Nurse Corps News

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Director's Corner: Jointness

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

"Jointness" describes the cooperation and integration among military services on a variety of issues, from research to procurement to operations. A critical mission success factor, jointness enables flexible leadership and increases overall organizational effectiveness; it helps to create a whole that is greater than the sum of its parts. Jointness is as important to the Military Health System (MHS), Navy Medicine, and the Nurse Corps as it is to line operators. It is also as important in the traditional hospital setting as it is in the operational setting.

Navy Nurses are actively engaged in joint efforts. CAPT Valerie Morrison, along with other Corps Career Planners, participates on Navy Medicine's J2 goal team. The group is examining the knowledge, skills and abilities (KSAs) needed to succeed in the joint environment. KSA development, along with increased knowledge of joint positions, will help us to develop new career tracks and to mentor those interested in pursuing them.

In alignment with Navy Medicine's "Jointness" Goal, the Nurse Corps has a "Strategic Partnerships" objective. The Strategic Partnership team is exploring opportunities for increasing interoperability among and between Federal Nursing services. Building upon a professional nursing practice that serves as our common core, we collaborate, coordinate, and integrate. The results include a broadened understanding of other community cultures, improved patient care, and a strengthened, more unified voice for nursing in the rapidly changing national health care and Military Health System environments.

World-wide there are Navy Nurses embracing jointness and launching deck plate initiatives. Those who have deployed undoubtedly worked within a joint environment. Uniformed Services University alumni trained alongside sister service members. In the National Capital Area there is significant integration and collaboration with Army and Air Force nurses, medics, and LPNs. In Hawaii, Navy Nurses work periodically at Tripler Army Medical Center in order to maintain clinical competency. And at Great Lakes and other locations, joint efforts with the Veteran's Administration showcase seamless, high quality care for active duty members, veterans, and dependents.

In the District of Columbia, the Nurse Corps is a member of the Federal Nursing Service Council (FNSC) along with the Army, Air Force, Public Health Services, Uniformed Services University, American Red Cross, and Veteran's Affairs. The FNSC represents several hundred thousand nurses and can be a strong voice for the nursing profession nationally. FNSC initiatives include (1) articulating federal nurse support of nursing education as preceptors to student nurses in our facilities, (2) evaluating opportunities to create a standardized curriculum to increase training opportunities for basic behavioral health nursing skills, and (3) analyzing the roles and utilization of Clinical Nurse Specialists in the federal sector.

I am proud of the Nurse Corps's involvement in and accomplishments with jointness. The MHS's pursuit of High Reliability Organization (HRO) status mandates that we drive efficiency, reduce variance, and stream line processes to achieve exceptional quality. Jointness will be key to our success as an HRO and I am confident Navy Nurses will continue to be jointness exemplars.

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Reserve Corner: Joint Officer Development

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

On 01 October 2012, the Navy Surgeon General, Vice Admiral Matthew Nathan, released his strategy map for the future of Navy Medicine. Readiness, value, and jointness were the three clear priorities laid out for Navy Medicine in the plan titled "Navy Medicine: Charted Course." The Nurse Corps then further developed specific objectives that directly support these three goal areas, which were worked on and released to all Navy nurses for implementation. This month I want to focus on the goal of jointness and how it relates to specific skills development for Navy Reserve Nurses and its relevancy for our future force.

Reserve Component (RC) nurses have a number of opportunities to gain hands on skills through joint mission support. These Reserve-specific operational missions have been covered in prior newsletter articles, however it is important to highlight that since 2009 we have mobilized over 689 nurses in support of a variety of joint active duty missions, with some members having multiple deployments. Currently RC nurses provide support to three major missions in Kandahar, Guantanamo Bay, and the Horn of Africa. The joint mission with the US Army at Landstuhl Regional Medical Center was supported by a Navy Reserve Expeditionary Medical Unit (NEMU) every year since 2006. We recently stood down this Navy unit by holding a ceremony to recognize the many Reservists who deployed there. Those Nurse Corps Officers who have completed these periodic deployment assignments accrue joint credit in accordance with the criteria outlined in the Department of Defense Instruction 1300.19, enclosure (13). Periodic assignments that include other joint training exercises can also be credited towards the Joint Qualified Officer (JQO). It would be well worthwhile for every officer, junior and senior, to obtain a copy of this instruction to become educated on this program, as well as aspire to becoming a Joint Qualified Officer. A "Joint Qualified Officer" is an officer who is educated, trained, and experienced in joint matters. As a component of the Goldwater-Nichols Act of 1986, requirements for commissioned officers to become educated and experienced in joint matters was recognized. "The Joint Qualifying System (JQS) provides a structure that recognizes the expeditionary and inherently joint nature of how military forces operate in the 21st century." This statement is further delineated in The Navy Reserve: Almanac 2014 and the June 2014 publication, which clearly provide a joint qualification matrix outlining pathways on how to earn credit for the Joint Qualification Officer Additional Qualification Designator (JQO-AQD).

