



# Nurse Corps News

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December 2014

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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: Holidays

Season's Greetings to you and yours! May your celebrations and reflections be joyful and refreshing. In 2014 Navy Nurses continued to lead and contribute in numerous settings and on numerous strategic issues and there is much to celebrate.

The Nurse Corps' voice is strong at the leadership table as Officer in Charge, Senior Nurse Executive, Executive Officer, and Commanding Officer. The organizational knowledge, teamwork, and ability to navigate new territories by those participating in the Defense Health Agency initiatives are particularly impressive. In academic and clinical settings, Nurse Corps Officers are committed to advancing the professional knowledge and competency of others while our researcher colleagues advance our overall knowledge and competencies. Finally and most importantly, from the operational setting to our MTFs and clinics, Navy Nurses provide hands on nursing care to those we are so privileged to serve – providing care that is full of compassion and exceptional competency.

I am grateful for any opportunity to visit with Navy Nurses on their "home" turf. I learn so much from these visits. I see the great work of Navy Nurses; I learn about their personal hopes, dreams and aspirations; and

the questions and comments presented to me are incredibly insightful and thought provoking. I wish space permitted a review of all the great nurses I met at Naval Hospital Camp Pendleton, Naval Medical Center Portsmouth, Naval Hospital Pensacola, at the Naval War College here in San Antonio, where I am now stationed with Navy Medicine Education and Training Command, and most especially at Officer Development Center in Newport, RI. Visits with our newest Shipmates are especially invigorating. The visits provide tangible evidence of our corps' strength, our diversity, and the amazing opportunities that exist to excel in varied and challenging assignments.

In September, Active and Reserve Component senior nurse leaders gathered in Washington, DC, for our "Strategic Planning Business Meeting." We strengthened the Nurse Corps' alignment to Navy Medicine's Strategic Plan by adopting its Strategic Goals as ours and then developing objectives to support goal achievement. Earlier this month the goal team leaders and champions shared their first updates with RDML Alvarado and me. Their great progress left me grinning from ear to ear. It is an exciting, optimistic time to be a Nurse Corps Officer. I encourage you to review these



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

strategic efforts via MilSuite and monitor progress in reaching key milestones.

I thank you for your dedication to caring, compassion and commitment as a Navy Nurse. I thank you also for the love and support you provide to one another. At this time of year and throughout the year, I wish this to be a Nurse Corps trademark. I wish you a holiday season full of joy and happiness and ask that you keep those deployed from home or in need in your thoughts and prayers.

Let the New Year begin!



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## Reserve Corner: Season's Greetings and Merry Christmas to All Navy Nurses



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

It is the time of year that we count our blessings and reflect on all the positive aspects of the previous year. It has been a little over one year since I began my tour as the Deputy Director of the Nurse Corps, Reserve Component. It is important for me to take a moment to reflect on this incredible experience and the tremendous honor it has been to be your advocate. I am truly humbled to be called to serve and for the privilege of being part of the Navy Nurse Corps family. We are all very blessed to be able to

touch and improve the lives of so many in our commands.

Most of all, I am grateful for each and every one of you. Thank you so very much for choosing to share your gifts with us, your dedication to our mission and your commitment to be better tomorrow than we are today.

May I also extend my sincerest thanks to everyone mobilized around the world, and here in the USA, for your strength and courage and the sacrifices that you have given from the moment you answered the call and left the safety and comfort of

your home and family.

Those of us here at home take special pride in your service and recognize that you represent us all. We remember you on this holiday and hold you in a special place in our hearts. I hope you find comfort and joy during this holiday season and opportunities to create special memories with the military family with whom you are deployed. But most of all may God bless you all and keep you safe.

Happy Holidays! Stay safe, healthy and enjoy the blessings of the Season.

## NC Policy and Practice: Redesignation

The Nurse Corps (NC) Specialty Redesignation Policy was developed for Active Duty NC officers who have obtained advanced degrees in clinical specialties outside the Duty Under Instruction (DUINS) program or have completed approved dual degrees while attending DUINS and upon completion of a utilization tour in the specialty for which they were selected, desire to work in the specialty of their second advanced degree. Members will submit an application for redesignation into the specialty for which they are qualified and, if approved for redesignation, the applicant's primary SSC will be changed to reflect the approved specialty and will be detailed accordingly for the next and subsequent assignments.

**FY-15 Approved Specialties are:**  
- **Family Nurse Practitioner (1976)**

- **Pediatric Nurse Practitioner (1974)**  
- **Certified Nurse Midwife (1981)**

Eligibility requirements for all applicants:

- Must be a commissioned Nurse Corps officer in the active component (AC).
- Must meet height/weight and physical fitness requirements.
- Must be world-wide assignable and willing to accept world-wide assignments and deployments in the requested specialty.
- Must be within 12-18 months of PRD.
- Must not have any adverse personnel or administrative action(s) pending or in effect.
- Must have completed obligated service for RN-ISP.

Applications should be submitted electronically to **CAPT Kristen Atterbury**, NC Policy and Practice. All applications and supporting documents must be received

by 31 January 2015 and include the following:

- Name, rank, corps, last four digits of the SSN, business address, work/home/cell telephone numbers, and work e-mail address.
- Endorsement from Director Nursing Service/Senior Nurse Executive.
- A brief motivational statement regarding the applicant's desire for redesignation into and potential contribution to the requested specialty.
- Copy of master's degree, specialty certification, and license (as required by specialty).
- Copy of Officer Summary Record (OSR).
- Copy of Performance Summary Record (PSR).
- Copy of PRIMS Member Report PFA listing.
- Copies of fitness reports covering the last 5 years (or all fitness reports if < 5 years AD).

