



# Nurse Corps News

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March 2016

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Nurse Corps News Staff

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## Director's Corner: Why?

Greetings. Recently the Surgeon General, VADM Faison, met with his Senior Leadership team to discuss his vision as we move forward under his leadership. The SG focused our attention on "WHY" we are in military health care and "WHY" we do what we do, not "how" and not "what". "WHY" must always be preminent. SG expanded on the "why" in a follow on email to us. They resonated strongly with me and I asked for permission to share them with you...

"All of us have an appreciation of the complexity ahead and the reality that success really depends on cultural change, and at many levels. Cultural change will only succeed if we ground it in 'the why'... 'why Navy Medicine?' Focusing on the 'how' or the 'what' will not get us where we need to be. We must answer the 'why' and from that all else will follow. The 'why' is hard to put into words... but, I know the 'why' when I see it.

"I had the privilege and honor of attending a ceremony at MARSOC yesterday where HM2 Alejandro Salabarría was presented the Silver Star for gallantry and courage under fire saving the lives of others on his team. While deployed in OEF, his team was ambushed by a rogue

Afghan Special Operations Commando. During the initial seconds of the attack, several US and Afghan personnel were wounded and chaos ensued. From his citation:

*"Hospital Corpsman Third Class Salabarría maneuvered into the kill zone, engaging the rogue commando. Once he reached a severely wounded fellow medic, he dove between him and the rogue commando, using his body as a shield to prevent further injuries. While protecting the other medic with his body, he engaged the rogue commando with his M4 rifle, killing him and removing further threat to his team. Immediately after securing the area, he rendered aid to two wounded team members and coordinated their evacuation via helicopter."*

"Why did he do it? His devotion to his shipmates and his Marines – his extended family – outweighed both his concern for his own safety or any thought of how his death or injury would impact those back home.

"This is the 'why' – this is what makes Navy Medicine precious in their eyes and in the eyes and hearts of those for whom we are privileged to care, caring that transcends concern for self. No one else in medicine does this, and does it regularly, whether on the battlefield or back home.



Rebecca McCormick-Boyle  
RADM, NC, USN

## Director, Navy Nurse Corps

Compassion, caring, dedication – and even love that goes deeper than words can express – is why we are all so challenged to put it in words, goes to our soul as nothing ever could and is why we stayed and why we continue to serve. This is the 'why.'

As Navy Medicine maneuvers through healthcare reform, budgetary cuts, and reshaping – and as each of your commands, divisions, and units respond to the variety of priorities and demands – I ask you to reflect deeply on the "Why." It is the "Why" that will preserve the principles of our Corps and the value of Navy Medicine to our Nation.



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## Reserve Corner: Strategic Plan Update for FY16



**Tina Alvarado**  
RDML, NC, USN

### Deputy Director, Reserve Component

It always gives me great pride to share our many successes within the Reserve Component (RC) Navy Nurse Corps. Last year, our Nurse Corps (NC) strategic planning groups completed work on several important initiatives that were reported in the September 2015 *Nurse Corps News*. Let me bring you up to date with the FY 16 objectives and initiatives; some are new and some have simply been redefined. These teams of energized Nurse Corps leaders have been in progress for the last 5 months and are hard at work to complete these initiatives. All initiatives are designed to align with the Surgeon General's strategy and provide recommendations and solutions for issues facing our Corps. Thus, they provide a

firm foundation for the future. That's the nature of strategic planning!

#### **Professional Excellence:**

Team Lead (TL) is **CAPT Kimberly Matthews**. This team's objectives are to: 1. Ensure that there is RC representation and input to the Professional Practice Model (PPM) which is being designed and developed by the Active Component. The first initiative is to provide input to the Reserve Chapter for the book, aligning with the PPM. 2. To evaluate senior executive career pathways by reviewing job descriptions from the civilian, tri-service, and Veterans Affairs environments to determine what alignments need to take place within the current RC Career Development Board template, and within the current clinical sustainment instruction as it relates to senior executive application.