In addition to deployments, many of the Nation's humanitarian missions are joint, such as U.S. military support in the aftermath of the earthquake in Haiti in 2010. While I was serving in Haiti, our Navy unit was berthed on a base operated by the Louisiana National Guard and our clinic was protected by United Nations forces from Argentina. Deployment is not the ideal time to come face to face for the first time with joint or allied forces. It is far better for nurses to familiarize themselves and gain joint education and skill prior to facing the stress of operational exercise or deployment.

In addition to clinical experience in a joint environment, there are a number of online didactic educational programs. The Joint Medical Executive Skills Institute is sponsored by the US Army and offers a multitude of courses. Joint Professional Military Education (JPME) is offered by several services, including the US Navy War College. Phase I, for junior officers, and Phase II, for senior officers, can be completed through special online courses for Navy Reservists offered by the College of Distance Education. Successful completion of course work can result in graduate level credit, a diploma, or a Master of Arts Degree in National Security and Strategic Studies Degree.

All Reserve nurses are encouraged to pursue joint educational and operational experiences as a priority and should add this important goal to their personal career development plan. Joint education… it's all a part of being Ready to answer the call and another reason why you are not just a Nurse, you are a Navy Nurse!

Ask the Admiral

What is Navy Medicine's responsibility with regards to the recent MHS Review?

The Secretary of Defense mandated a thorough review of the Military Health System (MHS) and the results of that review were published this month with areas of improvement identified that will move the MHS from an average/acceptable system to a preeminent health care system. Three areas were identified that need attention: Access to Care, Quality of Care, and Patient Safety. Within 30-90 days, action plans will need to be put in place to address these three areas that will move the MHS to a "High Reliability Organization." The lead on these action plans is the M5 code at the Bureau of Medicine and Surgery. There is obviously a very aggressive timeline for identifying outliers, developing action plans, and engaging key stakeholders to include the Regions and the MTFs.

Specific to the Nurse Corps, I would argue that our Strategic Objectives for FY15 serve these efforts nicely. Our three main objectives of Clinical Excellence, Professional Excellence, and Strategic Partnerships and our two enabling objectives of Strategic Communication and Workforce all support efforts to evaluate and improve access, quality/patient satisfaction, and patient safety.

Directors: Want to share your command's nursing holiday photos? Send them in! Deadline for submission is the 15th.

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Specialty Leader Update: Critical Care Nursing (1960)

Navy critical care nurses answer the call to serve. On very short notice 10 critical care nurses from commands throughout Navy medicine joined a team of physicians and nurses from the Army and Air Force at Brooke Army Medical Center, Fort Sam Houston, Texas, to complete a 30 member Medical Support Team (MST). The team was created at the request of the US Department of Health and Human Services to combat and contain Ebola at US civilian hospitals. Their training included lectures about the Ebola virus, caring for infectious patients, and specifically, how to properly don and doff Personal Protective Equipment (PPE).

The team remains on a 24/7 recall status and must be ready to respond within 72 hours of notification in the event a patient diagnosed with Ebola is admitted to a hospital that does not routinely care for highly infectious patients or have the manpower or facilities to do so safely. Recently, a call to build a second MST was released, and again, critical care nurses eagerly volunteered.

