



Nurse Corps News

Volume 9, Issue 7

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

NCNewsletter@med.navy.mil

Nurse Corps News Staff

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Director's Corner: DUINS

The "Future of Nursing Campaign" is a national campaign which emphasizes the important role of nurses. The campaign states: "Nurses... the largest segment of the health care workforce and spend the most time with individuals and families..."

- Manage influx of older, sicker, patients with more chronic illness.
- Develop and implement new models of care.
- Provide transitional and coordinated care.
- Reduce medical errors and re-hospitalizations.
- Improve prevention, wellness, and population health outcomes."

Nursing education is one of the campaign's imperatives – specifically to "strengthen nurse education and training, and increase the number of nurses with advanced degrees." I am very proud to report that the Navy Nurse Corps has a very strong culture of continuing education and advanced degrees. A number of Nurse Corps Officers pursue continuing education and advanced degrees on their own. I applaud the commitment and hard work of these officers and hope their

shipmates and leaders support them in these efforts. Official Duty Under Instruction (DUINS) is also a means to achieve advanced education and is the focus of this month's note.

DUINS is a wonderful tool for the Nurse Corps to identify, educate, and retain our best and brightest. It is an investment in those officers who will lead the Nurse Corps into the future, clinically, operationally, and administratively. Our DUINS program offers advanced degrees in 19 specialties, providing a wide array of focus areas from which to choose. We have 153 training billets and it is a delicate balance to juggle the billets and bodies that fill them in two, three and four year programs.

A few years ago, the Navy Nurse Corps committed to offering the Doctor of Nursing Practice (DNP) to our Certified Nurse Anesthetists. In 2014, in keeping with our civilian counterparts, additional Licensed Independent Practitioners were added to the DNP programs, including Nurse Practitioners and Certified Nurse Midwives. In 2016, our first group of seven DNP



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

Nurse Practitioner students will complete their 2nd didactic year at the Uniformed Services University and then complete their clinical year at our Phase II sites at Naval Hospital Bremerton and Naval Hospital Camp Lejeune. This is an exciting time as we embrace these new roles within Navy Medicine. Also, new to the FY16 DUINS options is the one-year Master's in Healthcare Administration via the Baylor program in San Antonio, TX. This unique opportunity is available to officers with at least 12 years of clinical experience. This accelerated program focuses on refining administrative and business skills. We will monitor

(continued next page)



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Director's Corner: DUINS (cont.)

and evaluate the program closely for ongoing utilization.

I signed the FY16-FY17 training plan several months ago and I know many are currently evaluating the DUINS opportunity and/or preparing packages for the upcoming DUINS selection board. Timing is a key consideration when applying for DUINS, to include rank, longevity, change of station window, special pay obligations, etc. The applicant's Chain of Command (CoC) plays a key role in mentoring applicants and in communicating with the selection board, including the member's rank, "zone" for selection to the next rank, and their expected, long-term contributions to the Navy Nurse Corps. These are important issues and the DUINS board depends on the CoC in helping them identify the right officers for DUINS.

BUMEDINST 1520.27 outlines DUINS in detail and the staff at the Navy Medicine Professional Development Command (NMPDC) in Bethesda can answer additional questions. Your POC is CDR **Michael Enriquez**, MSC, at (301) 295-1822 or [via e-mail](#).

CDR **Dan Meyerhuber**, NC, will be reporting to NMPDC at the end of July as the replacement for CAPT **Mark Copenhaver** who retired in April.

The opportunities for the FY16 DUINS board are numerous.

For those of you who apply this year, I wish you the best of luck and extend my gratitude to you for your interest in supporting the needs of the Navy Nurse Corps.



LET'S CONNECT



NURSE CORPS STRATEGIC COMMUNICATION PLATFORMS

The Navy Nurse Corps continues to grow, and so is communication! What available communication platforms does the Nurse Corps utilize to disseminate information related to Navy Nursing?



