

Nurse Corps News

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Director's Message: Welcome 2019!!



Inside This Issue:

Director's Message

Page 1

Reserve Corner

Page 2

Deputy Director:

Manpower Update

Page 3

Career Planner: Goal Management

Page 4

Personnel Planner:

Specialty Pays

Page 5

Reserve Spotlight

Page 6

Top 10 Detailer Tips

Page 7

What is Data Science?

Page 8

NC Specialty Leader

Updates: 1950, 3130

Pages 9-10

Community Stories

Pages 10-11

Bravo Zulu!

Pages 12-14

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Use these icons on each page
to find the NC milSuite site or
email the NC News team!



Happy New Year, Navy Nurses! 2018 went by so fast, and yet it was filled with significant accomplishments in Navy Medicine and the Navy Nurse Corps. Navy Nurses continue to work wonders at the bedside, expertly operate in the Fleet and USMC environments, thrive in academic environments, and strive for the latest and greatest research. It is an honor and pleasure to sing your praises at every opportunity.

As you know, a great deal happened in 2018, and 2019 will be a banner year. The National Defense Authorization Act (NDAA) efforts of 2017, 2018, and 2019 are ongoing. The National Capital Region already transitioned to the Defense Health Agency (DHA), and Naval Hospital Jacksonville has as well. DHA manages the Military Treatment Facility (MTF) and Navy Medicine Readiness and Training Commands (NMRTC) lead readiness efforts. By 1 October 2019, Navy Medicine East commands will have made this same transition, with Navy Medicine West following by 1 October 2020 (dates may shift). A great deal of hard work has gone into these transitions. I want to thank all of those involved, especially those in Jacksonville and the NCR, for setting us up for success.

Navy Medicine continues to shape our workforce to meet our readiness mission. BUMED, the Regions, and the Corps Chiefs Office are actively analyzing our billet/specialty distribution and evaluating the impact to NMRTC and MTF services. Each command's manning will be optimized based on platform requirements, local line command needs, skill sustainment efforts, and network access. As details become more concrete, I will share that information, the impact to the Nurse Corps, and our way forward.

Our line leaders continue to value our expertise and the positive impact we have on their mission. In 2019, we anticipate increased numbers of line owned and embedded nursing billets and roles, affecting multiple specialties.

Changes in our operational platform organization will be made based off of the first ever Requirements Evaluation Team (RET) completed by Navy Medicine. The RET determines what capabilities we need in Navy Medicine to meet the needs of our warfighters. Our platforms will be structured to allow for different sized and scoped missions, increasing maneuverability, accessibility, timeliness, and



Tina Davidson, RDML, NC, USN

Director, Navy Nurse Corps

survivability based on changing areas of operation. These "adaptive force packages" will be able to integrate across fleet platforms to meet distributed operations and expeditionary advanced basing operations. Platform training and how we deploy our force will change from a largely Individual Augmentee process to unit deployment process.

The Surgeon General's Hospital Corpsmen Trauma Training initiative (HMTT) will continue to expand. The pilot for this innovative training was completed at Captain Lovell Federal Health Care Center and Cook County Medical Center and was a great success. Many of our nurses were engaged in these efforts. Thank you to those nurses who took TAD orders in order to get this program off the ground; we now have fulltime billets in support of the HMTT. HMTT is set to expand to NH Jacksonville and Shands Jacksonville Medical System in 2019. Additional sites have been identified and plans to open them will continue into 2021.

During times of great change, we must rely on our core values represented in our Professional Practice Model (PPM). We are transformational leaders who continuously seek professional development; we are ready to operate in any and all environments. Our PPM is our true north and guides us through the decisions to come. Thank you for what you do every day; you make a difference on the Navy nursing team! These are exciting times and I am honored to serve as your Director!~

Transformational Leadership: Influence of Knowledge & Innovation



Mary Riggs, RADM, NC

**Deputy Director,
Reserve Component**

I hated science. I dreaded science fair projects. I did not see myself as a creative thinker, let alone a nerd with an Einsteinian depth of knowledge. Then came Sr. St. Vincent, my 8th grade Science teacher. She pushed me, she intrigued me, she believed in me, and she saw something in my mind and heart that I never knew was there. I owe my love of science to her, but more importantly, my belief in my intellectual capabilities.

She transformed me. I often wonder how my life would have turned out if I had never been assigned to her class.

Today, organizations push for creative and scientific thinking. As a strategic imperative to keeping competitive, leading efforts to influence knowledge is directly correlated to a culture of innovation. Transformational leadership stimulates the zest for learning and thus generates great advantages for organizational performance. Transformational leaders confront reality by drawing on intellectual capital, challenging existing norms, and influencing organizational innovation to improve performance and thus the professional lives of those they lead.

In this era of great power competition, do we not owe it to our mission to push ourselves and those we lead into generating different ways of thinking, seeking new opportunities to better protect and care for our sailors? How can nursing offer solutions to the challenges of the future? How do we inspire and reward others for exploratory thinking?

Transformational leadership that pushes knowledge and

innovative thinking, changes not only the individual, but the also the organization. It enhances the motivation, morale, and performance of followers. It changes followers into leaders. It positions Navy Nursing as a vital component of building "The Navy the Nation Needs!"~

Reserve Component: The [Navy Nurse Corps milSuite site](#) is meant for you, too! But did you know there's [a milSuite page](#) built with you in mind? Find information on Reserve-specific education opportunities, career management, and meet your Specialty Leaders.

Click on any of the Naval Reserve icons throughout the News to check it out!



South Korea (April 2018) US Navy Nurses, Reserve Component, established roles as Expeditionary Medical Facility Liaisons during an exercise with the South Korean Navy.

Top Row: (Left to Right) CAPT Roddey Miller, HMCS Ryan Sieger, HMCM Luis Bravo, CAPT Ken McAndrews, CDR Dean Garcia.

