# YEAR IN REVIEW











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Nurse Corps News Staff

Layout: LCDR Nikki Pritchard & LCDR Eric Banker Editor In Chief: LCDR Melani Harding

## YEAR IN REVIEW



Tina Davidson RDML, NC, USN

#### **Director, Nurse Corps**

### **Director's Reflection**



Happy New Year, Navy Nurse Corps! It is hard to believe that 2017 has come to a close. It went by so fast, but boy, did we fill it with numerous accomplishments!

What an honor to be a member of the most trusted profession while at the same time serving our country. Don't take this lightly; we have so much to be proud of, and in this issue, we will speak to just a few of those accomplishments. Although too many to mention here, the certifications, degrees, and assignments you have obtained is testimony to your competence, leadership, and thirst for high-velocity learning. As a result, your reach is far and wide beyond the bedside - just take a look!

This year, we thanked RADM Rebecca McCormick-Boyle (below, right) for her dedication and contributions as the 24<sup>th</sup> Director of the Navy Nurse Corps. She left us with a solid foundation on which we can continue to grow our Corps. We continue to implement our Professional Practice Model (PPM), both at the strategic level and also at the deckplate. During my visits to some of your commands and workspaces, I witnessed how you have embraced the PPM and its tenants. It encapsulates who we are and how we do business, to include our alignment to the operational mission, how we

educate ourselves, our corpsmen, and patients, how we identify challenges, and the utilization of leadership acumen to move our organization forward. You are truly remarkable! I look forward to seeing further growth and adoption of our model in 2018.

Our "Pivot to the Pacific," Navy Medicine in Support of the Marine Corps (NMISOMC), the many changes underway due to the National Defense Authorization Act (NDAA) 2017, and other external and internal drivers have opened many opportunities for the Navy Nurse Corps. This highlights our responsibility to articulate the Navy Nurse's vital role to the Navy mission. We have excelled in numerous environments and in some new roles this past year, further increasing the demand for your talents.

Looking ahead, 2018 will prove to be a hallmark year as we transition to a new model of the Navy Medicine organization. While we may not know exactly what the structure will be, I do know that we will continue to serve our country and patients proudly! I am counting on you for your help as we move into 2018. Please continue to identify and develop those super stars, whether the newly reporting nurse or that hotshot corpsman. You know who they are, but they may not realize it themselves. Give them a "push" to further their certifications and learning. Sometimes it means pushing others and ourselves outside of the comfort zone.

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Keep up the great work, learning, growing yourselves, and developing your corpsmen. Set the bar high, expect the best from yourself, your colleagues, and those you lead...you are that good!

I am honored and humbled to serve as your Director. Thank you for what you do each and every day. I can't wait to see what 2018 has in store for us! ~



RADM McCormick-Boyle, 24th Director of the Navy Nurse Corps. During her tenure, the Professional Practice Model was developed, guiding the future of the Navy Nurse Corps. Read more about the PPM on page 4!



# YEAR IN REVIEW

### **Reserve Component: Opening Remarks**



With the Navy Nurse Corps <u>Professional Practice Model</u> as the guiding force, the Reserve Component (RC) Nurse Corps community focused on leadership development of our junior officers, clinical readiness, operational expertise and innovation. It is impossible to highlight all of the accomplishments this year; however, the following offers examples of Professional Development, Operational Readiness, and Transformational Leadership within the OHSU and EMF commands.

#### **Professional Development**

Initiating the Career Development Board (CDB) within the RC NC with the focus on the LCDRs was the priority this year. **EMF Dallas** took the lead with sharing lessons learned with other commands. As of September 2017, over 85% of the RC LCDRs had the CDB experience. This is a major milestone especially since this was only initiated in April 2017. **EMF Camp Pendleton** provided a leadership conference for the OICs and leveraging the Chief's Mess hosted a virtual CPO 365 for junior officers. In **EMF Bethesda**, over 95% of the nurses hold advanced degrees and emulate professional development through professional certifications, attending and presenting at conferences, publications and research endeavors. **OHSU Camp Lejeune** hosted command leadership training events providing critical information to Nurse Corps officers across the command. These sample training events were instrumental in the retention, development, and recruiting of junior officer and senior enlisted leaders.



Mary Riggs RDML, NC, USN

**Deputy Director, Reserve Component** 

#### Operational Readiness/Jointness

EMF Camp Pendleton formed an adaptive EMU and completed field exercises at Fort Hunter Liggett and Camp Talaga. EMF Bethesda nurses participated in Global Medic, Operation Leatherneck, multiple Innovative Readiness Training (IRT) exercises and several other joint exercises. OHSU Portsmouth had a successful annual field training exercise called Operation Commanding Force in Fort Drum, NY, which emphasized operational medicine/combat casualty care skills, including TCCC and HMSB for Corpsmen and TNCC training for nurses, in addition to simulations of care under fire and classroom/hands on learning. EMF Great Lakes, a Tier One unit for readiness, met the call for several unit deployments. OHSU Camp Lejeune, in collaboration with the Naval Medical Center Camp Lejeune training department, hosted and executed four Trauma Nursing Core Courses (TNCC) courses also yielding four Instructor Candidates. Implementation of the traveling medical teams allowed OHSU Camp Lejeune to provide critical back fill for both dental and medical deficiencies to several Naval Operational Support Centers across four Southeastern states which provided the highest level of readiness for several detachments in Navy Medicine East.

#### Transformational Leadership

The Nursing Leadership at in **OHSU Jacksonville** devoted the year to visiting all nurses in their detachments and encouraging them to seek leadership roles; this endeavor resulted in two-thirds of all OHSU JAX leadership positions being held by a NC Officer. The NC of **EMF Bethesda** also participated in leadership at the detachment, command and/or, operational level with 82% of the detachments lead by a NC Officer. At **OHSU Pensacola**, seven out of the eight Detachment OICs are NC. **OHSU Bremerton** NC Directorate was restructured to include three ASNEs (Admin/Communications; CDB; DET Director) in order to create a NC leadership pathway at the command, to more effectively mentor NC officers across 16 detachments and to better implement the RC Strategic Goal initiatives. **OHSU San Diego** had their Designated Nurse Leaders (DNLs) within the detachments take a stronger role in mentoring members in their preparation of fitness reports submitted to the Senior Nurse Executives.

