



# Nurse Corps News

Volume 11, Issue 3

May/June 2017

## What Does It Mean To Be “Ready to be Ready?”



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**NCNEWS-REQUEST**

### Nurse Corps News Staff

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Hello, fellow Nurse Corps Officers! The Chief of Naval Operations’ (CNO) Design for Maintaining Maritime Superiority is built along four Lines of Effort. The Blue Line of Effort, Strengthen Naval Power At And From The Sea, speaks to the need to maintain a fleet trained and ready to operate and fight decisively. In Navy Medicine, we talk a lot about a “Ready Medical Force” and our Professional Practice Model states, “Always Ready to be Ready.” Our line leaders need and expect us to be “ready to deploy tonight,” but what does “being ready” really mean?

Readiness is multifactorial and includes both you and your family:

- Ensure your legal papers, such as wills and power of attorney, are in order
- Make arrangements for daily life: paying bills, childcare, home repairs...
- Ensure support systems are in place for your family
- You must be physically ready to deploy in a variety of environments; ensure your IMR is up to date, medical issues addressed and that your routine physical fitness and diet is on track
- You must be mentally ready to leave your family (and ensure your family is prepared for your departure) and embrace the unknown
- Training requirements must be complete and kept up to date
- And above all... *You must be clinically current and able to function in a variety of roles and environments*

How do you approach your work day? “I get up, go to work and come home.” Or, “I get up, go to work and I prepare myself to deploy.” I hope it is the latter! What you do each and every day, in all of your capacities, prepares you for operational missions:

learning and maintaining clinical skills; critically thinking through patient care and leadership challenges; training Corpsmen; interfacing with a variety of people and perspectives;



**Tina Davidson**  
RDML, NC, USN

### Director, Navy Nurse Corps

communicating with and educating our patients; talking with your family about deployment; planning early and often; and the list goes on.

Our ability to deploy on a moment’s notice is vital to the success of our Navy and the protection of our country’s interests. Our NC has consistently demonstrated success in all environments and in a wide variety of roles. I am in awe of what our NC has accomplished, but I’m not surprised. Continue to leverage the opportunities before you each and every day to grow, to learn and to prepare.

So I ask you, how do you think of your day? How do you prepare yourself, your shipmates and your family for the call? Are you ready?

In closing, I want to thank you for the work you do each and every day, as military nurses (whether AC, RC or civilian) you are supporting our country and those who serve with exceptional skill and commitment. ~

Get to know your new Director! The Bureau of Medicine and Surgery public affairs office interviewed Rear Adm. Tina Davidson on why she chose a Navy nursing career and what a typical day in the life of a Navy nurse entails. [Read the full interview here!](#)



## RDML Riggs Asks, “Are You Really Ready?”



**Mary Riggs, RDML, NC, USN**

**Deputy Director,  
Reserve Component**

The CNO’s number one tenet is “Win.” The Navy Reserve

Community must be ready to fight and win today while continuing to build the capabilities to meet tomorrow’s threats. Winning is the Navy’s primary mission and our efforts must be grounded in this fundamental responsibility. Each day the Navy Reserve provides operational support and is a potent force multiplier that is leveraged to support Navy missions. Thus Readiness is our number one job in the Navy Reserves! So why is it that some of us view readiness as just a weekend “thing?”

Ask yourself:

- If you can’t meet the requirements to support your operational exercise or MTF support for AT; are you really ready?
- If credentialing becomes a major “project” for you; are you really ready?

- Do you stress about passing the BCA/PRT because you don’t fit in exercise and healthy eating on a daily basis; if so, then are you really ready?
- If advancing your education and learning to advance your professionalism is not one of your top daily priorities; are you really ready?

We are all so busy and when one item is crossed off our list, there will always be four more to add in its place. The key is being intentional about blending our Navy priorities in with our daily civilian lives. When that is accomplished your “dual career” objectives will be harmonized and you will grow in your confidence that you “Are Ready!”~

## Mid-Level Officer Perspective of the Navy Nursing Professional Practice Model

Primary Authors:

**LCDR Hannah Castillo  
and LT Aaron Cagley**



Navy Nurses gain insight, experience and develop professionally throughout all stages of their careers. Professional Practice Models provide a framework to guide nursing policies, practices and career development of Navy Nurses. The major goals of the Navy Nursing Professional Practice Model (PPM) are to enhance the identity of Navy Nurses while promoting job satisfaction, patient satisfaction and clinical quality outcomes. It is during the first several years as a junior officer that Navy nurses hone their nursing skills and develop as a Naval officer and trusted leader. Junior Navy Nurse Corps officers depend on the mentorship and guidance of those more immediately senior to them, the

mid-level Naval Nurse Corps officers. The transition from junior officer to mid-level officer can happen fairly quickly, as more responsibility is required the more senior a Navy Nurse becomes. The mid-level officer has a different phase of professional development as they seek more responsibility as well as broaden their clinical and managerial experiences through diversity of duty stations and assignments.

There are three primary domains with the PPM: operational readiness and jointness, professional development and transformational leadership. Understanding the Navy Nursing PPM through the perspective of a mid-level officer can be helpful in incorporating the three domains that comprise our PPM into daily leadership and clinical practices. ~

[Read the full Perspective here!](#)

<https://www.milsuite.mil/book/docs/DOC-380249>



## Birthday Message from the Force Master Chief

Dear Navy Nurse Corps,  
Let me start by extending congratulations on behalf of all Hospital Corpsman on another year of excellence and wish all of you a happy 109th birthday! You play a tremendous role in training our Hospital Corpsmen and ensuring Navy Medicine continually exceeds the expectations of those we serve. The Nurse Corps and Hospital Corps are forever intertwined from the early 1800s to 1908, when the Nurse Corps was officially established by Congress. Your tradition of service with honor and compassion continues today.

