



Nurse Corps News

Volume 9, Issue 11

November 2015

Director's Corner: Jointness



Greetings and Happy Holidays. It is a season of reflection and thanks. As I reflect, I am grateful for the opportunity to be a Navy Nurse and grateful to you, members of the Navy Nurse Corps, for your tremendous commitment to those we are so privileged to serve and to one another. I see and learn of Nurse Corps caring, compassion, and competency each and every day and I could not be prouder of you.

One area in particular where I see Nurse Corps leadership pertains to "Jointness." Our Chief of Naval Operations, Admiral Richardson, emphasizes the importance of joint partnerships, Navy Medicine's Strategic Plan contains a "Joint" goal, and "Strategic Partnerships" is a Nurse Corps strategic objective. We are aligned and we are making "it" happen.

Before sharing several successes, I would like to emphasize the "why" behind Strategic Partnerships. The world is increasingly complex, fast paced, and interrelated. It is simply not possible to work in isolation. Additionally, as you well know, resources are tight and getting tighter. We must pursue the best and most efficient ways to accomplish our work. And finally, at the heart of it, we cannot work in isolation and we must find efficiencies because those we serve, our patients and those who love them, deserve the best in caring, compassion, and competency. Indeed, our joint partnerships are essential to the High Reliability Organization journey.

While there are unique cultural, mission, and procedural dif-

ferences among our sister services, the federal entities, and civilian partners, the goal is the same: patient centered care and patient safety. Wherever possible, we must put aside administrative barriers and actively pursue best practices; we must communicate with and learn from one another in order to constantly improve. Through integrated services and complementary practices we can mutually grow and prosper.

The Navy Nurse Corps aims to "develop joint and strategic partnerships across Federal and civilian healthcare systems. These partnerships will strengthen the profession of nursing and maximize utilization of limited resources." Simply put, through partnership we can improve clinical quality, advance skill sustainment, and promote professional development, such as the integration of the DNP into our facilities.

Navy Nurses' Strategic Partnerships and Joint achievements include:

- Naval Health Clinic Hawaii's (NHCH) Senior Nurse Executive monthly meetings with local nurse leaders to discuss nursing issues and best practices. NHCH also partnered with Tripler Army Medical Center for skill sustainment efforts to ensure an operationally ready clinical force and, within its Enhanced Multi-Service Market (eMSM), there is sharing of best practices to improve Access to care and secure messaging response times.
- Naval Hospital Okinawa broadened its US Air Force partnership so that Navy Nurses might be trained to work within the AF NICU and AF Nurses might work in the Navy MICU.
- Naval Hospital Lemoore's sharing



Rebecca McCormick-Boyle

Director, Navy Nurse Corps

agreement with the Fresno Veterans Administration (VA), which provides skills sustainment of Navy Nurses and Hospital Corpsman in the Emergency Department, Main Operating Room, and Intensive Care Units. Nurses also support the Fresno VA's outpatient sleep study program.

- In the National Capital area, the blending of service staff continues to mature and demonstrate great success in a blended Nurse Intern Program and shared governance leadership initiatives.

Navy Nurses are absolutely integral to joint efforts. Your creativity, adaptability, and dedication to our beneficiaries and colleagues success drive positive outcomes. The imperative for "Jointness" and strategic partnering will continue. I am grateful to you for your leadership in this area and look forward to seeing the drive for new innovation and relationships continue to blossom.

Inside this issue:

Director's Corner: Jointness	1
Reserve Corner: Season's Greetings	2
Deputy Director: Promotion Board	3-4
Award Winners	4
NH Jax Earns National Nursing Recognition	5-6
NMCP is CNOR Strong	6
Senior Nurse Executives Navy Medicine East Navy Medicine West	7-8
Specialty Leader Updates (1960 / 1903 / 3150)	9-10
NMCP Hosts POEP Training	11
Bravo Zulu!	12
From the Editor	12



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Nurse Corps News Staff

Design/Layout:
LT Eric Banker

Editor:
LT Edward Spiezio-Runyon



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Reserve Corner: Season's Greetings and Joyous Holiday Wishes



