



Nurse Corps News

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South Central Navy Nurse Corps Chapter Symposium



Rear Admiral Karen Flaherty and CAPT(ret) Karen Meehan

Active duty, reserve, and retired Nurse Corps officers came together in Tulsa, Oklahoma for the annual CAPT Karen Meehan Nursing Symposium at the University of Oklahoma's Schusterman Center. This year's theme was "Protection through Prevention." Course objectives of the symposium were to provide the latest updates in clinical preventive medicine through an evidenced based approach. Topics included hypertension, injury prevention, post-traumatic stress disorder (PTSD), smoking cessation, suicide prevention, obesity, immunizations, oral health, and legal implications of Navy Nursing.

LCDR Deborah Greubel was the chairperson for this year's event. An assistant professor of medicine at the university and a board certified nurse practitioner, Lcdr Greubel pulled together a distinguished line up of speakers, including Rear Admiral Karen Flaherty, Senior Health Care Executive and Deputy Director of the Nurse Corps, Reserve Component. RDML Flaherty spoke on the current state of the Nurse Corps; its goals and recruitment programs. RDML Flaherty was awarded with an Honorary Membership to the South Central Navy Nurse Corps Association. Another featured speaker was Dr. Gerard Clancy, MD, President of the University and Dean of Medicine. Dr. Gerard spoke on suicide prevention and PTSD. Other speakers included civilian professors from the university as well as Nurse Corps Officers and enlisted personnel from the Operational Health Support Unit, which is headquartered in Fort Worth, TX at the Naval Air Station Joint Reserve Base, Fort Worth.

The Chapter Symposium also included the South Central Navy Nurse Corps Association (SCNNCA) announcement for the recipients of the CAPT Karen Meehan Professionalism in Nursing Award and the RDML John Cotton Nursing Leadership Award for the year. The cherished awards were presented to RDML Karen Flaherty and CDR (ret) Randy Boston, respectively. The planning is currently under way for next year's symposium and SCNNCA invite all who are interested to attend.



LCDR Jeff Tullis, LT Julie Price, CDR Michelle Dunsmore

CDR Carroll, NC, USN (ret)

The Perioperative Community Wants You!

If you can count to 10, the perioperative nursing community wants YOU!

Many nurses have chosen not to seek perioperative (operating room) nurse training because they feared that they would somehow lose their nursing skills by not engaging in bedside nursing care. The x-ray detectable sponges (raytex) used during surgical procedures are packaged in sets of 10. The perioperative nurse is responsible for counting to make sure that no items have been left inside the surgical patient. Therefore, it has become a common notion that operating room nurses need only to be able to count to 10. As a perioperative nurse myself, I am writing to affirm the notion that perioperative nurses need to be able to count to 10. I invite you to assess your level of readiness to enter the perioperative community as you read this article. Let's get started and begin counting together.

ONE...Preoperative Assessment: The perioperative nurse has approximately 20 minutes of shared time with the anesthesia provider to meet the patient for the first time, perform a complete patient assessment that is responsive to his/her psychological and spiritual needs, check and interpret lab values, verify correct site, shave the operative site (if necessary), and establish a rapport with the patient. Well-developed assessment skills are essential.

TWO...Room Preparation: The perioperative nurse oversees and participates in operating room preparation by disinfecting the equipment and setting up positioning and other equipment, while verifying its functionality. The perioperative nurse also sets up the sterile field and monitors aseptic technique by assessing room cleanliness, hand hygiene of all members of the surgical team, and sterile indicators. Infection control prowess and mechanical aptitude are necessary.

THREE...Patient Transport to the OR: Now the perioperative nurse is ready to transport the patient to the operating room. With patient arms inside the ride and his/her feet first, the perioperative nurse safely transports the patient from the gurney to the operating table, and then applies sequential compression devices, warm sheets and a safety strap. The perioperative nurse's mind is constantly reviewing the standards and guidelines published by the Association of Perioperative Registered Nurses (AORN), Association for the Advancement of Medical Instrumentation (AAMI), Occupational Safety and Health Administration (OSHA), Centers for Disease Control (CDC), and Joint Commission— just to name a few.

FOUR...Anesthesia Induction: Often applying cricoid pressure while managing tubes, stylets, the oxygen/gas circuitry, the perioperative nurse also provides emotional support by holding the patient's hand as the patient 'goes to sleep.' Perioperative nurses must also be familiar with the differences among the types of anesthesia: general, regional, local, and monitored anesthesia care.

