



Nurse Corps News

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Nurse Corps News Staff

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Director's Corner: Specialty Leaders

Navy Nurse Corps Colleagues, in the northeast the signs of spring are slowly becoming more visible. The days are longer, flowering trees are beginning to bud. In Boston the record breaking snow piles are shrinking. I find the season energizing and hope it energizes you as well. I am also energized by our Nurse Corps Specialty Leaders' great work and highlight them in this note to you.

To excel at our Force Health Care mission there must be an intimate understanding of its requirements and a deliberate effort to develop the capabilities needed to meet the requirements. The requirements review and capabilities development is a constant and complex process covering many issues from military analysis, health care skills, health care policy, health care practice standards, manpower analysis and manpower development to individual recruitment and career management. Our Nurse Corps Specialty Leaders, covering 16 different specialties for the Active Component and Reserve Component, work tirelessly on all these issues; they are an amazing cadre of exceptional naval officers and professional nurses.

Earlier in March, Specialty Leaders presented updates to members of the NC's virtual office (Deputy, Policy & Practice, Career

Plans, Detailing, Community Manager, Education & Training, Total Force, and me) over a three day period. It was an intense, condensed exchange of information, but it was time incredibly well spent. Each Specialty Leader presented information regarding the specialty's current and projected manning; an assessment of its "health"; a review of challenges identified; and the initiatives underway to meet these challenges, strengthen our Corps, and increase our contribution to Navy Medicine's mission.

I am grateful to our Specialty Leaders for their tremendous representation of our entire Corps as well as their particular specialty area. During a period of incredible change within and focus on health care and the military health system in terms of quality, safety, value, readiness, and productivity, they work tirelessly to keep abreast of changes in education, updates with national standards of practice, and utilization of nurses within their areas of expertise. They tackle issues with clinical skill sustainment, address succession planning for key positions, are involved in working groups throughout Navy Medicine and the Military Health System, and network on a regular basis with colleagues within the Medical, Medical Service, Hospital, and Dental Corps as well as officers



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

in the other uniformed services.

I have asked that their briefs, along with a summary of issues be posted on milSuite for your review. I hope that you will review these documents. They describe the Nurse Corps' incredible depth, breadth, and diversity in support of Force Health Protection. Additionally, we will continue to highlight three to four of our Specialty Leaders in our newsletter.

Our Specialty Leaders are key contributors to the Navy Nurse Corps, today and into the future. Competitively chosen for this very time consuming "collateral" position, these officers are experts in and passionately committed to their disciplines. Through their efforts our Nurse Corps is well represented and has a strong voice. I am grateful to them for their efforts and hope that you are as well.



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Reserve Corner: Diversity



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

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 how is the concept of diversity operationalized?

First, it's important to know what we mean when we talk about diversity in the Navy. 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 cul-

ture 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 which is, “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 insure that we provide culturally excellent care any-

where, 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”.

So, how does diversity transcend from a concept to real world application in the Navy? First, it takes place at the deck level where all sailors of all levels embrace a culture of inclusiveness which transcends the color of skin and ethnic origin. Indeed, diverse culture and a positive Command Climate is measure by which we evaluate our leaders. Recently, Commanding Officers have been relieved for command climate issues so this is a real yardstick. Secondly, specific direction is given at all Selection Boards and APPLY with respect diversity. A best and fully qualified individual who distinguishes his or her performance by being a recognized leader in diversity is going to have a competitive edge over colleagues who do not. It is important to highlight examples of diver-

sity leadership in your service record and ensure that the FITREP Block 34 has high scores.

All Navy Medicine personnel have a personal responsibility to treat others with dignity and respect at all times. In developing our leaders of the future, it is important to lead by example and ensure that each Command embraces diversity by recognizing and respecting each other's differences while leveraging individual strengths. Every Nurse Corps officers must understand the importance of transcending diversity as a concept and promote active practical application.



DNS/SNEs:

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

Contact us to find out how!

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Reserve Affairs Officer (RAO): Strategic Goals Update

I would like to acknowledge all of the work that is being done by the Reserve Component (RC) NC Officers with regards to the NC Strategic Goals and Initiatives for FY15. The SEPT 2014 newsletter outlined all of the accomplishments from the NC Strategic Goal teams for FY14. A refreshed set of initiatives were devised for FY15, last September 2014 and remain in alignment with the Surgeon General's goals of Readiness, Jointness, and Value. I just would like to share a few highlights of the work that is being done on your behalf.

