



Nurse Corps News

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NCNewsletter@med.navy.mil

Nurse Corps News Staff

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Director's Corner: Diversity

Reaching beyond the Merriam-Webster dictionary definition of "Diversity" as "the state of having people who are different races or who have different cultures in a group or organization," our Chief of Naval Operations (CNO) describes diversity as "not founded on statistics, percentages, or quotas, [but] about achieving peak performance" from the people in the organization. To establish a force of peak performers, the CNO recognizes the importance of recruiting and nurturing a diverse force; "our force will draw upon the widest possible set of talents and backgrounds to maximize our war-fighting capability, adapt to address new threats and challenges, and take advantage of new opportunities." I support these concepts fully and believe they are Navy Nurse Corps imperatives as well.

The Nurse Corps is 63% female and 37% male. Ethnically, we are 70% white, 13% African-American, 7% Asian, 3% multi-race, and 1% each is American Indian and Native Hawaiian. The numbers are important and a rich, diverse composition is desirable. It is most important, however, to remember that it is not just about the numbers. What really matters is how we develop and tap into the talent of the many individuals who contribute to the numbers.

To establish our force of peak performers from a diverse pool, we too must "draw upon the widest possible sets of talents and backgrounds to maximize our 'Nursing' capability." Each Nurse Corps Officer must be developed to his or her maximum potential. Positions of challenge and opportunities

to excel must be made available to all and then the most qualified and talented Nurse Corps Officer identified for these challenges and opportunities. This development process begins at Ensign and proceeds through each and every rank. It is essential to expand one's knowledge, skills, and abilities in order to be positioned for the next career milestone or leadership position.

To "draw upon the widest possible sets of talents and backgrounds to maximize our 'Nursing' capability," we must also increase our understanding of the diverse talent surrounding us. As leaders of and as Shipmates within a diverse community, we must increase our understanding of "diversity" and our competencies in leading and teaming within a diverse community.

The 21st Century Sailor website for Diversity and Inclusion outlines the eight "Celebratory Days" the Navy specifically targets. They are:

- Asian/Pacific American Heritage (May)
- Women's Equality Day (26 August)
- Hispanic Heritage Month (15 September - 15 October)
- National American Indian Heritage Month (November)
- Dr. Martin Luther King Jr. Birthday (3rd Monday in January)
- Black History Month (February)
- Women's History Month (March)
- Days of Remembrance (April/May timeframe)

I encourage you to participate in these celebratory days. At each event I attend, I learn something new and my perspective and understanding of



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

others increases. I acknowledge also that there are many other communities and ethnic groups that have celebrations throughout the year and I encourage you to participate in these celebrations as well. In particular, Lesbian, Gay, Bisexual, and Transgender Pride Month (June) and the National Disability Employment Awareness Month (October) are of growing importance.

For me, the ideal "state" of Diversity represents a tapestry, one of many fabrics and colors woven together to create something breathtakingly beautiful and far more meaningful than the sum of its individual threads. The Nurse Corps' beautiful tapestry requires deliberate attention across, between, and within our many organizational tribes and silos. We must deliberately weave our Nurse Corps tapestry to ensure its enduring strength and beauty.



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



Reserve Corner: The Importance of Diversity in Navy Medicine



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

October is National Diversity Month. The U.S. Navy is a leader and innovator when it comes to establishing and effectively executing diversity policies and programs. Diversity is a priority set forth from the CNO to the deck plate level. This culture of inclusivity helps to emphasize how fortunate we are to be part of such an evolving and committed concept.

So what is diversity all about? As defined by the [CNO's Mission and Vision statements](#):

- **Navy Office of Diversity and Inclusion's**

Mission: *"Attract, develop, and retain a high-quality, diverse workforce that values a culture of inclusion."*

- **Navy Office of Diversity and Inclusion's**

Vision: *"A Navy that harnesses the teamwork*

and imagination of a technically proficient workforce that is diverse in experience, background, and ideas."