Navy Knowledge Online

Primary site for annual or required training. Valuable platform to disperse information regarding career planning, hot fills, lineal lists, DUINS, selection boards, NC Reserves, and more.

www.nko.navy.mil/portal/navymedicine/nursecorps/home



Newsletter

Monthly publications featuring articles about a broad variety of Navy nursing topics. Distributed via official LISTSERV or NC Homepage on NKO, and MilSuite

usn.ncr.bumedfchva.list.nc-newsletter@mail.mil



milSuite

Secure DoD site with social media capabilities that facilitates knowledge sharing, interactive discussions, blogging, information exchange, career planning and policy information, important announcements, current NC publications, and professional networking. The new innovative social media hub for Navy Nursing!

<https://www.milsuite.mil/book/groups/navy-nurse-corps>



Facebook

NC Facebook public internet page features features interactive discussions, NC information, photographs, and the popular Director of the Navy Nurse Corps quarterly "Live Event".

<https://www.facebook.com/USNavyMedicine>



Email ListServes

NC ListServes include variety of electronic mail groups.



Twitter

Share, engage, and chat with the Director of the Nurse Corps about the current/future state of the NC, professional development, recruiting and retention efforts, and other issues affecting the community.

https://twitter.com/Navy_NC

Who are we?

We are the Navy Nurse Corps Strategic Communication Team, an administrative agent who serves to improve information disseminated across the Nurse Corps.

Contact Us

Lost navigating or questions regarding a communication platform?

Contact LCDR M. Troncoso @ melissa.r.troncoso.mil@mail.mil



Reserve Corner: How to Secure Funding for Your Training



Irene Weaver
CAPT, NC, USN
Reserve Affairs Officer

Happy mid-Summer. This is your Nurse Corps RAO filling in for the Admiral and I would just like to quickly talk about Annual Training (AT) and Active Duty for Training (ADT) funds in relation to some of the challenges we all face every year.

As you begin to think about the next fiscal year (yes, time goes quickly), I would like you to consider the following when planning training to determine the appropriate type of funding to best support the training requirements of your billet assignment. There are two basic types of funding, mandatory and discretionary. Mandatory funding, also known as entitlement funding, is an allotment guaranteed by law to be fully funded. The funding for Annual Training (AT) normally consisting of 14 days per year is an example of entitlement funding. All qualified Reservists are

guaranteed to be funded for annual training subject to the rules established by Commander, Navy Reserve Force (CNRFC). These may include deadlines for applications, appropriateness and necessity of request, medical readiness, etc. On the other hand, Active Duty for Training (ADT) and Inactive Duty for Training Travel (IDTT) funds are discretionary funds; the levels are established by Congress annually and vary based on the availability of appropriations. The amount in these funds change from year to year and are not guaranteed. So, in a nutshell, Annual Training is the only funding you can completely count on for Reserve training.

Annual Training should be directed toward training that helps you maintain your competency to fill the requirements of your billet. Ideally, you hold a billet in the same area of clinical practice as your civilian employment. Therefore your Annual Training will be utilized to keep you accustomed to practicing your clinical specialty in a Navy environment. As you know there are a variety of exciting environments in the Navy including operational and humanitarian missions, on board ship and at military treatment facilities and clinics CONUS and OCONUS. You can also

use AT for other types of training such as leadership courses, EMF training, Innovative Readiness Training (IRTs), etc. Regardless of where and how you choose to perform your AT, you must utilize this type of funding before being considered for additional training through ADT requests.

If you do not practice within your billet specialty outside of the Navy you must meet the current 144 hours requirement for clinical sustainment. In this case, you must use your AT funding for clinical sustainment and, since you cannot fulfill all 144 hours within a two week AT, you will also be funded as a priority for use of ADT to fulfill the remainder of your clinical sustainment requirements. In some years exceptional AT funding is available, allowing you additional days beyond the initial 12 and, if available, you may be able to perform clinical sustainment with all AT dollars. Once all requests for ADT for clinical sustainment requests are met, any remaining ADT funds are available for use by Reservists for other types of operational support, as needed by the Commands.

To maximize the successful funding of your personal training plan, plan your Annual Training early in the fiscal

year. You only need to ensure the application is in NROWS before the CNRFC deadline of 30 June, but that doesn't mean you have to complete the training by that date. Then carefully select additional training through consultation with your Nurse Corps mentor or SNE. Apply for training that enhances your competitiveness to succeed within the Navy and improves your mobilization readiness. All requests must be routed through your chain of command and approved, prior to execution. Your training officer and/or Regional Operational Support Officer can help you correctly identify and select the appropriate type of training you require at the appropriate Navy site. These officers will help ensure the correct funding source is selected to maximize the training opportunities for all.