Bottom Row: (Right to Left), CAPT Jon Risley, CAPT Eric Peterson, CAPT Kelley Fox.

CAPT Peterson discusses more about Transformational Leadership on page 6.



Manpower Update: Decrease in Navy Medicine End Strength



Deborah Roy, CAPT, NC
Deputy Director,
Nurse Corps

Nursing leaders, as you may be aware, Navy Medicine has recently undergone a significant total force realignment using the Medical Manpower All-Corps Requirements Estimator (MedMACRE) tool to determine the number of each specialty type we need to support our operational requirements. The identified MedMACRE changes have been input into the system and are now reflected in your command's Activity Manning Document. These changes are phased in over the next 5 years. Your Specialty Leaders have the updated spreadsheet that reflects these changes for each specialty and by command. MedMACRE **did not** reduce the number of nursing billets for the Nurse Corps, it reallocated billets based on operational requirements. Each year, Navy Medicine will review and make updates as needed to remain aligned with our operational requirements.

Recently, the Chief of Naval Operations (OPNAV N80), in an effort to increase lethality and meet the demands of a changing world, has begun the process of Military-to-Military billet conversions to support Navy priorities. Navy Medicine is

one of several communities to have billets converted to the line. This conversion reduces the total number of Navy Medicine billets overall; all Corps are effected. N80 determined which billets to convert by identifying Navy Medicine operational platforms that will no longer be supported. These platforms will be dissolved and the billets attached converted and transitioned to various line commands. This decrease in platforms allows Navy Medicine to concentrate our efforts on our remaining platforms and the missions associated with them.

The first phase of these conversions has taken place and is visible at each command. We anticipate more conversions in the future. Navy Medicine is working with the Regions and the Corps Chiefs Office to measure the impact and develop mitigation strategies to support the commands and specialties affected. These efforts are separate from MedMACRE.

Included in the phase one billet conversions were 40 duty under instruction (DUINS) seats for the Nurse Corps (all Corps had training seat reductions). As a result, the Nurse Corps had to readjust our DUINS opportunities for FY19 and FY20. The loss of DUINS seats was unanticipated, and unfortunately several educational opportunities had

to be put on hold. As we learn more about the additional conversions, we will be able to better articulate how these will impact future educational opportunities. Efforts are being made to recoup training seats to support the Nurse Corps training pipelines.

As you might imagine, these billet moves and cuts have made detailing a challenge, as the billet files are changing daily. Please keep lines of communication open with your detailers - they are doing the best they can to provide you with options.

We still anticipate growing Nurse Corps billets within the Fleet and USMC, such as embedded Mental Health and increased NMISOMC opportunities. These new billets will continue to be phased in over the next several years.

As **RDML Davidson** has remarked, this is a time of great change and the Navy Nurse Corps is poised to lead during this time. We are a highly educated, dedicated, and accomplished Corps, and we are vital to our nation's success. We are instrumental in developing our Hospital Corpsmen and meeting the mission whenever and wherever we are asked. Continue to excel in the work you're doing, and we will continue to communicate to you via your leadership, Specialty Leaders, and other venues as we gain more clarity.~

Are you a member of our ListServ? It's not automatic, so if you haven't asked to join, you might not be getting all of the current Nurse Corps News! Join now by clicking the link below.

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Nurse Corps Leaders, your junior or new nurses might not be getting this communication in their emails. Help them stay on top of current Nurse Corps News by asking if they're on our List Serv.

Editors note: you can email the Nurse Corps News Team with any of the hyperlinked icons in the right lower corner of every page, but we do not handle ListServ requests!

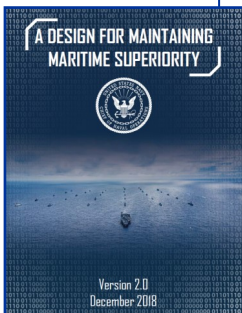


It's a Good Time to Plan Your Personal Strategic Goals



Carolyn McGee, CAPT, NC
NC Career Planner

Greetings! I hope you enjoyed the holidays and are looking forward to a great year. As you know, Navy Medicine is facing many changes in 2019 and beyond. However, even in the midst of change, many constants remain. One constant for individuals and organizations is the need to establish goals and priorities. In December 2018, the Chief of Naval Operations (CNO), **Admiral Richardson**, published "[A Design for Maintaining Maritime Superiority, Version 2.0](#)," which sets forth goals and priorities for the United States Navy. Version 2.0 follows the publication of the National Security Strategy (NSS) in January 2017. The NSS is an overarching document that describes how the United States will meet national security concerns.



[National Security Strategy](#)

[National Defense Strategy](#)

[National Military Strategy](#)

[A Cooperative Strategy for 21st Century Seapower](#)

[Design for Maintaining Maritime Superiority](#)

Admiral Richardson emphasizes the importance of adapting to a newly competitive maritime environment and meeting challenges posed by our rivals. He describes *four core attributes that define us as professionals and guide us in decision-making: integrity, accountability, initiative, and toughness*. He identifies our priorities in terms of *four lines of effort: Strengthen Naval Power at and from the Sea, Achieve High Velocity Outcomes, Strengthen Our Navy Team for the Future, and Expand and Strengthen Our Network of Partners*.

RDML Davidson discussed several strategic documents and described the alignment between the CNO lines of effort, Navy Medicine strategy, and our Nurse Corps strategy during the Junior Officer Symposium. A pertinent slide from her presentation is included here, and the full presentation is posted on [milSuite](#). The documents listed on the Strategic Direction slide are hyperlinked in the lower left corner for easy retrieval.

While the start of a new year is a good time to reevaluate our goals and priorities, the truth is that many milestones, such as a promotion, birthday, or change of duty station,

may trigger a reevaluation. Regardless of the reason, it is a good idea to revisit goals and priorities on a regular basis. The domains of the Navy Nursing Professional Practice Model are great priorities to use to plan a successful Nurse Corps career. Under Professional Development, Operational Readiness/Jointness, and Transformational Leadership, you can set goals such as attend Combat Casualty Care Course and serve at a Joint command; earn certification and pursue an advanced degree; and lead an evidence-based practice project. You can and should develop your own goals, and you should also meet with your chain of command to discuss career goals and how to achieve them. In addition, your Career Development Board is a wonderful opportunity to get feedback and advice on how to set and achieve goals.