After the Navy reestablished Hospital Corps School training in 1914, the new curriculum included lectures and practical work in nursing, hospital duties, ward and operating room management. After completion of training, Hospital Corpsmen were sent to Naval hospitals where they received additional practical training for six months under the guidance of Navy nurses. As the Hospital Corps rolls out its new curriculum this July, our training connection will continue to be the model for how Hospital Corpsmen develop their knowledge, skills and abilities in providing world class medical care to our Navy and Marine Corps team as well as their dependents and our veterans.

The strong bond between the Nurse Corps and the Hospital Corps has produced numerous enlisted Sailors' selections to the Nurse Corps. On 25 August 1965,

ENS George M. Silver, a former Hospital Corpsman, became the first man to receive a commission in the U.S. Navy Nurse Corps Reserves.

On 12 October 1965, the first group of men (LTJG Jerry McClelland, ENS Charles Franklin, ENS Isadore Miller, ENS Richard Gierman and ENS George Silver) commissioned in the Navy Nurse Corps reported to Newport, RI for a one month course of indoctrination to the naval service. Just this past year, of the 42 selected to participate in the Medical Enlisted Commissioning Program (MECP), 29 were Hospital Corpsmen; I believe whole-heartedly this is the result of your guidance. In addition to MECP, you have welcomed other Hospital Corpsmen to your corps via the Seaman to Admiral Program and other scholarship programs.

According to the second edition of *The Handy-Book of the Hospital Corps* (1917), "Members of the Hospital Corps detailed forward duty are under the direction of the nurse in charge, who is responsible for the care and nursing of the patients and the management of the ward." Although the



**H. SMITH, JR**  
**FORCM(SW/EXW/FMF)**

**Force Master Chief**  
**Director, Hospital Corps**

Navy Medicine mission continues to evolve, our working relationship remains the same. Somewhere in the fleet, there is a Navy Nurse and a Hospital Corpsman team conducting training or rendering medical care to those in need.

Thank you for all that you do for the Navy and the Hospital Corps. We look forward to serving with you as we continue to answer our nation's call.~

*Who is the Force Master Chief?  
The Force Master Chief of the U.S. Navy Bureau of Medicine and Surgery (BUMED) is the Navy Surgeon General's senior enlisted advisor. He or she is also dual-hatted as the Director of the Hospital Corps, the Navy's largest enlisted rating and only enlisted corps.*



## Specialty Leader Update: Certified Nurse Midwives (1981)

Greetings from the Nurse Midwifery Community! It has been a year since **CDR Cathy Luna** and I were selected to represent this dynamic community and we would like to thank **CAPT (Ret) Maria Perry** for her mentorship and guidance as we transitioned into these roles.

As we celebrated the 109<sup>th</sup> Birthday of the Navy Nurse Corps on 13 May, I would like to highlight our community's leadership and dedication to the women and families that entrust us with their care.

Congratulations to the following individuals: **CDR Jessica Beard** was selected for CAPT this year. **CAPT (sel) Thecly Scott** successfully defended her doctoral dissertation study titled: "[\*Perceptions of Care During the Prenatal Period: An Ethnonursing Study of African American Childbearing Women within the Military Health System.\*](#)" **CDR Kim Shaughnessy** will be heading to the Bureau of Medicine and Surgery (BUMED) Office of Women's Health. **CDR Brenda Reseter** was selected as Vice President of the American College of Nurse-Midwives (ACNM) Uniformed Services Affiliate and **LCDR Ann Ianitto** will be the Navy representative.

Our community continues to lead patient-centered initiatives: **LT Jessica Miller**, Chair of NH Jacksonville's Baby Friendly Hospital Committee, led the multidisciplinary team to successful reaccreditation as a Baby Friendly Hospital. Walter Reed National Military Medical Center (WRNMMC) earned designation as a Baby Friendly Hospital in April 2017 (see page 17). **CDR Cathy Luna**, Chair of the Baby Friendly Hospital Committee, led WRNMMC to become the 4<sup>th</sup> Military MTF to earn this prestigious designation. Midwifery is spearheading the BUMED



**Protegenie Reed, CDR**  
**Specialty Leader**

initiative for Nitrous Oxide use in the perinatal setting. This initiative will allow women more options for pain control in the perinatal setting.

We continue to advocate for Centering Pregnancy as the standard of care for low-risk pregnant women. Many of our MTFs have initiated this evidence-based, group model for prenatal care. **LCDR Rose Jolly** and **Heidi Walker** at NH Camp Lejeune manage the most active Centering Pregnancy program with the highest number of enrollees in the DoD and in the U.S. Ms. Walker established a Memorandum of Understanding with Centering Pregnancy and is now training Centering Pregnancy facilitators at all MTFs.

Our community has grown tremendously over the past five years. This year we have three new midwives graduating from DNP programs: **LCDR Patricia Horn**, **LCDR Megan King**, and **LT Erika Schilling**. **LCDR King** will present her DNP project, "*Improving Quality of Care Through Prenatal Education and Follow-up,*" at this year's Amer-



**Catherine Luna, CDR**  
**Assistant Specialty Leader**

ican College of Nurse-Midwives conference. Congratulations to our DUINS selectees who will be starting school later on this year: **LCDR Christine Higgins**, **LCDR Teri Ryals**, **LT Jennifer Squazza**, **LT Kelly Minor**, and **LT Megan Moody**.

