



# Nurse Corps News

VOLUME 6, ISSUE 2

APRIL 6, 2012

## INSIDE THIS ISSUE:

Director's Corner	1
Director's Corner	2
Director's Corner	3
Deputy Director Navy Nurse Corps Reserve Component	3
Manpower Systems Analysis (3130) Community	4
Nurse Corps Workplace Stress Study	4
2012 Navy Nurse Corps Information Management Goal Team Update	4
Detailing Shop and Your Service Record	5
Centennial Birthday Celebration	6
Two Navy Nurses Inducted as 2012 Nurse Practitioner's Fellows	6
EMF Dallas One	7
Bravo Zulu	7
Bravo Zulu	8



## Director's Corner



Greetings Navy Nurse Colleagues,

As the weather grows warmer, it is exciting to see the new blooms on the trees and daffodils springing out of the ground! Spring is a time of rejuvenation and rebirth; what lay dormant finds new energy and life. The nursing profession is also enjoying a period of rebirth following the publication of the 2010 Institute of Medicine (IOM) report entitled, *The Future of Nursing: Leading Change, Advancing Health*.

The profession has been called into action, and as such, nurses are poised to accept greater roles in today's healthcare system. I have immense professional pride knowing that Navy nurses serve in a variety of leadership roles, driving decision making from the bedside to the Command Suite.

The recommendations of the IOM report aim to support improvements to the health of the United States population through professional nursing contributions in the delivery of care. Specifically, the report centers on four main issues:

1. Nurses should practice to the full extent of their education and training.
2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
3. Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States.
4. Effective workforce planning and policy require better data collection and information infrastructure<sup>1</sup>.

I have written to you before about our Strategic Planning efforts, and I want you to know that they are in alignment with the nursing profession in meeting the challenges of the four identified areas.

### **Nurses should practice to the full extent of their education and training**

Preparing highly educated nurses to provide expert care, formulate policy, administer health care delivery systems, and educate the next generation of health providers is a critical step for increasing access to quality health care and improving care outcomes. In 2009, the Navy Nurse Corps adopted the Clinical Leadership Model to support these endeavors. This model is built upon three domains – Leadership Development, Operational Readiness, and Professional Development. Like a three-legged stool, each domain works together to support the Navy nurse in his/her growth as an expert clinician and as a Naval officer.

Strengthening the Clinical Leadership Model, the Navy Nurse Corps developed a 2011 Workforce Strategic Goal with the purpose of maintaining the right workforce to provide nursing care across the full range of military operations. One particular goal objective included standardizing the role of the Clinical Nurse Specialist (CNS) with recommendations for practice at the full extent of their education and training. (Continue next page.)





## Director's Corner



Team members of this goal identified the need to formulate recommendations regarding the CNS utilization tour (post graduate school education), as well as the need to mentor candidates with specific clinical experience for graduate school education. We are continuing this strategic work in 2012.

Research also plays a significant factor in nursing practice, and as such, I remain committed to increasing and diversifying our footprint in the field of research. In 2011, a team of outstanding nurses completed noteworthy work to create a culture of scientific inquiry and revitalize nurses' interest in research, as well as, increase the number of submissions and selections for projects funded by the Tri-Service Nursing Research Program (TSNRP). The 2012 Research Strategic Goal Team continues to build upon this work.

### **Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression**

We send nurses to a variety of education and training opportunities in order to develop a diverse nursing workforce and enhance health care partnerships. On average, the Navy Nurse Corps is able to send approximately 70 nurses a year to graduate nurse studies as Clinical Nurse Specialists, Nurse Practitioners, Nurse Anesthetists, and Nurse Midwives. Other non-clinical training programs include a Joint Commission Fellowship program, Nursing Education, Education & Training Management, and Manpower Systems Analysis.

Doctoral level nursing education is also a priority for the Navy Nurse Corps. For the past several years, we have selected nurses to transition their education programs to a Doctorate of Nursing Practice; either to transition from a Master's program to the Doctorate of Nursing Practice or to transition from a Bachelor's nursing degree directly to doctoral level work. I am committed to making transition to the DNP the standard for all advance practice nurses, and the Nurse Corps leadership team is diligently working on a promotion and schooling plan to maximize opportunities to send newly trained nurse practitioners and nurse anesthetists to study directly for their doctoral education.

