



Nurse Corps News

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Director's Corner



Nurse Corps Colleagues,

With the leaves changing colors to bright hues of red, orange, and yellow, the drive to and from work is quite scenic this time of year. I am amazed once again how quickly time seems to pass, and here we are, once again, on the verge of November.

The Nurse Corps ended the fiscal year with a wrap-up of achievements on the 2012 Nurse Corps Strategic Goals held on 13 September, and a Nurse Corps Specialty Leader and Strategic Planning Symposium held on 26 – 28 September. It is always very exciting to hear about the great work that you all are doing. It is reassuring to know the Specialty Leaders and membership of the teams are wide-spread and representative of the entire Navy nurse team, and the outcomes produced are relevant to the nurse at the deck-plate. Thus the focus of this Director's Corner is to highlight the achievements of the 2012 Nurse Corps Strategic Goal teams.



The **Clinical and Professional Excellence** team aimed to build, strengthen, and advance clinical, operational, and professional skills and knowledge. Championed by CAPT Vince Starks, CAPT Lisa Houser, and CAPT Anne Bloom, and Team Leaders, CDR Pat Tyler and CDR Janine Allen, the team was able to accomplish much. Highlights of the team's accomplishments include: 1) the development of a Standard Operating Procedure Guide and Standardized Profile Sheet for the utilization of Career Development Boards (CDB) for Active and Reserve Component (RC) nurses; 2) a website on NKO NC Homepage under Career Development will be created to support the guidelines and process; 3) the creation of a baseline template Data Dashboard tracking the elements of CDBs and Nurse Residency Programs; 4) the implementation of an online reservation tool for new RC nurses to book a quota for DCO course; and 5) the use of multi-media formats and existing reserve drill weekends to implement Junior Officer CDBs.

The **Information Management** team aimed to sustain, advance and evaluate communication across the enterprise (up, down, across the chain, internal and external). Championed by CAPT Julie McNally and CAPT Anne Bloom, and Team Leader, CDR Stephen Guidry, the team was able to capitalize on efforts from 2011, and push the team further. Highlights of the team's accomplishments include: 1) publishing and marketing the Communication Playbook; 2) attended the Strategic Communication Workshop with me in April 2012, which directly resulted in the finalization of a 2012 Communication Plan; 3) repeated the original environmental scan, moving the goal from sources of communication toward the quality of what is communicated; and 4) created a NC All Hands listserv and revitalized the RC listserv.

(Continued next page)



Director's Corner (Cont)



The **Research** team aimed to increase interest, submission, and selection of Evidence Based Practice (EBP) research projects to improve the health of our patients and add to the body of nursing knowledge. Championed by CAPT Mary Greenwood and Team Leader, CDR Michele Kane, this team also kept the momentum from work performed in 2011 to keep the goal moving in a forward projection. Highlights of the team's accomplishments include: 1) the selection of the first annual Navy Nurse Corps EBP awardees in May 2012; 2) the development and completion of three EBP regional courses totaling 71 nurses and awarding a total of 37.5 CEUs; 3) the establishment of research "knowledge brokers" at each command; and 4) the initiation of three regional EBP projects.

The **Strategic Partnerships** team aimed to develop joint and strategic partnership across Federal (Military [Active and Reserve Component] and VA) and civilian healthcare systems. These partnerships will strengthen the profession of nursing and maximize utilization of limited resources. Championed by CAPT Denise Johnson and CAPT Denis Smith, and Team Leaders, CAPT Anna Hurt and CDR Cindy Baggott, the team was able to work with our Sister Services and the VA to publish a joint directory of Senior Nurse Executives. Further work accomplished by the team included a query of Specialty Leaders and Senior Nurses regarding current collaboration practices and to identify mechanisms to strengthen these joint partnerships for the purpose of sharing best practices especially in the areas of training new nurses, retention of critical specialties, readiness, and career development. The team is also working through the Nurse Corps front office to establish a panel of regional representatives from Sister Services and the VA for continued joint partnership initiatives.

