



Nurse Corps News

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Nurse Corps News
Staff

Design/Layout:
LT Eric Banker

Editor:
LT Edward Spiezio-Runyon

Director's Corner

Hello, Navy Nurse Corps. Although summer seems to have once again flown by, I hope you had the opportunity rest, relax, and re-energize.

In our June 2015 issue, I discussed the "Clinical Leadership: The 21st Century Model for Navy Nursing" and emphasized its readiness aspects. While readiness is central to who we are as Navy Nurses, our Navy Nursing Practice model includes other components, including our values, our approach to patient care, the importance of clinical and professional development, and career progression.

I value life-long learning and professional development and hope you do as well. It is important to remain current in professional practice dialogue and initiatives, such as the **Future of Nursing: Campaign for Action™** published by the Institute of Medicine (IOM) in 2011.

In July, the Federal Nursing Service Council hosted Dr. Susan Hasmillier for a town hall at Walter Reed National Military Medical Center. Dr. Hasmillier is the Robert Wood Johnson Foundation's (RWJF) senior adviser for nursing and the RWJF is the nation's largest philanthropic organization dedicated to building a culture of health. She presented "The Future of Nursing: Leading Change, Advancing Health." The topic covered her analysis of the nursing workforce in the

context of the dynamic changes in healthcare. It was wonderful to sit in an auditorium full of nurses, active duty and civilian, listening to her presentation on the imperatives outlined in the Institute of Medicine's (IOM) report published in 2011. "The Future of Nursing: Leading Change, Advancing Health" addressed four key messages for the nursing profession:

- Nurses should practice to the full extent of their education and training.

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

- Nurses should be full partners, with physicians and other allied health professionals, in re-designing health care in the United States.

- Effective workforce planning and policy making require better data collection and an improved information infrastructure.

In the coming months, you will begin to see more dialogue related specifically to our Navy Nurse Corps Professional Practice Model. I hope that you will see that our practice model embraces the IOM's call for "Leading Change, Advancing Health." The IOM report promotes baccalaureate entry to practice, continuing learning and representation at the leadership table; practice patterns absolutely in place in our corps. The IOM report also emphasizes several important qualities of nurses and nursing to include



Rebecca McCormick-Boyle
RADM, NC, USN

Director, Navy Nurse Corps

leadership, volunteer work, mentoring, interpersonal collaboration, and workplace diversity. Our Navy Nurse Corps culture emphasizes the importance of the qualities as well.

It was motivating to listen to a nursing leader who is positioned at the national level and impacting nursing practice around the globe. I encourage you to review Dr. Hasmillier's presentation in its entirety on the Navy Nurse Corps MilSuite site and to review the **IOM report found here**. I truly value our work as professional nurses and am grateful to each of you for your commitment to excellence in practice each and every day.



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



Reserve Corner: Career Development Board



Tina Alvarado
RDML, NC, USN

Deputy Director, Reserve Component

A career in the Navy Nurse Corps Reserve is more competitive, challenging and exciting than ever before. Your shipmates are exceptional professionals who bring the breadth of their civilian experience to the Corps and are as a whole, dedicated to continuous professional growth throughout their careers.

One common attribute of most Nurse Corps leaders is their alignment with an important tool known as the Ca-

reer Development Board (CDB). The Reserve Component (RC) Career Development Board tool was originally designed four years ago and has recently undergone revision to evolve into a more comprehensive and robust working tool. The tool incorporates similar characteristics to that of the Active Component (AC) Nurse Corps Career Development Board. The CDB also aligns closely with [The Navy Leader Development Outcomes Wheel Book](#) (also found on the RC NC MilSuite site). The Wheel Book focuses on “outcomes that are baseline character attributes, behaviors and skills expected of you as a Navy leader as the scope of your responsibility grows throughout your career.”

While keeping the Wheel Book outcomes in mind, the RC Nurse Corps CDB incorporates rank specific career development pathways based on an Operational Readiness, Leadership, and Professionalism. This tool should be used as a guide for all Reserve Component nurses, to help es-

tablish personal career goals and objectives. The CDB tool also allows for documenting your goals, including short-term (1-2 years), mid-term (3-5 years), or long term (>5 years) goals within your current rank. By outlining your career path you are in the driver’s seat of establishing and accomplishing your milestones with important input from your Nurse Corps mentors.

