



Nurse Corps News

Volume 8, Issue 5

May 2014

Inside this issue:

Director's Corner	1
Preparing Your Packet for Senior Leadership	2
Specialty Leader Updates (1903, 3150, & 1960)	3-4
Disaster Workshop and RADMs Hall and Niemyer Awards	5
Introducing milSuite: Social Media at Work	6
Regional SNE NME: Nurse Advice Line	7
Regional SNE NMW: Nursing in Hospital Expansion	8
Nursing Informatics Roles Announced	8
San Diego Leadership Committee of Nursing Staff	9
Bravo Zulu!	10



Submit your articles, photos, and BZs through your chain of command to:

NCNewsletter@med.navy.mil

Nurse Corps News Staff

Design/Layout:
[LT Nicholas Perez](#)
[LT Eric Banker](#)

Editor:
[LT Edward Spiezio-Runyon](#)

Director's Corner

Greetings Nurse Corps Officers!

For those aspiring toward leadership positions such as CO, XO, and DNS, this is "season" for leadership position screening and slating. It prompts me to focus my monthly comments on career planning and personal self-assessment aimed at leadership trajectories. Three points: mentorship, KSA development, and leadership.

First, the importance of identifying and bonding with a strong mentor cannot be overstated. A strong mentor provides guidance on navigating your career to meet your professional goals. Second, one must deliberately and regularly monitor career progression in terms of knowledge, skills, and abilities. Do your resume and professional record document key milestone demonstrative of your ability to take on increasingly challenging and diverse roles? Have you continued to meet and exceed the duties expected of your rank? Have you dedicated yourself to supporting and furthering the mission of Navy Medicine?

Third, and most importantly, periodically consider your own leadership philosophies and attributes. Do you embody the qualities of a successful leader? This subjective and very personal self-assessment is vital to developing your own core leadership style. Stephen R. Covey is a recognized expert in the field of leadership and his book *The Speed of Trust: The One Thing that Changes Everything* (2006) is an excellent resource. Covey writes, "The first job of any leader is to inspire trust. Trust is confidence born of two dimensions: character and competence. Character includes your integrity, motive, and intent with people. Competence includes your capabilities, skills, results, and track record. Both dimensions are vital." He describes 13 behaviors of high-trust leaders, including the ability to talk straight, demonstrate respect, create transparency, right wrongs, show loyalty, deliver results, get better, confront reality, clarify expectations, practice accountability, listen first, keep commitments, and extend trust. The successful leader will be able to balance these behaviors



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

based on the situation in order to achieve results.

Navy Medicine needs strong, capable, visionary leaders – leaders who personify the 13 behaviors described by Covey. There are many such leaders within the ranks of the Nurse Corps. It is our collective and individual responsibility to identify, support, and prepare these Nurse Corps Officers to lead us forward. I encourage you to deliberately plan and manage your own career, while also looking outward to identify a Shipmate with whom you might bond and mentor along on his or her career path.



Follow the Admiral on Twitter!
[Twitter.com/Navy_NC](https://twitter.com/Navy_NC)





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

“The slating of senior officers is critical to the leadership of our Reserve Commands and to ensure... readiness to meet the Navy’s future missions and platforms.”



Preparing Your Packet to Enter Senior Leadership



Spring has sprung and with it the growing season is in full swing. In the Navy new growth opportunities are abundant through the FY-15 Navy Reserve National Command and Senior (O5/O6) Officer Non-Command Billet Screening and Assignment “Apply” Board. The APPLY medical panel will convene on 26-29 AUG. Now is the time to put your personal career goals to the test and compete for the billet you have always wanted. Make sure your record is current, including a recent photo in rank, and be thinking long and hard about your dream sheet. It’s time to take another step up the career ladder!

The [COM-NAVRESFORNOTE 5400](#) for APPLY has been released and it provides clear guidance to each community. I encourage every nurse to read the 5400 in its entirety. Important points include:

- Officers in non-command (excluding Post Command billets) billets may break PRD to apply for Command, Executive Officer, Senior Executive positions, and “E” coded billets in Program 9.
- Former COs cannot

apply for Senior Executive positions or serve in a billet in their prior command, officers may have only one tour as CO, XO, or Senior Executive per pay grade.