A goal I recommend for this year is to read the strategic documents mentioned in this article and to become familiar with our [Navy Nursing Professional Practice Model](#). Basic knowledge of these documents will provide context and direction for a successful career, especially during times of change.~

Strategic Direction		
Strategic Document:	Issued By:	Purpose:
National Security Strategy (NSS)	President of the United States	Describes how the United States uses all instruments of national power (diplomatic, information, military, economic) to protect the United States and its interests
National Defense Strategy (NDS)	Secretary of Defense	Describes the role of the military in supporting the NSS
National Military Strategy (NMS)	Chairman of the Joint Chiefs of Staff	Provides the framework for how the military executes the NDS
A Cooperative Strategy for 21 st Century Seapower	Chief of Naval Operations (CNO), Commandants of the Marine Corps and Coast Guard	Provides the maritime strategy for the role of the sea services in protecting our national security
Design for Maintaining Maritime Superiority	CNO	Describes the role of the Navy in achieving the goals of the maritime strategy

Specialty Pays & Compensation



Heather Ray, CDR, NC

NC Personnel Planner

As the Nurse Corps Personnel Planner and a Nurse Corps Manpower Officer, I am often asked about special pays. Special pays may be confusing for some to interpret. First, it is important to remember that special pay is less of a reward and more of a recruitment and retention tool. As such, special pays require periodic adjustment to adapt

to retention trends. In a fiscally constrained environment, more focused targeting of special pays may be necessary to maximize retention in undermanned communities, especially those closely related to operational readiness. It should not be interpreted that those who do not receive special pays are not valued. Rather, Navy Medicine is using special pays as a force shaping tool.

Specialty pay aside, you are probably better compensated for your contributions than you think. Total compensation is based on your pay and all of your entitlements (retirement, healthcare, and training are included). If you are a Lieutenant in the Nurse Corps, your total annual compensation is valued at \$144,627. In comparison, the compensation for a civilian Nurse Practitioner (Family Nurse Practitioner or Pediatric Nurse Practitioner) or Certified Nurse Midwife is between \$98,000 and \$108,000. Put on Lieutenant Commander, and your total compensation is valued at \$177,727. Civilian Certified Registered Nurse

Anesthetists have an estimated compensation between \$172,000 and \$180,000. When you make Lieutenant Commander, your compensation is comparable to some of the most highly paid civilian nurses. Advance to Commander, and you are on par with an executive at \$208,440. For those who serve in the rank of Captain, total compensation is nearly a quarter of a million dollars (\$240,149).

As a manpower officer, I am feeling fairly appreciated right now, and I think you should too. In fact, when you look at the numbers you might feel compelled to put in some overtime. Okay, just kidding about the voluntary overtime. Stepping up when the mission requires it is a given, and it is a sacrifice we all make in our service. Changes in billet requirements, educational programs, and special pays reflect hard resource allocation decisions necessary to shape our future force, a force in which ALL MEMBERS ARE A VALUED PART OF THE WARFIGHTING TEAM.~

Transformational Leadership Strategic Goal Team: Call to Action

The ability to influence others to change their views to align with an organization is complex, and not easily achieved without preparation and practice. This is why transformational leadership has been identified as a Nurse Corps (NC) strategic objective for the third year in a row. The FY19 Transformational Leadership Strategic Goal Group is divided into two teams: Coaching and the milSuite Leadership Library Team.

Your Transformational Leadership “Coaching Team” recognizes coaching as a tool that can be used to promote professional development and maximize the individual skills and capabilities we each possess. As the year progresses, the plan of ac-

tion includes: identifying best practice “coaching” techniques available within the Navy, civilian partners, and sister services; determining a pathway to incorporate coaching techniques within the Nurse Corps; developing a marketing plan to promote this leadership tool; and finally, prioritizing techniques with specific guidance on how best to implement them throughout the various Military Treatment Facilities.

The mission of the milSuite team is to develop the Leadership Library on milSuite to support the growth of both current and future Nurse Corps leaders. The goal is to provide a resource that will assist leaders of all ranks and positions in developing

their leadership styles. The site will also serve as a forum for leadership development and collaboration amongst peers, mentors, and mentees. Please take the opportunity to visit and join in the discussions at: <https://www.milsuite.mil/book/groups/navy-leadership-development-resource-library>.

It is going to be a busy year, and we’re excited about this endeavor. Our teams look forward to delivering valuable tools for the Nurse Corps to use to continue building well-balanced nurses and leaders.~



Reserve Spotlight: Transformational Leadership



Eric Peterson, CAPT, NC

**Commanding Officer,
EMF Camp Pendleton
Reserve Guest Speaker**

Our Military – and Navy Medicine – is in an era of dramatic change. It is critical that we lead using transformational leadership principles. Transformational leadership, according to an article published from Langston University by an anonymous author is:

A leadership approach that causes change in individuals and social systems. In its ideal form, it creates valuable and positive change in the followers with the end goal of developing followers into leaders.

A companion thought to this is “servant leadership.” As leaders, we cannot choose the situations we face and frequently these situations dictate the response or “leadership” style required. This exposes the leadership training we have given our deckplate leaders; they must know the vision of where we are now and where the unit/organization needs to be. The National Military Strategy is clear – Increase lethality and assure that all military members are able to support that vision. Transformational leadership starts at the top with articulating a strategic

vision and passing that vision on to our deckplate leaders so they can adapt to changing situations while continuing to support that vision.