**Earn a certification or a non-DUINS degree?
Selected for an award or honor?**

For mention in our BZ section, submit your announcements through your chain of command to:

**NCNewsletter
@med.navy.mil**



Correction

In the June issue's Reserve Corner, there was an error in the link to the Health Promotion's Wounded, Ill, and Injured website. We apologize for the confusion. The correct link should read: <http://www.med.navy.mil/sites/nmcphc/wounded-ill-and-injured/Pages/health-promotion.aspx>

Reservists, please use this link and email for HPW support:

Website: <http://www.med.navy.mil/sites/nmcphc/health-promotion/Pages/navy-reserve.aspx>

Email: usn.hampton-roads.navmcpubhlthcenpors.list.nmcphc-reservesupport@mail.mil

Becoming a Fellow of the American Association of Nurse Practitioners



CDR Barbara Joe

The Navy Nurse Corps continues to be well represented at the annual induction of Fellows of the American Association of Nurse Practitioners. Last month, CDR **Barbara Joe** and CDR **Matthew Loe** were inducted as two of 70 Fellows, and join the ranks of other Navy Nurse Practitioners who have been inducted in the past including CDR **Lisa Braun**, CAPT **Cindy Gantt**, CAPT **Cindy Kuehner**, and CAPT **Ann Uetz** (recently retired).

Since its inception in 2000, 542 Fellows have been selected from the United States and abroad for outstanding contributions in research, education, policy, and clinical arenas. As explained at the induction ceremony, this does not represent the end of a journey, but rather the start of one. Fellows must remain active in education, evidence-based research and practice, and advancing policy at the local and national levels. Examples include university NP program directors, involvement with expansion of full practice authority to 19 states plus the District of Columbia, and publication of journal articles and advanced practice nursing textbooks.

If you are interested in future selection as a Fellow of AANP, first



review the [requirements](#). There is a list of current Fellows of the American Association of Nurse Practitioners in addition to the Fellows listed above. This is a great opportunity to continue promoting and advancing nurse practitioners in the U.S. Navy!

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

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

NCNewsletter@med.navy.mil



Navy FNPs Participate in 2015 AANP Conference



CDR Kathaleen Smith

In June, thousands of nurse practitioners (NPs) from across the nation and overseas, military and civilian, came together at the American Association of Nurse Practitioners (AANP) 2015 National Conference to celebrate 50 years of Nurse Practitioners (est. 1965). Approximately 190 NPs from all services attended clinically oriented evidence-based presentations on a multitude of topics. Some attended state-of-the-art skill enhancement workshops, while others engaged in discussions on current

national, state and local legislative, regulatory, and practice issues affecting nurse practitioners.

During the specialized "Military Track," each Service Corps Chief or designee briefs active duty and retired military attendees on the current state of their Nurse Corps (Navy, Army, Air Force, and Public Health Service Nurse Corps). Afterward, active duty NPs meet in a smaller, more intimate corps-specific session with their respective Corps Chief, allowing for collegial networking and open discussion of concerns and achievements. In the Navy break-out session, CAPT **Annette Beadle** met with approximately 20 navy NPs (AD and retirees) and graciously updated the community on current issues, answered questions, and noted concerns.

Other exiting tid-



In addition to the flag ceremony, a highlight for LT **Brandi Epperson**, USN and 1st Lt **Madeline Jackson**, USAF, was meeting **Loretta Ford** who has been frequently called the "mother" of the NP movement as she is the co-founder of the first NP program in the country.

bits from the conference, CDR **Pamela Wall**, CDR **Barbara Joe**, and CDR **Kathaleen Smith** were selected as Speakers for the 2015 conference, representing the Navy with pride. In addition, CDR **Barbara Joe** and CDR **Mathew Loe** were inducted into the Fellows of the American Association of Nurse Practitioners (FAANP).

