



Nurse Corps News

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Director's Corner: Leader Development & Career Management



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Nurse Corps News
Staff

Design/Layout:
LT Eric Banker

Editor:
LT Edward Spiezio-Runyon

The **Navy's Leader Development Framework** describes "Fully Prepared Leaders" (the ends) as the result of "Experience, Education, Training, and Personal Development" (the means). Developing fully prepared leaders is a shared responsibility. Leaders, Shipmates (colleagues), and family play significant roles in the development of fully prepared leaders. The individual member, however, has the most interest in the outcomes and thus bears the most responsibility. Years ago my mentor reminded my peers and me of the importance of a five-year plan for leader development. The often repeated questions "Where do you wish to be?" and "How do you plan to get there?" are as relevant today as they were years ago.

It is important to balance experience, education, training, and personal development. Understand what matters to you personally and professionally. There are many factors to consider and, the more complete your assessment, the more likely you will develop achievable and fulfilling goals. What professional activities bring you joy and satisfaction? Do you like change and new roles? What about family and other personal considerations? What are your hobbies and other areas of interest? The answers to these questions generally change over time; thus a peri-

odic reassessment is essential to validate one's goals and the plans to meet them. The answers will aid in making career choices from choosing to remain on active duty to affiliating with the reserves or pursuing civil service.

Resources are in place to assist you in developing your experience, education, and training plans. The soon-to-be-released professional practice model for Navy nursing provides a leader development framework for professional nursing practice and professional military practice for all involved in Navy nursing. Have you studied the Nurse Corps' career development guide? Do you understand the Navy's promotion system and how to maintain your record so that it is selection board ready? MilSuite hosted documents on this topic are available for individual or group review.

As you develop your goals and actions plans, seek counsel from leaders, mentors, shipmates, and most importantly family. Engaging nursing leaders and mentors is vital as you navigate the various career opportunities and challenges. Do you know when your mid-term counseling and your annual performance evaluation are due? Be prepared for these crucial mentoring opportunities. If you have not already received a Professional Development Board at your command, please schedule one. Navy Medicine is tasked to ensure a medically ready force and to provide a ready medical force. Mission success requires



Rebecca McCormick-Boyle
RADM, NC, USN

Director, Navy Nurse Corps

fully prepared leaders. Each in the chain – leaders, shipmates, family, and members – carry responsibility for the development of fully prepared leaders. Take a moment to consider your role in preparing the future force, as a shipmate, as a family member, and as the member at the heart of the leader development process. Have you embraced your responsibilities? Are you fully engaged? Have you committed sufficient time and attention to achieve the results you desire?

Thank you for all you do to care for those we are so privileged to serve, your tireless efforts to sustain the ready medical force, and your steadfast commitment to developing fully prepared leaders for the future.



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Reserve Corner: Change and Leadership in the Reserve Component



Tina Alvarado
RADM, NC, USN

Deputy Director, Reserve Component

The holidays are officially over and I hope you are as ready and excited to bring in the New Year 2016 as I am! For me, a New Year is traditionally a time of “change” and personal resolutions are top of mind. We have all heard the following phrases:

- “Out with the old and in with the new.”
- “Progress is impossible without change, and those who cannot change their minds cannot change anything.” (G.B. Shaw)
- “There is nothing more permanent except change.” (Heraclitus)
- “To improve is to change; to be perfect is to change often.” (Churchill).

Change is in the wind in the Navy, for certain. Admiral John Richardson, our new Chief of Naval Operations has just released his sailing directions enti-

tled “Design for Maintaining Maritime Superiority.” We recently welcomed VADM Forrest Faison, MC, as the 38th Surgeon General of Navy Medicine. The Navy Medicine leadership teams will be meeting in January to discuss application of the CNO’s vision to Navy health care. Moving further down the chain of command, we have many leadership changes taking place within the Bureau of Medicine and Surgery’s (BUMED) Total Force Structure, to include M10 Reserve Policy and Integration, as well as within the Operational Health Support Units (OHSU) and Expeditionary Medical Facilities (EMFs) within the Reserve Commands.