Naval Medical Center Portsmouth is in the spotlight for the great amount of preparation completed to receive any highly infectious patient. A new Special Precautions Unit (SPU) was created in 30 days. The SPU required the construction of semi-permanent walls to limit access and isolate such patients. The negative pressure and ventilation systems were reconfigured, a space for a laboratory equipped with a vented hood to process specimens was added, and a decontamination area for staff was created. Supplies and equipment were acquired to care for these high acuity patients independently of all other areas in the facility.

Critical care nurses led the initiative to train physicians, corpsman, nurses and ancillary personnel in the use PPE up to Tier III isolation. Two care teams were established and alternate call. The SPU is prepared to care for patients for up to 21 days. In addition to the material preparation, Standing Operating Procedures (SOP), competencies, and protocols were developed. Working collaboratively with all departments, policy was implemented to cover patients from point of entry, throughout their hospitalization to discharge. In addition, policies were developed to manage and dispose of the large volumes of regulated and bio-hazardous medical waste produced.

Eddie Lopez
CDR, NC, USN

Specialty Leader Update: Education and Training (3150/1903)

Christopher Pratt
CAPT, NC, USN

Greetings from the 3150/1903 Education and Training Community! Many thanks to all the folks who manage training courses, academic programs, staff development departments, and support our school houses. Your hard work in meeting the training needs for Navy Medicine is essential in maintaining a ready force!

Recent developments in new technology are bringing greater emphasis on the Education and Training Community. Navy Medicine's first enterprise wide Learning Management System (LMS) has recently been fielded through a contract with Swank Healthcare. The Education and Training Community has been striving for some time to provide accurate training compliance metrics with a high degree of confidence to the individual, the chain of command, the region, and headquarters. The use of home-grown solutions and facility-purchased technologies has led to an unnecessary expenditure of financial and human resources in an attempt to better manage these gaps in business operations. Our community is heavily vested in the successful roll out and use of this new technology to support Navy Medicine.

There are well over 200 regulatory individual training requirements for Navy Medicine personnel and dozens more local-based training requirements. The process of communicating organizational/local based training requirements, identifying target training groups, delivering standardized content, documenting training completion, and tracking/reporting on compliance is laden with complexities and non-standard practices. The use of multiple data platforms, redundant processes, inconsistent procedures, and data ambiguity contributes to a fragmented and inefficient approach to learning management for the enterprise.

Ultimately, BUMED's decision to implement the Swank Health LMS will provide Navy Medicine a cost-effective and efficient platform to ensure accuracy in assigning, communicating, delivering, tracking, and reporting enterprise-wide training requirements. The goal to implement individualized development plans in the LMS will provide the means to align both enterprise and local level training requirements to specific jobs/billets/duties. This will allow our community to better identify, track, and report training readiness to the granular level. The use of an automated Human Resource Data Feed from DMHRSi will ensure staff members are populated into the LMS without the need for manual data entry of registrations or updates. Plans for a bi-directional feed to FLTMPS from Swank Healthcare will ensure optimal interface and training data sharing with the Navy Electronic Training Jacket and Navy ELearning.

All this new capability will require members of the 3150/1903 Community to be engaged in optimizing this new technology to support their respective commands. The return on the investment of time and money into this effort will make our jobs much more relevant in assisting our customers in meeting mandated training requirements. Eventually, our role could evolve into supporting rapid authoring of online training, accessing/sharing greater variety of continuing education, and more accurately defining local based training requirements. Through the use of the enterprise LMS, we could be key in quantifying the training burden on our staff and assisting the enterprise in eliminating unnecessary or repetitious training. Our expertise in staff development will be essential in assisting the enterprise to optimize the use of the new LMS.

It's a great time to be a member of the Education and Training Community of Practice!

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

Naval Health Clinic New England Holds First DAISY Award Ceremony

Kathy MacKnight
NHCNE Public Affairs

NHCNE held its first DAISY Award Ceremony on 18 September to pay tribute to extraordinary nursing team members throughout their organization. The DAISY Foundation was established in 2000 by the family of Patrick Barnes who died at 33 years of age from complications from idiopathic thrombocytopenia. DAISY is an acronym for Diseases Attacking the Immune System. The family of Pat Barnes was repeatedly impressed by the clinical care that Pat received and the Barnes family believes that nurses are the unsung heroes of our society and deserve more recognition. Today there are over 1,732 healthcare facilities internationally committed to honoring their nurses with the DAISY Award and over 30,000 nurses have been recognized for their extraordinary care.