#### **Strategic Partnerships:**

TL is **CAPT Trent Friedel**. The objective for this team is to improve interoperability between and among Federal Nursing Services. This team is building on the FY 15 initiative which relates to 1. The development of a concise Memorandum of Understanding process algorithm which will allow the OHSU/EMF Commands to utilize other prospective DoD sites within the

respective areas to be utilized to obtain specified training requests. 2. To explore a reserve tri-service nursing committee who would be responsible for reviewing all available annual joint training opportunities throughout the country in order to expand the opportunities to the deck plate.

#### **Clinical Excellence:**

TL is **CDR Rebecca Zornado**. The objectives/initiatives for this team are to: 1. Improve RC NC asset flexibility by considering the alternative pathways within the current core specialties. This will be done by exploring multiple career pathway job descriptions written for senior master clinicians. 2. To assess the clinical sustainment/competency policy and current operational and training requirements to ensure that 100% of the RC NC critical skills assets are mobilization ready. This will be accomplished by reviewing and evaluating the current policy to ensure relevancy. 3. To ensure the NC metrics scorecard is utilized to prioritize RC exportable training programs to ensure mobilization readiness.

#### **Workforce Objective:**

TL is **CDR Michael Watson**. This objective addresses the billet structure for our

*(continued next page)*



## Reserve Corner: Strategic Plan Update for FY16 (cont.)



Corps and will analyze and update about 90% of the NC macro infrastructure. The team is reviewing billet structures, titles, educational codes, and RFAS codes to align with manpower standards using the concept of “right person for the right billet” or “fit to fill.” 2. Examine the current inventory of Advanced Practice Nurses (APN) who do not hold an APN billet and to explore the possibility of restructuring some of the chronically unfilled medical billets to be filled by other clinical practitioners such as APNs and Physician Assistants.

### **Strategic Communication:**

TL is **CAPT Renice Washington**. The goal for this objective is to improve and manage information flow via the increased use of electronic platforms such as milSuite. 1. Establish milSuite as the primary electronic platform for communication to the RC NC by increasing the number of

officers using it regularly. Currently, **the RC milSuite site has been established** and contains an abundance of valuable information for the NC members to utilize. 2. To establish specific milSuite pages encouraging the sharing of specialty specific best practices. 3. Evaluate the current electronic barriers within secure messaging to identify safest pathways to utilize. 4. Design an Advance Degree Educational Resource Calendar which highlights national nursing specialty educational conferences throughout the country.

As you can see, the goal teams are working very hard alongside their active duty counterparts to ensure we are making continual improvements for our Corps. I want to thank **CAPT Weaver**, the Champion of these teams, along with every Team Leader and Team Member for giving their time and energy outside of their other Navy roles. The

majority of the FY16 initiatives will be completed by September 2016, at which time you will be given a final update. The FY 17 cycle for refreshing the Nurse Corps Strategic Goal Objectives and Initiatives will then begin again. This includes establishing new work groups and team leaders to take on the work. I encourage all of you to think about issues that you would like to see the teams address and think about committing a portion of your time to serving on one of these important teams next year. Help us make a difference! Help us shape the future!



**NAVAL**  
**RESERVE**  
STAY STRONG



## Specialty Leader Update: Ambulatory Care (690)



**CDR David Thomas**

Good day, Nursing Leaders. Wow! It has been an exciting past few months since my last submission. During the *State of the Corps Business Meeting* this Fall, Ambulatory Care Nursing (ACN) was the topic on the hearts of many. By the end of the conference, it was agreed that ACN was a subject important enough to require further exploration – the Nurse Corps convened a team to standardize ambulatory care nursing practice.