While tools such as the CDB are very helpful in aligning our Nurse Corps along some broad pathways, nothing is more critically important to the success of each individual nurse than the mentoring and role modeling he or she receives from their leaders and shipmates. The CDB provides a common framework for success and can jump start the conversation, but the real value is the united culture we strive to foster that is uniquely the Navy Nurse Corps Reserve. It is that culture of collaboration, nurturing, and professional excellence that makes me proud to be a Navy Nurse! My challenge to you is... pass it on!

NAVAL
RESERVE
STAY STRONG



WRNMMC and FBCH Clinical Nurse Specialists: Collaboration in Practice

LTC Cheryl Creamer

**- Department Chief, Inpatient Clinical Education
- Evidence-Based Program Director, WRNMMC**

Advance practice nurses from Walter Reed National Military Medical Center (WRNMMC) and Fort Belvoir Community Hospital met on 28 July in a collaborative effort among Clinical Nurse Specialists, Master Black Belts, and Performance Improvement subject matter experts in the first quarterly meeting among Defense Health Agency facilities. This meeting was coordinated through the Clinical Nurse Specialist (CNS) Coun-

cils at both facilities and designed to provide an open, relaxed forum for collegial sharing of expertise, best practices, and standardization among sister organizations. Topics discussed included competencies, credentialing of advance practice nurses, the CNS role and implementation, standard operating procedures, nursing orientation, unique performance improvement and evidence-based practice initiatives, and our collaborative agreement to utilize our respective CNS skill sets between and among sister facilities.

Highlighted during this forum was WRNMMC's Inpatient Clinical Education Service Line, deliberately de-

signed to align inpatient Clinical Nurse Specialists and Nursing Performance Improvement in concerted efforts to improve quality, outcomes, and the patient experience. The Inpatient Clinical Education Service Line at WRNMMC was established in mid-May and, although in its infancy, is showing exceptional results in improved patient safety, quality, and collaborative, multidisciplinary focus. The synergy experienced through this initiative will facilitate excellence in practice throughout the National Capital Region.



Standing (L-R): LTC Creamer, LCDR Dougherty, LCDR Mulholland, MAJ Watson, MAJ Bielski, CDR Scott, LCDR Bauman, LT Carl, LCDR Ferguson, LCDR Jones, and Ms. Lia Anderson.

Kneeling (L-R): MAJ Hogan, LTC Madore, LTC Tan-Winters, Ms. Begonia Cheng, CDR Parker, and Mr. Manuel Santiago.

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

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

NCNewsletter

**Nurses:
Do you have a question for the Admiral?**

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



Nurse Corps Fellow: Communications Platforms

It has been an exciting transition to the Nurse Corps Fellow position. I am inspired everyday by the exceptional talent and commitment within our Corps, and look forward to helping us communicate our successes throughout the community. Communication is imperfect, but necessary for the success of our organization. You, the stakeholder, are at the heart of communication. Strategic communication is paramount at every level to ensure that we are clear on our mission, objectives, roles, responsibilities and identity.

We currently have six communication platforms available, which are accessible through these links:

- NC News
- [milSuite](#)
- [Twitter](#)
- Email ListServ – contact [LT Jessie Peralta](#) if you are not receiving NC emails
- [Facebook via Navy Medicine and Facebook Live Events](#)
- [Navy Knowledge Online](#).

The Communication Team has made great strides over the past year with utilization of these tools and we need to hear from you. What are your challenges, questions or even frustrations? Is there great news that you want to share, but are not quite sure how? Do you believe there is a secret cloud of information that you are not

pry to? Well, I am listening, and my goal is to help us generate ideas, create a culture of transparency, improve the timeliness and flow of information, and reduce the “say-do” gaps within our organization.

In response to the recent advertisement for milSuite, a fellow NC Officer commented, “Why should I use milSuite instead of NKO? I’m busy and frankly this seems like just another highly recommended good idea and inconvenience.” Well, in the interest of transparency I initially shared the same thoughts. So, in true Twitter fashion (140 characters), here is my response: It’s a platform for collaborative communication, sharing of best practices, career guidance and global connection with fellow Navy Nurses.

Switching gears, I would like to address the realm of Conference Approval packages. What a BEAST! While a plan to improve the process and time to notification is in the works, here are a few tips to help until that glorious day comes.

- Plan ahead and reach out to your Specialty Leader early. Submission must be received by the Conference Approval Office within 90 days.

- Ask questions – call or email me. I work for you. Submitting a polished package to the Approval Office from the start minimizes rework that leads to delays in approval.