FIVE...Patient Positioning: Once the patient has been anesthetized, the patient is placed in the proper anatomic position that provides maximum surgical site exposure without compromising physiological processes. There are more than ten positions and variations on each. Perioperative nurses advocate for the surgical patient to avoid pressure ulcers and nerve damage. Catheters are placed, extremities padded, and electrocautery grounding pads are applied. The perioperative nurse must also be competent in the safe use of electrocautery equipment and patient skin antisepsis.

SIX...Sterile Field Maintenance: Now, the perioperative nurse vigilantly listens for equipment alarms while attending to the needs of the surgeon, scrub tech, and anesthesiologist/CRNA. Other responsibilities include maintaining the sterile field and monitoring for staff and patient safety hazards.

SEVEN...Dressings: Now it is time for a final count. Before the case started and each time a cavity was closed, the



LTJG Shelley Oehrlein counts instruments before a surgical case.

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The Perioperative Community Wants You! (Cont.)

perioperative nurse counted the sterile supplies. The perioperative nurse also dresses the incision, cleans the patient's skin surrounding the dressing, inspects the skin integrity, secures drains, and properly prepares the specimen.

EIGHT...Anesthesia Emergence: Because many patients wake up combative or move around enough to potentially fall off the table, the perioperative nurse must protect the patient from self-inflicted harm and assure the patient is secured to the bed.

NINE...Patient Transport to PACU: The perioperative nurse is responsible for the safe transfer of the patient from the OR table to the gurney. Most patients have several lines and other equipment that must be protected during the transfer. Many patients cannot move themselves. Arms inside the ride again, the perioperative nurse calls PACU, reattaches monitors, reports to the PACU nurse, and documents everything that happened.

TEN...Cleaning the Operating Room: With transfer of care complete, the perioperative nurse has 20 minutes to oversee and participate in the proper decontamination of instruments, removal of trash and soiled linens, disinfection of floor, bed, furniture and other equipment, and prepare for the next case. Now we are ready to begin counting from 'one' again because all those tasks while counting to 10 were just for one surgical procedure!

If you are interested in perioperative nursing, contact your closest perioperative nurse or a perioperative nursing program instructor (CDR Loretta Howerton 760-725-1871 or LCDR Craig Cunningham 904-542-7630). Also, visit Navy Knowledge Online (NKO) perioperative nursing community of practice. The perioperative nursing program is administered at Camp Pendleton Naval Hospital, CA and Jacksonville Naval Hospital, FL. Based on AORN's Periop 101 Core Curriculum Course, the program is 82 days in length. The first four weeks of the program is didactic. The next four weeks combine clinical experience and application with didactic reinforcement. The nationally recognized final exam is administered at the end of the first eight weeks. The final four weeks of the program is clinically focused. Program guidelines and a sample package can be found on NKO perioperative nursing community of practice. Lastly, as another incentive, entering the perioperative community also qualifies you for a substantial monetary bonus!

LCDR Craig Cunningham NC, USN

Operation Purple Summer Camps

The National Military Family Association (NMFA) recently announced locations for the 2008 Operation Purple Summer Camps. This free summer camp program supports military children dealing with the stress of war and deployments. NMFA estimates that more than 155,000 children have a parent deployed to either Iraq or Afghanistan and more than 1.1 million kids under the age of 18 have a parent on active duty. Many military families are experiencing multiple deployments as well as multiple family members deployed. The goal of these free summer camps is to bring together children who are experiencing a deployment in order to give them coping strategies and a network of peers in similar situations. In 2007, 41 weeks of camp were held in 34 locations in 26 states with over 4000 children attending the camps. The camps' outreach programs provide the skills and positive outlets for their feelings, but it's the camaraderie campers are able to build with one another that's so important. Learning coping skills, making new friends, and experiencing life lessons at an early age are what make Operation Purple Camps so unique. Campers attend for a week of sleep-away, which besides all the usual camp activities also includes military personnel answering kids' questions and offering advice, as well as patriotic-themed arts and crafts activities. This year, NMFA's Operation Purple Camps will host children at 64 locations in 36 states and territories. Information about specific camp locations is available on the Operation Purple Website. Specific camp information will be available when registration opens. Registration begins March 24, 2008 through May 5, 2008. Interested families can sign-up to receive e-mail notices and announcements on the website <http://www.nmfa.org/site/PageServer?pagename=homepage>.