Application packages must be complete at the time



**Kristen Atterbury**  
CAPT, NC, USN

of submission. An Administrative Redesignation Board consisting of Senior NC officers will convene in February 2015. NC officers approved for redesignation will be detailed into their new specialty upon PCS.



## Welcoming Our New Reserve Corps Specialty Leaders



**Irene Weaver**  
CAPT, NC, USN

I'm excited to welcome our two newest Reserve NC Specialty Leaders to the Specialty Community!

### Operational Specialty Leader

LCDR Michael Couvillon was just selected to become the new Operational Specialty Leader for the RC NC. He currently serves as the Senior Nurse Executive for the Marine- Program 9- Nurse Corps Officers with the 4th Medical Battalion and has been in this role for the last three years.

LCDR Couvillon has extensive Operational experience which include two Iraq missions – one in 2006 as the Assistant Battalion Surgeon for Task Force MP in Camp Fallujah and a second mission in the role as the Senior Medical Officer for Special Purpose Marine Air-Ground Task Force 13-13 from March 2013 to Feb 2014. He served as Assistant Officer in Charge for two OCONUS and one CONUS AT and as Officer in Charge for one large scale OCONUS AT evolution with the Marines.

LCDR Couvillon holds an MSN as an Acute Nurse Practitioner in his civilian position, but holds a 1960 subspecialty code within the Navy Reserve. His AQDs include that of a trained En Route Care nurse. LCDR Couvillon will be a great asset as the operational specialty leader!

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### ER/Trauma Specialty Leader

CDR Elizabeth Bundt was selected in October 2014, as the new ER/Trauma Specialty Leader. For the past year CDR Bundt has held the acting role of ER/Trauma Specialty Leader due to the

deployment of CDR Eric Peterson. She has 18 years of experience as an ER/Trauma nurse working both in a military and civilian environment. CDR Bundt was deployed to Iraq in 2007 as a Joint Theater Trauma System Coordinator. Her current role in the Reserve is that of Deputy for Medical Readiness (N9) with OHSU Bremerton. Previous roles within Navy Reserve Medicine include that of Training Officer and as a Site Liaison for Golden Mustang.

CDR Bundt holds a Post-Master's Certificate as an FNP and an MSN as an ER CNS. CDR Bundt will be a great asset to the ER/Trauma Specialty leader position.

A welcoming of two new members means that two members are leaving these positions. I would like to thank both CDR Peterson and CDR Beasley for their awesome jobs as Specialty Leaders.

A Bravo Zulu goes out to CDR Peterson for his tenure as the ER/Trauma Specialty Leader position for the last three years. He was a great resource, both here and while deployed, to all of the ER/Trauma nurses within Navy Reserve Medicine. He established a close working relationship with the AC ER/Trauma Specialty Leader, which helped to make enormous inroads into this community. Thank you!

Also a Bravo Zulu goes out to CDR Kevin Beasley for his tenure as the Operational Specialty Leader for the last three years. He was a great resource to those nurses who were being tagged for deployment. He worked closely with the AC Operational Specialty Leader, as well as the SNEs, to establish a standardized procedure for making sure these members were trained and ready for the mission. Thank you!

**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](mailto:NCNewsletter@med.navy.mil)**



## Career Planner Update



**Valerie Morrison**  
CAPT, NC, USN

### Congratulations to the MHS Nursing Leadership Excellence Award Winners!

This year, Dr. Woodson authorized the Military Health System (MHS) Military and Federal Civilian Nursing Leadership Excellence Awards to acknowledge and honor registered nurses who have demonstrated exemplary leadership and skill resulting in noteworthy accomplishments contributing to the improved image and practice of nursing in the MHS, while exhibiting exceptional compassion and commitment to patients, colleagues, and the profession of nursing.

### 2014 Military Nursing Excellence Awardees

- Jr Army: CPT Lynnette

Murray, NC, USA

- Jr Navy: LCDR Eliot Spencer, NC, USN

- Jr PHS: LCDR Angela Zimmerman, NC, USPHS

- Sr MHS: CAPT Kimberly Elenberg, NC, USPHS

### 2014 Civilian Nursing Excellence Awardees

- Jr Army: Ms. Lynda York

- Jr Navy: Ms. Dolores Reyes-Gonzalez

- Sr MHS: Ms. Kathleen Edwards

Over 30 nominations were received from Navy Medicine commands for these awards. Nominations from the Army, Navy, and Public Health Service were reviewed by a joint committee chaired by Ms. Becki Russel, Acting Human Capital Officer, Defense Health Agency, and CAPT Valerie Morrison, Chairperson, DoD Federal Civilian Registered Nurse High Morale Working Group. Winners were recognized during the AMSUS Awards Banquet on Thursday, 4 December 2014.

Congratulations to the Navy nursing Junior Military and Federal Civilian Nursing Award winners – LCDR Eliot Spencer, Walter Reed National Military Medical Center (WRNMMC), and Ms. Dolores Reyes-Gonzalez, Naval Health Clinic (NHC)

Annapolis – as well as the overall Senior Federal Civilian Nursing Award winner, Ms. Kathleen Edwards, Navy Medicine West (NMW).

LCDR Spencer is a Certified Registered Nurse Anesthetist with experience in a variety of demanding assignments, including overseas, a deployment to Afghanistan, and aboard the USS Nimitz (CVN-68). He is currently the Assistant Chief Nurse Anesthetist/Division Officer at WRNMMC. LCDR Spencer has been integral to the Command Credentialing Committee, is a knowledgeable instructor supporting the Nursing Skill Fairs, and a published researcher to name only a few of his outstanding qualities.