Items for you to clarify and complete on your own application include: registration; validation of current assignment, PRD, and personal data; selection of billets in order of preference; and a statement regarding willingness to travel and your willingness to accept a billet assignment not listed on your dream sheet. Unlike Selection Boards, correspondence to the APPLY Board is often appropriate in order for you to amplify unique civilian qualifications that may not be readily apparent in your service record or to provide information that is not in your record. However, avoid superfluous or redundant information. All dream sheets must be submitted between 02-16 JUN. Also, regularly check the APPLY website for the most current information. Changes in billet information during the advertisement phase will be kept to a minimum but may still occur.

All O-5/O-6 officers must validate current assignment and personal

data on the APPLY website by 23 MAY regardless of current assignment status. If your billet tenure is expiring and you do not register and select at least one billet assignment on your dream sheet, you will be ineligible for an interim fill. Those officers mobilized and members of the VTU who are unable to register need to seek assistance from COM-NAVRESFOR at: cnrfc_apply@navy.mil.

Competition for billets is fierce, so make sure all your attributes are clear in your record. The job of the APPLY Board is to match our finest officers to the billets for which they are best and fully qualified. The slating of senior officers is critical to the leadership of our Reserve Commands and to ensure NRM readiness to meet the Navy’s future missions and platforms. I hope to see many Nurse Corps names among the list of COs and XOs and encourage those eligible to be Senior Nurse Executives to step up to the mantle of leadership. Best wishes to all and I hope your Navy career dreams come true.

Specialty Leader Update: **Nursing Educators (1903) Education/Training Management Specialists (3150)**

Greetings! The community of Nurse Educators (1903) and Education/Training Management Specialists (ETMS) (3150) are busily engaged in delivering quality education and managing training programs to ensure our staff have the right knowledge and skills in supporting Navy Medicine's mission of providing outstanding healthcare. We have focused on several key projects in meeting this challenge.

First, our efforts have been to address the low numbers of 3150 personnel that have plagued our specialty for several years. In 2011, manning for the 3150 subspecialty reached an all-time low of 50% manned. This created a significant issue in detailing NC Officers with skills in education program management to the San Antonio area during the buildup of consolidated Navy Medicine enlisted technical programs, including the stand-up of the Navy Medicine Education and Training Command.

In coordination with both the 3150 Specialty Leader of the Medical Service Corps and the Program Leader of the

Navy Education and Training Command, we confirmed that Nurse Corps officers with work experience in ETMS positions met the ten 3150 Educational Skill Requirements were eligible to hold the 3150-S specialty code. Advertising this option to attain the 3150 subspecialty code resulted in the increase of specialty manning to 78%. We are hopeful that additional subspecialty code conversions will further increase the pool of qualified ETMS nurses to support Navy Medicine training programs.

Our second focus has been to promote more efficient management of staff development programs. Since winter 2012, members of the 1903/3150 community have been engaged in addressing the process of assigning, documenting, tracking, and reporting on training. Results from a survey of all Staff Education and Training departments demonstrated that significant issues were impeding staff from identifying what training they were required to complete and the current status of their training compliance. Additionally, a lack of standardization of learn-

ing content and inefficiency in training reporting contributed to educator and training manager frustrations. Through a BUMED chartered working-group, it was concluded that the adoption of a Navy Medicine enterprise-wide Learning Management System (LMS) could greatly advance the organization's ability to effectively manage its facility-based education and training programs.

In May, the Request for Purchase was sent to fund the enterprise wide LMS with a targeted "go-live" date to commence in the fall of 2014. This platform will be used to assign training, launch web-based learning, document web/live training, provide access to CE/CME, and delivery greater efficiency and granularity in training reporting. Future plans could include incorporation of competency documentation and delivery of interagency CE/CME courses. Implementation plans are currently under development. More information is expected to be provided to general staff on this exciting evolution in education and training management.



[Christopher Pratt](#)
CAPT, NC, USN

**Nurses:
Do you have a
question for the
Admiral?**

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





[Eddie Lopez](#)
LCDR, NC, USN

“It is imperative for critical care nurses to remain in a high state of individual readiness and be prepared to deploy, sometimes with very short notice.”