As we look to how Navy Nursing can better support the warfighter in maintaining Maritime Superiority, it is clear that this was a year to hone our operational readiness and advance our core attributes worthy of the trust of our sailors. The alignment of our RC Nurse Corps members to requirements and the Active Component has never been stronger.~

# YEAR IN REVIEW

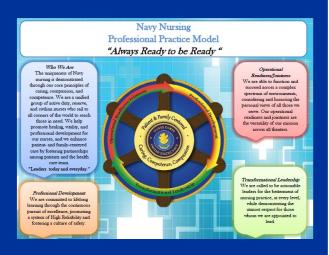
### Planning for the Future: Readiness & Relevance

The Navy Nurse Corps FY18 Strategic Planning Meeting was held 12-14 September 2017 in San Diego, California. Senior Nurse Corps leadership gathered for this annual meeting to evaluate the current status of the NC and identify new objectives aligned with the Chief of Naval Operation's Maritime Strategy and Navy Medicine Commander's Guidance. Guest speakers, RDML Cathal O' Connor, Commander, Expeditionary Strike Group 3, and three WWII Veterans shared inspiring stories of the experiences during our nation's last major sea battle. This year's focus was on Readiness and Relevance.

The Navy NC FY18 Strategic Plan and team charters with membership are available on milSuite for your review and comment. The 1st Quarter Brief was held on Monday, 04 December 2017. The teams are off to a strong start to ensuring we meet our objectives. The collective engagement of our entire NC team is crucial to ensuring our success.~



### **Steering the Future: Professional Practice Model**



The Navy Nursing Professional Practice Model (PPM) was unveiled in 2016 and published throughout 2017. It is the guide which will shape strategic efforts, and the policy, practice, and career development of Navy nurses in an ever evolving healthcare system. The model symbolizes who we are as nurses and military officers. While in some ways these two professions are diametrically opposed, many of the same constructs underpin both: leadership, teamwork, courage, adaptability, integrity, performance under pressure, and a commitment to lifelong learning. As the Navy Nursing moves forward into an unknown future, the Professional Practice Model will provide direction, structure, and stability for generations to come.

Professional Development, Transformational Leadership, and Operational Readiness...it is who we are.~

#### CALL FOR NAVY NURSE CORPS VISION & MISSION STATEMENTS

All Navy Nurse Corps Officers are invited to submit proposals for new Navy Nurse Corps Mission and Vision statements via the Nurse Corps Crowdsourcing site on milSuite.

https://www.milsuite.mil/book/groups/navy-nurse-corps-crowdsourcing

All suggestions should be submitted by 09 February 2018.

# YEAR IN REVIEW

### **Nurse Corps Force Structure**

#### Elizabeth Gillard, CAPT

### Medical Department Officer Community Manager

The Navy Nurse Corps ended Fiscal Year (FY) 17 with a total of 2,895 personnel and 2,971 billets. Continuous evaluation of accessions and losses throughout the year is an important function of maintaining community health. A robust accessions plan supports community health by balancing gains with losses due to retirements, resignations, and other reasons. In FY17, the NC gained a total of 221 nurses. In

addition, promotions ensure progression through the rank structure to offset losses. The FY18 boards selected 26 Captains, 71 Commanders, and 107 Lieutenant Commanders. Lastly, the NC monitors the manning of subspecialty communities. As per the Deputy Surgeon General (DSG) memo of 13 Jun 17, the Medical Manpower All Corps Requirements Estimator (MedMACRE) is Navy Medicine's tool used to align the active duty force structure to support the medical capabilities of the Navy and Marine Corps. Along with other Corps, the NC started implementation of MedMACRE in 2017 with a realignment of 20% of billets resulting in changes to subspecialty mix.~See page 22 for our numbers.

### **MedMACRE** - Aligning the Force

### **Deborah Roy, CAPT**

### **NC Deputy Director**

The year 2017 has been a year of change for Navy Medicine. MedMACRE has been the center of a great deal of work. MedMACRE is a manpower tool used to shape our medical force to support our operational requirements. It gives us an estimate of the number and specialties mix needed to meet requirements. Over the past year, NC has

reviewed every Active Duty nursing billet within Navy Medicine and changed billet specialty types and locations to better align with our operational commitments.

Why were we misaligned? Navy Medicine has had to balance the operational mission (why we are in uniform) with the benefit mission (providing care to beneficiaries that Congress has determined would get care within the military system). The benefit mission has driven most of our Military Treatment Facility (MTF) staffing requirements and assignments; over time, this has skewed our total force numbers away from the operational mission. Said another way; We have increased specialty numbers in areas not directly supporting the operational mission to meet the benefit mission, and taken position away from areas that directly support the operational requirement.

So why re-align now? Many forces beginning as early as 2012 have resulted in this task. Numerous reports have been conducted assessing military manning; Medical Readiness Manpower Requirements Study-2012, Office of the Secretary of Defense Institute for Defense Analysis Study of Total Force Management: Medical Manpower-2013, Defense Health Program Military Health System Modernization Study- 2015. In addition numerous economic and political factors have come into play; Navy Manpower in Support of Marine Corps (NMISOMC)- 2015, 2017 National Defense Authorization Act, Declining Budgets and Military Health System reform efforts, to name a few.

The take away from these studies is that force shaping is critical to mission success. MedMACRE is an analytical approach for sizing the uniformed medical force and allows us to assess risk of current manning, impact of changes in staffing mix to operational requirements, informs the enterprise on issues related to the force specialty mix (i.e., deficits/overages), and informs platform mapping for Navy Medicine readiness requirements.

Bottom line for NC: We will see growth in Intensive Care, Emergency Medicine, Perioperative, Medical Surgical, and Certified Nurse Anesthetist communities. Other specialties will be maintained or resized; no specialties will be lost. The billet changes will occur over the next five years and will be phased in so that they do not interfere with individual's rotation date (i.e., billet will not change specialty or location while you're in it).

There is tremendous opportunity to how we shape our Corps, how we are utilized/optimized, and how we prepare ourselves for the operational mission we support. All of our specialties are valued and are vital to our mission success in various settings. Total force re-evaluation will be ongoing to ensure we are aligned and mitigating challenges. As the operational environment and requirements change, so will our force, so we are "Ready Day One" of the fight. ~

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### **Highlights of Navy Medicine West (NMW)**

#### Jay Chambers, CAPT

#### **NMW Senior Nurse Executive**

2017 was a hallmark year for Navy Medicine West nurses, with an emphasis on professional recognition, international partnerships, and significant process improvements. The item that tops the interest list is a successful initial operating concept for Military Health System (MHS) GENESIS, the

Department of Defense's (DoD) new Electronic Health Record (EHR). Nurses from around the enterprise participated in working groups to form the initial platform with the nurses of Naval Health Clinic (NHC) Oak Harbor and Naval Hospital (NH) Bremerton providing day-to-day, shift-to-shift efforts, creating what will become the finished product serving all of DoD.