The **Workforce** team aimed to focus on maintaining the right workforce to provide nursing care across the full range of military operations with the specific objectives of performing a comprehensive review of the 1960-Critical Care community and optimizing the role of the Clinical Nurse Specialist (CNS). Championed by CAPT Brenda Davis and CAPT Anne Bloom, and Team Leaders, CDR Amy McBride, CDR Erin Robertson, CDR Evangeline Allen, and LCDR Jessica Bain, the team performed much needed work on critical roles within the Nurse Corps. Highlights of the team's accomplishments include: 1) a wide-ranging review of manning and training of nurses in the 1960-Critical Care community with recommendations for standardizing orientation programs and billet realignment to meet current needs for ICU nurses; 2) the creation of a CNS Advisory Group; 3) the development of a CNS NKO webpage; 4) improved communication between Recruit Command and the Association of Operating Room Nurses to increase accession of Perioperative nurses into the RC; 5) increasing the number of RC nurses attending the Periop 101 training course; 6) the designation of the 6OE Additional Qualification Designator for En-Route Care qualified personnel; and 7) the completion of the RC Officer Sustainability Initiative requesting billet modifications to meet current RC requirements.

The work of all of the Strategic Goal teams is most impressive! I am proud of our ability to focus these initiatives to meet current issues within our Corps. It is truly the work of you all, and I am forever grateful for your loyalty and dedication to service! Bravo Zulu for all the members of the 2012 Strategic Goal teams:

LCDR J. Reilly

LCDR L. Kasuske

LCDR T. Rousselow

LCDR K. Garner

LCDR B. Limtiaco

LT M. Howard

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COL S. Breckenridge Sproat

CAPT F. Cariello

COL M. McNeill

CDR M. Cormier

CDR D. Couture

LTC M. Gantt

CDR P. Hasen

LCDR J. Maldarelli-Drey

CDR G. Nezat

CDR A. Savage

LTC M. Throop

LCDR W. Danchanko

LCDR A. Dougherty

LCDR J. Hacinas

LCDR A. Hollis

LCDR S. Inzerillo

LCDR M. Scheel

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Director's Corner (Cont)



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 LCDR Phillips
 CDR Ecarius
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 LCDR A. McHenry
 CDR A. Petrovanie
 LCDR P. Harrison
 LCDR A. Myers

Thank you once more for all of your hard work and enthusiasm! Please continue to look out for and support one another in our Nurse Corps family. We weather periods of stress better with friends and family around to help us build and maintain our resilience. Keep our deployed shipmates in your thoughts and prayers, and every chance possible, drop them a line! More and more of you know, when deployed, a letter or email or care package can make all the difference.

With sincere gratitude,

RADM E. S. Niemyer
 23rd Director, Navy Nurse Corps



Deputy Director Navy Nurse Corps, Reserve Component



As most of you are aware, nurses serving in the reserve component have the challenge and the opportunity to serve as citizen sailors. This past month I was fortunate to participate in several events highlighting Navy Medicine.

In October I had the opportunity to participate in the Second Annual San Francisco Fleet Week Peer to Peer Medical Exchange (MEDEX) which brought together the San Francisco Bay Area's civilian medical community with the USN, USMC, USCG, California National Guard and California Army National Guard medical and air teams. Activities focused on demonstrating the Navy's humanitarian assistance and disaster response capabilities. The San Francisco Bay Area has a 62% chance of having an earthquake of 6.7 magnitude or greater in the next 20 years so this exercise was very timely. (Continued next page)





Deputy Director Navy Nurse Corps, Reserve Component (Cont)



Key leaders from Bay Area hospitals were able to see a USN LCAC land on San Francisco's Ocean Beach to simulate delivery of medical supplies, tour a medical evacuation staging area and see a demonstration of the USMC Shock Trauma Platoon capabilities. Other activities included a Battlefield Medicine Symposium "Advances in Trauma Care from Iraq to Afghanistan" presented by staff from Naval Medical Center San Diego and a Senior Leader's Seminar which was held aboard the USS Makin Island. VADM Nathan was the Keynote Speaker and gave an excellent presentation on Navy Medicine.

It was an honor to take part in San Francisco Fleet Week and to see the very warm welcome and gratitude that the San Francisco Bay Area residents gave to our sailors and Marines.

RDML Margaret A. Rykowski, NC, US



Deputy Director Navy Nurse Corps, Active Component



Greetings Navy Nurses,

One of the most frequent questions we get from RADM Niemyer's town halls and other venues are questions centered on the Doctorate of Nursing Practice (DNP). Will Navy Nursing build DNP opportunities into the training plan and if so, how will they be utilized in practice? I hope to answer a few of these questions in the following paragraphs.