First, let me begin by saying “Fair winds and following seas” to: CAPT Mary Riggs, NC, who completed her recall tour as the M10 Deputy Director of Policy and Integration at BUMED; and CDR James Clearwood, MSC, who has completed his tour as M10 Chief of Staff. These were two leaders in key positions who tirelessly maintained and promoted the seamless integration of the Reserve Component within the Active Component Total Force. They facilitated the management of the Operational Health Support Units (OHSUs) and the Expeditionary Medical Facilities (EMFs) across the Navy Reserve Medicine (NRM) Enterprise so that they were successful within their identified missions. Both of these fine officers made

many improvements to the NRM programs. CDR Clearwood will be transitioning to a civilian role within the M10 team.

As these two leaders transition out, I am prompted to congratulate and welcome their replacements. CAPT Lynne Blankenbeker is the newly appointed Department Head, Reserve Affairs, Reserve Policy and Integration. CAPT Blankenbeker’s previous experience, outside of the Periop area, included serving as Branch Head for Director Force Health Policies and Planning at the Office of the Chief of Navy Reserve at the Pentagon. CDR Michael Luttrell is the newly appointed Chief of Staff for M10. He was previously attached to EMF Bethesda, where he held multiple roles including Research Specialty Leader (RC), while maintaining his Family Nurse Practitioner skill set. Both of these members have a vast array of expertise within NRM and therefore I anticipate the continued seamless integration of the Reserve Force within the Total Force Structure.

Additionally, I would like to say “Fair winds and following seas” to those Nurse Corps members who held a Command or Executive Position and to congratulate the following leaders who received these positions through the Senior Apply Board in August, 2015.

Every year, through the AP-

(continued next page)



Reserve Corner: Change and Leadership in the Reserve Component (cont.)



PLY cycle, our talented nurse leaders are recognized for their exceptional attributes as they successfully compete against other senior health care executives from other Corps for the limited number of CO and XO positions in the major commands. The CNO outlined four core attributes essential to the Navy: Integrity, Accountability, Initiative, and Toughness. Our

nurse corps leaders convey these attributes every day. Great leaders don't develop overnight; it is through years of professional experience, training, education, personal development, resiliency, and a willingness to change.

As I have relayed before, within the Navy *"There is no priority more essential than our enduring obligation to develop effective Navy leaders."* While

we celebrate the successes of the past and welcome aboard our new leadership team, remember my deepest commitment. That is to develop the leaders of tomorrow by ensuring that each RC NC officer is given ample opportunities, training, and experience to become a 21st Century Leader. I call upon all of you to lead the way.

Commanding Officer	Incoming	Outgoing
OHSU Jacksonville	CAPT Jessica Reed, NC	CAPT Kiolbasa, MSC

Executive Officer	Incoming	Outgoing
OHSU Jacksonville	CAPT Michael Coffel, NC	CAPT Patricia McCafferty, MSC
OHSU San Diego	CAPT Judy Dye, NC	CAPT Joseph Willie, DC
OHSU Camp Lejeune	CAPT Anita Bacher, NC	CAPT Robert Matthews, MC

Senior Nurse Executives	Incoming	Outgoing
OHSU Bremerton	CAPT Denise Elliott, NC	CAPT Jessica Reed, NC
EMF Bethesda	Dr. Alan Mintz, NC	CAPT Michael Coffel, NC
OHSU San Diego	CAPT Karen Morgan, NC	CAPT Judy Dye, NC
OHSU Portsmouth	CDR Lisa Gittleman, NC	CAPT Lynn O'Malley, NC (SNE at JTR GTMO)
OHSU Camp Lejeune	CDR Tamberlynn Baker, NC	CAPT Anita Bacher, NC



Specialty Leader Update: Emergency/Trauma Nursing (1945)



LCDR Danilo Garcia-Duenas

Good day, ladies and gentlemen. I'd like to take this opportunity to introduce myself as the incoming Specialty Leader for the ER/Trauma 1945 Nursing Community. I am currently a Clinical Nurse Specialist and an Acute Care Nurse Practitioner for the Emergency Department at Naval Hospital Camp Lejeune and have been serving our beloved Navy since 1996. I am a prior Enlisted Dental Technician who commissioned through the Broadened Opportunity for Officer Selection and Training (BOOST). Throughout my career I've had the opportunity to serve at different commands in the Navy, which have led to this point. My calling has always been Emergency Nursing and luckily I have spent over 10 years in the field that I truly love and cherish.