A great example is the transition of Expeditionary Medical Facility (EMF) Camp Pendleton (CP) from an Operational Health Support Unit to an EMF. This was a giant change in mindset from a support unit to an operational commissioned command. The immediate priorities were to lay out the command vision and set specific goals. This involves trusting that your deckplate leaders can carry out the vision and accomplish those goals, and that leaders can articulate the vision and goals in a clear, concise, and understandable way. This requires trust, both up and down the chain of command. Trust does not mean an absence of oversight, mentorship, or accountability. It means you have set the parameters and allowed your junior leaders to demonstrate their ability and develop their leadership skills, to train to the vision and work toward the goals you set.

Both **CAPT Elaine Walker** and I have had the pleasure and honor to lead EMF CP. Both of us utilized the principles of transformational leadership. Using these principles allowed us to lead from the front and “walk the walk” – the vital ingredient that helped EMF CP to be successful, allowing the unit and Sailors to thrive as a fully functional EMF commissioned unit. The unit went from not performing organically planned field exercises to planning and performing over eight field exercises per year, organized within the unit. This was done in a 2 to 3 year period and is a testament to the

Sailors and leaders. EMF CP also integrated into the OCONUS Area of Responsibility, training, leading, and integrating various medical capabilities, leading to a multi-service and international partnership that allows combined training support. This robust, coordinated medical capability allows for and supports increased lethality of the fighting force.

This example is not intended to highlight the accomplishments of a specific unit, but to display how leaders that embrace transformational/servant leadership and trust their deckplate leaders and Sailors can transform units through significant challenges and change. Remember, in times of significant change, there is inherent stress leading to a tendency to try to drive the change yourself, and to not allow your junior leaders to make mistakes and grow as leaders. This natural tendency demoralizes them and stifles growth. Using oversight, mentorship, and accountability, transformational leadership will allow, with senior leadership vision, the ability of the unit, Navy Reserve Medicine, Navy Medicine, and the Military to develop into the lethal, agile fighting force that current events demand. Be creative within the parameters set by senior leadership and allow your junior leaders creativity within that vision, and we will develop and transform the leaders of the next generation.~

**NAVAL
RESERVE**
STAY STRONG

**Never miss an important update from the
Nurse Corps milSuite page again!**

E-mail watches have been added to the [Nurse Corps milSuite SOP](#).

[Click here to learn more!](#)



Secrets To Success.... Top 10 Tips From Your Detailer

Iris Boehnke, CAPT, NC

Head, PERS 4415K

10. Remain flexible. The assignment you negotiated could change for a variety of reasons, e.g., higher priority need arises, billet funding is lost, billet is relocated, etc.

9. Plan to move. It may not be the assignment you want, but it's the assignment you need. Expect large, medium, small, OCONUS, and non-traditional assignments; beautiful ocean-side assignments and remote locations. That assignment you resisted may turn out to be one of your favorites! Just ask CDR Malloy about his experience at Lemoore – a true career highlight.

8. Don't get caught up in billet titles. Leadership can be demonstrated in any position. Detailers cannot influence your placement into a command leadership position, unless specifically slated into a milestone billet (e.g., Officer in Charge, Director of Nursing Services, Executive Officer). "Bloom where you are planted" and you will succeed.

7. Inform your detailer of changes to your family situation (e.g., marrying an active duty member, changes to Exceptional Family Member status, etc.) or medical situation (e.g., LIMDU) that could affect your assignment determination.

6. Ensure your record is always "Board Ready." Don't let an incomplete OSR/PSR be the reason for a missed promotion. Keep your official photo up-to-date.

5. Remember to submit a "Do Not Pick Me" letter if you are planning to retire or separate. Deadline for Board correspondence is 10 calendar days before the board convenes.

4. Contact your detailer approximately 15 months ahead of your PRD if you are considering retirement, separation, or an extension request. We can review

your record to ensure you have completed your service obligation (e.g., Time in grade, Time on Station, training obligation, etc).

3. Be aware of what you agree to when negotiating orders. We do not "pencil you in." Once you accept orders, they are considered binding.

2. Expect your orders to release approximately 6 months prior to your detachment date (this includes Retirement orders). Do NOT take any irreversible actions prior to order execution. Orders can change for a variety of reasons (see #10 above).

1. Do not hide from your detailer. We will find you! In all seriousness, we are your advocate and want to help you have a professionally and personally rewarding career.

Remember, you are a unique individual and your career path is your own. Be proud of what you do and enjoy the journey...it goes by quickly!

Have questions? Don't hesitate to call, email, or visit the [NPC Website](#) and [NC milSuite](#). We are standing by to assist. ~

CAPT Boehnke – 06's (except practitioners), Executive Medicine (CO, XO, OIC, DNS), DHA/BUMED, Manpower, Ed Trng, Research, War College seats

CDR Malloy - 05's, all practitioners, perioperative community, senior operational billets

CDR Link – 03's and 04's (except practitioners), junior operational (FST's, USMC, Carriers), White House Applicants, DUINS

LCDR Lanier – New accessions, 01's and 02's (except practitioners)



Answering the call...

Naval Hospital Bremerton staff members—primarily from Labor and Delivery, Main Operating Room, Multi-Service Unit, OB/GYN and Family Medicine/Pediatrics—hone their skills during a series of emergency drills entitled Obstetric Stimulation Training and Teamwork (Official Navy photos by Douglas H Stutz, Naval Hospital Bremerton Public Affairs).



What is Data Science, and How Does it Relate to Nursing?

James Tessier, CDR, NC

BUMED Chief Nursing Informatics Officer

What is data science? There are a few answers to this question, but the simplest definition is the ability to tell a story with data. To be more specific, data science is the art of using data to answer very specific questions.