This team is the first of its kind and it is a tremendous boon to the entire ambulatory community. From the highest levels of our Corps, the call to arms for a team of this sort highlights an appreciation of your hard work, validates the clinical value of ambulatory nursing as a specialty, and demonstrates a concerted effort to further develop and support your professional growth. The team has 3 main initiatives: 1)

Orientation to Patient Centered Medical Homeports, 2) Skills-acquisition, and 3) Career/ Professional Development. Spoiler Alert! This team is working on Nurse-Initiated Orders, Peer Review templates, desktop training packages for support staff, population health resources, telephone triage software, PCMH-specific clinical rotations during Nursing orientation, and much more! All I can say is, this team is awesome and our Corps will be transformed by their innovative proposals.

Second news item: Ambulatory Nursing is growing rapidly. This is due, in large part, to the caliber of nurses assigned to MHPs and to the supreme commitment by our Senior Nurse Executives to the professional development of Ambulatory Care Nurses. The growth represents the shift in modern health care towards outpatient maintenance, implementation of culturally-appropriate prevention & readiness services, population health initiatives, and self-care management. Thank you. Kudos to our newest certified nurses: **CDR Katherine Noel** from NHC Charleston, **CDR Jenifer Mills** from WRNMMC, **CDR Suzette Inzerillo** from NH Twentynine Palms, **LCDR Cherry Minkavage** from NH Bremerton, and **LT Laurabeth Bartlett** from NH Twentynine Palms.

Third item of interest: I submitted the conference approval package for the 41st Annual AAACN Conference, in Palm Springs, CA (18-21 May). There was an overwhelming interest by

nearly every command. The package has several more echelons to go before it receives final approval, but thank you for continued patience. Sit back and relax; there is nothing more to do until we get approved. I have already arranged lodging and conference registration rates for all nominees. Senior leaders, thank you in advance for investing in the professional development of your MHP experts.

Again, I am honored to lead this specialty and value your continued patronage. If there is anything I can do for you, please do not hesitate to **contact me directly**.

**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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**DNS/SNEs:  
Would you like to see your command featured in our Command Spotlight section?**

**Contact us to find out how!**

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## Specialty Leader Update: Maternal, Infant, and Neonatal Critical Care (1920/1954)

Happy St. Patrick's Day and happy Easter for those who celebrate these holidays and, for everyone else, happy March! There is always a reason to celebrate.

Another important thing to remember and celebrate this month is National Patient Safety Awareness Week, which is recognized from 13-19 March. The theme for 2016 is "United in Safety," showing that everyone in the health care process plays a role in delivering safe care. For those working in the maternal-child realm, whether antepartum, postpartum, labor and delivery, or the various levels of NICUs and nurseries, we should all be acutely aware of the part we play in keeping our vulnerable populations of patients safe. Everyone should take the opportunity to be a part of their command's safety week and share their stories of making a difference in a process, policy, or performance improvement process that has improved patient safety.

Here at Naval Hospital Camp Lejeune, two PI projects that have been implemented with success are the post-partum hemorrhage reduction process (which went out Military Health System wide) and a project to help prevent parental infant drops while inpatient. Safety doesn't have to be system-wide though to make a difference. Cleaning up that spill in a patient room or answering a call bell quickly for a new mom who wants to get out of bed for the 1st time with assistance can make a huge impact for that individual patient to prevent a patient fall or injury.

Since it has been six months since my last chance to submit to the *Nurse Corps News*, I wanted to take the opportunity to again congratulate our newest DUINS selectees. For the 1920 Community this is the 1st group of students who

will be able to complete their master's in Nursing Education, which will continue to allow them a pathway to receive a master's level certification. Unfortunately, the Maternal-Child or Perinatal CNS Degrees have gone by the wayside as there is no longer a CNS certification exam for those degrees. Those selected from the 1920 community this year are: **LCDR Arvella Case**, **LT Kayla Hennen**, **LT Sondra Jolly**, and **LT Roberta Orozco**. For the 1964 community, it is the 2nd year of having members selected for their NNP/DNP, which affords them the ability to function in both the role of a CNS and a NNP if the commands wish them to fulfill that role. The 1964 selectees this year are: **LT Desirae Pierce** and **LT Kierstin Hays**. Congratulations to all who applied and good luck to this year's applicants in advance!