Of course I would not be here if it wasn't for officers such as the outgoing Specialty Leader who have paved the way. He made tremendous contributions and sacrifices to ensure our community is well represented and

its members well prepared to face the ever changing facets of Navy Nursing over the last three years. CDR Daniel D'Aurora, THANK YOU for all you have done.

I would also like to take this opportunity to discuss my philosophy and the state of our 1945 community. I am a person who believes in always doing the right thing. This is a concept that has been instilled in me by the best mentors I've had the pleasure of working alongside. Above all, do the right thing for our patients, do the right thing for our staff, and do the right thing for the organization. Be a mentor to your staff. We all have areas of expertise and bring experiences to the table that others would love to hear about and are eager to learn from. Mentorship is one of the ways we have to promote esprit de corps as well as help develop our nurses and corpsman. Don't hesitate to use what you have learned to help teach those around you. Collaborate. We are the Navy Medicine team. No matter what specialty, corps, or service you belong to, we are the team that serves our patient population. Share your successes and failures!

There are no reasons to reinvent the wheel. Are you thinking about changing a process? Consider that someone else has probably tried or has done it before. Why not use what they have learned to help improve what you are trying to accomplish? Lastly, know that you don't have all the answers. Nurse Corps Officers are extremely educated and experienced. The last 14 years of conflict have taught us so much about patient care; why not

use that knowledge and experience to enhance our community and make collaborative decisions?

As I plunge into this position, I am extremely excited about the future of our 1945 community. The Emergency Nurses Association's Orientation program is currently in the funding phase. This blended-learning program will provide a broad base of content necessary for orientation and continuing education of new and experienced nurses in our Emergency Departments. This will help to bridge the knowledge gap of the 1945 nurses that currently exists due to our diverse patient population and different orientation programs throughout our MTFs. With milSuite becoming our primary means of communication, I am currently working on building the 1945 page and having an area for us to share and retrieve information, as well as a place to discuss the challenges and successes of our community.

It is my distinct honor to have been selected to this position. I know it will bring many challenges, but I know I will be functioning with some of the best nurses the Navy has to offer. I really look forward to working and learning from each and every one of you out there. I hope to serve and make our 1945 community proud. Please feel free to contact me for questions or concerns!



Specialty Leader Update: Perioperative Nursing (1950)

As the new calendar year rolls rapidly by and the Perioperative community continues on its path of delivering the highest quality care possible, in any of the settings we find ourselves, I would be remiss by not highlighting some accomplishments we have had while looking forward.

Perioperative nurses continue to impress me each and every day in the care they provide and the unwavering dedication to the patients, the profession, the Nurse Corps, and the Navy. Simply stated regarding patients, our Perioperative nurses continue to ask “what can be done to improve...?” Improvement can be the evaluation of local practices on how immediate-use steam sterilization at Naval Medical Center San Diego can be further reduced while ensuring the correct supplies are always available, or ensuring a proper rotation of endoscopy equipment at Naval Hospital Sigonella is tracked and documented ensuring the rotation of endoscopes is met for use and reprocessing standards of care. Facilities have also incorporated the *Joint Commission’s High-Level Disinfection (HLD) and Sterilization Booster Pak* to verify up-to-date standards and expectations, utilizing a multidisciplinary team to assess the daily operations in the Sterile Processing Divisions of the MTFs, as well as the numerous clinics performing HLD and sterilization, are practicing within the same standards.

Regarding the professional dedication of the Perioperative nurses, numerous nurses have earned their certification as a Perioperative nurse (CNOR).

Numerous Navy Operating Rooms have also been added to the ranks of being recognized by the Competency and Credentialing Institute (CCI) as being designated as *CNOR Strong*. In order to achieve this status, at least 50% of those staff available for CNOR certification have achieved their certification and this is a way to recognize the importance of what certification contributes to the facility and their patients. At least one command, NH Okinawa, has achieved this status by qualifying with 100% of the eligible nurses being CNOR certified.