Ms. Reyes-Gonzalez is the Head of Disease Management at NHC Annapolis, and is described by her command leadership as having a “can do” spirit and exceptional professionalism. Under her guidance, dashboard metrics for the clinic have risen, with 10 performance metrics exceeding benchmark and improved scores in 14 of 20 individual categories. Named as the Civilian of the Year for FY14, Ms. Reyes-Gonzalez is an active member of Sigma Theta Tau National Nursing Honor Society and the American Society of Public Admin-

istration.

Ms. Kathleen Edwards is a Certified Occupational Health Nurse Specialist, currently serving as the Occupational Medicine Program Manager for Navy Medicine West. She served on the Chief of Naval Operations Occupational Health (OH) Quality Management Board for six years, resulting in establishment of policy, priorities, and enterprise-wide metrics for DoN public health. Her expertise led to the development of an OH Medical Case Management Protocol that resulted in \$500K reduction in Workers' Compensation costs for just one command. Ms. Edwards is an active member of the Association of Occupational Health Nurses, and her continued advocacy for professional certification resulted in a 25% increase of certified OH nurses within NMW over five years.

Finally, congratulations to all the wonderful candidates nominated for these prestigious awards! The Navy nursing team is an exceptional team because of the incredible talent demonstrated by these individuals. Bravo Zulu, all!

## Congratulations to the MHS Nursing Leadership Award Nominees!

- CDR Susanne Blankenbaker  
- CAPT Shirley Bowens  
- CDR Carol Burroughs  
- LCDR Tamera Corson  
- CDR Joseph Desamero  
- CDR Fleming French  
- CDR Michelle French  
- LT Leyanna Gerbich  
- LCDR Paulo Hernandez  
- LCDR Heather Kirk  
- LCDR Cassandra Leate  
- LCDR Jacqueline Lopez  
- CDR Kathy McCall  
- LT Nikki Pritchard  
- LT Ashley Robertson

NH Rota  
WRNMMC  
FBCH  
FBCH  
WRNMMC  
NH Rota  
NH Twentynine Palms  
NH Lemoore  
NH Rota  
NH Camp Lejeune  
NMC Portsmouth  
NH Camp Lejeune  
NH Camp Lejeune  
NHC Charleston  
NH Twentynine Palms

- LCDR Shannan Rotruck  
- LCDR Eliot Spencer  
- CDR David Thomas  
- LT TSION Williams  
- GS-12 Katherine Buffell  
- GS-12 Patricia Delaney  
- GS-12 Georgette Dougherty  
- GS-14 Kathleen Edwards  
- GS-12 Dana Frey  
- GS-12 Mary Ellen Hogan  
- GS-11 Dolores Reyes-Gonzalez  
- GS-11 Bella Rugian  
- GS-9 Maria Silvia  
- GS-12 Martin Summerville  
- GS-11 Danette Svobody

WRNMMC  
WRNMMC  
NH Bremerton  
NH Rota  
NH Camp Lejeune  
NHC New England  
NH Camp Lejeune  
NMW  
NMC San Diego  
NH Twentynine Palms  
NHC Annapolis  
NH Lemoore  
NHC New England  
NH Camp Lejeune  
NHC Patuxent River



## Clinical Nurse Specialist Round-Up



### Mary Parker CDR, NC, USN

Clinical Nurse Specialists must be able to articulate and demonstrate their contributions to outcomes, both clinical and economic, and they are especially adept at achieving quality outcomes while balancing cost-containment issues. This is a snapshot of the impressive accomplishments our Navy Clinical Nurse Specialists have achieved.

CDR Jennifer Zicko, ACNS-BC, stationed at Naval Medical Center San Diego (NMCS), prepared a podium and poster presentation at the Tri-Service Nursing Research Program (TSNRP) and Evidence Based Practice (EBP) Dissemination Course in September, "Behavioral Emergency Response Team: Implementation at a Military Treatment Facility." The program was started on a pilot unit in September 2013 and, as of 02 September 2014, is now live on all adult inpatient units at NMCS. The program called "BERT" has effectively decreased staff assault/injuries, security intervention/Code Greens, restraint use, and increased collaboration/support between medical-surgical and inpatient mental health staff. CDR Zicko was also awarded the Certified Clinical Nurse Specialist Award by the American Nurses Credentialing Center (ANCC) this past spring.

LCDR Heather Shattuck, CCNS/ACNP, stationed at Fort Belvoir Community Hospital, implemented the Quick

Look ESI Nurse in the Emergency Department. Less than a month after implementation, her initiative decreased triage wait time from 15 minutes to four, improving overall patient safety and patient satisfaction. In her off-duty time, she reviewed three articles for the Journal of Emergency Nursing and 10 abstracts and poster presentations for the NACNS annual conference.

CDR Richard Lawrence, Perioperative CNS at Camp Pendleton, assumed the duties as West Coast Perioperative Nurse Instructor. The minimum requirements for this highly competitive position include a graduate degree, certification in perioperative nursing, and demonstrated mastery in perioperative nursing theory and technique. The West Coast School offers three 12-week courses annually with up to six students per class, ensuring personalized training for optimal adult learning. CDR Lawrence spent most of 2013 deployed to a Role 3 military hospital (the highest level of care available in theater) in Kandahar, Afghanistan.

LCDR Jesus Crespo-Diaz, formerly a CNS at Walter Reed National Military Medical Center, deployed a new IV start kit that better met clinical practice and user needs. This initiative resulted in a 50% reduction in costs and yearly savings of more than \$275,000 to the facility. Lcdr Crespo-Diaz is now working at Pearl Harbor and is virtually stress-free.