What is data science's link to Nursing? Florence Nightingale is one of the earliest examples of a data scientist. Her work as a founder of modern nursing is well known, but her talents as statistician and investigator are less known. Her early works regarding the capturing, analyzing, normalizing, and reporting of data with easy to read visualizations were significant contributions to the medical, statistics, and today's data science communities. She was one of the very early developers of modern graphing techniques for data. The diagram posted here (Figure 1) is an interesting graphic she developed that helped show that soldiers in the Crimean War were more likely to die from cholera than from combat wounds. Her work here not only "told a story," it also answered a specific question: What is the leading cause of mortality for British soldiers on the battlefield? Her insights and graphical reporting of these data resulted in changes in policy, and therefore had a direct impact to battlefield morbidity and mortality.

What does this mean to us today? I would argue that every nurse in our enterprise has questions of data that needs answered. This could be the Ensign on a medical-surgical ward trying to determine what is the best schedule for ambulation and activities for a post-op patient. This could be a LCDR Nurse Anesthetist trying to determine the best regional anesthetic

technique for a specific procedure. This could be the CDR who runs the Operating Room trying to figure out why all cases can't be started exactly at 0730. This could be a Senior Nurse Executive trying to figure out the best staffing match for the facility. This could be the Corps Chiefs Office trying to project Nurse Corps readiness and forecasting attrition versus operational requirements. I can keep going, but I think you all get the point. Nurses need data to make decisions for everything from patient care, research, operations, planning, and forecasting.

Many people believe Nursing

Informatics is all about the electronic health record (EHR). It is not. The EHR is only a spoke on the hub of capabilities that get data to the right person, at the right time, in the right format, to make the right decisions. Informatics is about the ability to transform healthcare through the use of data, information technology, knowledge, insight, and wisdom. Be aware of the power of data and always think about how we can better capture, process, and learn from it as we strive to better utilize data to improve patient care and the business. For any questions or comments, please feel free to reach out to me directly .~

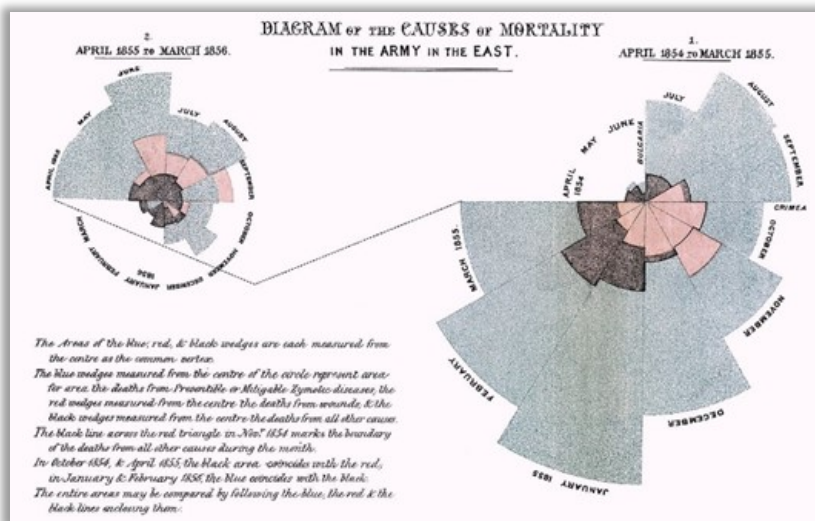


Figure 1 "Diagram of the causes of mortality in the army in the East" by Florence Nightingale.

Final Call!!

Need Money For Graduate School?

2019 Graduate Degree Nursing Scholarship Opportunity!

A Washington Metro Area Navy Nurse Corps Association (WMANNCA) Chapter Nursing Scholarship will be offered to three Navy Nurses to continue their studies for an advanced graduate degree in Nursing. Active duty (non-DUINS), Reserve Component, and retired and former Navy Nurses are eligible. A \$1,000 scholarship will be awarded to each winner. The applicant must live or work in the WMANNCA area (Maryland, Northern Virginia, West Virginia, Pennsylvania, New Jersey, Delaware, or the District of Columbia).

Deadline for submission is April 2, 2019!

Download the guidelines and application materials here:

<http://nnca.org/join-nnca-2/local-chapters/wmannca/>

Specialty Leader Update: Perioperative (1950)



John Broom, CDR, NC

1950 Specialty Leader

Christina Tellez, CDR, NC

Assistant Specialty Leader

Happy New Year! In 2018, the Perioperative Nursing Community celebrated many successes across the globe. I am extremely proud of the community that I serve. I am constantly surrounded by some of the best leaders in the Navy who continue to impress me with each new success.

One of our biggest successes during 2018 was being recognized by the Competency & Credentialing Institute (CCI). CCI announced that all US Navy Hospitals have been designated 2018 CNOR® Strong facilities for their dedication to perioperative nursing excellence. The Navy is the first uniformed service to achieve this recognition, and it was

achieved through collaboration from Perioperative Leadership across the Navy and CCI.

The designation recognizes facilities that encourage perioperative nursing staff to be models of excellence in nursing practice and continuous advocates for superb patient care through CNOR certification. Facilities are only designated as CNOR Strong if more than half of its eligible perioperative staff hold the CNOR credential. The prestigious CNOR certification validates and recognizes the perioperative

“The Navy is the first uniformed service to achieve this recognition and it was achieved through collaboration from Perioperative Leadership across the Navy and CCI.”

registered nurse's skills, knowledge, and expertise. This was no small task and it took leaders across all Military Treatment Facilities to work together diligently to achieve this honor and recognition.

We celebrated several other successes across our community which are too numerous to list in one article. I would like to recognize our previous Specialty Leader, **CDR Rich Lawrence**, for spearheading the initiative to move the Perioperative 101 course to NMC Portsmouth and NMC San Diego. These moves have been highly successful and we have

seen the quality of our trained perioperative nurses increase through better exposure to more complex cases.

Additionally, we re-molded [our milSuite page](#) and added more resources and access to information across Navy Medicine areas of interest. This led to membership almost doubling over the past several months. Lastly, we reenergized our newsletter team and are currently in the process of publishing our second quarterly newsletter. It is through these enhanced communication platforms that we are getting information out to our community and reaching down to the deckplate levels.