For those Perioperative nurses looking to become certified, it is not necessary to spend large sums of money in preparing for the exam and you might already have the resources at your disposal. In addition to studying AORN’s *Guidelines for Perioperative Practice* (formerly known as the Standards and Recommendations), you should also spend time reviewing *Alexander’s Care of the Patient in Surgery*. In the front of that text is an online source code to be utilized to access additional information at evolve.elsevier.com.

With these two resources, combined with your clinical experience, you should be well prepared to pass. If you need more sources to suit your study needs, CCI has numerous resources available for purchase and some of your colleagues might already have them for you to borrow. If you have further questions or concerns, please reach out to CDR Julie Conrardy for more information.

Efforts continue with the Surgical Services Product Line and the numerous working groups sup-



CDR Richard Lawrence

porting the efforts from training and productivity to safety and sterilization. One of the next projects commands will see via eKM is a standardized instruction for the Prevention of Retained Surgical Items. This latest standardization effort will include a solid counting policy while ensuring adjunct technology is also included for those commands with RFID capabilities. Opportunities to participate in the working groups are always available for perioperative nurses, so please ask your chain of command for contacts to be part of these dynamic teams shaping our practice.

As our ongoing efforts continue to support and lead the way with a High Reliability Organization mentality, I would like to wish the Perioperative nurses who retired in 2015 “Fair Winds and Following Seas,” welcome the new Perioperative nurses to the specialty, and wish our Perioperative MBA DUINS selectee the best of luck as he begins this new chapter in his career.



Specialty Leader Update: Nurse Anesthesia (1972)



CDR John Volk

I am honored and very excited to have assumed the role of the Nurse Anesthesia Specialty Leader. I am a native of Indiana but was raised in Ramona, California, which is a small town in the foothills of San Diego. I was selected for DUINS in 2001, attended the Uniformed Services University of the Health Sciences (USU), and graduated from the Navy Nurse Corps Anesthesia Program (NNCAP) in 2004. I have spent the majority of my career in west coast and operational assignments. I would also like to thank my predecessor, CAPT Paul Arp, for the outstanding contributions and support he has provided to our community.

This is an exciting time for our community! In 2014, our Master's degree-based nurse anesthesia program transitioned to a Doctor of Nursing Practice curriculum at the Uniformed Services Universi-

ty of the Health Sciences (USUHS) and will graduate its first class from the USUHS Registered Nurse Anesthetist (RNA) program this coming May. The "Navy program," now referred to as USUHS RNA program, has historically taken the lead and set the bar for other nurse anesthesia programs to emulate. Currently the USUHS RNA program is ranked 5th nationally in the 2016 *US News and World Report's* list of Best Nurse Anesthesia Programs. This year the annual congress of the American Association of Nurse Anesthetists will be held in Washington, DC, where Navy CRNAs and recent graduates will showcase their scholarly endeavors and professionalism.

Navy nurse anesthetists are regarded as some of the best trained and most well respected providers in anesthesia practice and, as licensed independent practitioners, can deploy independently whenever needed worldwide. Currently, we have Navy CRNAs serving operationally on fleet surgical teams and aircraft carriers on opposing coasts and Japan, at Role 3 in Kandahar, in support of Joint Special Operations Command, and will begin preparation for Pacific Partnership 2016 in upcoming months.

Finally, I would like to make a plug for DUINS. January showcased National Nurse Anesthesia Week; hopefully you were able to attend one of the several open houses conducted in our anesthe-

sia departments around the fleet. If you are interested in becoming a CRNA, please take a look at the program requirements on the [USUHS website for the RNA program](#). It is never too early to begin your DUINS application, and please seek out a friendly CRNA at your command for mentorship and guidance.

Nurses:

Do you have a question for the Admiral?

