



# Nurse Corps News

Volume 8, Issue 3

March 2014

## Inside this issue:

Director's Corner	1
RC: Strategic Goal Team Updates	2
Ask the Admiral	3
Director Named Baylor Distinguished Alumna	4
Leadership Opportunity: Pediatric Specialty Leader	4
Navy Medicine Professional Development Command	5
In Memoriam	5
Specialty Leader Updates	6-7
Navy Nurse Awarded Top Journalism Award	7
Competency and the Navy Nurse	8
New CRNA Grads	8
C.J. Reddy Leadership Course	9
Bravo Zulu	10



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

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

Nurse Corps News Staff

Design/Layout:  
[LT Nicholas Perez](#)  
[LT Eric Banker](#)

Editor:  
[LT Edward Spiezio-Runvon](#)

## Director's Corner



In September 2013, a cadre of Nurse Corps leaders, from active and reserve components, participated in a strategic planning meeting. Shortly thereafter, we published our Strategic Plan for FY14. In March, the Goal Team Champions and Team Leaders provided their second quarterly updates. The teams' level of effort and involvement is impressive and I would like to highlight their successes in this newsletter.

**Clinical Excellence.** Champions: CAPT Kristen Atterbury and CAPT Jay Chambers. Team Leader: CDR Max Cormier. This group is reviewing our established seven core competencies and exploring the use of products to create an individual skill and competency file. They are also evaluating existing nursing-sensitive indicators such as NPSGs, PFP, and ORYX which might be used to develop a dashboard report for review within and across facilities. This extremely valuable work will enable us to better monitor and communicate our performance and contribution to Navy Medicine's mission.

**Professional Excellence.** Champions: CAPT Mark Copenhaver and CDR Valerie Morrison. Team Leader: CDR David DeSantos. This group is revising our current Career Development Board (CDB) process

to ensure specific clinical and professional milestones are reviewed. They plan to incorporate the Chief of Naval Operation's Navy Leadership Development Strategy and are exploring the feasibility of using NSIPS, as the enlisted community does, to document CDBs. Additionally, they are continuing to evaluate post bachelor educational programs and our requirements for advanced education and training.

**Strategic Partnerships.** Champions: CAPT Susan Woolsey and CAPT Iris Boehnke. Team Leader: CDR Susan Union. This group is working to identify nursing resources and skill sets in the context of the Enhanced Multi-Service Markets (eMSM). The eMSMs are advancing our tri-service focus to increase population health and increase the performance of our military facilities. Nursing is leading in these efforts by building relationships with nursing leaders from all services to identify, adopt and disseminate best clinical and health system management practices.

**Strategic Communication.** Champion: LCDR Marlow Levy. Team Leader: CDR Alison Faith. This team has worked energetically to understand the many different communication modalities and how they might be leveraged by the Nurse



**Rebecca McCormick-Boyle**  
RDML, NC, USN  
Acting-Director,  
Navy Nurse Corps

Corps to support our communication efforts. Access to and utilization of Navy Knowledge On-Line (NKO), regrettably, continues to be difficult and a source of frustration for many. We are in the process of establishing a Nurse Corps milSuite site; indeed, a number of our specialty leaders and practice groups have well established milSuite pages that are quite impressive. Additional communication efforts include development of a Facebook page, utilization of DCO capabilities in conjunction with our VTCs and regularly scheduled leadership meetings, and the launch of a twitter account. I also hope that you enjoy the modified format and increased frequency of our Nurse Corps Newsletter. These efforts to leverage diverse communication

*(cont. on p. 2)*



Follow the Admiral on Twitter  
[Twitter.com/Navy\\_NC](https://twitter.com/Navy_NC)



## Director's Corner (cont.)



**Nurses:**  
Do you have a question to "Ask the Admiral"?

Post your question to  
NCNewsletter  
[@med.navy.mil](mailto:@med.navy.mil)

methods significantly increase our ability to reach all NC officers in all settings.

**Workforce.** Champions: CAPT Julie McNally and CAPT Brenda Davis. Team Leaders: CDR Lonnie Hosea and LCDR Mark Andres. This team continues to evaluate our billet structure and, where indicated, develop recommendations for realignment of resources. In the context of Navy Medi-

cine's optimization initiatives, this team's work will prove to be very valuable as we "right size" and "force shape" our Corps to meet the requirements Navy Medicine evolving requirements.