Specialty Leader Update: Critical Care Nursing (1960)

Operational tempo remains high for the 1960/Critical Care community. As of 09 May, there were 40 Navy Nurse Corps Officers currently deployed, 17 of whom are critical care nurses. In addition, there are 15 1960s pending deployment, of which two are embedded alternates that remain susceptible for mobilization up to the midway point of their designated mission.

These highly skilled and motivated nurses support contingency operations world-wide, in various roles and settings. They serve in five of the unified theaters and are assigned to

units such as NATO Role 3 Multinational Medical Unit, Forward Surgical Teams, Medical Battalions, USMC Rotational Forces-Australia, EMF-Djibouti, Guantanamo Bay, Cuba, and aboard the hospital ship USNS Mercy.

Some of these nurses are required to receive specialized training for aero-medical evacuations and attended the 10-day Joint En Route Care Course (JECC) at Fort Rucker, Alabama, and will earn an additional AQD. Deployment durations can be as short as eight weeks and or as long as 10 months, with the possibility of

extensions depending on needs of the local commander.

Support is provided from throughout all of Navy Medicine’s regions.

It is imperative for critical care nurses to remain in a high state of individual readiness and be prepared to deploy, sometimes with very short notice. For those who are interested in serving in the En Route Care role, physical fitness is vital due to the swimming qualification and helo-dunker requirements of the JECC.

Status	NCR		NME		NMW	
Currently Deployed	Walter Reed-Bethesda	2	NMC Portsmouth	3	NMC San Diego	3
			NH Pensacola	3	NH Bremerton	1
			NH Jacksonville	3	NH Guam	1
			NH Sigonella	1		
Pending Deployment	Fort Belvoir Community Hospital	1	NMC Portsmouth	1	NMC San Diego	6
			NH Pensacola	1	NH Bremerton	1
			NH Jacksonville	1	NH Guam	1
			NH Sigonella	1	NH Okinawa	1
					NH Camp Pendleton	1

You read the Nurse Corps Newsletter... but did you know that RADM McCormick-Boyle regularly posts thoughts, photos, questions, and career advice on Twitter as well?



Follow her on Twitter for more great information!

[Twitter.com/Navy_NC](https://twitter.com/Navy_NC)

Upcoming Disaster Medicine and Public Health Workshop

The National Center for Disaster Medicine and Public Health (NCDMPH), an academic center of the Uniformed Services University, is pleased to announce that we will be hosting the 2014 Learning in Disaster Health Workshop (LDH14) in the DC Metropolitan area on 09-10 September 2014. Don't miss this event, the only national workshop of its kind addressing learning and disaster health. Register here at no cost. We currently welcome the

submission of poster abstracts for the display at the Learning in Disaster Health Workshop. Accepted posters will be reviewed at the workshop by a poster review committee. Winners will have the chance to present in the NCDMPH's webinar series. Submit your abstract today!

LDH14 has been approved by the Uniformed Services University of the Health Sciences as a regularly recurring educational event with formal class-

room training essential to the carrying out of a strategic, operational, tactical, service, training, or administrative military mission. Because this is a Department of Defense-hosted event, no further conference approval clearance should be required of DoD attendees. However, attendees may need to obtain approval for funds for travel/lodging/per diem.

For further information, please contact [Elizabeth Brasington](#), Communica-



[Valerie Morrison](#)
CAPT, NC, USN

tions & Administrative Assistant, HJF National Center for Disaster Medicine and Public Health.

Announcing the Annual Mary F. Hall and Elizabeth S. Niemyer Awards

The RADM Mary Hall and RADM Elizabeth Niemyer awards were established to recognize Navy nurses who have positively contributed to the image of nursing through professional publication or implementation of successful evidence-based practice (EBP) projects.

Eligible nurses are Navy Nurse Corps officers (Active and Reserve Components) and Department of Navy (DoN) Federal Civilian Registered Nurses. Department of Defense (DoD) Federal Civilian Registered Nurses or Veterans Affairs nurses from joint facilities are eligible to apply if their publication/project was a collaborative effort with a Navy nurse(s). Criteria for these awards are included below.