**Post your question to
NCNewsletter
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for an opportunity to
"Ask the Admiral"**

**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**

DNS/SNEs:

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

**Contact us to find out how!
NCNewsletter@med.navy.mil**



Specialty Leader Update: Healthcare and Business Analytics (3130)

Congratulations to our newest DUINS selectees! For the first time, in close coordination with NC Senior Leadership, we were able to develop support for selecting two new Joint Commission Fellows, LCDR Dawn Mitchell and LCDR Sara Naczas.

Additionally, LCDR Brandon Wolf has been select for the Manpower Analyst Program and LT Todd Uhlman is headed to Army-Baylor Healthcare Administration Program. Each of the DUINS selectees have been selected for rigorous training programs that will prepare them to lead critical assignments for Navy and possibility Military Medicine in future years.

If you have questions about or are interested in submitting a DUINS application for the Joint Commission (TJC) Fellowship, Naval Postgraduate Schools's Manpower Systems Analyst Program, and Army-Baylor's Graduate Program in Health Administration (1- and 2- year options), please contact me immediately. Seize the day!

Community Updates **Clinical Informatics**

Selection of the new Electronic Health Record (EHR) has set a number of events into motion. Almost immediately upon the selection of Leidos Partnership for Defense Health (includes Cerner) as the winner of the Defense Healthcare Management Systems Modernization contract, CDR Andrew Wilson was reassigned from Walter Reed National Military Medical Center to the

Puget Sound Region as a key member of the Military Health System (MHS) staff planning the implementation. The MHS will begin the implementation of the new **DoD EHR** in the Pacific Northwest in the fall of 2016. Following the Western CONUS implementation, the plan is to then implement in this order: CONUS South, North, and then OCONUS Europe and Pacific.

In August, LCDR James Tessier arrived to BUMED as the new Nurse Corps Informatics Fellow. In October, he replaced LCDR Piper Struempf as Navy Medicine's Chief Nursing Informatics Officer. LCDR Struempf, leading the Navy Medicine Nursing/Clinical Informatics since 2013, transferred to be the Chief Medical Informatics Officer at the **Joint Operational Medicine Information Systems (JOMIS)** Program Management Office, where she continues to engage in planning the implementation of the new EHR. Considering the impact of clinical informatics on the future of military healthcare, I expect to see the Nurse Corps Clinical Informatics' continued maturation and expansion.

If you are interested in keeping up with the Navy and Military Health System's Clinical Informatics progress and issues, check out Navy Medicine's monthly **Clinical Informatics Insights Newsletter**.

Manpower

I received notification that



CDR Lonnie Hosea

the Nurse Corps has been allocated two 2017 DUINS quotas to attend the Naval Postgraduate School's Manpower Systems Analyst program (i.e., the next DUINS board). If you are considering this as a career path, please contact me immediately to start your plan for successful selection by the 2017 DUINS board.

Navy Medicine was recently notified that it now as an additional Navy Nurse Corps manpower (3130) billet assignment at BUMED in the **Naval Expeditionary Health Service Support Capabilities Development and Integration Program Office**. This is an outstanding opportunity to develop the future healthcare system (MTF and Operational) for of all Navy Medicine communities. BUMED has four NC Manpower assignment opportuni-

(continued next page)



Specialty Leader Update: Healthcare and Business Analytics (*cont.*)

ties (3 in Falls Church, VA, and 1 in Jacksonville, FL).

Joint Commission

Our Joint Commission (JC) Fellows are at the center of leading Navy Medicine's pursuit of becoming a High Reliability Organization. Forecasting to have enough of these leaders available to fill critical positions was the primary support for selecting two JC Fellows at the 2016 DUINS Board. If you are considering JC Fellow as a career option please contact a JC Fellow or contact me and I can connect you with one today.

A couple of JC Fellows have moved in the last six months. First, CDR Wilma Roberts completed the JC Fellowship in September and reported to Naval Medicine Center San Diego (NMC San Diego). Additionally, CDR Harriett Bate, who PCS'd from NMC San Diego to Naval Hospital Lejeune, Navy Medicine's fastest growing MTF as

its first Joint Commission Fellow.