As we look ahead at our professional identity, we start thinking about our role and mission and aligning ourselves with the currently evolving operational requirements. Last year, **CAPT McCrary** and **CDR Reseter** participated in the humanitarian mission, Pacific Partnership 2016, aboard the USNS *Mercy* (T-AH 19). This is a great approach to support global health and regional stability; if additional opportunities arise, please consider volunteering!

Finally, we are humbled to represent such a remarkable community. Thank you all for what you do every day. What a sacred profession! Please feel free to contact CDR Luna or myself if you have any questions. For any nurses considering midwifery for DUINS, please reach out to us as soon as possible. ~



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



**Aleah McHenry, LCDR**  
**Specialty Leader**

**Erica Arnold, LCDR**  
**Assistant Specialty Leader**

We are excited to share what has been happening within our community!

First and foremost, we would like to congratulate **LT Brandon Sartain**, **LT Maria Tejada** and **LT Berly Vincent** for their selection to DUINS in their pursuit to become Master's prepared Medical-Surgical Clinical Nurse Specialists. For all future DUINS applicants, there are 3 opportunities for DUINS this year. If you are interested in applying, please reach out to us early and often!

Since our last newsletter article, our community has been very busy. We were fortunate to send 22 nurses in October 2016 to the AMSN Conference in Washington, D.C. If you plan on attending this year's conference, please contact LCDR Arnold early. For further information, please visit the [milSuite conference approval](#) page

and the [1910 milSuite page](#).

Core Medical-Surgical competencies are high on our agenda and are in final stages of approval – our CNS team, led by **CDR Jack**, has worked diligently to put together an inclusive and portable plan. This plan includes using Elsevier (formerly Mosby's) for all orientation and competencies, which can be tracked and is consistent from command to command. Additionally, it would not require a cumbersome annual verification. We understand that these frequent changes can be frustrating but hope they will make it easier to continue clinical sustainment hours and competency attainment. If this plan is approved, your insight and suggestions will be sought out and welcomed.

We are also evaluating the post-anesthesia care unit (PACU) nursing skill set. As many of you may know, PACU was recently transitioned under the 1910 SSC. As our need for specific deployment taskers and command billets fluctuate, the ability to identify PACU specific skills is under review. We have comprised a small team of PACU nurses to assist with our request.

We have had numerous deployment taskers and recommendations come up over the previous year. Please inform your command leadership if you are in search of deployment opportunities. Additionally, if you need a Medical-Surgical Nursing Mentor and are having difficulty locating one, please do not hesitate to contact us. We can pair you with a

like-minded 1910 nurse who is in a billet or role that you may be interested in.

Medical-Surgical Nurses are a part of many process improvement projects. At USNH Naples, **LTJG Julianne Rose** and her team put together an iron infusion protocol for Medical Home Port. At WRNMMC, **LTJG Lisa Costello** assisted with creating a Total Joint Care CE accredited training program. **CDR Kevin Quinn** was integral in providing information to assist with supplemental competencies for Operational Nursing.

Our community is currently 85% manned with 672 nurses, many of whom obtain professional certifications. Currently, 17% of our nurses are certified! If you are recently certified, please let us know so that we can add you to our newsletter. To those who have also recently become certified, we congratulate you, as well!

Last but not least, [our milSuite page](#) has been updated, as well as our email group. Please do not hesitate to respond to let us know if you would like to be removed or added. As always, if you have any questions, please reach out to LCDR McHenry or LCDR Arnold. We are here to serve our community and do so with pride!~

*Meet your Reserve  
Medical-Surgical  
Leaders!*



**Mildred Owing, CAPT**

**Specialty Leader**

**Debra Brendley, CDR**

**Assistant Specialty Leader**



## Specialty Leader Update: Family Nurse Practitioner (1976)

**Kathaleen Smith, CAPT**

### Outgoing Specialty Leader

Greetings from the FNP (1976) Community! This article is going to focus on the transition of Leadership within the FNP Community. As you all know, my "tour" as Specialty Leader has come to an end. Congratulations to **CDR Christopher Smith**, the newly selected incoming Specialty Leader, and to **LCDR Troy Baumann-Freund**, who is the Assistant Specialty Leader for our Community. We are lucky to have two outstanding officers assume these roles!

Let's highlight some of the achievements over the last several months. **LCDR Lynda Potswald** deployed on the USNS Mercy in support of Pacific Partnership from Apr-Sept 2016; she was the only FNP, participated in several community health engagements, and acted as the SAFE provider. **CDR Susanne Blakenbaker** has taken on an alternative role working for Strategy Management as Department Head for Enterprise Support Services at BUMED; her office assists the Surgeon General with strategic planning and Navy Medicine's Strategic Goal work. **CDR Catherine McDonald** and **LT Sharon Hoff** continue to work hard advocating for long-acting, reversible contraceptives for our active duty population. **CAPT Cindy Keuhner** was selected to serve as CO of USNH Okinawa; **CAPT Barbara Joe** was selected as the Director for Branch Clinics at Yokosuka; and **Iwas** selected as

an AANP Fellow. Also, the Uniform Services University graduated its first class of FNP/DNP students in May 2017. This is just a sampling of the diversity within our FNP community.