LCDR Kathleen Harlow NC, USN

NURSE CORPS NEWS



A Day in Life of a Navy Nurse at Naval Hospital Corps School

A typical day in the life of a Nurse Corps Officer at Naval Hospital Corps School (NHCS) consists of many activities. NHCS is nestled on Naval Station Great Lakes north of Chicago, IL. Nurses are an integral part of the training of hospital corpsman and are assigned many roles. To train and mentor the students, many of the nurses on staff bring with them a vast array of experience, including ER, trauma, pediatrics, ICU, and, ambulatory care. There are numerous lectures to be given. Many times nurses are the subject matter experts for many topics. The average day commences at 0545 Monday through Friday with an average daily census of approximately 1300 students all at different stages of training. The average length of time it takes a student to complete the curriculum is seventy training days including ten days of clinical training. The curriculum is delivered via a Blended Learning Environment (BLE) model. This involves using various methods of information delivery. Computer resource centers (CRC), lectures, workbooks, and simulation labs using SIMMAN are all employed to teach the students. Currently, NHCS is running a “pilot” in which the didactic portion of the curriculum is delivered first, followed by two weeks of hands-on skills (lab) training. During the didactic phase, students are provided the entire curriculum via interactive software on computers, lectures, homework notes, and counseling. As they progress through the different divisions of study, the students will take thirteen exams in sequential order as they relate to areas of completed training. Following the successful completion of the exams, they move to the skills portion of the curriculum. During this phase, they are shown and have the opportunity to practice the hands on, or practical skills, portion of training. When they have demonstrated successful apprentice level training, they perform ten days of clinical training at clinical sites within the VA hospital, Navy Health Clinic, and various recruit training clinics. The average length of time it takes to complete both the didactic and skills training at NHCS is fourteen weeks.



LCDR Bobby Hurt facilitates blended learning during a classroom presentation.

Throughout our careers as Navy nurses, we are given many opportunities to fulfill a variety of roles: mentor, leader, instructor, and counselor. From my perspective, what makes the nurses assigned to NHCS so extraordinary is that they are expected to fulfill all of these roles at the same time. We are integrally involved with many aspects of “teaching” while assigned to NHCS. We oversee the classroom, deliver didactic material with lectures, which are given throughout the course of the day on a variety of topics, and provide Power Point presentations with question and answer sessions. Students also have the ability to read and review the material on-line or through lab skills review—all of which are reinforced with the above methods. With regards to hands-on skills training, we use SIMMAN simulation training to provide scenarios that are as real-to-life as possible. Instructors demonstrate the skill and the students are then given the time to practice. The lab is completed with the student successfully performing a “return demo” to the instructor. As mentioned earlier, Great Lakes, specifically Hospital Corps School, is the best kept secret in the Navy. An added bonus is having the opportunity to make a tremendous impact on the training of our corpsmen, especially since we work with them on a daily basis and they are entrusted to care for us and our family members on a daily basis. Regardless of where you are in your career as a Navy Nurse, you can have an impact on how these students view their entire training experience as well how they view Navy Medicine. Many of them come to us straight from boot camp, right across the street. Others come from the fleet and have chosen to cross-rate to HM. Whatever the reason may be, these students are eager to learn and are sponges to any and everything we, as nurses, are willing to teach them.

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A Day in Life of a Navy Nurse at Naval Hospital Corps School (Cont.)

Are you up for the challenge? Are you interested in finding out, first hand, how things work at Corps School? More importantly, do you want to play a key part in the training and mentoring of impressionable young sailors and our Hospital Corpsman? If you answered “yes” to any of the above questions, then call your detailer, and take orders to the best kept secret in the Navy – Navy Hospital Corps School in beautiful Great Lakes, IL.

LCDR Kris Klimisch NC, USN

Operational Nurse Billets

Interested in an operational billet or reviewing these opportunities? Perhaps operational nursing is the reason that you joined the Navy? If you are interested in this opportunity, then review the attached list. Every year the detailing shop posts a request for personnel interested in upcoming operational billets to submit their CVs along with recommendations to your detailer and the Operational Specialty Leader so the best candidates for the jobs are selected. Deadline for submission of CVs is 03 April 2008 to: CDR Veronica Armstrong (PERS 4415L) via e-mail at veronica.armstrong@navy.mil and to CDR Mary Yonk, the Operational Specialty Leader, Naval Medical Center San Diego 34800 Bob Wilson Drive San Diego, CA 92134-5000. CDR Yonk can be reached at (619) 532-8028. A letter of recommendation from your Department Head is also requested; the letter can be sent via e-mail to mary-anne.yonk@navy.mil



CDR Mary Yonk NC, USN

Supplemental Duty Under Instruction (DUINS) Selection Board Results

On behalf of RADM Bruzek-Kohler it is my pleasure to announce the results of the recent FY-08 Nurse Corps (NC) Supplemental DUINS Board. Please CONGRATULATE these officers as this was a very competitive board and this is a great professional and academic accomplishment. Well done!

