



# Nurse Corps News

Volume 12, Issue 4

July/August 2018

## Mentorship Takes Many Forms



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According to Merriam Webster, a coach is a person who teaches and trains an athlete or performer; a private teacher who gives someone lessons in a particular subject. A mentor, however, is someone who teaches or gives help and advice to a less experienced and often younger person.

Merriam Webster provides the origin of mentor. "We acquired 'mentor' from the literature of ancient Greece. In Homer's epic *The Odyssey*, Odysseus was away from home fighting and journeying for 20 years. During that time, Telemachus, the son he left as a babe in arms, grew up under the supervision of Mentor, an old and trusted friend. When the goddess Athena decided it was time to complete the education of young Telemachus, she visited him disguised as Mentor and they set out together to learn about his father. Today, we use the word mentor for anyone who is a positive, guiding influence in another (usually younger) person's life."

As leaders, we need to function as a coach and a mentor for our staff and colleagues. Mentorship, however, is essential for our Nurse Corps and is a key skill-set for the Transformational Leader.

One way in which our nurses receive formal mentorship is the Career Development Board (CDB), but a CDB is only part of the mentorship continuum. Mentorship should take many forms and be an ever present part of how we do business.

Over the course of my career I have had several mentors, each of whom provided honest (sometimes difficult to hear) feedback and recommendations. My professional mentors have been NC officers, officers from other Corps, enlisted, civilians, and individuals outside of the health care field. Each provided information and perspectives that significantly shaped my decisions and my career. A few of my mentors I chose, as they represented something I aspired to, while others chose me, as they saw something in me. Some of these relationships have lasted throughout my career and continue today, and others were short term and situational.



**Tina Davidson, RDML, NC, USN**

### Director, Navy Nurse Corps

Formal mentorship programs can be very useful, as in the case of CDBs, but the best mentor/mentee relationships are the ones that occur naturally. Those relationships can be more personal, supportive, and honest than a formal program. Look around you, who do you admire? Who has achieved what you wish to achieve? Reach out to them and ask if you could have a conversation about your career, or let them know you would like to learn about how they got to the position they are today. Don't be discouraged though; you may not find a mentor who is a good fit for you immediately, it may take a few interactions with a variety of people to find a mutually satisfying mentor/mentee relationship. The goal is to have an initial discussion, allow the relationship to grow naturally, and decide whether specific times set aside for conversation or something less formal works better for the both of you.

As leaders, mentorship of others is critical to mission success. Investing time in thoughtful discussion to support, grow, and strengthen those we lead is essential to a healthy Corps. As leaders, we listen to the experience of those we serve (our colleagues and subordinates) and offer insight that may shape how our shipmates can *(continued on page 2)*



grow, learn, cope, and manage their careers and goals. This exchange may require a difficult conversation and involve something the individual does not want to hear, and yet honest assessments and feedback are critical to their success.

Each of us are mentors in our day-to-day interactions, whether you are knowingly mentoring or not. The phrase "leading by example" illustrates this nicely. We all learn by watching leaders around us. Often, what we witness may be what NOT to do! Take the opportunity to leverage every interaction to mentor, even if only by example. If you are asked to be a mentor, please take this opportunity seriously, as the individual sees something in you they wish to attain.

Mentor/mentee relationships should be professional in nature, and respect rank and position, but this does not mean they can't be warm and supportive. I encourage you to seek out a mentor if you do not have one,

and leverage your professional relationships to grow and support each other on your journeys. The investment in time is well worth it. Who is your mentor? Who do you mentor?~

### San Antonio Has a New Admiral

San Antonio (August 3, 2018) RADM Rebecca McCormick-Boyle (bottom, right) is relieved by RDML Tina Davidson (top center, bottom left), as Commander, Navy Medicine Education, Training and Logistics Command (NMETLC) during a combined change of command and retirement ceremony. (Photo by MC2 Shayla D. Hamilton/Released)



[For the full article and more photos, click here.](#)



It is with great sadness that we share the news of RADM Alene Duerk's passing on Saturday, 21 July 2018. RADM Duerk was the Navy's first female admiral. She was a strong trailblazer. Thank you for the cards, letters, and mementos

that you sent to RADM Duerk on her 98<sup>th</sup> birthday. You flooded her with love and fond memories of the Nurse Corps ([see page 16 of the 2018 March/April NC News for a picture of her birthday celebration](#)).

We will forever be grateful for her leadership, and long honor her patriotism, service, and legacy.

For a tribute to RADM Duerk, [see page 5 of the 2017 September/October NC News](#). To view the funeral information, [click here to be directed to the announcement on milSuite](#).

### Admiral Alene B. Duerk Award

Awarded to Captain Karen G. Young 13 May 2018 during the 2018 [Navy Nurse Corps Association](#) Reunion.

RADM (Ret.) Joan Engel presented the award to CAPT Young at a ceremony in Pensacola on 20 June 2018.

This award was established to provide recognition to active duty and reserve Nurse Corps Officers who have made a significant contribution to the Navy, to Nursing, or to the National Navy Nurse Corps Association.





## Reserve Corner: Readiness of our Corps



**Mary Riggs, RDML, NC**

**Deputy Director,  
Reserve Component**

In prior issues, we focused on personal readiness and operational training, but there are other components of readiness when supporting our pillar of Operational Readiness and Jointness. We have equated operational readiness with individual and platform readiness in that we are personally ready to deploy and serve within our platform to care for the warfighter. Bottom Line Up Front: We are medically and clinically ready to deploy. But another perspective to consider is the phenomena of “readiness of our Corps.” This involves more than personal PHAs, clinical credentials, completing military courses, and training as a team. From a Corps perspective, we need to continually recruit and retain our expert leaders and clinicians so that we are ready.

How can you do this? Two words answer this question: **Recruit and Retain.**

In the past, our perioperative

community manning was low and there was a need to focus on building this community. Our Specialty Leaders enthusiastically took the lead and worked with the recruiting command to reach out into our civilian communities and professional organizations and served as resources in re-building this specialty. This resulted in amazing outcomes with our current manning over 100%.

Currently, recruiting is focused on critical care and medical-surgical nurses. Both the Active Component (AC) and Reserve Component (RC) Specialty leaders are working with recruiting and in May, presented at the National Training Institute (NTI), the national



conference for critical care nurses, held in Boston. To support our Corps’ readiness, I ask that each of you become ambassadors for RC NC and share your stories and encourage your civilian peers to consider the reserves and military service.