Several NMW nurses won individual recognition in their fields of expertise, carrying that expertise to professional nursing bodies around the globe with publications and presentations. Specifically, **LCDR Colbert** from NH 29 Palms presented to the International Association on Forensic Nursing on the use of tele-nursing in providing Sexual Assault Forensic Exams. **CDR Jennifer Buechel** and **LCDR Butler**, from Naval Medical Center San Diego (NMCSD), received First Place for the RDML Hall and RADM Niemyer Awards respectively. Also from NMCSD, **RN Sherwin Valdez** had two articles published: "Improving Triage Accuracy: A Staff Development Approach" in *Clinical Nurse Specialist* and "Comparison of Temporal Artery Versus Rectal Temperature in Emergency Department Patients Who Are Unable to Participate in Oral Temperature Assessment" in the *Journal of Emergency Nursing*. **LT Danielle Mason**, NH Bremerton Clinical Educator, was recognized along with four other junior officers by the Kitsap Chapter of the Military Officers Association of America. U.S. Naval Hospital (USNH) Okinawa hosted the second annual nursing symposium with over 130 nurses in attendance, truly an international event.

Process improvements around the region are too numerous to mention in detail, but range from a donor breastmilk program for neonates to comprehensive unit safety programs.

Overall, NMW Nurses continue to demonstrate the unique high value contributions to the fleet and the profession for which Navy Nursing is known.~



Saturday Morning Go-live of MHS Genesis on Northwest Beginnings CAPT Bitterman CO, CAPT Zuzelski XO, and CAPT McBride DNS/SNE, along with inpatient staff from Northwest Beginnings and the Medical-Surgical Unit. (Released)



December 8, 2017. Expeditionary Medical Facility
NOVEMBER personnel representing a team of doctors,
nurses, hospital corpsmen and support staff, most from Naval
Hospital Bremerton, pause to take a group photo during
training in preparation to deploy, if the need arises, to meet
Navy fleet and Marine Corps current and future requirements.

(Official Navy courtesy photo/Released)

## YEAR IN REVIEW

### **Highlights of Navy Medicine East (NME)**

Jamie Wise, CAPT

**NME Senior Nurse Executive** 

While 2017 was a year marked by tremendous change and uncertainty for Navy Medicine, it was also a year of tremendous progress, with a focus on readiness and, most impressively, adaptability for the region and Navy Nurse Corps. With the activation of the USNS COMFORT (T-AH 20), Navy Nurses from

Naval Medical Center Portsmouth (NMCP) and throughout the region deployed on short notice in support of humanitarian relief efforts after the devastating aftermath of Hurricane Maria on the island of Puerto Rico. As the USNS COMFORT embarked on this mission, regional military treatment facilities (MTF), with additional support from our reserve counterparts, pulled together to ensure coverage of critical services at NMCP. This collaborative effort serves as an inspiring example, and one of many, that embodies the flexibility of our Navy Nurse Corps active duty, civilian and reserve team in times of need.

In the midst of all this chaos, our MTFs continued to juggle the demands of a robust operational tempo (OPTEMPO) and support platforms such as the Expeditionary Medical Facility (EMF), Role II Light Maneuver (R2LM), and Role III Kandahar, where one our own Nurse Corps officers, **CAPT Gordon Smith**, recently returned from deployment as the Commanding Officer. Welcome back, CAPT Smith!

In the spirit of sustaining a ready medical force, five Nurse Corps officers from the region volunteered to serve as preceptors for 30 Hospital Corpsmen in support of the Federal Health Clinic Chicago/Cook County Pilot program. This pilot was designed to expose our new HMs to real trauma patients and further their clinical readiness in preparation for our wartime mission. On the theme of trauma care, NME has been working closely with NMC Camp Lejeune as they transition to a level III trauma capability. As a result of the Command's exceptional efforts, their Emergency Department was recognized by the Emergency Nurses Association with the Lantern award for evidence-based practice and innovative performance in Emergency Care. Equally important to providing advanced level care is ensuring our novice NC officers develop a solid clinical foundation; NMCP took this task to heart and the Command's Nurse Residency Program was recently accredited by the American Nurses Credentialing Center (ANCC) Practice Transition Accreditation Program. Strong work, First and Finest!

The achievements of our Nurses outside the continental U.S. (OCONUS) have been especially impressive. In line with the Surgeon General's priorities, the Navy NC team at both USNH Sigonella and Naples have been proactively building partnerships with Host Nation Facilities. In collaboration with MTF local nationals and a multidisciplinary



team, Navy Nurses paved the way for a successful Integrated Beneficiary Care Experience pilot project. This pilot seeks to enhance the experience of care for beneficiaries admitted to and/or seeking outpatient services in our OCONUS network facilities.

These are just a few highlights of a year filled with excitement, progress and change. You will enjoy others throughout this issue as highlighted by our MTFs. Happy New Year, everyone!~

LT Cynthia Matters, Perioperative Nursing, prepares a patient for surgery aboard USNS Comfort (T-AH 20) during the Hurricane Maria disaster relief mission to Puerto Rico.

### **Highlights of National Capital Region**

#### Valerie Morrison, CAPT

In 2017, the Nurses at Walter Reed National Military Medical Center (WRNMMC) set out WRNMMC Director for Nursing on a journey to Pathway to Excellence (P2E). P2E is an American Nurses Credentialing

Center designation which recognizes health care organizations for positive practice environments where nurses excel. A P2E Council was established under the Executive Committee of the Nursing Staff and a chair named. Our theme became "Heigh Ho! Heigh Ho! It's off to work we go!" And yes, Snow White and the seven dwarfs frequented WRNMMC to spread the news about our journey. The journey has been filled with amazing events from resilience programs, Quality BINGO, a P2E Carnival, and much more! In the process of our journey, we are proud to have achieved Baby Friendly designation, celebrated 5 years of monthly DAISY Award recognitions and over 3,000 nominations, hosted visits by MG Barbara Holcomb and RDML Tina

Davidson, participated in visits by President Trump and Vice President

Pence, re-energized our Nursing Association and had an extraordinary Nurse's Week celebration, had 11 Army and Navy nurses selected for graduate education programs, promoted countless nursing staff, nominated the MHS Senior Civilian Nurse Excellence Award winner, and submitted our Pathway to Excellence application in November. We are on the journey to Pathway to Excellence, and look forward to the next step—a survey in the January/February timeframe. The journey itself has brought our team together with outstanding results. We invite you to join our team! 2018 is going to be full of surprises. ~



Pathway to Excellence Carnival, 19-20 September 2017; SSG R. Beeman and LCDR O. Ogwo present information on the Safety Standard; CPT G. Monfisten presents



CDR Kim Shaughnessy, Chief of Obstetrics and Gynecology, selected as 2017 Tillman Scholar.