LCDR Melissa Troncoso

Nurse Corps Fellow

- Prepare strong and concise justifications.

- No news is no news.

Routing a package through many layers takes time – do not be content with merely waiting for a reply. In this case, the squeaky wheel gets the oil.

If you have any questions about milSuite or other NC communication initiatives, please feel free to contact me via phone at 703-681-8929 or by [email](#).



Adaptive Force Packages: A New Vision for Operational Navy Medicine: NWDC Health Service Integration

CDR Kathryn Cook
LCDR John Shannon

Navy Medicine is looking to improve how it does business in operational settings. No, this does not mean the great white ships with the red crosses will be sold for scrap. However, it does mean the last 13 years of land-based operations, the pivot to the Pacific, and greater emphasis on evolving concepts, such as the air-sea battle, have highlighted the necessity to reassess Navy Medicine's ability to respond to the evolving requirements. We have learned threats come from every direction and from nontraditional sources. The fleet needs a medical capability that can adapt itself to fit each specific operation's unique requirements across the range of military operations. The answer is the adaptive force package (AFP) and the Navy Warfare Development Command (NWDC) Health Service Integration (HSI) team is distinctly poised to assist.

AFP, as a concept, is not new. It is any nonstandard capability or set of capabilities that can be deployed and employed to accomplish assigned missions; tailored units designed to provide the operational commander with increased capacity and flexibility. The AFP was successfully employed in the U.S. Coast Guard with their Maritime Security Response Teams and in the Navy Expeditionary Combat Command's Seabee units. Medical

AFP-like capabilities have been deployed within Navy Medicine with both the forward-deployable preventive medicine unit (FDPMU) and the expeditionary resuscitative surgical system. With this new capability, Navy Medicine will be able to align its assets to a variety of AFPs that enable training, certification, and deployability to synchronize with the fleet.

Medical AFPs are a result of extensive research and development stemming from the 72 capability gaps identified in a 2012 Expeditionary Health Service Support (EHSS) Capabilities-Based Analysis (CBA) conducted by Bureau of Medicine and Surgery (BUMED) and Navy and U.S. Marine Corps operational specialists. Following the Joint Capabilities Integration and Development System's process, United States Fleet Forces Command (USFF) and BUMED, in conjunction with NWDC HSI and other stakeholders, have developed non-materiel and materiel solution sets addressing these capability gaps.

As the Chief of Naval Operation's (CNO's) executive agent for doctrine, concept development, lessons learned, experimentation, modeling and simulation, and innovation, NWDC coordinates and links stakeholders with opportunities for rapid generation of "game changing solutions in concepts and doctrine to enhance maritime capability at the operational level across the full spectrum and enable seamless integration in the joint and coalition arena" (NWDC mission statement). NWDC's HSI department connects the fleet and BUMED, providing doctrinal support with

concept and doctrine development, lessons learned assistance, and experimentation opportunities. Supporting EHSS CBA solutions, NWDC HSI took the lead in coordinating the revision of the multi-service publication, Navy Tactics, Techniques, and Procedures 4-02.2M/Marine Corps Reference Publication 4-11.1G, Patient Movement, and the development of tactical memorandums (TACMEMOs) 4-02.1-13, Fleet Surgical Team Command and Control, and 4-02.2-14, Navy En-Route Care. These TACMEMOs lay the foundation for continued doctrine development and increased joint interoperability. Additionally, NWDC HSI provides subject matter expert support to the Naval Expeditionary Health Service Support (NEHSS) Integrated Product Team while they further develop their 10 doctrine, organization, training, materiel, leadership and education, personnel, and facilities change recommendations, of which AFP is a part. Central to AFP concept development is the NEHSS concept of operations (CONOPS). NWDC HSI doctrine support collaborated with USFF in this keystone document, currently under flag review prior to being signed by Commander, United States Fleet Forces Command. The CONOPS articulates how Navy developing warfare systems and capabilities and will help inform future policy and doctrine.

NWDC is the lead agent for fleet experimentation. Therefore, the HSI department is uniquely placed to identify opportunities for experimentation of AFP and modularized adaptations of the current capabilities and to participate in Fleet Experimentation plan-

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Adaptive Force Packages (*cont.*)

ning, employing different medical packages on various platforms. Furthermore, through the medical testing, evaluation, and shipboard integration studies, NWDC HSI and key stakeholders are seeking ways to replace the ad hoc process for evaluation and integration of Navy and joint medical equipment and devices into the fleet. By doing so, information and lessons learned can be gathered and analyzed, further improving the EHSS CBA products and ideas, and assess necessary adjustments to capability delivery, thus ensuring the operational commander optimal medical support.