Tina Alvarado
RADM, NC, USN

Deputy Director, Reserve Component

As the New Year approaches it is a time of reflection, thanks, and new opportunities. For me, as I begin my tour of duty as a Rear Admiral Upper Half, I am struck by the realization that it is likely to be my final 3 years in the U.S. Navy. Those thoughts bring forth a touch of sadness, but also a firm resolve to leave my Corps in the capable hands of some very talented leaders. Naturally, my final tour will focus on ensuring the appropriate training and mentoring for our current and future leaders, as well

as shaping the Corps to meet coming challenges. A review of our FY16 Nurse Corps Strategic Plan addresses many of these issues.

We have accomplished so much as a Reserve Nurse Corps and have filled operational requirements across the globe, as well as here at home. Everywhere we go we prove our value, flexibility, and resiliency to be able to practice the art of nursing across a multitude of platforms. Any mission where we provide care to our injured military personnel defines the main reason we wear the uniform and leave our homes when duty calls upon us. We spend long working hours accomplishing the mission: caring for those who have borne the battle as well as their families. We do so with attributes which are so distinctively Navy Nursing – that of caring, compassion, and competence, the foundation of RADM McCormick-Boyle's message. This basic philosophy not only extends to our patients but to each other.

May I extend my sincerest thanks to everyone mobilized around the world, and here in

the United States, for the sacrifices that you have taken on the moment you leave the comfort of your home and family. I pray that this holiday season will be one of special



memories and self-reflection. Even during deployment you are never alone as your Navy family and shipmates provide support and comfort to each other. May the holiday season bring you joy and may you feel a strong sense of personal pride and satisfaction knowing of the tremendous gift of self you are giving to your nation and fellow Americans.

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**NAVAL
RESERVE**
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Deputy Director: Talent Management and Promotion Board Changes

Greetings, leaders. The Secretary of the Navy has commenced multiple Talent Management initiatives to support our Navy missions into the future. According to the SECNAV, “The ultimate goal of all of these changes is to promote a healthy, agile, and innovative organization capable of attracting, growing, and keeping the talent needed to address the national security challenges of the future.” The Talent Management initiatives include: United States Naval Academy Initiatives, Culture of Fitness, Uniforms, Adaptive Workforce, Performance-Based Advancement, and the Warrior Scholar.

Today I’d like to focus on the Officer Promotion initiative, of which portions will be implemented in January, 2016. Previously, records being reviewed at the promotion boards were “stamped” as being “Above Zone” (AZ), officers previously boarded who were not selected to the next rank; “In Zone” (IZ), officers currently in year groups eligible to promote; and “Below Zone” (BZ), officers in a year group not yet eligible to promote based on time in service, but who can be looked at and selected for promotion if competitive. Starting in January these stamps will no longer appear on your Officer Summary Record (OSR) when viewed by board members.

So what does that mean?

The goal of a promotion board is to select those officers who demonstrate sustained superior performance and have the capability to meet the Navy’s missions into the future. Knowing the zone status of an officer can “cloud” the board’s judgment of

an officer’s accomplishments, potentially causing officers to not select and subsequently transition out of the Navy. The goal of the SECNAV is to select those officers ready to promote to the next rank and the positions expected of that rank, and allow those officers who are not yet ready to continue to perform in their roles at the current rank.

How will this work? AZ officers will be reviewed with the IZ records (same as current practice), however the records will not be stamped as AZ or IZ to allow for a level evaluation field. Below zone records will be reviewed as they have previously.

Once the selections are made and approved, message traffic is released announcing the selectees. Historically the order of promotion was based on your lineal number, the most senior promoting first in October and most junior promoting last in September. New guidance will re-order the selections so that the top 10 percent of officers selected will promote earlier in the fiscal year. Officers in the lower percentages will promote later, thus recognizing our top performing officers with earlier promotions than they might have been eligible for in the past based on lineal number.