These statements seem simple enough to understand but it's important to recognize that the mission and vision are based upon an important fundamental concept clearly articulated by our Surgeon General, VADM Matthew Nathan. "Our Navy Medicine personnel are our most valuable assets. The collective sum of the individual differences, life experiences, knowledge, inventiveness, innovation, self-expression, unique capabilities, and talents of our Navy Medicine workforce represents a significant part of not only our culture, but our reputation and mission accomplishment. Navy Medicine is committed to fostering, cultivating, and preserving a culture of diversity inclusiveness. It is our mission to ensure that we provide culturally excellent care anywhere, anytime, coordinating established, novel, and holistic practices while individualizing medical care to meet specific needs of our patients and their families. We

shall cultivate a Navy Medicine workforce reflective of our beneficiaries and those we serve."

You have heard me talk repeatedly about a culture of inclusiveness. This transcends the color of skin and ethnic origin. In order to be a high performance team, the Nurse Corps must also embrace divergent ideas with varying approaches to problem-solving within a positive Command Climate. Currently our Reserve Component demographics reflect a diverse group of characteristics, with regards to race and gender percentages. In respect to gender we have are 69% Female and 31% Male breakout; and with regards to Race and Ethnic Origin, there is a combined 34% breakout that includes various race, ethnic, and cultural groups.

We must embrace and encourage our shipmates' differences in age, color, disability, ethnicity, family or marital status, gender identity or expression, language, national origin, physical and mental ability, political affiliations, religion, socioeconomic status, veteran status, and other characteristics that

make our employees unique. All Navy Medicine personnel have a personal responsibility to treat others with dignity and respect at all times.

We foster Command climates which are based on the notion of voluntary collaboration where each Sailor will proactively seek to problem solve and assist each other in achieving the mission regardless of the Sailor's primary area of responsibility. It is important that each Command embrace diversity by recognizing and respecting each other's differences while leveraging individual strengths for the good of the unit community.

The US Navy is known for its global force initiatives. Our success on foreign shores depends upon our continued maturation as an organization that is culturally diverse and aware of how to ensure the utmost respect and dignity for all individuals who seek our care.



Ask the Admiral



Navy Nurses are already integrated into the DHA. How do you envision the role of our NC as we continue the joint services process?

Though Navy NC officers are assigned to integrated facilities and at the DHA, many of these jobs are not truly joint. In other words, the manning tables remain under Navy, and the administrative oversight is by Navy. Navy NC

officers need to develop cultural competence to work with and understand the sister Services, in order to share ideas and best practices. I envision our role to continue to champion excellence in Nursing through caring, compassionate, and competent work. However, as Navy Nurse Corps Officers, we have to have a stake in the process. As taskers and requests come to us for joint or DHA positions, the

Nurse Corps office and the detailers attempt to put our best and brightest forward for these nominative positions. In doing so, we are demonstrating our commitment to the SG's Jointness goal and demonstrating our relevancy to Military Medicine.



Nurses:
Do you have a question for the Admiral?

Post your question to NCNewsletter @med.navy.mil for an opportunity to "Ask the Admiral"

Navy Senior Leader Seminar

Six Navy Medicine leaders were among selected participants in the Naval Postgraduate School's Navy Senior Leader Seminar (NSLS), held at the Washington Navy Yard from 19-29 August 2014. The NSLS is an intensive nine-day executive education program that introduces the latest "best practices" in strategic planning, goal setting, strategic communication, effects-based thinking,



risk management, financial management, and innovation.

Navy Medicine leaders who partici-

pated included: CAPT Gordon Smith (NC), CAPT Kristen Atterbury (NC), CAPT Christine Gruschkus-

Wright (NC), CDR Carol Hurley (NC), CDR Scott Messmer (NC), and CDR John York (MC).



Specialty Leader Update: Public Health Nursing (1940)

One of the primary missions of the Navy Nurse Corps is to “provide professional nursing care to promote, protect, and restore the health of all entrusted to our care anytime, anywhere.” Public health nurses not only support this mission at the bedside, but expand their role to serve and heal beyond the traditional walls of medical facilities by monitoring and preventing potential threats to the health and safety of our communities, the Navy, and our nation. The road to this specialty is different for everyone, but we each bring a diversity of nursing experience to the profession of public health. We are Critical Care, Emergency/Trauma, Maternal Child, and Ambulatory Care nurses who utilize our foundational nursing experiences to improve the health of individuals and communities.

