



Nurse Corps News

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Director's Corner: Federal Nursing Service Council



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

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Greetings Navy Nurses. This month I would like to describe the **Federal Nursing Service Council (FNSC)** to you and our Navy Nurse Corps participation in it. First organized in 1943, during WWII, the FNSC provides a forum for exchanging information, addressing issues, and making recommendations regarding federal nursing.

Representing over 125,000 nurses from the Navy, Army, Air Force, Public Health Service, American Red Cross, Veteran's Administration, and the Uniformed Services University, the FNSC is a powerful voice for professional nurses worldwide. Through united effort, the FNSC has the ability to focus attention on our collective nursing contributions and to address issues related to health care and professional practice in hospital, operational, disaster relief, and humanitarian settings. Indeed, the FNSC's number one priority is to promote, protect and advance the health and safety of the Nation while demonstrating a commitment to the goal of zero preventable patient harm.

The FNSC meets regularly to review its strategic efforts and to foster inter-agency collaboration and consensus building on policies that affect federal nurses. The strategic goals are updated annually and there are leaders in place for each goal. The FNSC's goals for FY15 are focused on 1) the value of Federal Nurses as preceptors, 2) the training and utilization of behavioral health nurses with the hope of enhancing interoperability, and 3) the education and employment of Clinical Nurse Specialists within the federal sector. For the first goal, a data

call was done and it was discovered that, 1,469 Federal Nurses served as preceptors for 7,318 students at 90 different sites and that there are 314 academic affiliations across the federal services with civilian institutions. This is significant information to know in recognizing our impact on the nationwide faculty shortage for nursing programs. For the second goal, clear guidance was established for the utilization of the Behavioral Health Nurse Practitioners with plans for the next FY to address the training and utilization of the generalist nurse. And, for the third goal, data collection has begun on what the education, preparation, and position description is for our Clinical Nurse Specialist workforce in order to clarify the role of this Advanced Practice Registered Nurse group.

An emerging function of the FNSC is to serve as a conduit for communicating professional practice issues, particularly as they relate to the federal sector, with members of Congress. To fill the void created by the passing of Senator Inouye and the termination of the Service Nurse Corps Director's annual testimony to the Senate Armed Services Committee, in 2014 the FNSC initiated a visit to Congress. A visit was again conducted this past March and the intent is to make it an annual event. The visit is a tremendous opportunity for the four Service Flag Officers and nursing leaders from the Veteran's Administration, American Red Cross, and the Uniformed Services University to meet with legislative groups to include the House Armed Services Committee (HASC), Senate Armed Services Committee (SASC), Senate Veterans Administration Committee (SVAC), and the House Veterans Administration Committee. This year the group added additional



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

meetings with individual members of the Congressional Nursing Caucus. Each of these meetings provided us the opportunity to articulate our efforts as a collaborative group to champion for nursing education, full scope of practice, and nursing's involvement with the Military Health System's initiatives that support High Reliability Organization (HRO) initiatives.

Our Navy Nurse Corps involvement in the FNSC is a tremendous example of "jointness" in action. It has been exciting to participate in the FNSC's maturation and development of a strong "voice" on behalf of the professional nurses within the federal sector. CAPT Beadle and I are honored to represent you in the FNSC and thank you for all you do each and every day as an incredibly talented and committed group of professional nurses.



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Reserve Corner: Happy Birthday!



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

The United States Navy Reserve community celebrated a historic milestone on 03 March by celebrating its 100th Birthday. Now, as we enter the month of May, the Navy Nurse Corps will celebrate its 107th Birthday. Concurrently, the American Nurses Association has acknowledged the week of 06-12 May as permanent dates to recognize nurses for their tireless and indispensable commitment to the profession. These two overlapping events do indeed honor all of the men and women within nursing, both in and out of uniform, by recognizing a core commitment to our nation's healthcare needs, both in time of war and peace.

The Navy Nurse Corps has evolved exponentially to become a dynamic leader within the profession. Navy nurses have set the bar high within military medicine by developing and exhib-

iting special skills and characteristics that help define outstanding performance. Navy nurses take leadership to the next level and are able to perform exceptionally across a multitude of operational platforms on land, at sea, in the air, under sea, and in expeditionary facilities. It is extraordinary that with over 20 years with the nation engaged in armed conflict that Navy Nurse Corps Reserve manning is at an all-time high. We are consistently at, or above, 99% manning. There is a waiting list in many specialties to become a Navy Reserve nurse. The world recognizes just how special we are.