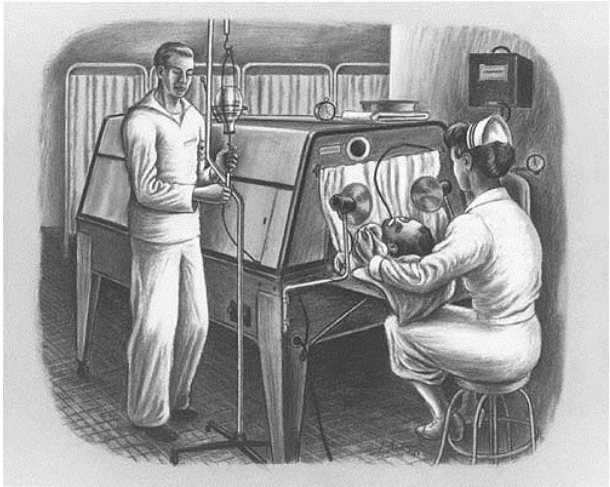
Nursing has a long history of presenting graduating nurses with a pin that is unique to their nursing school. The nurses pin marks a student's entry into the profession and symbolizes the honor of graduating into a profession of service to others. The nurses pin has come to represent the professional history and heritage that is inherent to the nurses' identity. In commemoration of this long standing nursing tradition, the DAISY Foundation created a pin that can be worn on the lapel or ID badge. The nominees received a DAISY pin and a certificate which read: "In deep appreciation of all you do, who you are, and the incredibly meaningful difference you make in the lives of so many people."

CAPT Rosemary Perdue, the NHCNE Director of Health Services, worked for over a year to bring the DAISY Program to NHCNE after seeing its impact at Walter Reed National Military Medical Center, Bethesda. Ms. Janet Silvestri, Regional Program Director for The DAISY Foundation, was in attendance for the clinic's first DAISY Award Ceremony and presentations.

NHCNE's DAISY Awards Committee received 22 nominations during July, August, and September. These individuals were nominated by patients, family members, and colleagues for their compassion and care, advocacy, commitment, mentorship, and professionalism.

NHCNE Newport's nominees are: HN Omar Rodas, RN Mary Silvia, RN Donna Riess, HM3 Caleb Bryant, HN Desiree Roberts and HN Bianca Rodriguez. The NHCNE September DAISY Award recipient is RN Mary Silvia from Medical Home Port. In addition to the pin and certificate, Ms. Silvia received a sculpture entitled "A Healer's Touch," which was hand carved for the DAISY Foundation by artists of the Shona Tribe in Zimbabwe. Healers are greatly respected in the eyes of the Shona people and are considered treasures. The statue represents the relationship nurses have with their patients. Congratulations to all of the NHCNE DAISY nominees!

Nurse Corps Legacy



"As this Navy patient's temperature rises to between 105 and 106.5 degrees, the nurses wipes the perspiration from his reddening face, while a fan cools his head. This treatment is used for venereal and certain other diseases. A hospital corpsman takes measures to replace the salt and water lost by perspiration during the treatment."

- **Fever Therapy Cabinet**, Carlos Anderson (1943)
(*courtesy Naval History & Heritage Command*)

Regional SNE Update: Navy Medicine East

Norman Charboneau
CAPT, NC, USN

It is the time of the year where there is a plethora of holidays bestowed upon us to enjoy with family and friends as 2014 draws to a close. Although I have been in the Regional Senior Nurse Executive chair for the last six months, it seems like just yesterday I was driving up John Paul Jones Circle to begin my next adventure at Navy Medicine East (NME). Many events have taken place during this short span of time. I would like to take a moment and reflect on special events during the past year.

The Joint Commission was busy this year surveying several hospitals and clinics in the Navy Medicine East region. They began in January with Naval Hospital Jacksonville and marched through the year visiting Naval Health Clinic Cherry Point, Naval Hospital Rota, and Naval Hospital Camp LeJeune. They all came through with flying colors. BRAVO ZULU!