During the past year, NWDC hosted the Alternate Platforms with Payloads Study designed to examine the placement of different mission payloads on nontraditional platforms (Military Sealift Command (MSC) hull types) to see how they might perform nontraditional missions. As a CNO-directed venture, the Medical Payloads Initiative's primary task is to develop a medical response tailored to evolving demand. As such, NWDC HSI participated in the Phase I exercise, during which a 10-bed expeditionary medical unit was erected on the USNS Choctaw County. The subsequent analysis for practicality and efficacy is currently being conducted. The information and lessons learned from this proof of concept exercise will help shape the way forward when the effort is expanded to other MSC ships and inform how AFP modules can be transported and employed. HSI continued to support the initiative with Phase II in March 2015 that will refine capacity and capabilities to meet the current and future range of military operations.

Additionally, NWDC HSI, in conjunction with USFF, identified

the opportunity for deploying a forward-deployed preventive medicine unit during the BOLD ALLIGATOR 2014 (BA14) exercise. Sponsored by the 2nd Marine Expeditionary Brigade and USFF, BA14 was a live joint and coalition exercise, with more than 12 coalition nations participating. It served as an opportunity to examine FDPMU's command, control, communications, computers, and intelligence capabilities and identified gaps in casualty patient movement capabilities. BOLD ALLIGATOR is an annual exercise which alternates between live and synthetic training. Continued HSI participation will further medical capability fine tuning, ascertain future medical AFP requirements, and increase fleet confidence in those capabilities.

Opportunities for further experimentation exist in various tabletop exercises occurring at NWDC. HSI's medical intelligence officer actively participates in Strike Group 360 war games, identifying land-based medical support and medical evacuation scenarios designed to stress the existing medical infrastructure. These scenarios allow the war game participants to identify necessary operational medical requirements which, in turn, provide Navy Medicine the essential information needed to develop required capabilities. Most recently, BUMED selected an NWDC HSI medical planner to participate in the Naval Services Game 2014 (NSG 14) held in Newport, RI. NSG 14 examined what types of missions, including scenarios ranging from medical civil action programs to embassy reinforcement, could be accomplished with different mixes of personnel and equipment sets. While this was a holistic look at naval capabilities, it provided a unique view at what the Navy considers potential future missions, enabling medical planners to establish the forward resuscitative and patient movement

requirements.

As the needs of the fleet continue to evolve, Navy Medicine will adapt to meet those needs. Adaptive Force Packages will provide the combatant commander the flexibility to provide patient care in military conflicts ranging from major combat operations to disaster re-humanitarian assistance to disaggregated operations/counter piracy operations without degradation to the level of care. Through it all, NWDC HSI will continue to serve as the conduit between the fleet and BUMED, providing doctrinal support, experimentation access, and the reach back to ensure the fleet has the information and capability in their reach.

Originally published in Navy Warfare Development Command's NEXT



HMC Jennifer Nolen, assigned to Navy Environmental and Preventive Medicine Unit 2, hangs a carbon dioxide-emitting trap to monitor mosquito levels during BOLD ALLIGATOR 2014. (U.S. Navy photo by MC2 Nicholas S. Tenorio)



Naval Medical Center Portsmouth ER Nurses Simulation Training Team Support Continuing Promise 2015

CDR Christopher Niles
LT Robert Williamson
ENS Norving Gutierrez

A training team from Naval Medical Center Portsmouth's (NMCP) Bioskills Simulation and Training Center and Emergency Room nurses embarked the Military Sealift Command hospital ship USNS Comfort (T-AH 20) to provide operational support during Continuing Promise 2015 (CP-15) from 01 April to 27 September.

The multidisciplinary team was led by CDR Christopher Niles, who is currently serving as Comfort's senior nurse educator and department head for the Casualty Receiving (CASREC) department.

Nine additional staff members comprised of nurses and Hospital Corpsmen joined Niles in CASREC to serve as instructors for the Trauma Nurse Care course (TNCC), the Tactical Combat Casualty Care course (TCCC), Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), and Basic Life Support (BLS). Additional tasks included instructor's simulation drivers, moulage experts and assisting with the coordination of mass casualty training exercises, code blue drills, man overboard drill, pandemic outbreak drills, and general trauma training.