CAPT Kathleen M. Pierce NC, USN

Deputy Director, Navy Nurse Corps

Program	Name	Duty Station
Manpower Systems Analysis (3130)	LT Marlow Levy	NHC Bahrain
Certified Registered Nurse Anesthesia (1972)	LT Kedrin Hodges	NH Camp Lejeune
CRNA Alternates:		
LCDR Robert Barrett	USNH Okinawa	
LT Reginald Middlebrooks	USNH Yokosuka	

Attention Reservists: Job Posting


Are you a Nurse practitioner (NP) looking for a job in sunny Mayport, FL? There is a vacancy at Navy medicine’s occupational health clinic of Mayport, FL. Application should be submitted on-line via the Navy’s human resources website at: <http://chart.donhr.navy.mil/JobSearch/jobdetail.asp?strView=0&vis=80939>

LCDR Kathleen Harlow NC, USNR



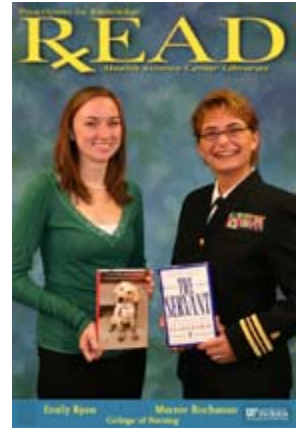
Bravo Zulu!



Bravo Zulu to LCDR David Crumbley, CNS for the Inpatient Surgical Unit at National Naval Medical Center for his recent publication, "Negative Pressure Wound Therapy in a Contaminated Soft-Tissue Wound," in WOCN Publication September 2007. The article is attached for review. 

Bravo Zulu to those nurses at National Naval Medical Center who received their certification in Wound Care through the National Alliance of Wound Care; LTJG Gabrielle Crane (Charge Nurse, 5 East Inpatient Surgical Unit), Ensign Jessica Fahl (Staff Nurse, 5 Center Inpatient Medicine Unit), and LCDR Stacia Fridley, CNS NICU.

Bravo Zulu to LCDR Marnie Buchanan. She was recently recognized by the faculty at the University of Florida (UF) for her clinical and research achievements. She is featured on the READ poster display that will represent the Graduate Nursing Program at the UF. The 20x30 posters are on display in the UF Health Sciences Libraries, Gainesville and Jacksonville representing six Health Sciences Colleges. The photos and captions are also featured on the UF Health Sciences Library website. Bravo Zulu to UF for allowing LCDR Buchanan to wear her Navy uniform!



Bravo Zulu to ENS Susan Carl of National Naval Medical Center. ENS Carl recently earned her National Certification and is now an Oncology Certified Nurse working on the inpatient oncology unit.

Bravo Zulu to LT Mark A. Thomas from National Naval Medical Center for achieving his Critical Care Nurse Certification.

Nurse Corps History: USS Florence Nightingale

USS Florence Nightingale (AP-70) was an Elizabeth C. Stanton class transport ship of the United States Navy. She was named for Florence Nightingale (1820-1920), the nursing pioneer. USS Florence Nightingale was launched on August 28, 1940 and was decommissioned on May 1, 1946. During her time in service she transported troops from all branches of service including military nurses as well as battle casualties and prisoners of war. USS Florence Nightingale sailed in both the Atlantic, Mediterranean and Pacific theaters earning four battle stars for World War II service. Read more about her service to our country at:



USS Florence Nightingale (AP-70) World War II Transport Ship

[http://en.wikipedia.org/wiki/USS_Florence_Nightingale_\(AP-70\)](http://en.wikipedia.org/wiki/USS_Florence_Nightingale_(AP-70))

LT Timothy Rousselow NC, USN

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100th Anniversary Count-
 May 2nd 2008

 **40** 
 Days

Wreath laying ceremony at the Navy Memorial at 1300.

Want to write a news article for Nurse Corps News?
 Submit your article via your chain of command to:
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