As this initiative matures, the goal is “to replace promotion zones with weighted milestone achievements to ensure the best officers promote regardless of zone placement and prior selection board decisions, ending an all-or-nothing, up-or-out system.” There is proposed legislation that hopes to eliminate managing Navy Personnel by year group to ensure that performance deter-



Deborah Roy

**Deputy Director,
Active Component**

mines timeline and eligibility for promotion.

Do I need to do anything differently? As Nurse Corps (NC) officers, our focus is three-fold and is represented by our Professional Practice Model domains: Clinical Development, Transformational Leadership, and Operational Readiness/Jointness. If you are striving to grow and excel in all three of these domains, you’re on the right track. Keep in mind there is no one professional path to follow as you grow in these domains. The NC is a highly skilled and accomplished group of professionals. Individuals are selected who have demonstrated sustained superior performance in their roles and show the ability to succeed with increased responsibilities and scope. In addition, this process is designed to maintain the triangle shape of our force and not selecting does not represent a “bad” or “poor” officer. This new initiative, however, will allow some flexibility to

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Deputy Director: Talent Management and Promotion Board Changes (cont.)

retain strong performers who are not ready for or do not desire the responsibilities of the next rank.

When should I send a letter to the board? There are several reasons where a letter to a promotion board would be appropriate. A letter can document your accomplishments at a new command when you do not have a FITREP from that command. A letter can provide relevant details not available in your record such as limited duty station variability due to an Exceptional Family Member or a decrease in performance due to a significant event such as the death of a spouse. In the past, letters have been sent for

individuals who are AZ in support of promotion. As your record will no longer be stamped AZ, addressing your above zone status is not necessary. Letters to the board should provide information otherwise not available to the board; it should be objective in nature and not argumentative. All correspondences sent to the board must be read by the board. As such, letters can support your record or emphasize an area that otherwise might have not been given as much weight. In other words, letters can help or not help. I encourage you to discuss submitting a letter with a trusted mentor, detailer, and your SNE.

Your options can be explored in detail resulting in a course of action best for you.

The Talent Management initiatives represent a significant change in how we as a service approach promotions and I feel these changes will support our force and our professionals into the future. As more information is released, the NC office will make that information available to you. You can find the Talent Management NAVADMIN and the Department of the Navy Talent Management Brief on the [Nurse Corps page on milSuite](#).

Congratulations to Award Winners!

[CAPT Valerie Morrison](#)

Provision 7 of the Code of Ethics for Nurses (2015) states, "Advancement of the Nursing Profession: The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy." Participation in nursing research means that all nurses will interact with research as researchers, or through research utilization, or through reading to keep well-informed of research findings (Fowler, 2015). Navy nursing has endeavored to build a culture and workforce for nursing inquiry through strong mentoring and educational programs using our Nurse Research community and the Triservice Nursing Research Program.

Each year, the Navy Nurse Corps calls for nominations for the Admiral Mary Hall Award for Publication and the Admiral Elizabeth "Betsy" Niemyer Award for Evi-

dence-Based Practice. These awards recognize Navy nurses who have positively contributed to the image of nursing through professional publication or implementation of successful evidence-based practice projects. This year, thirteen outstanding nominations were received from the field. Congratulations to the following awardees!

Admiral Mary Hall Award for Publication

First Place:
CDR Health King
NMC San Diego

Article: *Auricular Acupuncture for Sleep Disturbances in Veterans with Post-Traumatic Stress Disorder: A Feasibility Study*

First Runner-Up:
LCDR Carmen Brosinski
NH Guam

Implementing Diagnostic Reasoning to Differentiate Todd's Paralysis From Acute Ischemic Stroke

Admiral Elizabeth "Betsy" Niemyer Award for Evidence-Based Practice

First Place:
LT Whitney Brock
NMC San Diego
Milk Technician EBP

First Runner-Up:
LCDR James Ketzler
Army-Baylor Program
Documentation Compliance EBP

The bios and articles for the winners will be placed on the [Nurse Corps page on milSuite](#). A hearty congratulations to all nominees!