Recruiting is one avenue to support our Corps’ readiness, but just as important is the mentoring and support we provide our peers and our new members. Retaining our expert clinicians and military leaders is key. There are opportunities for training and professional development, as well as Individual Readiness Training

(IRT) exercises; don’t forget to share this knowledge with others.

“Retaining efforts” include supporting professional and clinical development. Military leadership courses offer opportunities to build our Navy knowledge and leadership skills. In addition, over the last year, O1 -O3 nurses should have taken the CPO 365 course. This establishes a firm foundation of Navy Core Values and leadership principles. By the O3/O4 level, each officer should have had a career development board review of their record. This summer, we launched our first “Transition to Senior Officer” weekend for all the O5 selects. We reviewed the strategic goals, from the Secretary of the Navy to the Chief of Naval Operations, the Surgeon General to the Defense Health Agency. We learned new leadership principles and then discovered ways to “take care of our sailors” at this new level of leadership. I am excited that we have enhanced our professional development efforts but need all of you to assist. We can always do better!

**Remember: Recruit and Retain = a Ready Corps !!!!~**

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

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

**NAVAL  
RESERVE**  
STAY STRONG



## Retirement of Rear Admiral McCormick-Boyle



**Haley Willis, LT, NC**

**NHC Lovell**

On August 3, 2018, **RADM McCormick-Boyle** retired as the Navy's senior nurse and the senior Navy officer in Texas. She commanded NMETLC and represented the San Antonio Sea Services – Navy, Marine Corps and Coast Guard – since June 2014. As NMETLC commander, she was responsible for Navy Medicine's education, training and logistics, essentially educating, training and equipping Navy Medicine. Her legacy will include leading Navy Medicine through its greatest and most complex education and training growth and change in decades.

Prior to her retirement, she sat down with **LT Haley Willis** to reflect on her career. [You can find the full write-up of the interview here.](#)

RADM McCormick-Boyle remembers expectations and impressions from her initial assignment as a surgical and critical care nurse at NH Orlando. "My time at Orlando was special," she adds, "with fundamental teachings as a nurse in clinical care and as an officer—but first as a nurse, because clinical care was my professional practice. It is that competency piece that the CNO talks about: the honing of your Corps as a nurse."

As a LTJG, she recalls seeing a career matrix document with several buckets, including "education," "research," "hospital leadership," and "Ensign to Captain." "Early on, I knew I wanted Executive Medicine," she notes. She encourages today's

nurses to similarly take responsibility for their careers. "Individuals have to set their life goals," she notes. "My husband was always encouraging people to ask themselves, 'What is my five-year plan?' and 'Where do I want to go?' You need to be on a path." Still, leaders play a pivotal role. "I think there is mutual responsibility," RADM McCormick-Boyle explains. "As a leader, I have the responsibility to guide, lead, nudge, prod someone to very tactical things like making sure mid-term counseling is done. You have to touch base with people and see how they are doing." In the end, though, she says, "The person is responsible for their career. The best way to achieve your potential is to *own* your potential."

Implementation of the Professional Practice Model is, perhaps, the crowning moment of RADM McCormick-Boyle's storied 36-year Navy career. "For me, I had to revisit and reevaluate with a much broader view what it means to be a Navy nurse. I was responsible for the total force. How does someone bring this total force together? How does the total force of nurses—active duty, reserve and civilian—align with Navy Medicine's mission? What does it mean to be a Navy nurse?"



SAN ANTONIO, TX. (August 3, 2018) RADM McCormick-Boyle is presented her personal flag by Command Master Chief Petty Officer Mitchell Sepulveda, NMETLC Command Master Chief. (Photo by Andrew Patterson/Released).

"We have dimensions in that—leadership dimension and readiness—and we say we want to be transformational leaders. That model is very important: it's where you get your culture and where the community finds its culture."

RADM McCormick-Boyle sums up her career with a quote: "Teddy Roosevelt offered a great line that marks my retirement: 'Far and away the best prize that life has to offer is the chance to work hard at work worth doing.' That prize has been mine, and I am so grateful for having served as a Nurse Corps officer in the United States Navy. To be of service, to support a mission and to believe fully in the organization's principles; to love and be loved by my shipmates. What could possibly be more fulfilling?"~



Promotion Ceremony at NH Orlando, October 1993, published in the command's monthly newsletter, "Vital Signs." Courtesy of BUMED Historian.



LT Rebecca McCormick, NC, with LT Smith and CAPT Herr.





## Our Journey to the “Pathway to Excellence” Designation

**Valerie Morrison, CAPT, NC**

**NCR Regional SNE**

**Bridgette Ferguson, CDR, NC**

**Ms. Tamara Wilson, RN**

Walter Reed National Military Medical Center (WRNMMC) is one of the nation’s largest and most renowned joint military medical centers. It is known as “The President’s Hospital.” In the summer of 2016, **CAPT Valerie Morrison** was selected as the Senior Nurse Executive of WRNMMC. The challenge of building a joint facility and the continuous changes which the staff endured over the last five years were expressed in the 2016 Command Climate report. Findings demonstrated that nursing staff felt overworked, did not feel they had a voice in the policies governing their practice, and perceived that leadership was not engaged. To improve the practice environment, the Command Executive team approved the funding to pursue the Pathway to Excellence (P2E) designation.

In the Fall of 2016, **CDR Bridgette Ferguson** and **Ms. Tamara Wilson** were asked to champion the P2E efforts. Initially, a theme was used to introduce P2E designation through a skit during a Chief Nurse Town hall. The first theme involved Snow White and the seven Dwarfs. The theme moved away from proprietary characters as we moved closer to the final survey. The new tagline became “It takes a village!” We were a village of elf-like creatures, also known as N’ELVES—Nurses with Exceptional Leadership and Values Elevating Service.

Marketing was ongoing by the team. We distributed a monthly newsletter and a P2E pamphlet, and established a P2E “dress down” day. Other initiatives included a bimonthly Chief Nurse Town hall and P2E rounds. Due to the large footprint of WRNMMC, these rounds were spread out over three days and lasted two to three hours, completed quarterly. During these rounds, CAPT Morrison and the P2E team dressed in N’ELVES outfits, thanking the staff for their outstanding service, listening to suggestions, answering questions, and delivering snacks. We were quite popular! Finally, P2E Carnivals were held. These carnivals were colorful and fun, and provided information about P2E and each of the standards.