For the Mary Hall Award for publication:

- Author(s) must be identi-

fied as Navy nurse(s) in the article or byline.

- May be individual or collaborative effort.
- Publication during the previous calendar year (January-December 2013). A copy of the published article must be submitted to the Assistant Director for Career Plans, M00C3, by 30 June 2014.
- Submission may be a journal article, full length book, book chapter, editorial, or newspaper article.
- Authors may submit an unlimited number of publications.
- Writing must contribute to the body of knowledge in nursing practice, education, research, or describe specific elements of Navy Nursing.

For the Elizabeth Niemyer Award for evidence-based practice:

- Submission of a one (1) page abstract describing the EBP project to the Assistant Director for Career Plans, M00C3, by 30 June 2014.
- May be individual or collaborative effort.
- Completion of EBP project during the previous calendar year (January-December 2013).
- Individuals may submit an unlimited number of abstracts.

The selection process includes:

- A committee for the publication award will be chaired and selected each year by the Nursing Research Specialty Leader.
- The award committee will consider the following elements when reviewing publications submitted. Elements may be weighted according to the following order:

1. Significant contribution to nursing
2. Accurate and consistent presentation of content
3. Concise and logical organization of ideas
4. Sound presentation in support of original ideas
5. Appropriate research methodology and/or scholarly topic development
6. Adequate and appropriate documentation
7. Contribution to furthering the image of Navy nursing

Annual recognition includes a congratulatory letter from the Director, Navy Nurse Corps, and being highlighted in the Nurse Corps Newsletter and a quarterly video teleconference. If you have questions please e-mail [CAPT Valerie Morrison](#) or call her at (703) 681-8922. Thank you and good luck!



Marlow Levy
LCDR, NC, USN

The Nurse Corps (NC) Strategic Communications Board would like to welcome everyone to milSuite, the new age of communication via social media within the Department of Defense (DoD)!

The NC community has created a dynamic website for all nurses. The new milSuite site provides an active global forum for professional collaboration, insightful discussions, and intellectual exchanges between active, retired, and reserve members. As NC officers, we are committed to providing care or support either through direct patient care at the bedside or as providers, administrators, instructors, recruiters, quality managers, and researchers. This is an opportunity to share your insights and reach all members of the NC in one exciting, centralized, and secure environment.

What is milSuite?

Think of milSuite as the DoD's version of Facebook, Twitter, YouTube, and Wikipedia all rolled into one easy to use, secure platform. Today's work environment requires increased personalization and social media capabilities that support a virtual workforce. These capa-

Social Media: The Nurse Corps Sets Sail with milSuite

bilities reduce duplicative efforts and increase productivity by allowing the workforce to connect with people and knowledge instantly. Communities across the DoD have embraced milSuite as a comprehensive platform for collaboration and secure sharing of information behind the firewall. It is available to any active military, civilian, reserve, or contractor working member of the DoD with a Common Access Card (CAC), which is required for registration and access.

MilSuite consists of:

- milWiki (military encyclopedia): Similar to Wikipedia, where knowledge is power. You can discover and contribute information on DoD people, places, organizations, systems, and processes. Build and maintain an encyclopedia with articles including processes, policies, organization pages, and biographies. With milWiki you can search and share information with a DoD-wide audience.
- milBook (military professional networking): Similar to Facebook, where individuals share and connect, follow friends and activities across all of DoD, create status updates, and track content of interest. It is where organizations, communities, and groups collaborate in user generated public and private groups for professional forums, project tracking, idea discussion, calendar management, sharing documents,



- and blogs.
- milTube (military video sharing service): Similar to YouTube, where users can create, watch, and share videos for broadcasting announcements, education and training, news, and professional interviews.
- milWire (military information sharing service): Similar to Twitter, where users can discuss and collaborate with short, quick bursts of information or shared links. Users can post items such as announcements, news and alerts, special events, achievements/awards, and anything else they want to share. Content is searchable by keyword, category, and tag.