- CAPT Ramona Domen
- CDR Lisa Braun
- CDR Wendy Cook
- CDR Valerie Diaz
- CDR Sharon House
- CDR Cathy Lovelace
- CDR Deborah Redman
- LCDR Shawn Harris
- LT Rhys Parker



Naval Hospital Jacksonville Receives National Recognition for Its Support of Perioperative Nursing Certification

Naval Hospital Jacksonville is pleased to announce it has recently earned the *CNOR*® *Strong* designation from the Competency & Credentialing Institute (CCI). The *CNOR Strong* designation is given to facilities having at least 50% of its OR nursing staff CNOR certified, and provides programs that reward and recognize its certified nurses. Naval Hospital Jacksonville is *CNOR Strong* with 82% of its perioperative nurses having/maintaining certification.

The *CNOR*® certification program is for perioperative nurses interested in improving and validating their knowledge and skills, and providing the highest quality care to their patients. Certification also recognizes a nurse's commitment to professional development. It is an objective, measurable way of acknowledging the achievement of specialty knowledge beyond basic nursing preparation and RN licensure.

Research shows that nurses who earn the *CNOR* credential have greater confidence in their clinical practice. Thus, a team of certified nurses who have mastered the standards of perioperative practice provides even more empowerment, further advancing a culture of professionalism and promoting improved patient outcomes. This strength in numbers is why CCI launched the "CNOR Strong" program; to recognize those facilities committed to making a

difference for its patients both inside and outside of the OR."

Patient safety and positive surgical outcomes are of the utmost importance to a facility, and supporting nurses as they exceed expectations to achieve their perioperative nursing certification shows Naval Hospital Jacksonville's commitment to its core values and mission which is to provide high quality, safe, patient-centered care to all those entrusted to us; keeping in line with the facility's vision of Exceeding Expectations Every day.

Established in 1979, CCI provides the *CNOR* and *CRN-FA* credentials to more than 34,000 registered nurses, making it one of the largest specialty nursing credentialing organizations and the leading certification body for perioperative nurses. The mission of CCI is to lead competency credentialing that promotes safe, quality



CDR Julie Conrardy

patient care and that supports lifelong learning.

Nurses at Naval Hospital Jacksonville are celebrating their accomplishments in conjunction with National Perioperative Nurse Week, 8-14 November. Perioperative nurses often operate behind "closed doors" and are often not publicly recognized for the specialized, technical care they provide. We currently have 15 Ac-

(continued next page)



Team "JAX": (Back Row) LT MacDonald, LT Craft, LT York, LT Shields, LT Nobbee, LCDR White, LT Waddell, CDR Conrardy, LCDR Poerschmann. **(Front Row)** LT Blackwell, LTJG McElheny, LCDR Davis, LCDR Leasear, and RN Beliso.



Naval Hospital Jacksonville Receives National Recognition for Its Support of Perioperative Nursing Certification (*cont.*)

tive Duty, two Civilian, and multiple Reserve Perioperative nurses at Naval Hospital Jacksonville. Each of these nurses brings a unique set of skills to the surgical arena that augments high quality, safe patient care.

Certification is not required for perioperative nurses to perform their jobs, however many see the value it adds to their practice. **LT Frazan Nobbee** maintains his certification because he feels that “being CNOR qualified reflects my dedication to becoming a nationally recognized professional and belonging to a community that has a strong voice for both its members and patients.” For **LT Jamie York**, “Perioperative nursing means being the patient's advocate when they are at their most vulnerable. Having

my certification helps me to continue to ensure I'm doing the best that I can for my patients.”

LT Erica Waddell sums up her views as follows. “An OR nurse to me is about being a trusted advocate for my patient as they undergo elective procedures and surgical interventions in efforts to improve their quality of life. My practices focus on ensuring patient safety and providing a holistic and collaborative approach to their care. My goal is to ensure they are educated, included in the decision making process, and being their “voice” when then they are not able.”

LT Sheree Blackwell sums it up quite well: “I am CNOR! I feel that it is very important as a professional to attain and maintain our certifications. By being

certified we enhance our knowledge and skills by continuing to educate ourselves and others; improve the safety of our patients and staff; and increase the opportunity to network within our profession. Being a Perioperative Nurse is the most rewarding specialty for me to use all of my nursing skills while caring for patients at a time when they are most vulnerable. I love being a Perioperative Nurse.”