CDR Bobby Hurt, BUMED JC Fellow, continues to frequently post current JC and healthcare quality issues and solutions on **BUMED Official Joint Commission milSuite Page** (CAC required). Additionally, he posts comprehensive 2015 Joint Commission Survey Results from across the Navy Medicine Enterprise. He encourages all Nurse Corps officers to join this milSuite site and utilize the information to improve Navy Medicine's ability to care for the next patient – which could be you or someone that you care about.

Healthcare Administration

LCDR Jonathan Levinson has been chosen by the Army-Baylor Health Administration graduate program as a member of its multidisciplinary, multi-Military Service team competing at the **2016 Clarion Case Competition**. We look forward to hearing of the military team's performance.

The NC was only able to fill one of the two DUINS quotas for

Army-Baylor Graduate Program in Health Administration this year. Additionally, the 2016 Nurse Corps DUINS Training Plan also allocated two quotas for the Army-Baylor one-year option Master of Health Administration. The 2016 DUINS board did not receive any applications for this opportunity. If you have a minimum of 10 years clinical experience and are interested in pursuing a Master of Health Administration degree, you may qualify for this opportunity. This rigorous one-year option is designed to prepare more senior officers for executive leadership assignments (e.g., Director, CO/XO, BUMED, etc.). If you are interested in beginning a career in executive medicine via the Army-Baylor Graduate Program, please **contact me** to begin planning for your future.



DNS/SNEs:

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Contact us to find out how!

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From the Detailers: Understanding PRD Adjustments

Changes to a Projected Rotation Date, or PRD, whether it be a request for extension or to detach sooner than anticipated is a question that is asked often by constituents. While the expectation is that a Nurse Corps officer complete the fully prescribed tour length, as governed by MILPERSMAN instruction, PRD adjustments are often necessary to align with various professional opportunities and, in some cases, for personal reasons.

The Nurse Corps Detailing Team is committed to making every effort to balance both the personal and professional needs of the officer while ensuring that the requirements of Navy Medicine are met. Your detailer is always available to provide career guidance that can assist you in making the best-informed decision.

If you require an adjustment to your PRD, begin first by discussing with your Chain of Command (CoC). After gaining the support of your immediate leadership, a memorandum using proper correspondence format should be drafted, detailing the rationale as to why the PRD adjustment is needed. Once the memorandum has been routed and endorsed by the Commanding Officer, the request may be submitted to Navy Personnel Command

(NPC). It is important to remember that no PRD adjustment requests will be approved without the CO's endorsement. While each request gains the highest level of consideration, there is always the possibility that a PRD adjustment cannot be supported due to manning shortfalls that may exist.

For more information regarding PRD adjustments, please visit the Detailers Corner on the Nurse Corps MilSuite page. A brief informational video on the PRD extension process is available for your viewing pleasure. For more information, please contact your primary detailer from the list below.



Nurse Corps Assignments Team



CAPT Brenda Davis

Head, Nurse Corps Assignments

Assignment Officer for:

- O-6
- Manpower, Education & Training
- Executive Medicine
- Research
- BUMED assignments

Comm: 901-874-4038

DSN: 882-4038

Brenda.davis1@navy.mil

CDR Paul Loesche

Assignment Officer for:

- O-5
- Providers
- Peri-operative assignments

Comm: 901-874-4039

DSN: 882-4039

Paul.loesche@navy.mil

LCDR Jill Maldarelli-Drey

Assignment Officer for:

- O-4
- O-3
- Operational assignments

Comm: 901-874-4042

DSN: 882-4042

Jill.maldarellidrey@navy.mil

LCDR Aron Bowlin

Assignment Officer for:

- O-2
- O-1
- New Accessions
- Recruiting assignments

Comm: 901-874-4041

DSN: 882-4041

Aron.bowlin@navy.mil



U.S. Naval Hospital Okinawa, Japan, Main Operating Room Nurses Achieve 100% CNOR Certification

Joe Andes, PAO

United States Naval Hospital Okinawa, Japan, was recently recognized by the Competency & Credentialing Institute (CCI). All of the eligible nurses in USNHO's Main Operating Room meet the criteria to be Certified Perioperative Nurses (CNOR).