Next year, the AANP 2016 National Conference is planned for 21-26 June and will be held at the Henry B. Gonzalez Convention Center in San Antonio, TX. Consider attending, consider speaking, and submit an abstract to AANP – the call for abstracts will be coming soon!

Are you worried about being selected to speak and then the Navy not allowing you to attend? Our Admiral, along with CAPT Beadle and all of the Navy SNEs have been extremely supportive of all NPs who have been selected as speakers in the past. As our leaders, they recognize the wonderful opportunity it is for Navy NPs to represent our profession, community, and corps! Talk to your specialty leader, **CDR Kathaleen Smith**, as she is the DoD liaison with AANP and coordinates all military functions throughout the conference.



Five NPs from across the Services opened the conference with the traditional Flag Ceremony. (American Flag: CDR Kathaleen Smith; USA: LtCOL Brad Franklin; USN: LT Brandi Epperson; USAF: 1st Lt Madeline Jackson; USPHS: CDR Joel Dulaigh)



Additional Qualification Designation (AQD) Codes

What is an AQD and how do I get one? AQD stands for Additional Qualification Designation and it is a code that provides supplementary information regarding the qualifications, skills, and knowledge a Nurse Corps officer retains or that may be required to perform the duties and/or functions of a billet beyond those implicit in the billet, designator, grade, subspecialty, or naval officer billet code (NOBC). Per the Manual of Navy Officer Manpower and Personnel Classifications (NOOCS Manual, Updated April 2015), “Additional Qualification Designation (AQD) codes enhance billet and officer designator codes by identifying more specifically the qualifications required by a billet or a unique qualification awarded to an incumbent through service in the coded billet.” The AQD generally indicates a requirement for an officer who has attained special qualifications through training and/or experience.

The AQD codes consist of three characters, either alpha-numeric or all-numeric. The first character identifies a broad occupational area closely related to the

designator. The second character specifies the type of qualification within the occupational area. The third character further defines the qualification. Those starting with the number “6” pertain exclusively to health care. For Nurse Corps officers the AQD may be used during assignment and selection procedures. For instance, a command representative may ask the detailers to assign an officer who carries a particular AQD; e.g., a 1910R officer who carries the 690 AQD for an ambulatory clinic billet. Additionally, during selection boards the individual’s AQDs are visible and provide descriptive information about the officer’s skill set and experience. Further information regarding AQD descriptions and awarding criteria can be found in the [NOOCS Manual Volume I, Part D](#).

The forms for requesting AQDs can be found in the Navy Nurse Corps Subspecialty Code Management Guidance located on the Nurse Corps milSuite site in the Nurse Corps Monthly Report folder. For questions regarding specific AQDs, please contact the [Nurse Corps Per-](#)

sonnel Plans Analyst or assistant.

The AQD codes validated and assigned by the Nurse Corps Personnel Planner are as follows (other AQDs exist but are granted through a different process, such as Joint Specialty AQDs for deployments which are approved by PERS-4):



CDR John Eckenrode
Personnel Planner

BX2	Fleet Marine Force (FMF) Qualified Officer
HB3	Officer Recruiter
HG1	Officer Recruiter, Headquarters Staff Officer
LA7	Surface Warfare Medical Department Officer
6FA	Fleet Marine Force Experience
6OB	Shipboard Assignment
6OC	Hospital Ship Assignment
6OE	En-Route Care
6OU	Fleet Hospital Experience
6OW	Trauma Trained Officer
6AJ	Flight Nurse
67G	Managed Care Coordinator
67A	Executive Medicine
68H	Health Promotion Coordinator
68I	Health Care Management
68L	Informatics Nursing
69O	Ambulatory Care Nursing
69P	Primary Care Nurse Practitioner
69L	Labor & Delivery Nurse Experienced



Army-Baylor Graduate School



CAPT Lynn Downs

On 26 June 2015, the Army-Baylor Graduate School of Health and Business Administration celebrated the completion of the didactic year for the class of 2016 and welcomed the class of 2017.