LCDR Patricia D. Butler, DNP, RNC-OB, C-EFM, recently completed a Process Improvement project at Naval Hospital Bremerton entitled "Basic Obstetric Support Skills (B.O.S.S.): An Educational Program to Develop Staff Competency for Basic Obstetric Support in Low-Resource Settings." The project was in partial fulfillment of degree requirements for her Doctorate

of Nursing Practice from the University of Washington, awarded June 2014. Her manuscript is currently pending approval for submission to the Journal of Obstetric, Gynecologic & Neonatal Nursing (JOGNN). She is also precepting a DUINS CNS student from Seattle Pacific University.

LCDR Patrielle R. Johnson, CNS, stationed at Naval Hospital Guam, developed the Latte Stone Nurses' Association's first scholarship for nursing students. The Latte Stone Nurses' Association is Guam's professional nursing association and "latte stone" refers to the pillar supports used by ancient Chamorros, the indigenous peoples of the Marianas Islands. This year the scholarship will be presented on 22 October. Lcdr Johnson was also appointed Regional Trainer for the Neonatal Resuscitation Program.

LCDR Rachel Perry, AG-CNS/CMSRN, stationed at Captain James A. Lovell Federal Health Care Center in North Chicago, reported her capstone project "Prophylactic Use of a Silicone Border Foam Dressing for the Prevention of Sacral Pressure Ulcers in Acute Hip Fracture Patients Requiring Surgical Repair" was accepted for a poster presentation at the Wound Ostomy Continence Nursing (WOCN) conference in June 2014. She also flew with 93 WWII veterans as part of Honor Flight Chicago in July.

LCDR Carol Ellsworth, CNS, stationed at Naval Hospital Camp Lejeune, is an assistant investigator for the research protocol "Preventing Obesity in Military Communities" (POMC) and presented a poster at the Uniformed Services Academy of Family Physicians (USAFP) conference in March in Washington, D.C. She also co-authored the article "Preventing Obesi-

ty in Military Communities (POMC): The Development of a Clinical Trials Research Partnership in Military Training Facilities" published in the International Journal of Environmental Research and Public Health (IJERPH) as part of a special issue on childhood obesity.

Finally, one of the things Clinical Nurse Specialists are taught to do is go beyond the basic question. Many times, staff RNs think rather concretely about errors and near misses, so a good "catch-all question" usually includes asking if anything out of the ordinary occurred during the shift. This resulted in Lcdr Shattuck providing one of the best responses to my query: "Have you done anything out of the ordinary?"

She replied: "On a daily basis... the CNS role is dynamic and everything we do is out of the ordinary when it comes to facility implementation and impact."

As you can see, our Navy Clinical Nurse Specialists are impacting staff and patient safety, improving access to care through decreased waiting times, and educating others which results in high quality, evidence-based nursing care. Additionally, Clinical Nurse Specialists are engaged in research, implementing performance improvement projects, and submitting abstracts, posters, and manuscripts for improving the body of nursing knowledge. All are dedicated to moving Navy nursing forward.



## Navy Medicine Professional Development Center Update



**Mark Copenhaver**  
CAPT, NC, USN

Congratulations to all those recently selected for the FY15-16 DUINS programs! For those of you looking to the future and thinking about applying for DUINS, I will share with you some information about the Board and how to best prepare yourself for success.

The board is held at PERS in Millington, TN. Although DUINS is an administrative board, the proceedings are conducted at the same level as a statutory board for promotion. All records are reviewed in a board room, then briefed and voted upon in the tank. Every participant to include recorders, voting board members, and subject matter experts are sworn in and held to secrecy.

Recorders arrive two days before the board members to ensure all is reviewed and ready. Upon arrival, board members are briefed regarding the DUINS program and begin studying records right away. The entire board process, from start to finish, takes about 4-5 days.

In the board room candidates' application packages and military records

are reviewed by a board member. Briefing points and notes are made on the performance summary report (PSR). Once in the tank, these notes are visible on the PSR as it is projected onto a screen.

Along with the PSR, the candidate's photo is also projected onto an adjacent screen. Depending upon the content, each record takes 30 seconds to a minute to brief, which is immediately followed by all board members voting on that record. With so much hinging on so little time, it is paramount that your package and military performance record be in top shape if you want to be selected.

In general here are the key areas the board looks at when selecting a candidate.

### ACADEMICS

This is a synthesis of GRE, cumulative Undergraduate GPA, science grades, and all graduate level courses accomplished. No one item is considered as the single factor in determining selection unless it is overwhelmingly positive or negative. If your school requires a GRE, it must be a part of your package; otherwise you do not need to submit a GRE score. If a GRE is submitted it will be factored into the review. Submitting a "so-so" GRE score for a program that does not require one is not helpful in getting selected. Completing some graduate level clas-

ses and scoring well is considered a good indicator of future success and reflects well upon you. Consider retaking any core undergraduate classes to eliminate failing scores before submitting your transcripts.

### RECOMMENDATIONS

This includes the Command Endorsement and letters of recommendation (up to three). For CRNA and NP students, one of the letters of recommendation should be from a CRNA or NP. Board members take all submissions into consideration. Letters that are not impactful or offer restrained support will not assist you in being selected. Be sure to read your letters before you place it in your package. Lastly you should practice your self-presentation skills before interviewing with the specialty leader in your chosen field. Specialty leader recommendations are always well read by the board members.