1. Clinical Excellence: CAPT Judy Dye's team is working on a new Nurse Corps Scorecard which outlines and captures specific metrics related to NC readiness as it relates to the member's critical skills specialties. The objective of this scorecard is to derive where the training and mentoring gaps are so that they can be addressed by the Senior Nurse Executive (SNE).

2. Professional Excellence: CAPT

Karen Young's team has completed work on a SNE tool kit that harbors vast amounts of information, including checklists like the Career Development Board guideline which can be used by the SNE and the Detachment Nurse Leaders (DNLs) to mentor their NC officers from the rank of Ensign to Captain. Another very helpful tool for the Direct Commissioned Officers is a "Reserve Nurse Corps Checklist – A Guide for First and Second Drill Weekends." Make sure to get this out to every new Junior Officer who comes to the Naval Operational Support Centers on their first weekend, as it has some great information on expectations, requirements, websites, etc. Please ask your SNE about this document.

3. Strategic Partnership: CAPT Kimberly Sandberg's team is working on a questionnaire regarding Command interests, with additional hospital inpatient training at either a Federal or Civilian hospital in a particular region. Therefore, we will do an assessment prior to developing a plan of action for this type of initiative, so

stand-by on this quest.

4. Workforce: CAPT Anita Bacher's team is working diligently on reviewing and standardizing current billet titles for the RC NC. This team has also devised an AQD spreadsheet outlining the requirements a member has to meet for that particular code. Please check with your SNE to obtain a copy of the AQD outline.

5. Communication: CAPT (s) Teresa Gully's team is working on a MilSuite RC NC Homepage where we will be able to house this documents, checklists, job descriptions, etc., as they relate to the RC NC community. Once you become trained on how to use this site, you will be able to reach in to obtain specific information to assist you in maintaining an updated personal profile. There is also talk about possibly setting up a chat room with specific NC groups to communicate with each other.

As you can see there are great things happening with the RC NC because of the Senior Nurse Executives and other NC leaders who are engaged at keeping you moving forward in



Irene K. Weaver
CAPT, NC, USN

your career. Stay tuned for further updates.



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

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Nurses:
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Navy Medicine Professional Development Command (NMPDC) Update



Mark Copenhaver
CAPT, NC, USN

Graduate education is one of the many requirements that help advance your career in the Nurse Corps. Officers may obtain a graduate degree on their own time through the tuition assistance program (TA), or apply for the Duty Under Instruction program (DUINS).

DUINS offers the opportunity to attend school on a full time basis at no personal cost while receiving all benefits and pay commensurate with the student's rank. Candidates must have a minimum of two years' commissioned experience to apply.

Depending upon the degree requested students may attend one of three military service schools: Naval Postgraduate School in Monterey, CA, Army-Baylor in Waco, TX, or the Uniformed Services University in Bethesda, MD. Students seeking degrees not provided by

service schools may attend an accredited public or private university of their choice closest to their current duty station.

DUINS opportunities will change from year to year based on Navy Medicine requirements. Training opportunities are announced in the early spring and may include:

- Manpower Systems Analysis (Monterey)
- Health Care Management (Army-Baylor)
- Clinical Nurse Specialist (CNS) in either Medical-Surgical, Maternal-Child, Pediatric, Psych/Mental Health, ER/Trauma, Critical Care, Neonatal Intensive Care, or Perioperative (CNS/MBA)
- Pediatric NP/FNP
- Nurse Mid-Wife/DNP
- Public Health (MPH)
- Education and Training Management
- Joint Commission Fellowship
- Nursing PhD Research
- Certified Registered Nurse Anesthetist DNP
- CRNA PhD Research
- DNP/Psychiatric MH NP
- DNP/Family Nurse Practitioner.

Before making the decision to apply for DUINS, interested candidates must work with their detailer to align the PCS date from their current command with

the start date at their schools of choice. Please note, early PCS to attend DUINS is not generally approved; however, extensions are. Additionally, interested candidates should speak with the specialty leader of their chosen field of interest before committing.