Thank you for your continued support over the last three years. I have cherished the role and would highly recommend the role of the specialty leader to anyone who is highly vested in retention, mentoring, executive medicine, patient care and giving back to our community. By far, it was the best collateral duty I have held in my entire career. You have all heard me say it, but we have *THE BEST* community in all of Navy Nurse Corps. Thank you for what you do each and every day.~

**Christopher Smith, CDR**

### Incoming Specialty Leader

Wow, I am very excited and honored to be selected as the new FNP Specialty Leader. I would like to thank my immediate predecessor and predecessors as I have HUGE expectations to live up to. The reason I sought this position was to promote YOU as an FNP. I am very passionate about what we do, how we do it, and I want others to recognize us. My background: I have been in the military 28 plus years (Army, Navy, enlisted, NCO and officer) and have seen, done and been through a lot - and grown stronger because of it. Currently, I am stationed in Yokosuka, Japan. Once again, thank you, **CAPT Smith**, for every amazing thing you have done.~



**Troy Baumann-Freund, CDR**

### Assistant Specialty Leader

I am very excited to have been selected for the role of Assistant Specialty Leader, FNP. Please allow me to introduce myself: I entered active service in 2003, already having obtained my FNP from Minnesota State University, Mankato. After completing my initial tour as staff nurse/Division Officer, I redesignated into the FNP role. I have spent most of my career overseas and on the East Coast. I am currently residing on the beautiful island of Guam, practicing full-time in the Family Medicine Clinic. I am looking forward to serving the FNP community!~

Meet your Reserve  
APN Specialty  
Leader!



**Michael Watson, CDR**

### Specialty Leader

Find him on  
milSuite!



## Nursing Involvement within Informatics Steering Committees



**James Tessier, LCDR**

**Chief Nursing Informatics  
Officer**

**Andrew Wilson, CDR**

**Assistant Nursing Informatics  
Officer**

Nurses are arguably the highest volume users of the electronic health record (EHR). In our current EHRs, nurse interaction revolves primarily around completion of flowsheets, notes, medication administration record (MAR), and various paper forms. Going forward with MHS GENESIS, we will be using one unified EHR that does all of the above, hopefully significantly reducing paper forms, and which brings entirely new capabilities that go beyond our current understanding of EHR interaction and documentation. The nursing community needs to be involved in the implementation, training, and sustainment of these capabilities. Below are only two of many examples.

A new capability coming with MHS GENESIS is barcode medi-

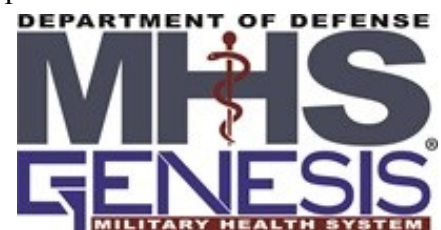
cation administration and blood product scanning. In the inpatient environment, when administering medications, barcoding will be utilized to reconcile the medication with the order, update the MAR, as well as support the five rights of medication administration. In regard to blood product administration, barcode scanning will be utilized in a similar fashion to support patient safety and error reduction. Adding this technology into the medication and blood administration workflows will require training, change management, policy/procedural analysis, and critical thinking.

MHS GENESIS also brings with it a capability named Clairvia. Clairvia is an integrated suite of inpatient workforce and demand management tools focused on ensuring that the right nursing staff are assigned to the right patients throughout their transitions of care. Clairvia workforce management tools provide a robust staffing schedule management system and also assist in assigning the most qualified staff to the right patients based on current patient needs. Clairvia demand management tools utilize patient documentation to calculate a holistic acuity score based on the needs of the patient and family, assesses a patient's progression of care and assists in maintaining the right staffing balance (supply) based on the current patient care demand. Clairvia's tools bring a standardized approach to measure the ratio between staffing levels, skill sets, patient acuity, and out-

comes. Again, this feature is a new nursing-centric capability that will require complete nursing engagement to ensure it is deployed successfully across the enterprise.

A venue for the nursing voice at the local facility level will be within the Informatics Steering Committee. This is a multidisciplinary team assembled at each facility, in order to manage not only the day-to-day needs for informatics, but also to effectively deploy, train and sustain MHS GENESIS once it is deployed at a site. This team will need to work closely not only with the facility's leadership and clinicians, but also the MHS GENESIS program office and vendor. This absolutely needs nursing involvement in order to advocate for the needs of our patients and nursing staff.

In closing, MHS GENESIS will be bringing an enormous amount of capability, which will involve significant changes to our current nursing practice. This change will bring expected benefits, but also introduces potential avenues of harm. Technology needs to be an enabler for better care, not an impediment. Active nursing involvement within an Informatics Steering Committee will drive the new EHR to be a positive solution, rather than another obstacle to high-quality patient care.~



# Nurse Corps News

Volume 11, Issue 3 ~ May/June 2017

## Special Feature: Happy Birthday, Nurse Corps!



CHERRY POINT, North Carolina (May 2017)  
NHC Cherry Point celebrates the Nurse Corps' birthday. From left to right: Commanding Officer, CAPT Angela Nimmo; Mr. Thompson, who has 39 years of nursing experience; and LT Amanda Fortuna, the command's youngest military nurse.  
(Photo by Eric Sesit/ Released)



U.S. NAVAL HOSPITAL YOKOSUKA  
NATIONAL NURSES WEEK  
MAY 6-12, 2017



U.S. Naval Hospital Yokosuka Japan

YOKOSUKA, Japan (May 2017) USNH Yokosuka's nurses celebrated National Nurses Week with many fun events. (Photos by Greg Mitchell/ Released)



GOOSE CREEK, South Carolina (May 8, 2017)  
Chief of Chaplains of the Navy, Rear Adm. Margaret Kibben, left, blesses the hands of Naval Health Clinic Charleston nurse Brenda Sales during a "Blessing of the Hands" ceremony in celebration of National Nurses Week. (Photo by Kris Patterson/ Released)



MANAMA, Bahrain (May 8, 2017) The nurses of Naval Branch Health Clinic Bahrain celebrate Nurses Week with breakfast and a "Blessing of the Hands" ceremony.  
(Photo by HM2 Sean Lambert/ Released)