There are several Patient Centered Medical Home (PCMH) clinics in the NME region that will be paving the way for others to follow in recertification of their National Committee of Quality Assurance (NCQA) Level 3 accreditation. NCQA's accreditation is considered the industry's gold standard for PCMH clinics. The standardized accreditation process is constantly fine-tuned to keep pace with the changing healthcare environment. NCQA standards are demanding and encourage continuous enhancement of a clinic's quality and value.

The hospital and clinics applying for recertification are NH Pensacola (six clinics), NHC Quantico (two clinics), NHC Charleston (one clinic), and NMC Portsmouth (one clinic). NBHC Dahlgren has submitted for its initial Level 3 accreditation. NH Pensacola – NBHC Gulfport Sea Bee Fleet Centered Medical Home (FCMH), Primary Care Clinic is the first FCMH to attempt this level of certification.

Next year, NH Beaufort, NH Camp Lejeune, NH Naples, NH Pensacola, NH Rota, NH Sigonella, NHC Cherry Point, NHC Corpus Christi, NHC New England, NMC Portsmouth will have clinics recertifying using the new NCQA 2014 standards. There will be fewer standards to provide documentation for, but those standards will be more involved. Web based training is ongoing to prepare the clinics for this arduous task.

This is not a small endeavor in obtaining certification or recertification. By achieving Level 3 accreditation, the clinics demonstrate their level of commitment to quality and accountability in patient care. Participation in a NCQA recognition program validates that the practice or clinician values quality health care delivery and the latest clinical protocols to ensure patients receive the best care at the right time. NCQA Recognition Programs empower employers, patients, and consumers to make informed health care decisions based on quality. PCMHs can lead to higher quality care and lower costs, and can improve patients' and providers' experience of care.

I would like to thank everyone for their support during my short time in the office. I look forward to the challenges that the New Year will bring. Have a safe and wonderful holiday season.

Nurse Corps Legacy
Esther Voorhees Hasson
1st Superintendent of the Navy Nurse Corps

Esther V. Hasson was born in Baltimore, MD, on 20 September 1867. She graduated from the Connecticut Training School for Nurses in 1897. In 1898, during the Spanish-American War, Miss Hasson became a contract nurse with the Army, subsequently serving on the hospital ship *Relief* and in the Philippines. She left the Army in 1901. In 1905-07, she served as a nurse in Panama.

When the Navy Nurse Corps was established in 1908, Miss Hasson became its first Superintendent, taking the oath of office on 18 August 1908. Under her leadership, 19 additional nurses were recruited and trained for Naval service during 1908. The Nurse Corps had grown to 85 trained nurses by the time Miss Hasson resigned as Superintendent in January 1911.

In 1917 Esther Hasson became an Army Reserve Nurse. She served in Europe during the First World War and into 1919, including duty as Chief Nurse of two Army base hospitals, and left active service in 1919. Chief Nurse Esther V. Hasson died in Washington, D.C., on 8 March 1942.

Regional SNE Update: Navy Medicine West

Navy Medicine is asked to adapt to many different environments as we care for our patients. With new and ongoing fiscal constraints, we must adapt to a new landscape that includes innovations in care delivery. Navy Medicine began a journey re-scoping services at many of our military treatment facilities (MTF) in every location nurses have played a key role.

Within Navy Medicine West, several smaller MTFs were dramatically impacted. The nursing impacts ranged from conversion of an Emergency Room to an Urgent Care Clinic, to complete closure of inpatient services. In each case nurses adapted and pushed forward. At Naval Hospital Bremerton, new staffing models were adopted allowing for patients to be better monitored with fewer nursing staff. Naval Hospital Oak Harbor took on the challenge of Labor and Delivery staff circulating for Cesarean Deliveries and converted to a hybrid birthing center. Arguably the facility with the most dramatic change, and serving as an illustration of the complexity of these evolutions, was Naval Hospital Lemoore, which transitioned from an inpatient facility to a stand-alone surgical center while preserving patient continuity through community partnerships. The leader of this transition, CAPT Deborah Roy, describes the challenges and successes of that process below.