That is a broad overview on the current status of our five Strategic Goals. I am so grateful to the teams for their commitment to the Nurse Corps and the progress they have made to keep our

Strategic Plan on track. I believe our efforts on these five topics will help advance nursing practice, as well as the Navy Nurse Corps. I look forward to sharing additional updates from our Goal Groups in several months. In the meantime, for additional information on the groups and their work, I refer you to NKO (and hopefully milSuite and Facebook in the near future).



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

Since the combined Active Component (AC) and Reserve Component (RC) Nurse Corps (NC) Strategic Planning meeting held in September 2013, the RC NC Strategic Goal Teams have been working hard to identify and implement solutions related to the goals. The 2014 Nurse Corps goals are closely aligned with the Surgeon General's Goals of Readiness, Value, and

## Strategic Goal Team Updates



Jointness. The real value of any strategic plan is when it is understood and endorsed at the deckplates. Therefore, a brief update on the goals follows. It is essential that all nurses understand the goals and in particular their specific role in ensuring success.

RC Adult Nurse Practitioner. This evaluation has resulted in a recommendation to convert several billets to that of an Adult Nurse Practitioner by incorporating a subspecialty code of 1900P with an Additional Qualification Designator (AQD) of 69P. If approved the

developing, and strengthening clinical, operational, and leadership skills in our nurses. This successful progress of this team was recognized by the completion of the AC & RC Senior Nurse Executive Business Meeting, held from 11-13 March 2014 at Defense Health Headquarters (DHHQ) in Falls Church, VA. This was an outstanding meeting where executive level information was shared and bonds were established between the AC and RC SNEs. Several other objectives completed by this team include the revision of the Career Development Board template (CDB) based on AONE standards, an updated Senior Nurse Executive Tool kit to ensure the consistency of information shared by SNEs, and creation of an updated Career Planning Guide. Team Leader: [CAPT AJ Eagleton](#)

*The real value of any strategic plan is when it is understood and endorsed at the deckplates.*

**1. Clinical Nursing Excellence:** This team's focus is on strengthening clinical nursing practice and nursing value using Evidence Based Practice. The members are working closely with the AC team on reviewing and updating the eight identified clinical competencies. They are also critically evaluating the inventory and requirements for the

change may be forthcoming in time for the FY 15 APPLY cycle. The team is also reevaluating the deployment training needs for the RC nurses to ensure that RC nurses maintain optimum readiness for future mobilizations. Team Leader: [CAPT Judy Dye](#)

**2. Professional Knowledge:** This team's focus is on building, de-

(cont. on p. 3)

## Strategic Goal Team Updates (cont.)

**3. Strategic Communication:** This team's focus is on reviewing and evaluating the various information management systems currently used by the RC side. A questionnaire is under development so that all nurses can assist with the assessment from the end user perspective. Swank, an online program, is currently undergoing modification to become a one-stop shop for training and readiness information for each RC nurse. This program will help establish an individual profile, based on Subspecialty Code (SSC), where one can solicit personal training requirements, as well as provide a method of dynamic and real time communication across the RC Commands for every

member. Swank will be incorporated within the RC Commands by May 2014. Team Leader: [CDR Teresa Gulley](#)

**4. Strategic Partnerships:** This team's focus is on the joint environment and how best to maximize joint training opportunities. Currently the group has identified nurses who hold joint AQDs who will be able to educate us within the joint environment settings. In addition, they are identifying and reviewing current Memoranda of Understanding (MOUs) in the civilian community to assess viability for training capabilities for the Operational Health Support Units (OHSUs) and

Expeditionary Medical (EMFs). Team Leader: [CAPT Kim Sandberg](#)

**5. Workforce:** This team's focus is on maintaining the right number and specialty mix of Nurse Corps assets across the enterprise. Currently they have looked at multiple issues, including how to track NC specialties using current Navy programs, such as FLTMPs and NRRM, though Swank may replace these databases with obtaining the right mix of information in the end. In addition the team will be assisting CAPT Weaver with billet title review and RFAS code changes in order to better align billets based on OHSU and EMF

missions. Team Leader: [CAPT Anita Bacher](#)

The 2014 Nurse Corps Strategic Plan provides an excellent opportunity to perform an in-depth assessment of our Corps and is essential to ensuring that we maintain the important role that the RC Nurses play in defense of our Nation. Under the guidance of the Nurse Corps Team Leaders we will be forging a very strong platform for the future. We will keep you updated with further progression of these goals.