Naval Hospital Jacksonville's perioperative nurses are proud of their collective achievements and strive to provide the highest quality of safe patient care.



Naval Medical Center Portsmouth is CNOR Strong!

CDR Melissa Farino

Naval Medical Center Portsmouth (NMCP) has joined the realm of CNOR Strong! The Competency and Credentialing Institute (CCI) recognized NMCP as CNOR Strong in September 2015, and the hospital will remain certified for one year.

In order to be recognized as a CNOR Strong facility, at least 50% of the eligible perioperative nurses must have attained the certified nurse in the operating room (CNOR) national certification. Additionally, the facility must consistently recognize and reward nurses who achieve certi-

fication and recertification. NMCP exceeded the minimum requirements by having 65% of the perioperative nursing staff qualified, with several more eagerly awaiting the opportunity to

take the test once eligible!

Bravo Zulu to the NMCP perioperative nursing staff for their continued dedication to excellence and the exceptional care they provide patients!



Senior Nurse Executive – Navy Medicine East

Greetings from Navy Medicine East! It seems like just yesterday I was writing to you about what a great summer we have ahead of us. Where did that time go? I will tell you where some of it went. Many of the naval officers were sitting on pins and needles wishing their lives away waiting on the release of the various officer promotion boards. I know, I was there right alongside you with bated breath watching the message traffic to be the first to catch a glimpse of the promotion list. Congratulations to everyone who survived the wait!

Since we last talked, the USNS *Comfort* (T-AH-20) has returned after a six-month deployment to 11 nations in Central and South America and the Caribbean. *Comfort* visited Barbados, Belize, Colombia, Dominica, the Dominican Republic, El Salvador, Guatemala, Haiti, Honduras, Jamaica, Nicaragua, and Panama. *Comfort* medical staff treated more than 120,000 patients, conducted more than 1,200 surgeries and deployed more than 1,200 subject matter expert exchanges covering medical, veterinary, engineering, and environmental health topics. While the *Comfort* was out creating goodwill for our country, others stayed behind to take care of patients alongside the reservists who answered the Navy's call for the extra hands in care of our beneficiaries.

There were many lessons learned from it all, for those who deployed and those who stayed behind. This will make future planning of deployments smoother and better planned.

In the past six months, Nurse Advice Line has answered close to 34,000 calls from the Region. The Navy started the Nurse Advice Line (NAL) in March, 2014. Since then, there have been more than 91,000 calls by patients in the NME region seeking care and advice for medical related conditions. NAL utilization has saved NME \$8.39 million in avoided private sector ER costs. NAL reduced number of callers intending to seek private sector ER by 66%. NAL supports Quality, Safety, and Access by directing callers to the most clinically appropriate level of care for their conditions through professional nurse triage.

The Navy target goal for patient Secure Messaging Connection is 50% with a deadline of September, 2015. NME Command's SM connection rate has improved by 44% over the last year reaching 51%, exceeding the Navy's goal! For the clinically related messages (wherein approximately 86% avoided a face to face visit and the costs associated with a face to face visit are \$77 per clinic visit), NME has saved nearly \$14.5 million over the past two years in cost avoidance clinic visits. Great job on reaching this goal and all the effort it took to get there!



CAPT Norman Charboneau

The excitement is growing around Portsmouth as preparations are being made for the Change of Command for Navy Medicine East Command, Rear Admiral Terry Moulton, Medical Service Corps. Gala events are being planned. The invitations are being printed, speeches are being rehearsed, and the band is tuning up their instruments in preparation for the magnificent occasion. NME will miss RADM Moulton as he departs for his new esteemed position of Deputy Surgeon General of the Navy.

DNS/SNEs:

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

Contact us to find out how!

NCNewsletter@med.navy.mil



Senior Nurse Executive – Navy Medicine West



CAPT Jay Chambers

The business of executing the Navy mission requires personnel, both in uniform and civilian employees, working in a variety of industrial and other potentially hazardous areas. Everyday throughout the NMW region air traffic controllers are guiding aircraft and sailors and civilians are repairing ships, submarines, and aircraft. Marines and sailors are moving ammunition and caregivers are caring for the health and wellbeing of families. Each of these individuals has unique health risks that require monitoring in order for them to continue and safely meet their mission. The majority of that work falls to the Occupational Health Nurse (OHN).