I want to give a plug for our new milSuite sites also. The 1920 and 1964 CNSs have done an outstanding job getting these sites up and running on milSuite. Please take the opportunity to log-in if you haven't yet, take the time to browse the Nurse Corps site, and then follow or bookmark that page as well as the community pages. We are going to try to add more standardized content so that each command has a resource of best practices and evidence-based nursing to pull from in regards to maternal-child and neonatal policies and topics. Shout out to **LT Brock** for designing and getting the 1964 site up and running and **LCDR Colleen Blosser** with assists from **LCDR Liz Drake** and **LCDR Eileen Scott** for getting the 1920 site up.

I know the Zika virus is on everyone's minds now and all over the news. We will make sure we upload the most up to date information to the community sites. Right now



**CDR Jason Layton**

the info is in the monitoring and eradication stages. As communities we need to start planning to care for moms and infants who end up with this disease. Will we see a spike eventually in neonatal sequelae from Zika? I obviously hope not here in the United States, but only time will tell. When we travel to other countries on our humanitarian deployments, I would bet we will be seeing more of these affected infants at our medical sites.

We are working on some big structural changes for the 1920 and the 1964 communities, which will be relayed if and when they take effect. Please stay tuned on milSuite as well as with the listserv for any updates.

Finally, I would like to end recognizing another "holiday." March 30th is National Doctors' Day. Please take the opportunity to thank your Obstetricians, Neonatologists, Gynecologists, Pediatricians, and Family Practice Physicians for the excellent care they also provide to our maternal and neonatal patients every day.



## Specialty Leader Update: Psychiatric Nursing (1930/1973)



**CDR Pamela Herbig Wall**

Welcome from the Psychiatric and Mental health community. With this issue, LCDR Lopez and I would like to focus on two of the programs led by psychiatric nursing that are foundational to the wellbeing of our service members: the Naval Center for Combat & Operational Stress Control and the Doctor of Nursing Practice program at the Uniformed Services University of Health Sciences.

First, the Naval Center for Combat & Operational Stress Control's (NCCOSC) mission is to improve the psychological health of sailors and marines through comprehensive programs that educate service members, decrease stigma, build resilience, aid research, and promote best practices in the treatment of combat and operational stress injuries. Led by deputy director and psychiatric CNS CDR Jean Fisak, the staff co-facilitated a train-the-trainer course for the Caregiver Operational Stress Control (CgOSC) program at Naval Medical Center San Diego from 25-28 January. CgOSC is designed to foster resilience, develop support-

ive work environments for caregivers, and engage caregivers in early help to maintain mission and personal readiness. CgOSC is currently in its second year of implementation, and plans are underway to make up to 170 instructor trainers at six Navy medicine sites in 2016. "The professionalism and passion exhibited by these facilitators is exactly what we at NCCOSC hoped for when we designed this program. We all look forward to seeing the positive impact of CgOSC throughout Navy medicine; as caregivers, when we learn to care for ourselves as well, we ensure that we are always ready to carry out the mission and care for our Sailors and Marines," said CDR Fisak.

Next, we would like to introduce the Psychiatric Mental Health Nurse Practitioner Program at USUHS, the most comprehensive and challenging psychiatric mental health nurse practitioner (PMHNP) program in the country. The Doctor of Nursing Practice (DNP) program at Daniel K. Inouye Graduate School of Nursing transforms graduate students to clinical experts after three years of intense educational and clinical training. During their journey, students are guided and mentored by PMHNP faculty members, including **LCDR Eric Pauli**, who bring a wealth of experience to the learning process with distinguished backgrounds in the Army, Navy, Air Force, and civilian sector. With multiple deployments and advanced degrees from various prestigious universities, these faculty members have hand crafted a curriculum that is second to none in preparing graduate students to become outstanding clinicians and effec-