The embarked training team helped train 1,000 medical personnel during two multidisciplinary mass casualty drills, 16 code blue drills, four general trauma drills, and three pandemic/infectious disease drills



with more than 50 simulated casualties. The simulated casualties included life actors with moulage gear and high-fidelity patient care simulators.

During the series of mass casualty drills, simulated patients were triaged on the ship's flight deck and then moved to CASREC for continued treatment. Once in CASREC, patient simulators augmented the shipboard actors as training aids for continued treatment. The simulators allowed the medical providers to perform hands-on training skills including: intravenous (IV)/ intraosseous (IO) placement, chest tube placement, intubation, defibrillation with live electricity, tourniquet placement, and focused assessment with sonography for trauma (FAST) exams. Several of these simulations were recorded to provide staff with performance improvement opportunities and feedback.

The realistic training simulated real life scenarios that Comfort's crew may encounter during the 11 Continuing Promise mission stops.

Additionally, senior Nurse Corps officers served as observers and facilitators, challenging the staff's critical thinking skills and enhancing the overall learning experience. After each drill, the training team members provided feedback and discussed lessons learned with the crew to encourage an environment of continuous improvement, efficiency, and quality.

The training team consisted of NMCP Nurse Corps officers, Hospital Corpsmen, and a civilian volunteer representing Latter-Day Saints' Charities. Niles, LT Robert Williamson, LTJG Alicia Rodriguez, ENS Norving Gutierrez, HM2 Patrick Gravel, HM3 Maria Reyes, HM3 Niko Salvador, HM3 Brittany Monroe, HN Demetrious Bartlett, HN Alexander Bates, and RN Amelia Pinegar brought with them first-hand experience in emergency medicine and real-world knowledge with combat medicine and humanitarian assistance from their previous operational units.

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Simulation Training Team (*cont.*)

The training team also taught three Tactical Combat Casualty Care courses (TCCC) to 15 shipboard personnel and 38 host nation personnel, as well as six ACLS classes, six PALS classes, and 12 BLS classes to more than 320 host nation personnel. Additionally, the team facilitated 10 skill stations for first time deployed personnel at the “Skills Station Fair,” teaching a range of topics including basic electrocardiogram (EKG) interpretation, suture skills, IV placement, bag-valve mask ventilation, cardiac monitoring, defibrillator use, nasogastric tube placement, FAST scan assessment, and respiratory and circulatory assessment.

This mission was the first time that advanced patient simulation equipment was used aboard *Comfort* while underway. This maritime collaboration with host-nation partners greatly enhanced the military medicine objectives of the common goal of interoperability of a combined medical force and increasing the familiarity of partner nation military medicine practices, capabilities, and experiences through the use of subject matter expert exchanges (SMEE).

The impact the training team had in increasing individual provider skills significantly improved the quality of care delivered to over 72,000 patients in the first seven of 11 total mission stops.

“Having the simulation equipment has increased my skills as a junior nurse corps officer and my confidence in the ability to deliver high quality care,” said Gutierrez, assigned to CASREC. “The training here is so realistic that it reminds me of real-world scenarios that I have encountered while de-

ployed to combat zones as a prior enlisted Hospital Corpsman with the Fleet Marine Forces.”

Gutierrez’s statements were further echoed by other members of the training team and crew. LT Robert Williamson, an emergency room nurse assigned to CASREC and former Navy Diver, said he had little experience working with the simulators prior to the deployment, but now regularly uses them to train Navy nurses and hospital corpsmen. “The level of realism this training provides significantly increased the practical knowledge and confidence of our staff,” said Williamson. “With this equipment, I can run our staff through several drills each day, covering every topic they are likely to see in practice. In a real world environment, the first-hand exposure to all of these situations would take months, possibly years.” He added that the training contributed to a deep level of understanding and application of ACLS, PALS, and other algorithms that are used in daily practice. “The experience, education, and confidence gained by training with the simulators teach an amazing level of critical thinking and decision making to our staff.”

HM3 Niko Salvador commented that the training demonstrated the Navy’s view toward innovation and more realistic training practices. “This type of training is the way of the future,” he said. “The Navy is moving into an era where technology and advanced simulators are going to be the standard training tools used.”

The *Comfort* training team also implemented the Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS) system in all their training scenarios and classes in order to improve communication and skills that are vital to

successful teamwork in the healthcare environment. The program uses over 20 years of research to create medical teams that are highly effective at communicating information between all team members and other medical resources to improve patient outcomes and decrease adverse events.