LCDR Alayna Cole received the 16th Annual Geraldine B. Posner Award, honoring Nursing Excellence across the Command.



LCDR Dana Dones tours Army Nurse Corps Chief, MG Barbara Holcomb, discussing Evidence Based Practices in use at FBCH.

#### NAVAL HOSPITAL BREMERTON



The start of the 4th Annual Aloha Moani 5K Run/Walk hosted by Naval Hospital Bremerton Nurse Corps Association was held Sat. May 6, 2017. The annual event is held in honor of LT Rebekah Moani Daniel. Moani was a kind, gentle and loving spirit who was a gifted labor and delivery nurse at NH Bremerton. She passed away unexpectedly on March 9, 2014 after delivering a beautiful, healthy baby girl, Victoria.

#### WALTER REED NATIONAL MILITARY MEDICAL CENTER



Union Hospital Chief Nursing Officer, Katie Boston-Leary, visits the nurses at WRNMMC on 13 November 2017. Union Hospital is the only Pathway to Excellence designated facility in Maryland.

### NAVAL MEDICAL CENTER SAN DIEGO

SAN DIEGO, California (Sep. 11, 2017) - RDML Tina Davidson, held an admirals call during her visit to Naval Medical Center San Diego (NMCSD). After touring the hospital, RDML Davidson spoke to active duty and civilian nurses about readiness, career opportunities and the importance of Navy Medicine, (U.S. Navy photo by Mass Communication Specialist Seaman Apprentice Harley K. Sarmiento/Released).



### NAVAL HOSPITAL



JACKSONVILLE, Fla. (July 20, 2017) - LT Alesha Egts, Value-Based Care and virtual health champion at Naval Hospital Jacksonville, collaborates with LCDR Andrew McDermott. LT Egts was selected as First Coast Magazine's 2017

Celebration of Nurses "Spirit Award" winner. The Spirit Award recognizes nurses with 10 years or less experience, who exemplify spirit in nursing. (U.S. Navy photo by Jacob Sippel, Naval Hospital Jacksonville/Released).

#### NAVAL MEDICAL CENTER CAMP LEJEUNE

The Emergency Nurses' Association Lantern award recognizes emergency departments that exemplify exceptional practice and innovative performance in the core areas of leadership, practice, education, advocacy and research. Award recipients meet rigorous standards in order to demonstrate commitment to quality, safety, presence of a healthy work environment, and accomplishment in incorporating evidence-based practice and innovation into exceptional emergency care. Congratulations to the DoD's first Emergency Department to achieve this prestigious recognition, Naval Medical Center Camp Lejeune!



### NAVAL HEALTH CLINIC CORPUS CHRISTI

CORPUS CHRISTI, Texas (May 11, 2017) - A special company comprised of military and civilian nurses render honors while nurses LT Angela Healy (left) and LT Elsie Garcia (right) raise the U.S. flag during morning colors, commemorating the 109th Navy Nurse Corps birthday as well as National Nurses Week.

(Photo by Brad Buchanan/Released).



### NAVAL HOSPITAL PENSACOLA



PENSACOLA, Florida (Jan. 9, 2017) - World Class Care... Anytime... Anywhere! This was the topic of discussion during RADM McCormick Boyle's visit to Naval Hospital Pensacola. Often on the front lines of patient care, nurses may lose sight of their overall contribution to the Navy and Navy Medicine; however, in keeping with the CNO's mission, we were reminded of the important role we play as Navy Nurses. Armed with the strategic goals of the Nurse Corps, we left feeling rejuvenated and inspired to continue to provide outstanding care... Anytime... Anywhere!!



### FORT BELVOIR **COMMUNITY** HOSPITAL

LTJG Caitlin Carroll tours members from the Qatar Ministry of Defense as they use FBCH as a model for their building design.







### PORTSMOUTH, Virginia (Feb. 24, 2017) - CAPT

Sandra Hearn and Ensign James Kirlan, a student of the Nurse Residency Program, cut the cake during Cohort 3's graduation day. (Photo by LCDR Sheron Campbell/Released).

NAVAL MEDICAL CENTER PORTSMOUTH



CAMP PENDLETON, California (Dec. 4-16, 2017) - Nurses assigned to Expeditionary Medical Facility (EMF) Bremerton conduct mass casualty drills as part of an Operational Readiness Exercise. Both EMF Bremerton and EMF Beaufort trained and drilled in an EMF recently built at the Naval Expeditionary Medical Training Institute (NEMTI). (Photo by NEMTI/Released).



#### U.S. NAVAL HOSPITAL NAPLES



NAVAL SUPPORT ACTIVITY NAPLES, Italy (2017) - LCDR Christine Burns instructs a TeamSTEPPS course with local Italian healthcare personnel. USNH Naples recently developed a first-of-its-kind English-speaking ward embedded within a local Italian hospital, and incorporated quality management measures with the Italian healthcare partners to promote cohesion and patient satisfaction. (Released).



### U.S. NAVAL HOSPITAL OKINAWA

OKINAWA, Japan (Dec. 13, 2017) - LTJG Andrew Nichols, an intensive care unit nurse with USNH Okinawa, treats a simulated casualty during the Joint Enroute Care Course at Kadena Air Base, Okinawa, Japan. Navy, Air Force and Army medical personnel participated in hands-on training to qualify them to provide pre-, mid- and post-flight medical care to patients being flown to medical facilities. (U.S. Marine Corps photo by Lance Cpl. Isabella Ortega/Released).

#### U.S. NAVAL HOSPITAL YOKOSUKA



YOKOSUKA, Japan (Mar. 21, 2017) - U.S. Naval Hospital Yokosuka, Director of Nursing Services, CAPT Ann Case, explains the unique contribution certified nurse's provide in celebration of Certified Nurse's Day on Mar. 21 by honoring its board certified nurses. (U.S. Navy photo by Greg Mitchell/Released by USNH Yokosuka PAO).

