



# Nurse Corps News

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### **SPECIAL NOTE:**

*We would like to include more articles on deployments. If you have been recently deployed and want to share your experience and/or offer helpful hints on how to prepare for deployments, please share your story. Once approved by your chain of command, please e-mail the article to NC News editor, LCDR Harlow*

## Naval Hospital Camp LeJeune Nurse Recruiting and Retention

Navy Nurses at Naval Hospital Camp LeJeune kicked off an initiative, in collaboration with HMCS (FMF) Terry Anderson from Navy Recruiting District Raleigh, to support Nurse Corps recruiting efforts. East Carolina University School of Nursing (ECU) provided the opportunity for Navy Nurses to share their stories and discuss their varied career paths. The recruiting team addressed more than one hundred Bachelor in Science (BSN) students in September. CDR Angela Gardner and CDR Brad Buchanan, NH Camp LeJeune Recruiting and Retention Team Leaders, spoke with students to address their questions and concerns.

During the visit to ECU, LT Alicia Weissgerber and LT Sheila Almendras-Flaherty shared their personal stories, experiences and reasons they chose to make Navy Nursing a life-long career. Their participation in this event helped raise awareness about Navy Nursing and the opportunities and benefits afforded to nurses in the military. According to HMCS Anderson, the visit by the nurses was a tremendous help because “they provided their real-life Navy testimonials”.

The senior nursing students were provided the opportunity to ask questions and interact with the team. The Naval Hospital Camp LeJeune nurses were impressed with the number of students interested in the nursing profession and genuinely interested in the Navy Nurse Corps. “Sharing real world experiences very much personalizes the concept of being a Navy Nurse. The students see that we are generalists, advanced practice nurses, male, female, single and married, single moms and even grandmothers. They develop an understanding that Navy Nursing is truly multi-faceted and the opportunities for continued education and service (from hospitals, to ships, to service with the Marines) offer both a unique and rewarding experience,” said Gardner. Team members LCDR Catherine McNeal-Jones, LT Anne Ashton, LT Lee Huss, ENS Ada Dee and ENS Terry Brown made three follow-on visits. As a result of these collective efforts, six highly motivated students were recruited and plan on serving as Navy Nurses.



Nurse Corps recruiting and retention at Naval Hospital LeJeune make a positive impact in the Carolinas'. (Left to right) CDR Brad Buchanan, LCDR Catherine McNeal-Jones, LT Alicia Weissgerber, LT Anne Ashton, ENS Terry Brown, LT Sheila Almendras-Flaherty, CDR Angela Gardner, ENS Ada Dee and LT Lee Huss (not pictured)

## Naval Hospital Camp LeJeune Nurse Recruiting and Retention Team (cont'd)

In late October, CDR Brad Buchanan accompanied Senior Chief Anderson to the University of North Carolina, Wilmington . They attended a career fair which provided information for senior college students preparing to enter the job market. “Actively engaging our present day students ensures the future successes of our Navy Nurse Corps and Navy Medicine. We have the opportunity to personally and professionally impact those students in a very positive manner. I cannot think of anything more important,” said Buchanan.

By interacting directly with nursing students, CDR Buchanan and HMCS Anderson were able to bring four potential Direct Accession nurses into the recruiting pipeline. Senior Chief Anderson and the Naval Hospital Nurse Recruiting and Retention Team continue to strive to recruit the best and brightest and will continue their collaborative efforts throughout Eastern North Carolina.

CDR Angela Gardner, NC, USN and LT Sheila Almendras-Flaherty, NC, USN

## FY 09 Supplemental DUINS Board Selects

On behalf of RADM Bruzek-Kohler and RDML Dullea, it is my pleasure to announce the FY09 DUINS Selects. This 2nd FY09 DUINS Board was a competitive process and marks a huge career milestone in an officer's career. This is also the first year that we have selected a Reserve Component Nurse Corps Officer to attend school and recall to the Active Component.