In 2004, the American Association of Colleges of Nursing endorsed a position statement that recommended moving the current level of preparation necessary for advanced nursing practice from the master's degree to the doctorate level. With the complex needs in healthcare today, it was felt that the highest level of practice knowledge was necessary for optimal outcomes in care.

Civilian educational institutions have started to either transition many of their master's level programs to DNP, or have built bridge opportunities for those who have achieved their master's and would like to obtain their DNP. With the FY11-12 training plan, the Nurse Corps also started offering DNP opportunities via the Full-Time Duty Under Instruction (DUINS) program.

Very recently, the Graduate School of Nursing at the Uniformed Services University of the Health Sciences (USUHS) received notification of DNP approval and accreditation for their Nurse Anesthesia program. The staff at USUHS has a great deal to be proud of in reaching this hurdle. Starting May 2013, those selected to attend the Nurse Anesthesia program via DUINS will be the first class enrolling in the new USUHS DNP Program. USUHS continues to move their Family Nurse Practitioner and Mental Health Nurse Practitioner programs toward DNP accreditation.

Many have asked how the role will change for the nurses receiving a DNP versus a master's degree? In short, the answer is that there will be no differences. The certification requirement is the same for both and those graduating from either program will be placed in billet assignments that already exist for the various licensed independent providers. For example, those Family Nurse Practitioners graduating from a DNP will function as primary care providers just as those who have graduated from a master's degree program. It is anticipated that the DNP graduates will graduate from their programs with more knowledge centered on the implementation of Evidenced Based Practice (EBP). With this increased knowledge, it is expected that they will assist in driving EBP into everyday practice.

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Deputy Director Navy Nurse Corps, Active Component (Cont)



What effect will the transition from the Master's to DNP have on our training opportunities? This question has yet to be answered completely. Currently, the Navy has a maximum of 153 training billets divided among the various programs (practitioner, clinical nurse specialist, manpower, education and training, Joint Commission, etc). This equates to approximately 70-75 DUINS training opportunities per year. The DNP programs require three years at the educational institution vice the two for a master's program. Additional billets and funding for those additional training billets will be required in order to maintain the same number of training opportunities per year. The challenge will be finding these billets within our Nurse Corps billet structure and securing funding in this tight fiscal environment.

I hope this provides you a few answers you may be seeking in relation to the DNP programs. We will continue to navigate the implementation of DNP and provide you further information as the programs evolve.

CAPT Sarah L. Martin, NC, USN



USNH Guam - 10 Reasons to Love It



I was a direct accession to the Navy Nurse Corps and was open to almost any duty station for my first assignment. When Naval Hospital Guam was presented as an option, it was not a hard sell. I joined the Navy looking for adventure and professional development, and that is exactly what I found at this mid-sized hospital in Micronesia. After being on Guam for the last 27 months, I am convinced that this should be the next destination for almost any Nurse Corps officer for the following reasons.

1. Clinical Variety. I was very fortunate to spend 2 years working on the Multi-Service Unit. Because there is only one Med-Surg unit in the hospital, I was exposed to a wide variety of patients; telemetry, GI, orthopedics, mental health, pediatrics, and many more. This allowed me to hone an array of skills while determining my specific interests.

2. Acuity. Earlier this year I was selected to transfer to the Emergency Department; which boasts the highest acuity ED in the Navy. Being a good neighbor to the citizens of Guam for over 100 years, our hospital frequently receives severely ill and injured civilian patients on an emergent basis. The experiences for staff nurses managing these patients are second to none.

3. Limited resources. Guam is a remote island with one military and one civilian hospital, along with some specialized clinics. Collaboration and good resource management is critical here. Nurses, practitioners, and social workers form a strong team to ensure patients connect to proper resources and receive the care they need. This leads me to #4 which is one of the most exciting aspects of being a Nurse Corps Officer on Guam.

4. Flight nursing. There are frequent traumas and severely ill patients on Guam. Unfortunately, the island's resources are limited and patients requiring a higher level of care must undergo aeromedical evacuation to Hawaii, Okinawa, or San Diego. Nurses wishing to utilize their Critical Care Air Transport (CCAT) and Joint Medical Attendant Transport (JMAT) certifications will find many opportunities to practice this type of nursing.