Moving ahead in 2019, we are poised for even greater successes throughout the year. As the Defense Health Agency (DHA) rolls out to several of our respective regions, we will see some changes in the way we currently do business. There will be an increased focus on ensuring the readiness of our providers and clinicians and the maintenance of their Knowledge, Skills, and Abilities (KSA's). I and **CDR Tellez** have been working closely with the other uniformed service's Specialty Leaders in the creation of a joint KSA form that will be implemented as the DHA phases into respective Navy regions. These KSA guidelines will ensure that our staff are maintaining the clinical skills to be deployment ready.

In closing, I would like to give a big “Thank You” to all that have assisted the successful endeavors that we as a perioperative team celebrated throughout 2018. It is through consistent collaboration with other specialties that we achieved our successes. I am excited to roll into 2019 to see what we achieve next year. I have no doubt we will be even more successful in the coming year.

Be safe, care for all, and always remember our deployed shipmates serving around the globe.~

Call for Nurse Corps News Editors!

If you enjoy receiving the Navy Nurse Corps News and would like to be instrumental in the development and editing of this great communication product, then consider applying to be on our team! This is a highly visible and impactful Navy Nurse Corps collateral. We are seeking applications now for a Layout Editor and the Editor-in-Chief.

For more details, check out the [Nurse Corps News milSuite site](#), or [email the team here](#).



Specialty Leader Update: Healthcare/Business Analytics (3130)



James Ketzler, CDR, NC

3130 Specialty Leader

Rebeca Rodriguez, LCDR, NC

Assistant Specialty Leader

The next several years will present many challenges for Navy Medicine and the Military Health System (MHS). Military medicine must focus on operational readiness while not losing ground on modernization efforts. The Nurse Corps Healthcare and Business Analytics Specialty stands ready to be part of every solution by providing analysis

behind the hard decisions. **LCDR Rebeca Rodriguez** and I are honored to lead the Healthcare and Business Analytics Specialty into a time of enormous opportunity.

The Healthcare and Business Analytics Specialty offers many pathways to capitalize on emerging opportunities to the Nurse Corps and military medicine. In addition to being experts at constrained resource optimization, our manpower officers translate Navy Medicine's needs into the universal language of requirements. Similarly, our nurses trained in healthcare management and performance improvement offer unique skillsets of analysis, project management, and leadership to navigate complex challenges within Navy Medicine. Military medicine needs these coalition builders as we venture into new partnerships. With the deployment of MHS GENESIS, the contributions of nursing informaticists are invaluable to our future success and modernization. Last, but by no means least, the Joint Commission Fellows contribute to the quality and reliability of the healthcare delivered throughout the enterprise. All of these skills are necessary and valuable in the

business of military medicine.

From time-to-time, officers may question the impact of their contribution to the Nurse Corps during times of great transition. For example, despite advertised quotas, several specialties did not have selections for the FY19 Duty Under Instruction (DUINS) due to billet reductions. This may have left some feeling discouraged. Some may interpret this as a sign that their contributions are not having the desired impact in support of the mission. But more accurately, the quota adjustments are a reflection of the Nurse Corps strategically allocating limited resources to address forecasted readiness gaps. With a limited number of DUINS seats available, the Nurse Corps had the unenviable task of prioritizing those specialties that are tied directly to operational capabilities. That does not mean specialties with reduced quotas are not important. In fact, Nurse Corps officers trained in these specialties are likely to become more valued during this period of billet divestiture and movement toward greater force lethality. *Learn more about the [Healthcare and Business Analytics Specialty on milSuite.](#)*~

San Antonio Wardroom Association Hosts Mock Board

Betty Sowell, CDR, NC

Frank Jones, LCDR, NC

Nneoma Lewis, LCDR, NC

Lachean Kimbrough, LT, NC

The San Antonio Wardroom Association (SAWA) hosted a mock officer promotion board at the Medical Education and Training Campus at Joint Base San Antonio Fort Sam Houston on January 18, 2019.

The SAWA Professional Development Committee, chaired by **CDR Betty Sowell, NC**, assisted by **CDR**

Ruben Lopez, NC, and **LT Gunjan Santiago, MSC**, organized this third annual professional development event. All naval officers in the region were invited to attend.

RDML Tina Davidson, Director, Navy Nurse Corps, served as the mock promotion board president. The remaining board members consisted of other senior naval officers from the Nurse, Dental, and Medical Service Corps.

The selection board served as a training opportunity, aiming to provide insight to the 35 officers in attendance, especially those nearing their 'promotion zone.' The mock

scenario demonstrated the basic aspects of the selection board, highlighting and emphasizing the significance of officer service record reviews. At the conclusion of the selection board, attendees had the opportunity to ask questions and receive firsthand knowledge from the experience of the board members.

"As a leader, to be successful in the professional development of others, we must first be effective mentors," said **CDR Sowell**, Navy Medicine Training Support Center's acting Director for Academics. "Mentorship allows us the
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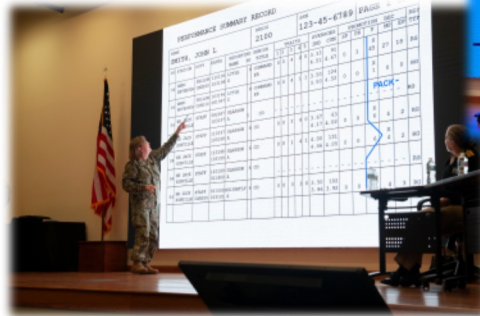
San Antonio Wardroom Association Hosts Mock Board

opportunity to share our knowledge and experiences to help others excel in their career.”

SAWA serves as a consortium for approximately 140 Naval officers in the San Antonio and southcentral Texas region. SAWA’s membership is principally officers assigned to Navy Medicine Training Support Center and the Defense Health Agency.