## Ask the Admiral

**Q: Career paths these days are often not well defined and many junior officers often receive a lot of opinion based responses. What are your thoughts on mentorship in the Nurse Corps? Is it possible to make mentorship in the Nurse Corps more binding and meaningful? It is my understanding that, in the reserve segment of the Navy, there are contracted mentorships between senior officers and junior officers. They actually sign an agreement in an effort to guide the junior officers through the Byzantine maze they face when considering career choices that might render upward mobility.**

**A:** I believe success, in any profession, requires commitment to the organization, active engagement in and support of the mission, life-long learning, and ownership of one's personal and professional goals. And again I emphasize the phrase "ownership of one's personal and professional goals." You can, and should, solicit input from a wide variety of individuals. There are many, many opinions to be had, but when push comes to shove, each individual must deliberately develop and pursue his or her career plan. There are mentoring occasions and mentoring rela-

tionships; both are important. Career Development Boards, mid-term counseling, and fitness report review are mentoring occasions. These are important exchanges with one's leadership – a time for honest exchange of information and dialogue.

There are a number of organizational mentors such as one's supervisor, the detailers, the Career Plans Officer, etc. While some organizations do have "contractual" mentorship programs, I think these relationships are difficult to establish and to sustain. I believe a mentoring rela-

tionship with someone whose personal and professional knowledge, skills, and abilities you admire is more sustainable. In this situation, I recommend deliberately acknowledging the relationship and verbally committing to it. The relationship can be as formal or as informal as the participants wish it to be. There are plenty of articles on the topic to assist in developing a mentorship relationship; the key ingredient is the commitment by each participant to the union. I believe the officer who

*(cont. on p. 4)*



## Ask the Admiral (cont.)



desires mentorship has a responsibility to pursue. Likewise I believe seniors have a responsibility to prepare those who follow in their footsteps and give generously of their time in mentoring others.

Career counseling and mentorship are key components within the Nurse Corps. A true mentor is

someone who helps you with your career, specific work projects, or general life advice out of the goodness of their heart. This relationship is special and realistically cannot be mandated. Neither the AC nor RC component of the Nurse Corps has a program that involves contracts or agreements. Your development of a mentoring relationship will fall on

you and the mentor you choose or who chooses you.

As for career counseling, that should be happening on a regular basis through mid-term and fitness report sessions, through the passing of information on career opportunities within your MTF or across the Corps, and via the Nurse Corps site on NKO.

**Nurses:**  
Do you have a question to "Ask the Admiral"?

Post your question to  
[NCNewsletter@med.navy.mil](mailto:NCNewsletter@med.navy.mil)

## RDML McCormick-Boyle Presented with Baylor Distinguished Alumni Award



**RDML Rebecca McCormick-Boyle and Ms. Sara Ryan at the award presentation**

On 31 October, Ms. Sara Ryan, Vice President, and LTC Tammie Jones, prior ABN President, presented RDML McCormick-Boyle with the 2013 Distinguished Alumni Award.

Fellow members of the class of 1996 congratulated her with well wishes, anecdotes, and pictures

from their time in the classroom.

Congratulations, RDML McCormick-Boyle!



**RDML Rebecca McCormick-Boyle and CAPT David Gibson review a photo of the**

## Leadership Opportunity: Pediatric Specialty Leader (1922/1974)

Applications are now being accepted for the Pediatric Specialty Leader position for a 3-year term beginning June 2014. Specialty Leaders are appointed by and receive direction from the Surgeon General and are responsible to serve as primary advisors via the Director, Navy Nurse Corps and Nurse Corps leadership. Specialty Leaders serve as liaisons for counterparts in other services and to Senior Nursing Leaders across all commands. The Pediatric Specialty Leader

represents approximately 90 Navy Nurse Corps officers as an advisor for Pediatric Nursing policy and practice matters.

As this is a leadership position which interfaces with many senior leaders within Navy Medicine, ideal candidates present well, possess strong leadership and communication skills, and are considered subject matter experts in the specialty. Candidates who possess a strong record of clinical expertise and leadership and are currently active and in good standing within the Pediatric

community (1922/1974) will receive the highest consideration for this great opportunity.