All opportunities to recognize the nursing staff were used, from Certified Nurses Day and Nurses Week celebrations, personalized notes from CAPT Morrison, as well as through bimonthly “Good Catch” and monthly DAISY Awards. CAPT Morrison established a monthly luncheon, in which 10-12 nursing staff were chosen by their leadership to be recognized. The nurses enjoyed the break from their clinical spaces and sharing lunch with their colleagues.

We repeated the self-assessment in the fall of 2017 to gauge our success. We were excited to see that our scores rose tremendously in every category. We submitted our application with examples of how we support the 117 Elements of Performance in November 2017. In February 2018, we worked diligently over two weeks to clarify 24 of these



Pictured (L to R): Ms. B. Swift, Ms. Katie Boston-Leary, COL L. Foots, CDR B. Ferguson, LCDR M. Aberin, CAPT S. Heaven, MAJ T. Outlaw, Ms. T. Wilson, MAJ M. Galaviz, Ms. T. Johnson, COL T. Dickerson, COL J. Burk, LCDR W. Dixon, Ms. C. Pabico, CPT G. Monfisten, CAPT V. Morrison, Ms. C. Patience /Released.

Elements, and after receiving acceptance in March 2018, we prepared for the final survey phase.

Our survey ran from 20 March to 11 April 2018. During this timeframe, we were challenged by a command-wide upgrade to Windows 10, as the link sent out via email did not work. We strategically placed iPads in various areas of the command, which allowed the P2E team to encourage participation in the survey, and provided immediate access to the survey. Our P2E team did rounds throughout all areas, during all shifts and weekends!

In May 2018, a group of nine members, including CAPT Morrison, attended the Pathway to Excellence Conference in West Palm Beach, Florida. It was excellent to learn from Pathway designated organizations, and were thrilled when the Chair of the Commission congratulated us  
*(Continued on Page 6)*



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## Journey to Pathway to Excellence Designation (cont.)

as a newly designated organization! To say we were excited is an understatement. There were many tears, hugs, phone calls and posts to social media!

Achieving this designation is only the beginning. We set out on this journey with the specific purpose of improving the practice environment. However, we know that the journey never really ends. Ensuring a positive practice environment is an ongoing effort! Your “why” must be genuine,

and your passion for the nursing profession palpable. WRNMMC is extremely proud of this accomplishment and the outstanding work performed on a daily basis by its nursing staff! Congratulations to WRNMMC, the first military facility in the DoD to earn Pathway to Excellence Designation!~

Pictured (L to R): LCDR W. Dixon, CDR B. Ferguson, LCDR A. Reaves, CAPT V. Morrison, Ms. T. Wilson, MAJ T. Outlaw, CAPT S. Heaven, and CPT G. Monfisten/Released.



## Navy Medicine West



**Catherine Bayne, CAPT, NC**  
**NAVMED WEST**  
**Senior Nurse Executive**

Navy Medicine West (NMW) wants to thank **CAPT Jay Chambers**, our outgoing Regional Senior Nurse Executive, who retires 31 August with 40 years of service. His support, wise advice, and guidance has made a lasting impact. Thank you, Jay! Fair Winds and Following Seas!

The past year has been busy

for NMW nurses around the globe. Currently, there are 115 nurses deployed and 314 who deployed over the last year. From launching new initiative to research, nurses across the region having been doing exceptional work to support the health and readiness of our warfighters and their families.

Training to improve operational readiness is at the heart of what we do. Providers, nurses, and Corpsmen from 3rd Medical Battalion honed their trauma, emergency medicine, and critical care skills during a one-month evolution at USNH Guam in June. According to **LT Nolan Carter**, emergency and trauma nurse, “This experience has been enlightening. It has been an honor and a privilege taking care of complex real-world patients in conjunction with the outstanding simulation training.”

NH Camp Pendleton (NHCP) and NMC San Diego (NMCS) medical-surgical nurses are participating in a six-week nurse

exchange program, enhancing experiences and building relationships (see Page 8!).

Nurses from NMCS’s Nursing Professional Education and Development team presented the annual Professional Nursing Symposium in May, which was attended by nurses from around the region. NMCS nurses also formed a Palliative Care Working Group, and partnered with the local VA to offer an End of Life Nursing Education Consortium.

Research is integral to advancing Navy Medicine’s mission and NMW nurses are on the forefront. NMCS nurses collaborated with the TriService Nursing Research Program Director to host an evidence-based practice workshop attended by 43 nurses from six commands. Additionally, five NMCS nurses presented at TSNRP’s annual dissemination course in San Antonio this past May.

**CDR Carl Goforth**, a nurse scientist at Navy Medicine (Continued on page 7)





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## Navy Medicine West (cont.)

Research Center, is studying the clinical differences in therapeutic vs. supra-therapeutic oxygen delivery in patients with complex polytrauma during enroute care. The aim is to enhance survivability to improve outcomes for seriously injured patients.

The Bedside Leadership Quality Improvement project at USNH Okinawa improved the nurse practice environment by assigning senior nurses working in leadership or administrative roles to augment staff and share their knowledge at the bedside. Another, more strategic aim, is to improve mission readiness, aligning with the NC PPM.

**LTJG Michael Short** from NHCP successfully created a Southern California Chapter for the American Academy of Medical-Surgical Nursing, bringing civilian and military nurses

together to improve clinical practices.

NMW has 108 Sexual Assault Medical Forensic Examiners who provide comprehensive medical and forensic care to patients in the immediate aftermath of a sexual assault. This year, they completed 132 exams and have provided professional testimony in numerous court proceedings.

In June, NMCS D critical care nurses began staffing the Joint Tele-Critical Care (JTCC). Support is available from 0545-1815 (PST), seven days a week and will be available 24/7 by late summer. Nursing staff can communicate with physicians and nurses at all spoke sites. Support is intended to augment bedside staff, not replace them. Think of our highly experienced JTCC staff as the ultimate “phone-a-friend.”



AGANA HEIGHTS, Guam (June 26, 2018) LT Kimberly Kozlowski and LT Brooke Perkins place airway adjunct on SIM-Man 3G to oxygenate during code blue simulation at USNH Guam. (U.S. Navy photo by Public Affairs Officer, Jacyn Matanane/Released)

Finally, NHC Oak Harbor and NH Bremerton nurses continue to support implementation of the military’s new electronic health record (EHR), MHS GENESIS. NHC Lemoore will be up next in launching the new EHR.~

Okinawa, Japan (Apr. 25, 2018). A poster featuring CDR Alison Castro, the Assistant Director of Nursing Services at USNH Okinawa, Japan, and LTJG Lauren Miller, as they discuss patient safety during a training session at the hospital. The training is part of the hospital’s Bedside Leadership Initiative and aims to improve the nurse practice environment, promote patient safety and reduce the risk of harm through education, mentorship, and visible leadership. (U.S. Navy graphic by Joe Andes/Released)



## BEDSIDE LEADERSHIP

The Bedside Leadership initiative will improve the nurse practice environment, promote patient safety and reduce the risk of harm through education, mentorship, and visible leadership.



## NMW North-South Collaboration



### Michael Short, LTJG, NC NH Camp Pendleton

Since 2016, Naval Hospital Camp Pendleton (NHCP) and Naval Medical Center San Diego (NMCS D) have partnered in a Navy Nurse exchange program. For six weeks, a medical-surgical nurse from NHCP's Multi-Service Ward (MSW) "swaps" places with a medical-surgical nurse from one of NMCS D's medical-surgical units. This exchange program fosters a working relationship between NHCP and NMCS D to promote the sharing of ideas, skills, opportunities, and process improvement initiatives.

The program was created for junior NC Officers, usually at their first command. NHCP is a small Medical Treatment Facility (MTF) on the largest Marine Corps Base in the United States, serving a variety of lower acuity patient population, while NMCS D cares for a wider array of high acuity patients. While it would appear that a swap would be beneficial primarily for NHCP nurses to improve their skills with a more "complex" patient population, it has been shown to

be valuable in both directions. Since the hospitals have different protocols, equipment, supplies, and resources, it has led to new and improved skill sets that the nurses have been able to take back to their spaces to improve staff and patient experiences.

To date, 20 nurses have participated and appreciated the experiences of the exchange program. Nurses returned to their units with ideas to improve the patient care areas. Recently, **LTJG Noelle Davis** completed her 6-weeks at NHCP and stated, "The swap program was a huge success and I feel that I have both learned and taken away many wonderful things." While at NHCP, she learned about field medicine by participating in the USMC Boot Camp final evolution Reaper Hike with Marine Recruits. Within the MSW, she found new supply options and expanded on NMCS D's Comprehensive Unit-based Safety Program (CUSP) project with measurable emesis bags. LTJG Davis broadened her knowledge of Navy Medicine and its operational side and was able to network and establish career building connections. Before LTJG Davis returned to NMCS D, she was able to secure dream orders at 2<sup>nd</sup> Medical Battalion in Lejeune, North Carolina.

**LTJG Adam Rondina** recently completed his 6-week experience at NMCS D, and said that he thoroughly enjoyed the experience as well. While at NMCS D, he found new ways to increase communication and patient safety at NHCP. After working closely with the charge nurses and staff at NMCS D's 5-

North inpatient internal medicine ward, he studied their patient acuity rating tool, taking it back to NHCP. Currently, he is working on an evidence-based project to implement the tool on MSW. He also utilized his time at NMCS D to mentor and teach Medical Enlisted Commissioning Program (MECP) applicants and plans to continue to assist more enlisted on their journey.

The exchange program continues to increase the skill sets of many junior nurses while granting them access to experiences at different commands; most would not have this experience until their first PCS. The program also improves retention as junior nurses expand their horizons with finding new interests in Navy Medicine. The value in process improvement and patient safety initiatives exchange nurses have brought back to their workplaces is immense. We hope that other commands will participate in a similar exchange program of their own in the future.~



San Diego, CA (Aug 1, 2018) LTJG Allison Ackerman of NMCS D previously participated in the swap with NHCP, and was there to welcome LTJG Anthony DeSomma from NHCP to NMCS D's 5 East.  
(Photo by HN Neville Wiley/Released)





## Specialty Leader Update: Medical/Surgical (1910)



**Aleah McHenry, LCDR, NC**

### Specialty Leader, 1910

Greetings, Nurse Corps! This year has been fruitful for Medical-Surgical Nursing.

An Additional Qualification Designation code (AQD) has been established for Post-Anesthesia Care Nursing (69F). This is not specific to 1910 nurses, but can assist in determining wartime qualifications for PACU competency across the specialties. The requirements can be found on [milSuite](#).

For Sub-Specialty Code “K” designations, two certifications have been added: Progressive Care Nursing Certification through American Association of Critical Care Nurses, and Orthopedic Nursing Certification



LCDR Dominick Stelly providing IO training during Cobra 18 exercise for 3rd Med Battalion. Released by NMCP PAO on 12 Jul 2018.

through the Orthopaedic Nurses Certification Board. These can be found under the SSP\_AQD Guidance documents on [milSuite](#).

NH Jacksonville has been busy! **LCDR Dagoberto Salinas** and his team submitted a poster presentation, which has been accepted for this year’s Academy of Medical-Surgical Nursing (AMSN) conference in Orlando, Florida. Their project implemented and sustained TeamSTEPPS within a multi-service unit. **LCDR Candy Anderson, RN Helen Garfin, and ENS Anna Caralambous** will present the poster at the conference. NH Jacksonville also transitioned to paperless training records utilizing Elsevier Clinical Skills, which has worked so well that this model is being shared to the CNS Advisory Board (CNSAB) and is available via [milSuite](#).

At NMC Portsmouth, **LCDR Jessica Fahl** became certified as an Adult Gerontology Clinical Nurse Specialist! During NMC Portsmouth’s recent Joint Commission assessment, **LTJG Sarah Cruz’s** efforts were top-notch, contributing to the Inpatient Medicine Unit’s successful survey, by dedicating over a hundred hours collaborating with other services and updating over 20 policies.

This year, **LCDR Erica Arnold** turned over the helm as Assistant Specialty Leader to **LCDR Gabrielle Crane**. LCDR Arnold did exceptional work for our community and I want to share a heartfelt thank you to her and to welcome LCDR Crane! LCDR Crane commented, “I am truly honored to serve the diverse community I am so passionate about. I look forward to assisting

this great community of talented nurses to move forward with providing continued nursing care and excellence.”