Every day I interact with Navy Nurses who are not simply exceptional nurses, but who have raised their professional bar by achieving leadership roles at the highest levels of Navy Reserve Medicine. Specifically, I call upon all of us to honor our nurses who currently serve as Commanding Officers and Executive Officers within the Reserve Operational Health Support Units and Expeditionary Medical Facilities. They include:

- CAPT Anne Marie Carlin, CO, EMF Great Lakes
- CAPT Elaine Walker, CO, EMF Camp Pendleton
- CAPT Karen Young, XO, OHSU Pensacola
- CAPT (s) Eric Peterson, XO, EMF Great Lakes
- CAPT (s) Jerry Dotson, XO, EMF Dallas

- CAPT Linda Jacobsen, XO, EMF Bethesda

These talented Nurse Corps Officers are now the leaders and mentors whom we entrust with inspiring, mentoring, and molding all the upcoming Junior Officers and enlisted members to become future Navy leaders.

Secondly, we honor all of our senior nurses who are currently residing in executive roles outside of the normal Nurse Corps career path, but who are instrumental and influential within Navy Medicine. Just a few of these exceptional nurses are:

- CAPT Alison J. Eagleton, NC, the Reserve Affairs Officer (RAO) for the Medical Corps
- CAPT Lynne Blankenbaker, Director of Force Health Policy and Planning at the Office of Chief of Navy Reserve
- CDR Kevin Beasley, Force Nurse, NECC
- CAPT Mary Riggs, Deputy Director of Policy and Integration
- CAPT Irene Weaver, RAO for the Nurse Corps

Also, please join me in honoring our Senior Nurse Executives across all commands:

- CAPT Judy Dye, OHSU San Diego
- CAPT Jessica Reed, OHSU Bremerton
- CAPT Joann Fitzell, OHSU Jacksonville
- CAPT Mike Coffel, EMF Bethesda

- CAPT Renice Washington, EMF Camp Pendleton
- CAPT Pamela McGlothlin, OHSU Pensacola
- CAPT (s) Teresa Gulley, EMF Great Lakes
- CAPT Lynn O'Malley, HSU Portsmouth
- CAPT Anita Bacher, OHSU Camp Lejeune
- CAPT Maria Moreno-Chow, EMF Dallas (currently serving in GTMO)
- CDR Cathy Lovelace, EMF Dallas acting SNE
- LCDR Michael Couvillon, Fleet Marine Force
- LCDR Lori Thompson, Kandahar.

Finally, let's take a moment to reflect on and remember those Nurse Corps leaders who have come before us and laid a strong foundation upon which we could continue to grow and excel. These Nurse Corps leaders made all things possible for those who followed. Take a moment to thank all these leaders for their leadership and dedication to keeping Navy Reserve Nursing at the top of our profession.

It is my sincere honor to walk among all of you. I consider myself most fortunate to have the opportunity to lead such an extraordinary group of professionals. You have been a source of inspiration and great pride to me personally and I convey to you my deepest gratitude for your service.

Happy Birthday,
Navy Nurses!



The Enhanced Precautions Biocontainment Unit at Walter Reed National Military Medical Center

Bernard Lease, CPT, USA
Robert Wittwer, Capt, USAF

Major Walter Reed was a U.S. Army physician whose work concerning Yellow Fever and other infectious diseases saved the lives of countless service members. In keeping with this legacy, Walter Reed National Military Medical Center is continuing to grow in scope and capability by establishing an innovative Enhanced Precautions Biocontainment Unit (EPBU).

Ongoing U.S. concern for highly contagious infections and deadly infectious diseases created a palpable need for the Department of Defense (DoD) to treat our men and women in uniform. Meeting that demand, Walter Reed Bethesda created an EPBU. The EPBU provides the Department of Defense the ability to treat service members and beneficiaries with a range of infectious diseases such as severe acute respiratory syndrome, smallpox, tularemia, plague, Vancomycin-resistant staphylococcus aureus, multidrug-resistant tuberculosis, Ebola virus disease, and other viral hemorrhagic fevers.