#### **USNS COMFORT**

During his tour of USNS COMFORT (T-AH 20), which was providing disaster relief in San Juan, Puerto Rico, following Hurricane Maria, VADM Jerome Adams, United States Surgeon General, takes a moment to snap a 'selfie' with the Post Anesthesia Care Unit staff. (Released)





### SOUTHERN PARTNERSHIP STATION 17

CHACALAPA, Honduras (August 11, 2017) - U.S. Navy LT Juliana Gutierrez, right, a women's health nurse at Naval Hospital Pensacola, and LT Alicia Sammons, left, Environmental Health Officer at Navy Environmental and

Preventive Medicine Unit 5, provide a women's health presentation to nurses at a local medical facility, during a subject matter expert exchange, as part of Southern Partnership Station 17. SPS-EPF 17 is a U.S. Navy deployment, executed by U.S. Naval Forces Southern Command/U.S. 4th Fleet, focused on subject matter expert exchanges with partner nation militaries and security forces in Central and South America. (U.S. Army photo by SGT Crystal Madriz/Released)

### KANDAHAR, AFGHANISTAN 🚄



KANDAHAR AIRFIELD, Afghanistan (Oct. 10, 2017) - Command triad NATO Role 3 MMU: CAPT Gordon Smith, CO, CAPT Chris Chisholm, XO, and Command Senior Chief Fernando Gonzalez. Last ones to board for departure. (Released)

## YEAR IN REVIEW

### Forward, Engaged, Ready: Fleet Operational Nursing

Cindy Baggott, CAPT

Fleet Nurse, Fleet Forces Command Across the globe every day, 51 Navy Nurses work in various full-time operational billets, providing direct care and support to fleet afloat and

ashore warfighters. Operational tempo remains high. An austere environment coupled with the "tyranny of distance" demands expert clinical competency, currency, critical thinking, and judgment. Fleet units may be directed worldwide at any time to optimally support the global security environment. Whether for scheduled operations, combat support, disaster relief, or humanitarian assistance, Navy Nurses are embedded and delivering care throughout the enterprise.

In 2017, our Type Command Force Nurses and NIMITZ-class aircraft carrier, Fleet Surgical Team, and USNS COMFORT nurses were instrumental in successful exercises, pre-deployment evaluation, and deployment execution in the 3rd, 4th, 5th, 6th, and 7th Fleets, along with defense support of civil authorities following devastating hurricanes.

U.S. Northern Command Joint Task Force Civil Support, U.S. Fleet Forces Command, and Navy Warfare Development Command each have a senior operational nurse serving in critical roles supporting areas such as doctrine, systems, and policy review, development, and implementation.

The Fleet Senior Operational Nurses and U.S. Marine Corps Headquarters Senior Nurse working group meets regularly to synchronize efforts and proactively identify and address areas of mutual concern. One of our major 2017 achievements was the formal publication of the <u>first operational "blue" assignments tool career planning guide</u>, now posted on milSuite.~

PACIFIC OCEAN (Oct. 23, 2017) - Medical personnel assigned to a Navy adaptive trauma team embarked onboard Whidbey Island-class dock landing ship USS Rushmore (LSD 47), simulate treating a patient for casualty evacuation (CASEVAC) during a drill as part of Dawn Blitz 2017. Dawn Blitz 2017 is a scenariodriven amphibious exercise designed to train and integrate Navy and Marine Corps units by providing a robust training environment where forces plan and execute an amphibious assault, engage in live-fire events, and establish expeditionary advanced bases in a land and maritime threat environment to improve naval amphibious core competencies. (U.S. Navy photo by Mass Communication Specialist 2nd Class Chelsea Troy Milburn/Released).

U.S. 5TH FLEET AREA OF OPERATIONS (Sept. 8, 2017) - Sailors assigned to the amphibious assault ship USS America (LHA 6) and 15th Marine Expeditionary Unit prepare to examine a simulated patient during casualty evacuation drill in support of exercise Alligator Dagger 2017. Alligator Dagger is a dedicated, unilateral combat rehearsal led by Naval Amphibious Force, Task Force 51/5th Marine Expeditionary Brigade, in which combined Navy and Marine Corps units of the America Amphibious Ready Group and embarked 15th Marine Expeditionary Unit are to practice, rehearse and exercise integrated capabilities that are available to U.S. Central Command both afloat and ashore. (U.S. Navy photo by Mass Communication Specialist 2nd Class Ramon Go/Released).

### Navy Medicine in Support of Marine Corps: Medical Battalion Nurses

Harry Hamilton, CDR

**USMC Clinical SME** 

The terms "near-peer threat," "tyranny of distance," "prolonged field care," "distributed operations," "patient movement," and many others shape the concept of readiness. Readiness is the state of being fully prepared for "something." Navy Nurses assigned to the three Medical Battalions prepare for

that "something" by engaging in planning processes, training evolutions, and leadership roles providing direct support to the Marine Corps Operational Forces.

Exercises such as Bold Alligator 2017 and Trident provided opportunities for 2<sup>nd</sup> Medical Battalion (Med Bn) nursing staff to support a Marine Expeditionary Brigade (MEB). Nurses assumed roles of Patient Evacuation Team leaders, Surgical Company OIC's, and medical planners, and provided care for simulated casualties within the Shock Trauma Platoon/Forward Resuscitative Surgical System (STP/FRSS).

Bold Alligator 2017, held at Camp Lejeune, NC, provided Med Bn nurses opportunities to assist with the development and organization of simulated casualties for the Marine Corps War Fighting Lab Shock Trauma Teams Experiment and for the participating infantry units. Prior to execution, Med Bn nurses coordinated with 2<sup>nd</sup> MEB and NATO partners to synchronize the injection of casualties into the exercise and facilitate the realism of training. In

2<sup>nd</sup> Med Bn nurses LCDR Jourdan Askins and LTJG

addition, 2<sup>nd</sup> Med Bn provided role players, moulage, and casualty cards as well as participating in Amphibious Operations by loading and disembarking a full surgical platoon from an amphibious platform.

NMISOMC nurses are involved in readiness and committed to supporting the conventional and special operating forces. For more information on these rewarding, non-traditional Nurse Corps billets, contact Operational Specialty Leader CDR Angelo Lucero; Assistant Specialty Leader, CDR Harry Hamilton; CDR David Goodrich at 1st Med; LCDR Danilo A. Garcia-Duenas at 2<sup>nd</sup> Med; or LCDR Sasha Smith at 3<sup>rd</sup> Med. For

> additional information check out Operational Navy Nurse Corps at https://www.milsuite.mil/book/groups/

operational-nurse-corps-group/activity.

Sharon Myrick setting up STP/FRSS during TRIDENT exercise. Courtesy of Combat Camera.

### **Education Management: Training Like We Fight...**

Terri Kinsey, CAPT

Throughout 2017, Navy Nurses, Physician Assistants, Physicians, Corpsmen, and Civilian Corps education and training experts significantly influenced Navy NMETLC Director of Academics Medicine's ability to save lives wherever our forces operate by focusing on achieving maximum future life-saving capabilities and survivability along the

continuum of care via training and educational programs. Specific Education and Training Management (3150)/Nursing Education (1903) highlights include:

Navy Operational Training Center Detachment, Surface Warfare Medical Institute's ongoing execution of the Expeditionary Resuscitative Surgical Systems curriculum transformed to meet emerging mission requirement for the Role II Light Maneuver (R2LM), which serves as a rapid and modular asset capability. The first three-week long modular, primarily scenario based course was delivered in July 2017, with subsequent courses in the fall. The condensed modules may be delivered in any order or may be prescriptive to support ashore, afloat, or submarine missions. Incredible teamwork between the Fleet, education and training experts, and the R2LM teams led to relevant, real-world training, equipping the military with a versatile deployable emergency surgery capability.