"It's very rare to have all of your eligible nurses certified," said Commander Laurie Basabe, USNHO Associate Director for Surgical Services and Department Head for the Main Operating Room. "In my 14 years working in the operating room, I have never worked in a facility with 100% certification."

According to Basabe, having all eligible nurses certified can only be achieved by having an experienced and extremely motivated nursing staff. "The CNOR certification is encouraged, but not required," says Basabe. "The nurse must not only have experience under their belt, but they also must have the desire to represent our community's highest standards; recognized not only as military officers but as professional experts in the Perioperative Community as a whole."

The CCI website states that the CNOR certification program is for perioperative nurses interested in improving and validating their knowledge and skills and providing the highest quality care to their patients. CNOR certification also recognizes a nurse's commitment to professional develop-

ment.

A nurse must be a Perioperative Nurse for at least two full years before they can even take the CNOR certification exam. According to CCI, the average nurse spends between two and three months preparing. CNOR must then be renewed every five years which requires an extensive amount of continuing education. Earning the CNOR credential is considered a mark of distinction and a highly sought after personal as well as professional accomplishment.

"For our patients, this means the highest quality and standard of care when they have surgery here," says Basabe.

Results from a recent study

published in the November, 2014, issue of the *Association of Perioperative Registered Nurses Journal* indicate specialty nursing certification contributes to improved surgical patient outcomes in hospitals.

U. S. Naval Hospital Okinawa, Japan, is the largest overseas military treatment facility in the Navy, and delivers an average of 100 babies per month. The hospital serves a beneficiary population of 55,000 active duty personnel, family members, civilian employees, contract personnel, and retirees. The facility also provides referral services for over 189,000 beneficiaries throughout the western Pacific.



Front Row: CDR Jody King, LCDR Michelle Lind, LCDR Shelley Oehrlien, and CDR Laurie Basabe. Back Row: LCDR Rick Maiatico, LT Brian Duenas, LT Eric Banker, and LT Tom Kaster. Not pictured: LT Manuel Brenes, LT Marissa Gonzalez.

**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



FY2016 Executive Officer Slate Announced!

BUMED has announced the selection of the FY 2016 Executive Officer positions. Congratulations to the following Nurse Corps officers selected as XOs!



Command

Naval Health Clinic Annapolis
 Naval Health Clinic Charleston
 Naval Health Clinic Corpus Christi
 Naval Health Clinic Patuxent River
 Naval Hospital Beaufort
 Naval Hospital Camp Pendleton
 Naval Hospital Oak Harbor

XO Selectee

CAPT(s) Mary Ann Mattonen
 CAPT(s) Kathryn Hinz
 CAPT(s) Marnie Buchanan
 CAPT Karin Warner
 CAPT(s) Donna Bradley
 CAPT Maria Young
 CAPT Martha Cutshall

2016 Graduate Degree Nursing Scholarship Opportunity

The Washington Metro Area Navy Nurse Corps Association (WMANNCA) is offering three nursing Scholarships to three Navy Nurses — active duty (non-DUINS), reserve component, retired, or former Navy Nurses — to continue their studies for an advanced graduate degree in Nursing.

A \$1,000 scholarship will be awarded to each winner. The applicant must live or work in the WMANNCA AOR (Maryland, Northern Virginia, West Virginia, Pennsylvania, New Jersey, Delaware or the District of Columbia.

Deadline for submission is 01 April! Download the

guidelines and application materials [here](#).



Bravo Zulu!

LT Lenea Udoh, from Navy Recruiting District Pittsburgh, was selected for FOUR separate awards in FY 15 for her service!

LT Udoh currently serves as Division Officer and Officer Recruiter in Pittsburgh, where she is the sole officer recruiter. She was chosen as General Officer Recruiter of the Year, Reserve Officer Recruiter of the Year, Diversity Officer Recruiter of the Year, and Navy Officer Recruiting Station of the Year.

Bravo Zulu, LT! That's an incredible accomplishment!

Fair Winds...

(01 March)

- LCDR Joey Andres
- LT Sabrina Mork
- LT Daniel Schlangen



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

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