The creation of the unit was a collaborative effort of shared best practice guidelines de-

rived from other pioneering biomedical treatment and research facilities like the National Institutes of Health, the University of Nebraska Medical Center, Emory University Hospital, and Johns Hopkins Hospital. Walter Reed Bethesda was designated as the military medical treatment facility of choice for the National Capital Region and the Defense Health Agency. The EPBU recently became the first biocontainment unit in the DoD to receive recognition by the Centers for Disease Control and Prevention, proudly serving as the benchmark for advancing military medicine in this field.

The EPBU is contained within the joint service Medical Intensive Care Unit (MICU). It is comprised of five negative pressure isolation rooms, two of which serve as full-sized negative pressure anterooms for doffing and decontamination control. These anterooms create a unidirectional flow of personnel, waste removal, and the transfer of biohazardous laboratory specimens from a contaminated area. A satellite laboratory suite was constructed to eliminate the risk of contamination outside of the unit. Potential future plans include developing a 15-suite negative-airflow unit fully capable of housing patients with any variety of contagious diseases.

The EPBU is staffed by



critical care nurses from the Air Force, Army, Navy, and civilian workforce who are assigned to the MICU at Walter Reed Bethesda. Since September 2014, over 60 nurses, 15 physicians, and 20 medical technicians have logged thousands of hours working together to prepare the unit to meet the specific directives of the DoD while maintaining a fully operational Medical Intensive Care Unit. Master trainer nurses are selected by MICU Service Chief, Lieutenant Colonel Jodelle Schroeder, United States Army, to lead the rigorous training requirements and ensure staff can not only complete the meticulous donning and doffing procedures proficiently, but also provide unsurpassed care to critically ill patients while in personal protective equipment (PPE). More than 21 enhanced-precaution skill sets such as blood destruction, spill containment, and emergency exposure management are taught and trained repeatedly until proficient. A steady state of readiness is maintained by monthly training and quarterly ex-

posure drills to enhance the staff's competence with the PPE and procedures.

In addition to serving as Master Trainers, select senior nurses act as Unit Site Managers (USM) for a rotational 24/7 care team capable of accepting a highly contagious patient at a moment's notice. The USM leads one of four rotating care teams comprised of six highly trained medical professionals, including three critical care nurses, one infectious disease physician, one critical care physician, one medical technician, medic, or corpsman. The USM is also responsible for completing administrative tasks and ensuring all team members adhere to strict standard operating procedures in order to maintain optimal staff safety and facilitate quality patient outcomes.

The Enhanced Precautions Biocontainment Unit at Walter Reed Bethesda stands on the frontlines of defense and serves as a prototype for the future of biocontainment in global military medicine.



Naval Hospital Bremerton Receives National Distinction for Certified Nurses Operating Room and Patient Care and Safety

Douglas H Stutz
NH Bremerton
Public Affairs

Naval Hospital Bremerton has proven that a small military treatment facility can contend with larger, well known civilian hospitals for a prestigious award using certification as a standard to positively impact patient-centered care and safety.

NHB was recognized by the Competency and Credentialing Institute (CCI) with 2015 Honorable Mention distinction for the True North Award on March 17, 2015. CCI developed the True North Award as a means to recognize those facilities whose True North principles guide their nursing staff to be lifelong learners, models of competent practice, and advocates for excellence.

“Congratulations to NHB on being named runner up. There were a record number of applications this year. Being one of the top performers among this stellar group of facilities is a significant accomplishment,” said Shannon Carter, CCI Executive Director and Chief Executive Officer.

The award nationally recognizes that NHB advocates for specialty nurs-



ing certification and promotes a culture of safety, which helped contribute to the 2014 DoD Patient Safety Award being awarded to the command for the second consecutive year.

“I was shocked when I got the call from Jim Stobinski, CCI director of credentialing and education while I was on leave. I was so proud of my team and their efforts,” said CDR Annie Case, Perioperative (Main Operating Room) Department Head.

Stobinski attests that NHB’s recognition was no fluke and came against stiff competition from across the U.S. “The first year we had 14 hospitals and this year we had 30, and those 30 were some of the biggest well-known names in the country with the best operating rooms. NHB as a small hospital up against hospitals with 30 to 40 operating rooms

and we initially thought that they can’t compete against that. But NHB has such a good culture that they proved they can compete,” said Stobinski.

“CCI is most proud to honor and recognize perioperative nurses who also serve our country. Your nurses display excellence in the OR suite and across the world as they selflessly care for their patients and protect our citizens each and every day.