Occupational Health Nursing in Navy Medicine is comprised of approximately 120 nurses targeting Navy Medicine's priorities of

Readiness, Value, and Jointness. Navy OHNs deliver specialized health services to Navy and Marine Corps active duty and federal civilians at over 90 locations, both CONUS and OCONUS. Occupational Health Nursing is dedicated to the readiness of our military, ensuring a workforce that is medically qualified to meet their mission, protected from work-related hazardous exposures, and reducing risk of occupational injury and illness. Navy OHNs are highly competent, with over 50% board certified by the American Board of Occupational Health Nursing. They utilize their expertise to maximize the health and productivity of the worker, and utilize the principles of population health to trend for risks of over exposure or frequency of injury. OHNs are knowledgeable of work processes and their hazards, from shipyard exposures of lead and cadmium to the airman who might be sensitized from the chemicals used in the maintenance on aircraft. The Navy offers a dynamic and diverse environment for the practice of Occupational Health Nursing.

Nowhere are the complexities of this role better illustrated than on the island of Guam, a location front and center of the "Pivot to the Pacific" strategy. Occupational Health Nurse, **Ms. Suzanne Cabrera**, MSN, manages the Occupational Health programs for the commands of Joint Base Marianas, a very di-

verse population of workers, spanning the entire island from the Naval Station to the Air Force Base. Ms. Cabrera actively collaborates with her supported commands to ensure program compliance and adequate access to care to support worker readiness. She demonstrates quality improvement through creating sustained behavioral change. Improvements include increasing medical surveillance compliance rates to 95% and sustained decrease in no show and patient cancellation rates. Both initiatives have contributed to a commendable program that delivers high quality and efficient services to their customers.

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Specialty Leader Update: Critical Care Nursing (1960)

Hello and Happy November to all of our Critical Care Nursing Community from the Office of the Specialty Leader!!

First of all I want to take a moment to welcome **CDR Julie Darling** on board as the Assistant Specialty Leader for Critical Care. I'm sure many of you have crossed paths with her. CDR Darling has 20 years of nursing experience, 14 of which are in the area of Critical Care. Currently she is practicing as an Acute Care Nurse Practitioner on the Intensivist Team at Fort Belvoir Community Hospital and was recently nominated as a Fellow of the Academy of Nurse Practitioners. Her duty stations include overseas, Fleet Surgical Team, forward deployed with the Marines of CLR-2 in Afghanistan, large MTFs, and now in the Joint environment. CDR Darling has a wealth of information to share with you; do not hesitate to reach out to her as a mentor.

We would like to give you an overview of the status of our community. Currently as of October, we are 64% manned. Our loss rate for FY15 is over 9% the highest in the last five years. We have nine Active Duty 1960s in DUINS.

By late September, all 29 personnel returned from the Comfort and Mercy humanitarian missions. Currently, 21 Critical Care Nurses are in a deployed status in support of contingency operations in Afghanistan, Guantanamo Bay, Bahrain, and Western Africa.

As many of you know, the

Intensive Care Unit's footprint in Navy Medicine is being reduced, namely at Naval Hospitals Bremerton and Pensacola. However, intensive care services are being increased at other locations: Camp Lejeune and Camp Pendleton. Current ICU locations within Navy Medicine include: Walter Reed National Naval Medical Center Bethesda (Joint), Fort Belvoir Community Hospital (Joint), Naval Medical Center Portsmouth, Naval Medical Center San Diego, Naval Hospital Camp Pendleton, Naval Hospital Camp Lejeune, Naval Hospital Jacksonville, US Naval Hospital Okinawa, US Naval Hospital Guam, and turnkey ICU at US Naval Hospital Yokosuka. In the future, 1960s will not likely be billeted to Naval Hospitals Bremerton and Pensacola as these billets will be suppressed or redistributed to other locations.