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## YEAR IN REVIEW

### Education Management: Training Like We Fight... (cont.)

Navy Nurses, Corpsmen and numerous Civilian Corps education and training experts joined forces to transform how Navy Medicine prepares Corpsmen to provide exemplary health care at the point of injury/illness and at every point along the treatment spectrum. Key areas of change in 2017 included the complete revision of Hospital Corpsman "A" School, increasing hands-on clinical skill development by 20 percent and incorporating Tactical Combat Casualty Care (TCCC); development of the first Personnel Qualification System (PQS) manuals for Hospital Corpsmen and Basic Dental Assistants; and launch of a hands-on clinical trauma experience proof of concept in partnership with Navy Medicine, the Department of Veteran's Affairs and James H. Stroger Jr. Hospital of Cook County, a level-one trauma center in Chicago, Illinois.

Two of our very own Nurse Corps' Education and Training leaders, CDR Louise Nellums and LT Vanita Williams, serve as key members to the West Coast MHS GENESIS (the new electronic health record) roll-out. Regional 3150 expertise aligned at both Navy Medicine East (LCDR Matt McMahon) and West (CDR Neva Fuentes). Community Outreach Initiative – Specialty

Leader, CAPT Steven Parks implemented monthly updates and "Get to Know" features to over 65 Nurse Corps education and training leaders.~







NORFOLK, Virginia (July 28-31, 2017)
- Students of the Navy's first Role 2
Light Maneuver course. The objective of the pilot course, being held at Surface
Warfare Medical Institute (SWMI) East,

a detachment of Navy Medicine Operational Training Center, is to build a mobile unit equipped to set up a functioning medical area with advanced trauma life support capabilities. (All photos by MC2 Michael J.

Lieberknecht/Released).

### **TriService Nursing Research Program: A Treasure Trove of Resources**

#### Lisa Braun, CAPT

#### **Nursing Research**

The TriService Nursing Research Program (TSNRP) is a little known treasure-trove of resources for military nurses. Founded 25 years ago by Congressional appropriation, its mission is to advance the science and practice of military nursing. First, TSNRP *funds research*. Through grants available only to military nurses (active, reserve, and retired),

TSNRP provides funding to answer questions vital to military nursing. Learn more at <a href="https://www.usuhs.edu/tsnrp/">https://www.usuhs.edu/tsnrp/</a>. Second, TSNRP *provides education*. Annually, TSNRP hosts courses and workshops to teach military nurses essential skills in development of research proposals, execution of research grants, and evidence-based practice (EBP) projects. Third, TSNRP *connects people*. Through the Research Interest Groups, TSNRP provides a venue for military nurses of different commands and services who are interested in similar issues to connect and strategize on the research needed to solve pressing clinical problems. Research in topic areas such as enroute care, anesthesia, and military women's health have been advanced by the research interest groups. For ways to connect, check out <a href="https://triservicenursing.org/rig/">https://triservicenursing.org/rig/</a>

Tri-Service Nursing Research Program (TSNRP)

Research and Evidence Based Practice Dissemination Course 2017 Navy Nurses can interact with TSNRP in several ways. First, we are grant recipients, completing funded research and EBP projects. Additionally, we provide oversight to review the grant applications, ensuring that each meets high standards for research. We teach in TSNRP-sponsored courses, and provide leadership in the Research Interest Groups. If you want to learn more about what makes military nursing unique and be part of making it better, check out TSNRP!~

## YEAR IN REVIEW

### Career Development Boards: An Important Connection at Your Command

Coby Croft, CDR

**CDB** Coordinator

Have you recently transferred duty stations or discovered you are in zone? Are you planning to apply for Duty Under Instruction? Are you unsure of your next career move? If so, it is time for you to contact your command Career Development Board (CDB) Coordinator to schedule your next CDB. Since its inception in 2012, the CDB Program has developed into

an invaluable tool, guiding Nurse Corps Officers to set and attain their career goals and aspirations. This past year, four teams of motivated officers laid the foundation to improve the Nurse Corps CDB Program to maximize the benefit to the individual officer, improve the quality and consistency of the Program, and ensure alignment with the PPM.

CDR Mary Phillips led a team to standardize training for Command CDB Coordinators. LCDR Colleen Abuzeid led a team to create a series of training videos for CDB members on how to conduct an effective CDB. CDR Julie



JACKSONVILLE, Florida (Nov. 9, 2017) - ENS Amarilys Torres has her CDB conducted by CDR Merideth Miller, CDR Coby Croft and CDR Cheryl Cottrell. (Photo by NH Jacksonville PAO Released).

Conrardy and her team updated the Profile Sheet to improve the quality of information provided to the CDB members and to include recommendations for follow-up activities. CDR Abbie Yablonsky led a team to improve the CDB evaluation process; her team is in the final stages of creating an online evaluation tool through Max Survey. This tool will allow nurses to provide anonymous feedback on their CDB experience to allow commands to evaluate the quality of their CDBs.

I am excited to see the CDB Program continue to grow. I would like to thank all the team leads and team members who worked on these initiatives, as well as the Command CDB Coordinators who make the program work at the deckplates. If you have any questions or suggestions to improve the program, don't hesitate to reach out to me or my Assistant Program Manager, **LCDR Sheron Campbell**.~

### Elsevier Clinical Skills Adopted as the New Competency Management Platform

Over the past year, the Navy Nurse Corps transitioned to Elsevier Clinical Skills (ECS) as the standard Navy Nursing Enterprise Procedural Manual and competency assessment platform. The 2017 Operational Readiness/Jointness Strategic Goal Group and the Clinical Nurse Specialist Advisory Board (CNSAB) led the way in developing competency management business rules and laying the groundwork to attain the goal of 90% completion of critical wartime core competencies throughout the Navy Nurse Corps by December 2017. The groups crafted competency program manager desktop guides, orientation modules and led efforts to update clinical specialty competency critical elements. Additionally, over 30 competency program managers were identified and trained. The sustainment plan for the standardization and periodicity of competency completion reports will be developed and managed by the CNSAB.