NHB’s team in an inspiration in character and professionalism to the Board and staff of CCI, as well as the perioperative nursing community,” said Ashley Henson, CCI communication head, adding that health organizations applying for the award are among the most well-respected care providers in the United States.

The Certified Nurse Operating Room nurses

recognized as contributors to the award along with Case are LCDR Chris Keith, LCDR Lacy Gee, LCDR Jennifer McKinney, LCDR James Buchanan, LCDR Steve Sarro, LCDR Stu Ewy, LCDR Darlene Lao (currently deployed), LT Travis Carr, and LT Tim Boring.

According to Case, perioperative nursing certification (CNOR) impacts Navy Medicine Readiness by directly helping to provide agile, adaptable capabilities to engage locally and globally. The submission for the award noted that and was encapsulated in three distinct categories of recognition, reward, and results.

Bravo Zulu, team!



Journal Club Goes Virtual at Naval Medical Center San Diego

LT Sheree Scott

Journal clubs are a great way to engage nursing staff to critically appraise research and translate that knowledge into clinical practice. However, attending frequent journal club meetings regularly can be challenging for nursing staff due to shift rotations, dispersion of staff across multiple clinical sites, and rapid turnover. To address these challenges, the Virtual Journal Club (VJC) was created at Naval Medical Center San Diego (NMCSDD). The VJC is an innovative process improvement project designed to increase journal club participation and enhance staff education.

The VJC allows Nurse Corps Officers to participate "virtually" in a journal club from any location by using an electronic device

(computer, electronic tablet, etc.). Core features of a traditional journal club are included in the VJC: reading a preselected clinically relevant article, completing a critical appraisal form, and participating in a scholarly discussion related to the article. However, in the VJC, the article of interest, critical appraisal tool, and discussion are completed electronically in a shared command forum.

The VJC utilizes command technology (Microsoft SharePoint) already in place at Naval Medical Center San Diego. The inclusion of "easy buttons," similar to smart phone icons, provides easy navigation of VJC documents for participants. An appointed VJC Coordinator from each unit at NMCSDD is assigned to coordinate one VJC per year. These individuals, key to the success of the VJC, host the virtual journal club with a top-

ic focused article in their area of expertise (i.e., Emergency Nursing, Critical Care, Informatics, etc.), send out an email invitation with the link to the SharePoint site, post the article and critical appraisal form on the VJC SharePoint Site, and then track the critical appraisals and discussion posts (placed on a discussion board similar to a university's blackboard site). Each topic focused VJC lasts for one month. By rotating VJC Coordinators to host the VJC one month per year, participants get a wide range of topics to choose from over the year and the Journal Club Coordinators are not over tasked. Continuing education units are awarded by the Command VJC coordinator.

Participants in the VJC have found this format convenient and rewarding as the discussion component provides the

opportunity for the group of participants to make virtual contact. VJC has many advantages over traditional journal clubs which include: offering continuing nursing education units, increased flexibility/ability to participate, and nurturing interdepartmental collaboration. This project is an innovative way to promote scholarly activity and is aligned with the Nurse Corps Strategic Goal of Maximizing Clinical Nursing Excellence by utilizing research and evidenced based practice to strengthen the knowledge base of Nurse Corps Officers.

For more information on starting a Virtual Journal Club at your Command, please contact LT Sheree Scott.

First Nurse Corps Assistant Specialty Leaders Announced

CAPT Kristen Atterbury

The Nurse Corps' first Assistant Specialty Leaders have been selected from a group of highly talented nurses. These leaders will serve to complement the leadership and community management of five of our most complex specialty groups:

- CDR Julie Darling, Fort Belvoir Community Hospital – Critical Care Nursing
- LCDR Erica Arnold, NMC San Diego – Medical/Surgical Nursing
- LCDR Patricia Butler, Naval Hospital Bremerton - Maternal Infant
- LCDR Christine Davies, Naval Medical Center Portsmouth – Pediatric Nursing
- LCDR Jacqueline Lopez, Naval Hospital Camp Lejeune – Mental Health Nursing

tise, leadership, and commitment to advancing their nursing specialties! Please congratulate them on their new role!