The standard for public health professionals is an education in public health from a program accredited by the [Council on Education for Public Health \(CEPH\)](#). The educational requirement for public health roles exists for many government positions, health departments, and commissioning as a public health officer within the United States Public Health Service. The 1940 subspecialty code is awarded upon completion of a graduate degree in public health which aligns with our civilian counterparts for many positions and exceeds the

standard for others. Our high standard ensures the Navy Nurse Corps is always prepared to provide the highest quality of care through the promotion of health for those we serve.

Public health nurses serve as subject matter experts similar to a Clinical Nurse Specialists. Our roles focus on evidence-based practice for all patients entrusted to our care in outpatient settings, community-based programs, and throughout the fleet. We serve in operational and humanitarian settings during routine missions and times of crises and to answer the call for any need around the world. Over this last year our community has deployed several members.

LCDR Tim Whiting from NMC Portsmouth served as the OIC for the Medical Adaptive Force Package on Southern Partnership Station 2014. The primary medical mission for SPS14 focused on building partner capacity and conducting subject matter expert exchanges in public health and preventive medicine, dental, OB/GYN and maternal and infant health with the host nations of Belize, Guatemala, and Honduras. They also conducted assessments for future humanitarian assistance and disaster relief. The medical mission was a huge success and paved the way for future engagements in this area of responsibility.

CDR Shelly Benfield from Guam and LCDR

Susan Mojica from San Diego were part of Pacific Partnership 2014 as part of the Pre-Deployment Site Survey (PDSS), Advance Planning (ADVON) Team, and ADVON for Pacific Partnership fly-in team to Timor Leste (near Indonesia). Both were involved in the planning and execution of more than 50 educational exchanges and events in public health, emergency preparedness, nursing skills, maternal and infant care, water sanitation, optometry, dental care, and first responder/basic life support in Indonesia and Cambodia.

LCDR Tracy Krauss deployed from BHC NAF to Legazpi, Philippines, for Balikatan 2014. She worked as a public health educator teaching diabetes nutrition and treatment to over 200 providers. After three days of didactic teaching, she worked alongside those providers assessing and treating over 300 patients. LCDR Krauss also participated in a one-day, boots-on-the-ground clinic in Tacloban, triaging and teaching nutrition to over 500 people.

MPH education with concentrations in Global Health occasionally offers opportunities for internships outside the U.S. LCDR Amy Zaycek, a current MPH DUINS student at UCLA completed a 10-week internship with the Regional U.S. Health Affairs Attaché Office attached to the U.S. Embassies in Papua New



Misty Scheel
LCDR, NC, USN

Guinea and Fiji. Under the guidance of U.S. Navy Physician CDR Carlos Williams, she collaborated on a future publication titled “The State of Health in the South Pacific.” The report outlines regional public health successes, ongoing challenges, and identifies factors that are important in predicting health outcomes (determinants of health) in this population. This project conducted a mapping of current activities in the region and discussed opportunities for future USG and allied partner engagement. During the execution of the project she met with a cross section of society from key government officials to heads of international and regional organizations, non-government organizations, and grass roots community organizations.



Navy Medicine Surgical Services Product Line Update: Off to a Great Start!



Christine Gruschkus-Wright
CAPT, NC, USN

The Navy Medicine Surgical Services Product Line (SSPL) is nearing completion of its initial establishment phase. The Communications, Operations, and Governance plans are being finalized, 14 working groups are being organized and vetted, and the Operating Room (OR) dashboard is being deployed to all Military Treatment Facilities (MTFs) with active ORs.

In 2013, the Bureau of Medicine and Surgery (BUMED) Medical Operations (M3) Chief Medical Officer signed the OR Optimization Working Group scope statement, assigning key leaders and multidisciplinary Subject Matter Experts (SMEs) to this effort. Two work streams were created to address enhancement of OR utilization, ensuring best practices in patient safety and supply procurement process improvement projects.

Subsequently, in October 2013, the Surgeon General (SG) called for standardization of medical equipment and clinical services across Navy Medicine. CAPT Christine Gruschkus-Wright, a perioperative nurse, and CDR Brad Bunten, an anesthesiologist, were selected to establish the SSPL. In February 2014, they reported onboard as BUMED's SSPL Program Managers. By summer 2014, they discovered numerous best practices and opportunities for optimizing surgical services policies and practices during initial site visits to the five largest Continental United States (CONUS) MTFs.