The TeamSTEPPS system was developed by the Department of Defense’s Patient Safety Program with the goal of increasing a team’s awareness and understanding of the roles within that team in order to improve the sharing of information and eliminate barriers to patient safety. The program gives every team member the ability to provide crucial information to the team and uses a simple process of escalation to ensure that all input, regardless of the source, is given the appropriate amount of consideration. The training serves to empower members to have a more proactive role within the team and encourages people to speak up when they notice preventable mistakes and changes in the patient’s condition.

The training team is currently preparing to set up a permanent simulation center aboard *Comfort* that will be used to conduct training for future missions. Plans are currently underway to gain accreditation from the American College of Surgeons through collaboration with the Bioskills and Simulation Center located at NMCP. This mobile simulation facility will greatly contribute to the overall operational readiness of the *Comfort* crew as they prepare for future missions.



Specialty Leader Update: Maternal Infant/Neonatal Critical Care (1920/1964)



LCDR Patricia Butler
Assistant Specialty Leader

On Behalf of
CDR Jason Layton

Greetings from sunny San Diego! It is my honor to serve as your newly appointed 1920/1964 Assistant Specialty Leader. The Maternal-Infant and Neonatal Critical Care communities are exceptional and diverse. CDR Jason Layton and I are committed to providing guidance and leadership for our communities, ensuring timely communication and representation of our specialty interests within Navy Medicine. I recently had the privilege of presenting the annual specialty leader review, highlighting our community challenges and achievements, which I would like to share with you.

In Duty Under Instruction (DUINS) news, after nearly five years with zero new graduates, the first three Neonatal Critical Care Clinical Nurse Specialists (CNS) have successfully completed their degree programs and have checked into their new Commands. Due in part to the Consensus Model of Nursing and subsequent removal of the

Master's level Maternal-Infant certification exam, the number of Maternal-Infant CNS programs across the United States are dwindling. This is making it increasingly difficult for nurses to find and apply for appropriate programs of study. Therefore, 1920 nurses selected for DUINS are now approved to obtain either the Maternal-Infant CNS degree or their Masters in Nursing Education degree.

This has been a busy summer for 1920s and 1964s with both the USNS Mercy and the USNS Comfort simultaneously engaged in humanitarian missions. We have several 1920 nurses deployed in both 1920 and 1910 roles, as well as several 1964 nurses deployed as 1960 nurses. There is a continued need for both communities of nursing professionals to provide subject matter expertise and clinical knowledge for planned and unplanned humanitarian and civic assistance missions worldwide.

Our community successes are something to boast about! There are numerous Baby-Friendly and Partnership for Patients initiatives ongoing at many Commands. The Level II NICU at Camp Lejeune has recaptured over \$3,000,000 in care from the Network since opening. And military and civilian staff are achieving advanced degrees and certifications at record numbers.

The Navy was well represented at the Armed Forces Chapter Meeting during the 2015 Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN) National Convention held in June in Long Beach, CA. Attendees were treated to an extremely informative presentation by **Lois Wilmer**, Nurse Educator at Naval Hospital Jacksonville, regarding their inno-

vative Nitrous Oxide for Labor Analgesia initiative. We also celebrated **LT Katherine Weatherbie** of Naval Hospital Okinawa, who was recognized as the AWHONN Armed Forces Section Junior Nurse of the Year award winner!

Another innovative community achievement is the 1920 Clinical Leadership Collaborative (CLC). The CLC vision is to standardize practice in Maternal-Infant Nursing across all Navy MTF's and to provide opportunities for collaboration and networking with our colleagues on clinical issues. The CLC has formed several subcommittees to tackle issues such as standardizing orientation programs and standard operating procedures (SOPs). To date, the group has drafted two standardized SOPs, drafted a standardized orientation program, and has tackled multiple small issues at participating commands. Their outstanding achievements are made possible through the spirit of collaboration between all members of the group, and in particular, the leadership efforts of the CLC founder and chair **LCDR Colleen Blosser** (NMCP), and fellow CNSs **LCDR Elizabeth Drake** (NMCS) and **LCDR Eileen Scott** (NH Okinawa). Be sure to check out the link at <https://www.milsuite.mil/book/groups/usn-1920-clinical-leadership-collaborative> and standby for more community news as a 1964 group is in the initial planning stages.

Please share your individual, departmental, or command Maternal-Infant and Neonatal Critical Care achievements with us! CDR Layton and I welcome the opportunity to share our community's continued success stories.