The Army-Baylor University Graduate Program in Health and Business Administration is located at Fort Sam Houston, San Antonio, Texas. The two-year program consists of a didactic phase and a residency phase. During the 12-month didactic phase at Fort Sam Houston, Army-Baylor students complete 57 hours of graduate coursework toward a Master of Health Administration (MHA) awarded by the Baylor University Graduate School, or alternatively 78 hours toward a joint MHA/MBA degree from the Baylor University Graduate School and Baylor University School of Business. The Program is fully accredited by the Commission on Accreditation of Healthcare Management Education (CAHME) and the dual MHA/MBA degree is awarded with accreditation standing from the Association for the Advancement of Collegiate Schools of Business (AACSB).

The 52-week adminis-



The 2016 Class of Navy and Coast Guard students with the residency sites listed are (L-R): ENS **Owen Pitrone**, MSC, USN, Kaiser Southern California; LCDR **Christina Lumba**, NC, USN, University of Texas Health Science Center; LT **Frank Morrison**, USCG, Baptist Health System; ENS **Jujuane Hairston**, MSC, USN, Johns Hopkins Medical Center; ENS **Cayce Stepp**, MSC, USN; Christus Santa Rosa Medical Center; and LT **Jonathan Gomez-Rivera**, MSC USN, Cleveland Clinic.

trative residency provides students an opportunity to integrate graduate management and health administration concepts and principles in an applied setting under the supervision of a highly qualified preceptor. Residency opportunities are available at numerous civilian and military hospitals throughout the United States and

Europe to include Johns Hopkins, Mayo Clinic, Cleveland Clinic, Massachusetts General, Scripps Memorial Hospital, Baptist Health System, Kaiser Permanente System, Cleveland Clinic, Walter Reed National Military Medical Center, Naval Medical Centers San Diego and Portsmouth, Tripler Army Medical Center, and

Landstuhl Regional Medical Center, among many others. Residents receive thorough exposure to various organizational challenges in the marketplace and complete a portfolio of projects to enable organizations to operate more efficiently and effectively. The residency earns the student nine credit hours for a total of 66 credit hours for the MHA and 87 total credit hours for the dual MHA/MBA degree.

The Army-Baylor MHA program is ranked #7 in the nation.

The 2016 class consists of 54 students and 2017 class is made up of 46 students from the Army, Air Force, Navy, and Coast Guard with diverse backgrounds to include physicians, dentists, nurses, administrators, social workers, and physician assistants.

For more information, visit the [Army-Baylor program website](#) or contact [CAPT Lynn Downs](#).



The incoming class of 2017 of Navy and Coast Guard students (L-R): LTJG **Robert Stubbs**, MSC, USN; ENS **Eric Gonzales**, MSC; ENS **James Alvia**, MSC, USN; LT **Jessica Hamilton** USCG; LT **Preston Hieb**, USCG; LT **Lamont Simmons**, MSC, USN; and LCDR **Jonathan Levenson**, NC, USN.



Specialty Leader Update: Healthcare and Business Analytics (3130)

As our newest DUINS selectees start their programs, I am discussing with potential future DUINS applicants the career options associated with being selected to complete a master's degree in Healthcare and Business Administration or Manpower Systems Analysis or The Joint Commission Fellowship. Although I've had a number of Nurse Corps Officers contact me regarding future years, the level of those Nurse Corps Officer interested in applying for our DUINS programs this year appears to be lower. If you are interested in applying for any of these DUINS opportunities this year and have not already done so, please contact me as soon as possible.

Community Updates **Joint Commission**

As a result of the 2014 Military Health System Review, CDR Hurt, the BUMED TJC Fellow, is spending a significant amount of time and effort in working with Army, Air Force, and Defense Health Agency (DHA) work teams. The trend of working with our MHS partners began a few years ago and is expected to continue in the future to increase the standardization in our strategies to create a Highly Reliable MHS.

Our Joint Commission Fellows and key Navy Medicine stakeholders participated in the 2015 Joint Commission/Navy Risk Management/Quality

Managers Training held at Oak Brook Terrace, Illinois, from 14-20 July. RDML Iverson, Deputy Director, BUMED Healthcare Delivery, provided a keynote address on "Defense Health Agency (DHA) Overview: MHS Review... Moving Forward in 2015."