The SSPL's mission is in alignment with the SG's strategic goals of Readiness, Value, and Jointness. The team works closely with the Army's Chief of the Surgical Services Service Line (3SL), MAJ (P) Matthew Welder, CRNA. Active collaboration is ongoing with Defense Health Agency (DHA) leaders in areas such as Tri-Service currency measures and other surgery-related metric refinement.

The SSPL also works closely with the BUMED Program Analysis and Evaluation (M81) Johns Hopkins University Applied Physics Laboratory

teams in implementing improvement projects identified during initial scoping assessments. Some examples of these projects include enhancing patient flow throughout the perioperative experience, optimizing human resources, streamlining materials management, and improving overall OR performance. For example, estimated cost savings from Electronic Catalog (ECAT) ordering for orthopedic implant devices across the Services was \$1.59M for FY14 Q1 and Q2.

The Surgical Services Advisory Board (SSAB) was established in August 2014. Appointed by RDML Ken Iverson, Deputy Chief (M3), this team of 12 SMEs is led by the SSPL. Their primary roles are to support the SSPL in the prioritization of focus areas, develop recommendations and endorsement of initiatives, and support the SSPL in the development of policy. In support of working groups created to address many prospective projects, the SSPL will also address surgical services issues



Brad Bunten
CDR, MC, USN

following the Military Health System Review, working closely with BUMED Safety and Quality leaders to make further improvements.

HM1 Tivey Mathews, a member of the SSAB, will be joining the SSPL team in December 2014. We look forward to welcoming him to BUMED!

For additional information about Navy Medicine's Surgical Services team, contact **CAPT Christine Gruschkus-Wright, NC, USN**, at (703) 681-9133 or **CDR Brad Bunten, MC, USN**, at (703) 681-5206.



Have an idea for an article or photos of you and your colleagues doing what you do best?

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

NCNewsletter@med.navy.mil



Special Leader Update: Pediatric Nursing and Pediatric Nurse Practitioner (1922/1974)



Kathryn Stewart
LCDR, NC, USN

Hello to all of the 1974 and 1922 nurses serving around the world. First, I would like to thank LCDR Tim Brender for his hard work as Specialty Leader for the Pediatric communities for the past three years. His dedication and efforts have not gone unnoticed. Recently, I was fortunate to attend the Annual Nurse Corps Strategic Planning meeting at Fort Belvoir, VA. We participated in the development of many objectives and initiatives for the upcoming FY that directly align with Navy Medicine's strategic mission. As a Pediatric Clinical Nurse Specialist (CNS), one major area of interest is the Clinical Excellence objective, which will focus on ensuring our competencies are in alignment with the skill sets within Mosby's with the overarching initiative to ensure

these skill sets are standardized across the enterprise. Strategic objective teams are a great way to take part in shaping our future and to work with Nurse Corps members across Navy Medicine.

As fiscal responsibility continues to remain a priority for Navy Medicine, it is evident that Nurse Corps officers are working harder and smarter. Pediatric Nurse Practitioners (PNPs) continue to serve as the backbone in many of the Pediatric Medical Homes. This dedication to our pediatric beneficiaries can lead to long hours and challenges meeting additional duties outside the demands of clinical responsibilities. At our two Medical Centers in San Diego and Portsmouth, leaders and peers now have the ability to reward this hard work through the designation of Master Clinician status. Both hospitals have developed programs where clinicians who serve as experts in their respective field with at least four to eight years of service may be recommended for Associate Master Clinician or Master Clinician. Criteria considered for this designation includes GME involvement, research or performance improvement, RVU production, and patient Satisfaction. The goal of this program is to recognize those providers who consistently

demonstrate exemplary patient care and professionalism. If interested in learning more about the program or how get one started at your MTF, please let me know! I would love to see all of our PNPs being recognized as Master Clinicians as I know that many of you are already exceeding these benchmarks!

I would like to recognize our superstars in the inpatient and outpatient pediatric community. CNS LTJG Shannon Griffiths has led the development and implementation of Difficult Intravenous Access (DIVA) policy at Naval Medical Center Portsmouth to address the high anxiety experienced by patients and family members associated with venipuncture and peripheral intravenous catheter placement. The new policy, which empowers the staff to assess patients for the potential for difficulty with access and allows for additional courses of action has resulted in a decrease in repeated attempts and an increase in satisfaction with the procedure from patients and parents. The guidance encourages earlier use of interventions such as the use of lidocaine cream, child life specialists, and distraction to ease the anxiety surrounding venous punctures which has been shown to result in

greater placement success.