Selected candidates will be allowed 24 months to complete a Master's degree, 36 months for a DNP, and 48 months for a PhD. Additional service obligations for attending school are calculated as: three years for the first year and six months for every six months (or part thereof) thereafter.

Candidates may seek waivers to apply for DUINS if they have preexisting obligations from other programs such as: STA-21, NCP, or ROTC. The waiver does not eliminate your obligation; rather it waives you from being barred from applying due to your existing obligation. RN-ISP obligations cannot be waived and must be completed before starting school. Existing obligations are not "burned off" while attending school and will be added to your new DUINS obligations upon graduation. However, unlike other pro-

grams, TA obligations are burned off while attending DUINS.

The DUINS program is guided by BUMEDINST 1520.27 series which is updated as requirements change, and the Annual Training Plan which includes quotas for each FY is released each spring. The instruction contains the template for the application package and, along with other pertinent information, can be found on the NKO NC website under Retention/DUINS. The **BUMEDINST 1520.27H** remains the current guidance this year, as no modifications are required for FY-16.

Applications are due by **01 October** and are requested in both hard-copy and pdf formats; the latter will be used as a backup for the board. For more information please contact CAPT Mark Copenhaver at 301-295-5773 or mark.copenhaver.mil@mail.mil.

Nurses:

Do you have a question for the Admiral?

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



Leadership Opportunity: Perioperative Nursing Specialty Leader

Applications are now being accepted for the Perioperative Nursing Specialty Leader (SSC 1950) position for a three-year term beginning May 2015. Specialty Leaders are appointed by and receive direction from the Surgeon General, and are responsible to serve as primary specialty advisors via the Director, Navy Nurse Corps and Nurse Corps leadership. Specialty Leaders serve as advisors on policy and practice matters related to the specialty for senior leaders across Navy Medicine in addition to serving as liaisons for counterparts in other services. The Perioperative Nursing Specialty Leader represents many Navy Nurse Corps officers that are serving in perioperative settings across Navy Medicine.

As this is a leadership position which interfaces with many senior leaders within Navy Medicine, ideal candidates present well, possess strong leadership and communication skills, and are consid-

ered subject matter experts in the specialty. Candidates that possess a strong record of clinical expertise and leadership and are actively engaged within the Perioperative Nursing community will receive the highest consideration for this position.

Those interested in applying for this leadership position should forward a package including a Letter of Intent, Biography, and Curriculum Vitae to [nepolicyandprac-](mailto:nepolicyandpractice@med.navy.mil)

tice@med.navy.mil NLT 17 April 2015. In addition, a Commanding Officer's endorsement is required to be submitted with all packages, which denotes Command awareness and support of the nomination including the additional collateral responsibilities required of the position, and support of funding for specialty leader-related travel when possible. All candidate packages will be reviewed by a board of

senior NC leaders and a recommendation for selection will be made to the Nurse Corps Director for final selection and appointment by the Surgeon General.

Please contact the Specialty Leader for Perioperative Nursing, [CDR Carol Burroughs](mailto:CDR.Carol.Burroughs@navy.mil), at Comm: 571-231-4515 or [CAPT Kristen Aterbury](mailto:CAPT.Kristen.Aterbury@navy.mil) at 703-681-8927 for additional guidance or information regarding this great leadership opportunity!



During the celebration of the Navy Reserve's 100th anniversary, reserve nurses from EMF Great Lakes DET Z had the opportunity to meet with the guest of honor, Senator Gary Peters.

(L-R) LTJG Yabut, LT Lampley, Senator Peters, LT Gordon, and LT Johnson



Specialty Leader Update: Medical Surgical Nursing (1910)



Kelly Vega
LCDR, NC, USN

Greeting from the land of the rising sun! I enjoy receiving e-mails from all of you and I'd like to share a few of the most frequent e-mail topics I receive as Specialty Leader.

Conferences:

Many people think that conferences are automatically requested by the Specialty Leaders and as long as the conference is already approved, they can attend. However, Specialty Leaders are required to submit packages to BUMED with specific "By Name Requests" at least 90 days in advance of the conference. Once approved, only those individuals may attend on cost orders. I have received a number of e-mails in the last few weeks for

conferences such as Wound Care Conference, NACNS, ASPAN, and others that are unfortunately less than 90 days away. If you are interested in attending a conference, and your Command will support, let's start talking **at least six months** in advance of the conference date.