### **Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States**

Currently Navy nurses work with the Army, Air Force, the Department of Veterans Affairs, and other Federal and non-governmental agencies as individual augmentees (IAs), in federal facilities and joint commands, conducting joint research and teaching at the Uniformed Services University Graduate School of Nursing. In 2011, a Strategic Goal Team was chartered to focus on exploring methods to further expand collaborative partnerships across federal and civilian healthcare systems. Their diligent efforts resulted in the development of a standardized Memorandum of Understanding, approved by the Bureau of Medicine and Surgery, to assist Military Treatment Facilities to more easily establish strategic partnerships with civilian medical and teaching institutions. These partnerships are necessary to increase collaboration and provide additional clinical experience and training opportunities for nurses to remain deployment ready.

The Navy Nurse Corps also actively engages in the Federal Nursing Service Council (FNSC). The goal of the FNSC is to: 1) to provide a means for easy exchange of information; 2) to provide mutual assistance in the consideration of nursing problems; and 3) to formulate recommendations concerning federal agency nursing problems. The FNSC is composed of the principle nurse executives and deputies of the American Red Cross, U.S. Department of Veterans Affairs, the Uniformed Services University of the Health Sciences, U.S. Air Force, U.S. Army, U.S. Navy, and U.S. Public Health Service. The Navy Nurse Corps is participating in strategic efforts of the FNSC in the following areas: 1) Role Clarification, 2) Research, and 3) Influence and Collaboration.

### **Effective workforce planning and policy require better data collection and information infrastructure**

Lastly, the Navy Nurse Corps identified Information Management as a 2011 and 2012 Strategic Goal Team with the focus of promoting strategic communication across the enterprise. (Continue next page.)





## Director's Corner



This team conducted an environmental scan to gather data regarding the most preferred and most effective communication venues and analyzed the responses from over 1,000 participants. Results obtained from the environmental scan survey have been operationalized into a Strategic Communication Playbook explaining the types of communication venues available, where these venues are located, and when the information is disseminated across the enterprise. Additionally, they completed the framework for a formalized Navy Nurse Corps Strategic Communication Plan. In 2012, the team aims to sustain and advance communication efforts.

I hope this column re-emphasizes to you the relevance of the Navy Nurse team to the profession of nursing at large. We are healers of mind, body and spirit; ambassadors of hope; respected nursing professionals and commissioned officers; and our efforts are leading change and advancing healthcare.

Stay safe and keep our many Sailors, Soldiers, Airmen, Marines and Coast Guardsmen always in your thoughts, especially those deployed and in harm's way.



Best regards,  
 RADM E. S. Niemyer  
 23rd Director, Navy Nurse Corps

Link to the 2010 IOM Report: <http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx>

<sup>1</sup> Retrieved on February 23, 2012, from [http://www.aone.org/resources/future\\_of\\_nursing.shtml](http://www.aone.org/resources/future_of_nursing.shtml)



## Deputy Director Navy Nurse Corps Reserve Component



Greetings!

These past few months have been very busy but wonderfully fulfilling. One of my personal highlights occurred on March 5th when RADM Smith and I welcomed home returning deployed Sailors, Soldiers, Airmen and Marines, many who were our medical personnel. It was truly an honor to be there and express my heartfelt gratitude and appreciation to those who were now returning home.

I have continued to think about those returning warriors as I know the journey home does not end when the plane lands at Baltimore Washington International (BWI). In fact, the journey home, back to family and community, is just beginning as they are undoubtedly changed by their experiences. Please keep them in your thoughts and prayers. I am mindful that caring for our shipmates is an organic and fundamental value providing a strong foundation for community. I am deeply humbled and very proud.

With Great Respect,  
 RDML Margaret Rykowski, NC, USN



## Manpower Systems Analysis (3130) Community

Do you have excellent clinical skills? Are you good with numbers? Are you inquisitive about policy development, management and analyses at the Headquarters level? Then perhaps you should explore the Manpower Systems Analysis (3130) subspecialty code (SSC)! The Nurse Corps 3130 community supports Navy leadership in making data-driven decisions regarding human resources determination and allocation through the application of high-level quantitative analytical skills and sustainment of a strong foundation in clinical nursing.

The 3130 community receives specific education and experience skills in Navy manpower, personnel, and training (MSA), as well as knowledge of fiscal and economic principles, Department of the Navy/Department of Defense management information systems, and an in-depth familiarity with quantitative techniques employed in conjunction with MSA databases and manpower planning models to critically analyze MSA plans and policies.