In the outpatient setting, LTJG Sarah Anderson actively promotes pediatric skill development at USNH Sigonella through the implementation of a Pediatric Skills Fair. It was a multidisciplinary event with Respiratory Therapy, Neonatology, and Emergency Department participation and over 20 staff members in attendance, which helped sharpen and enhance staff comfort levels in caring for pediatric patients.

Finally, I want to say thank you to all the 1922 and 1974 nurses for the hard work you perform everyday which ensures safe and quality care to our pediatric beneficiaries. In the future there will be a call out for an Assistant Specialty Leader. If you are interested in assisting to lead our community and have experience as a Pediatric Nurse Practitioner and/or Pediatric Nursing, please stay tuned for the announcement. I will work closely with NC leadership to find the right person for the job. Thank you again for this opportunity to represent you as your Specialty Leader as it is both an honor and a privilege!



Specialty Leader Update: Nurse Midwives/Women's Health Nurse Practitioners (1981/1980)

There are many exciting opportunities within the 1981/1980 nursing specialty. This month I would like to highlight the experiences, in their own words, of three individuals at different points in their nurse midwife careers.

LT Cheryl Castro is a newly Certified Nurse Midwife. She graduated in May 2014 from the nurse-midwifery program at San Diego State University, successfully passed her boards, and recently reported to Naval Hospital Camp Pendleton. "Exciting, nervous, thankful and motivated are just a few of the emotions I was overwhelmed with when completing my DUINS tour. I am transitioning with the help of my peers and mentors from the role of nurse to credentialed provider. In my first week, I was lucky to deliver five babies, manage laboring mothers, and first assist in a cesarean section. It's a new and amazing thing to be called 'Staff' when helping to accustom new family practice residents to the world of labor and delivery. I came into the most welcoming of professions and the most humble of callings. I am one of the Navy's newest Certified Nurse Midwives!"

CDR Christine Larson is a Certified Nurse Midwife currently stationed at Naval Hospital Bremerton. Additionally, CDR Larson is the American

College of Nurse Midwives Uniformed Services Affiliate President. "I recently returned from a two month TDY to Cambodia and the Philippines. I flew to Cambodia in mid-May as part of the Advanced Echelon for Pacific Partnership 2014 – the largest multinational humanitarian and disaster response exercise in the Pacific. I was part of a team of four health professionals readying the MEDCAP missions and sites in anticipation of the main body's arrival. The main body departed from Yokosuka, Japan, on the JS Kunisaki, a Japanese Navy LST. After a nine-day stop in Vietnam, the Kunisaki arrived in Cambodia for the next 10 days, before continuing on to the Philippines and eventually arriving in Okinawa. As a nurse midwife, I was responsible for being the medical mission planner, which involved site preparation/setup, logistical arrangements for personnel, and on-site problem solver. I embarked on the Kunisaki from Cambodia to continue the mission the Philippines. Shockingly, it was my first experience being underway on a ship – and resulted in many experiences I had never had before, including the additional challenges of being on a foreign naval vessel. Arriving in the Philippines and working there was an opportunity I will never forget. I was able to use my midwifery skills to provide prenatal care to an appreciative population,

which was devastated from the super typhoon in November 2013. We left the Philippines, and were another three days at sea in front of another typhoon... talk about a rough ride! We happily arrived in Okinawa and flew home from there. It was a fantastic experience, which resulted in many professional and personal high points for me, and one I would highly recommend to all!"