Getting Connected

In order to join our NC community on milSuite, simply go to the [website](#), create an account and log-in with your CAC, create your personal profile, and start communicating with friends all over the globe. You can even personalize your profile with a photo or creative avatar. Once

you're on our site, you can ask the NC office questions, create interesting blogs, make suggestions for improving communication, follow the Admiral's Twitter feed, get the latest NC news, create interesting and thoughtful discussions, upload videos, suggest great books to read, create wikis, create new subgroups, and take part in hundreds of other activities.

In a short time, you will see an expansion of groups, capabilities, and rewarding virtual experiences on milBook to include new Specialty Leaders pages, groups for detailers, virtual conferences, training webinars, "live" chats, eMentoring, and so much more. The cyber sky is the limit with this platform!

This is an "all hands on deck" initiative that will lead to a new, virtual NC community with unlimited potential and highly rewarding experiences.

If you have any questions about milSuite or any other NC communications initiatives, please feel free to contact me by phone at (703) 681-8929 or email at marlow.levy@med.navy.mil.

Regional SNE, Navy Medicine East: Introducing the Nurse Advice Line

As the Navy Medicine East Medical Home Port (MHP) Champion, I have been intimately involved with the start up of the CONUS Nurse Advice Line (NAL) for the past 3 years. The NAL will provide 24 hour a day/7 day a week nurse triage, advice, and Medical Treatment Facility (MTF) appointing. The goals are to recapture care to our MTFs, to reduce unnecessary ED and Urgent Care utilization, to improve the patient's continuous healthcare relationship with his/her MTF and PCM, and to maximize patient satisfaction. I am excited to share that since, 28 March, we have begun a slow roll out to all our Tri-Service Military Treatment Facilities with plans for implementation at all facilities by the end of July.

Naval Hospital Bremerton and Naval Hospital

Pensacola were the first two Navy hospitals to go live. Tentative start dates for all facilities have been provided to Commanding Officers/SNEs and Command Medical Home Port (MHP) Champions. Marketing materials are provided to the commands and telecons are held two weeks prior to the anticipated start date to discuss the implementation process and answer any questions or concerns. Fact Sheets are also updated and provided to all facilities to share information and lessons learned. Upon start up, command representatives will have real time access to command-specific NAL utilization reports on a Web Reporting Repository and encounter reports will be delivered via Relay Health Secure Messaging to the patient's PCM.

As of 14 May, over

4,500 calls have been received by the NAL with only 14% of the MTFs connected. More than 90% of the patients who have called intended to seek care in an Emergency Department, Urgent Care, or with a provider. After triage, more than 47% resulted in self care and general health information, resulting in a cost savings of \$3,900/day with an average of 85 calls/day. There is a projected volume of 1,400 calls/day when all MTFs are connected.

For further information please contact your local command MHP Champion or:

[CDR Debra Kumaroo](#),
Navy Service Lead

[CAPT Denise Johnson](#),
Regional MHP Champion (Navy Medicine East)

[CAPT Lynn Bailey](#), Regional MHP Champion (Navy Medicine West)



[Denise Johnson](#)
CAPT, NC, USN



Nurses:

Do you have an idea for an article, a feature, a comment, or a suggestion on how to improve the Newsletter?

Let us know!

NCNewsletter@med.navy.mil

Regional SNE, Navy Medicine West: Nurse Involvement in Hospital Expansion



[Jay Chambers](#)
CAPT, NC, USN

SNEs:

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

Contact us to find out how!

NCNewsletter@med.navy.mil

One of the tremendous features of being the regional Senior Nurse Executive (SNE) is the ability to look across all aspects of nursing across multiple commands. In doing this you get to see and influence how nursing interacts with other directorates within the organization, other commands outside the Medical Treatment Facilities, and how this all fits into the strategic plan over a length of time. Over this past year Navy Medicine West (NMW) has seen the conclusion of just such a complex operation – the opening of three new hospitals: Naval Hospital Okinawa, Naval Hospital Camp Pendleton, and Naval Hospital Guam.

For those who have not been involved, the nursing role is critical to the successful opening of a hospital. The process begins early in the design stage. Clinicians are asked for their input in terms of work flow patterns, patient care space, and

equipment utilization along with a myriad of other items. Honest detail input is critical to this process. After construction begins the need for input does not stop.