The Specialty Leader office has been busy working on several initiatives. First and foremost, we are proposing a plan of centralized training for our 1960 community. This concept has been postulated before, but as you know we currently function under a decentralized model. This begs the question: Is a 1960 a 1960? We would argue "no." We simply do not have the acuity and volume at some of the medium and small MTFs. When a 1960 is sent on a mission, we'd like for there to be a consistent tool set for each of you. This concept is in its infancy and we are in the process of establishing a working group to tackle this issue. Please contact us if you would like to be involved. This concept would consist of training



CDR Eddie Lopez

at a larger facility as well as standardized didactic presentations via virtual classrooms. You will be hearing more about his in the coming months.

Blue in Support of Green (BISOG) Billets: The United States Marine Corps has "purchased" billets which will be phased in over the next five years beginning in FY17 as reported by **CAPT Deborah Roy**, Deputy Director, Navy Nurse Corps, in the October issue of the Nurse Corps News. Fifteen of these billets will be comprised of Critical Care Nurses – very exciting opportunity for our community and our nurses!

As always, the Office of the Specialty Leader is here to advocate for you and assist you with your career goals but we need to hear from you! Please reach out to CDR Lopez or CDR Darling. We would like to discuss your challenges as well as your ideas for the future of Navy Critical Care Nursing.



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



CAPT Christopher Pratt

The Education and Training Management subspecialty (ETMS) community is gaining ground and presence, not only within Navy Medicine, but also within a multitude of blue- and green-side school houses, operational medicine, Defense Health Agency, and line commands. We are constantly seeking passionate and motivated Nurse Corps officers who truly care about education and training and their ever important role in supporting the Surgeon General's core principles of jointness, value, and readiness and training's overall impact to the development of the total force.

For example, the Navy Medicine Education and Training Command (NMETC) has advanced the standard of learning excellence throughout Navy Medicine and beyond since its stand-up. NMETC is the re-

gional training control authority for Navy Medicine and is reinforcing the positive and tangible impact of the 3150 and 1903 communities in a wide variety of settings beyond the traditional Military Treatment Facility. NMETC is comprised of several subordinate training commands including the Navy Medicine Operational Training Center (NMOTC), the Navy Medicine Professional Development Center (NMPDC), and the Navy Medicine Training Support Center (NMTSC).

CDR Steve Parks, Director of Training at the Navy Medicine Operational Training Center (NMOTC), has been first hand witness to the positive and direct impact that the Education and Training community is having on operational medicine and the fleet. NMOTC executes 63 different courses of instruction and the largest Navy Medicine student throughput each year of approximately 18,700 highly trained medical officers, international students, and fleet operators who function in critical and integral roles in support of mission and fleet readiness. CDR Parks' comments, "Having education and training support as the cornerstone in every facet of Navy Medicine and Big Navy is essential in preparing our men and women in meeting the demands and challenges represented here and abroad. Having value added operational experience in support of the warfighter is also a sought after skill within

the education and training community."

The future of our community will see greater focus on ensuring we support our warfighters and their support to meet the changing requirements for the new operational mission. Greater emphasis on simulation and training program management will require building upon the skill set of the current manpower of the education and training specialty to ensure education excellence and mission training readiness in any given didactic, hyper-realistic or real-time environment. Most importantly, we must bring onboard those individuals with a passion for learning and for passing on the operational and clinical experiences that define us all as Navy Nurse Corps Officers.

My tenure as your ETMS/ Nursing Education Specialty Leader is coming to a close with my replacement to be named soon. It has been my distinct pleasure in serving with you as we shape the future of Navy Nursing!



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Portsmouth Hosts POEP Training

From 13-23 October, eight nurses and two corpsmen from three different commands attended the Perinatal Orientation and Education Program (POEP) course hosted by Naval Medical Center Portsmouth (NMCP). POEP is designed and licensed by the Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN) and can be used to orient new nurses as well as to provide in-service education and certification review for experienced nurses. The October course at Portsmouth focused on new Labor and Delivery nurses as a first step to entering the specialty.

