Nurse Corps News

Volume 11, Issue 6

November/December 2017

Happy Holidays!

Navy Nurse Corps Team, I sincerely wish each and every one of you a Happy Holiday Season. This is a joyous time of year filled with family, friends, travel, and some time to reflect. Please be safe in your holiday travels and look out for each other. Some of you may be away from loved ones, some for the first time, but know you are with your Navy family. I thank those of you who will be standing the watch, whether overseas, at home, at sea, or on shore. We are one Navy NC family bound together through our service, profession, and patriotism.

As I reflect upon the season I am thankful for the honor of being your Director and to be able to share all that you have accomplished in support of our patients, the Navy Medicine team, and most of all, your ability to meet the mission. I am so very impressed with what each of you brings to our Corps and our profession every day. Your innovation and work is truly remarkable. Our Year in Review addition of the Newsletter will be coming out soon and will reflect some of your accomplishments over the past year. Don’t miss it, you may recognize someone!

As we look to the New Year, Navy Medicine is undergoing significant change, and there will continue to be a need for us to provide care in new and demanding environments. I believe our strategic plan, guided by the Professional Practice Model (PPM), sets the foundation for success into the future and positions us to remain adaptable while ensuring the infrastructure needed for innovation. As always it will be your efforts, skill, dedication, creativity and leadership that will result in our success.

Enjoy the season, have fun, be safe, and thank you for what you do every day. I am so proud of you! ~

Tina Davidson, RDML, NC, USN
Director, Navy Nurse Corps

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Would you like the News in your inbox? Click here to be added to the ListServ!

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Use these icons on each page to find the NC milSuite site or email the NC News team!

Did you miss the last Nurse Corps VTC? Watch it now!

Navy NC VTC 1800 — 13 November 2017

Happy Holidays from the Nurse Corps!

Click the link above to view this year’s Nurse Corps Holiday Photos on milSuite.
The momentum for our strategic goal work continues with the launching of our Joint Reserve Component (RC)/ Active Component (AC) Strategic Initiatives, which are grounded in the pillars of our Professional Practice Model. The engaging collaboration and teamwork among the reserve and active component nurse leaders at our September meeting set the tone for FY18 and the alignment of our teams to carry out the initiative work in a unified fashion. The three objectives focus on operational readiness, professional development, and transformational leadership. The work by our FY17 Team Leads and members paved the way for a deeper dive into our strategic growth as a profession serving the warfighter. Operational Readiness is key, and this year, the teams will focus on clinical competencies and identifying the platform specific requirements for our operational assignments. Full implementation of our Professional Practice Model (PPM) will include pilot testing of a PPM toolkit and introducing shared governance. Cultivating character and leadership is vital and two teams will focus on refining a Navy Leadership Resource library and fully implementing the Innovation Board, which is an avenue to submit ideas to promote change that ultimately benefits the warfighter, our profession, and Military Medicine.

The forming and norming of our unified RC and AC teams has commenced. “Thank you” to the FY17 Strategic Goal champions, team leaders, and team members for their contributions and preparations for the FY18 strategic goal work. I look forward to the accomplishments that this new year will bring. More importantly, all of us can move these initiatives forward daily by being prepared clinically, instilling the pillars of our PPM into our daily actions, and being transformational leaders as we mentor and model our core values in our daily actions. In closing, ponder “strategic goals” you can set for yourself this year: making sure your official record is up to date and ready for promotion board review, maintaining clinical sustainment for your subspecialty code, and making preparations so you and family are ready for a mobilization.

Mary Riggs, RDML, NC
Deputy Director, Reserve Component

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

Click on any of the Naval Reserve icons throughout the News to check it out!
MHS GENESIS is starting to go live, and you may be thinking, “How can I get prepared?” Well, for starters, have you ever heard of the Joint Legacy Viewer (JLV)? This solution is going to be the key that unlocks the treasure as we bridge the gap between the legacy systems (i.e. Essentris, AHLTA, CHCS) and the new Electronic Health Record (EHR). Did you know that once your site goes live, the legacy systems are inactivated and you cannot access them anymore? Basically, if CDR Ima Sailor goes to an MHS GENESIS site from a legacy site, the MHS GENESIS site can no longer access the legacy systems to obtain records and vice versa.

Have you ever wondered how Essentris pulls information from CHCS, or how various smartphone apps can be utilized on either an Apple or Android device? These applications utilize a method called interoperability. