our nation's away team, and I'm particularly grateful for our Sailors and Marines who stood the watch around the world during the recent holiday season. Your integrity, accountability, initiative, and toughness allowed those of us here at home to enjoy a peaceful holiday season.

As you enter the New Year and new challenges, please remember to be safe and watch out for one another. YOU are the most important part of our Navy, and the nation needs each of you to always be ready to perform at your best. Thank you for all your hard work in 2019. I look forward to another great year for our Navy, Navy Medicine, Nurse Corps and nation in 2020.

I hope you enjoy reading this year in review newsletter. Thank you for your continued dedication, expertise, and service. I wish you and your families the best for the New Year and look forward to applauding your continued accomplishments!~



Contents

Director's Reflection	Page 2
Reserve Component's Remarks	Page 3
Hail & Farewells	Page 4-5
Structure of the Corps	Page 6
Personnel Planner: Promotion	Pages 6-8
Regional Highlights	Pages 8-10
Operational Nursing	Page 11
Community Updates	Pages 12-19
Special Interest Articles	Pages 20-25
Recognizing Excellence	Pages 26-30
Selections & Awards	Pages 31-33
Happy Holidays!	Pages 34-35
Bravo Zulu (Nov/Dec)	Pages 35-36
By the Numbers	Pages 37-38

Nurse Corps News

2019 WRAP UP & REVIEW

Reserve Component:



Many wishes for a healthy and prosperous New Year!!

2019 has been a pivotal year for transition in Navy Medicine. The Reserve Nurse Corps, along with our Active Duty counterparts, have weathered the early storms. We continue through the transition and, as I have mentioned in many forums, not much has changed in the daily routines for the Reservists at Medical Treatment Facilities (MTFs), in clinics, or on Drill Weekends in comparison to 2018. A major change initiated this past year and with laser focus for 2020 is Operational Readiness, a Medically Ready and Ready Medical force. The translation for the Reserve Nurse Corps is to align with our Active Duty counterparts and follow our [Professional Practice Model](#) in all that we do. We will work together to make improvements with our Nurse Corps Strategic Goals teams in Jointness/Readiness, Leadership and Professionalism. Stay tuned as we quarterly update where we are going in areas such as Shared Governance, new leadership opportunities, both administrative and clinical, and defining what Operational Readiness in a clinical setting means to the Nurse Corps!



Mary Riggs
RADM, NC

**Deputy Director,
Reserve Component**

The Reserve Nurse Corps has had many accomplishments over the past year. We have continued to support Operational Readiness Exercises (OREs) for many Expeditionary Medical Facilities (EMFs) across the Reserves and have provided numerous hours of patient care at MTFs across the United States and OCONUS. The impact on readiness has been improved unit cohesion and operability and increased training for Tactical Combat Casualty Care for all, but specifically for the Hospital Corps. The Nurse Corps increased its readiness with certifications in Trauma Nursing Core Course (TNCC) and Advanced Cardiac Life Support (ACLS) during OREs and during the Operational Nursing Symposium held in the Spring in Portsmouth, Virginia where over 70 nurses received certifications. The Navy Reserve Medicine Education and Training Unit (NRMETC) provided a team of traveling instructors who brought the training to our Reservists, thus improving our readiness. Over the past year there have been six Innovative Readiness Trainings (IRTs) held across the United States and in Puerto Rico. These underserved communities were provided no-cost Medical, Dental, and Optometry care. The Nurse Corps was an integral part of these missions along with all other Medical Corps and the Hospital Corps. Over 53 days of support and care were provided to over 9,059 patients. The Nurse Corps worked side by side as providers and staff nurses were providing care, education and training for patients and Corpsman, along with assisting in multiple procedures. Nurses were leaders in every aspect of the IRT in roles as Training officer to Officers-in-Charge of the IRT during these Joint events. The Nurse Corps deployed well over 100 officers in a variety of roles across the globe from Guantanamo Bay, Cuba to Kandahar, Afghanistan, both land based and shipboard, in support of the Navy mission and the warfighter. Last, but not least, are the number of Nurse Corps officers selected as Executive Officers and Commanding Officers in the past year, both incoming and outgoing, who have excelled in their roles. There are over 12 officers in these roles along with selection for Post-Command and this does not include over 30 Specialty Leaders and Senior Nurse Executives. We are a force to be reckoned with!!

The Nurse Corps continues to lead the way in all that we do. We are innovative, forward-thinking, reflective in considering our history and in reviewing lessons learned in order to forge ahead. Our junior nurses are our future and they are a bright group with opportunities for leadership and advanced education at earlier stages than what many senior officers had an opportunity for at the same rank. We need to embrace the change in how we do business and support each other in all ranks in this New Year of 2020. A new decade has started and the Nurse Corps can be the positive change in the next ten years. I believe for those around in 2030, when they look back, if we start this decade off right, will not be surprised at how far we can go. Thank you for all you do for the Reserve Nurse Corps, I wish for you an excellent decade and year as we move forward together!!~

See Reserve Nurse Corps By The Numbers on pages 37-38!

Nurse Corps News

2019 WRAP UP & REVIEW

Hail & Farewells

NURSING LEADERSHIP

Deputy Director, Nurse Corps
CAPT Paul Loesche (Hail)
CAPT Deborah Roy (Farewell)

Career Planner
CAPT Julie Darling (Hail)
CAPT Carolyn McGee (Farewell)

Policy & Practice
CAPT Richard Lawrence (Hail)
CAPT Carol Hurley (Farewell)

PERS, Nurse Corps Assignments
CAPT Frances Barendse (Hail)
CAPT Iris Boehnke (Farewell)

Regional SNE, Navy Medicine East (NME)
CAPT Jeffrey Johnson (Hail)
CAPT Jamie Wise (Farewell)

Nurse Residency Program
LCDR Latarya Guley (Hail)
CDR Aleah McHenry (Farewell)

US Fleet Forces Cmd/USMC
CAPT William Wiegmann (Hail)
CAPT Cindy Baggott (Farewell)



NURSE CORPS NEWS TEAM MEMBERS HAIL & FAREWELL!!

LCDR Melanie Harding served as Editor in Chief, Nurse Corps News, for 3 years. She did an exceptional job producing a high quality product that is read and enjoyed by our entire Nurse Corps community. Under her leadership, the inaugural Year in Review edition was published in 2016, and subsequent Year in Review editions were published in 2017 and 2018. Her dedication and diligence enabled information about Nurse Corps policies, initiatives, and information to reach a global audience. THANK YOU and best wishes to you, LCDR Harding!

LCDR William Westbrook took over as Editor in Chief for the May/June 2019 newsletter edition. LCDR Westbrook is currently PCSing to USNH Guam. He's previously been assigned to 1st Medical Battalion, NH Jacksonville, NMC San Diego, and NH Guam, and has experience in adult and neonatal critical care.

LT Nube Macancela and **LTJG Barbara Kent** joined **LT Randi Acheson** as Design/Layout Editors. LT Macancela is assigned with 1st Medical Battalion, as Company Commander of Surgical Company A. LTJG Kent is stationed at Walter Reed National Military Medical Center (WRNMMC).

"FAIR WINDS AND FOLLOWING SEAS"

CAPT DEBORAH ROY

Thank you for your service
to the Nurse Corps!

*(Photo featured in September/
October 2019 NC Newsletter on
milSuite)*



FAIR WINDS AND FOLLOWING SEAS CAPT IRIS BOEHNKE THANK YOU FOR 30 YEARS OF SERVICE TO THE NURSE CORPS!

(Photo featured in the July/August 2019 NC Newsletter on milSuite)



Nurse Corps News

2019 WRAP UP & REVIEW

Goodbye “Blueberries”



ATSUGI, JAPAN: **CDR Sophia Lawrence** and **LT Molly Clark** pose for a photo (Photo by: LT James Jacob / Released).

BUMED: **CAPT Shaughnessy-Granger** and **CDR Monica Knapp** “rocking out” their blue digis on their last day of wear!



PORTSMOUTH, Va. (Sept. 30, 2019) – Sailors assigned to Naval Medical Center Portsmouth (NMCP) pose for a group photo wearing their Navy Working Uniform (NWU) Type I’s for the last time on Sept. 30.



JACKSONVILLE, Fla. (April 18, 2019) – **LCDR Maria Kennedy**, a nurse and Naval Hospital Jacksonville staff education and training department head, conducts cardio-pulmonary resuscitation (CPR) training with staff while happily wearing her NWUs. Released.



(Aug. 7, 2019) **Lt. Cmdr. Katie Jones**, assigned to Operational Hospital Support Unit Bremerton, tends to a simulated casualty during a tactical combat casualty care (TCCC) class for exercise Tropic Halo 2019 at Joint Base Lewis-McChord. **LCDR Jones** seen here, sporting her NWUs for one final training exercise before official roll out of the Type IIIs. Released.



Nurse Corps News

2010 WRAP UP & REVIEW

Nurse Corps Force Structure

Heather Ray, CDR, NC

Personnel Planner

The Nurse Corps ended the year 95.4 percent manned with officers of each rank as follows: 1 Flag, 142 Captains, 333 Commanders, 589 Lieutenant Commanders, 1015 Lieutenants, 454 Lieutenant Junior Grades and 319 Ensigns. There were 203 gains to the community and 240 losses. Nurse Corps officers were gained through the following accession programs: 58 direct accessions, 11 ROTC, 79 Nurse Candidate Program, 55 Medical Enlisted Commissioning Program and 0 recalls. Losses from the community were categorized as follows: 132 retirements, 93 resignations, 11 administrative discharges, and 4 "other." Additionally, there were 28 Nurse Corps officers promoted to the rank of Captain, 70 promoted to Commander and 117 promoted to Lieutenant Commander. Finally, there were 6 Nurse Corps officers serving as Commanding Officers, 13 serving as Executive Officers, 6 serving as Officers In Charge, and 42 serving as Directors of Nursing/Senior Nurse Executives. *See Active Duty Nurse Corps By The Numbers on pages 37-38!*

Personnel Planner: It's Complicated!

Every year in December the Nurse Corps (NC) Lineal List is released and posted on [milSuite](#). The NC Lineal List is the visible product of the promotion planning process. It is a list of nurses in precedent order showing who is above, in, and below zone eligible for promotion to the next rank. You need to know if your record will be considered and ensure your record is board ready.

The [latest record guidance](#) is posted on milSuite. Records of all in zone, above zone, and some below zone nurses will be considered during 2020 for promotion in Fiscal Year 2021. The staff selection board schedule is: CAPT- February 4, CDR- March 24, and LCDR- May 12.

There are several factors one should consider when thinking about promotions:

DEFENSE OFFICER PERSONNEL MANAGEMENT ACT DEFENSE (DOPMA)

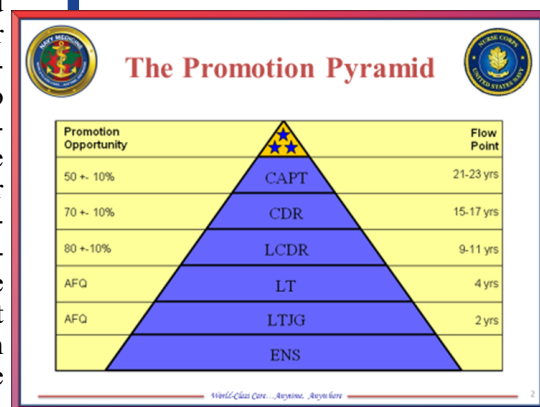
DOPMA, USC 10 Section 623, is the 1980 law stating "the number of officers that should be placed in that promotion zone in each of the next five years to provide to officers in those

years relatively similar opportunity for promotion." DOD and SECNAV identify the opportunity range and flow points. Maintaining similar opportunity produces less variation between cohorts. Adhering to flow points ensures that individuals who make rank when they are in zone have enough time in their career to accept assignments commensurate with their rank. In other words, if flow points increase too much then nurses will not have enough time to rise through the ranks of Executive Medicine before reaching statutory retirement. Similar to the Line Navy, the Nurse Corps and the Medical Service Corps are DOPMA constrained. The Medical Corps and Dental Corps are not DOPMA constrained.

FLOW POINT

Flow point is the range of years that a service member should ideally be promoted to a specific rank. For example, nurses should be promoted to Captain between 21 and 23 years of commissioned service. The actual flow point is calculated based on the in zone population. The flow point is the average years of commissioned service the in zone population has at the time of pro-

motion, if selected. See the promotion pyramid below for all ranks.



It is not necessarily an advantage to come into zone at the earliest flow point. You are eligible for selection, but your record may not be as competitive as those who are above zone. Let's assume a nurse comes into zone for CAPT at the earliest flow point. That nurse may only have three observed fitness reports as a CDR. Nurses who are above zone may have four or five observed fitness reports covering multiple assignments. The record of the above zone nurse may better demonstrate sus-

continued page 7

Nurse Corps News

2019 WRAP UP & REVIEW

Personnel Planner: It's Complicated (cont')

tained superior performance to a selection board. The good news is that in 2016 the zone designations were dropped from records, and those who are not selected will be considered at subsequent boards without being marked above zone. Also, an officer can be selected above zone and still be well within DOPMA flow points; they have plenty of time to rise through Executive Medicine.

VACANCY

DOPMA constrained Corps promote to vacancy. In other words, for a DOPMA constrained officer to promote to CAPT there must be a vacant CAPT billet for them to occupy. CAPTs can vacate their billet by retiring or promoting to Admiral. If you have 150 occupied CAPT billets at the beginning of the Fiscal Year and 20 CAPTs retire during the year then you can select 20 CDRs for promotion to CAPT.

OPPORTUNITY

When the Lineal List is released, it is important to remember that opportunity is calculated based on the in zone population, not the entire cohort being considered for promotion. The entire cohort includes above zone, in zone, and some below zone eligible who were chosen for consideration. Some assume that a smaller zone means there is less opportunity for promotion which is not necessarily correct. For example, if the Lineal List shows 40 CDRs in zone for 20 CAPT vacancies then the opportunity is 50%. With a smaller in zone population of only 33 CDRs for the same 20 CAPT vacancies, the opportunity

would be 60%. Per DOPMA, the opportunity could be 40% (50 nurses in zone for 20 selections) or up to 60% (33 nurses in zone for 20 selections). Refer to the promotion pyramid (previous page) for all ranks.

Flow point and opportunity affect one another. Decreasing opportunity (lowering the percentage selected) of the in zone population pulls more nurses into zone faster shortening the flow point, yielding more in zone names on the Lineal List. Increasing opportunity (raising the percentage selected) pulls fewer nurses into zone lengthening the flow point, yielding less in zone names on the Lineal List. See the chart below expressing the relationship between opportunity and flow point.

in precedent order, the most senior CDR was promoted to CAPT first. This change allows the promotion boards to reorder the list based on merit, placing more junior officers higher on the promotion list. This authority was first used by the Nurse Corps for the Fiscal Year 2020 CDR and LCDR boards. Merit reordered officers are denoted in the NAVADMIN by an asterisk.

TAKE HOME POINTS

People often get anxious when they are coming into zone. Awareness of the changes and how they may affect the promotion process can help decrease anxiety. Refrain from making negative and erroneous assumptions. For example, don't assume fewer individuals in zone means there is a decreased opportunity to promote.

For those in zone, make sure your record reflects the best version of you! Be aware of your flow point and manage your expectations. If you come into zone quickly with only a few fitness reports you may not be selected. Do not despair! The next board will view your record without knowing that you are above zone, and you will have more data to show sustained superior performance. For DOPMA constrained Corps, promotions to senior ranks are a numbers game. We have phenomenal officers doing amazing things for Navy Medicine who are above zone. There is a reason CDRs can serve 28 years as a commissioned officer before reaching statutory retirement.

Grade	Law 10 USC 623	DoD DODI 1320.13		Navy SECNAVINST 1420.1B	
		OPP	Timing	OPP	Timing
CAPT	The Secretary shall "in each of the next five years...provide to officers...relatively similar opportunity for promotion"	50%*	21-23 yrs	40-60%	21-23 yrs
CDR		70%*	15-17 yrs	60-80%	15-17 yrs
LCDR		80%*	9-11 yrs	70-90%	9-11 yrs
LT		AFQ	4 yrs	AFQ	4 yrs
LTJG		AFQ	1.5 yrs***	AFQ	2 yrs

AFQ is All Fully Qualified
 *(+/- 10 percent)
 ** (min)
 Higher opportunity results in a smaller zone and increases flow point
 Lower opportunity results in a larger zone and decreases flow point
 World-Class Care... Anytime, Anywhere

TALENT-BASED PROMOTION

This is a time of unprecedented change as the Navy moves towards talent-based promotions. Section 504 of the National Defense Authorization Act (NDAA) Fiscal Year 2019 allows for merit reordering of the promotion list. In the past officers were promoted

continued page 8

Nurse Corps News

2010 WRAP UP & REVIEW

Personnel Planner: It's Complicated (cont')

Lastly, if you are in zone but planning on retiring or resigning it is IMPERATIVE that you write a do not pick me letter to the board (FOOTSTOMP!). There are no alternates! If you turn down a promotion that spot simply goes unfilled and is a lost opportunity for one of your Shipmates. The template for this letter is

posted on milSuite.

ON THE HORIZON - New FitReps

We are still awaiting further guidance and implementation of the new fitness reporting system. The new system places more emphasis on merit than seniority. A nurse's performance will

be ranked against objective standards. Nurses will be evaluated on a 9-point scale for each trait category. Forced distribution, relative peer ranking of Early Promote (EP), Must Promote (MP), and Promotable (P), will be eliminated. More to follow as details become available.~

Highlights of Navy Medicine West (NMW)



Catherine Bayne, CAPT, NC
NMW Regional SNE

As our former Surgeon General, said, we are in a time of unprecedented change. Implementation of our Electronic Health Record, transition of our health care delivery to the Defense Health Agency and initial operating capability for our Navy Medicine Readiness and Training Commands/Units (NMRTCU) has kept everyone busy. Navy Medicine West nurses have embraced all of these challenges and have developed innova-

tive ways to ensure the nurses and corpsman are **READY TO FIGHT TONIGHT!**

As NHCP transitions to Navy Medicine Readiness and Training Command (NMRTC) Pendleton, the NMRTC's Expeditionary Medicine Directorate Director and Senior Nurse, **CAPT Jeremy Hawker**, has led an innovative team. **LCDR Rebecca Rodriquez**, Nursing Manpower Analyst, in collaboration with their POMI team developed a comprehensive tracking tool which provides the NMRTC Commander a readiness report for 1300 personnel across 19 platforms and incorporates 15 readiness traits. **CDR Virginia Damin**, Associate Director of Nursing Services, spearheaded a partnership with Naval Expeditionary Medical Training Institute to formalize readiness training in a simulated operational environment. **Lieutenants Stephen Lancaster and Berline Vincent** provided preceptor support to the Hospital Corpsmen Trauma Training Program at Shands Medical Center, enhancing their personal clinical readiness while developing

corpsmen, the most critical role of a Navy Nurse. NHCP nursing leadership has partnered with **LCDR Stacy Stats**, Associate Chief Nursing Officer, 1st Medical Battalion to incorporate 1st Medical Battalion nurses into NHCP's ICU, Multi-Service Ward and Emergency Department. This relationship includes collaboration at ECONS, strategic planning, career development boards, and Nurse Corps video teleconferences.

Acquiring the clinical proficiency needed for a deployment can be a challenging endeavor, especially in an overseas location. USNH Guam incorporated high fidelity simulation providing realistic operational scenarios for the staff.

The Nursing Practice Council at USNH Yokosuka facilitated a command skills fair focused on readiness and attended by 254 staff. The first 20 minutes of the training provided an overview of Simple Treatment and Rapid Treatment (START) as well as Triage categories. All attendees participated in a

continued page 9

Nurse Corps News

2019 WRAP UP & REVIEW

Highlights of Navy Medicine West (NMW)

triage stratification drill and were broken down into four smaller subgroups moved to Delayed, Immediate, Minimal, or Expectant rooms and completed objectives for each category.

NMCS D has been vigorously working to ensure all military staff are trained in TCCC. Efforts to lean forward and in, have led to an overall increase in TCCC training among all active duty, specifically HM are 86% trained and almost half of the 414 nurses have completed this training.

Naval Hospital Bremerton participated in Pacific Partnership 2019 (PP19) and Continuing Promise 2019 (CP19). For PP19, Certified Nurse Midwife, **LCDR Erika**

Schilling, and Labor and Delivery RN, **LT Keerstin Whitefield**, deployed on the USNS Brunswick T-EPF6 to educate local communities in Asia. Pediatric Nurse Practitioner, **CDR Jerri Gray**, supported CP19 caring for patients in the Caribbean, Central and South America. The deployments were a multinational and multiservice effort to build relationships and provide crisis education and preparedness in seven different countries.

Naval Hospital Bremerton has participated in “cross-service” resource sharing with 1LT Lauren Odegaard, NC, USA, serving TAD to NHB. She cared for over 80 patients and assisted with training three new NC officers during the

nurse resident program. This experience laid the groundwork for future nurses from both the Navy and Army to assist during staffing challenges, further strengthening the unity of purpose and interoperability. **LT Paul Gonzales** precepted 16 Corpsmen during his tenure as a 1945 Clinical Instructor during Hospital Corpsmen Trauma Training program. He was one of only two 1945 NC Officers selected to teach during that time period.

As NMW transitions to Naval Medical Forces Pacific, we have a new Global Health Engagement Manager, **CDR Tim Whiting**. In this role he serves as global health engagement liaison and provides guidance in the development and integration of Naval Medical Personnel in support of global health activities in the Indo-Pacific region. This position is of great importance in our changing operational landscape as it contributes to DOD efforts in maintaining influence and achieving interoperability in health related activities that support U.S. national security policy and military strategy.~



Lt. Kimberly Kozlowski and Lt. Brooke Perkins place airway adjunct on SIM-Man (U.S. Navy photo by Public Affairs Officer, Jaciyn Matanane/Released).



Nurse Corps News

2019 WRAP UP & REVIEW

Navy Medicine East (NME)

Navy Medicine East to Naval Medical Forces Atlantic Nursing 2019 in Review



**USNS
COMFORT**
Underway from
JUN-NOV 2019
supported by 7
commands!

PROFESSIONAL DEVELOPMENT

676
Certified Nurses

18 Research
Projects or
Publications

95% Core
Competency
Completion

622 Career
Development
Boards

TRANSFORMATIONAL LEADERSHIP

143 PI
Projects

43 DAISY
Awards

TRISS SCORES
4 STAR

OPERATIONAL READINESS

Deployed 202
(19% of NME)

368 Excellent or
Outstanding PFA

27 Partnerships
101 Weeks of
Training

Nurse Corps News

2019 WRAP UP & REVIEW

Operational Nursing: Always Ready!

ATLANTIC OCEAN (Nov. 11, 2019) (Right) Right to Left: Capt. Gregory M. Saracco, USS Gerald R. Ford's (CVN 78) surgeon, from Wheeling, West Virginia; **Cmdr. Brad Hazen**, Ford's Certified Registered Nurse Anesthesiologist, from Saint Joseph, Minnesota; and Hospital Corpsman 3rd Class Bradley Norton, a ship's surgical technician, from Houston, pose for a photo in Ford's operating room. Ford's medical department recently conducted its first surgical procedure using a general anesthetic while underway. (U.S. Navy photo by Mass Communication Specialist 1st Class Jeff Troutman)



BLUE BEACH, Malaysia (Oct. 2, 2019) (Left) U.S. Navy **Lt. Marven Ayson**, an en route care nurse with 3rd Marine Logistics Group, III Marine Expeditionary Force, explains a casualty evacuation drill to the Malaysian Armed Forces (MAF) during Tiger Strike 2019. Tiger Strike 19 focuses on strengthening joint military interoperability and on increasing readiness by practicing for humanitarian assistance, disaster relief, amphibious and jungle warfare operations, all while fostering cultural exchanges between the MAF and the U.S. Navy, Marine Corps team. (U.S. Marine Corps photo by Lance Cpl. Christine Phelps)

CAMP FOSTER, OKINAWA, JAPAN: (Right) U.S. Navy **Lt. Rodney Poseley** and Petty Officer 3rd Class Maria Medina treat a simulated patient during the Joint Enroute Care Course at Camp Foster, Okinawa, Japan, Oct. 14, 2019. The purpose of the JECC is to prepare 3rd Medical Battalion corpsmen and nurses to conduct aeromedical evacuation in rotary wing platforms from the point of injury to a higher echelon of care by ensuring optimal enroute patient outcomes. Poseley, a nurse with Bravo Company, 3rd Med. Bn., 3rd Marine Logistics Group, is a native of Chattanooga, Tennessee. Medina, a corpsman with Alpha Co., 3rd Med. Bn., 3rd MLG, is a native of Miami, Florida. (U.S. Marine Corps photo by Lance Cpl. Terry Wong)



CAMP FOSTER, OKINAWA, JAPAN: (Left) U.S. Navy **Lt. Burnetta Fears** and Petty Officer 2nd Class Johnny Novotny treat a simulated patient during the Joint Enroute Care Course at Camp Foster, Okinawa, Japan, Oct. 14, 2019. The purpose of the JECC is to prepare 3rd Medical Battalion corpsmen and nurses to conduct aeromedical evacuation in rotary wing platforms from the point of injury to a higher echelon of care by ensuring optimal enroute patient outcomes. Fears, a nurse with Alpha Company, 3rd Med. Bn., 3rd Marine Logistics Group, is a native of Montgomery, Alabama. Novotny, a corpsman with Alpha Co., 3rd Med. Bn., 3rd MLG, is a native of Plano, Texas. (U.S. Marine Corps photo by Lance Cpl. Terry Wong)

Nurse Corps News

2019 WRAP UP & REVIEW

Nursing Research 1900D– Meet Our Newest PhD Students Leading the Way!

Virginia Blackman, CAPT, NC

Nursing Research

Discovery across a breadth of domains to enhance warfighter readiness, recovery, and resilience were the hallmark of the Nursing Research (1900D) community in 2019. As we look to the future, we are using this Year in Review to introduce two of our three current PhD students. **CDR Melissa Troncoso** and **LCDR Shawna Grover** are both PhD Candidates in Nursing Science at Uniformed Services University; both deep in their dissertation projects. Here, they share with the Nurse Corps community highlights of their research journey (so far!) and insights on PhD education.

CDR Troncoso's dissertation research question is **“What are the social and environmental factors that influence eating behaviors among junior enlisted Sailors in non-deployed settings?”** She is interested to learn if the military environment influences eating behaviors, for example does the need to eat a lot of food quickly during basic training have a lasting impact on behavior? She hopes that her dissertation will contribute to readiness and military health by providing information needed to create a culture of healthy eating as an organization. Findings from her research may identify ways the organization can change to help Sailors avoid body composition failures and the associated negative impact on career progression.



Navy PhD students pause for a break in the shadow of Dr. Faye Glenn Abdellah, a pioneering nurse scientist. Pictured (Left to Right) CDR Melissa Troncoso, LCDR Shawna Grover, CDR Tony Torres/ Released.

LCDR Grover's dissertation research question is **“What is the process of managing wellbeing for military nurses who provide care for patients with life threatening illness or injury?”** She is interested in learning what characteristics are unique to individuals who are able to thrive in such circumstances. She hopes her dissertation work can contribute to readiness and military health by providing a better picture of how nurses' health affects their capacity to provide optimal care for patients while deployed or at home station. Her work may help to identify what environment enhances and supports nurses' wellbeing, which could ultimately influence retention.

Some interesting observations about their research questions:

1. Each question is very specific to keep the scope manageable.
2. Each will potentially influence leadership, policy, readiness and retention.
3. Like nursing itself, each research question would benefit from (likely require) multidisciplinary perspectives.
4. Each research question could easily have several follow-on studies that could build into an entire body of research.

We also asked what excites them about research. LCDR Grover finds the opportunity to make a powerful impact on many people to be an exciting aspect of research.

continued page 13

Nurse Corps News

2010 WRAP UP & REVIEW

Nursing Research 1900D– Meet Our Newest PhD Students Leading the Way! (cont')

Researchers can generate evidence that can be built upon and implemented into practice, having a broad impact. For CDR Troncoso, opportunities for exploration and the potential to generate new information that leaders can use to make decisions drew her to research. She also enjoys research due to the collaborative relationships that are built and the experience of being challenged in a constructive way.

Why should nurses consider PhD education? CDR Troncoso suggests Navy nurses should consider PhD education due to the unique

opportunity for tremendous personal and professional growth that is experienced.

She also pointed out that PhD education prepares an individual with a different level of knowledge and way of thinking to contribute to the organization. LCDR Grover believes Navy nurses should consider PhD education because we need to continue to grow future Navy nurse researchers so we can conduct research to address issues unique to our population. Navy nurses bring insider perspectives and systems

knowledge as researchers that others do not have. ~

Look for both LCDR Grover and CDR Troncoso to celebrate earning their PhD in 2020, followed by CDR Tony Torres in 2021! Contact any member of our [community](#) if you'd like to learn more about research!

Pediatric Nursing/Nurse Practitioner Updates (1922/1974)

**Kari Johndrow-Casey,
CDR, NC**

**1922/1974
Specialty Leader**

Rhys Parker, LCDR, NC

Assistant Specialty Leader

Greetings colleagues! It is a sincere honor to highlight the U.S. Navy Nurse Corps' Pediatric Nursing and Pediatric Nurse Practitioner (PNP) community! Our shipmates excel as change agents for success in the midst of a restructuring of the Military Health System, and reliably deliver health services to our youngest beneficiaries globally. [Caring, Competency, and Compassion](#) are essential components of how this community navigates the

dynamic needs of pediatric beneficiaries while maintaining operational relevance, clinical readiness and keeping Warfighters in the Fight.

Central to caring is the concept of a treatment team. **LCDR Lauren Dinan**, NC, USN recently assisted in updating our Pediatric Nursing and Pediatric Nurse Practitioner duty location maps on [milSuite](#). This effectively illustrated the robust locations that our Pediatric Nurses and PNPs lead the delivery of care through our pediatric Medical Home Ports (in alignment with Primary Care Services in Navy Medicine). We are thankful for those that have dedicated themselves to the sacred duty of caring for our military families in a truly impressive wide range of primary

care geographic locations (both CONUS and OCONUS) as Medical Home Port team nurses, clinic managers, and primary care providers.

Our pediatric nurse community is practicing at the top of its scope while taking a proactive approach to health policy by delivering care through operationalizing Clinical Support Staff Protocols. In keeping with the DHA Interim Procedures Memorandum 18-001 "Standard Appointing Processes, Procedures, Hours of Operation, Productivity, Performance Measures and Appointment Types in Primary, Specialty, and Behavioral Care in Medical Treatment Facilities," our community is working hard to enhance access to care and patient/family experience.

continued page 14

Nurse Corps News

2010 WRAP UP & REVIEW

Pediatric Nursing/Nurse Practitioner Updates (1922/1974) (cont')

In addition, we are invigorated with frequent updates of our Pediatric Nurses and Pediatric Nurse Practitioners obtaining board certifications, as a true testament to the subject-matter experts within the community. Additionally, we advocated to increase the age range of beneficiaries served by PNPs via communicating to Navy Medicine Leadership to extend the age-range parameter from 0-18 to 0-21 years of age. We also boast that multiple PNPs are contributing to Graduate Military Education at several practice sites, directly contributing to the future of Navy Medicine!

Our aura of compassion is exuded through the uncompromising commitment to the health of children of our Warfighters. Such to the degree that our warriors are prepared

to deploy and fight tonight with mission-ready focus, knowing well that this community actively serves to optimize the health of those entrusted to our care. Our plans & operations officers, as well as, global strategic partners also trust us to care for the pediatric community recognizing that the skill-set of both the Pediatric Nurses and PNPs lends to an enhanced ability to aid during disasters. Clearly evidenced by the expanding role of the community in Global Health Engagement and humanitarian missions.

Our community has some of our most Junior Ensigns entrusted with the care of children whom belong to some of the greatest senior leaders this Navy has to offer. These officers are impacting the lives of

others through servant leadership, setting the standard for the emulation of **Caring, Competency, and Compassion.**~

Undoubtedly, Pediatric Nurses and Pediatric Nurse Practitioners personify excellence and have a legacy and future of achieving Navy Medicine's goals of Readiness, Health and Partnerships!



Maternal Infant/Neonatal Critical Care (1920/1964)

A Year of Progress!



**Patricia Butler, CDR, NC
1920/1964 Specialty Leader**



It's an exciting time for change! I encourage you to proactively embrace change, as opposed to bracing for the impact of change. Although we feel the weight of uncertainty on the shoulders of our communities, we continue to persevere and set the pace. During the past year, our Maternal Infant and Neonatal Critical Care nursing teams continued to make significant contributions to improving perinatal safety and advancing nursing practice. The following are just a few examples highlighting our achievements:

- Participated in the successful transition from Women's Health Clinical Community Advisory Board to the Female Force Readiness Clinical Community.
- 1920 and 1964 nurses provide strong leadership in both the Defense Health Agency Women and Infants Clinical Community (WICC) and the WICC Clinical Nurse Specialist working group.
- Two of our community nurses served as contributing authors for the Tri-Service Nursing Research Program's Battlefield and Disaster Nursing Pocket Guide, 2nd edition.

continued page 15

Nurse Corps News

2019 WRAP UP & REVIEW

Maternal Infant/ Neonatal Critical Care (1920/1964) (cont')

- The Naval Medical Center San Diego team received the Rear Admiral Niemyer Evidence Based Practice Award for their “Induction of Labor Care Pathway” project.
- **RNC Jamie Gilchrest** was selected to present her poster “Returning to Duty Following Perinatal Loss” at the International Perinatal Bereavement Conference.
- **LCDR Amy Aparicio** collaborated with the National Certification Corporation to offer certification exams in Guam. As a result **LT Liza Mar**, **LT Shawndell McNary**, and **LT Danielle Herrero** (along with two nurses from the local community hospital) all achieved national certification.
- In the spirit of team work and cross level support, **LT Elaine Mamaril** assigned to Fort Belvoir, supported an Army Labor and Delivery tasker to Keesler Air Force Base in Biloxi, MS for six months; and the entire 1920 team in Iwakuni provided continuous cross level support to MTFs throughout the Pacific region.
- The U.S. Naval Hospital Rota team not only developed an 8-hour comprehensive Newborn Care Course for all corpsmen and nurses at the command, they are also on track to become the first Navy European MTF to achieve Baby-Friendly designation.

These are just a few of the many examples of your **caring, competence and compassion!** As I prepare to turn over with your new Specialty Leader team, I’m certain many of our ongoing community goals will continue. For example, we will continue active engagement in Clinical Community working groups to ensure Navy perinatal nursing interests are considered in the projects moving forward. We will also begin work on more recently added goals including a collaborative project with our Perioperative nursing community to determine the optimal training program or platform for perinatal nurses to circulate for Cesarean deliveries.

Lastly, please allow me the opportunity to thank you for being such a stellar community of engaged professionals! It has been an absolute honor to serve with and for you. Wishing you all the best and continued success!~

Education & Training (1903/3150)

Neva Fuentes, CDR, NC

1903/3150 Specialty Leader

David Antico, CDR, NC

Asst. Specialty Leader

Greetings from the Community of Nurse Educators (1903) and Education & Training Management Specialists (ETMS) (3150).

As we reflect on the holidays and head into the new calendar year, the core principles of our Nurse Core Profes-

sional Practice Model (PPM) have particular significance. **Caring, Compassion, and Competence** are uniting attributes that strengthen our corps despite the diversity in which we demonstrate these values.

Caring · Nurses are amazing caregivers. It’s no wonder that our profession has been ranked the most trusted for 17 years in a row (Brenan, 2018). The beauty of being in uniform is that in addition to delivering patient and family centered care, we also care for our fellow service members. This privilege often translates into mentorship and

professional development of others. Whether grooming the next generation of Nurse Corp Officers by helping junior Sailors apply for Medical Enlisted Commissioning Program (MECP), championing students and preceptors for Hospital Corpsman Trauma Training (HMTT) or evaluating basic skills for HM PQS or HMSB, caring for our fellow Sailors and Marines is paramount. How are you caring for others?

Compassion · Nurses are action oriented and in our business, compassion is our altruistic response to another’s ailment (Sinclair et al, 2017). Now, we

continued page 16

Nurse Corps News

2019 WRAP UP & REVIEW

Education & Training (1903/3150)

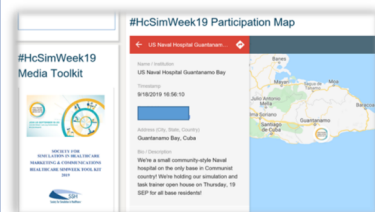
know *compassion* probably wasn't the first word that came to mind when you read the Secretary of Defense's [Message to the Force on Warfighting Readiness](#). However, as we increase our lethality in preparation for a dynamic battlefield before unseen, our ability to deliver compassionate care whenever and wherever requires our full attention. Operational readiness is the blueprint for our success in the fight tonight and it is incumbent upon each of us to expeditiously meet our platform requirements, be clinically competent in our critical wartime specialty, and challenge our shipmates to do the same. How are you working on your platform/operational requirements or tracking readiness?

Competence · Knowledge, Skills, and Abilities (KSA) driven competencies and professional certifications are examples of how we demonstrate competence. But as the old adage says, practice makes perfect, or at least proficient. The use of simulation, low or high fidelity, is an excellent way to hone KSA proficiency, gain confidence, and prevent skill degradation. Nearly all of our facilities have some simulation device or equipment. Some even have simulation experts who can bring scenarios to you in situ. How are you enhancing your KSA's? For those especially motivated, Naval Postgraduate School has a 12-month Healthcare Modeling and Simulation Certificate course. We are excited to announce that we have six NC officers enrolled in the program: **LTJG Alexandra Thomas, LT Lauren Waters, LCDR Natalie Mills, LCDR Kimberley Vesey, LCDR Tsion Williams, and CAPT Mary Parker.**

In closing, we'd like to encourage you to read the [Ten Take-Aways: The Edu-](#)

[cation for Seapower Report](#) and reflect on what you are doing to cultivate creativity and talent, our most critical resource (Modley, 2019).

Thank you, each one of you and your families, for all that you do and take on. We are all part of the same team and couldn't be the most powerful Navy in the universe without one another.~



Click on picture to view site



USNH GUANTANAMO BAY: (April 9, 2019): Lt.j.g. Alexandria Thomas, nurse, discusses the next course of action with LCDR John J. Lydon, obstetrician, after administering pain medication for a simulated patient with a cervical laceration in a Code Purple drill (Photo taken by:HM3 Alexander Rodriguez/ Released).

JAN 2020 Promotion Board Reminders: [FY21 Officer Board Schedule](#) and [board prep](#)

Board #	Board	Title	Convene
170	O-6	Staff	4-Feb-20
265	O-5	Staff	24-Mar-20
300	O-4	Staff	12-May-20

JAN 18-22, 2020 Society for Simulation in Healthcare (IMSH) annual convention. San Diego, CA. <http://imsh2020.org/>

APRIL 2020 Naval Postgraduate School (NPS) applications due for the Healthcare Modeling and Simulation Certificate. <https://my.nps.edu/web/moves/healthcare-certificate>

APRIL 28- MAY 1, 2020 Association for Nursing Professional Development (ANPD) annual convention. Chicago, IL. <http://www.anpd.org/convention>

Brenan, M. (20 December, 2018). *Nurses again outpace other professions for honesty, ethics.* <https://news.gallup.com/poll/245597/nurses-again-outpace-professions-honesty-ethics.aspx>

Modley, T. B. (19 April, 2018). Department of the navy education for seapower (EFS) study. *Memorandum for Distribution*. The Undersecretary of the Navy: Washington, DC.

Sinclair, S., Beamer, K., Hack, T. F., McClement, S., Raffin Bouchal, R., Chochinov, H. M., & Hagen, N. A. (2017). Sympathy, empathy, and compassion: A grounded theory study of palliative care patients' understandings, experiences, and preferences. *Palliative Medicine*, 31(5) 437-447. doi: 10.1177/0269216316663499

Nurse Corps News

2019 WRAP UP & REVIEW

Nurse Anesthesia (1972)

Darren Couture, CAPT, NC

1972 Specialty Leader

Shane Lawson, CDR, NC

Asst. Specialty Leader

I am extremely honored and humbled to serve as the Nurse Anesthesia Specialty Leader. I would also like to thank my friend and colleague **CAPT John Volk** for his insight and guidance turning over this responsibility last October and for all his hard work and dedication to improve our community!

Over the past year, the CRNA community has certainly made some incredible accomplishments. For several years, one major goal the CRNA community has tried to accomplish is to optimize the Authorized Medical Allowance List (AMAL) for Air and Surface Forces. Thanks to **CDR Bradley Hazen** and **LT Lisa O'Driscoll**, great strides have been made to improve and standardize the AMAL across five shipboard platforms. A standardized AMAL for our surface platforms was submitted for review and recently approved by SURFLANT. A new AMAL will be adapted for the CVN platform and submitted for approval to the US Fleet Forces Command.

In an effort to share corporate knowledge regarding the logistics of shipboard medicine and trauma, on September 23rd, the Commander Naval Surface Forces Atlantic hosted the inaugural Surface Medicine Operational Symposium. The event was planned and coordinated by **CDR Jose Mercado** and VTC capability was coordinated by **LCDR Henry Lang**. More than 300 Medical, Nurse, Dental, and Medical Service Corps officers and Hospital Corpsmen were in attendance either in

person or via VTC. The knowledge shared and obtained at this symposium will help bridge a gap between incumbent and future operational medical providers and will continue moving Navy medicine forward in delivering highly reliable care aboard our surface platforms.

In August at the 2019 American Association of Nurse Anesthetists (AANA) Annual Congress in Chicago, **CAPT Dennis Spence** was recognized as the recipient of the John F. Garde Researcher of the Year Award. This prestigious award recognizes an individual that made a significant contribution to the practice of anesthesia through research. CAPT Spence has published 22 peer reviewed journal articles, received \$1.3 million in research grants and has disseminated his research findings at more than 40 national and local presentations.

As Navy CRNAs we provide competent and compassionate anesthesia at every echelon of care. We are a highly trained and mission critical community. One challenge our community faces is recruiting a sufficient number of qualified DUINS applicants to maintain manning requirements. The Assistant Specialty Leader, **CDR Shane Lawson** and I are addressing this a few different ways. First, senior CRNA leaders are engaged at each command, actively recruiting potential applicants, attempting to identify them early in their career path to offer mentorship during the application process. Secondly, we are implementing a recruitment process that will be standardized across the Navy to ensure information disseminated to potential applicants is accurate and aligns with current DUINS guidelines. Part of our recruitment package will include an extraor-

dinary video created by **CDR Reginald Middlebrooks**, that highlights our profession. Please take a few minutes to view this [video](#). Finally, I have submitted a new program authorization allowing recruitment of civilian trained critical care nurses to apply for direct accession into our nurse anesthesia training program at USUHS. I anticipate final BUMED approval and recruitment to begin in early 2020.

If you are interested in pursuing a career as a Navy CRNA I would encourage you to check out the milSuite interest group site [I want to be a Navy CRNA](#). You can also find useful information on the [Navy CRNA milSuite site](#).~



Top Left: CAPT Dennis Spence receives the John F. Garde Research of the Year Award at the 2019 AANA Annual Congress in Chicago August 9, 2019/ Released.

Bottom Right: CDR Shane Lawson and CDR Jose Mercado at the inaugural Surface Medicine Operational Symposium September 23, 2019 in Portsmouth, VA/ Released.

Nurse Corps News

2019 WRAP UP & REVIEW

Navy Recruiting Command Updates

Shannon Evans, LCDR, NC **Who are we?** The Navy Recruiting Command focuses on bringing in new nurses from the civilian sector and enlisted reservists that have gained their Bachelor's Degree. This has certainly been a busy year for recruiting! For FY19, 63 Direct Accession (DA) Nurses and 128 Direct Commission Officer (DCO Reserve) Nurses have been commissioned! FY20 has also started out strong, with over 55 applicants to the first November 2019 DA/DCO board. These are highly qualified nurses with at least one year of experience in their respective specialty.

The Recruiting Command also enlisted 75 Nurse Candidate Program (NCP) applicants in FY19. For FY20, there were a total of 140 applicants sent to board for 75 quotas. Applicants selected for NCP receive an initial grant of \$10,000, plus a stipend of \$1,000 per month for up to 24 months. All applicants who had a GPA of 3.0 or better, can receive up to \$34,000 for either a four or five-year commitment to the Navy Nurse Corps after graduating nursing school.

Recruiting can be a very difficult job because there are not always Navy Nurses, like yourselves, recruiting for nurses. Our recruiters need your help to bring in well-qualified nurses. The applicants want to know more about what the Nurse Corps profession entails. Recruiters will need your help to field questions either on an individual basis or at conferences.

How you can help: Recruiters often have difficulty finding Navy Nurses available to conduct applicant interviews. You are vital in the interview process as each applicant requires one or more interviews by a Navy Nurse. **If you are a LCDR and above and would like to conduct interviews by phone, facetime, or in person, email me to add you to the list.** Your efforts in assisting help meet the Nurse Corps recruiting goal and build a stronger Nurse Corps.

CAPT Darling, Assistant Director for Career Plans, is seeking motivated nurses (O4 and above) that would like to actively be part of a Nurse Corps DA/DCO board. If you are interested, please email CAPT Darling.~

Promoting the Navy Nurse Corps in Action!



NASHVILLE, TN: LCDR Cory Frappier, recruiter from TAOC Music City recruiting for applicants interested in Nurse Corps/ Released.

PENSACOLA, FL: LT Valerie Vicks, recruiter from NTAG New Orleans at career fair at University of West Florida/ Released.



Nurse Corps News

2019 WRAP UP & REVIEW

Navy Recruiting Command Updates (cont')

SAN DIEGO, CA: (L to R): LCDR Abreail Leoncio, LCDR Taiko Harris, RN Regina Thompson, and CAPT Petrovanie at the AONE Conference in San Diego/ Released.



"I get to go travel the world. I have a husband and two kids who love traveling with me, who've had great experiences as well. I have nothing but amazing things to say about joining the military, raising a family, being a mother in the military." - Shannon McKown-Evans

CONTINUED FROM PAGE 7

North Carolina, before she went to Wakefield, Japan, where she was a pediatric clinic nurse for three years. She has been in Michigan, Tennessee, for the last year and works at a Navy recruiting command on base in North Carolina. She manages students who want to apply for medical, nursing and dental school.

McKown-Evans joined the Navy with her husband, David Evans, at her first duty station. Evans was deployed to Afghanistan for nine months during the conflict's third year of deployment in 2002. There he has since returned to being a civilian nurse.

"He definitely shows my passion for the military, but he's also my greatest supporter," she said.

The couple have two children together: 8½, 5, and Ethan, 7.

"I get to go around the world," Shannon said. "I have a husband and two kids who love traveling with me, who've had great experiences as well. I have nothing but amazing things to say about joining the military, raising a family, being a mother in the military."

"It just shows that I have been very successful in the military. I have done great things, and I was promoted to the next rank."

The Rev. Cary Larson, a retired Navy commander who spent the last 20 years in active service and is a member of the church, spoke at the event.

McKown-Evans's shoulder during a ceremony in early September at the Northfield YMCA commemorating her advancement awarded by family and friends.

"It's very proud of her," he said.

"It's a great honor. I really appreciated Shannon bringing this event here."

McKown-Evans's mother is a retired nurse, and her daughter decided she wanted to see that same career to benefit her country.



SAN DIEGO, CA: LCDR Sarah Chambaras shown with other medical staff at EVAWI conference in April 2019/ Released.

NORTHFIELD, MN: LCDR Shannon Evans at her promotion. A local magazine wrote an article of the promotion and copies of magazines were sent to local colleges in MN/ Released.

Career Development Board (CDB) Program

Coby Croft, CDR, NC

CDB Program Manager

Amy Clark, LCDR, NC

Asst. Program Manager

Hopefully by now most of our Nurse Corps team are well aware of our robust Career Development Board (CDB) Program. During this past year we have continued to improve and provide guidance to ensure that you get the most out of our CDB Program. We have placed an emphasis on quality not quantity to ensure alignment with the Navy Nursing Professional Practice Model.

We are continuing to grow and improve CDBs to ensure they continue to meet your needs. To do this we need your feedback!! After you receive your CDB, please log onto the link on the bottom of your Profile Sheet to access the survey in SurveyMax. This provides your command with vital information on how your CDB went and if you found the information valuable in making career and professional decisions. We are also working on a better tracking tool to improve our ability to see who has completed a CDB during their tour utilizing Relias or another already existing system.

I would like to take this opportunity to thank **LCDR Sheron Campbell** for all of her support and hard work as the outgoing Assistant Program Manager

and welcome **LCDR Amy Clark** to the CDB team. They have both been instrumental in implementing the standardized CDB training and data collection and have been the key in making this program a success.

I am excited to see the CDB Program continue to grow. I would like to thank all the Command CDB Coordinators who make the program work at the deckplate. If you have any questions or suggestions to improve the program, don't hesitate to reach out to me or my

Assistant Program Manager, LCDR Amy Clark.~



Nurse Corps News

2010 WRAP UP & REVIEW

Ft. Belvoir Collaboration with Guantanamo Bay Home Health Department

Kristin E. Davis, LTJG, NC

Inpt. Behavioral Health

By popular demand and as a proposed continuation of the story posted in the Jul/Aug issue of Nurse Corps News, here is some history and updates to the story behind the collaboration of the psychiatric mental health nurse community and Guantanamo Bay Hospital Home Health Department.

Some may be unfamiliar with the history of Guantanamo Bay and the unique mission of U.S. Naval Hospital Guantanamo Bay (USNH GB). This assignment provided a unique experience into the only Department of Defense Home Health Program, accommodating care to a specific vulnerable population in Guantanamo Bay.

The gates to Naval Station Guantanamo Bay (NSGB) were closed in 1959 to protect American citizens. During this time, some Cubans chose to seek asylum and continued to reside and work on the base. Sixty years later, the gates of NSGB remain closed. Individuals who sought asylum are referred to as "Special Category Residents" (SCR) and share similar benefits to active duty members on base.

As SCRs continued to age, USNH GB opened the Home Health Program to provide long term care to this aging population. The health care support varies, based on the patient's particular needs. Some SCRs are in-house residents requiring around-the-clock care while others live independently and receive 15-45



(Far right; L to R) Esther Ulysse, Lt. Megan Bess and Lt. j.g Kristin Davis, nurses, USNH Guantanamo Bay, visits a special category resident's home Oct. 28 to administer the patient's medication.

(Left) Staff assists a special category resident return home recently after spending the day at home health/ Released.

minute daily home visits.

The relevance for a mental health nurse assignment as well as an assessment of needs was discussed with Cdr. Teresa Dent, Home Health Department Head. Specific guidance into behavioral modifications and staff education was deemed necessary for a geriatric patient with an extensive history and diagnosis of schizophrenia. Schizophrenia affects [1% of the world's population, and prevalence of those over the age 65 ranges from 0.1 to 0.5%](#). Additional education on care for patients diagnosed with dementia and depression was completed following a discussion from a previously-coordinated video teleconferencing (VTC) educational session.

Benefits of this program, led by **Lt. Megan Bess**, chief nursing informatics officer, USNH GB, were emphasized in this effort. She coordinated staff education through a VTC with **Lt. Cdr. Phyllis Dykes** and Jim Gideon, RN, San Diego Naval Medical Center. Bess bridged the knowledge gap between USNH GB nursing staff and best practices for inpatient be-

havioral healthcare by using subject matter experts and telehealth assets.

"The telemedicine program has come a long way in the last 14 months and it will continue to expand in this remote location," said Bess. She explained telemedicine is beneficial to Home Health as the population ages and stateside specialty visits are not an option. It is also convenient for all departments of USNH GB due to the lack of local community partnership options.

Equally important to the Home Health Department is the work of foreign national staff. They have a great interest in how they can provide optimal care for patients' routine care as well as care for those suffering from diagnoses such as schizophrenia, depression and dementia. This is truly a collaborative effort combining the nuances of telehealth and mental health, allowing for innovative, safe, and effective care to a population known to few.~

Reference: Rosenburg, I., Woo, D., & Roane, D. (2009). The aging patient with chronic schizophrenia. *Annals of Long Term Care* (17), 5, 20-24.

Nurse Corps News

2010 WRAP UP & REVIEW

Meeting Navy Millennial Nurses' Pursuits in 2020

Sophia Lawrence, CDR, NC

SNO, BHC Atsugi, Japan

How will navy nursing meet our existing and future millennial nurses' pursuits? Over the past six years, I've spent countless hours talking with, shadowing, and learning from millennial nurses and I'm here to tell you, many of them are not keen on sticking around for the long haul. In fact, I can't recall the amount of times I've heard, "Navy nursing is just not for me." Interestingly enough, if you can get your millennials to truly trust and open-up, you'll learn what is important to them, their mindset on the job, and how we can better engage and retain them.

Talking to millennials starting out their navy nursing career, a consistent issue is a lack of leadership understanding of what is important to them. They feel there are too few role models actively engaged and involved in supporting their development. So, how do we better align with millennial nurses to provide meaningful mentorship and connection?" Despite our best efforts, I think that is still first and foremost one of the biggest challenges, and

this is where I personally believe we should emphasize adapting leadership styles to best support their needs.

Anyone who knows anything about millennials knows just how "connected" they are through social media and technology. They are used to, and often need, constant and instant communication throughout the day. This translates into their work life as well. They expect their leaders to be available and responsive whenever they need advice, and they expect their leaders to actively seek out participation in open dialogue with them around their professional development.

Creating that level of support and understanding of the generational differences is a goal I think we should all take to heart for the New Year because it is just as pressing, if not more so, as any other cultural difference that leaders must keep in mind.

A knowledge and understanding of these differences will directly impact retention and make the Navy a place where millennial nurses want to continue to stay in and become the future leaders.~



LT Molly Clark, future millennial nurse leader
(Photo taken by LT James Jacob/Released)



- Hear what your nurses are actually saying
- Empower, ask, and listen
- Give them room to try new task and fail
- Embrace random connections
- Take the time to share experiences and have sincere dialogue with them



Nurse Corps News

2019 WRAP UP & REVIEW

Nurse Practitioner Week: Caring for the Warfighter!

Sarah Tuparan, LT, NC

FNP/DNP Student, USUHS

On November 13, 2019, the USUHS Graduate School of Nursing celebrated National Nurse Practitioners' Week (November 10-16), honoring nurse practitioners throughout the US. As advanced practice nurses (APRN), NPs hold advanced degrees and national board certifications, provide patient-centered care in primary, acute, and specialty care settings, order, perform and interpret diagnostic tests, and prescribe medications and other treatments. There are over 270,000 NPs nationwide and almost 200 NPs in the Navy. Military NPs operate in many capacities as leaders and providers in a multitude of settings from MTFs, OCONUS, humanitarian missions and deployed environments.

Nurse Practitioner perspectives throughout the healthcare spectrum:

CAPT Eva Domotorffy, USN, CP-PNP, MPH

Current Role: Director of Healthcare Business and Senior Nurse Executive at NHC Annapolis. Throughout her career, CAPT Domotorffy has leveraged her clinical background as a Pediatric Nurse Practitioner and Public Health Nurse to impact healthcare policy, from medical readiness and health promotions in Naples, caring for newborns at FBCH, revising Women's Health Policy at BUMED, and currently as Director of Healthcare Business and Senior Nurse Executive at NHC Annapolis. "Being the Healthcare Business Director and having that understanding of the business and clinical sides made me better at my other jobs while keeping me engaged in primary care."

Words of Advice:

"With the DHA merger, stay focused on your patients and your practice. Policies and organizational structures will change, but safe, quality and high standard of care should remain as your primary goal to provide and facilitate that care. Understand your role as a provider, know your resources and know who to ask for help when starting out."

CDR Melissa Troncoso, USN, NP-C, CHWC, MSN

Current Role: USUHS PhD Candidate.

A USU GSN alum, CDR Troncoso applied for the Nursing PhD program after seeing the challenges service members faced with access to proper nutrition while stationed at NHC Beaufort. "I want to help our active duty become healthier and stronger and the best way is through policy change. As a provider, you can make all the recommendations you want but if policy doesn't support it, nothing will change. Having the PhD combined with my clinical experience, research background, and leadership experience will help direct policy change and make the shift towards a culture of health."

Words of Advice: "Find a mentor, someone you can go to for clinical advice and emulates the clinical practice you want to have."

LCDR Kara McDowell, USN, DNP, FNP-C

Current Role: FNP, Family Medicine Clinic, USNH Yokosuka.



GSN students & Shetland USUHS Wellness Therapy Dog Celebrating Nurse Practitioners at USUHS/ Released.

After graduating from USU this year, LCDR McDowell is currently stationed at U.S. Naval Hospital Yokosuka. "I was very nervous when I first started but I have learned so much in my first six months of practice as a new military FNP. I have seen positive outcomes of treatment plans I have implemented and it has increased my confidence in my practice. The most challenging aspects are time management and the things I still don't know, but I try to see them as unique learning opportunities as I continue to learn and grow."

Words of Advice: "Get as much procedural experience as you can and start making documentation and practice guideline templates before you start seeing patients."~

Did you know?

Over 270,000 NPs nationwide; Over 800 NPs in the military; Operate in many clinical settings from MTFs, OCONUS, deployment and humanitarian missions

Nurse Corps News

2019 WRAP UP & REVIEW

Multi Service Support for Naval Hospital Bremerton's Multi Service Unit

Douglas H Stutz

PAO, NH Bremerton

Naval Hospital Bremerton's (NHB) Multi Service Unit (MSU) recently received multi service support that augmented the inpatient medical and surgical care they provide.

1st Lt. Lauren Odegaard, from Madigan Army Medical Center, provided assistance for the entire month of October 2019, for NHB's MSU to help with staffing shortages.

"It was unprecedented. After some logistical work between both the Navy and Army, we were able to submit a cross-level request for assistance," said **Lt. Kaitlyn Harmon**, NHB MSU nurse, noting that they were in need of additional staffing due to the overlapping of permanent change of station season and unforeseen civilian departures.

During her relatively short – but helpful time - with NHB's MSU, Odegaard worked on the recovery unit where she treated over 80 patients recovering from same-day surgery.

"I was very grateful I was given the opportunity to support Naval Hospital Bremerton. I was fortunate to be chosen in part because NHB and Madigan Army Medical Center share a common charting system, MHS GENESIS," shared Odegaard, assigned to 6 North at Madigan Army Medical Center, a medical-surgical unit that also specializes in delivering chemotherapy and palliative care.

Both military treatment facilities (MTF) deployed the Department of

Defense's new electronic health record MHS GENESIS in 2017. MHS GENESIS is a single integrated electronic health record for service members, veterans and their families that integrates inpatient and outpatient, medical, and dental information across the continuum of care, from point of injury – whether ship, shore, submarine, and squadron - to the MTF or clinic.

The integrated system not only provides connectivity and interoperability between the Defense Health Agency and Puget Sound Military Health System MTFs, but also demonstrates how MHS GENESIS trained staff can seamlessly supplement, support, and sustain patient-centered care in similar - and not so similar – environments. Even if from one service branch to another.

"It was very beneficial to have her here. MSU needs 10 nurses to run; we were down to eight. Lt. Odegaard supported us allowing three nurses to orient, four to cross train, and one nurse went on emergency leave and the unit was still safely staffed. She also brought guidance from a large military treatment facility to our junior nurses. She had MHS GENESIS access and was already on our computer network. She needed very little orientation to become a full-fledged member of our unit," Harmon said.

"The best part of my time at NHB was meeting and connecting with the MSU staff and sharing our experiences in military medicine. Everyone was very welcoming and I felt like part of the



BREMERTON, WA: Capt. Johannes Bailey, Naval Hospital Bremerton Director for Nursing Services (L) and Lt. Kaitlyn Harmon, NHB Multi Service Unit (R), flank 1st Lt. Lauren Odegaard, from Madigan Army Medical Center, for a photo op after thanking her for her gracious assistance (Photo by NHB PAO Doug Stutz/ Released).

team immediately. I was also able to gain experience and learn new skills regarding post-operative care, and was even encouraged to shadow in the Main Operating Room and Post Anesthesia Care Unit," added Odegaard.

According to Harmon, there are plans in place for NHB and Madigan Army Medical Center leadership to meet to discuss the need for each command helping the other during any nursing shortage.

"Odegaard was proof that we are all nurses no matter which branch we are in. In support of readiness and Defense Health Agency, creating a working relationship with Madigan Army Medical Center is the future of military medicine. We can both support each other to provide efficient patient care," stated Harmon.

The additional benefit of having such an arrangement in place is that it would allow NHB's more experienced Nurse Corps officers to work in a U.S. Army Medical Command and help

continued page 24

Nurse Corps News

2019 WRAP UP & REVIEW

Multi Service Support for Naval Hospital Bremerton's Multi Service Unit (cont')

maintain skills and readiness status at a busier medical-surgical unit.

The concerted effort also bolstered operational involvement, understand-

ing and readiness in a joint environment, readily attested by Odegaard.

"I feel honored to have been able to support Naval Hospital Bremerton this

past October. I will always remember my experience and hope to be able to collaborate with Navy medicine again in the future."~

One Year Anniversary for DAISY Award at Naval Hospital Camp Pendleton

The DAISY (Disease Attacking the Immune System) Award foundation was created November 1999 in memory of J. Patrick Barnes to honor nurses around the World. Currently the DAISY Award is celebrated in over 3,400 healthcare facilities and schools of nursing in all 50 States as well as 20 countries worldwide.

The DAISY Award recognizes and celebrates nurses for the compassionate care they deliver to patients. This award program has been implemented through the Camp Pendleton Nurses Association with the support from the Senior Nurse Executive, **Captain Jeremy Hawker**. Patients and staff members have a variety of ways to nominate a nurse and a panel of Senior Nurses vote on the winner each quarter.

Over the last year, **RN Phyllis Curley**, **RN Maria Wormley**, **RN Stephanie Huddleston**, and **RN Elena O'Brien** have all been awarded the DAISY Award. Each winner received a "Healer's Touch" sculpture handmade from Zimbabwe, a certificate signed by the SNE, DAISY Award winner pin, the DAISY Award winner banner to display proudly in their workspace, and cinnamon rolls to

share (or not share).

Melissa Barnes, Vice President of Operations for the DAISY Foundation and Sister-In-Law to J. Patrick Barnes also personally visited NHCP on January 31, 2019 to share

her story and tour the hospital. With the support of the foundation and the command, NHCP has implemented an incredible outlet to allow nurses to be recognized in an amazing way!~



Article and Photos (Released) submitted by: LCDR Natalie Mills



Nurse Corps News

2019 YEAR IN REVIEW

FY 20 Nurse Corps Strategic Planning Meeting, a Junior Officers' Perspective

N. Robin Ayers, LT, NC

Lindsay Shuttleworth, LTJG, NC

Collaboration, comradery, and lots of coffee. These were things that were ever-present at the FY20 Nurse Corps Strategic Planning meeting held October 2-4, 2019. A lively gathering of senior leadership, junior nurse interns, a Lean Six Master Black Belt, as well as two compelling speakers were in attendance during the three days in San Diego, CA.

The purpose of the meeting was twofold. The first, and most obvious, the crafting of the strategic goals for the coming year to steer the course of our Corps and to provide focus on what is most important given current events in Navy Medicine as well as in the geopolitical realm. We looked to the past year to guide us forward to either improve on previous goals or to drive ahead to new ones. The second purpose was more subtle but no less important. It was a chance for junior nurses and senior leaders to meet on common ground and find empathy and insight into one another's world.

Focusing on the Navy Nursing Professional Practice Model, the needs of nurses at the deck plate, and the ever changing professional and operational climate, three goals were established. 1) Focus on the definition of readiness, and not just saying it but knowing exactly what it means and what each of us must do personally and professionally for ourselves and our people to be ready to support the mission where ever it leads. 2) Moving forward with establishing shared governance in all commands to give nursing a voice to enact positive change that will be continuous and cohesive across the enterprise. 3) A redefinition of Nurse Corps career progression to give dual focus to either clinical leadership or executive leadership, a divergence from the traditional views of leaving the bedside as one moves through the ranks.

There will be much more to come in greater detail from the champions assigned to each goal, however just knowing that these objectives will be enacted is very exciting. These topics were all passionately discussed and celebrated

Nurse Interns with RDML Davidson at the FY-20 Nurse Corps Strategic Planning Meeting/Released.



throughout the event. The third one may have even brought a tear to the eyes of some of the interns.

The meeting was highlighted by our guest speakers who gave voice to the underlying reason to come together for a common purpose. Dr. Mark Brouker (CAPT, USN, RET) spoke about how we must lead through trust and to make sure our people feel relevant during times of great change. This is particularly applicable during our transition to DHA. In addition LT Anthony Waite spoke in depth about transformational leadership. He delivered a heartfelt and genuine talk full of anecdotes about life, healing, and love for our Navy family that we can all relate to. It was a beautiful reminder of why we sacrifice so many freedoms and keep putting on the uniform.

Across the board, the nurse interns felt attending the FY-20 Nurse Corps Strategic Planning Meeting was a look behind the curtain of the decision making process that keeps the Nurse Corps essential, resolute and resilient. We felt very proud and humbled to be able to provide a voice for the deck plate. All of us were eager to return to our commands and share all that we learned and encourage others to seize opportunity to do that same in the years to come.~

Nurse Corps News

2019 WRAP UP & REVIEW

Recognizing Excellence Around the World



Best of the Best...Naval Hospital Bremerton's Pediatric Clinic was acknowledged by Navy's Bureau of Medicine and Surgery, Deputy Chief of Readiness and Health, Rear Adm. D.K. Via, for commanding excellence in customer service from January 1, 2019 to March 31, 2019, which led to recognition by beneficiaries as the top performer on the Navy Medicine 'Best of the Best' report. The clinic was collectively congratulated for their commitment to teamwork and overall excellence. (Official Navy photo by Douglas H Stutz, Naval Hospital Bremerton Public Affairs Officer).

★
NAVAL HOSPITAL BREMERTON

Walter Reed National Medical Center honors **LTJG Juan Canchon** with the DAISY Award! The DAISY Award for Extraordinary Nurses aims to ensure nurses recognize how deserving they are of society's profound respect for the education, training, and skill they put into their work, and especially for their compassionate care of their patients/ Released.



★
**WALTER REED NATIONAL
MILITARY MEDICAL CENTER**

★
**NAVAL MEDICAL CENTER
SAN DIEGO**



SAN DIEGO, CA: NMCS Senior Nurse Officer, Directorate for Branch Clinics **Capt. Andrea Petrovanie**, NC, USN, was awarded the 2019 ANCC Certified Nurse Award in the Ambulatory Care Nursing category. The award recognized her work toward establishing the first Specialty Leader in Ambulatory Care Nursing by the Director of the Navy Nurse Corps, resulting in a centralized voice for ambulatory care nurses across Navy Medicine. "It is a privilege to serve our military population, and I can't think of anything else I would rather be doing," said Petrovanie. "Each day brings an opportunity to touch lives and make a difference." (Photo By Petty Officer 3rd Class Cameron Pinske/ Released).

★
NAVAL HOSPITAL JACKSONVILLE



JACKSONVILLE, Fla. (June 14, 2019) - Leaders and staff at Naval Hospital Jacksonville celebrate the planned July opening of a new, eight-bed inpatient behavioral health unit, with a ribbon-cutting ceremony on June 14. (U.S. Navy photo by Yan Kennon, Naval Hospital Jacksonville/Released).

Nurse Corps News

2019 WRAP UP & REVIEW

Recognizing Excellence Around the World

PORTSMOUTH, VA. (May 17, 2019) – Sailors and staff involved with planning and executing the 2nd annual Quality Symposium at Naval Medical Center Portsmouth (NMCP) posed for a group photo at NMCP on May 17. The symposium featured dynamic speakers who addressed the past, present and future of quality in Military Medicine; dozens of poster and podium presentations of process improvement projects implemented by residents and staff at military treatment facilities throughout Navy Medicine East; and dynamic workshops that provided hand-on cases highlighting the importance of patient safety and quality care. (U.S. Navy photo by Mass Communication Specialist 2nd Class Kris R. Lindstrom/Released)



**NAVAL EXPEDITIONARY
MEDICAL TRAINING INSTITUTE**



**NAVAL MEDICAL CENTER
PORTSMOUTH**

CAMP PENDLETON, CA. (Feb. 12, 2019) – Navy Medicine Readiness and Training Command (NMRTC) Jacksonville's Expeditionary Medical Facility (EMF) Mike take a group photo on Feb. 12 after being certified as Tier 1 readiness capable by Naval Expeditionary Medical Training Institute in Camp Pendleton, California. About 110 EMF staff participated. (U.S. Navy photo courtesy of Hospital Corpsman 1st Class Joseph Castro, Naval Expeditionary Medical Training Institute/Released)



**NAVAL HEALTH CLINIC
CORPUS CHRISTI**



CORPUS CHRISTI, Texas - **Lt. Andrea M. Fluke** regularly consults with Navy Lt. (Dr.) Isaac Iloa, Naval Health Clinic Corpus Christi Internal Medicine Specialist, about patient services geared towards diabetes management, prevention of complications and healthier lifestyles. (U.S. Navy file photo by William Love/Released)

**NAVAL HOSPITAL
PENSACOLA**



PENSACOLA, FL. (Jan. 23, 2019) – (L to R) **Rear Adm. Tina Davidson, Capt. Fran Barendse, Capt. Amy Branstetter**, and NMETLC Command Master Chief Richard Putnam watch a video about Tactical Combat Casualty Care (TCCC) training conducted at NHP. Davidson and Putnam traveled to Pensacola to visit and conduct all-hands calls at NHP (U.S. Navy photo by Mass Communication Specialist 1st Class David Kolmel/Released)

Nurse Corps News

2010 WRAP UP & REVIEW

Recognizing Excellence Around the World



USS America and Fleet Surgical Team Three Mass Casualty Drill.

(June 27, 2019) U.S. Sailors assigned to Fleet Surgical Team Three, led by **LTJG Candice Carter** and **LT Collen Casey** (right), perform evaluation and care to a simulated patient in the Intensive Care Unit aboard the amphibious assault ship **USS America (LHA 6)** during a mass casualty drill. Sailors assigned to **Fleet Surgical Team Three, USS America, USNS Mercy, and Naval Medical Center San Diego** participated in the drill to increase operational readiness. (U.S. Navy photo by Mass Communication Specialist First Class Sean P. Lenahan).



USNH Guantanamo Bay

USNS Comfort— Enduring Promise 2019

The hospital ship **USNS Comfort (T-AH 20)** arrived back in Norfolk in November after a five-month deployment to South America, Central America and the Caribbean where **Comfort** worked with health and government partners to provide care on the ship and at land-based medical sites, helping to relieve pressure on national medical systems, including those strained by an increase in cross-border migrants. **Comfort** departed on the mission in June (Navy photo by Mass Communication Specialist 2nd Class Kris R. Lindstrom).



CUBA (April 2, 2019): Navy & Air Force Nurse Educators at the 30th Association for Nursing Professional Development (ANPD) - **Aspire to Lead** Convention in Phoenix, AZ. (Left to Right) **COL Jane Free, USAF, LCOL Claudia Clark, USAF, LCDR Matthew McMahon, USN, CDR Neva Fuentes, USN, CDR Eric Kulhan, USN, CDR Shawn Passons, USN, and LCDR Vanita Williams, USN/ Released.**



Nurse Corps News

2019 WRAP UP & REVIEW

Recognizing Excellence Around the World

YOKOSUKA, Japan - U.S. Naval Hospital Yokosuka (USNHY) in coordination with the Japanese Maritime Self-Defense Force (JMSDF) Hospital held a joint Mass Casualty Drill on September 20th. Teams from both hospitals simulated a response to a major earthquake event in the area with the intent of exercising their ability to provide a coordinated emergency medical response effort. (Photo by Erika Figueroa/Released)



**U.S. NAVAL HOSPITAL
YOKOSUKA**



Nurses with Robert M. Casey Naval Family Branch Clinic Iwakuni pose for a photo during a nursing symposium at Marine Corps Air Station Iwakuni, Japan, May 9, 2019. The symposium was held to bring together American and Japanese nurses to celebrate National Nurses Week, a week-long celebration of events honoring 27,000 military and civilian nurses. The celebration included events such as a

potluck breakfast, bowling night, ice cream social and group fitness class. The American Nurses' Association theme for National Nurses Week this year is 4 Million Reasons to Celebrate and the Military Health System theme is Nurses are Superheroes. (U.S. Marine Corps photo Pfc. Triton Lai)



**U.S. NAVAL HOSPITAL
OKINAWA**



NFBC IWAKUNI

USNH GUAM



OKINAWA, Japan. – 3d Med Battalion Nurses' Week Photo. Back Row: LCDR Jessie Peralta, LTJG Kelsie Deisinger, LT Akouete Kouevigou, LT Brian Dunford, LT Christine Peterlin, LT Andrew Gottula; LT Jennifer Steveley Middle Row: LCDR Corey Fancher, LT Tiffany Bradley, LT Cassandra Ruark, LT James Carter, LCDR Dominick Stelly, LT Priscilla Boateng, LT Lauren Opalenski, LT Dana Mangano Front Row: LT Choang Lai, LT Brian Bonzo, LT Marie Chiong, LT Marven Ayson (Photo by: HM2 Michael Ponn/Released)



U.S. Marine Corps Lt. Gen. Lawrence D. Nicholson, Commanding General, III Marine Expeditionary Force takes time to give words of wisdom to hospital staff before leaving. Lt. Gen. Lawrence visited the hospital to better understand Navy Medicine's capabilities on Guam and in the Pacific region. (U.S. Navy photo by USNH Guam Public Affairs)

Nurse Corps News

2019 WRAP UP & REVIEW

Recognizing Excellence Around the World

CALLAO, Peru (July 9, 2019) **Capt. Kevin Buss**, director of nursing services aboard hospital ship USNS Comfort (T-AH 20), left, and **Lt. Aileen Sizemore**, a Navy nurse, discuss operations at a temporary medical treatment site. (U.S. Navy photo by Mass Communication Specialist 3rd Class Danny Ray Nuñez Jr.)

PACIFIC OCEAN (Sept 26, 2019) -- Sailors assigned to Military Sealift Command hospital ship USNS Mercy (T-AH 19) care for a mock patient in casualty receiving during a Chemical, Biological, Radiological, Nuclear, and Explosive materials (CBRN-E) decontamination (decon) drill. Mercy is currently operating off the coast of San Diego for Mercy Exercise 19-4 (MERCSEX). Mercy is one of two hospital ships owned and operated by Military Sealift Command. Mercy conducts operations in the Pacific area of responsibility under the guidance of U.S. Pacific Command and Commander Pacific Fleet. (U.S. Navy photo by Mass Communication Specialist 3rd Class Harley K. Sarmiento)



PACIFIC OCEAN



★ PERU



PACIFIC OCEAN (July 19, 2019) **Ensign Ana C. Gonzalez**, a Navy nurse, teaches Sailors medical terminology in Spanish aboard hospital ship USNS Comfort (T-AH 20). (U.S. Navy photo by Mass Communication Specialist Seaman Jordan R. Bair).



CALLAO, Peru (July 13, 2019) **Ensign Danielle Rae Walters** (left), and **Lt. Nevin Yazici** (center), Navy nurses assigned to hospital ship USNS Comfort (T-AH 20), provide medical services to a pediatric patient at a temporary medical site. (U.S. Navy photo by Mass Communication Specialist 3rd Class Danny Ray Nuñez Jr.)



PACIFIC OCEAN (June 24, 2019) Hospital Corpsman 2nd Class **Craig Ashworth** from Baltimore (left), and **LTJG Jan Kenneth Sangrones**, a Navy nurse (right), treat a patient during a mass casualty drill aboard hospital ship USNS Comfort (T-AH 20). (U.S. Navy photo by Mass Communication Specialist 2nd Class Julio Martinez)

Nurse Corps News

2019 WRAP UP & REVIEW

RADM Niemyer and RDML Hall Awards

The annual **RADM Elizabeth S. Niemyer** and **RDML Mary F. Hall** Awards recognize Navy nurses who have positively contributed to the nursing profession through professional publication or implementation of a successful evidence-based practice project. These awards are given annually and are selected by a committee comprised of NC Officers from the Doctor of Philosophy, Doctor of Nursing Practice, and Clinical Nurse Specialist communities.

RADM Niemyer Award for Evidence-Based Practice

First Place Winner

CDR Misty Scheel, LT Joseph Biddix, and **HM2(FMF) Ian Carroll,** Implementation of an HIV Pre-exposure Prophylaxis Program at NMC Camp Lejeune.

First Runner-Up

LT Ashley Robertson, LT Christopher Johnson, and **LT Emanuel Waddell,** Use of a Standardized Process for Obesity Management in Two Naval Medical Center Portsmouth Branch Health Clinics.

RDML Hall Award for Nursing Publication Peer-Reviewed Category

First Place Winner

CDR Abigail Yablonsky and **Robyn Martin Englert, MPH:** "Scoping Review and Gap Analysis of Research Related to the Health of Women in the U.S. Military, 2000 to 2015" (Journal of Obstetric, Gynecologic & Neonatal Nursing, 48, 5-15, 2019.) .

First Runner-Up

LCDR Lauren Suszan, Lcdr Shannon Rotruck, COL (ret) **Robert Vigersky,** **CAPT John Rotruck,** Carlton Brown, MD; John Capacchione, MD, and L. Alan Todd, DNP, CRNA, CHSE: "Should Continuous Subcutaneous Insulin Infusion (CSII) Pumps Be Used During the Perioperative Period? Development of a Clinical Decision Algorithm" (American Association of Nurse Anesthetists, Vol 86, No 3, Jun 2019)

Non-Peer Reviewed Category

First Place Winner

CAPT Heather King, " Global Health Engagement: Supporting Readiness through Research" (Published: TSNRP News: Fall/Winter 2018) .

First Runner-Up

CDR Melissa Troncoso, "How to Have a Great Interview" (Published: NC Newsletter: Vol 12, Issue 5, Sep/Oct 2018)

Congratulations to our Newest Navy Nurse Corps Specialty Leaders!

Richard Lawrence, CAPT, NC

Asst. Dir., Policy & Practice

These new leaders present with an impressive resume of educational and military accomplishments in addition to exceptional performance in diverse clinical and leadership roles including OCONUS, CONUS, and operational assign-

Specialty Leaders

LCDR Chantel Charais - Critical Care (1960)
CDR Edgar San Luis - Family Nurse Practitioner (1976)
CDR Colleen Blosser—Maternal Infant/ Neonatal Critical Care (1920/1964)
CDR Robert Cuento - Perioperative (1950)

Assistant Specialty Leaders

LCDR Darcy Guerricagoitia—Critical Care (1960)
LCDR Melody O'Connor - Family Nurse Practitioner (1976)
CDR Suzanne Fierros - Operational Nursing
CDR Lacy Gee - Perioperative (1950)

ments. Their selection from the top in their communities represents their impressive accomplishments as Navy nurses who will undoubtedly represent their specialties and the Navy Nurse Corps!! Until their contact information is updated on the NC Specialty Leader Roster on milSuite, continue to utilize the current contact information for the respective specialties.

On behalf of the Nurse Corps leadership, thank you to all of the soon to be outgoing SL/ASLs for their outstanding contributions. They have provided exceptional service as leaders, mentors, and subject matter experts, which has been invaluable for their communities and will positively impact the Navy Nurse Corps for years to come.~

Nurse Corps News

2019 WRAP UP & REVIEW

Congratulations to the Next Generation of Navy Leadership

Officers In Charge

Naval Branch Health Clinic, Camp Lemonnier
CDR Kari Johndrow-Casey

Navy Medicine Readiness and Training Unit Key West
CDR Connie Braybrook

Navy Medicine Readiness and Training Unit
MCRD Parris Island
CDR Vavadee Belko

Navy Medicine Operational Training Center Detachment
Naval Expeditionary Medical Training Institute
CDR Virginia Damin

Senior Nurse Executives

Navy Medicine Readiness and Training Commands:

Bremerton—CAPT(s) Shawn Kase
Annapolis—CAPT(s) Darryl Sol
Charleston—CAPT Francis Wonpat
Oak Harbor—CAPT(s) Mary Phillips
Patuxent River—CAPT(s) Stephanie Higgins
Guantanamo Bay—CAPT(s) Charlene Ohliger

Camp Lejeune—CAPT Alison Castro
Guam—CAPT Anthony Voeks
Sigonella—CAPT Tracey Giles
Portsmouth—CAPT Dixie Aune
Yokosuka—CAPT Joseph Desamero
USNS MERCY (T-AH 19)—CAPT Melissa Farino

Welcome, FY20 Nurse Corps Medical Enlisted Commissioning Program Selectees!

ATC Amy Baxter
AC2 Jordyn Bohon
SB1 David Cook
HM1 Korey Danico
SSgt Diana Dehoyos
HM1 Brandon Frayser
HM1 Cindy Gallego
CM1 Jeffrey Gugala
AWR1 Justin Heath
STS1 Zachary Hickman
HM1 Jonathan Jones
HM2 Josephine Larson
ABH2 Jennifer Lebron
IT1 Jamila Love
HM1 Roldan Manalo
HM2 Jonna Marcelo
HM1 Dhana McKinney
AE2 Brianne McMahon
HM1 William Meyer
HM1 Daniel Nunez
HM1 Max O'Sullivan
HM1 Cristian ParedesTajiboy
HM1 David Peters
LS2 Kimisha Raymond

HM2 Darrell Rhoads
AZ2 Jonathan RiveraBurgos
HMC Richmond Roy
HM2 Mathew Sheets
HM1 Zachary Smith
FCAC Ryan Williams

First Alternate:
HM1 Andrei Capule

Second Alternate:
HM1 Ileana Arredondo

Third Alternate:
HM2 Nathan Dykstra



Congratulations to this year's Health Professions Loan Repayment Program Selectees

Selectees (in alphabetical order):

LT Joseph Biddix (Navy Medical Center Camp Lejeune)
LT Brandi Cason (Naval Health Clinic Charleston)
LT Kayla Hennen (Naval Hospital Jacksonville)
LT Margaret Mitzkewich (Naval Medical Center San Diego)
LT Erica Monsees (Navy Medicine Training Support Center)
LT Christopher Payne (Uniformed Services University of the Health Sciences)

Alternates (in priority order):

LCDR Sierra Howell (Naval Medical Center Portsmouth)
LT Jessica Hann (U.S. Naval Hospital Yokosuka)

Nurse Corps News

2019 WRAP UP & REVIEW

Nursing Leadership Awards

MHS NURSING LEADERSHIP EXCELLENCE AWARDS

These awards honor Military and Federal Civilian Registered Nurses who have demonstrated exemplary leadership and skill, thereby contributing to the improved image and practice of nursing. Congratulations to the winners and all who were nominated. Continued dedication to transformational leadership has never been more important than it is during this time of unprecedented change and opportunity in Navy Medicine. Your contributions will ensure the Nurse Corps remains on course and leads the way for the Enterprise! Award winners in the junior and senior categories are selected by Joint selection committees of military and civilian nurses.

This year there were service specific winners for each category 2019 MHS Military and Federal Civilian Nursing Excellence Award Winners are:

Senior Naval Officer: **Captain Kim P. Shaughnessy-Granger, NC, USN**

Senior Civilian Registered Nurse: **Captain (ret) Francesca P. Cariello, PhD, MSN, RN**

Junior Naval Officer: **Commander Timothy G. Whiting, NC, USN**

Junior Civilian Registered Nurse: **Lieutenant Commander (ret) Patricia A. Gill, MSN, RN-BC**

Reserve Officers Association (ROA) 2019 Outstanding Navy Reserve Junior Officer of the Year

The ROA Navy Outstanding Junior Officer of the Year is given to a commissioned junior officer who is currently a satisfactory participant drilling in the Navy Reserve. Additionally, whose performance and accomplishments during the last three years exemplify characteristics expected from an outstanding military officer.



DES MOINES, IA (27 September 2019): LCDR Trent LeBoeuf (middle) being honored with the Reserve Officers Association (ROA) 2019 Outstanding Navy Reserve Junior Officer of the Year Award (Courtesy Photo/Released).

Nurse Corps News

2019 WRAP UP & REVIEW

Happy Holidays!

FORT BELVOIR DNS



Nurse Corps News

2019 WRAP UP & REVIEW

Happy Holidays!(cont')



Bravo Zulu! (November/December 2019)

Certifications

ENS Kyle Rowland, NMC Portsmouth, earned his Adult Critical Care nursing certification (CCRN-Adult).

LT Lakesa Williams, NAVHLTHCLIN Charleston, earned her Progressive Care nursing certification (PCCN-Adult).

LTJG Julia Walsh, WRNMMC, obtained board certification as a Certified Emergency Nurse (CEN) on 11/22/2019.

LTJG Anthony Gawu, WRNMMC, earned his Operating Room nursing certification (CNOR).

LT Beyonava Kendall, NAVHOSP ROTA, earned her CEN.

LTJG Erin Harvey, USNH Twentynine Palms, obtained her CEN.

ENS Holly Kreczkowski, NH Jacksonville, earned her CEN.

LTJG Cassandra N. Jones, WRNMMC, earned her CEN.

LT Daniel S. Solomon, Ft. Belvoir CH, obtained his Psychiatric-Mental Health Nurse (PMHN) certification and APNA Transitions in Practice (ATP) completion.

LT Abiodun Adigun, USNH Yokosuka, earned his CNOR.

LT Olivia Grazak, Naval Health Clinic New England, received her nursing certification in Ambulatory Care through ANCC.

LTJG Sydney Rouble, NMC Portsmouth, earned his NCC Inpatient OB Nurse certification.

Nurse Corps News

2019 WRAP UP & REVIEW

Bravo Zulu! (November/December 2019)



Education

LT Patrick Marsh, NMC San Diego, earned his MBA/HCA Masters in Business/ Health Care Administration, as well as a MSN, Masters Nursing Leadership.

LT Katherine Boeder, NH Beaufort, obtained a Nurse Educator's Masters from Liberty University.

LT Kylee Arvizu, NH Beaufort, obtained a Business Administration Masters from Grantham University.

LT Angelica Romasko, NH Beaufort, obtained a Adult-Gerontology Masters from Duke University.

LCDR Angus MacDonald, NH Beaufort, obtained a Executive Leadership Masters from Liberty University.

LT Sarah Chilson, NH Jacksonville, earned her CNS and Acute Care Nurse Practitioner certifications.

Recognition

Cmdr. Tim Whiting, public health nurse and global health engagement manager at Navy Medicine West (NMW), was recognized for his nursing leadership excellence at the 2019 Association of Military Surgeons of the United States (AMSUS) meeting, Dec. 5. "It means a lot to be recognized for the body of work that shapes up over your career," said Whiting about being selected for the award. "I was a bit shocked because there are so many high performing officers doing amazing things in the Navy and you just never think that what you are doing is up there with the cool things your peers are doing." The award recognizes Whiting's achievements in clinical and operational nursing leadership that have advanced the profession of nursing while displaying compassion and commitment to patients and colleagues alike.

LT Brandi Gibson's work on pharmacologic management of neonatal abstinence syndrome is being published in the peer-reviewed journal *Advances in Neonatal Care* (click on the picture of the article for access). LT Gibson is currently in DUINS and is attending Duke University for her Master of Science in Nursing.

2019 NC Newsletter BRAVO ZULUS

165 nurses have been highlighted for earning certifications!

36 nurses have been recognized for earning their first or subsequent advanced degrees!

30 nurses have been acknowledged for recognition/awards and/or having their works published!

Bravo Zulu Navy Nurse Corps!!

Pharmacologic Management of Neonatal Abstinence Syndrome Using a Protocol

Brandi L. Gibson, MSN, RN, RNC-NIC, Kristi Coe, MSN, RN, NNP-BC, CPNP, CNCNS, Wanda Bradshaw, MSN, RN, NNP-BC

ABSTRACT

Background: The opioid epidemic in the United States has reached unprecedented proportions with far-reaching impacts on the most vulnerable population. The number of neonates born addicted to opioids has grown exponentially over the last several decades, leading to increased neonatal intensive care unit admissions and rising healthcare costs. Recent studies have yielded mixed results regarding which medication is most effective at relieving the symptoms of opioid withdrawal and reducing the weaning timeframe for babies with neonatal abstinence syndrome (NAS).
Purpose: To explore and compare the effectiveness of morphine versus methadone in the treatment for NAS using a standardized protocol.
Method: A literature search of PubMed and CINAHL was performed. The search yielded 10 quantitative studies that were analyzed for potential practice changes.
Conclusion: Based on current literature, following a standardized, stringent weaning protocol is more beneficial than the pharmacologic agent used. Studies reveal shorter weaning times and hospital stays in almost every group that followed rigid guidelines.
Implication for Research: Although current studies are promising for the desired outcome, more research is needed to develop appropriate protocol-based weaning regimens for management of NAS.
Implication for Practice: As the occurrence of NAS continues to rise, its management must vigorously meet the challenges of the diagnosis. Institutions should reevaluate their current protocols based on reassuring data showing that stringent guidelines using morphine or methadone can improve clinical outcomes, reduce hospital length, and lower healthcare costs.
Key Words: methadone, morphine, neonatal abstinence syndrome (NAS), neonatal opioid withdrawal, weaning protocol

The use of opioids has become a major problem in the United States in recent years and has been labeled a crisis. Expectant mothers who use opioids put their unborn child at risk for opioid

addiction at birth, a condition known as neonatal abstinence syndrome (NAS). It is reported that 5% of pregnant women have used or abused some form of illicit drugs or opioids within the past 30 days.¹ Dr. Loreta Finnegan first brought attention to NAS in the 1970s and its prevalence has increased exponentially over the past few decades.^{2,3} Initially, the use of morphine and heroin presented as the most common causes of NAS, which relatively confined the condition to certain ethnic and socioeconomic groups.⁴ In recent decades, the prevalence of NAS has increased as a result of the growing opioid crisis and now crosses socioeconomic borders. A study from the Centers for Disease Control and Prevention (CDC) reported a 300% increase in diagnosis of NAS among 28 states from 1999 to 2013.⁵ The admission rates and severity of symptoms of NAS are crowding neonatal intensive care units (NICUs). The extended hospital stay of infants with NAS is estimated to cost upward of \$53,400 per case.⁶ The evolving nature of the opioid crisis has led to changes in the management of NAS, but inconsistencies remain in determining the most effective mode of therapy. A uniform consensus is lacking regarding pharmacologic management among treatment

Author Affiliations: Duke University School of Nursing, Durham, North Carolina.

All the authors have read and approved this article for publication and have all contributed equal substance to this work. This manuscript has not been submitted for consideration by another journal.

The views expressed in this article are those of the author(s) and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, or the US Government. LT Gibson is a military service member. This work was prepared as part of her official duties. Title 17, USC, §105 provides that "Copyright protection under this title is not available for any work of the US Government." Title 17, USC, §101 defines a "US Government work as a work prepared by a military service member or employee of the US Government as part of that person's official duties." Written work prepared by employees of the Federal Government as part of their official duties is, under the US Copyright Act, a "work of the United States Government" for which copyright is not available. In such, copyright does not extend to the contributions of employees of the Federal Government.

The authors declare no conflicts of interest.

Correspondence: Lieutenant Brandi L. Gibson, MSN, RN, RNC-NIC, Nurse Corps, US Navy, Duke University School of Nursing, Box 3822, Durham, NC 27719 (brandi.gibson@duke.edu)

Copyright © 2019 by The National Association of Neonatal Nurses

10.1097/NCN.000000000000048F

By the Numbers

2,853

**ACTIVE DUTY
PERSONNEL**

454



LIEUTENANT
JUNIOR GRADES

CAPTAINS

142



589

LIEUTENANT
COMMANDERS



1

FLAG
OFFICERS



319

ENSIGNS



333



COMMANDERS

1015

LIEUTENANTS



181



COMMANDERS

CAPTAINS



1310

**RESERVE
PERSONNEL**

337

LIEUTENANT
COMMANDERS



**NAVAL
RESERVE**
STAY STRONG

1

FLAG
OFFICERS



488



LIEUTENANTS

164

LIEUTENANT
JUNIOR GRADES



ENSIGNS

77

68

By the Numbers

203

GAINS TO THE COMMUNITY:
58 DIRECT ACCESSIONS, **11** ROTC,
79 NURSE CANDIDATE PROGRAM,
55 MEDICAL ENLISTED
 COMMISSIONING PROGRAM,
 AND **0** RECALL TO ACTIVE DUTY

**ACTIVE DUTY
 PERSONNEL**

**NURSE CORPS
 OFFICERS
 SERVING AS
 COMMANDING
 OFFICERS**

13

SERVING AS
 EXECUTIVE
 OFFICERS

PROMOTIONS: **28** PROMOTED
 TO THE RANK OF CAPTAIN,
70 PROMOTED TO
 COMMANDER AND
117 PROMOTED TO
 LIEUTENANT COMMANDER

215

6

95.4%
 MANNED



132

RETIREMENTS

6

INNOVATIVE
 READINESS
 TRAININGS

**RESERVE
 PERSONNEL**

**NAVAL
 RESERVE**
 STAY STRONG

Numbers by Community

PROVIDERS

CRNA (1972) - **79**
 PMHNP (1973) - **12**
 PNP (1974) - **14**
 FNP (1976) - **57**
 MIDWIFE (1981) - **6**

NON-PROVIDERS

PROF. NURSING (1900) - **48**
 PERIOPERATIVE (1950) - **191**
 MEDICAL SURGICAL (1910) - **400**
 CRITICAL CARE (1960) - **276**
 MATERNAL CHILD (1920) - **42**
 NEONATAL INTENSIVE CARE (1964) - **11**
 PEDIATRIC (1922) - **22**
 PSYCHIATRIC (1930) - **43**
 ER/TRAUMA (1945) - **106**

20 DOCTORATE DEGREES
3 NAVAL WAR COLLEGE
 GRADUATES
1 Juris Doctorate

PROMOTIONS: **16** PROMOTED TO
 THE RANK OF CAPTAIN,
37 PROMOTED TO
 COMMANDER,
79 PROMOTED TO
 LIEUTENANT COMMANDER, AND
108 PROMOTED TO LIEUTENANT

98

**PERSONNEL
 DEPLOYED**