### PERFORMANCE

Your military record is a critical indicator in your chance for selection. Board members review all FITREPs closely. Peer comparison is looked at carefully. Take time to sit down with a Senior Nurse and review your official record. You may access your Officer Summary Record/Performance Summary Record online. When in a competitive rank (LT and above), indi-

viduals who have broken out of the pack on fitness reports (receiving early and must promote marks) generally enjoy greater success.

Your record must be correct and complete. Be sure your photo is up to date and in the correct uniform. Submit corrections or missing documents to PERS for permanent changes. You may submit information with your package to be used in consideration for selection. However, board recorders do not have the editing ability. Therefore, changes/information submitted to the board will not be reflected in your record.

Lastly, a final consideration for success on the board is physical fitness. Previous PRT failures followed by marginal recovery or sustained borderline body composition will not be helpful in your consideration for selection. Being fit is an important element of the total package.

Best of luck to all of you who maybe considering DUINS as the next step in your career.



## FY 2015-2016 DUINS Select List — Congratulations!

### Critical Care Nursing (CNS) 1960

LCDR Eadens, Phonthip M.  
 LCDR Hanhila, Judy O.  
 LT Rosales, Angelica A.  
 LT Sierleja, Kenneth F.  
 LCDR White, Amy C.

### Education and Training Management (3150)

LCDR Damin, Virginia H.  
 LT Fisher, Colleen L.

### Family Nurse Practitioner BSN to DNP 1976

LT Fortunato, Jean A.  
 LT Johnson, Christopher A.  
 LT Roberton, Ashley O.  
 LT Torres, Shadaq  
 LTJG Waddell, Emanuel M.

### Health Care Management 1806 Army Baylor

LCDR Levenson, Jonathan D.

### Joint Commission Fellowship

LCDR Reilly, James M.

### Manpower 3130 (FTIS)

LT Gerbich, Leeyana M.  
 LT Rodriguez, Rebeca S.

### Maternal-Child Nursing (CNS) 1920

LT Aparicio, Amy E.  
 LCDR Louis, Carole N.  
 LT Sikes, Teresa L.

### Medical-Surgical Nursing (CNS) 1910

LT Coronado, Calina M.  
 LT Fahl, Jessica R.  
 LTJG Fleischman, Kaitlin L.  
 LT Kline, Candice N.  
 LT Schuetz, Lauren E.  
 LT West, Candice M.

### Neonatal ICU DNP 1964

LT Harriman, Tiffany L.  
 LTJG Leduff, Lawrence D. III  
 LT Watson, Lashonda A.

### Nurse Anesthesia 1972

LTJG Bond, Jeremiah D.  
 LTJG Bonzo, Brian B.  
 LTJG Bundoc, Eliseo G. Jr.  
 LT Daniels, Stephanie D.  
 LTJG Greene, Sharrod R.  
 LTJG Hartman, Jared L.  
 LT Hutchison, Sean A.  
 LTJG Le, Mien T.  
 LTJG Piel, Cassidy A.  
 LT Proana, Marylou C.  
 LT Roman, Joseph I.  
 LTJG Spiri, Colleen M.  
 LT Tranberg, John W. III  
 LT Wallace, Stephanie E.  
 LT Wilkins, Craig A.  
 LTJG Wooley, Justin

### Nurse Midwifery BSN to DNP 1981

LT Bartholomew, Sunny C.  
 LT Gilliam, Joshua H.  
 LT McKenna, Michelle K.  
 LT Quezada, Renee M.  
 LT Weaver, Meghan L.

### Pediatric Nursing (CNS) 1922

LCDR Clark, Amy R.  
 LTJG Durgin, Megan L.  
 LT Fong, Jasette M.  
 LT Hendricks, Kimberley L.

### Perioperative Nursing (MBA) 1950

LT Hess, Emily S.

### Psych/MH NP BSN to DNP 1973

LTJG Pelton, Mary M.  
 LT Taylor, Adam M.

### Trauma Nursing (CNS) 1945

LT Brannon, Angelina D.  
 LCDR White, Abigale T.

### Alternates

LCDR Cole, Alayna L.  
 LCDR Paone, Stephanie M.  
 LTJG Richards, Ryan D.

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](mailto:NCNewsletter@med.navy.mil)



## Operational Nursing Spotlight: En Route Care and the Joint En Route Care Course



**Carl Goforth**  
CDR, NC, USN

Happy holidays to you and your families. The Operational Community is entering the New Year stronger than ever, with Navy Nurses contributing to national security interests around the globe. As we approach the terminal phases of the 13-years of conflict overseas, it is important to reflect on how far Navy Nursing has come. Pushing surgical capability, utilizing the Forward Resuscitative Surgical System (FRSS) and other small units, far forward of the theater hospitals was a major change compared to how the Navy-Marine Corps team has functioned in the past. Pushing surgical capability for-

ward has undoubtedly improved outcomes, but also generated an unanticipated requirement: safely moving those stabilized, post-surgical patients from an austere Role II unit to a Role III theater hospital.

This led to the development of the Marine Corps En-Route Care System (ERCS) in 2003. The ERCS, composed of Navy nurse corps officers and flight-trained corpsmen personnel assigned to Marine Corps units, have contributed to a historical increase in the overall survival of post-operative Marines and Sailors in Operations IRAQI FREEDOM and ENDURING FREEDOM (OIF/OEF). En Route Care nurses have been attending the [Joint En Route Care Course \(JECC\)](#) since 2005. The JECC mission is to “provide concise, realistic, relevant and current en route trauma transport training to DoD healthcare personnel conducting aeromedical operations during the full spectrum of military operations in rotary wing platforms.”