Specialty Leader Update: Psychiatric/Mental Health Nursing(1930/1973)

In my role as Assistant Specialty Leader, great efforts have been made to standardize behavioral restraint practice across Navy MTFs. The Navy has partnered with the Army and Veterans Administration to deploy training in the Prevention and Management of Disruptive Behaviors (PMDB) restraint model. Implementation of this evidence-based model will allow for consistency across all MTFs, and provide staff with the tools and education needed to provide the highest standards of care when caring for our patients. The following Commands have incorporated PMDB: Naval Hospital Camp Lejeune, Naval Medical Center San Diego, Naval Hospital Twentynine Palms, and U.S. Naval Hospital, Okinawa, Japan. In July, **LT Kelly Ricketts** hosted a one week train the trainer course for 16 students at Naval Hospital Camp Lejeune, and in December **LCDR Connie Braybrook** will be hosting a train the trainer course at U.S. Naval Hospital Guam. Plans are underway for training to be conducted at the following military treatment facilities: U.S. Naval Hospital, Guantanamo Bay, Cuba; Fort Belvoir Community Hospital; and Behavioral Health Tech C School at Medical Education and Training Campus, Fort Sam Houston, TX.

I would like to introduce a few members of the team and highlight some of their achievements and initiatives in their roles as psychiatric mental health nurses:

LCDR Braybrook, a Psychiatric-Mental Health Nurse Practitioner (PMHNP) at U.S. Naval

Hospital Guam, spearheaded an expansion of the Substance Abuse Rehabilitation Program to now include Level I (Outpatient Treatment) and Level II (Intensive Outpatient Treatment). Joint Region Marianas lacked Level II treatment on island and joined efforts with USAF ADAPT program to combine personnel resources. Providing treatment on island allows for continued readiness, immediate intervention, decreased financial burden on commands, and improved communications with commands and DAPAs.

LT Megan Nickell, currently stationed at USNH Okinawa, Japan, has achieved and sustained Master Trainer Certification as a PMDB restraint trainer. She will be going to Guam in early December to provide training. Her efforts will facilitate the implementation and standardization of best practices for prevention and management of assaultive behavior in remote commands in the Pacific theater.

LCDR Anna Ross is the PMHNP/CNS currently assigned at The Warrior Transition Program (WTP) in Sembach, Germany. The WTP is a



AOR.

Combat Operational Stress Control (COSC) Program, responsible for the initial Post Deployment decompression processing of sailors coming back from the CENTCOM



LCDR Jacqueline Lopez
Assistant Specialty Leader

On Behalf of **CDR Pamela Herbig Wall**

LCDR Ross's role is to conduct Post Deployment Health Assessments and provide evidence-based and supportive therapy to both Active and Reserve Sailors returning from theater. She facilitates COSC workshops to educate sailors about stress reactions and the different resources available for support. She also assists with Family Reintegration workshops which provide basic tips on communication, conflict resolution, and how to create cohesion and effectively transition to post deployment life. In addition, Lcdr Ross introduced complementary therapies as part of the curriculum for self-care strategies to help reduce stress.

These exceptional Nurse Corps leaders in the Psychiatric/Mental Health nursing community are setting standards and breaking ground on new initiatives to ensure the highest quality of care is provided to our patients.



Specialty Leader Update: Ambulatory Care AQD 690



CDR David Thomas

Good day Nursing Leaders, Wow! It has been an exciting past few months since my last submission to the *Nurse Corps News*. First, I am proud to say that the Navy beat the Army and Air Force for nurse attendance at the American Academy of Ambulatory Care Nursing (AAACN) conference in Orlando in April! Navy Nurse Corps supported 24 attendees from 16 different commands! To add insult to injury, three Navy Nurses gave inspiring presentations during the AAACN Tri-Service Conference breakout session:

- **LT Bev Torres** (NH Bremerton): *Chronic Disease Management through Secure Messaging*
- **LT Keith West** (BHC North Island): *Symbiotic Relationship between Medical Homeport and Navy Readiness*
- **LT Jenny Paul** (NHC New England): *Creating a Cul-*

ture of Safety through Leadership.

I was also able to check-off a bucket list item for myself by delivering a main-podium presentation on reducing readmissions. In total, 46 Department of Defense nurses attended, including reservists and Veterans Administration nurses. Thank you for your tremendous outpouring of support and commitment to Ambulatory Care nursing. Go Navy... Beat Army (and Air Force)!