5. It's a tropical island. With an average temperature of 81 degrees and readily accessible and beautiful beaches, it is truly a paradise!



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USNH Guam - 10 Reasons to Love It (Cont)



6. Culture. The population of Guam is diverse with citizens from many different cultures. The Chamorro are natives of Guam. They are warm people with a rich culture, expressed through their lively fiestas, strong family ties, and traditional language. This culture is pervasive on Guam and is seen through the ancient latte stones located around the island, landmarks such as Two Lovers Point, and the artwork at the Wednesday night market in Chamorro Village.

7. Fun. When the trade winds kick in around January, sailing races at the local Mariana's Yacht Club get pretty intense. Guam also has world-class scuba diving and snorkeling with colorful coral reefs and exotic sea life. There are challenging boonie stomps (local lingo for hiking), boats to rent for fishing, and quiet beaches where you can lie out and soak up the sun.

8. Finadene. It's Guam's improved version of soy sauce with extra spice and flavor. This is one of many delicious Chamorro foods. Guam is also a favorite tourist spot for several Asian countries, so there are many excellent international cuisines to enjoy.

9. Travel. With the extra money in my paycheck from the cost of living allowance (COLA), I have been able to travel to surrounding Micronesian islands such as Palau and Saipan. Guam is also relatively close to Japan, the Philippines, and Australia making them great leave destinations.

10. Education. The Command at Naval Hospital Guam has helped me further my education through a culture that supports learning and career progression. I have received support in studying for my Certified Emergency Nurse (CEN) exam. Many Nurse Corps officers have obtained their master's degrees, and several have been selected for DUINS. In fact, in the past three years this command has enjoyed a 100% pick-up rate for people applying for DUINS, PeriOp, operational assignments and Officer In Charge (OIC) selection. There are also many opportunities for collateral duties on the unit and at the Command level, as well as research projects in which to participate.

These are my top 10 reasons that should offer an enticing invitation for any Nurse Corps Officer - no matter where they are in their career. I know my tour on Guam has been invaluable to my career development. I truly hope I will be replaced by other Nurse Corps Officers who also appreciate this Command and what it has to offer.



LTJG Margaret Mitzkewich

LTJG Margaret Mitzkewich, NC, USN



Pacific Partnership 2012 - A Reserve Perspective



My nursing career began in 2007, upon graduating from Northern Illinois University, College of Nursing. Even before applying to nursing school I had a passion for perioperative nursing. Helping people in their most vulnerable state, asleep and under the blade of a surgeon, was where I knew I would act as the patient's advocate every minute they were under my care. I was fortunate to be hired by a hospital that prepared me to be an Operating Room (OR) nurse.

My Navy nursing career began four years later when I was commissioned on 26 AUG 2011 into the Reserve Nurse Corps, and I was blessed to have the support of family, friends and colleagues as I entered into service. Little did I know that I would be working side by side with fellow reserve nurses, active duty nurses, foreign military nurses and non-governmental organization nurses in support of a mission within the first year of my commissioning.

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Pacific Partnership 2012 - A Reserve Perspective (Cont)



In February of this year, I received an email stating I was selected to be a member of the Medical Treatment Facility (MTF) staff aboard the hospital ship USNS Mercy (T-AH 19) serving Pacific Partnership 2012 (PPI2). The mission motto was to “*preparing in calm to respond in crisis.*” Pacific Partnership missions are annual humanitarian civic assistance missions that visit Southeast Asia and Oceania nations.

PPI2 has been a great experience. From the first time I crossed the quarterdeck of the Mercy, I knew the mission would be one of my best experiences as a nurse. As I write this, my new colleagues and friends have left our last mission port of Cambodia and are excited to return to various duty stations and civilian hospitals. Each mission port, Indonesia, the Philippines, Vietnam and Cambodia all left a lasting impression.

Being the nurse for cataract patients that can see again, or cleft lip repairs and polydactyl repairs that allow children to run and play with other children without being social outcasts created some of the happiest memories I have of all the patients. Patients whose life was extended, because of the surgeries performed on the Mercy touched all of the members of PPI2. Providing nursing care to patients that would not have been able to receive the treatments or surgeries in their communities created the lasting impressions PPI2 has given me.