During the February 2018 Specialty Leader conference, the active and reserve Medical-Surgical Nursing Specialty and Assistant Specialty Leaders had the fortune to meet, share ideas, and learn from one another. Our mutual goals for the Medical-Surgical Nursing community include increased certification rates and working with subspecialties within our robust community to ensure our needs are being met, as well as planning for the Duty Under Instruction (DUINS) program. As one of the core operational specialties, we have various opportunities to serve, whether embedded with the Marine Corps or through Continuing Promise, Pacific Partnership, Guantanamo Bay, or humanitarian efforts.

Please share stories and accomplishments of your 1910 nurses on [milSuite](#) or via email to LCDR McHenry/LCDR Crane. Thank you to all in our community who make it impressive! We look forward to continuing to serve the MedSurg community!~



Active and Reserve Component Medical Surgical Nursing Specialty Leaders. Left to Right: CDR Patricia Klimkewicz (RC), LCDR Aleah McHenry (AC), LCDR Erica Arnold (AC), CDR Debra Brendley (RC), CAPT Mildred Owings (RC) and CDR Maria Noel (RC). Released by NMCP PAO.



## Specialty Leader Update: Emergency/Trauma (1945)



**Danilo Garcia-Duenas, LCDR, NC**

**Emergency/Trauma**

**Eric Gryn, CDR, NC**

**Assistant Specialty Leader**

As we prepare for the DHA to assume the management of the Medical Treatment Facilities, our focus becomes more and more on operational readiness. While our 1945 community has always been at the forefront of mission readiness, more operational opportunities have presented themselves, in particular, at the Medical Battalions.

At 1st Medical Battalion, 1945 nurses support a myriad of assignments. Currently, several

nurses are deployed with the Special Purpose Marine Air-Ground Task Force (SPMAGTF) and the 11th Marine Expeditionary Force (MEU). While in garrison, 1945 nurses fulfill various battalion leadership roles, to include Company Commanders, Battalion Training Officers and Senior Nurse Officers of the Battalion. Additionally, 1945s provide sustainment training for the designated Enroute Care teams.

Similar to 1st Medical Battalion, 2d Medical Battalion 1945 Nurses serve in similar roles. **LT Anthony Ritchie**, stationed at Camp Lejeune, speaks about his experience so far. *“While serving as a 1945 nurse at 2d Medical Battalion, I’ve had the opportunity to support the Navy and Marine Corps team in many different facets. As a surgical company training officer, I am responsible for developing and teaching our curriculum to our field medical technician (8404) corpsmen, developing and implementing training plans for field exercises, and serving as the OIC of a Shock Trauma Platoon Forward Resuscitative Surgical System (STP/FRSS) in support of*

*SPMAGTF Fleet Week New York 2018 and Naval Special Warfare exercise Trident 18-4. During Fleet Week, I led a group of nine corpsmen representing 2d Medical Battalion aboard the USS AR-LINGTON on our way to New York City, NY, in an effort to showcase the forward medical capabilities the US Navy utilizes to support our Marines and Sailors while forward deployed. During this evolution we displayed our STP/FRSS, training mannequins, and ran scenarios for the 28,000 visitors in attendance. In all, our interactions with the public were extremely positive and enhanced our community relations. As I write this article, I am serving as the OIC of the STP/FRSS in support of NSW Trident Exercise. This exercise allows us to plan and coordinate across Operational platforms ensuring the best care is delivered to our forward deployed forces. In the near future, I will be deploying in support of the 22d MEU serving as one of two 1945 STP and Enroute care nurses assigned to the MEU.”*

*(Continued on page 11)*



(Left) LT Nikki Selby, LT Flieger and LT McCarthy with flight medics during helo ops on the V-22. (picture by PAO/Released).

(Right) LT Sarah Hull taking over as Alpha Company Commander (picture by PAO/Released).





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## Specialty Leader Update: Emergency/Trauma (1945) (cont.)

Across the pond at 3d Medical Battalion in Okinawa, Japan, 1945 nurses support our forward deployed forces in the Pacific. With similar Battalion roles and responsibilities, the focus becomes building relationships and operational readiness with our partner and coalition forces.

The operational footprint of our 1945 community is strong across the world. We continue to support many taskers in Iraq and Afghanistan, as well as many other taskers in support of combat operations across the world. As a 1945, you must be mentally and clinically ready to deploy in a moment's notice to best support the Mission.

Unfortunately, this is my last article, as I turnover to **CDR Eric**

**Gryn** as Specialty Leader, and welcome **LCDR David McDonald** as the Assistant Specialty Leader. I want to thank each 1945 nurse of the community. It has been a true honor and privilege to have served the last three years as your Specialty Leader and I look forward to working with you in the near future. Continue to represent our community with **PRIDE**. Thank you for all you do.~



LT Nikki Selby and LT Dana Flieger (who just put in her request for 1945) during helo ops with our ERC teams/Released.



(Left) LT Terrian Harris (Right) and LT Zachary Whiteside completed their FMF pin PQS while on deployment with 18.1 SPMAGTF (taken by PAO/Released).



LT Anna Hanson, currently on 18.2 SPMAGTF (photo by LT Hanson/Released).

## Specialty Leader Update: Critical Care (1960)

**Julie Darling, CDR, NC**

**Specialty Leader**

Thank you to **RN Mark Griffith** for his authorship of our update this year! (See Page 12). Critical Care Nurses, if you would like a record review or career development board, please contact me, your Specialty Leader, or **CDR Ohliger**, the Assistant Specialty Leader, and we will be happy to assist. Also, if you would like to extend your involvement with the critical care community beyond your current command, please reach out to us!!!

CDR Ohliger and I would like to extend a special "THANKS" to RDML Davidson. We are so thankful to her for taking the time to attend NTI and interface with

our Navy and civilian critical care nurses. Her support really helped make this experience unique and worthwhile. We so appreciate her support of this community!!~

Boston, MA (7 May 2018) at the AACN President's Reception. (L to R): LCDR Lynn, CAPT McGee, CDR Darling, Christine Schulman, AACN President 2017-2018, LT Lo, RDML Davidson, CAPT Bell.