DUINS:

Many of you are already planning for this year's board. It's never too early to start! As many states continue to work to align with the *Consensus Model for APRN Regulation*, schools are changing their programs. Chances are if you are looking for a school that has a "Medical Surgical CNS" program, you not likely to find one. The most common program will be Adult Gerontology Clinical Nurse Specialist. The "Adult Gerontology" is the population and the "Clinical Nurse Specialist" is the role. You can further choose a specialty area such as Oncology, Wound Care, Cardiovascular, Diabetes Management, etc. The

program cannot be blended with NP and cannot be completely online. If you are unsure of a certain program, just send me an e-mail and I will review it for you. We should see the training opportunities plan coming soon! Please check NKO for the latest information on sending your letter of intent. I look forward to conducting interviews in August.

Competencies:

Many people wonder about the Core Competencies, especially around the time The Joint Commission and Medical Inspector General surveyors are visiting! Those posted on NKO are the 2012 version, and are actually knowledge, skills, and abilities (KSAs) versus competencies. The updated versions of the competencies are currently at BUMED awaiting approval with the accompanying instruction for Competency and Clinical Sustainment. The Strategic Objective Team Clinical Excellence is continuing the work from last year's strategic initiative and working on incorporat-

ing the use of Mosby's into our core competencies.

Lastly, but certainly not least, an **Assistant Specialty Leader** for the Medical Surgical nursing community will soon be appointed and announced! This is very exciting as we have recently grown to be the LARGEST specialty group with many subspecialties within. Thank you for those who have expressed interest and support and I look forward to adding an assistant to complement our team.



Earned a certification or a non-DUINS degree?

Been 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



Specialty Leader Update: Family Nurse Practitioner (1976)

I am very excited to have assumed the role of the Family Nurse Practitioner Specialty Leader in October, 2014. First, allow me to introduce myself: I was selected for DUINS in 2002 and graduated from Valparaiso University in 2004. I am dual certified as a Clinical Nurse Specialist in Adult Health and a Family Nurse Practitioner. I have spent most of my career on the east coast or overseas and now, finally, made it back to the Midwest. Growing up on a 60 acre farm in northern Indiana, I am right at home with the lake effect snow and chilling wind of Chicago.

On to what is happening in our community. This is an exciting time for the Family Nurse Practitioner community as we

will officially staff our first independent Aegis Ashore billet in Romania in the fall of 2015. CDR Paul Allen will be the paving the way and setting the stage as the first FNP to assume this role. In a few years, we can anticipate a similar position in Poland. I'd like to recognize that CAPT Cynthia Feller, our first Navy Nurse Corps Officer to serve as a Fleet Surgeon for Naval Forces Europe, 6th Fleet, was the driving force behind a Nurse Practitioner fulfilling this role. It is truly inspiring that our senior Navy Medicine leaders value the role of NPs and serve as our advocates!

Congratulations to LT Brandi Epperson and LT Melody O'Connor who were recently selected for redesignation to the FNP community! Please take a

minute to welcome them and assist in their transition to their new roles. Don't forget, the American Association of Nurse Practitioner National Conference is coming up 09-14 June 2015 and our very own CDR Barbara Mullen will be presenting.

Lastly, a note about DUINS: Take a look at the requirements for the Uniformed Service University's (USU) [Doctor of Nursing Practice criteria for the Family Nurse Practitioner program](#).

There was a recent change regarding a science course requirement. If you have questions regarding this, I encourage you to contact USU directly.

A parting tidbit: please note that my email address kathaleen.smith@va.gov is different from the .mil



Kathaleen Smith
CDR, NC, USN

addresses. If you don't get a response within a reasonable time, your message may not have crossed the informatics archway into the VA system so please feel free to call me at 224-610-5924. Thank you for what you do each and every day! I look forward to talking with you in the future.