There are currently 10 Nurse Corps billets assigned to the 3130 SSC. These billets are located at large Medical Centers, Navy Regional Commands/Support Commands, and the Bureau of Medicine & Surgery. Nurse Corps officers enter this code through selection for graduate education at the Naval Postgraduate School (NPS) in Monterey, California. This is a unique educational experience where the majority of your classmates come from line communities and international military services.

Follow-on assignments include performance of nursing resources and manpower management at the MTF, management of the officer personnel database with input to annual promotion, training, and accession plans, and management and review of the billet file to support regional/headquarter level make-buy decisions. Community members have progressed in their career to support leadership roles such as Officer Community Management, Director of Nursing, Director of Healthcare Operations, and Director of Branch Clinics.

Furthermore, members of the 3130 community never lose sight of their clinical competence and have deployed to Kuwait, Afghanistan, Iraq, and on the Hospital ships. If you would like to know more about the Manpower Systems Analysis (3130) community, please contact CDR Valerie Morrison, NC, USN, Specialty Leader, at [Valerie.Morrison@med.navy.mil](mailto:Valerie.Morrison@med.navy.mil), or (202) 762-3074. <http://www.nps.edu/>

CDR Valerie Morrison, NC, USN

## Nurse Corps Workplace Stress Study

Nurse Corps Workplace Stress Study - Please Participate!

The Director, Navy Nurse Corps has sponsored the attached survey on workplace stress and requests its greatest dissemination to Navy Nurse Corps Officers. The survey specifically requests participation by officers in the ranks of LCDR, LT, and LTJG, who are stationed at a Navy Military Treatment Facility (MEDCEN, Hospital, and Branch Health clinic) CONUS and OCONUS, to include nurses stationed at WRNMMC. Participation is voluntary! Thank you in advance! Please press the control key and click on the link below to participate in this study.



<https://www.psychdata.com/s.asp?SID=146061>

CDR Valerie Morrison, NC, USN

## 2012 Navy Nurse Corps Information Management Goal Team Update

Your Nurse Corps Communications team is proud to deliver the first version of the Communication Play Book. This desk reference details all of the official communication channels with content description, schedule and points of contact. The goal is to reach the widest audience, manage expectations and help steer our nurses to the right resources. This is a living document and will be periodically update by the Communications team. In addition to be distributed via official email, the latest file can be found on the Nurse Corps NKO page.



LCDR Stephen Guidry, NC, USN



## Detailing Shop and Your Service Record

The FY-13 board season is well underway. It is highly recommended that you update your service record annually. Any of the Nurse Corps detailers are available to assist in reviewing your record. Please email or call the detailing team to set up an appointment. The detailers do not have access to your Officer Data Card and Officer Summary Report, but we do have access to key information such as your official photo, fitness reports, and assignment history readily at our fingertips when you call. It is helpful if you email your Officer Summary Report (OSR) and your Performance Summary Record (PSR) prior record review appointment.

Some key things to consider:

- Unlike previous years, the FY-13 Continuation Plan excludes O-3s. Continuation will not be offered to LTs who fail to select. Continuation will be available to qualified and selected LCDRs. The following link can provide additional details on continuation:

<http://www.public.navy.mil/bupers-npc/boards/officercontinuation/Pages/default.aspx>

- If you are being considered for promotion (below zone, in zone, or above zone), review your OSR/PSR one month before the convening date of your board. This will allow you ample time to submit correspondence to the board if any items are still missing from your record. It is highly recommended that you ensure your package arrives at least a week prior to the board's convening date.

**DO NOT SEND ANY BOARD CORRESPONDENCE TO YOUR DETAILER.**

- If you fail to select, please call your detailer to review your record and provide career guidance. If you have previously failed to select and have not talked to your detailer yet to review your record and options, please contact your detailer as soon as possible (ASAP.)

To assist you in updating your service record, the following attachment provides valuable information regarding:

- BUPERS Online (BOL) / Official Military Personnel File (OMPF) My Record-Officer Data Card & Officer Summary Report Updates/Corrections
- Service Schools
- Academic Degrees
- Fitness Reports
- Personal Awards-Additional Qualification Designators (AQDs)
- Subspecialty Changes/Updates-Officer Photographs
- PRD Extension Requests-Selection Boards
- Continuation Information-Resignation/RAD Information-Retirement Information Please visit the NKO Nurse Corps website and Navy Personnel Command website frequently.