These selections are a testament to their exper-



Commander Navy Recruiting Command (CNRC)

Accepting a billet and being assigned to Commander Navy Recruiting Command (CNRC) is one of the many non-traditional tours that a Navy Nurse has the ability to work under while serving in the United States Navy. Recruiting offers a variety of positions, from Program Manager over various Corps at Headquarters in Millington, TN, to a Medical Recruiter stationed in Burlington, Washington; San Juan, Puerto Rico; or Hagatna, Guam. The jobs are scattered throughout the United States and its Territories and every position has its own unique set of experiences.

The Nurses assigned to CNRC are as diverse and varied as the Nurse Corps itself. They are stationed in large naval concentration areas such as Norfolk, San Diego, and Washington, D.C., and in smaller areas like Mankato, Minnesota, and Fargo, North Dakota, where they work to find the best and the brightest for the future of Navy Medicine. The nurses themselves commissioned through various programs such as Seaman-to-Admiral 21 (STA-21), Medical Enlisted Commissioning Program (MECP), the Nurse Candidate Program (NCP), Direct Accession, and Reserves and come from all backgrounds and ratings, including Corpsman, nuclear ratings, air-

craft ratings, cryptography specialties, and numerous others.

Working for CNRC is both rewarding and challenging for those Navy nurses stationed nationwide. When asking the recruiters themselves what it is that they have enjoyed about this particular assignment or what they believe they have contributed to Navy Medicine, this is what a few had to say:

“There are several aspects of recruiting that I enjoy, and having the ability to change someone's life is at the top of the list!” – LCDR Derrick LeBeau, Navy Recruiting District (NRD) San Diego

“While in recruiting, the contributions I've made are not ones that you can see right now. I've been part of creating the future of the Navy Nurse Corps. I've been given the unique opportunity and responsibility to find the nurses that will become the next generation of Navy Medicine. It has been up to me to find the right fit, and help that person wade through the application process, with the ultimate goal of selection and commission. Every nurse applicant I've worked with is someone that I am certain would not only succeed in the



LT Rebeca Rodriguez, LCDR Candice Heck, and LT Brandi Epperson, stationed at CNRC HQ in Millington, TN.

Nurse Corps, but also someone that would enhance the corps as whole. These are all students and nurses that I believe can be entrusted with the mission and vision of excellence in Navy Medicine.” – LCDR Virginia Sullivan, NRD New England.

No matter what our experiences, whether we are recruiting across the nation or at headquarters, the following quote from a future NC Officer is ultimately what motivates us all:

“Today I got the long-awaited call from my

recruiter with word that I was selected for the program! I just want to say THANK YOU to all the family, friends, bosses, professors, current navy nurses, clinical instructors, and my recruiter who gave me great recommendations and support throughout this process... so excited to announce that after graduation I'm going to be commissioned as a Navy Nurse Corps Officer!” – Future NC Officer, NRD New England.



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

Greetings to the 1974 and 1922 nurses! It has been an exciting past six months with new and exciting opportunities. With this update, I will hopefully answer some of my most frequently asked questions related to new nurse practitioner guidance, DUINS timeline, competency updates, and deployment opportunities.

First of all, I wanted to let you all know about the Nurse Practitioner/Certified Nurse Midwife instruction (BUMED 6550.10B) that was recently approved. This updated instruction provides a framework for orientation of the new advanced practice nurse provider. Included are recommendations to steadily increase appointment timeframes, to build in time to orient with radiology, and to provide flexibility for important tasks to enhance practice such as time to work with command coders as well as command training requirements. This instruction has been shared with our new Medical Corps Pediatric Specialty Leader to partner with nursing and assist in the incorporation of an orientation plan across our pediatric clinic settings. Additionally, there are requirements for the new NP to attempt certification within six months of graduation. While this time requirement may seem to add pressure, it will serve to encourage the new NP to not delay taking the certification exam. Planning to take the exam within the first six months and using the new orientation framework will set the new NP on the course for a successful transition to the new provider role.