## Strong Presence of Critical Care Nurses in Historic Boston

**Mark Griffith, RN, BSN**

**Nursing Supervisor, Joint  
Tele-Critical Care**

During the 2018 American Association of Critical Care Nurses (AACN) Annual Conference, held in Boston in May, Navy Nurse Corps Director **RDML Tina Davidson** personally illuminated the pathway into the future for Navy Critical Care nursing. Her leadership, expertise, and insight made her a critical component of the Navy's success in this year's National Teaching Institute (NTI). From social gatherings with peers and leaders, to personal meetings with subject matter experts, Navy critical care nurses could be found throughout the program. Pride, professionalism, and passion were apparent as nurses fielded a myriad of questions about being a Navy Nurse Corps Officer.

The Navy Recruiting Command's booth at the exposition received a steady stream of visitors, who alternated between asking questions about nursing programs and watching the Navy nurse recruiting video – a coordinated effort between Navy Recruiting Command and the Critical Care Specialty Leader,

**CDR Julie Darling.**

The busy booth was staffed by both active duty and reserve officers, as well as enlisted personnel from the Navy Recruiting Command. Critical care nursing was well represented each day by nurses from various commands.

CDR Darling, **LCDR Kathryn Lynn**, and Navy Reserve nurse, **CAPT Jody Bell**, prepared and presented an eye-opening session titled "Crisis Response: The Reciprocal Relationship between Military and Civilian Nursing." The presentation afforded participants the opportunity to ask questions and gain a better understanding of the unique role of Navy nurses. Approximately 150 nurses attended this session, which highlighted military contributions to civilian practice.

NTI was also a time for nurses to unwind, relax, and focus on themselves. There were many NTI sessions focused on self-care, relationships, and how to find and maintain joy in your work. CDR Darling took time to meet with our active duty nurses



Boston, MA (9 May 2018) – AACN/NTI Conference (L to R): LCDR Alvarado, RDML Davidson, LCDR Peralta, and LT Jones (Taken by LCDR Alvarado/Released).

in order to maintain a strong pulse on the community. To borrow a quote from RDML Davidson, "CDR Darling is a phenomenal Specialty Leader who works tirelessly on behalf of the critical care nursing community."

The week at NTI was a time to reconnect with friends, former co-workers, and new friends from distant duty stations. It was a week to enjoy the incredible culinary delights for which Boston is famous, as well as to witness firsthand where our freedoms were born. NTI was a great place to regain focus while reflecting on the conference theme, "Guided by Why?"

Personally, I found great joy in seeing how many Nurse Corps officers from my past have become senior and exceptional nurse leaders of today and tomorrow. For me, the question of "Why?" has been answered. Very well done, to all of you!~



Boston, MA (8 May 2018) – AACN/NTI Conference; Nurse Corp Officers and Civilian Navy Nurses enjoyed the podium presentation mentioned in the article (Photo by Julie Darling/Released).





# Nurse Corps News

Volume 12, Issue 4 ~ July/August 2018

## Clinical Nurse Specialists Coordinate USNH Yokosuka Skills Fair

**Candice West, LT, NC**

**USNH Yokosuka, Japan**

**Frank Jones, LCDR, NC**

**NAVMEDEDTRNCMD  
San Antonio, Texas**

USNH Yokosuka's mission as forward-deployed personnel is to maximize the readiness, health, and well-being of active duty forces and their families in Japan, Korea, and Diego Garcia. The Directorate for Nursing Services recently demonstrated this commitment to medical readiness by celebrating their first week-long, nursing skills fair.

**LT Candice West**, a Clinical Nurse Specialist (CNS) stationed at USNH Yokosuka, played a central role by collaborating with 17 other hospital staff to plan this training with an interdisciplinary approach. A CNS holds a unique position in combining the clinical skills with the leadership needed to drive healthcare practices forward. The CNS is an advanced practice registered nurse, a title for nurses who hold graduate nursing degrees and are experts in a particular specialty. Regardless of specialty or setting, CNS's provide leadership in clinical expertise, nursing practice, and systems innovation. CNS's can also diagnose, develop treatment plans, and provide ongoing management of complex patients.

In many states, the CNS can prescribe medications, durable medical equipment, and therapies. They also provide expertise and support to bedside nurses, help drive practice changes throughout the organization, and ensure the use of evidence-based

care to achieve the best possible patient outcomes.

A nursing skills fair is a prime example of how the CNS can provide hands-on training and validation of staff competencies. This skills fair focused on seven proficiencies, three of which utilized simulation and a high-fidelity mannequin, with return demonstrations of select skills. Stakeholders included staff from the laboratory, anesthesia, respiratory therapy, Tactical Combat Casualty Care (TCCC) Instructors, and other specialists to provide emergency and operational-based training to 140 Nurse Corps Officers and Hospital Corpsmen. Given the forward-deployed setting, the event included training on appropriate responses to medical emergencies in operational settings, airway management, proper restraint use and de-escalation techniques, blood administration, intravenous pump usage, point of care testing, and a TCCC component: use of tourniquets in the operational setting.

The Military Health System and Navy Medicine share strategic visions in ensuring Medical Readiness, Quality Care, and High-Reliability Organization objectives. The utilization of CNS's in the NC continues to influence healthcare delivery towards positive outcomes. The CNS identifies gaps in healthcare delivery, as well as designs and evaluates interventions to improve healthcare delivery and outcomes.~



LT Candice West MSU, CNS; LCDR Michelle Westcott MIU, CNS; LCDR Angela Dougherty ICU, CNS (/Released).

Are you interested in finding out more about what a Clinical Nurse Specialist can do?

[Follow this link to learn more!](#)



### Calling All Clinical Nurse Specialists!

Share your exciting, rewarding, or challenging stories with us for our September/October issue. Submit your stories and pictures with the NC News Team [using this link](#) and allow us to recognize the great accomplishments of Navy Nurse Corps Clinical Nurse Specialists!



# Nurse Corps News

Volume 12, Issue 4 ~ July/August 2018

## RADM Elizabeth S. Niemyer and RDML Mary F. Hall Awards



The annual RADM Elizabeth S. Niemyer and RDML Mary F. Hall Awards were established to recognize Navy nurses who have positively contributed to the nursing profession through professional publication or implementation of a successful evidence-based practice project. These awards are given annually and cover the time period from January of the previous year to May of the current year.