Before a Navy Nurse can attend JECC, a few prerequisites need to be met. First, the officer

will need an “up-chit” routed through their chain-of-command signifying that their current health status will allow them to be eligible to be air crew. Next, the officer needs to attend one of the Navy’s eight Aviation Survival Training Course (ASTC) locations for “helo egress/dunker” and “supplementary emergency breathing device training.” Once accomplished, the officer is eligible to attend JECC to become an En Route Care nurse.

The JECC training is focused on these key concepts: core aviation medicine; rotary wing-specific aeromedical critical care, hyper-realistic lab experience, simulation and live flight aeromedical experiences, and basic aviation survival training. The training consists of two phases: JECC phase one is distance learning modules consisting of 33.0 hours of basic concepts. JECC phase two is the residence portion held at the U.S. Army School of Aviation Medicine, Fort Rucker, Alabama. Phase two consists of 104 hours of didactic and hands-on training over 10 days. Some of the lectures

include altitude physiology, spatial disorientation and sensory illusions of flight, respiratory management in En Route Care, and advanced invasive monitoring considerations.

When the course is successfully completed, and the ERC nurse assigned to an ERC billet, they become eligible to apply for the 6OE Additional Qualification Designator (AQD). This AQD remains active for three years after the officer successfully completes JECC. Additionally, the Naval Medicine Operational Training Command (NMOTC) has conditionally approved an alternative 3-year recertification of the 6OE AQD via re-attending Second Class Swim and N79 Helo Water Survival Training ([BUMEDNOTE 1500, 27 AUG 2014](#)).

Further information can be found [here](#).





## Specialty Leader Update: Nurse Anesthesia (1972)

The American Association of Nurse Anesthetists (AANA) is the professional association representing nearly 48,000 Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists nationwide. The AANA promulgates education and practice standards and guidelines for the profession. They have recently launched a public awareness campaign to educate key audiences about the role and value of Certified Registered Nurse Anesthetists (CRNAs) in delivering anesthesia care in the U.S. healthcare system of today and well into the future. The name of this campaign is CRNAs: The Future of Anesthesia Care Today.

The campaign's website features information on the cost-effectiveness, education, safety, and accessibility of CRNAs, who were the first recognized anesthesia specialists, dating back to the U.S. Civil War. Website highlights include:

- First-person accounts by CRNAs of their important role in patient care, which can often mean the difference between life and death
- Summaries of recent landmark research studies confirming the safety and value of CRNAs
- Infographics
- Fact sheets
- Much more

Many of you have questions about the role of CRNAs. This website is a wonderful tool to

help health care professionals fully understand the various roles that CRNAs are trained to fill. Please check it out! This website is geared more toward the civilian CRNA, however much of the information presented translates to our role as Navy CRNAs.

For those of you, who think you might be interested in joining our community, please seek out a Navy CRNA as a mentor to help you navigate the DUINS and Uniformed Services University application process. It truly is the best job in the Nurse Corps! Don't hesitate to contact me if I can facilitate your meeting your goal of becoming a CRNA in any way. My email is



**Paul Arp**  
CAPT, NC, USN

[paul.arp@med.navy.mil](mailto:paul.arp@med.navy.mil) and my office number is (757) 953-3241.



## Passing of a Nurse Corps Colleague

It is with deep sadness that the Navy Nurse Corps reports that CAPT Doris Sterner, NC, USN (Ret), the author of *In and Out of Harm's Way* (1996) and Navy Nurse Corps Association (NNCA) Charter member, passed away on 31 Oct 2014.

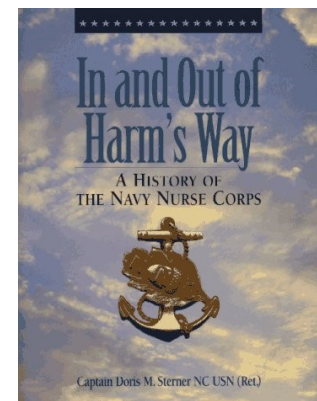
CAPT Sterner was a Navy Nurse for 22 years and began writing her book in 1987 when the NNCA was found-

ed. She did extensive research including conducting interviews, reviewing documents and letters, and soliciting volunteers to help in her efforts. Many Navy Nurse Corps officers own a copy of CAPT Sterner's book and have used it as a reference for years to understand the rich history of nurses in the U.S. Navy.

CAPT Sterner's family is planning a burial at Arlington National

Cemetery in the spring when the cherry blossoms are blooming. Please keep CAPT Sterner's family in your thoughts and prayers.

Annette Beadle  
CAPT, NC, USN  
Deputy Director, Navy  
Nurse Corps (M00C3)  
Bureau of Medicine  
and Surgery



## Mustang Nurse

**David Frey**  
ENS, NC, USN

To most people, a mustang is thought to be a wild, untamed American horse, but the word “mustang” has an alternative meaning to those of us in the military. A Mustang is a military officer who previously served within the enlisted ranks. The history of this term is a bit clouded, but it is believed to have started as a term given to soldiers who earned a battlefield commission or as a naval term for enlisted Sailors who rose from the ranks of enlisted to officer.

There are many military nurses serving our country worldwide; many were enlisted prior to becoming officers in their respective Nurse Corps. Right now approximately 25 percent of active duty Navy nurses previously served as enlisted members. Some join the Nurse Corps ranks via a commissioning program while others discharge from



active duty, attend school, then re-enter the military as nurses. Many military nurses enjoyed successful careers as enlisted Hospital Corpsman, Combat Medics, or Medical Technicians, where they were first introduced to the medical field. Others have come from occupations such as aviation, administration, security, communications, construction, intelligence, engineering, and even infantry or combat systems.