The FY 2016-17 DUINS training plan has just been released. Pediatric Nursing will offer three Masters level clinical nurse specialist (CNS) opportunities, while the Pediatric Nurse Practitioner (PNP) BSN to DNP program will offer two Doctorate level opportunities. Currently, there are 10 nurses in training in the 1974 pipeline to become DNP trained Pediatric Nurse Practitioners and one nurse in training in the 1922 pipeline to become a Masters prepared Pediatric Clinical Nurse Specialist and 4 additional nurses are slated to start the MSN CNS program this fall. Training opportunities are determined by assessing current inventory for each specialty as well as forecasted needs based on anticipated attrition within the community. As many schools and states continue to align with the Consensus Model for Advanced Practice Registered Nurse (APRN) Regulation, fewer locations are offering Masters CNS programs. My best advice for a nurse aspiring to become a PNP or Pediatric CNS is to start the process early by first reviewing [BUMEDINST 1520.27H](#), contact prospective schools to select the program that will meet your own and DUINS requirements, communicate your intentions to your command leadership, and find a mentor who is currently working in the specialty for mentorship and to shadow for experience. It is imperative that you truly have a good understanding of the specialty community that you are applying to enter. Both 1922 and 1974 APRNs are valued members of Navy Medicine and serve a great purpose in caring for our young dependents.

One frequent request I receive is related to an updated Pediatric Knowledge, Skills, and Abilities (KSA) and Competency tool. The updates have been reformatted into BUMED Standard Forms and will be included as enclosures to the new BUMED Nurse Corps Competency and Sustainment Instruction, anticipated to be approved and released in the very near future. As stated in my last article, the Nurse Corps Strategic Clinical Excellence objective team's initiatives include competency alignment with Mosby's with a goal of standardization across the enterprise. Mosby's Nursing Skills continues to be our number one resource for pediatric procedures. If you are creating a new policy/procedure that is not listed within Mosby's, feel free to reach out to me – I will be happy to circulate the question to the communities to assist in the process. Look for the approved version of the Pediatric Competency/KSA on NKO and in MilSuite in the upcoming months!

Finally, it has been one of the busiest seasons for deployments for both 1922 and 1974 nurses. The USNS Comfort deployed within the last month, heading down to provide humanitarian relief to multiple countries within the Caribbean and South America. 1922 nurses deployed on Continuing Promise 2015 include LT Ashley Rohrman, LTJG Kathleen Chase (NMCP), LT Shawn Wilhelm, LT Erin Williams, LT Michael White (NH Jacksonville), LCDR Jorge Martinez (WRNMMC), and LT April Erhardt (NHCL).



LCDR Kathryn Stewart

This mission has also resulted in the largest deployment of PNPs at one time, including CAPT Mary White (NHC Mayport), CDR Anna Schwarz (NHCL), and LCDR Kerry Ebueng (NH New England). With more members deploying in support of the Pacific Partnership mission on the USNS Mercy, it will continue to be a busy time for 1922 and 1974 nurses. If you are interested in being considered for deployment, please make your nursing chain of command aware.

In closing, I would like to welcome our first Pediatric Assistant Specialty Leader, **LCDR Christine Davies** to the leadership for the community. LCDR Davies has a background in both the 1922 and 1974 communities and is excited to begin working with each of you and assist with our many initiatives. Together we will do our best to answer each and every one of your emails in a timely fashion while we actively manage both communities. Thank you to all 1922 and 1974 nurses for your daily dedication to our pediatric patients through long hours, hard shifts, and challenging cases. It is both an honor and privilege to represent you as your Specialty Leader!



Special Leader Update: Public Health Nursing (1940)



LCDR Misty Scheel

“What is the role of the Public Health nurse in the Navy?” This is a common question that has many answers. Public Health nurses are found working across the Navy and Marine Corps in large medical centers in Health Promotion and Wellness, Population Health, Preventive Medicine and Quality Management Departments; outpatient Medical Home Ports, focused on patient education and tracking health measures, on humanitarian missions, and in senior leadership roles as their careers progress.

Public Health nurses are continuously involved in initiatives in support of the health of our sailors and marines in a variety of unique locations across the globe. A few recent examples include:

- CDR Eva Domotorffy, at BUMED M3,

participated in Pacific Partnership 15 as ADVON team Community Health nurse for Papua New Guinea and Vietnam. She participated in pre-deployment survey site visits to conduct needs assessments, identify baselines, determine host country requests, engage with stakeholders, and to develop plans for execution with the USNS Mercy and related resources. CDR Domotorffy continues to work with women’s health needs, organizing and coordinating a multi-faceted effort to address the issue of unplanned pregnancy among Navy beneficiaries, especially active duty Sailors and Marines.

- LCDR Tim Whiting, at Naval Medical Center Portsmouth, is the lead on a Medical Home Port Population Health project in collaboration with BUMED and the Navy & Marine Corps Public Health Center to implement a program that develops interventions for complex, chronic care, high utilizer patients. Recognized at a national level as a leader in public health, he was invited by the National Board of Public Health Examiners to participate as a non-

academic reviewer for new questions on the national examination for Certified in Public Health credentials.