I would also like to thank the Senior Nurse Executives and the entire chain of command of those selected. You helped these officers by believing in them, encouraging them to submit a package, and then coaching them every step of the way. Thanks also go out to CAPT Biggs and Ms. Thomas, the Specialty Leaders, and the Detailers for your counseling and guidance...it made a HUGE difference. Thank you for a Job Well Done!!



Attachment

CAPT Kathleen Pierce, NC, USN

Deputy Director Navy Nurse Corps

## Naval Hospital Corps School Updates Training Program

In July 2008, during the Nurse Corps' VTC, Naval Hospital Corps School (NHCS) had the opportunity to present updates on the Hospitalman A School training program. Changes were based on a multitude of reasons to include student, staff and commands' feedback. Surveys were sent to commands and returned to NHCS for tabulation and action. A majority of these surveys indicated that supervisors are “Satisfied” to “Very Satisfied” with the overall basic skills and abilities of the new HMs.

NHCS goal is to produce an apprentice level HM. An apprentice is someone who is still learning a trade or occupation, a beginner. An apprentice of any specialty will need follow-on and workplace specific training. Once this is understood, the junior Nurse Corps officer can carry out one of their most important responsibilities: to train the HM. Some of our more common comments from the surveys are listed and discussed below:

1. *Self Study/Electronic Learning*: NHCS has done away with self lead/self paced learning for the majority of the students. We continue to use a Blended Learning theory. In the Computer Resource Centers (CRCs), the students can study the materials taught in a classroom setting on a military created computer program - the Hospital Corpsman Interactive Course (HMIC). This computer/lab learning gives the students the “best of both worlds.” One student may be an excellent auditory learner whilst another is an excellent visual learner. Students also have access to NKO. This is not intended to take place of traditional learning, but to give the students every opportunity to learn by hearing, seeing, and then doing. Innovation and technology integration is bringing NHCS to the forefront of Navy education.



## Hospital Corpsman Post Graduate Surveys

2. *Why can't HM's do "fill in the blank" (ABG's, cardiac monitoring, sutures, toenail removal, etc)?* NHCS presents a basic apprentice level training for our Hospital Corpsmen. There are many medical skills practiced in limited areas that are not detailed in our training. Our entire training can be found on NKO. Sickcall screener courses, intensive care courses and various other workplace-specific orientation courses should address these issues.

3. *PYXIS/CHCS/AHLTA:* These systems are governed by the workplace and current job. Not all clinics/MTFs have a PYXIS and the set up per workplace requires the user to do a 20 minute training at sign up. The Navy has training contracts for initial AHLTA training for all newly reporting individuals geared towards their specific workspace and job description. NHCS discusses the general purpose of AHLTA but leaves the details for the contracted personnel to train for the specific job/workplace.

4. *Venipuncture and IV aren't taught/aren't taught well, aren't taught enough:* Venipuncture and Intravenous Care and Insertion are taught in detail both in the academic and laboratory setting. The Intravenous Care and Insertion course has 9 hours of didactic and 8.5 hours of laboratory practice/testing. The Venipuncture course encompasses 2.5 hours didactic (preceded by a 4 hour specimen lecture) and 5 hours of laboratory practice/testing. Students practice on Sim-Man and test on humans. In the clinical rotation, students have the opportunity to perform both IV and venipuncture. Both topics are included in the Hospital Corpsman Skills Basic Program (HMSB) competencies which is required for all Corpsmen upon reporting to their first command as addressed in BUMEDINST 1510.23B.

5. *PT too much/too little:* All students are afforded time to PT after and before class as well as scheduled PT during the schoolday. Student surveys relayed complaints and compliments in almost equal comparison to too much and too little PT. Students are weighed in and do mock PRTs here, but according to the PRT instruction students cannot perform a graded PRT due to length of instruction.