CAPT **Aungthein** and CDR **Burns**, our Regional TJC Fellows, are both performing their regional assist visits while participating on Navy Medicine's High Reliability Task Force.

How do The Joint Commission standards relate to criteria for healthcare performance excellence? Check out the newly revised Comparison between **Malcolm Baldrige Award Criteria and Joint Commission Standards**. Having been an examiner for the Baldrige Program, I have seen how healthcare organizations are utilizing the Baldrige framework to deliver outstanding health services. Please consider using this document to challenge your MTF's strategies for improving the quality of care at your Medical Treatment Facility. Click the following links if you would like to know more about earning a **Malcolm Baldrige National Quality Award** or to learn more about your **state level program**.

Please consider joining Navy Medicine's Official **Joint Commission page** on Milsuite to remain up-to-date on and engage in Navy Medicine's most current healthcare quality

improvement discussions. Thanks to CDR Hurt for his input on the JC Fellow update.

Clinical Informatics

What is the value and function of a Chief Nursing Informaticist (CNIO)? What should a Command and Senior Nurse Executive expect from a CNIO? The **American Organization of Nursing Executives** and the **Healthcare Information and Management Systems Society** have developed resources to better define expectations of a CNIO. Please review these documents and let me know if you have questions so that Navy Medicine can improve its leverage of the CNIO in your organization.

NOTE: Many Navy Medicine personnel are inquiring about the status of the selection of a new Military Health System electronic healthcare record. A recent report indicates that the fielding of the EHR is still expected in the Pacific Northwest area in early 2017. Thank you to LCDR Struempfler for her input on the Clinical Informatics update.

Manpower

Our BUMED Nurse Corps Manpower leaders, CDR John Eckenrode and LCDR Joey Andres, continue to work in the realignment of billets to place them at the locations where they can most appropriately meet Navy Medicine's mission. This effort involves all varieties of billets and been ongoing



CDR Lonnie Hosea

for the last couple of years.

LCDR Serena Blankenship completed a master's degree in Manpower Systems Analytics and has been assigned to the Defense Health Agency's Manpower and Organization Division. Her new role will be evolving over the next couple of years. Thanks to CDR Eckenrode for his input on the Manpower update.

Healthcare Administration

LCDR James Ketzler completed a dual master's degree in Business Administration and Health Administration at the Army-Baylor Graduate Program. LCDR Ketzler will be the incoming Business Manager for Naval Medical Center Portsmouth's Surgical Services Directorate.

CDR Christine Palarca has been a key leader in Navy Medicine's recent assessment and drive toward becoming a High Reliability Organization.



Special Leader Update: ER/Trauma (1945)



CDR Dan D'Aurora

As always, I'm so thankful to have this opportunity to tell the Nurse Corps about what's going on in the world of the 1945 ER/Trauma Nurse. This month we're going to discuss versatility and the unique positions some of my nurses have throughout the Navy and our community.

One of the nurses I want to highlight this month is LT **David "Jaxx" McDonald**. He is currently serving as the Ship's Nurse aboard *USS Ronald Reagan* (CVN-76). LT McDonald is a master's prepared Advanced Practice Nurse who not only supports his command providing guidance related to clinical issues aboard, he is also responsible for assisting in coordinating much of the medical training of the staff. However, it's

not just his talent he displays in the Navy, but he also maintains an active role in the Emergency Nurses Association (ENA). He has served as a member of the ENA's International Nursing Committee and most recently as a member of the ENA's Clinical Practice Guideline Committee. His team recently released new guidelines for the Emergency Nursing community which LT McDonald helped co-author entitled "**ENA's Translation into Practice (TIP): Critical Care Patients Boarded in the Emergency Department.**" One of the major issues being addressed by The Joint Commission impacting emergency departments (EDs) throughout the country and to a lesser extent EDs throughout the Navy, is the fact that some patients can wait extended periods of time for inpatient beds to become available. The Joint Commission classifies any patient that has a defined plan of care for admission waiting in the ED for greater than four hours as "boarding." In cases such as these extended waiting periods, specific types of care must be

provided to the patient. It's through his dedication to Emergency Nursing that LT McDonald ensures nursing practice conducted in the civilian community is congruent with the practice we provide in the Navy.