So what drives an enlist-

***“There is no honor greater than to be called ‘Mustang.’ You have long epitomized the warrior virtues of courage, devotion to duty, sacrifice, and imaginative leadership.”***

**- General Alfred M. Gray, USMC  
29th Commandant of the Marine Corps**

ed service member with an already successful career to become a Nurse Corps officer? Although pay and benefits increase with a commission, I have found that the prospect of serving those who serve is the real attraction and becoming a military nurse takes the concept of service to a higher level. Our patients make sacrifices every day – not only the active duty patients but also family members who are uprooted from their social networks, separated from loved ones, and relocated to foreign countries. Our military families must

still continue to work, keep their house in order, and attend school despite the added stress of deployments and frequent relocations. It is both empowering and humbling to care for our military community!

Mustang nurses bring a broad skill set and depth of leadership experience to nursing. Many mustangs have deployed numerous



for commissioning and reliving that moment through others is invigorating. I have yet to meet a mustang nurse who was not only willing but excited to provide guidance and share wisdom with those following the “yellow brick road” to a commission in the Nurse Corps.

By embracing the diversity that prior-enlisted officers bring to the Nurse Corps, the military is able to create camaraderie between patients and caregivers that extends beyond the bedside. Not to mention, it is pretty cool to work on a unit with nurses who have experience with automatic weapons, combat tactics, submarine warfare, and helicopter operations!

times before attending nursing school; some have combat experience and others have provided critically needed support during humanitarian missions or rescue operations. It is interesting to meet fellow mustangs and hear of their enlisted experiences and stories of becoming a nurse.

The best part about being a mustang, however, is the experience of mentoring enlisted members who have their sights set on becoming a nurse. It is hard to describe the excitement one feels upon being selected



## New Email Address for Retirement Letter Requests

Due to the ongoing email migrations to the mail.mil domain, the email address for Retirement Letter Requests has changed. Prior to migration anyone requesting retirement letters/certificates emailed [NAVMEDRetirementLetterRequests@med.navy.mil](mailto:NAVMEDRetirementLetterRequests@med.navy.mil).

That email has now changed to [usn.ncr.bumedfchva.list.NAVMEDRetirementLetterRequests@mail.mil](mailto:usn.ncr.bumedfchva.list.NAVMEDRetirementLetterRequests@mail.mil).

Anyone emailing the med.navy.mil address should receive an automated reply with the new mail.mil ad-



# Happy Holidays from Navy Nurses Around the World!



**Nurse Corps Detailers**



**LCDR Aron Bowlin, CAPT Brenda Davis, CDR Evelyn Tyler, CDR Laura McMullen**





Happy Holidays from  
Navy Recruiting Command



# Holiday Cheer from...



Naval Health Clinic Cherry Point Nurses



Pictured (l - r): CAPT Nancy Condon (Director of Nursing), LCDR William Baker (Director of Surgical Services), LTJG Jodie Bedard (Emergency Room), LT Lanae Hickman-EI (Multi-Service Ward), LTJG Anna Beaman (Multi-Service Ward), LTJG Cynthia Kempf (Multi-Service Ward), LTJG Samira Duarte (Home Health), LCDR Jeremy Venske (Operating Room), Jozy Smarth (Case Management), CDR James Morris (Head, Home Health), LTJG Jeremy Lightner (Multi-Service Ward), LT Rachel Bawroski (Multi-Service Ward), LCDR Aaron Myers (Director of Clinical Support Services), LCDR Meedeessa Livingston (Family Nurse Practitioner), LTJG Charity Rudmann (Multi-Service Ward), LT Chad Smith (Multi-Service Ward), Tyler Hinton (Primary Care Clinic), LT James Carter (Multi-Service Ward), and LCDR Amanda Schaffeld (Head, Multi-Service Ward). December 2014





# Happy Holidays!



From Naval Health Clinic New England Nurses





**Naval Hospital Jacksonville**



**Joint Base San Antonio**

“Greetings from San Antonio, Texas! Navy Nurses Past and Present gathered to celebrate the holiday season and our common roots as Navy Nurses. It was a great event!”

RADM Rebecca McCormick-Boyle, CAPT Jamie Hammer, CDR Shari Kennedy, CAPT Patricia Craddock (Ret), Konstance Mackie (Ret), CDR Fran Slonski, CDR Erin Robertson,

LT Jason Caldwell, LT Katie Betts, CAPT Lori Frank (Ret), Brenda Tobey (Ret), CDR Bob Morrison (Ret), LCDR Mary Phillips, CDR Diane Hite, Charlotte Koch (Ret), LT Stacy Swindells, Linda Hearin (Ret), Tom Myers (Ret), Randy Boston (Ret), CDR Julie Woodruff (Ret), CAPT Barney Barendse (Ret), and CAPT Denise Smith.





### Role 3 Kandahar LIMA Rotation

**Seated on floor (L-R):** LT Jared Levisen (ED/Trauma), LTJG Brian Dunn (ICU), LT Angelica Rosales (ICU), and LT Luis Carrera (Department Head - ED/Trauma).

**Seated on couch and chair (L-R):** LT Antony Hopson (OR), LCDR Maria Noel (Patient Movement Element), LT Khalifah Glover (ICU), LT Laurie Jensen (ICU), LTJG Ashley Cox (ICU), and LT Dianna O'Donnell (ED/Trauma).