Here at NMW CAPT Penny Heisler served as the clinical liaison overseeing the blueprint to concrete formation of this process. Multiple evolutions begin within the facility's department of nursing services. Assessments are conducted for staffing patterns, training requirements for orientation to new spaces, new equipment, and new workflow patterns as a result of the design. All of these require someone with a keen clinical eye and skill at leadership and organization.

When the time comes to move, it is not unlike the birth of a child. In spite of all the preparation and training, there was still work required in the form of nurse involvement within the NMW manpower directorate. CDR Blake

Ellis and his relief, CDR Ray Johnson, assisted in identifying the source for cross level support and validating those requests. LCDR Patty Weise served as the Operational Support Officer and identified and coordinated more than 20 extended reserve personnel in support of this increased labor need. When all the coordination, training, planning was complete, the nurses in the MTF individual units took over and moved patients, set up equipment, and executed the new work flows. The end result is safe patient care taking place in new state of the art environments of care.

If anyone is interested in learning more about the nursing role in hospital design or facility moves please contact:

[CAPT Penny Heisler](#)

or

[CAPT Jay Chambers](#)

Nursing Informatics Roles Established

The instruction for the "Clinical Informatics Workforce" ([BUMEDINST 6000.16](#)) has now been released. This instruction calls for the establishment of a Chief Nursing Informatics Officer at each MTF providing inpatient care.

If nominees are not already trained informaticists, they may request training through [Navy Medicine Professional Development Center](#) (NMPDC) for the American Medical Informatics Association 10x10 courses.

Anyone with questions or an interest in Nursing Informatics may contact me directly or our Specialty Leader, CDR [Lonnie Ho-sea](#).

[Piper Struempfler](#)
LCDR, NC, USN

Naval Medical Center San Diego: Leadership Committee of Nursing Staff

The Naval Medical Center San Diego (NMCS D) Leadership Committee of Nursing Staff (LCONS), chaired by LTs Nicole Cuthbertson and Jazmyne Avery, is working hard behind the scenes to implement innovative professional development initiatives for our staff.

To kick off the 2014 Nurses Week, LCONS collaborated with the Nurses' Association to spearhead our first ever Professional Development Fair on 07 May. The San Diego weather provided a particularly beautiful backdrop to the courtyard gathering, where we learned about opportunities in nursing and sipped on root beer floats courtesy of the Nurses' Association. LTs Christina Collazo and Gabriel Rodriguez coordinated representatives from 10 local and national undergraduate and graduate nursing schools, who were on hand to promote their programs.

Eleven of our own stellar advanced practice and certified nurse specialists presented posters on their specialties. Our MEC P/STA-21 coordinator, CDR Ethan Josiah, and medical programs recruiter, LCDR Derrick LeBeau, extolled the virtues of becoming Navy Nurses and provided the resources to help make it happen.

The fair reached more than 200 attendees and provided a wonderful platform to celebrate nursing achievement, encourage exploration of specialties, and promote professional growth and development.

If you are interested in learning more about the exciting new nursing initiatives coming out of NMCS D (Professional Development Seminar, role, badges, Mentorship, EBP, and certification recognition), please do not hesitate to contact our LCONS Public Affairs Officer, [LTJG Devon Dan](#).



HN Brittany Denton, NMCS D Internal Medicine Department, studies a Certified Registered Nurse Anesthetist poster board during the Nurses Professional Development Fair. (U.S. Navy photo by MC3 Pyoung K. Yi)



LT Adam Haines, an NMCS D Emergency Department nurse, sets up a Certified Emergency Nurse poster board during the Nurses Professional Development Fair in the courtyard. The annual event is presented by the NMCS D Nurses Association and Leadership Committee of Nursing Staff and is in recognition of National Nurses Week themed, "Nurses: Leading the Way." (U.S. Navy photo by MC3 Pyoung K. Yi)



LCDR Aron Bowlin and the Detailers in Millington, TN, give a remote training presentation on orders and assignments via video teleconference during the NMCS D Nurses' Association Junior Officer Nurse Corps Professional Seminar in the auditorium. (U.S. Navy photo by MC3 Justin W. Galvin)

A special thank you to NMCS D's Nurses' Association for presenting the Junior Officer Nurse Corps Professional Seminar teleconference.