Naval Hospital Lemoore was tasked to close inpatient services, close the Urgent Care Clinic, expand ambulatory surgical services, move OB services to an external resource sharing agreement (ERSA), expand Medical Home Port, and implement a Fleet Centered Medical Home in our outlying operational clinic. Major transitions like this require active involvement by multiple stakeholders and specialties working together and in parallel. Nurses led and bridged many of the changes at NHL!

Key to NHL's success were the communication and education with patients and coordination with new and existing civilian and Veterans Administration partners. These roles included:

- Coordinating surgical scheduling at civilian ERSA hospital.
- Providing patient education on the new processes with our civilian partners.
- Coordinating care between NHL and our civilian partners.
- Recapturing patients seen in the local Emergency Department due to the loss of the Urgent Care Clinic.
- Coordinating with local Emergency Department to receive "face pages" to follow up patients seen there.
- Referral management with civilian and VA partners to recapture and expand surgical cases.
- Facility closure of the maternal infant unit to include staff close-outs, equipment supply redistribution/accountability, archiving all SOPs and protocols for future reference (i.e., for quality assurance and risk management).
- Revising all Ambulatory Procedure Unit (APU) SOPs, protocols, and instruction updates.
- Re-tooling the NOD duty to provide information desk support for "walk in" patients looking for Urgent Care.
- Approving Nurse Protocols for Walk in Patients.

In addition to new procedures and processes, nurses were integral in updating ongoing practices such as template/ schedule management with fewer providers while expanding access to care, Nurse Advice Line management, Customer Service challenges related to beneficiary expectations, and transitioning our call center into clinic booking only.

Throughout this process NHL has met or exceeded all of the productivity and quality metrics measured, to include a successful Joint Commission Survey shortly after the facility conversion.

The re-scoping of services generated significant cost savings, resulted in personnel resources allocated to locations with higher demand, and improved our ability to maintain perishable clinical skills. During this process the nursing staff throughout the region maintained a steady focus on safe, quality clinical care.

Jay Chambers
CAPT, NC, USN

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

Contact us to find out how!

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Checking in with the Navy's Newest Flight Nurses

Navy Flight Nursing first evolved in the 1940s and has been an integral part of Joint Aeromedical Evacuation operations for decades. The Navy Flight Nursing community is among the smallest in the Nurse Corps, but a necessary component to joint patient movement operations. Navy Flight Nurses have years of experience in Critical Care and Emergency Medicine. Their clinical expertise is vital to both mission planning and execution.

LT Ashley Flynn and LTJG Michael Kaiser are the newest members of the Navy Flight Nursing community. Both graduated from USAF School of Aerospace Medicine at Wright-Patterson AFB, OH, in August of 2014. LT Flynn is assigned to Naval Support Facility, Diego Garcia, and LTJG Kaiser is assigned to USTRANSCOM – Scott AFB, IL.

Every year I have been in the Navy, I have done a completely different job. No year is like the last year. After five years in, and five different jobs, my assignment in Diego Garcia has been the most unique. I applied for an Operational Assignment in 2013 and was selected to fill the billet. I knew it was a flight nurse assignment, but I wasn't sure what that really meant. I talked with several people who had been stationed out there (a few of them former flight nurses) and the consensus was clear: "Best duty station in the Navy." I was pumped! But first, I would have to go through three weeks of SERE, two days of Water Survival, four weeks of Air Force Flight Nurse school, and two and a half weeks of hands-on training at Kadena AFB.

I had just returned home from deployment in Africa six weeks prior to living out of my suitcases for this extended pipeline. I didn't have time to think about it – I just went and my excitement kept me going. SERE with the Air Force was no joke. It was one of the best trainings I will ever attend, but not something I'm looking to repeat. Flight Nurse school was the first glimpse into what flight nurses really do. For me, it was very rewarding to look in the back of a C-130 and know that we had just turned it into a flying hospital. We were given every tool and resource we could ever need to take care of someone at 35,000 feet. My family came out to Wright-Patterson to see me get my wings pinned, which was a very proud moment. Once I finally arrived in Diego Garcia, the low operational tempo meant we wouldn't fly patients in the critical care capacity that we were trained in. However, going through all the schools helped me prepare for all the different situations you may encounter as nurse on a remote island. You have to think outside the box, emphasize good communication, utilize teamwork, and know your resources. The flight nurses in Diego Garcia have to wear many hats, but I am proud to be one of the few wearing wings.