# Nurse Corps News

Volume 11, Issue 3 ~ May/June 2017

## Special Feature: Happy Birthday, Nurse Corps!



CAMP LEJEUNE, North Carolina (May 10, 2017) LTJG Tigran Sadoian and LTJG Caylin Schultz perform morning colors during a ceremony celebrating Nurses Week. NH Camp Lejeune officers, sailors and civilians gathered in formation to observe the ceremony. (Photo by MC3 Nicolas Lopez/ Released)

SAN ANTONIO, Texas (May 11, 2017) Nurses recite the Florence Nightingale Pledge during the closing ceremony for National Nurses Week at the Medical Education and Training Campus. (Photo by MC1 Jacquelyn Childs/Released)



CORPUS CHRISTI, Texas (May 12, 2017) The most senior and junior nurses at Naval Health Clinic Corpus Christi, CAPT Marnie Buchanan and LT Brent Pavell during the ceremonial proceedings to commemorate the 109th Nurse Corps birthday. (Photo by Bill Love/Released)

[See more photos of your Shipmates celebrating our birthday on milSuite!](#)



# Nurse Corps News

Volume 11, Issue 3 ~ May/June 2017

## Happy Birthday, Hospital Corps!

Nurses and Corpsmen around the world celebrated the 119th birthday of the Hospital Corps on June 17, 2017. We are grateful for their service and look forward to the next 119 years serving alongside them!



SAN ANTONIO, Texas (June 15, 2017) Rear Adm. Rebecca McCormick-Boyle, commander, Navy Medicine Education, Training and Logistics Command (NMETLC), speaks during a celebration for the 119th birthday of the Hospital Corpsman rate at Joint Base San Antonio - Fort Sam Houston, Texas. NMETLC celebrated the birthday with a ceremonial cake cutting and reading birthday messages from senior Navy Medicine leaders. (U.S. Navy photo by Mass Communication Specialist 1st Class Jacquelyn D. Childs/Released)



IWAKUNI, Japan (June 16, 2017) The ceremonial U.S. Navy Corpsman cake sits on display during the 119th Corpsman Ball at Marine Corps Air Station Iwakuni, Japan. Corpsmen came into existence as an organized unit of the Medical Department by an act of Congress on June 17, 1898. The traditional cake symbolizes the birth of the Corpsmen, while the ball honors the past and celebrates the present. (U.S. Marine Corps photo by Lance Cpl. Carlos Jimenez)

## NATO Role III MMU— Quebec Rotation

**Gerard White, CDR, NC**

**DNS, Role 3 MMU  
Kandahar, Afghanistan**

Nurses from the Role III Multinational Medical Unit (MMU) at Kandahar Airfield (KAF), Afghanistan are already making a difference on the ground in support of Operation Resolute Support. The sixteenth rotation of its kind, designated Quebec, is comprised of active duty personnel from Navy medical commands worldwide and within its ranks are twenty-one extraordinary nurses ready to fulfill the mission at hand. Nurses of Quebec rotation have been training for the past several weeks and even months in preparation for their

(cont. on page 11)

*RDML Davidson,*

*Thank you for the wonderful birthday greetings! This truly resonated with the crew of 21 nurses here at the Kandahar NATO Multinational Medical Unit Role 3. Every single NC Officer assigned here is proud to be a part of this mission and of the history and tradition of the Navy Nurse Corps in caring for those who defend our nation. I've not seen a finer group of professionals in my career and am happy to count myself among them! They truly are the best and brightest and continue the motto of the KAF Role 3... "BEST CARE ANYWHERE!"*

*The photo attached is the traditional cake-cutting held at the Quarterdeck at MMU Role 3 (and yes, I'm the oldest nurse here!). Happy 109th!*

*V/R*

*CAPT Gordon Smith, NC,  
Commanding Officer,  
Role 3 MMU*



## NATO Role III— Quebec Rotation (*cont.*)

current objective, including acquiring BUMED Additional Qualification Designators (AQDs) as trauma nurses at the Navy Trauma Training Center in Los Angeles, CA, and earning qualifications in the M4 and M9 weapons systems at Navy Individual Augmentee Combat Training in Fort Jackson, SC. The team is excited to be settled in and is enthusiastic about facing the challenges that come with being in a deployed environment. Fully embracing the mantra “Best Care Anywhere,” Quebec rotation nurses have already cared for multiple patients with extensive traumatic injuries. To keep skills sharp, nurses, along with the rest of Quebec rotation, conduct regular mass casualty exercise drills with coop-

eration from other NATO coalition forces and civilian personnel at KAF. These exercises are vital to mission success and continue to foster a strong relationship with our NATO allies.

When not at the bedside, nurses are engaged in multiple areas of professional development, including graduate school courses, studying to attain specialty certifications and serving in department and command level collateral duties. The USO offers numerous activities to unwind and many of the nurses continue to serve outside the hospital by volunteering during their personal time.

Nurses have also been taking advantage of the outstanding facilities and fitness programs offered

at KAF. With regular classes in yoga, spinning and cross fit, and competitions in weight lifting, basketball and volleyball there is no shortage of physical activities and nurses have all the resources needed to set and attain new fitness goals.