Junior officers from around the world had the opportunity to tune in to this outstanding full-day seminar on topics ranging from nursing duties to fitness reports and mentorship.

Bravo Zulu!

Bravo Zulu!



Certifications

- LT Brittany Berger at Navy Medicine Training Support Center passed her Ambulatory Care (RN-BC) certification exam.
- LT Elyse Braxton from Naval Hospital Oak Harbor passed her Ambulatory Care Nursing (RN-BC) certification exam. LT Braxton was also selected as the Naval Hospital Oak Harbor Junior Officer of the Year for 2013. Congratulations!
- LTJG Megan Durgin from Naval Medical Center Portsmouth passed her Inpatient Pediatrics (CPN) certification exam.
- LCDR Michael Guy from Naval Branch Health Clinic, Naval Air Station Pensacola, passed his Ambulatory Care Nursing (RN-BC) certification exam.
- LCDR John Sinclair, Ship's Nurse aboard USS Nimitz (CVN-68), completed all American Nurses Credentialing Center (ANCC) requirements for Emergency Nurse Practitioner board certification.

Education (Non-DUINS)

- LCDR Tonya Bailey at Navy Medicine Training Support Center completed her Master of Science in Nursing, Nurse Educator with High Distinction Honors from Liberty University.
- LT Katherine Betts at Navy Medicine Training Support Center completed her Master of Science in Nursing, Nurse Educator from Northwest Nazarene University.
- CAPT Karin Warner from Fort Belvoir Community Hospital graduated from Duke University with her Doctor of Nursing Practice (DNP). CAPT Warner was also awarded with the Duke University School of Nursing "Outstanding Capstone Award" for her dissertation entitled "Establishing a Total Joint Arthroplasty Program at a Community Military Treatment Facility: Safety, Efficacy and Cost Comparison to Purchased Care." Bravo Zulu, Captain!

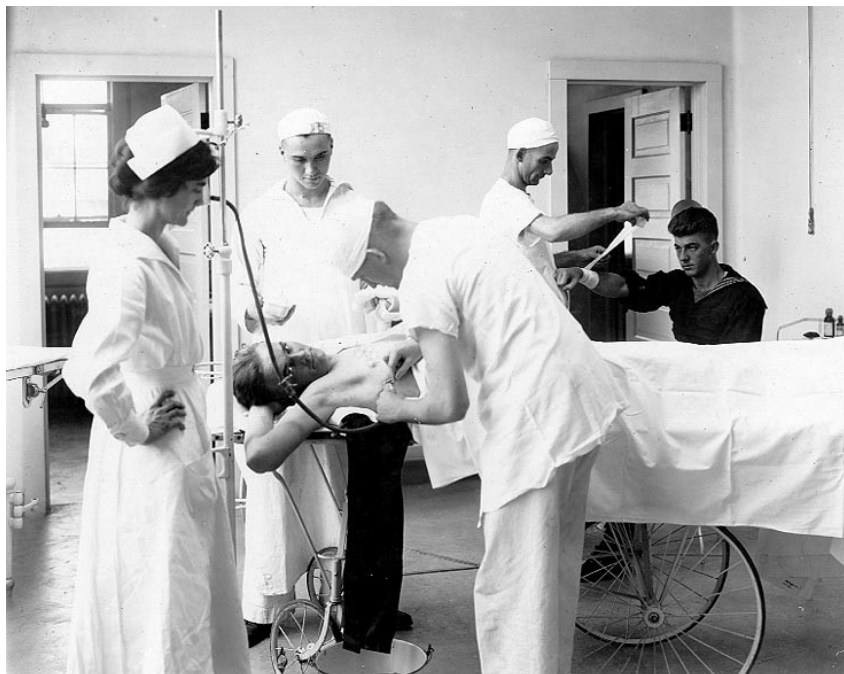


Photo courtesy of the Naval History & Heritage Command

Navy Nursing Legacy:

While much of what we do as Navy Nurses has changed and evolved with evidence and technology over the years, a basic part of our job — training Hospital Corpsmen — has remained constant and as important as ever.

Here we see a Navy Nurse supervising three Corpsmen as they irrigate and dress wounds at Naval Hospital New Orleans, circa 1918.