HM2 Daley is assigned as the Nurse Corps Order Writer and can assist with questions on PCS orders and status on extension requests. Please contact her at 901-874-4187 or via email [linsey.daley@navy.mil](mailto:linsey.daley@navy.mil)

1-866-U-ASK-NPC

<http://www.public.navy.mil/bupers-npc/Pages/default.aspx>



LCDR Christine Palarca, NC, USN  
Nurse Corps Assignment Officer



## Centennial Birthday Celebration



Back Row: ENS Medlin, ENS Piela, ENS Syster, CAPT Nunley, CAPT Morro, CAPT Stafford, CAPT Francis. Front Row: LTJG McJunkin, CAPT Torres NC (Ret) and LCDR Barclay.

Nurses from Naval Medical Center Portsmouth (NMCP) joined many retired and active duty military members on February 9th, 2012, to celebrate the 100th birthday of one of the oldest living retired Nurse Corps Officers. LCDR Kathryn Barclay joined the Navy in Canton, Illinois, just outside of Chicago in 1942. LCDR Barclay served in the Navy as a Nurse during World War II and the Korean War from 1942 to 1964. Having received additional surgical training in Chicago's Michael Reese Hospital, Barclay served as a surgical Nurse in the Navy. She proudly related stories about Surgeons who "would not start a case without her in the room."

LCDR Barclay received her Nursing diploma from Graham Hospital in Canton, Illinois in 1938. The Navy sent her to the University of Colorado at Denver where she completed the Nursing and Institutional Administration degree.

She proudly graduated from this four year program in two years never earning a grade below 90.

The Nurses from NMCP were proud to honor a fellow Nurse Corps Officer who helped pave the way for the rest of us that followed, so that we are able to do what we do today. The Portsmouth Area Nurses Association (Reserve and Active) are partnering to "adopt" the LCDR to maintain contact.

CAPT Donna Stafford, NC, USN

## Two Navy Nurses Inducted as 2012 Nurse Practitioner's Fellows

Congratulations to CAPT Cynthia Gantt and CDR Cynthia Kuehner for their selection as 2012 Fellows of the American Academy of Nurse Practitioners (FAANP) inductees. CAPT Gantt is a Family Nurse Practitioner and Nurse Researcher, who currently serves as the Executive Officer of Naval Hospital Twenty-Nine Palms, CA. CDR Kuehner is a Family Nurse Practitioner, and was recently selected to serve as the Director of Primary Care and Branch Clinics at the Naval Medical Center Portsmouth, Virginia.

The Fellows of the American Academy of Nurse Practitioners (FAANP) program was established by the American Academy of Nurse Practitioners (AANP) in 2000 to recognize nurse practitioner leaders who have made outstanding contributions to health care through nurse practitioner (NP) clinical practice, research, education, or policy and to provide a forum through which to extend and enhance such efforts. Priority initiatives of FAANP are the development of leadership and mentorship programs for nurse practitioners and nurse practitioner students. Invitation to apply to become an AANP Fellow is a recognition of one's accomplishments and contributions to the NP role. The application period is typically open in the fall, for induction the following year.

Congratulations to CAPT Gantt and CDR Kuehner for their exceptional accomplishment and for demonstrating Clinical Leadership in action!

CAPT Sarah L. Martin, NC, USN

## EMF Dallas One

While on a primary mission to validate Kandahar Military Regional Hospital (KMRH) advisors CDR Rhonda Byars, NC, USN and HMI Liria Gonzales, USN of the NATO Training Mission (NTM) Medical Advisory Training Group (MTAG), embarked upon a unique training endeavor. KMRH is located in the southern region of Afghanistan where limited access to basic health services exists for women and children. KMRH sponsored a Family Clinic Day for Afghan National Security Forces family members. Due to communal norms regarding maternal services many conservative boundaries have been placed on Afghan women limiting their mobility, education and access to healthcare.

The women and children are allowed to attend the sick call clinic at KMRH to be seen by a female Afghan Midwife and coalition staff. The family clinic is managed by the Afghanistan National Security Forces (ANSF) Midwife at KMRH who sees women

and their children for minor ailments and sick call checkups. With resources being scarce in many Afghan regions Camp Eggers MTAG mentors have partnered with nurses from Kandahar Air Field (KAF) Role 3 hospital to provide health promotion, clinical support and MVR donations to KMRH Afghan National Army and Police families.