In order to ensure clear direction for competency requirements, the soon-to-be-released BUMED Instruction 1500.33A, "Standard Organizational Policy for Navy Nursing Competencies and Clinical Readiness," identifies ECS as the system to be utilized for all core competency assessments and documentation. This policy provides guidance for the management and sustainment of core nursing competencies to ensure platform clinical readiness and emphasizes the importance of standardizing competency assessment throughout Navy Medicine. All non-privileged Navy nurses working within Navy Medical Treatment Facilities (MTF) will gain and sustain competence in their deployment nursing clinical specialty.

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# YEAR IN REVIEW

### Elsevier Clinical Skills (cont.)

For purposes of platform readiness, the Nurse Corps has identified seven core clinical nursing specialties:

- (1) Medical/Surgical (1910)
- (2) Maternal Infant (1920)
- (3) Pediatric (1922)
- (4) Psychiatric/Mental Health (1930)

- (5) Emergency/Trauma (1945)
- (6) Perioperative (1950)
- (7) Critical Care (1960)

All non-privileged Active Component (AC) Nurse Corps officers, once meeting the minimum subspecialty code (SSC) requirements, will hold one of these seven SSCs and must complete the corresponding core competency. Officers must then sustain proficiency in that specialty, even when it is their secondary SSC. The Medical/Surgical (1910) competency will serve as the default for Nurse Corps officers assigned outside one of the seven core clinical specialties who have not already earned a primary or secondary code. Nurse Corps officers are responsible for maintaining their own professional competence and clinical readiness. Career development boards, mid-term evaluations, and FITREP marking periods provide ideal forums for Nurse Corps leaders to review and ensure that all core competency requirements are met and sustained.

<u>The NCCP can be accessed here</u>. Administrator resources can be found here as well as a desktop guide for senior nursing leadership.~

### **Clinical Nurse Specialist Advisory Board Selections**

Congratulations to our new Clinical Nurse Specialist Advisory Board (CNSAB) leadership!

LCDR Monica Knapp and LCDR Jesus Crespo-Diaz – Co-Chairs CDR Karen Follin and LCDR Karen Flanagan – Co Vice-Chairs

The <u>CNSAB</u> promotes the highest quality patient care through the use of advanced practice nursing. The CNSAB supports and advances evidence-based quality care and patient safety through global collaboration of the DoD CNS community.

Thank you to **CDR Chris Jack** and **CDR Mary Parker** for their visionary leadership as Co-Chairs and **LCDR Monica Knapp** and **LCDR Jesus Crespo-Diaz** as Co Vice-Chairs. They forged many new partnerships, maximized virtual communication and optimized the role of the Clinical Nurse Specialist across Navy Medicine and the Military Health System. Because of their leadership, Navy Nursing is poised to lead from the front as we continue to build upon these partnerships and clinical best practice initiatives.~

### Congratulations to our Newest Navy Nurse Corps Specialty Leaders!

CDR Elisabet Prieto – Pediatric Nursing/Pediatric Nurse Practitioner (1922/1974)
CDR Christopher Smith – Family Nurse Practitioner (1976)
CAPT(s) Angelo Lucero – Operational Nursing

**CDR Mary Phillips** – Ambulatory Care Nursing

Specialty leaders are critical to the community management and leadership of the Navy Nurse Corps. They serve as subject matter experts and specialty advocates for specialty-specific concerns, providing assistance to the Chief, Bureau of Medicine and Surgery (BUMED), and the Director of the Navy Nurse Corps.

Thank you to **CAPT Kathaleen Smith, CDR Carl Goforth, CDR Kathryn Stewart,** and **CDR David Thomas** for their dedication and commitment while serving as Specialty Leaders over the past three years. Their leadership resulted in many accomplishments that will leave an indelible mark on the Navy Nurse Corps for years to come.~

## YEAR IN REVIEW

### Journey to Accrediting a Nurse Residency Program

### LCDR Sheron Campbell & LCDR Aleaha McHenry

Outgoing & Incoming Nurse Residency Program Directors

It is with great pride and excitement that on October 27, 2017, Naval Medical Center (NMC) Portsmouth announced an accreditation from the American Nurses Credentialing Center (ANCC) for their Nurse Residency Program (NRP) – the Practice Transition Accreditation Program. The Nurse Residency Program is the only program with ANCC accreditation in military medicine!

The journey began in 2015 during a command nursing strategic planning meet-



PORTSMOUTH, Virginia (Oct. 27, 2017) - CAPT Dixie Aune, NMC Portsmouth's Director of Nursing, (center); CDR Rhonda Hinds, team lead (left of center); and LCDR Sheron Campbell, outgoing Nurse Residency Program director (right of center) display the Practice Transition Accreditation Program plaque while surrounded by nurse residents. The plaque shows that the Nurse Residency Program is accredited by the American Nurses Credentialing Center. (Photo by Dann Benton/Released).

ing and soon became a tangible goal. Led by CAPT Sandra Hearn and CDR Rhonda Hinds, CAPT Craig Cunningham, CDR Tracey Giles, and LCDR Sheron Campbell evaluated and planned the curriculum for the NRP, while incorporating the ANCC criteria and standards into the program. With a 100 percent competency completion, the nurses report an improved nurse graduate satisfaction with the program and increased confidence. The NRP is a six-month program, and includes both military and civilian nurses. A nurse resident with more than one year of experience has a modified program. The program includes three phases and monthly Grand Rounds.

Thank you to all who have supported this endeavor to achieve Practice Transition Accreditation and keeping NMC Portsmouth truly the "First and Finest!" A special thanks to CAPT Sandra Hearn and CDR Rhonda Hinds whose support and leadership made this possible.~

### Welcome, FY19 Nurse Corps Medical Enlisted Commissioning Program Selectees!

Ablian, Roslyn HM1 Adijbodou, Pamela HM2 Barragun, Raquel AM2 Brooks, Jesse HMC Brunt, Anastasia OS1 Caddalli, Paul HMC Chin, Hyekyong HM1 Coffman, Crystal HM1 Crabtree, Stephen AW01 Cramer, James ET1 Delrosario, Amanda HM1 Farrington, Shaun HM2 Fisk, Christopher HMC Garcia, Jasmine HM3 Hartzog III Lowell MMWC Herring, Gabriela LS2 Hester, Hayley IT1 Lauer, Nicholas AWR1 Lyon, Aaron HM1

Martin, Corinne AZ2 Mendezambriz, Jose HM2 Mitchell, Dwight HM3 Mukoko, Mauree AME3 Nbohn, Nakpane HM3 Parenteau, Nanilei HM3 Perez, Teresa STG1 Porter, Ricardo HM1 Redmond, Aisling OS1 Reveles, Leslie HM1 RiveraFebres, Alnesugi MNC Romero, Karlgil ET2 RubioJackson, Katherine BU1 Santos, Katharine HM1 Spencer, Curtis AM2 Stephens, Robin AT2 Ventura, Joseph GySgt Walker, Gabrielle MA2 Yue, Kimverlyn HM2