In addition to the introduction of using the Blended Theory, another big change has been the restructure of academics to the team concept. Previously, classes had been divided by first and second deck with a HMCS overseeing day to day administration. This encompassed up to 12 classrooms and 28 instructors per deck. Officers oversaw labs with 5 HMs. Although this worked, there were areas to be improved in communication, follow up and back up for instructors. The team concept transition placed a Division LCPO and a Division Officer with oversight to 4-5 classrooms and one lab space with a total of 12 - 16 instructors. The Division Officer and Chief are able to back fill when instructors cannot teach due to illness, military classes, ceremonies, or scheduled engagements outside the schoolhouse. They also take on any subject the main instructor feels he or she does not have an expertise in. In addition to teaching, they perform general administrative duties for the classes to ensure the new HMs get the most expansive and accurate education possible.

NHCS staff strives to make the finest apprentice level Hospital Corpsman possible. NHCS appreciate the feedback from the field. The more comments NHCS receives, the more accurate and comprehensive view we receive of the new HM.

LT Eric Kulhan, RN, MSHSA

Division Officer Naval Hospital Corps School



# Bravo Zulu!



## **BZ to the following at Naval Hospital Rota who passed their national certification exams.**

Maternal Newborn Nursing (RNC-MNN): LT Suzanne Maldarelli, LT Terri Jandron, LT Claudine Walker, LT Lori Cooper, LT Jessica Fisher, LTJG Annette Hemphill

Neonatal Intensive Care Nursing (RNC-NIC): LT Matthew Nedelman, Inpatient Obstetrics (RNC-OB) LT Lisa Steiner.

## **BZ to the following at National Naval Medical Center who recently passed their certification exams:**

Medical Surgical (RN-BC): LT Cassandra Leate, LT Tara Kobberdahl.

Certified Medical-Surgical RN (CMSRN): LTJG Jeremy Ray, LTJG Crystal Bathon, LTJG Gabrielle Crane, LTJG Brandi Epperson, Ms. Perry Johns.

Oncology Certified Nurse (OCN): LTJG Susan Carl, LTJG Lilly Greenwood, LTJG Keith Gilchrist who also certified as a Certified Hospice and Palliative Nurse (CHPN).

Adult Clinical Nurse Specialist-Board Certified (ACNS-BC): LT Ryan Telford.

Clinical Nurse Specialist-Psychiatry (CNS-Psychiatry): LT Mark Lynch.

Certified Forensic Nurse (CFN): LT Linda Huber.

Inpatient Obstetrics (RNC-OB): Ms. Susan Heidemann, Ms. Debbe Milstead.

International Board of Lactation Consultant Examiners (IBLCE): Ms. Cheree Hill.

Certified Ambulatory Perianesthesia Nurse (CPAN): LT Kellie Kline.

Certified Emergency Nurse (CEN): LT Evangeleine Eckert.

Certified Nurse Operating Room (CNOR): LT Melissa Alexander, LT Paulo Hernandez, LT Christopher McComb, LT Meredith McGuffey, LT Floyd Robinson, LT Cassandra Sanders, LT Alfonza Willis, ENS Farzan Nobbee.

Certified Critical Care RN (CCRN): LT David J. McIntire, LTJG Benjamin Hoshour, LTJG Holly Johnson who also certified as a Certified Neuroscience RN (CNRN).

Certified Registered Nurse Anesthetist (CRNA) LT John Daniels, LT Jason Litchfield, LT Nancy Powell.

## **BZ to the following Nurse Cops Officers selected for the Perioperative 101 Nurse Training Program.**

LT Bryan L. Repil, USNH Guam. LTJG Karen K. Lindsay, NH Camp Lejeune. LTJG Lina Yecpot, NH Camp Pendleton. LTJG Anthony J. Demesa, NMC San Diego. LTJG Jeffery Nash, NMC San Diego. LTJG Ireneo Reus, NMC San Diego. LTJG John P. Ruppe, NMC San Diego. LTJG Tommie Birge, NMC Portsmouth. LTJG David L. Churchman, NMC Portsmouth. LTJG Regina R. Leassear, NMC Portsmouth.



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The Active duty O-4 Staff selection board convenes May 12th and the Reserve O-4 Staff board convenes on June 10th.

Want to write a news article for Nurse Corps News?

Submit your article via your chain of command to:

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