New Certification Available in Perinatal Loss Care

New nurses often ask, "Why become certified?" The value of pursuing professional certification serves several important purposes:

- Adds to the advancement of nursing excellence
- Meets the needs of employers, practitioners, and the public by identifying individuals with certain knowledge and skills
- Assures patients that nurses have met standards of practice
- Demonstrates nurses' commitment to their profession and to lifelong learning
- Provides a sense of pride and professional accomplishment
- Demonstrates a commitment to provide safe, quality patient care.

Although numerous nursing certifications are offered by professional nursing organizations, a new certification titled "Certified in Perinatal Loss Care" (CPLC) was introduced by the National Hospice and Palliative Nurses Association. This certification is important in light of the high prevalence of perinatal loss in the United States. According to the [March of Dimes](#), miscarriage occurs in 10-15 out of 100 pregnancies and stillbirth affects one out of 160 pregnancies, demonstrating the need to care for patients and their families who experience this tragic event. In military settings, active duty members who experience a perinatal loss may be separated from their support

systems. Therefore, Navy Nurses with bereavement knowledge can provide critically important care and support for these patients. However, until 2013 there was no official way of acknowledging nurses with this expertise. The CPLC certification is an important step to provide recognition for the nurses who have advanced knowledge and skill in caring for this population.

The CPLC is available for Maternal, Infant, and Neonatal nurses as well as some non-nursing specialties (physician, psychologist, counselor, child life specialist, social worker, or chaplain). Healthcare professionals within these specialties interested in apply-

ing for the CPLC certification must have a current unrestricted license in the United States or its territories, evidence of their profession, and clinical practice in the area of perinatal loss and/or bereavement support for a minimum of two of the last three years.

Congratulations to LCDR Elizabeth Drake and RN Jamie Gilchrist, from Naval Medical Center San Diego, who recently obtained this CPLC certification. If you are interested in this new certification opportunity, please visit the website for the [National Board for Certification of Hospice and Palliative Nurses](#).



Specialty Leader Update: Nursing Research (1900D)



Lisa Osborne
CAPT, NC, USN

Nurse researchers are working to improve the quality of health care delivery, focusing on developing the science related to the care of our patient population. We are focused on both quality *and* efficiency. I am pleased to report that we have researchers and Ph.D. students in DUINS who are working on militarily relevant and timely research projects that will lead to improvements in care. We have researchers who are in positions of leadership and I'd like to take a moment to congratulate **CAPT Jacqueline Rychnovsky** on her assignment as Commanding Officer, Naval Medical Research Center in Silver Spring, Maryland.

There are many examples of current projects from nurse researchers that di-

rectly contribute to the goals of the command to become a high reliability organization. In Portsmouth, a project "Nursing Workload: The Effect of an Alternative Postoperative Pain Management Technique" evaluated an intrathecal injection compared to PCA. This project received the Host Award for best research paper on a clinical topic at the Armed Forces District Conference, American College of Obstetrics and Gynecology (November 2014) and has been accepted for podium presentation at the Armed Forces Research Competition (April 2015). In San Diego, NMCS D was awarded the DoD Patient Safety Award for their development of an evidence-based Behavioral Emergency Response Team (BERT). This project has been identified as a Best Practice and is now implemented hospital-wide. There are far too many projects to list individually, but the impact of nursing research on safety, quality, and efficiency is clear.

The Nursing Research community is growing! I would like to take a moment to introduce our newest

members. We welcome **CDR Virginia Blackman**, who has graduated from the University of San Francisco. CDR Blackman has reported to Walter Reed National Military Medical Center and she will join the joint research team led by CDR Jason McGuire. We also welcome **CDR Lisa Braun**, who will be graduating from Yale University in May. CDR Braun will join the team in Portsmouth, which is led by CDR Hawkins. Finally, we welcome **CDR Abigail Marter**, who will be graduating from the University of Virginia in May. CDR Marter will be assigned to Naval Medical Center San Diego, led by CDR Spence, and will be splitting her time at the Naval Health Research Center. The infusion of these new Ph.D. prepared nurses gives us the opportunity to greatly increase our efforts related to research and evidence-based practice.

Are you interested in increasing your skills in research or evidence-based projects? Check the [TSNRP website](#) for upcoming educational opportunities, and check out the TSNRP-sponsored [Research Interest Groups](#).