Another area in which 1945s show their versatility as Advanced Practice Nurse is as Acute Care Nurse Practitioners (ACNP). Several of the master's prepared 1945 nurses are dual certified as Clinical Nurse Specialists and Acute Care Nurse Practitioners. In commands that have Emergency Departments, many of these 1945 ACNPs have been given local approval to practice in that role. A couple of nurses providing this unique skill set in our EDs are LCDR **Neil Williams** and LCDR **Danilo Garcia-Duenas**. Although their primary role is supporting their departments as Clinical Nurse Specialists, they are helping to expand the role of the master's prepared 1945 nurse.

These are just a few examples of 1945s in action, highlighting only a small subset of unique, versatile nurses that make up our community. I continue to

be in awe of the entire 1945 ER/Trauma community and all the accomplishments they have made.

DNS/SNEs:

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

Contact us to find out how!

NCNewsletter@med.navy.mil

Nurses:

Do you have a question for the Admiral?

Post your question to NCNewsletter@med.navy.mil for an opportunity to "Ask the Admiral"



Specialty Leader Update: Perioperative Nursing (1950)

Fellow Perioperative Nurses, it is my distinct pleasure to write my first article for the *Nurse Corps News* as your new Specialty Leader. I want to thank **CDR Carol Burroughs** for her leadership, guidance, and direction as she represented our specialty. I am looking forward to carrying the work further and assisting in the implementation of the products the numerous Surgical Services Product Line teams have completed.

I would also like to recognize and thank our Reserve Perioperative nurses who have also undergone a transition in Specialty Leaders. **CAPT Mike Coffel** has turned over his role as Specialty Leader to **CDR Cynthia Schwartz**, the Officer in Charge of Detachment Kilo, Great Lakes One. I have thoroughly enjoyed working with CAPT Coffel and look forward to the opportunities to serve our specialty alongside CDR Schwartz.

CDR Schwartz and I have already started looking into creating a more robust opportunity for Reservists seeking to attend the Perioperative Nurse Training Program. The efforts made by the active duty component have thrust

our manning numbers over 90% and similar efforts should help us increase the Perioperative manning levels for the reservists as well. Packages for the Perioperative Nurse Training Program are due to the **Navy Medicine Professional Development Center** (NAVMEDPRODEVCTR) (Code-1WPGNC) no later than the 15th of the month, for the months of February, May, and September. Packages not submitted in time will be held until the next board convenes. The end of July concludes the second class session for the calendar year, and upon their successful completion, we will be welcoming another nine new Perioperative nurses to the specialty.

Clinical, deployment, and scholarly opportunities continue to present themselves and we have many of our colleagues requesting to fill them. To highlight one of the DUINS opportunities, I want to briefly mention the Clinical Nurse Specialist (CNS) program at the **Uniformed Services University of the Health Sciences** (USUHS). The **Perioperative CNS program** is a degree option that began matriculation in 2003. The program at

USUHS has continued to remain fluid in its evolution and the curriculum meets the current requirements of the **Advanced Practice Registered Nurse (APRN) Consensus Model**. This program prepares graduates to function as a CNS in the military Health System, sit for national certification as an Adult Gerontology CNS, and obtain further specialty certification (CNS-CP). In September, the USUHS Daniel K. Inouye Graduate School of Nursing will be evaluating a program that would create a training program and regional super-users to enhance the knowledge and training in order to critically assess compliance with cleaning, decontamination, high level disinfection, and sterilization protocols across our healthcare system.

I am humbled to have been selected as the Specialty Leader and I look forward to your support for our stellar community. If there is anything I can assist with, please do not hesitate to **contact me**.



CDR Richard Lawrence

Nurses:

Do you have a question for the Admiral?

Post your question to NCNewsletter @med.navy.mil for an opportunity to "Ask the Admiral"



Disappointed by Recent Promotion Board Results? Call Your Detailer!



CAPT Brenda Davis

Failing to select for promotion is disappointing, however, your detailer can help. If you have failed to select, one of the key actions to take is calling your detailer. Your detailer can provide information and assistance to ensure your record most accurately reflects your accomplishments and readiness to serve in the next higher rank

prior to the next selection board.