The SAWA Professional Development Committee’s primary mission is to provide professional development and mentorship, and to promote comradery among Naval

officers of all Corps. SAWA is a non-profit, social and education-based organization with a mission to promote fellowship and unity within the officer community.~



San Antonio, TX (January 2019)
RDML Tina Davidson and the board members during the mock board/ released.

Annual Army Women’s Health Service Line (WHSL) Patient Safety Summit

Candace Foura, LCDR, NC NH Jacksonville

I had the opportunity and pleasure of attending the Annual Army Women’s Health Service Line (WHSL) Patient Safety Summit, held in September at the Army Medical Department Center and School in San Antonio, Texas, as the sole Navy representative. The Summit addressed women’s health and newborn specific issues and concerns as they pertain across the clinical community. I collaborated with a multidisciplinary Army team that represented all aspects of the maternal-infant specialty, a Lean Six Sigma Black Belt team, and members from the Defense Health Agency.

This year’s summit was different from previous Patient Safety Summits that were typically set as conferences with learning sessions. This year involved working groups with specific goals to address patient safety, identify root causes, and determine drivers of increased reported untoward maternal/infant events. This was done in order to improve clinical outcomes, data accuracy, and patient safety across the United States Army Medical Command (MEDCOM). We were



LCDR Candace Foura and LTC Elizabeth Nutter (Army Midwife and the Women’s Health Consultant to the Army Surgeon General)/ Released.

tasked to review and analyze National Perinatal Information Center, ORYX, and patient satisfaction data. After review, suboptimal data points were identified that needed the greatest attention. We were then divided into three sub-groups: Communication, Data, and Leadership. Each sub-group was tasked with identifying and addressing all potential barriers, and developing solutions.

The sub-group I was chosen for, Leadership, came up with a total of 27 leadership barriers that attributed to increased untoward events. Out of the 27 leadership barriers, the top three chosen as high priority to address were “Mixed Messages/ Not Valued,” “Variations,” and “Decreased Morale, Trust, Accountability, Poor Local Climate, and Burn Out.” Each of these

had multiple leadership downfalls that were explored, to include projected resource allocation to alleviate identified barriers.

All of the above goals, to include Leadership, Communication, and Data, were put together during this summit and are now being addressed at MEDCOM to improve the overall safety and quality of perinatal care and decrease the number of unexpected newborn complications.

This summit, although designed specifically for the Army, also highlighted similar trends and challenges currently being experienced within the Navy. It was an exceptional experience that I feel would greatly benefit others. Continued partnership on this Army endeavor would facilitate a standardized approach to improve maternal-infant safety and quality of care across the DoD.~



San Antonio, TX. (September 2018) Army, Navy, and Air Force nurses at the Annual Army Women’s Health Safety Summit/Released.



Certifications

CDR Kim Shaughnessy, BUMED, passed the American College of Healthcare Executives Board of Governors exam and advanced to Fellow of the American College of Healthcare Executives (FACHE).

LCDR Amy Barendse, NMC Camp Lejeune, obtained her Adult Geriatric Acute Care Clinical Nurse Specialist – Adult Geriatric (ACCNS-AG).

LCDR Peter Sunden, EMF Dallas, obtained his Certifications as a Flight Nurse, Emergency Nurse, and Critical Care Nurse.

LCDR Lindsey Manko, NMC San Diego, obtained her Certification as an Operating Room Nurse (CNOR).

LT Dana Amezaga, USNH Guam, achieved her Emergency Nurse Certification (CEN).

LT Kara Ballas, NMC San Diego, obtained her CNOR.

LT Jonathon Barrett, WRNMMC, obtained his CNOR.

LT Joshua Becker, OHSU Portsmouth, received his Certified Medical-Surgical Registered Nurse (CMSRN).

LT Jerrie Echon, USNH Yokosuka, obtained his Ambulatory Care Nursing Certification.

LT Christie M. Hoban, NBHC Everett, obtained her Ambulatory Care Nursing Certification.

LT Brittany Holmes, NHC Corpus Christi, achieved her certification as a Psychiatric-Mental Health Nurse.

LT Nicole Kellymoore, NMC Portsmouth, earned her Progressive Care Nursing Certification (PCCN).

LT Charles Moore, Naval Hospital Beaufort, obtained his certification as a Family Nurse Practitioner (FNP).

LT Christopher Parker, USNH Guam, obtained his Certification as a Pediatric Emergency Nurse (CPEN).

LT Ramon Paul, WRNMMC, obtained his CNOR.

LT Joahna Pedrozo, NMC San Diego, obtained her CEN.

LT Ivette Sanchez, USNH Naples, obtained her Certification in Inpatient Obstetrics (RNC-OB).

LT Paul Sanchez, USNH Guam, became dual-certified as CEN and Trauma Certified Registered Nurse (TCRN).

LT Lokelani A. Sarazen, NH Jacksonville, achieved her certification in Ambulatory Care Nursing.

LT William R. Sumner, NBHC Everett, obtained his Ambulatory Care Certification.

LT Jessica Tate, USNH Naples, obtained her CEN.

LT William D. Velasco, NMC San Diego, obtained his CNOR.

LT Jennifer Ziegler, NMC San Diego, attained her CNOR.

LTJG Clare Abenojar, NMC Portsmouth, achieved her Maternal Newborn Nurse (RNC-MNN) Certification.

LTJG Kendra Arias, NMC Portsmouth, obtained her certification as a CMSRN.

LTJG Erica M. Charlesworth, NMC San Diego, obtained her Psychiatric-Mental Health Certification.

LTJG Katherine Garza, EMF Dallas, obtained her Certification as a Critical Care Nurse (CCRN).

LTJG Cassandra Gonzalez, NMC San Diego, currently deployed with the NATO Role 3 in Kandahar, Afghanistan, obtained her CCRN.

LTJG Shannon Griffin, 1st Med Bn, obtained her CCRN.

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**Earn a certification or a non-DUINS degree?
Selected for an award or honor?**

Congratulations!