The joint venture between MTAG advisors and Role 3 clinicians will bring health services, education and stability to the deprived Afghan National Army (ANA) community. CDR Byars believes *“Impacting the nucleus is one way we as mentors can facilitate growth, development and overall permanence of ANSF. Treating the Afghan soldier, police and his family is crucial to the sustainment of ANSF.”* CDR Wendy McCraw, NC, USN, and CAPT Kathleen Stayman, NC, USN, take part in the coalition partnership by disseminating education material and providing clinical support in the region. CDR Byars and HMI Gonzales are program directors providing care packages from non-profit organizations and Reserve units. Donations are packaged along with health and hygiene teaching aids translated in both Dari and Pashto and sent to Forward Operating Bases (FOB) throughout the region. CAPT Stayman, a Medical/Surgical nurse at KAF expressed the significance of supporting the Women and Children’s clinic; *“There is so much we have to offer as female mentors, clinicians and advisors.”* Providing education training and contributory support by the Medical Embedded Training Team (METT) is second nature to the western culture, however a forgotten premise in the rural provinces and regions of Afghanistan. MTAGs’ impact on this underserved population is a small piece of the big picture for the Afghan National Army (ANA) and Afghan National Police (ANP) and a pivotal role in the transition of ANSF.

CDR Rhonda Byars, NC USN



Left - HMI Liria Gonzales, Right - CDR Rhonda Byars, NC Reserve Unit—EMF Dallas One.

## Bravo Zulu!



LCDR Jill Maldarelli-Drey, LT Jessica Robinson, LT Lauren Hudson and LT Jennifer Rhinehart at Naval Medical Center Portsmouth passed their RNC Maternal Newborn Nursing exam.

LT Serina Hernandez and LT Sara Edmondson at Naval Medical Center Portsmouth passed their RNC Inpatient Obstetrics exam.

LCDR Ann Raniowski at Naval Medical Center Portsmouth passed her PMH-NP exam.

LTJG Tiffany Woods at Naval Medical Center Portsmouth passed her Pediatric Nurse certification exam.



# Bravo Zulu!



## Certifications

LCDR Jamesetta Goggins at Naval Medical Center Portsmouth passed her Adult Nurse Practitioner certification exam. LTJG Donald Thompkins at Naval Medical Center Portsmouth passed his Certified Emergency Nurse (CEN) exam. Charter members LCDR Krystal Bauman, LCDR Toni Gaskin, and LCDR Holly Perez established the Hampton Roads chapter of the Academy of Medical-Surgical Nurses.

LCDR Holly Perez and LCDR Krystal Bauman were selected as item writers for the Academy of Medical Surgical Nurses certification exam.

LTJG Anna Schlenker at Naval Medical Center San Diego passed her Oncology Nursing Certification (OCN).

LCDR James Estoesta and RN Geraldine Dalaten at Naval Medical Center San Diego passed their RNC Inpatient Obstetrics exam.

RN Barbara Sovich at Naval Medical Center San Diego passed her RNC Maternal Newborn Nursing exam.

LT Betty Ulmer at Naval Medical Center San Diego passed her APRN-C (CNS) exam.

CAPT Karen Niemantsverdriet-McDonald from Naval Health Clinic Hawaii, LCDR Lalon Kasuske from NAVMISSA, CAPT Anna Hurt from Naval Hospital Camp Pendleton, CAPT Sandra Mason from Naval Medical Center San Diego, CDR Suzette Inzerillo from the Walter Reed National Military Medical Center, LTJG Leeyanna Gerbich from Naval Hospital Lemoore, Branch Health Clinic Fallon and Mr. Robert Doyle (Ret, NC) from San Diego completed their LSS Black Belts training at NAVMEDWEST.



Left to Right: CDR Suzette Inzerillo, CAPT Sandra Mason, Mr. Robert Doyle, CAPT Karen Niemantsverdriet-McDonald, LTJG Leeyanna Gerbich and CAPT Anna Hurt. Not pictured LCDR Lalon Kasuske.

### NC News Staff

Editor:

LCDR Kathleen Harlow

Design/Layout:

LCDR Timothy Rousselow

[Timothy.Rousselow@med.navy.mil](mailto:Timothy.Rousselow@med.navy.mil)



Want to write a news article for  
Nurse Corps News?

Submit your article via your chain of  
command to:

LCDR Kathleen Harlow, NC, USN  
Editor, Nurse Corps News

[NavyNurseCorpsnews@yahoo.com](mailto:NavyNurseCorpsnews@yahoo.com)