Those interested in applying for this leadership position should forward a Statement of Intent, Biography, and Curriculum Vitae to LCDR Tim Brender NLT 15 April. In addition, a Commanding Officer's endorsement is required to be submitted with all packages, which denotes command awareness, support of the nomination including the additional collateral responsibilities required of the position, and support of

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

Please contact the current Pediatric Specialty Leader, LCDR [Tim Brender](mailto:tim.brender@navy.mil) (phone at 808-257-3365 x429) or CAPT [Kristen Atterbury](mailto:kristen.atterbury@navy.mil) for additional information regarding this great leadership opportunity!

## Navy Medicine Professional Development Command (NMPDC)

Graduate education is one of the many requirements that help advance your career in the Nurse Corps. Officers may obtain a graduate degree on their own time through the tuition assistance program or apply for full time Duty Under Instruction (DUINS).

DUINS offers the opportunity to attend school on a full time basis at no personal cost while receiving all benefits and pay commensurate with the student's rank. Candidates must have a minimum of two years' commissioned experience to apply.

Depending upon the degree requested, students may attend one of three military service schools: Naval Post Graduate School in Monterey, CA; Army-Baylor in Waco, TX; or the Uniformed Services University in Bethesda, MD. Students seeking degrees not provided by service schools may attend the public or private university of their choice closest to their current duty station.

DUINS opportunities will change from year to year based on Navy Medicine requirements. Training opportunities are announced in the early spring and may include: Manpower Systems Analysis (Monterey); Health Care Management (Army Baylor); Clinical Nurse Specialist (CNS) in either Medical-Surgical Nursing, Maternal-Child Nursing, Pediatric Nursing, Psych/Mental Health Nursing, ER/Trauma Nursing, Critical Care Nursing, Neonatal Intensive Care, or Perioperative Nursing (CNS/MBA); Pediatric NP/FNP; Nurse Mid-Wife/DNP; Public Health (MPH); Education and Training Management; Joint Commission Fellowship; Nursing PhD Research; Certified Registered Nurse Anesthetist DNP; CRNA PhD Research; DNP/Psychiatric MH NP; and DNP/Family Nurse Practitioner.

Before deciding on DUINS, interested candidates should seek guidance from their detailee

and the specialty leader in their field of interest.

Students will be allowed 24 months to complete a Master's degree, 36 months for a DNP, and 48 for a PhD. Additional service obligations for attending school are calculated as: three years for the first year and six months for every six months (or part thereof) thereafter.

The DUINS program is guided by BUMED INST 1520.27 series; which is updated and released each spring. The instruction contains a template for creating an application package and, along with other pertinent information, can be found on the NKO NC website under Retention/DUINS.

Applications are due by 1 October for the November DUINS board.

For more information please contact: [CAPT Mark Copenhaver](#) or (301) 295-5773.



**[Mark Copenhaver](#)**  
CAPT, NC, USN



### Nurse Corps Legacy

This is a Nurse Corps insignia from the WWI era, from the collection of Josephine Beatrice Bowman.

Ms. Bowman attained the rank of LCDR and served as the third Nurse Corps Superintendent, from 1922-1935.

## RDML McCormick-Boyle to be Promoted



Congratulations to RDML Rebecca McCormick-Boyle, who will receive her second star on Tuesday, 01APR14. The ceremony will be held at 1300 in the Medal of Honor Hall at the Defense Health Headquarters.

The newly pinned RADM McCormick-Boyle will then transition from her current role as acting-Director to assume her full role as Director of the Navy Nurse Corps.

Congratulations, Admiral!

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

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

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



**Lisa Osborne**  
CAPT, NC, USN

**SNEs:**  
**Would you like to see your command featured in our new Command Spotlight section?**

**Contact us to find out how!**

**NCNewsletter**  
**@med.navy.mil**

**Nurses:**  
**Do you have a question to “Ask the Admiral”?**

**Post your question to**  
**NCNewsletter**  
**@med.navy.mil**

## Specialty Leader Update: Nursing Research (1900D/1972D)

There is an ever-increasing demand for empirical evidence to inform best practices. Nurse researchers from varied clinical backgrounds are working to answer this call.