These opportunities are open to anyone who is interested! I encourage everyone to get involved with this excellent resource.

We just received the great news that the TSNRP Research and EBP course has been approved for August 31-September 3 in San Antonio, TX. This was a fantastic course last year and I hope to see a lot of Navy Nurses there. Information will be forthcoming about the application deadline. You can watch for the announcements on the [TSNRP website](#), or please contact me at li-sa.osborne@usuhs.edu for more information.



Do you 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:

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Bravo Zulu!

CDR Barb Mullen, at Naval Health Clinic Quantico, has been selected as a 2015 American Academy of Nurse Practitioners (AANP) Fellow. The purpose of the AANP Fellow is to impact national and global health by engaging recognized nurse practitioner's to lead new initiatives and support the AANP mission. She joins a group of leaders whose scholarly

and forward thinking contributions have led to meaningful improvements to healthcare and the Nurse Practitioner role.

CDR Mullen will be formally recognized

this summer at the Induction Ceremony held in conjunction with the AANP 30th National Conference in New Orleans, Louisiana. Outstanding, Commander!

Certification & Education

- **LT Amy Bene**, at Naval Hospital Bremerton, earned the Certified Ambulatory Care Nurse (RN-BC) certification
- **LCDR Jesus Crespo-Diaz**, at Naval Health Clinic Hawaii, earned the Acute Care Nurse Practitioner (ACNP-BC) certification.
- **LT Kara McDowell**, at Naval Hospital Guam, earned the Critical Care Nurse certification (CCRN) while deployed to the NATO Role 3 Multinational Medical Unit in Kandahar, Afghanistan.
- **LT Melanie Muma**, from OHSU Bremerton, DET K, earned the Certified Emergency Nurse certification (CEN) while deployed to the NATO Role 3 Multinational Medical Unit in Kandahar, Afghanistan.
- **LCDR Maria Noel**, from OHSU San Diego, DET D, earned a Master of Science in Nursing Education while deployed to the NATO Role 3 Multinational Medical Unit in Kandahar, Afghanistan.
- **LT Dianna O'Donnell**, from Naval Hospital Camp Pendleton, earned the Certified Emergency Nurse certification (CEN) while deployed to the NATO Role 3 Multinational Medical Unit in Kandahar, Afghanistan.
- **LTJG Jon Russe**, from OHSU San Diego, DET J, earned the Certified Emergency Nurse certification (CEN) while deployed to the NATO Role 3 Multinational Medical Unit in Kandahar, Afghanistan.
- **LT Christopher Van Pelt**, from OHSU Bethesda, DET M, earned the Certified Emergency Nurse certification (CEN) while deployed to the NATO Role 3 Multinational Medical Unit in Kandahar, Afghanistan.

Publication

- Goforth, C. and Kazman, J. (2015). Exertional Heat Stroke in Navy and Marine Personnel: A Hot Topic. *Critical Care Nurse*, 35 (1), 52-59.

Fair Winds...

- CAPT John Kane
- CAPT Ronald Olson
- CDR Rhonda Day
- LCDR Tonya Bailey
- LCDR Brian Atchison



Nurse Corps Legacy

Sunday, 07 December 1941, was a scheduled day off for CAPT Ruth Erickson, then a LT at the naval hospital at Pearl Harbor. She was having breakfast with other nurses when the attack began.

"I leaped out of my chair and dashed to the nearest window in the corridor. Right then there was a plane flying directly over the top of our quarters, a one-story structure. The rising sun under the wing of the plane denoted the enemy.... My heart was racing, the telephone was ringing, the chief nurse, Gertrude Arnest, was saying, 'Girls, get into your uniforms at once, this is the real thing!'"

"Smoke was rising from the burning ships. I dashed across the street, through a shrapnel show-

er.... I ran to the orthopedic dressing room... drew water into every container we could find and set up the instrument boiler...."

"The first patient came at 8:25 a.m. with a large opening in his abdomen and bleeding profusely. They started an intravenous and transfusion. I can still see the tremor of Dr. Brunson's hand as he picked up the needle. Everyone was terrified. The patient died within the hour. Then the burned patients streamed in..."

[Click here](#) to read more of CAPT Erickson's remarkable firsthand account as a Navy nurse on this important day in American history.