- LCDR Dana Robinson, at Navy Medicine Training Support Center, is the Command Evaluation Coordinator/MED IG Compliance Officer aiding in improving command performance, efficiency, and readiness. She coordinated the development and execution of the command's strategic plan and maintained her professional excellence by renewing her Certified Health Education Specialist certification.

- LCDR Tracy Krauss, at Navy Branch Health Clinic NAF Washington, highlighted in the February 2015 NC Newsletter, continues to travel with CDR Joe (a four legged officer) promoting suicide awareness not only as a mental health concern, but as a public health concern that needs a multidisciplinary and community approach.

- LCDR Joe Pinon, at 1st Medical Battalion, 1st MLG, is one of our newest 1940s. He is already involved in a working group with Headquarters Marine Corps to define “Good Health” and the different domains that comprise good health, such

as social well-being, behavioral well-being, and physical well-being that all play a part in the health of a Marine.

Public Health DUINS students spare no time in excelling to the top of their field. LT Karen Downer, at Eastern Virginia Medical School of Public Health, was just inducted into the Delta Omega Honor Society, a highly-selective process that assesses their outstanding performance and devotion to the field of public health.

Public Health nurses continue to use evidence based practice to redefine the meaning and mindset of what health means to our military population on a local, national, and global level. With the support of NC leadership, new guidelines have opened the opportunity for nurses with public health experience in our MHP to carry the 1940 specialty code. By expanding our community, we will be able to provide more health education and services to our community and provide more public health needs down range.



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

Happy Spring! And as usual, a happy Spring leads to a busy Summer/Fall for the obstetrical nursing specialties. Historically September, followed by August and July are the busiest "birth months" nationally. And "military babies arriving...ding-ding" are no different. Additionally, we currently have one Women's Health Nurse Practitioner and two Nurse-Midwives participating in humanitarian missions, Continued Promise and Pacific Partnership.

The 1981/Nurse-Midwifery manning, by means of not only DUINS but re-designation and direct accession, welcome several individuals to our specialty:

- LCDR Andrea Hernandez: graduated from the University of Pennsylvania in December 2014, now stationed at USNH

Okinawa, Japan. Welcome!

- LT Rose Jolly: re-designated to 1981, will be reporting to NH Camp Lejeune in August 2015. Welcome!

- LT Natesha Vaillancourt: direct accession, currently stationed at NH Camp Lejeune. Welcome! And not only welcome to the Nurse-Midwife Community, but welcome to the Navy!

Approximately 16-20% of our 1981 Community will be "new graduates" (less than one year practicing as a credentialed Certified Nurse Midwife), however they are not new to the maternal/child arena). These individuals are joining the specialty with a strong foundation and an outstanding academic fund of knowledge as they continue to build on their professional clinical experiences as credentialed pro-

viders. The newly revised **BUMEDINST 6550.10B**, "Utilization of Nurse Practitioners and Certified Nurse Midwives," will be a valuable tool to transition them to their new and exciting roles.

Several individuals from the Nurse-Midwifery Community have been instrumental with TriService and Defense Health Agency (DHA) "hot topics," such as comparing patient satisfaction between Centering Pregnancy (group model prenatal care) and traditional prenatal care participants and implementation of the "Obstetrical Hemorrhage Bundle" in response to the 2015 Military Health System (MHS) Perinatal Quality Initiative. These Nurse-Midwives include: LT Karen Sanchez (NH 29 Palms), LCDR Lauara Bennett (NH Jacksonville), LCDR Catherine Luna (NH Camp Pendleton), CDR Protegenie (Genie) Reed (USNH Guam), CDR Thecly Scott (NH Bremerton), CDR Sara Shaffer (WRNMMC), and CAPT Cathy McCrary (NMCSO).

On a different note, as our 1980/Women's Health Nurse Practitioner Community phases down, I would like to extend a heartfelt sense of gratitude to the few remaining active duty 1980s who provide superior, comprehensive women's healthcare. Thank you



CAPT Maria Perry

for the exceptional care you have given to our female beneficiaries!