## Congratulations to this year's Health Professions Loan Repayment Program Selectees!

LT Alainna Crotty
LT Samira Duarte
NHC Annapolis (DUINS)
FBCH

LCDR Sarah Jagger FBCH
LT Aileen Sizemore NH Yokosuka
LT Karri Washbon NH Sigonella

LT Rachelle Wilbur NHC Corpus Christi

Alternates:

LT Taylor Brocuglio NH Camp Lejeune NHC Charleston

## YEAR IN REVIEW

### Federal Nursing Leadership Awards

Congratulations to the winners of the Military Health System (MHS) Nursing Leadership Excellence and Association of Military Surgeons of the U.S. (AMSUS) Awards! The MHS honors military and federal civilian Registered Nurses who have demonstrated exemplary leadership and skill, thereby contributing to the improved image and practice of nursing in the MHS. The AMSUS Nursing Award recognizes the accomplishments of a federal nurse who has made outstanding contributions as a clinician, researcher, educator, or healthcare manager. All awardees were honored at a ceremony on 2 December, 2017, in Maryland.



Overall Senior Military Category
CAPT Jeremy Hawker,
Naval Medical Center Portsmouth
Navy Junior Military Category
LCDR Bradley Hazen,
Naval Medical Center Portsmouth
Navy Junior Federal Civilian Category
Ms. Elizabeth Campbell,

AMSUS Nursing Award
LCDR Connie Braybrook,
Naval Hospital Guam (now at NBHC Fallon)

**Naval Health Clinic Annapolis** 



### **RADM Niemyer and RDML Hall Awards**

The RDML Elizabeth S. Niemyer and RDML Mary F. Hall Awards 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 are selected by a committee comprised of NC Officers from the

Doctor of Philosophy, Doctor of Nursing Practice, and Clinical Nurse Specialist communities. The winners for 2017 were:

### RADM Niemyer Award for Evidence-Based Practice

First Place Winner

LCDR Patricia Butler (NMC San Diego) in collaboration with RN Anne Taylor, CDR Monica Lutgendorf, MC, and LT Michael Miller, MC, A Nurse-Initiated Protocol to Improve Treatment of Severe Hypertension in Pregnancy

First Runner Up

LCDR Colleen Blosser (NMC Portsmouth), Modified Early Obstetric Warning System

### RDML Hall Award for Nursing Publication

First Place Winner

CDR Jennifer Zicko, LCDR Rebecca Schroeder, CDR William Byers, LCDR Adam Taylor, and CAPT Dennis Spence,

"Behavioral Emergency Response Team: Implementation Improves Patient Safety, Staff Safety, and Staff Collaboration," published in Worldviews on Evidence-Based Nursing

First Runner Up

**CDR Wendy Cook**, Quantity and Quality of Economic Evaluations in U.S. Nursing Research, 1997-2015, published in Nursing Research

### RDML Hall Award, Non-Peer Reviewed Category

First Place Winner

**CDR Jennifer Buechel**, Increasing HPV Vaccine Uptake and HPV Vaccine Knowledge among U.S. Military Personnel through Research, published in TRISERVICE Nursing Research

Program Newsletter First Runner Up

LCDR Leonard Trotter, Prescriptive Analytics, published in Clinical Informatics Insights Newsletter

### Congratulations to the Next Generation of Navy Leadership!

### **Commanding Officers**

CAPT Marnie Buchanan, NC NHC New England

CAPT Kathleen Hinz, NC NHC Patuxent River

CAPT Martha Cutshall, NC NHC Quantico

CAPT Maria Young, NC USNH Guam

CAPT Maryann Mattonen, NC Navy Medicine Training Support Center

### **Officers In Charge**

CAPT Daniel Meyerhuber, NC Surface Warfare Medical Institute

CDR Phillip Boyer, NC NBHC Belle Chase

CDR Valerie Littlefield, NC NBHC Key West

CDR Cheryl Cottrell, NC NBHC Millington

CDR Jeanne Lewandowski, NC NBHC NTC San Diego

#### **Executive Officers**

CAPT Lonnie Hosea, NC NHC Charleston

CAPT(s) David Thomas, NC NHC Corpus Christi

CAPT Todd Stein, NC NHC Oak Harbor

CAPT Dale Ramirez, NC NH Beaufort

CAPT Theoly Scott, NC NH Bremerton

CAPT Ann Case, NC USNH Guantanamo Bay

CAPT Michelle Kane, NC Naval Medicine Research Unit San Antonio

CAPT Michael Kohler, NC Navy Medicine Operational **Training Command** 

### **Senior Nurse Executives**

CAPT Catherine Bayne, NC Navy Medicine West

CAPT Jeffrey Bledsoe, NC NMC San Diego

CAPT Melissa Barnett, NC FHCC Lovell (Great Lakes)

CAPT(s) Angelo Lucero, NC NH 29 Palms

CAPT Laura Deaton, NC NH Beaufort

CAPT Jeremy Hawker, NC NH Camp Pendleton

CAPT(s) Susanne Blankenbaker, NC, NH Jacksonville

CAPT Clint Lemaire, NC USNH Naples

CAPT(s) Jenny Burkett, NC USNH Okinawa

CAPT Evelyn Tyler, NC USNH Rota

CAPT Melissa Farino, NC USNH Yokosuka

CAPT(s) Elisabet Prieto, NC NHC Cherry Point

CAPT (sel) Jessica Beard, NC NHC Lemoore

CAPT John Eckenrode, NC NHC Quantico

CAPT John Volk, NC USNS MERCY (T-AH 19)



## By the Numbers

2,895
PERSONNEL

317
COMMANDERS



2 FLAG

374 ENSIGNS



136
RETIREMENTS

FLAG OFFICERS

125

**CAPTAINS** 



PROMOTIONS: 26 PROMOTED TO THE RANK OF CAPTAIN, 71PROMOTED TO COMMANDER AND 107 PROMOTED TO LIEUTENANT COMMANDER

168



**LIEUTENANTS** 

966



SERVING AS EXECUTIVE OFFICERS 450



LIEUTENANT JUNIOR GRADES NURSE CORPS OFFICERS
SERVING AS
COMMANDING OFFICER



631
LIEUTENANT





221

GAINS TO THE COMMUNITY:
66 DIRECT ACCESSIONS, 30 ROTC,
68 NURSE CANDIDATE PROGRAM,
56 MEDICAL ENLISTED
COMMISSIONING PROGRAM,
AND 1 RECALL TO ACTIVE DUTY