Call your detailer shortly after the release of the selection list to schedule time for career development guidance. This will ensure focused, uninterrupted time for both you and the detailer for a thorough record review and career discussion. Prior to your appointment, provide your detailer with a copy of your OSR, PSR, and any other relevant documents you would like to discuss (i.e., fitness reports, etc.). Waiting until a few months before the next board convenes to contact your detailer might not provide ample time to cor-

rect your record or to request and submit vital documentation such as a letter to the board and/or letters of recommendation for the board.

Prior to any board, be sure to:

1) Review your Official Military Personnel File (OMPF) and ensure everything is included and correct.

2) Ensure your photo is up-to-date. A photo with your current rank is required, but a photo within the last two years is recommended.

3) Ensure all of your fitness reports are in your OMPF. There should be no significant gaps between reporting

periods and/or missing fitness reports.

4) Ensure all documents in your OMPF are yours.

5) Review your OSR and PSR for completeness and accuracy.

6) Correct all deficiencies in your record.

Recognizing areas for improvement in your record and taking action now ensures your military record accurately reflects the outstanding officer that you are! Please call your detailer!



Nurse Corps Detailers

CAPT Brenda Davis

901-874-4038

brenda.davis1@navy.mil

- Captains
- Manpower
- Education & Training
- Executive Medicine
- Research
- BUMED

CDR Paul Loesche

901-874-4039

paul.loesche@navy.mil

- Commanders
- Licensed Independent Practitioners
- Perioperative Nursing
- (Interim LCDRs)

LCDR Jill Maldarelli-Drey

901-874-4042

Reporting August 2015

- Lieutenant Commanders
- Lieutenants
- Operational

LCDR Aron Bowlin

901-874-4041

aron.bowlin@navy.mil

- Lieutenant Junior Grades
- Ensigns
- New Accessions
- Recruiters
- (Interim LTs)

DNS/SNEs:

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Bravo Zulu!

Ms. Angelia Washington, the Nurse Aide I Program Coordinator at Lejeune High School, and the Leadership Subcommittee of the Nursing Staff (LCONS) would like to express

their sincere gratitude to all who mentored the Certified Nursing Assistant (CNA) students during their clinical rotation at Naval Hospital Camp Lejeune. Your support resulted in a

100% passing rate in both the clinical and didactic portions of the National Certified Nursing Assistant exam!

Thank you and Bravo Zulu, team!



Certifications:

- LT **Traci Benson**, at Walter Reed National Military Medical Center Bethesda obtained her CPAN (Certified Post Anesthesia Nurse) certification.
- LCDR **Ebony Ferguson**, from Fort Belvoir Community Hospital, earned the Adult-Gerontology Clinical Nurse Specialist (AGCNS-BC) certification.
- LTJG **Benjamin Fite**, from Walter Reed National Military Medical Center, Bethesda, earned the Oncology Certified Nurse certification.
- LT **Robert Fowler**, from Naval Hospital Jacksonville, earned the Certified Emergency Nurse (CEN) certification.
- LT **Andrea Garner**, from Naval Hospital Jacksonville, earned the Inpatient Obstetric Nursing (RNC-OB) certification.
- LT **Thomas Henry**, from Walter Reed National Military Medical Center Bethesda, earned the Certified Nurse, Operating Room (CNOR) certification.
- LTJG **Briana Orrico**, from Naval Hospital Camp Lejeune, earned the Low-Risk Neonatal (RNC-LRN) certification.
- LT **Christopher Parker**, from Naval Hospital Jacksonville, earned the Certified Emergency Nurse (CEN) certification.

Education:

- CDR **Christopher Smith** earned the Doctorate of Nursing Practice (DNP) from Troy University.

Fair Winds and Following Seas...

- CAPT **Denise Johnson**
- CDR **Elizabeth Boulette**
- LCDR **Philip Grady**
- LCDR **Martyn Rothermel**
- LCDR **Freddie Simpkins**
- LCDR **Lena Stephens**
- LCDR **Kimberly Whitehill**
- LT **Jennifer Terral**

Earn a certification or a non-DUINS degree? Selected for an award or honor? For mention in our BZ section, submit your announcements through your chain of command to:

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