### RADM Niemyer Award for Evidence-Based Practice

There were nine submissions for the RADM Niemyer Award for Evidence-Based Practice. **CAPT Carolyn McGee** chaired the selection committee; members were **CDR Christian Melendez, CDR Vorachai Sribanditmongkol, LTC Alicia Madore, ANC, and LCDR Frank Jones.**

The winners of the 2018 RADM Niemyer Award were:  
First Place: **CDR Misty Scheel, LT Joseph Biddix, HM2(FMF) Ian Carroll, *Implementation of an HIV Pre-exposure Prophylaxis Program at NMC Camp Lejeune***  
First Runner Up: **LT Ashley Robertson, LT Christopher Johnson, LT Emanuel Waddell, *Use of a Standardized Process for Obesity Management in Two Branch Health Clinics***

Congratulations to all winners, and thank you selection committee chairs and members! Publishing and completing evidence-based practice projects are significant milestones. We would also like to acknowledge the hard work and accomplishments of

### RDML Hall Award for Publication

There were six submissions for the RDML Hall Award for Nursing Publication in the Peer Reviewed Category. **CAPT Lisa Braun** chaired the selection committee; members were **CDR Lalon Kasuske, CDR Carl Goforth, CDR Stuart Hitchcock, and LCDR Meedeessa Morgan.** The members of the selection committee for the Non-Peer Reviewed Category were **CDR Virginia Blackman (Chair), CAPT Judy Dye, USNR, CDR Jesus Crespo-Diaz, CDR Monica Knapp, LCDR Dominique Selby, LT Dana Flieger, and LT John Barrow.**

The winners of the 2018 RDML Hall Award, Peer Reviewed Category are:

First Place: **CDR Camen Brosinski, LCDR Autumn Riddell, and LCDR (Ret) Sherwin Valdez, "Improving Triage Accuracy: A Staff Development Approach,"** published in Clinical Nurse Specialist  
First Runner Up: **CDR Wendy Cook, LTC Kristal Melvin, and Professor Ardith Doorenbos, "U.S. Military Service Members' Reasons for Deciding to Participate in Health Research,"** published in Research in Nursing and Health

The winner of the 2018 RDML Hall Award, Non-Peer Reviewed Category is:

First Place: **CDR Abigail Yablonsky, "Research, Readiness, and Military Parents,"** published by the Defense Visual Information Distribution Service

those who were not selected.  
**RDML Hall peer-reviewed submissions:**  
Brosinski, Carmen, Valdez, Sherwin, Riddell, Autumn, and Riffenburgh, Robert, "Comparison of Temporal Artery Versus Rectal Temperature in

Emergency Department Patients Who Are Unable to Participate in Oral Temperature Assessment," published in Journal of Emergency Nursing  
Buechel, Jennifer, "Vaccination for Human Papillomavirus," published in Clinical Journal of On-



## RADM Niemyer and RDML Hall Awards (cont.)

### cology Nursing

Riddell, Autumn, "The Effect of Apneic Oxygenation on Reducing Hypoxemia During Rapid Sequence Induction and Intubation in the Acutely Ill or Injured," published in Advanced Emergency Nursing Journal

Yablonsky, Abigail, Yan, Guofen, and Bullock, Linda, "Parenting Stress in Navy Families: The Importance of Spirituality and Social Support," published in Journal of Health and Human Experience

### **RADM Niemyer submissions:**

LCDR Patricia Butler, LCDR Virginia Sullivan, LT Melissa

Schmidt, LT Alea Depauw, CDR Monica Lutgendorf, RN Anne Taylor, LCDR Melissa Rosloniec, and LT Jane Ferguson, *Postpartum Warning – A Nursing Partnership to Standardize and Improve Postpartum Discharge Education*

LCDR Patricia Butler, CDR Monica Lutgendorf, LCDR Virginia Sullivan, RN Janet Foote, and LT Melissa Schmidt, *Impact of Multidisciplinary Drills on Clinical Response Times During Obstetric Emergencies*

LT Lauri Elrod, *Elimination/Reduction of Catheter-Associated Urinary Tract Infections*

CAPT Craig Cunningham, Dr. Karen Graham RN, *Implementation and Evaluation of a Group-Based Asthma Education Program for Adolescents*

CDR Sophia Lawrence, *Impact of a Structured Protocol on HEDIS Antidepressant Medication Measurements*

LT Lisa O'Driscoll, CAPT Justice Parrott, *Postoperative Patient Education Performance Improvement Project for Sugammadex in Female Patients Taking Steroidal Contraceptives*

LT Jamie York, *Impact of Intraoperative Patient Normothermia on Surgical Site Infections*

## Navy Care App Enables Medical Appointments From Work/Home

### Rodney Foushee

#### Deputy PAO, NH Jacksonville

NH Jacksonville now offers virtual visits, a faster, innovative way to complete health visits without a trip to the hospital or clinic. These decrease time away from the mission, work, and family.

The Navy Care app enables patients to have a live, virtual visit with a clinician, using a smartphone, tablet, or computer. It's private, secure, and free.

For NH Jacksonville's pilot program, both the champion (CDR Rachel Baudek) and action officer (LCDR Alesha Egts) are Navy nurses.

"Navy Care catapults the military health system into the 21st century," said Hospital Corpsman 1st Class Patrick Goldsmith, an independent duty corpsman at NBHC Jacksonville. "The app provides real-time access to care for sailors and Marines in remote environments, and decreases the



Jacksonville, FL: NH Jacksonville's Pilot Program Action Officer LCDR Alesha Egts, NC, USN (Released).

warfighter's time away from the workplace."

Active duty, retirees, and families can also use the virtual app for follow-up medical visits, even for breastfeeding support and chaplain services. The Navy Care app also allows sailors and Marines to complete their Periodic Health Assessments (PHA) from their unit or home, while clinicians work from their office

at the hospital or branch health clinic during a virtual visit. To use Navy Care, a patient needs a video-enabled device that is connected to a 3G, 4G LTE, or wireless (Wi-Fi) network.

Each of the nearly 50 virtual health providers, at the hospital and branch health clinics, have completed specialized training to provide care through this service. The Navy Care app launched at NH Jacksonville in February 2018.