Ashley Flynn
LT, NC, USN

Flight Nursing has been a field I've wanted to pursue since the beginning of my nursing career in 2007. After spending 4 years in a busy civilian ICU, I commissioned with the Navy in 2011. I didn't fully understand the role of the Navy Flight Nurse, but knew it was still a field I wanted to pursue primarily for the science of flight medicine. After a three year tour at Naval Hospital Pensacola, I was selected for flight nursing. My excitement would quickly manifest into mental and physical stress while attending three weeks at USAF SERE School immediately followed by four weeks at USAF School of Aerospace Medicine. Although challenging, the training was the best I've ever had and it prepared me to do my job.

After completing the training, I was assigned to USTRANSCOM at Scott AFB, IL. This is my first experience serving with a Joint Combatant Command, which makes clinical expertise a high commodity. I work with some of the best Air Force, Army, and Canadian flight nurses in the business. There is a humble cohesion that exists between the services that is vital to complete the mission.

My role is Patient Movement Clinical Coordinator for the Theater Patient Movement Requirement Center-Americas. Some of my responsibilities include reviewing Patient Movement Requests, ensuring all requests are validated by the Theater Validating Flight Surgeon, and serving on the Joint Patient Movement Team for contingency operations. I'm honored to serve in this capacity and look forward to the rest of my tour!

Michael Kaiser
LTJG, NC, USN

To learn more about the Flight Nursing opportunity, please contact **CDR Carl Goforth**, Operational Specialty Leader, for more information.

Bravo Zulu!

Certifications:
- LCDR Gregory Addison at Naval Hospital Pensacola passed the Perioperative Nursing (CNOR) certification exam.
- LTJG Kara Cruice at Naval Hospital Okinawa passed the International Board Certified Lactation Consultant (IBCLC) certification exam.
- LTJG Lisa Francois, deployed at Joint Task Force-Joint Medical Group Guantanamo, home command of Operational Health Support Unit Portsmouth, Detachment A, completed certification requirements through American Nurses Credentialing Center as a Psychiatric-Mental Health Nurse Practitioner.
- LCDR Vincent Johnson at Naval Health Clinic Charleston passed the Nurse Practitioner board certification exam.
- LCDR Robert Kimberling at Naval Health Clinic Charleston passed the Nurse Practitioner board certification exam.
- LT Jubal Marlatt at Branch Clinic Everett passed the Ambulatory Nursing (RN-BC) certification exam.
- LT Jamie Sherry at Naval Hospital Bremerton passed the Progressive Care Nursing (PCCN) certification exam and also became board certified in vascular access (VA-BC). Bravo Zulu!
- LCDR Jennifer Struder at Naval Health Clinic Charleston passed the Nurse Practitioner board certification exam.

Publications:
- LTJG Elizabeth Riffle at Naval Hospital Bremerton authored "Fetal Heart Rate Assessment Best Practice," published in the International Journal of Childbirth Education.

Education (Non-DUINS):
- LCDR Patricia Butler at Naval Hospital Bremerton earned a Doctor of Nursing Practice degree from the University of Washington.
- CAPT Donald Stafford (RC) earned a Master of Health Administration and a Master of Business Administration from the Army-Baylor program.
- CDR Pam Wall at Naval Health Clinic Cherry Point earned a PhD in Nursing from the University of Pennsylvania. Her dissertation was "Sleep Disorders, Mental Disorders, and TBI in Deployed Military Service Members."

Awards:
- CAPT Renice Washington (RC) was awarded the 2014 March of Dimes Nurse of the Year Award for the state of Georgia for demonstrating exceptional care, compassion, and service to her patients in the Oncology category. Bravo Zulu, Captain!

Fair Winds and Following Seas...
- CDR Unkyong Suzie Archer
- LCDR Patricia Ann Gill
- LCDR Peter Marcel Goldbeck
- CAPT Penny Marie Heisler
- CAPT Lori Julia Krayer
- CAPT Kathryn Anne Summers
- CAPT Michael Vernere

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:

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