A PhD in Nursing allows Navy researchers to design and conduct studies that support the research mission of Navy Medicine and improve care for our unique patient population. The researcher's role is crucial to the delivery of care of the wounded warrior and we have made great strides in the care of these complex cases. In order to be at the forefront of emerging medical knowledge, we must conduct good research. Navy nurse research billets are currently located at Walter Reed National Military Medical Center, Naval Medical Center San Diego, and Naval Medical Center Portsmouth. Regional researchers have also been identified to support the research activities in the respective regions. The regional researchers are: CDR Greg Nezat for NAVMEDEAST, CDR Dennis Spence for NAVMEDWEST, and CDR Jason McGuire will be replacing CDR Michele Kane in the NCA.

The DUINS opportunity

for 1900D (nursing research) is a tremendous opportunity for nurses who are interested in pursuing a research career. Application to the Uniformed Services University (USU) is required, but you may also apply to another University. Applications to USU are due by June 15th. I am a member of the PhD faculty at USU and I would be more than happy to assist with the process. Please contact me if you are interested at [lisa.osborne@usuhs.edu](mailto:lisa.osborne@usuhs.edu).

In order to support the evidence-based initiatives, an online resource library has been created and is available on the Tri-Service Nursing Research Program (TSNRP) website. It can be found at [www.usuhs.mil/tsnrp/Training/video.php](http://www.usuhs.mil/tsnrp/Training/video.php). These short videos are an excellent resource for everything from formulating a research question to making a poster for presentation. I would like to thank CDR Dennis Spence and CDR Michele Kane for their effort on this fantastic project!

The TSNRP is a valuable source of support to the research community providing research funding opportunities, as well as education offerings. The Research Development course, Grant Camp, and Evidence-Based Practice

Seminars are on-going. Please refer to the [TSNRP website](#) for dates of upcoming classes. Currently, there are three Research Interest Groups for TSNRP including Biobehavioral Health, En Route Care, and Military Women's Health.

A new initiative for our community is to increase opportunities for collaboration with the joint services, as well as the researchers from the Navy Reserve and retired communities. To that end, we are posting short research biographies to the 1900D research page on NKO to increase the awareness of the research interests of the members. We are including the Reserve and retired members on our email and teleconference communication. We are also encouraging participation in the TSNRP Research Interest Groups.

Finally, our community welcomes our newest member, CDR Heather King. Heather recently graduated from the PhD program at the University of San Diego and is joining the team at NMCS. Welcome, Heather!



## Specialty Leader Update: Medical Surgical Nursing (1910)

**Specialty Certification:** There are currently two certification options for Medical Surgical nursing. The ANCC grants the RN-BC credential and the Medical-Surgical Nursing Certification Board (the certifying board of the Academy of Medical-Surgical Nurses) grants the CMSRN credential. Both are accepted for the 1910K Subspecialty Code. For CNS certifications, the last application for exam for the Adult Health CNS (ACNS-BC) will be accepted 31 December 2014 for testing in 2015. Those who currently hold this credential will still be able to renew. According to the ANCC website, the exam for the new Adult-

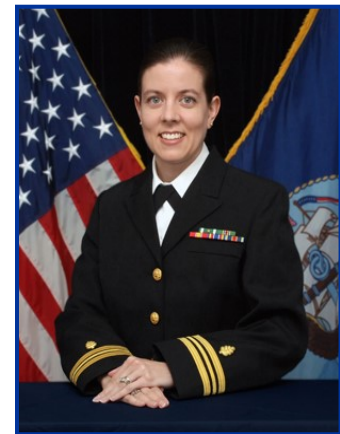
Gerontology CNS (AGCNS-BC) credential will launch 17 April 2014.

**Conferences:** Conference approval continues to be a lengthy process. The Specialty Leaders are asked to submit all potential attendees in one package. The AMSN annual conference will be held in September 2014. If you are interested in attending and your Command will support, please notify me ASAP so that I may compile the package.

**Deployments:** Although deployments have continued to decrease over the last few years, opportunities still come up for 1910s. Some recent oppor-

tunities have included 1MEF, 1MEB, Pacific Partnership 14, and of course support to GTMO on a 180-day rotational basis. Many taskers are short-fused so it is important to keep your Chain of Command informed if you desire to deploy.