NH Jacksonville is comprised of the Navy's third largest hospital and five branch health clinics across Florida and Georgia. Of its patient population (163,000 active and retired sailors, soldiers, Marines, airmen, guardsmen, and their families), almost 85,000 are enrolled with a primary care manager and Medical Home Port team at one of its facilities. To find out more or to download the command's mobile app, visit [www.med.navy.mil/sites/ navalhospitaljax](http://www.med.navy.mil/sites/navalhospitaljax).~



### Certifications

**LCDR Amy Aparicio**, USNH Guam, achieved her certification as an International Board Certification Lactation Consultant (IBCLC).

**LCDR Jessica Fahl**, NMC Portsmouth, became certified as an Adult Gerontology Clinical Nurse Specialist.

**LCDR Jackie Kessler**, NBHC Port Hueneme, has obtained certification as a Nurse Executive (NE-BC).

**LCDR James Ketzler**, NMC Portsmouth, achieved his certification as a Nurse Executive (NE-BC) (this is his SECOND Nurse Executive certification!).

**LCDR Sonya McKay** passed her Certified Joint Commission Professional (CJCP) exam.

**LT Randi L. Acheson**, NMC Portsmouth, earned her Neonatal Critical Care Nurse Certification (CCRN-Neonatal).

**LT Leonard Aranas**, FHCC Lovell, obtained his certification as an Emergency Room Nurse.

**LT Timothy Dye**, WRNMMC Emergency Department, obtained Board Certification as a Certified Emergency Nurse (CEN) in April 2018.

**LT Maggy Mitzkewich**, NMC San Diego, obtained her Adult-Gerontology Clinical Nurse Specialist (ACCNS-AG).

**LT Samuel Onwujiobi ("Obi")**, USNH Guam, obtained the Certified Surgical Services Manager Certification (CSSM).

**LT Jennifer Spain**, WRNMMC, obtained her Certification in Operating Room Nursing (CNOR).

**LT Dayna Stevens**, NH Pensacola, achieved Level II and Level III certification in Healing Touch.

**LTJG Nathacha Avril**, NMC Portsmouth, obtained her Medical-Surgical Nurse Certification.

**LTJG Curtis Bucek**, NMC Portsmouth, obtained his Critical Care Certification (CCRN).

**LTJG Layne Dettor**, NMC Portsmouth, obtained her Pediatric Nursing Certification.

**LTJG Shannon Heasty**, NMC Portsmouth, received her PCCN Certification and Medical-Surgical Certification at the end of July.

**LTJG Karen Jimenez**, NMC Portsmouth, obtained her Pediatric Nursing Certification.

**LTJG Julius Jones**, NMC San Diego, obtained his Mental Health Board Certification.

**LTJG Melissa Manganello**, NMC Portsmouth, obtained her certification in Psychiatric-Mental Health nursing.

**LTJG George Menninger**, NH Camp Pendleton, obtained his certification as a Critical Care Nurse (CCRN).

**LTJG Mariah Teasdale**, NMC Portsmouth, obtained her Pediatric Nursing Certification.

**ENS Aleksandr Korotayev**, OSHU Jacksonville, earned his certification as a Medical Surgical Nurse.

**ENS Jon Parks**, NH Beaufort, obtained his Certified Medical-Surgical Registered Nurse (CMSRN).

**ENS Heidi Romero**, NMC Portsmouth, earned her Critical Care Certification (CCRN).

### Share your Exciting Experiences With Us!

Have you ever met anyone, done anything, or been anywhere cool that was because of the Navy? The NC News Team would love to share your story! Submit your pictures/articles through your chain of command, then to your Nurse Corps News team using the envelope hyperlink found on each page in the lower right-hand corner, or [find us on milSuite!](#)





## Bravo Zulu!



### Education

**LT David Frey**, NMC San Diego, completed his Master of Science in Nursing Education (Summa Cum Laude) from Excelsior College.

**LTJG Tenisha Jones**, NMC Portsmouth, obtained her MSN in Psychiatric Mental Health from Walden University in May 2018.

**LTJG Francis Nkimheng**, USNR at OSHU Jacksonville earned a Master of Science in Nursing from Chamberlain University and is now a Board Certified Family Nurse Practitioner.

**LTJG Deborah Melendez**, USNR, at OSHU Jacksonville earned a Master of Science in Nursing from South University and is now a Board Certified Adult Health and Gerontology Nurse Practitioner.

**LCDR Mary Tabor**, USNR, at OSHU Jacksonville earned a Master of Science in Nursing Leadership from Western Governors University and obtained her Nurse Executive Board Certification.

**LCDR Scott LaPanne**, NH Beaufort SC, completed his Masters of Science in Nursing Administration Degree from Liberty University.

**LT Sarah Alexander**, NH Beaufort SC, completed her Masters of Science in Nursing Administration Degree from the University of South Carolina.

**LT Pietro Christofoli III**, NH Beaufort SC, completed his Masters of Science in Nursing Administration Degree from the University of South Carolina.

**LT Aaron Cagley**, USNH Guantanamo Bay, was awarded a Master's of Science, Summa Cum Laude, in Nursing in Administration, from New Mexico State University.

**LTJG Tenisha Jones**, NMC Portsmouth, completed her MSN in Psychiatric Mental Health from Walden University in May 2018.

### Recognition

**CDR Melissa R. Troncoso**, NC Administrative Fellow, received the 2018-2020 Jonas Veterans Healthcare Scholar Award.

**LTJG Rowena Benedictos**, WRNMMC Emergency Department was selected as Junior Officer of the Quarter, Second Quarter 2018.

*First Active Duty Navy & Military Nurse receives the American Psychiatric Nurses Association "Excellence in Leadership" award!*

**LCDR Jacqueline Lopez**, USNH Yokosuka, was selected by the American Psychiatric Nurses Association (APNA) for the "Excellence in Leadership" award which will be presented to her at the APNA conference in October 2018.

The APNA Award for Excellence in Leadership - RN, recognizes an APNA member who demonstrates unique leadership qualities through significant contributions to an organization, a community, the psychiatric-mental health nursing specialty, or the nursing profession.

LCDR Lopez was selected for this award for her work in the improvement of organizational



performance to positively impact patient care in work settings and organizational settings and mentoring others in their development as psychiatric-mental health nurses by example and teaching peers and other health care workers. Lcdr Lopez's Navy-wide impact is equivalent to a national level impact.~