**Standing (L-R):** LT Christopher Van Pelt (ED/Trauma), LT Ann Maltby (ICU), LTJG Jon Russe (ED/Trauma), LT Kara McDowell (ICU), LT Ashley Weimer (ICU), LT Francis Nguyen (ICU), LTJG Shawn Price (ICU), LT Thomas Kaster (OR) CAPT Susan Perry Tye (Director Nursing Services), LCDR(s) Ann Borys (ICU), CDR Amy Salzsieder (Department Head - ICU/PME), and LT Melanie Muma (ED/Trauma).

**Not pictured:** LCDR Darlene Lao (Department Head - OR).

#### DNS/SNEs:

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

Contact us to find out how!

[NCNewsletter@med.navy.mil](mailto:NCNewsletter@med.navy.mil)

#### Nurses:

Do you have a question for the Admiral?

Post your question to  
[NCNewsletter@med.navy.mil](mailto:NCNewsletter@med.navy.mil)  
 for an opportunity to  
 Ask the Admiral





## Bravo Zulu!



### Certifications:

- LT Nguyet Allbaugh at Naval Hospital Bremerton earned the Certified Ambulatory Perianesthesia Nurse (CAPA) certification.
- LCDR Glenn "Pete" Bradford at Naval Medical Center San Diego earned the Perioperative Nurse (CNOR) certification.
- LT Cheryl Castro at Naval Hospital Camp Pendleton earned the Certified Nurse-Midwife (CNM) certification.
- LCDR Dean Hawkins at Naval Hospital Camp Lejeune earned the Certified Nurse-Midwife (CNM) certification.
- LTJG Jacob Holland at Naval Medical Center San Diego earned the Perioperative Nurse (CNOR) certification.
- LTJG Lauren Honeycutt at Walter Reed National Military Medical Center earned the Medical-Surgical Registered Nurse (RN-BC) certification.
- LCDR Ann Iannitto at Naval Hospital Yokosuka earned the Certified Nurse-Midwife (CNM) certification.
- LT Laurie Jensen (RC) at Operational Health Support Unit Bremerton, currently deployed to Role 3, earned the Critical Care Registered Nurse (CCRN) and Post Anesthesia Nurse (CPAN) certifications. Bravo Zulu!
- LT Aaron Johnson at Naval Medical Center San Diego earned the Perioperative Nurse (CNOR) certification.
- LCDR Lisa Kumagai (RC) at Operational Health Support Unit Naval Hospital Camp Pendleton earned the Critical Care Registered Nurse (CCRN) and the Cardiac Vascular Nursing (RN-BC) certifications. Bravo Zulu!
- LTJG Tiffany Lerch at Naval Medical Center Portsmouth earned the Certified Emergency Nurse (CEN) certification.
- LT Yvonne Marengo at Naval Hospital Camp Lejeune earned the Certified Lactation Consultant (CLC) certification.
- LT Kathryn Morris at Naval Medical Center San Diego earned the Perioperative Nurse (CNOR) certification.
- LTJG Katherine Myers at Walter Reed National Military Medical Center earned the Oncology Certified Nurse (OCN) certification.
- LT Jessica Naranjo at Naval Medical Center San Diego earned the Perioperative Nurse (CNOR) certification.
- LT Karen Sanchez at Naval Hospital Twentynine Palms earned the Certified Nurse-Midwife (CNM) certification.
- LTJG Heidi Schreckenbach at Naval Medical Center Portsmouth earned the Certified Emergency Nurse (CEN) certification.
- LT Joseph Shannon at Naval Medical Center San Diego earned the Perioperative Nurse (CNOR) certification.
- LT Lisa Umpa at Naval Medical Center San Diego earned the Medical-Surgical Registered Nurse (RN-BC) certification.
- LT Ryan Walter at Naval Hospital Guam earned the Certified Pediatric Nurse (CPN) certification.
- LT Nevin Yazici at Naval Hospital Guam earned the Medical-Surgical Registered Nurse (RN-BC) certification.
- LT Jennifer Zeigler at Naval Hospital Guam earned the Certification in Wound Care (WCC) from the National Alliance of Wound Care and Ostomy.

### Education (Non-DUINS):

- LCDR Tod Hazlett at Naval Hospital Yokosuka obtained a Masters in Informatics from the University of Phoenix.
- LT Arlinda Weeks (RC) at Operational Health Support Unit Bremerton obtained a Master of Business Administration in Nursing Administration with emphasis in Healthcare Administration from the University of Phoenix.
- LT Peggy Wolstein (RC) at Operational Health Support Unit Bremerton obtained a Masters of Science in Nursing in Psychiatric Mental Health Nurse Practitioner and achieved board certification.

### Awards:

- LTJG Eliot Spencer, a CRNA at Walter Reed National Military Medical Center, was selected for the 2014 Military Health System Military Nursing Excellence Award in the Junior Navy Officer category. He was presented the award at a ceremony held at the 2014 Association of Military Surgeons of the United States (AMSUS) Conference. Well done!

### Fair Winds and Following Seas...

- |                              |                                     |
|------------------------------|-------------------------------------|
| - CAPT Cheryl Wanda Blanzola | - LCDR Richard A. Myers             |
| - LCDR Tamara Sue Braghieri  | - LCDR Christian Rinze Pronk        |
| - LCDR Gloria Calderon       | - LCDR Robert R. Rood               |
| - CDR Martin Keith Defant    | - LCDR Luis A. Rodriguez            |
| - LT Roger A. Espinosa       | - LCDR Eleanor P. Stewart-Garbrecht |
| - CDR Rebecca Ann Malara     | - CDR Gayle L. Walker               |
| - CDR David Scott Markell    | - CDR Christine Marie Ward          |

Receive 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](mailto:NCNewsletter@med.navy.mil)