CDR Kirsten Harvison is a Certified Nurse Midwife currently stationed at Naval Hospital Camp Lejeune. "In 2008, I had the opportunity to deploy with the Expeditionary Medical Force to Camp Arifjan in Kuwait. My deployment was challenging and at the same time very rewarding. The experience provided me some amazing opportunities through a leadership position as OIC for the busiest Troop Medical Clinic in theater (a joint operation mission with the Army) and the chance to provide women's health care right in theater (a concept on the forefront of Military Medicine – appreciating the importance of addressing medical needs for forward deployed females while promoting health and wellness in less than optimal settings). I served as a subject matter expert for other medical disciplines when it came to women's healthcare, in addition to being the medical/



Maria Perry
CAPT, NC, USN

forensics provider for sexual assaults. Additionally, I provided primary non-gynecological care, with a heavy orthopedic component, to deployed females. This role stirred my clinical skills while functioning within my scope of practice. My deployment role also afforded me the opportunity to demonstrate the versatility of a Certified Nurse Midwife and therefore answer the question that was repeatedly posed to me about deployment utilization of a Nurse Midwife in theater, where there were 'no pregnant women to take care of.' It was a wonderful, challenging, and rewarding experience – being a Navy Nurse Midwife providing healthcare in an operational setting!"

I hope that these brief narratives convey some of the dynamic opportunities individuals in the 1981 Community have partaken in. Please feel free to [contact me](#) if you have any questions.



Subspecialty Codes Decoded

John Eckenrode
CDR, NC, USN
Nurse Corps
Personnel Planner

The Navy employs subspecialty codes (SSCs) to facilitate the assignment of subspecialists to subspecialty-coded billets and generate the Navy's advanced education requirements. SSCs are the means by which the Nurse Corps categorizes positions (billets) and people (inventory) – they serve as an accounting tool more than a personal recognition tool. SSCs account for clinical and professional skills based on experience, education, certification, and training and are also utilized to calculate manning by taking the inventory of Nurse Corps officers assigned to that specialty and dividing by the billets to provide percent manned. As an example, as of September 2014, the Medical-Surgical specialty has 542 personnel with a primary SSC of 1910 and there are 487 billets with a primary subspecialty code of 1910 which means

that specialty is 111% manned. So how does one decipher SSCs? The code includes a number plus a letter suffix. The number identifies the particular specialty area while the suffix denotes experience, education, certification, or training. The tables to the right denote the various SSCs and suffixes.

Now that you know what a SSC is and the various specialties within the Nurse Corps, what does this mean for you? You need to take ownership of your SSC to ensure they are accurate. As mentioned earlier, SSCs are an accounting tool and if they are not accurate it can result in specialties appearing over or undermanned which can then impact the Nurse Corps training plan and opportunities for Duty Under Instruction (DUINS) quotas.

When should you update your SSC? Here are some examples:

- 1) After any change in job - your primary SSC needs to reflect where you currently work
- 2) After completion of a Surgeon General approved course – SSC with V suffix
- 3) First anniversary in

Nursing Subspecialty Codes

1900	Professional Nursing
1900D	Nursing Research
1903	Nursing Education
1910	Medical-Surgical
1920	Maternal Infant
1922	Pediatric Nursing
1930	Psychiatric Nursing
1940	Community Health
1945	Emergency/Trauma Nursing
1950	Perioperative Nursing
1960	Critical Care Nursing
1964	Neonatal Intensive Care Nursing
1972D	Nurse Anesthesia PhD
1972	Nurse Anesthesia
1973	Psychiatric/Mental Health Nurse Practitioner
1974	Pediatric Nurse Practitioner
1976	Family Nurse Practitioner
1981	Nurse Midwife
3130	Healthcare/Business Analytics
3150	Education & Training Management

Subspecialty Code Suffixes

E	Less than 1 year of experience
S	Between 1 and 3 cumulative years of
R	More than 3 cumulative years of experience
K	Certified in the specialty
P	Master's degree (with concentration in the specialty)
Q	Master's degree AND Certified
D	Doctorate degree
V	Successfully completed SG approved course

- a specialty area – E suffix changes to S
- 4) Fourth anniversary in a specialty area – S suffix changes to R
- 5) Earning certification in a specialty – K suffix
- 6) Earning Master's

(continued next page)



Subspecialty Codes Decoded (cont.)

- degree in specialty – P suffix
- 7) Earning BOTH Master’s degree and certification – Q suffix

As part of one of the enabling objectives of the FY15 Nurse Corps’ Strategic Plan, the Workforce goal team will be updating the SSC guidance which will be disseminated to the deck plates so that every Nurse Corps officer will have it as a reference. Additionally, the command SSC updates (scrubs) will be reinstated on a biannual basis in an effort to improve the accuracy of the SSC data contained in the Bureau of Medicine Manpower Information System (BUMIS). These updates will be coordinated with the Regional Senior Nurse Executives and their respective command’s Directors of Nursing and Senior Nurse Executives. The link below is to the form required to submit SSC updates.