Although being away from loved ones is difficult, nurses of Quebec rotation are staying busy and remain focused on bringing the best possible care to U.S. service members and their allies in Afghanistan. To keep up with the latest of the Role III hospital, friends and family can “like” the official public Facebook page (KAF Role 3 MMU) where pictures and stories will be shared during their time in Kandahar.~



Quebec Rotation: CAPT Smith, LT Conrad, LCDR Mcfadden, LTJG Cooper, LCDR Fierros, LTJG Hatwig, LTJG Chambers, LTJG Schillo, LTJG Washington, LTJG Murray, LCDR Spivey, LT Daubach, LT Galicinao, LT Panolli, LT Botten LT Ludlow, LCDR Tallent, LTJG Perkins, LT Carr, LT Willis and CDR White



## 2017 National Association of Clinical Nurse Specialists Conference

### Monica Knapp, LCDR Nursing Informatics Fellow

From March 9-11, National Association of Clinical Nurse Specialists (NACNS) held their 2017 Annual Conference in Atlanta, GA. The Navy Nurse Corps (NC) sent 14 Clinical Nurse Specialists (CNS) to represent Navy Medicine. Amongst them, the NC Clinical Nurse Specialist Advisory Board (CNSAB) leadership, CDR Chris Jack, CDR Mary Parker, LCDR Jesus Crespo-Diaz and LCDR Monica Knapp, submitted an abstract for a presentation titled *“Advancing the Role of the CNS-Global Collaboration through the Navy CNS Advisory Board.”*

The 15-minute presentation was grouped with two others in a

session titled “CNS Role.” After the presentation, many attendees expressed interest in learning more about the CNSAB’s governance structure, mentorship program, and networking and collaboration potential. Based on these conversations, it was evident the CNSAB is leading the way in creating value, solving problems and demonstrating returns on investment.

What did we learn? The NACNS demonstrated their Cost Analysis Toolkit for the CNS eager to demonstrate Return on Investment with extensive cost analysis strategies- no MBA (or MSC) needed! We are anxiously awaiting this toolkit to be uploaded to the NACNS website so that we can leverage it enterprise-wide.

We also realized that our NC CNSs are doing fabulous projects just as competitive as those presented as live or poster presentations! We are doing wonderful things that we should share with our civilian counterparts.

The 2018 NACNS Conference will be held in Austin, TX, from 28 FEB – 3 MAR and the theme is “Putting the Pieces Together: CNSs Bridging the Gaps in Health Care.” The CNSAB is eager to help members develop and submit proposals for next year’s conference. If you recently completed a project fair, provided a display for patient safety or participated in a process improvement project, you’re already halfway there. Let’s talk!~



#### Main Points:

*“Advancing the Role of the CNS – Global Collaboration through the Navy CNS Advisory Board”*

- The Navy CNSAB and its birth.
- Collaboration and networking in the virtual setting.
- Tools, systems, and processes to connect CNS’s across organizations.

ATLANTA, Georgia (Mar 9, 2017) Left to Right: CDR Mary Parker, LCDR Monica Knapp, CDR Chris Jack and LCDR Jesus Crespo-Diaz (Released)

## Advanced Trauma Training now at Naval Hospital Camp Lejeune

### Jeanne Lewandowski, CDR

Naval Hospital Camp Lejeune (NHCL) Staff Education and Training has been approved to provide mission critical training for physicians, physician assistants, nurse practitioners and nurse anesthetists through the Advanced Trauma Life Support (ATLS) course. NHCL is now accredited under the American College of Surgeons by the BUMED and Surgery Military Training Liaison Office, after a year of mentorship by Barbara Cailteux-Zevallos, ATLS Educator/ATLS Coordinator at Naval Medical Center Portsmouth. NHCL completed its first Instructor and Provider Courses in March 2017, during which instructors taught the most up-to-date techniques in assessment and management of trauma patients to a class of seven physicians and two physician assistants.

Advanced Trauma Life Support (ATLS) students practice with trauma manikins on how to insert chest tubes during simulated trauma situations. Naval Hospital Camp Lejeune conducted their first ATLS training course on 24 March.



Utilizing trauma mannequins, students were trained and tested on how to assess a patient's condition, then to resuscitate and stabilize the patient and to determine if their medical needs exceeded the facility's capability. These skills are the basis for trauma care; ATLS focuses on a safe, reliable method providers can employ consistently.

Readiness is our primary mission and can take on many forms, including trauma training. Readiness is also closely tied to our relationship and partnerships within the community. One of our goals in the future is to open this course to civilian providers. This will deepen our partnerships with local hospitals and establish further teaching opportunities for the instructors. Beyond supporting readiness standards, having the ability to provide training locally will result in savings in travel costs. The command will save nearly \$3,000 for each military medical provider trained by offering this course at NHCL.

ATLS was developed by the American College of Surgeons Committee on

Trauma, creating a systematic and concise approach to assessing and managing injured patients. The program is established in more than 60 countries worldwide, with more than half of all ATLS activity conducted outside of the United States, according to the American College of Surgeons. Currently, NHCL has 20 instructors and will teach ATLS quarterly. To meet readiness standards, active duty military medical providers are required to complete ATLS prior to any deployment or overseas posting.

NHCL has grown in capabilities and personnel over the last several years, expanding services in the emergency department, surgical and primary care services. We have brought in key staff to ensure staff operational readiness in order to provide the highest quality care to the warfighter. NHCL has also added Advanced Burn Life Support through the Defense Medical Readiness Training Institute and Advanced Stroke Life Support in partnership with a regional stroke-certified hospital. As NHCL continues to grow and become a level III trauma center, we strive to bring the most current and relative mission readiness training to the command.~

*Editor's Note:* [Vice Adm. Forrest Faison, Navy surgeon general and chief, Bureau of Medicine and Surgery, visited Naval Hospital Camp Lejeune \(NHCL\) May 31, 2017, on the heels of his approval of the medical treatment facility's re-naming from a hospital to a medical center. The name change takes effect June 26, 2017.](#)

## Navy Nurses Attend 26th Annual CJ Reddy Leadership Course

**LT Suzanne Papadakos**

**LT Victoria M. Holzapfel**

In April, 90 junior officers from all branches and Corps joined together at the Defense Health Headquarters in Falls Church, VA, for the 26<sup>th</sup> annual CJ Reddy Leadership Course. This leadership development conference provides the most current information regarding the Military Health System (MHS) and insight from strategic leaders into Department of Defense national and global issues in order to prepare future leaders to overcome unique challenges.