**DUINS:** Ensure the program you are planning on applying to is a pure CNS program (not blended with NP) and that their website contains wording such as the following: "Graduates are eligible for certification as Clinical Nurse Specialists in certain States and for national certification by as Adult Health/Adult-Gerontology Clinical Nurse Specialists by



**Kelly Vega**  
LCDR, NC, USN

the American Nurses Credentialing Center." Specialty Leader interviews for the second endorsement will be conducted via telephone in August 2014.

## Navy Nurse Awarded Top Journalism Award

LCDR Eric Bopp was selected for the 2014 Mary Hanna Memorial Journalism Award by the American Society of PeriAnesthesia Nursing for his article entitled, "A Preoperative Stress Inquiry and a Vulnerable Military Population" (J Perianesth Nurs 2013 Apr;28(2): 67-76). All articles published in the Journal of PeriAnesthesia Nursing 2013 volume were considered for this award.

The recipient of this very prestigious, competitive award was selected by a panel of perianesthesia nurses and independent reviewers from other specialties. It was selected

based on its journalistic style, originality, clarity of expression, relevance to perianesthesia nursing, and overall contribution to nursing knowledge.

Preoperative stress is a commonly experienced by patients presenting for surgery. Combat veterans who have been exposed to traumatic or threatening environments may be at increased risk for developing post-traumatic stress disorder, depression, and emergence delirium during recovery from anesthesia. In this article LCDR Bopp provided a critical review of stress-related concepts and preoperative stress, discussed risk factors for

this phenomenon, reviewed various psychological and physiological measures of preoperative stress, explored interventions that may reduce preoperative stress, and discussed potential nursing implications and areas for future research.

LCDR Bopp will be graduating in May 2014 from the University of San Diego with a PhD in Nursing. His program of research has focused on preoperative stress. His dissertation research proposal entitled, "Is Combat Exposure Predictive of Higher Preoperative Stress in Military Members?", was awarded a Graduate



**LCDR Eric Bopp**

Award grant from the Triservice Nursing Research Program in 2012 and was selected for a podium presentation at the Naval Medical Center San Diego 2014 Academic Research Competition.

Bravo Zulu, LCDR Bopp!



**Kristen Atterbury**  
CAPT, NC, USN

*“Caring, compassion, and competency must be the hallmarks of Nursing Excellence; these are sparks to action and the foundation on which all other goal activities rest. Caring, compassion, and competency are not simply banner words; they must be attributes firmly embraced by each of us individually and energetically demonstrated collectively.” - RDML McCormick-Boyle, Director, Navy Nurse Corps*

## Policy & Practice: Competency and the Navy Nurse

As nurses, we are caring and compassionate by nature. At the highest level, the nursing profession and its governance are responsible for guiding standards of practice to ensure nurse competency for the protection of those entrusted to their care. The Nurse Corps established competencies for seven critical core nursing specialties which are considered essential to meet our wartime and humanitarian missions. These core competencies were developed and are reviewed and updated by the Specialty Leaders for the respective communities every two years to ensure current standards of practice. They include the following non-privileged specialties: Critical Care, Medical Surgical, Perioperative, Psychiatric/Mental Health, Emergency/Trauma, Maternal Child/Neonatal, and Pediatrics.

Nurse Corps Policies which address Core Competencies and Clinical Sustainment thereof clearly state that Nurse Corps Officers must maintain current clinical abilities and readiness. Although these two policies clearly reflect expectations, they are in the process of a refresh, and the revision will reflect the seamless relationship between core clinical competency attainment and sustainment.

Assurance of competency is a shared responsibility between individual nurses and nursing leaders throughout the Navy Nurse Corps. Competence is performing at the level that is expected, and is definable, measurable and can be evaluated. It is the integration of knowledge, skills, abilities, and judgment that occurs in formal, informal, and reflective learning experiences. As Navy Nurs-

es, we are not only expected to be competent to provide hands-on care through clinical skills, we are also expected to critically think, possess the ability to serve as team members and leaders, and to be flexible and agile to perform in the settings which support operational and humanitarian missions. As Navy Nurses, we are caring, compassionate, and competent, and stand ready to serve anytime, anywhere. Are you competent and ready?