Further, it is my pleasure to announce that **LCDR Amy Holzer** (NHC Pearl Harbor) and **LT Elyse Braxton** (NH Oak Harbor) were elected as AAACN Military Tri-Service Special Interest Group Co-Chair and Secretary, respectively. Actively involved in planning and coordinating, they will serve admirably as the Navy Liaisons to the national organization. Please join our [milSuite group](#) where many clinics are sharing nurse-driven protocols, SOPs, and more!

Ambulatory Nursing has grown rapidly following February's AQD guideline revisions. This is due, in large part, to the caliber of nurses assigned to Medical Home Ports (MHP) and to the supreme commitment by our Senior Nurse Executives to the professional development of Ambulatory Care Nurses. The growth represents the shift in modern health care towards outpatient maintenance, implementation of culturally-appropriate prevention and readiness services, population health initiatives, and self-care management. Thank

you. Kudos to our newest AQD-holders: **LCDR Michael Guy** (NH Pensacola), **LT Hadde Jacobs** (NH Bremerton), **LT Brittany Conrad** (NH Rota), **LT Robert Bailey** (NH Yokosuka), **LT Tammy Warren** (NMTSC), and **LT Shannon Smith** (NH Camp Pendleton).

I submitted a MHP-specific competency and RN position description for review and final approval. I incorporated specific elements from the [National Committee for Quality Assurance](#) (NCQA) and AAACN, which will be useful when renewing for NCQA. Also, a well-defined position description and competency will assist in recruiting, training, and stabilizing staffing levels. I look forward to sharing them, once approved. Many thanks to **LCDR Sarah Gentry**, (NH Okinawa), and **LT Sara Brown** (BHC Bangor) for your assistance.

In September, I will be reaching out to nursing leadership for nominations for the 41st Annual AAACN Conference in Palm Springs, CA (18-21 May16). It might seem early, but this year's package took nearly eight months to get completed and approved. Lesson learned! I hope to be able to send as many (if not more) nurses next year. Thank you in advance for investing in the professional development of your MHP experts.

Again, I am honored to have this position and look forward to your continued patronage. If there is anything I can do for you, please do not hesitate to [contact me](#) directly.



Bravo Zulu!



Certifications:

- **LTJG Allan Bullington**, from Walter Reed National Military Medical Center, earned the Medical-Surgical Registered Nurse (RN-BC) certification.
- **LT Stephany Daniell**, from Naval Hospital Bremerton, earned the Pediatric Emergency Nurse (CPEN) certification.
- **LT Karen Downer**, from Naval Branch Health Clinic Bahrain, earned the Certified in Public Health (CPH) certification.
- **LT Hadde Jacobs**, from Naval Hospital Bremerton, earned the Ambulatory Care Nursing (RN-BC) certification.
- **ENS Xingtong Liu**, from Naval Medical Center San Diego, earned the Medical-Surgical Registered Nurse (RN-BC) certification.
- **LCDR Gwendolyn Mulholland**, from Walter Reed National Military Medical Center, earned a board certification as an Adult-Gerontology Clinical Nurse Specialist (ACCNS-AG).

Education:

- **CDR Karen Gray**, from Naval Hospital Camp Lejeune, earned a Master's degree in Business Administration with a focus in Quality Management.
- **CDR Anthony Voeks**, from Walter Reed National Military Medical Center, earned a Master of Arts degree in National Security and Strategic Studies from the United States War College.



Fair Winds...

- CAPT Patricia Burns
- CAPT Karen Direnzo
- CAPT Lena Jones
- CAPT Susan Woolsey
- CDR William Brooks
- CDR Constance Hymas
- CDR Dorothea Sledge
- CDR Andy Steczo
- CDR Susan Tussey
- LCDR Rebecca Barthel
- LCDR David Burks
- LCDR Tina Cox
- LCDR Karie Davis
- LCDR Lance Downing
- LCDR Raynard Gibbs
- LCDR Timothy Hall
- LCDR Kedrin Hodges
- LCDR Stanley Hovell
- LCDR Beth Jackson
- LCDR Traci Johnson
- LCDR Tijuana Milton
- LCDR Boyd Padfield
- LCDR Jack Page
- LCDR Paul Pelroy
- LCDR Heather Pickett
- LCDR Stephen Thate
- LCDR Michael Wilson
- LT Wylee Griffinriddle
- LT Erika Moss
- LT Tamara Short
- LT Christine Staszek
- LT Jennifer Terral

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