Finally, as I mentioned last year at this time, if you are thinking of applying for a 1981 DUINS billet, please make sure to take every opportunity to "shadow" a certified nurse midwife, when possible. We function in both the outpatient and the inpatient arenas by providing Centering and routine prenatal care, postpartum care, women's health, labor and delivery, and first assistance with C-sections. Our 1980/1981 community is often called upon for humanitarian missions, to be the lead with providing skilled sexual assault medical-forensic examinations, and instrumental with the training of Family Practice residents. Feel free to contact me for any DUINS or general 1980/1981 questions. Please note, I anticipate my email account migration to take place sometime mid-May.



DUINS student nurse-midwife, LT Jenique Keys, performs an ultrasound for an expectant couple. LT Keys will be graduating from her San Diego State University midwifery program this May.



Bravo Zulu!



- **CDR Mathew Loe**, Bureau of Medicine and Surgery, has been selected as a 2015 American Academy of Nurse Practitioners (AANP) Fellow. With over 14 years of diverse experience, he was one of the first nurse practitioners supporting Operation Enduring Freedom with a research focus on heat illness. CDR Loe's outstanding performance aligns with AANP's recognition of the impact on national and global health, and he joins an esteemed group of scholarly practitioners whose contributions advance

healthcare. CDR Loe will be formally recognized at the Induction Ceremony held in conjunction with the AANP 30th National Conference in New Orleans, Louisiana, this summer. Well done, Commander!

- Congratulations to both **CDR Kim Shaughnessy** (Fort Belvoir Community Hospital) and **COL Michelle Munroe** (Uniformed Services University) on their selection as Fellows in the Ameri-

can College of Nurse-Midwives. Of the current 217 nurses inducted as Fellows in the history of the ACNM, this is the first time any military members have been selected.

"Fellowship in the American College of Nurse-Midwives (FACNM) is an honor bestowed upon those midwives whose demonstrated leadership, clinical excellence, outstanding scholarship, and professional achievement

have merited special recognition both within and outside of the midwifery profession." The induction into the Fellowship will be held on Sunday, 28 June, during the opening session of the ACNM Annual Meeting in Washington, DC. Bravo Zulu to both outstanding Nurse Corps Officers!

Certifications and Education:

- **LT Mark Abadilla**, from Naval Hospital Guam, earned the Critical Care Registered Nurse (CCRN) certification.
- **LTJG Brian Bonzo**, from Naval Hospital Guam, earned the Critical Care Registered Nurse (CCRN) certification.
- **LT Emily Brown**, from Naval Hospital Guam, earned the Certified Emergency Nurse (CEN) certification.
- **LT Tanya Coppa**, from Naval Hospital Guam, earned the Inpatient Obstetrics (RN-BC) certification.
- **LT Shantel Davis**, from Naval Hospital Okinawa, earned the Certified Inpatient Obstetrics (RNC-OB) certification.
- **LTJG Ellen Dreibelbis**, from Naval Hospital Guam, earned the Certified Emergency Nurse (CEN) certification.
- **LT Amy Grant**, from EMF Great Lakes DET Q, earned the Critical Care Registered Nurse (CCRN) certification.
- **LT Megan Harloff**, from Naval Hospital Guam, earned the Critical Care Registered Nurse (CCRN) certification.

- **LTJG Kayla Hennen**, from Naval Hospital Guam, earned the Maternal Newborn (RN-BC) certification.
- **LT Deborah Moraza**, from EMF Great Lakes DET Q, earned the Critical Care Registered Nurse (CCRN) certification.
- **LCDR Melissa Troncoso**, from Naval Hospital Beaufort, earned the Health and Wellness Coach certification from Wellcoaches.
- **LT Caitlin Workman**, from Naval Hospital Guam, earned the Critical Care Registered Nurse (CCRN) certification.

Publications:

- **CAPT Ramona Domen**, from Naval Hospital Guam, and **CDR Dennis Spence**, from Naval Medical Center San Diego, had their article entitled "Call-Shift Fatigue and Use of Countermeasures and Avoidance Strategies by Certified Registered Nurse Anesthetists: A National Survey" published in the April edition of the *American Association of Nurse Anesthetists*. The article can be read [here](#).
- **LCDR Carmen Brosinski**, from Naval Hospital Guam, had her abstract entitled "Improving Triage Accuracy: A Staff Development Approach" accepted by the Institute for Emergency Nursing Research (IENR) of the Emergency Nurses Association for presentation at the 2015 Emergency Nursing Conference.

**Earn a certification or a non-DUINS degree?
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