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

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

## 100% Pass Rate for Navy CRNA Graduates

**Paul Arp**  
CDR, NC, USN

Congratulations to the recent Uniformed Services University of the Health Sciences (USUHS) CRNA graduates! We had 19 individuals graduate with a Master of Science in Nurse Anesthesia with a 100% pass rate for boards. This is an incredible accomplishment following a very long and arduous course of study and serves as a major career milestone. The graduates are listed with their new commands.

- » LT Johanna Carlson
  - » LT Roger Cason
  - » LT Anthony Duran
  - » LT Danny Eason
  - » LCDR Kenneth Folsom
  - » LCDR Elisabeth Holmes
  - » LT Andy Keller
  - » LT Henry Lang
  - » LT Andy Lum
  - » LT Gissella Martinez
  - » LCDR Thomas Matella
  - » LT Matthew Moore
  - » LCDR Aaron Nikolaus
  - » LCDR Wendy Philip-Cyprien
  - » LT Jacqueline Price
  - » LCDR Marko Radakovic
  - » LCDR Shannan Rotruck
  - » LT Nathaniel Schwartz
  - » LT Lauren Suszan
- Naval Hospital Camp Lejeune
  - Naval Hospital Camp Lejeune
  - Naval Medical Center San Diego
  - Naval Medical Center Portsmouth
  - Naval Medical Center Portsmouth
  - Naval Hospital Camp Pendleton
  - Naval Medical Center Portsmouth
  - Naval Medical Center San Diego
  - Naval Medical Center Portsmouth
  - Naval Medical Center Portsmouth
  - Naval Medical Center San Diego
  - Naval Hospital Okinawa
  - Naval Hospital Camp Lejeune
  - Naval Medical Center San Diego
  - Walter Reed National Military Medical Center
  - Naval Medical Center San Diego
  - Walter Reed National Military Medical Center
  - Naval Hospital Guam
  - Naval Medical Center San Diego



## Navy Nurses Attend Army's Colonel C. J. Reddy Leadership Course

**Valerie Morrison**  
CDR, NC, USN

**GO ARMY! BEAT NAVY!** No, this is not a typo. However, for the first week of February, this held true for four Navy Nurse Corps officers who attended the Colonel C. J. Reddy Leadership Course. This annual course is sponsored by the Army Nurse Corps, bringing together Army Nurse Corps officers who have demonstrated excellence in clinical and leadership performance. The first Colonel C. J. Reddy Leadership Course was held in 1992 and is named after Colonel Charles J. Reddy who is most recognized for his leadership qualities and eagerness to develop junior leaders throughout his 30 years of service to the Army Nurse Corps. Participants are nominated and hand selected by their command to attend this highly competitive leadership conference. This February, 42 Army, two Air Force, and four Navy Nurse Corps Officers attended this year's event. The Navy attendees were LT Maricar Aberin from WRNNMC, LT Sara Brown from NHC Annapolis, LT Sharon Hoff from NHC Quantico, and LT Brian Wilson from FBCH.

The Colonel C. J. Reddy Leadership Course focuses on further developing the leadership skills of junior Nurse Corps officers. Top Army leaders selected as guest speakers provided strategic level insight on topics ranging



**LT Brian Wilson, LT Maricar Aberin, LT Sara Brown, CAPT Annette Beadle, MAJ GEN Jimmie Keenan, COL Vinette Gordon, LT Sharon Hoff, and CDR Valerie Morrison**

from career development, business operations, the Army Nurse Corps Lines of Effort (similar to the Navy Nurse Corps strategic goals), and leadership insight from an enlisted point of view. Of note, the students had the honor of candid leadership discussions with Major General Brian C. Lein, Deputy Surgeon General of the Army; Major General Jimmie O. Keenan, Chief, Army Nurse Corp; Lieutenant General Eric B. Shoomaker (RET), former Surgeon General of the Army and Colonel Vinette Gordon, Deputy Chief, Army Nurse Corps. Additionally, participants received Arbing training, a six hour workshop promoting a "treat people as people, not objects" leadership model. Arbing leadership training encouraged each of the participants to examine their behaviors towards others and to start thinking outside the box. The course culminated with a visit to Defense Health Headquarters (DHHQ) including a

dialogue with the Chief of the Army Nurse Corps, Major General Jimmie Keenan, as well as attending a wreath laying ceremony at the Tomb of the Unknown Soldier in Arlington National Cemetery, and the Award of Excellence Dinner where two outstanding Army Nurse Corps Officers were awarded the Army Achievement Medal for their excellent contribution and accomplishment to the Army Nurse Corps.