tive leaders within the military healthcare system. Clinical training is conducted at military and veteran facilities across the country with Navy students completing their final year or Phase II centered at Portsmouth Naval Medical Center. The goal of the program is to fully prepare students for independent practice as a mental health provider upon graduation, completing over 1,700 clinical hours. USUHS offers many unique educational opportunities including: intimate lectures with Surgeons General and Nursing Corps Chiefs, visits to Capitol Hill and the White House, clinical assignments at sister service facilities, simulation events at the USUHS SIM Center, and Operation Bushmaster. Additionally, inter-professional education and collaboration is intertwined throughout the program with PMHNP students sharing courses with medical students, psychology students, and other graduate nursing programs to help prepare them to effectively work within a team environment. With the rigorous requirements of the program, it should be no surprise that the ANCC board certification pass rate is 100%.



LT Patricia Smith (DNP Student) and LCDR Eric Pauli (PMHNP Faculty)



## Nurse Corps Fellow: milSuite

It is hard to believe that six months have passed since the last time I was able to address our community. Gratefully, the past six months have been exciting and productive in the realm of communication. In August, I briefly touched on the capabilities of milSuite to leverage our communication efforts and why a busy Navy Nurse would choose to sign-up for another “great idea” when we have NKO. I will take the liberties in this article to further expound and hopefully excite the skeptics to finally get onboard.

**The Why:** milSuite is a dynamic social media platform for all of DoD personnel to leverage communication efforts, improve practice, and network with individuals outside of one’s usual sphere.

**The What:** milSuite provides the capability for dialogue, wide dissemination of best-practices, mentorship, and much more through various venues including videos, blogs, podcasts, discussions, and document postings. The capability to house and push-out information remains (note: this was the only capability of NKO).

**The Who:** You. MilSuite is only as good as the content posted and engaged participants. Navy Nurse Corps Leadership and the Strategic Communication Team are making every effort to provide the information you need and want in the most expeditious manner. The ability to collaborate on information posted makes

it all the more useful. If a LTJG in Guam has a clinical question with the potential for wide impact, that individual could reach out on milSuite and create a discussion that would have wide visibility and subsequently generate a comprehensive answer. If a Navy Nurse Researcher has new knowledge that will benefit Senior Nurse Executives and clinical nurses at the bedside, that individual can provide the findings and implications of this knowledge quickly and also have the capability to respond to questions in a transparent manner.

In July we had roughly 150 followers to the Navy Nurse Corps page. At the writing of this article, we have 740 followers. I am confident that we will double that number before August and ensure that every Navy Nurse has access to this valuable information. If you have not logged on and connected, here are a few things you’ve missed:

- (1). Traditional and nontraditional assignments.
- (2). Leadership opportunities.
- (3). The Lineal List.
- (4). Tri-Service Nursing Research Program Newsletter.
- and (5) Hot off the Press EHR information.

As the Strategic Communication Team continues developing this platform, be on the lookout for ALL of the Nurse Corps Specialty Groups to be connected to the main site. Thank you for the continued feedback and questions. We are listening and



**LCDR Melissa Troncoso**

we value what YOU have to say. Onward and Upward!

**Click here to join the Nurse Corps on milSuite.** Once on the page, click “Join this Group.”

**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:**

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**Nurses:  
Do you have a question for the Admiral?**

**Post your question to  
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for an opportunity to  
“Ask the Admiral”**



## What is Clinical Informatics?



### LCDR James Tessier

In today's healthcare there are three entities at play in every patient encounter. There are patients with their healthcare needs, schedules, and support systems. There are clinicians with their clinical expertise, supporting facilities, and staff. Finally there is healthcare data with all of its value, importance, and baggage. I mention baggage in jest, but what I mean to draw attention to is that for all the effort that is placed in improving the patient-clinician relationship, there is only a fraction of that effort spent on fostering both parties' relationship with healthcare data. Today we store these data in disparate systems that communicate poorly with each other and at times are secured to the point of being practically unusable. Access to the data is also often restricted to use through clunky applications, interfaces, and devices. This in turn causes patients and clinicians to change their interaction to fit the needs of the system rather than the system being built to complement the patient-clinician relationship and facilitate getting the data to the right people at the right time in order to effect the best possible outcomes.