For mention in our BZ section,
submit your announcement
through your chain of command,
then to your Nurse Corps News team using the
envelope hyperlink found on each page
in the lower right-hand corner,
or [find us on milSuite!](#)



Bravo Zulu!



LTJG Abby Hohmeier, NH Beaufort, obtained her CMSRN.

LTJG Laura Krieg, NH Guantanamo Bay, obtained her CMSRN.

LTJG Ernest Mwathi, WRNMMC, obtained his certification as a Family Nurse Practitioner (FNP).

LTJG Christopher Phan, USNH Guam, obtained his CCRN.

LTJG Louis Pingotti Jr, USNH Guam, obtained his CEN.

LTJG Grace Puglisi, USNH Guam, became dual-certified as a TCRN and CEN.

LTJG Carlos Robles, Navy Medicine Readiness and Training Command Jacksonville, achieved CCRN certification while deployed to the NATO Role 3 in Kandahar, Afghanistan.

ENS Robert Tucker Bell, NMC San Diego, obtained his PCCN.

ENS Nicolas A. Filio, NMC San Diego, obtained his PCCN.

ENS Mariel E. Gulyes, USNH Okinawa, obtained her CEN.

ENS Brigid Horan, NMC Portsmouth, obtained her CEN.

Education

CDR Jamey Wilson, Operational Health Support Unit (OHSU) Pensacola, DET G, graduated with a Masters of Science degree in Executive Nursing Administration at the University of South Alabama.

LCDR Karen Doyle, OHSU Portsmouth, obtained her MSN in Education.

LCDR Jessica Smith, EMF Dallas, OHSU Jacksonville, DET N, graduated with her CRNA/DNP from University of North Florida in Jacksonville.

LT Kristen Holzwar, EMF Dallas, graduated with a Master's of Science degree as a Family Nurse Practitioner and became Board certified.

LT Tiffany Lerch, NHC Quantico, earned her Master's Degree in Nursing Education from American Military University in February 2019.

LTJG Justin Lewis, OHSU Pensacola, DET G, graduated in August 2018 from the University of Alabama Birmingham with a Master of Science degree as a Family Nurse Practitioner. He passed his board certification in December 2018.

LT Vera Mann, EMF Dallas, One DET L, graduated from the National Institute of First Assisting, Advanced Practice Registered Nurse program, earning a certificate to be a Registered Nurse First Assistant.

LT Gloria Stewart, OHSU Pensacola, DET C, graduated from the University of Alabama Birmingham with a Master of Science degree in Psychiatric Mental Health Nurse Practitioner program. She passed her certification in September 2018.

LTJG Wang Tao, OHSU Portsmouth, graduated from the Adult Geriatric Acute Care Nurse Practitioner Program at the University of Connecticut; and passed Board certification.

The FY19 Nurse Corps Redesignation Board met in February to review applications from those who earned advanced degrees in selected specialties outside the Duty Under Instruction program. The Board reviewed two applicants and approved both for redesignation to Family Nurse Practitioner:

LT John P. Blakley, NH Jacksonville

LT Leonard L. Wilson, NH Beaufort

Congratulations to you both for completing your degree programs and being selected to join the Family Nurse Practitioner community!





Recognition

CAPT Judy Dye, Commanding Officer, EMF Great Lakes, and Reserve Component Research Specialty Leader, was recognized for her research on military women and mental health (Click link for full article: <https://health.mil/News/Articles/2019/01/24/Invisible-wounds-dont-discriminate-by-gender-study-finds>)

“A significant number of military women injured in combat-related events subsequently experienced invisible wounds such as post-traumatic stress and anxiety, according to a recent Naval Health Research Center study. Further, women in the enlisted ranks were more likely than female officers to receive these mental health diagnoses. The NHRC study is one of the first to focus solely on military women.”

LCDR Peter Sunden, EMF Dallas, was recently appointed as an Adjunct Director and Faculty at Carroll College in Helena, MT, for the level 400 critical care nursing course.

LT Ludson Brown, DNP, FNP-C, NH Jacksonville, had her abstract entitled "Implementation and Evaluation of Prediabetes Education and Utilization of a Mobile Application in an Internal Medicine Clinic" selected for a poster presentation at the Sigma Theta Tau Honors Society's 30th International Nursing Research Congress in Calgary, Alberta, Canada next July. Her DNP is newly conferred her first abstract submission.

LT Emily Latimer, Emergency Department Clinical Nurse Specialist/Division Officer at USNH Naples, had her abstract (*pictured*) accepted for presentation at the European-African Military Nursing Conference in Germany. Her abstract is related to creation of a training program geared toward maximizing readiness in low acuity Emergency Medical Departments, specifically those in OCONUS settings. Every week, the Emergency Department conducts a training exercise starting in the field with the EMT's and finishing in the Emergency Department. The scenario is followed by a debrief and training on specific equipment considered "high acuity/low volume." The program has been a great success, and we are extremely proud of LT Latimer's hard work!



RN Terri Burns, NH Jacksonville, is an author for Chapter 17: Care of the Acutely Ill Patient in the newly released edition of the American Academy of Ambulatory Care Nursing (AAACN) Core Curriculum for Ambulatory Care textbook.

The DAISY Award is a national program that was established in 2000 by the family of J. Patrick Barnes after he succumbed to complications of an auto-immune disease. His family was overwhelmed by the compassionate care they received by the nursing staff. Therefore, they created the DAISY foundation in his memory, through which patients and their families nominate nurses for outstanding care.

On Jan. 31, 2019, Melissa Barnes (pictured far right), Vice President of Operations for the DAISY Foundation and Sister-in-Law to J. Patrick Barnes, shared the story of J. Patrick Barnes and provided insight into the DAISY Award during NH Camp Pendleton's first award ceremony. **RN Phyllis Curley**, Multi-Service Ward, was recognized with the first DAISY award.



LTJG Angela Reel, EMF Dallas, received the DAISY Award at Chambersburg Hospital.