This was an enlightening experience for the Navy Nurse Corps officers in attendance. They learned that regardless of uniform all military nurses are battling the same issues—fiscal constraints, downsizing, health promotion focused healthcare, increasing enrollment, recapturing care, etc. Tri-Service collaboration has the potential to result in innovative solutions that will strengthen military medicine as a whole. The attendees were challenged to carry on the torch and

continue to make the difference in leading fellow Nurse Corps Officers as we transform from a healthcare system to a System for Health. Collectively, we agree what will be most useful in our everyday practice are the Arbing lessons – leading with compassion instead of commanding compliance. By treating people as people, great leaders can institute lasting change that benefits both employee and patient. As the Department of Defense moves toward a joint system of healthcare, it is imperative that we work with our sister services towards the successful goal of promoting wellness among our beneficiaries. As junior officers we will have a direct impact on the future Joint Military Healthcare System. We encourage every junior officer to continue to strive for excellence and seek out this amazing opportunity.

## Bravo Zulu



### Certifications

- » LCDR Jane Stamey at Naval Medical Center San Diego passed her Perioperative (CNOR) exam.
- » LT Rebecca Strong at Naval Medical Center San Diego passed her Perioperative (CNOR) exam.
- » LTJG Katie Canting at Joint Task Force GTMO Joint Medical Group passed her Medical-Surgical (CMSRN) certification exam (home command NMC Portsmouth).
- » LT Lorelie Flinn at USNH Okinawa passed her Critical Care Registered Nurse (CCRN) certification exam.
- » LCDR Ann Grimshaw at USNH Okinawa passed her Electronic Fetal Monitoring (C-EFM) certification exam.
- » LT Angela Kelly at Naval Hospital Naples passed her Certified Emergency Nurse (CEN) certification exam.
- » LTJG Rebekah Kopesky at Joint Task Force GTMO Joint Medical Group passed her Medical-Surgical (CMSRN) certification exam (home command Walter Reed NNMC).
- » LT Ricky McCallister at USNH Okinawa passed her Inpatient Obstetric Nursing (RNC-OB) certification exam.
- » LT Sam McJunkin at Naval Medical Center Portsmouth passed his Perioperative (CNOR) certification exam.
- » LTJG Kathryn Miller at Naval Hospital Naples passed her Critical Care Registered Nurse (CCRN) certification exam.
- » LTJG Rachel Park at USNH Okinawa passed her Maternal-Newborn Nursing (RNC-MNN) certification exam.
- » LTJG Joseph Strahan at Joint Task Force GTMO Joint Medical Group passed his Medical-Surgical (CMSRN) certification exam (home command Walter Reed NNMC).
- » LT Karene Takamura at Naval Medical Center San Diego passed her Inpatient Obstetric Nursing (RNC-OB) certification exam.
- » LT Renee Quezada at Naval Hospital Naples passed her Inpatient Obstetric Nursing (RNC-OB) certification exam.
- » LT Katherine Weatherbie at Naval Medical Center San Diego passed her Inpatient Obstetric Nursing (RNC-OB) certification exam.
- » LT Caitlin Workman at CAPT James A. Lovell Federal Health Center passed her Clinical Nurse Specialist in Acute and Critical Care Nursing (Adult) certification exam.

### Education (Non-DUINS)

- » LT Michael Bushey at Naval Hospital Naples completed his Master of Business Administration at the University of Phoenix.
- » LCDR James Gennari at CAPT James A. Lovell Federal Health Care Center earned his Master in Arts in Emergency Disaster Management with a Public Health/Humanitarian Relief focus from American Military University.
- » LCDR Kari Johndrow-Casey at Naval Medical Center San Diego earned her Master of Science in Nursing: Pediatric Nurse Practitioner from Saint Louis University.

### Publications

- » LCDR Jane Abanes at Naval Health Clinic Hawaii. Abanes, J.J. & Adams, S. (2014). Using a Web-based Patient-Provider Messaging System to Enhance Patient Satisfaction Among Active Duty Sailors and Marines in the Psychiatric Outpatient Clinic: A Pilot Study. *Nursing Clinics of North America*. 49(2014). 91-103.