Clinical Informatics is a discipline that has arisen over the past few decades. In 1999 and in 2001, the U.S. Institute of Medicine (IOM) released two landmark reports named *To Err is Human: Building a Safer Health System* and *Crossing the Quality Chasm*. In these two reports IOM pointed out, among many other things, that short comings in regard to patient safety and quality care were often a result of clinicians and patients either not effectively communicating with each other or that vital information required for patient care was not available to the right people at the right time. These reports, as well as emergence of various different electronic health records (EHR) systems, eventually led to the Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act of 2009. This law mandates the use of health information technology (HIT) in order to enforce meaningful use of interoperable EHRs and bridge the communication gap between patients, clinicians, and their data in order to improve patient outcomes.

To support this next evolution of healthcare, there is a need for clinical informaticists. These individuals are half computer systems analysts and half clinicians. From the systems analyst perspective, they analyze the patient/clinician/data relationship and map out workflow, assist with business process reengineering, find the right touch points in the workflow for technology and help choose the correct solution. They also focus on transitions of data throughout the healthcare encounter and help solve problems

that restrict or prevent the effective flow of healthcare data to those who need it most. From the clinician side, informaticists understand the relationships between the involved parties. They are also users of the system and have first-hand experience working within the patient/clinician/data relationship. In other words, they know the pain, they are passionate about fixing it, and have the tools in order to make it happen. Clinical informaticists are the liaison between the HIT community and clinicians. They walk on both sides of the line and help bridge the gap between the two.

There is a critical need for nurses to step up to fill roles as clinical informaticists. Nurses are by far the highest volume users of EHRs and must have a say in how these systems are designed and implemented. Nurses are on the receiving end of these systems and know first-hand the ramifications of errors and poorly designed systems that require more time focused on workarounds rather than on delivery of high quality patient care. Nursing input is vital to continual EHR configuration, content, and protocol development. Nurse informaticists help drive better outcomes, support high reliability, reduce costs, and strengthen the symbiotic relationship between patients, clinicians, and healthcare data.

For further information, look for the monthly Navy Clinical Informatics Newsletter, follow DOD-EHR on milSuite, or [e-mail me](#).





## NMCP: Go Green Team!

Naval Medical Center Portsmouth's Main Operating Room (MOR) Green Team has done it! They saved \$1 million dollars during their 2015 year-long recycling initiative. The Green Team, under the guidance and motivation of **LT Sarah Rogers** and **HM2 Sutarto Soeng**, raised awareness and involvement throughout the 17-room surgical suite to "reduce, reuse, and recycle" – the principle strategies for going green.<sup>1</sup>

The Association of Perioperative Nurses' position statement for Environmental Responsibility quotes Florence Nightingale: "No amount of medical knowledge will lessen the accountability of nurses to do what nurses do, that is, manage the environment to promote positive life processes."<sup>2(p2)</sup> Taking this statement to heart, along with the knowledge that the operating room generates 20-30% of a hospital's total waste in volume, the Green Team worked diligently

and tirelessly to decrease its environmental impact. In turn, that yielded a significant cost savings.<sup>1</sup>

The MOR teamed up with two companies, Recycling Disposal Solutions and Stryker Sustainability Solutions, in January 2015, to implement and expand a recycling program focused on reducing the amount of waste being sent to landfills and to identify methods to decrease purchase prices. Color-coded bins were placed throughout the surgical suite and training provided to all staff on proper segregation of items for recycle and reprocessing. The items added to the recycle program include trocars, laparoscopic harmonic and ligasure hand-pieces, suction irrigators, electrocautery dispersive pads, and pencils. Through the efforts of the 19-membered Green Team, the program has grown to include the Ambulatory Surgery Center, Plastic Surgery, Oral and Maxillofacial Clinics, and the Labor & Delivery Unit. The savings are listed to the right. Bravo Zulu, Green Team!