The camaraderie and teamwork among the nurses was extraordinary. We prepared a floating MTF in just two weeks to be capable of treating a total of 887 surgical patients, with a total of 980 surgical procedures. The MTF cared for scores of additional patients that boarded the Mercy for diagnostic testing and consultations. Preparing the MTF for the influx of patients was not an easy task, but it became a true success. Teamwork among all nurses was essential for that great success. The leadership in all directorates led the way and implemented the policies and that allowed PPI2 to be great.

Being new to the Navy Reserve, I am happy to say that I have a new desire to become an active duty Navy nurse, in large part because of the leadership and experiences I have benefited from during PPI2 and on my drill weekends. Thank you to the leadership that asked me to write this article, and thank you to the U.S. Navy and to PPI2 for truly “*preparing me in calm to respond in crisis.*”

LTJG Bennie Jonathan Sumner, NC, USNR



Navy Nurse Corps Association - Seeking Members!



Established in 1987, the Navy Nurse Corps Association (NNCA) is a non-profit, national organization dedicated to bringing Navy Nurses together. We are an association for caring and sharing, where what matters most is not rank, but being, or having been, a Navy Nurse. Any Navy Nurse Corps Officer, whether Active Duty, Reserves, Retired, or Honorably Discharged, may join the NNCA.

The NNCA strives to fulfill this mission: 1) Gather and preserve the history of the Navy Nurse Corps; 2) Collect and preserve memorabilia of the Corps; 3) Assist with the formation of, provide support to, and encourage membership in area and regional chapters; 4) Promote and support social activities involving the membership; 5) Develop locator files and personnel information pertaining to persons who are or were members of the Navy Nurse Corps; 6) Identify needs of members and eligible non-members of the association and bring them to the attention of the membership, as deemed appropriate; and 7) Transact all lawful business of the association.

For more information visit the NNCA website: www.nnca.org

Barbara O'Brien, President, NNCA



Bravo Zulu!



Awards

LT Kendra Pennington at Naval Hospital Pensacola who was selected as the University of Massachusetts, Amherst Nursing Alumni Board's 2012 Distinguished Young Alumna.

LT Elyse Braxton at Naval Hospital Oak Harbor who was selected for the Elizabethtown College Alumni Association's Educate For Service - Service Through Professional Achievement Award.

Certifications

CDR Cynthia Rodrigues at Naval Health Clinic New England who passed her Ambulatory Care Nursing [RN-BC] certification exam.

LCDR Mark Thomas and LCDR Nathan Brezovic who passed their Acute Care Nurse Practitioner [ACNP-BC] exams. LCDR Tymesia Cortez, LCDR Joanne Dana, LT Priscilla Fuhrer, LTJG James Jeff, LTJG Ryan Richards, and LTJG Lauren Treacy at Naval Medical Center Portsmouth who passed their Critical Care Registered Nurse [CCRN] exams.

LT Shawna Grover at Naval Medical Center Portsmouth who passed her Adult Nurse Practitioner [ANP] and Adult Health Clinical Nurse Specialist [ACNS-BC] exams.

LT Sonia Scott at Naval Medical Center Portsmouth who passed her Adult Psychiatric-Mental Health Nurse Practitioner [PMHNP-BC] exam.

LT Angela Healy at Naval Medical Center San Diego who passed her Certified Medical-Surgical Registered Nurse [CMSRN] exam.

LT Todd Peterson at Naval Health Clinic New England who passed his Certified Medical-Surgical Registered Nurse [CMSRN] exam.

LT Lorelei Hughes and LT Rie Tamayo at Naval Hospital Rota who passed their International Board Certified Lactation Consultant [IBCLC] exams.

LT Nneoma Anyanwu at Naval Hospital Rota who passed her Maternal-Newborn Nursing [RNC-MNN] certification exam.

LT Sarah Hughes at Naval Hospital Rota who passed her Ambulatory Care Nursing [RN-BC] certification exam.

LT Melinda Williams at Naval Hospital Rota who passed her Emergency Nursing [CEN] certification exam.

LTJG Andrea Ward at Naval Medical Center Portsmouth who passed her Maternal-Newborn Nursing [RNC-MNN] certification exam.

LTJG Ashley Gooden at Naval Medical Center Portsmouth who passed her Pediatric Nursing [CPN] certification exam.

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Submit your article via your chain of
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