The course was initially offered in 1992 and is named in honor of retired Army Col. Charles J. Reddy, an Army nurse known and recognized for his commitment to and enthusiasm for developing junior leaders. It continues to foster and encourage visionary leadership in junior officers today.

Traditionally, attendance was limited solely to Army Nurse Corps (ANC) officers. However, in recent years the course has diversified to include nurse attendees from sister services as well as all staff corps of the U. S. Army. **LT Victoria Holzapfel** from Navy Medicine Training Support Center and **LT Suzanne Papadakos** from U. S. Naval Hospital Guam had the privilege of representing the Navy Nurse Corps this year.

Keynote speakers included Defense Health Agency Director, Vice Adm. Raquel Bono; Joint



WASHINGTON, D.C. (April 17, 2017) LT Papadakos and LT Holzapfel pose in front of the Capitol Building. (Photo by Ms. Andrea Sotelo /Released)

Staff Surgeon, Maj. Gen. Joseph Carvalho; Chief of the ANC, Maj. Gen. Barbara Holcomb and Chief Nurse, USPHS, Rear Adm. Susan Orsega. Corps Chiefs representing six corps and two services participated on a panel to receive and answer questions from students.

Attendees looked at the future of the MHS, especially in the context of unsustainable growth of defense health costs and healthcare provisions in the National Defense Authorization Act 2017, which aims to improve access to quality care for warfighters, retirees and their families while enhancing medical readiness. One of the results of these provisions is a shift of the focus in the MHS from productivity to

proficiency, operating in High-Reliability Organizations and ultimately creating health value for patients. The importance of sustaining readiness was stressed to attendees not only in the context of their own service, but also in the support of sister services, becoming interchangeable with synchronized capability for a joint campaign.

LT Holzapfel and LT Papadakos appreciated the temporary but dramatically shifted view of the MHS and gained a greater understanding of their present and future roles in Navy Medicine. Delivering “world-class care, anytime, anywhere” took on a new meaning as they applied it to the themes of continued integration and interchangeability as the MHS continues to evolve.~

WASHINGTON, D.C. (April 19, 2017) CAPT Deborah Roy, LT Papadakos, LT Holzapfel and CAPT Carolyn McGee. (Photo by Ms. Andrea Sotelo Released)



## Health Professions Loan Repayment Program



**Carolyn McGee, CAPT**

### Assistant Director for Career Plans

The Health Professionals Loan Repayment Program (HPLRP) for Retention of Nurse Corps (NC) Officers assists eligible personnel in repaying up to \$40,000.00 for qualified loans incurred while earning a Bachelor of Science degree in Nursing. The Bureau of Medicine and Surgery Notice (BUMED Note) directing the annual program is released in February. The BUMED Note describes eligibility and application procedures and states the number of contracts to be awarded.

The HPLRP Board convenes in April. The Fiscal Year 2017 HPLRP Board President was **CAPT Maryann Mattonen**. Board members were **COL Joy Napper** (United States Army), **CDR Tracey Giles**, **CDR Harry Hamilton** and **LCDR Robert Johns**. Board members evaluated and scored applicants on career

Congratulations to this year's Health Professions Loan Repayment Program selectees!

**LT Alainna Crotty**  
**LT Samira Duarte**  
**LCDR Sarah Jagger**  
**LT Aileen Sizemore**  
**LT Karri Washbon**  
**LT Rachelle Wilbur**

Naval Health Clinic Annapolis (DUINS)  
Fort Belvoir Community Hospital  
Fort Belvoir Community Hospital  
NH Yokosuka  
NH Sigonella  
Naval Health Clinic Corpus Christi

*Alternates:*

**LT Taylor Brocuglio**  
**LT Brandi Cason**

NH Camp Lejeune  
Naval Health Clinic Charleston

potential, professional accomplishments, special achievements and motivation.

Accomplishments and activities that make an applicant stand out include evidence of sustained superior performance in one's primary duties; contributions to the unit, command, Nurse Corps and/or Navy Medicine; collateral duty achievements; subspecialty certification; advanced education; active membership in professional organizations; professional presenta-

tions and publications; awards; volunteer work; and excellent or outstanding physical fitness scores. These are examples of achievements that assist board members in selecting officers for this opportunity. *This is not an exhaustive list, nor is it a list of absolute requirements.*

Congratulations to this year's winners and thank you to all Board members, recorders and advisors for your time, diligence and thoughtful deliberations.~

### CAPT Michele Kane is Both Nurse and Doctor – and a Lot More

Most people define military nurses as medical professionals who provide care to service members, retirees and family members, at home and around the globe. But that definition doesn't go far enough. One nurse, CAPT Michele A. Kane, seems to have done it all.

[Read the full article here!](#)





### Certifications

**LT Aspen Alu**, in the Main Operating Room of NMC San Diego, passed her CNOR in January 2017.

**LT Valerie Arnaez**, Staff Nurse in the Intensive Care Unit at NH Camp Lejeune, passed the Critical Care Emergency Medical Transport Program (CCEMTP) in March 2017, and became a Certified Flight Registered Nurse (CFRN) and Certified Transport Registered Nurse (CTRN) in April.