### CDR Melissa Farino

Item Description	Weight Savings	Cost Savings
Rigid Plastic and White	558,740	\$167,622
Blue Wrap	8,310	\$2,493
Stryker Sustainability	16,373	\$4,913
Device Purchase Sav-	N/A	\$829,127
<b>Totals:</b>	<b>583,423</b>	<b>\$1,004,155</b>

### References:

1. Savers, S. Going green in the OR brings financial, environmental gains. *OR Manager*. June 2011; 27(6):1-5.
2. Standards of perioperative nursing. In: perioperative Standards and Recommended Practices. Denver, CO: AORN, Inc; 2014:3-18.



### NMCP MOR Green Team and DSS Leadership

**Front Row:** CDR William Wiegmann, HN Lorene Shelley, HN Taylor Leidlein, HN Nicholas Hetzel, HN Jordan Cruz, and CDR Melissa Farino (DH). **Back Row:** HN Frank Vasquez, HM3 Warren Wilson, HN Harold Weinrich, HM2 Sutarto Soeng, HN Kevin Kershner, Dr. Robert Ricca (DSS), and LT Sarah Rogers. **Not Pictured:** HM2 Edna Wallace, HM3 Tyler Duncan, HN Anthony Reederbarron, HN Chanel Alston, HM3 Celso Chipanablas, HN Ronald Delizo, HM3 Andrew Keen, HN Aaron Kilroy, HM3 Paul Onyemah, and HN Nicholas Vigrants.



## Calling All Writers! Call for Nurse Corps News Editors



**LT Edward Spiezio-Runyon**

The time has come for LT Eric Banker and me to pass the torch on our editing work at the *Nurse Corps News*. It's been an exciting and eventful time, full of a great many changes within the Nurse Corps — with much more to come!

The *Nurse Corps News* will need a new set of editors, with an enthusiastic interest to work closely with the top leaders within the corps in order to bring you the most up to date information on a timely basis.

Qualifications for this Navy-wide collateral duty include:

- Strong writing and editing abilities.

- Strong communications and organizational skills.
- Working knowledge of Microsoft Word.
- Working knowledge of Microsoft Publisher.

Please submit the following documentation **to the Nurse Corps News by 31MAR:**

- Letter of intent.
- Endorsement of your SNE/DNS.
- Curriculum vitae.

Please feel free to **contact me** with any questions.

## Happy Birthday to Our Sister Corps!

The Navy Nurse Corps and the *Nurse Corps News* want to take the opportunity to wish our sister corps a very happy birthday.

On 02 February 1901, the **Army Nurse Corps** became a permanent corps of the Medical Department. From their humble beginnings, Army nurses have served faithfully, grown, and risen through the ranks to serve as Surgeon General of the Army. Happy 115th birthday, Army Nurse Corps!

On 03 March 1871, Congress established the **Navy Medical Corps** as an official staff corps.

Over their history, members of

the Medical Corps have made remarkable achievements and innovation in naval medicine and have made their mark on military and civilian healthcare around the globe. They pioneered the development of wire-basket stretchers to improve close confine patient transport (an innovation which is still in use more than 100 years later), developed an underwater habitat called SEALAB to study the effects of stresses on undersea sailors, and have more recently implemented Forward Resuscitative Surgery Systems on the battlefield which have saved countless lives. Happy 145th birthday to the Navy Medical Corps!



In 1901, these nurses were stationed at the Army Hospital in Iliolo, Philippines.

(photo courtesy of the **U.S. Army Medical Department**)

## Bravo Zulu!

### Certification:

- **LCDR Arturo Alvarado**, from U.S. Naval Hospital Okinawa, earned the Adult-Gerontology Clinical Nurse Specialist (ACCNS-AG) certification.

### Fair Winds...

LCDR Daniel McRae