Additional Qualification Designation Codes

As stated above, the SSC describes the NC officer’s specialty area and related experience,

education, certification, or training and the SSC system is the primary personnel system to inventory nursing skills available and/or needed to support the war fighter. Nurse Corps officers also possess Additional Qualification Designation (AQD) codes which provide supplementary information regarding the qualifications, skills, and knowledge a Nurse Corps officer retains or that may be required to perform the duties and/or functions of a billet beyond those implicit in the billet, designator, grade, subspecialty, or naval officer billet code (NOBC).

AQD codes consist of three characters; the first identifies a broad occupational area and the 2nd and 3rd characters specify the qualifications. Those starting with the number “6” pertain exclusively to health care. For Nurse Corps officers the AQD may be used during assignment and selection procedures. A command representative may ask the detailers to assign an officer who carries a particular AQD (e.g., a 1910R officer who carries the 69O AQD for an ambu-

latory clinic billet). During selection boards the individual’s AQDs are visible and provide descriptive information about the individual’s skill set and experience. AQD descriptions can be found in the [Manual of Navy Officer Manpower and Personnel Classifications](#).

The AQD codes validated by the Nurse Corps Personnel Plans Analyst are as follows (other AQDs exist but are granted through a different process, such as Phase I JPME):

For questions regarding specific SSC management, please contact the [Nurse Corps Personnel Plans Analyst or assistant](#).



Additional Qualification Designation Codes	
HB3	Officer Recruiter
HG1	Officer Recruiter, Headquarters Staff Officer
LA7	Surface Warfare Medical Department Officer
6FA	Fleet Marine Force Experience
6OB	Shipboard Assignment
6OC	Hospital Ship Assignment
6OE	En-Route Care
6OU	Fleet Hospital Experience
6OW	Trauma Trained Officer
6AJ	Flight Nurse
67G	Managed Care Coordinator
67A	Executive Medicine
68H	Health Promotion Coordinator
68I	Health Care Management
68L	Informatics Nursing
69O	Ambulatory Care Nursing
69P	Primary Care Nurse Practitioner
69L	Labor & Delivery Nurse Experienced



Bravo Zulu!



Certifications

- LT Mark Bueno at Naval Medical Center Portsmouth passed the Perioperative Nursing (CNOR) certification exam.
- LT Tatiana Crosby at Branch Health Clinic Sasebo, Naval Hospital Yokosuka, passed the Ambulatory Care Nurse (RN-BC) certification exam.
- LT Susanne Pickman at Naval Hospital Guam passed the Wound, Ostomy, and Continence Nurse (WOCN) certification exam. In addition, she has been named an onsite Wound, Ostomy, and Continence Nursing Preceptor. Well done!

Education (Non-DUINS)

- LCDR Linda (Alana) Huber at Naval Health Clinic Quantico earned a Master of Science in Nursing Education from Grantham University.

Nurse Corps All Hands Live Event—29 October @ 1400 EST

RADM Rebecca McCormick-Boyle will host a virtual “Nurse Corps All Hands” via Facebook on 29 October 2014 from 1400-1500 EST. This is an opportunity to communicate “live” with the Director of Navy Nurse Corps (NC).

Participants are encouraged to log-on via Facebook and chat with the Admiral about the current/future state of

the NC, professional development, policy and practice, recruiting and retention efforts, and other issues affecting the community. Primary point of contact is LCDR Marlow Levy.

For updates and information, please visit the links below:

- [Facebook](#)
- [Twitter](#)
- [milSuite](#)

This is a great opportunity for all nurses to

connect one-on-one with the Director of the Navy Nurse Corps via social media. If your command does not allow access to Facebook, please work with your IT Department to request limited access for the event. Also, you may be able to request a mobile hotspot from your IT Department to ensure connectivity. Let’s make this a huge success! We look forward to seeing as many nurses online as

possible.

If you have any questions, please do not hesitate to call or email [LCDR Marlow H. Levy](#) in the Office of the Navy Nurse Corps at (703) 681-8929.

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

NCNewsletter@med.navy.mil