**LT Shannon McMiller**, NH Jacksonville, passed the Inpatient Obstetrics certification exam and is now a certified RNC-OB.

**LT Ivette Sanchez**, also of NH Jacksonville, is now a certified RNC-OB, after passing the Inpatient Obstetrics certification exam.

**Naval Hospital Pensacola's** Operating Room is now CNOR strong. This is a great effort led by the MOR's Department Head **CDR Ken Dubrowski**; even the DNS is certified!

**LTJG Justine A. Wiedegreen** from NH Beaufort earned her Oncology Certified Nurse (OCN) certification in March 2017.

**LCDR Rie Tamayo**, USNH Yokosuka, achieved the status of Certified-Electronic Fetal Monitoring.

**LT Kristine Ryan**, NH Guam, passed her Critical Care Registered Nurse (CCRN) exam in May.

**LTJG Meagan McAuley** of NH Camp Lejeune recently passed her Certified Emergency Room Nurse (CEN) exam. Her chain of command is very proud of her accomplishment!

Congratulations to **LT Kenneth Steele**, NMC Portsmouth, for obtaining his certification in Hospice And Palliative Care and to **LTJG Julianne Ruiz**, NMC San Diego, for obtaining her Medical-Surgical Nursing Certification!

**LT Chip LeDuff** received his Registered Nurse Certified in Neonatal Intensive Care (RNC-NIC) certification in May.

**LTJG Alexandra Michael**, NH Pensacola, is now a Certified Lactation Counselor (CLC). This is a great accomplishment by a wonderful nurse!

**ENS Keaton Lantrip**, of NH Camp Pendleton, passed his CCRN exam and is now a Certified Critical Care nurse.

### Recognition



**LCDR Davy Jenkins** (left) and **LT Joshua Mondloch** were selected as members of The Great 100 Nurses of Northeast Florida. The Great 100 Nurses are nurses who have demonstrated outstanding contributions to not only the patients and families for whom they care, but to the profession as a whole and the community in which they live. Selection as a "Great 100" is, not only an honor, but outward recognition of those who personify what is best in nursing. (Photo by LTJG Stephanie Mondloch/Released)







### Education

**LT Marisol Armora**, NH Guam, completed a Master of Science in Education degree in April 2017 from Liberty University.

**LT Holly Vickers**, NH Pensacola, graduated with a Master of Science in Nursing with an Emphasis in Leadership in Health Care Systems from Grand Canyon University.

**LCDR Catherine Soteris** completed her MSN in Organizational Leadership and Management with Grantham University.

**LCDR Tami Corson** graduated 13 May 2017 from Liberty University, Lynchburg, Virginia, with a Masters of Business Administration.



**DURHAM, North Carolina (May 14, 2017) LT Tiffany Harriman, LCDR Nichole Benson and LT Chip LeDuff** at their graduation from the Neonatal Nurse Practitioner program at Duke University School of Nursing. LT Harriman and LT LeDuff received their MSN through the DUINS program; LCDR Benson graduated with her DNP and was also the student speaker at the hooding ceremony. (Photo by Christy LeDuff/Released)

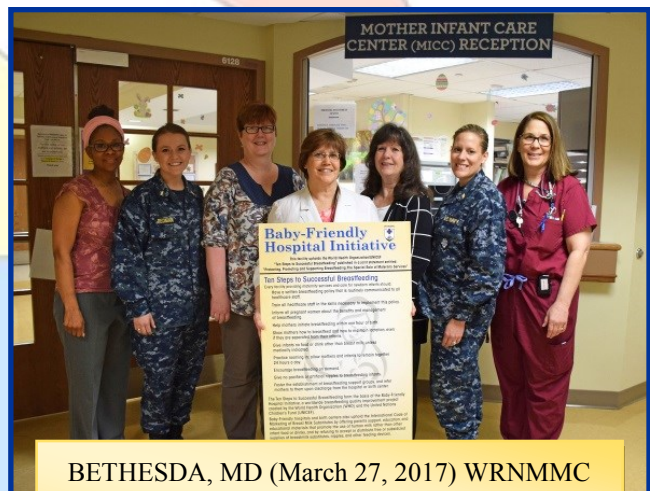
*Editor's Note: There was an error on page 7 of the Nurse Corps News, Volume 11, Issue 2. The Nursing Research article stated that LCDR Sarah Grover was selected for DUINS for her PhD—it should have read LCDR Shawna Grover. We apologize for that, and wish LCDR Shawna Grover the best in her studies!*

**Walter Reed National Military Medical Center (WRNMMC), received prestigious international recognition as a Baby Friendly designated facility.**

**By ENS Renee Redman Nixon**

The Baby Friendly Hospital Initiative (BFHI) is an international program launched by the World Health Organization and the United Nations Children's Fund (UNICEF) to recognize hospitals providing excellence in evidenced-based maternal infant care with a goal of achieving optimal infant feeding outcomes and early family bonding. In military medicine, healthier service members and their dependents directly support operational readiness. WRNMMC is now the fourth military treatment facility to provide this standard of care.

The BFHI has transformed the delivery of mother and infant care at WRNMMC. Beginning in 2011, a multidisciplinary health care team collaborated to examine and modify long-standing practice; this culminated in a site assessment conducted by two evaluators from Baby Friendly USA, Inc. Designation as a Baby Friendly Hospital has been a tremendous journey for WRNMMC. We hope our journey will inspire other military treatment facilities to strive for accreditation and the highest level of care for all we are privileged to serve. Bravo Zulu to all involved!



**BETHESDA, MD (March 27, 2017) WRNMMC BFHI Committee with Baby Friendly USA, Inc. evaluators on official site visit.** (Photo by Kalila Fleming/Released)