Rather than just deliver the ready-made AWHONN course without modification, Portsmouth added 12 hours of simu-

lation, obstetric perioperative familiarization, and a basic fetal monitoring component in order to reinforce the learning objectives. Across the board, the students commented that the practical ap-



lication additions were the most valuable and informative of the course. With that said, the students also noted that these practical application portions would not have been useful without the knowledge of the AWHONN material delivered by 15 different perinatal experts, including RNs, APRNs, and physicians. **ENS Kaitlyn Tighe** com-



LCDR Colleen Blosser

mented, "Diverse instructors added a wide perspective to the course."

Another student, **LTJG Keri Nakajima**, appreciated that "the instructors took time to explain topics beyond the AWHONN slides."

With the feedback about both the practical application aspects and diverse instructors, Portsmouth continues to refine its training model to increase the students' readiness and confidence to deliver exceptional perinatal care. NMCP's next course will be held 28 March-08 April. For more information please email **Colleen Blosser**.



Bravo Zulu to the graduates! LTJG Taylor Brocuglio, LTJG Ivonne Brennick, ENS Allison Vanek, ENS Kaitlyn Tighe, LTJG Keri Nakajima, RN Davina Ruun, LTJG Gail Evangelista, LTJG Rachael Birmingham, HM2 Shelby Williams, and HA Maia Pitchford.

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Bravo Zulu!

Certification:

- **LT Sarah Chilson**, from U.S. Naval Hospital Okinawa, Japan, earned the Critical Care Registered Nurse (CCRN) certification.

- **LT Marie Chiong**, formerly of Naval Hospital Twentynine Palms and currently PCSing to U.S. Naval Hospital Guam, earned the Certified Emergency Nurse (CEN) certification.

- **LT Matthew Fitzgerald**, from U.S. Naval Hospital Okinawa, Japan, earned the Critical Care Registered Nurse (CCRN) certification.

- **LT Chantel Honer**, from U.S. Naval Hospital Naples, Italy, earned the International Board Certified Lactation Consultant (IBCLC) certification. She is now internationally board certified. This certification takes significantly more time and preparation to achieve than the CLC and serves as a new and valuable resource to NH Naples and the new mothers there who will benefit from her hard work. BZ, LT!

Earn a certification or a non-DUINS degree? Selected for an award or honor? For mention in our BZ section, submit your announcements through your chain of command to:

**NCNewsletter
@med.navy.mil**

Education:

- **CDR Suzette Inzerillo** graduated from the United States War College's Joint Professional Military Education – Level I (JPME-I) program.

From the Editor



LT Edward Spiezio-Runyon

It's hard to believe 2015 is almost over! This will be the final issue of the *Nurse Corps News* for the calendar year. We're changing our publication dates so that our issues will go out at the beginning of the month rather than the end. The next issue you receive will be Volume 10, #1, at the beginning of January.

The next issue will also hold holiday photos submitted by commands throughout the Nurse Corps. Please **submit your photos** as JPG or PNG files by COB on 18DEC. Please remember that our space is limited, so we may not be

Fair Winds...

CAPT Sandra Mason
CDR Theresa Everest
CDR Maria Norbeck
CDR Pauline Stajner
LCDR Fidel Soriano
LCDR Sonia Williams

able to include all of the photos received. However, all photos submitted will be displayed on the [Nurse Corps milSuite page](#).

If you haven't already signed up for milSuite, I highly recommend it. This is the newest and best way to receive and share information from throughout the Nurse Corps, as well as to keep track of what's going on with colleagues around the world. This will become our new standard platform for communications as we move to replace NKO.

On a more personal note, my time as Editor is winding down. Announcements will go out early in the new year for replacements for **LT Eric Banker** and me. For someone looking for a Navy-wide collateral, this is an excellent opportunity to interact with senior leadership and gain an insight into the bigger picture of how the Nurse Corps works.

Finally, from the staff here at *Nurse Corps News*, we wish you and yours a joyous holiday season. For those of you who are deployed or standing watch over the holidays, thank you. Know that you're in our thoughts and prayers. Stay safe and we'll see you in the new year.

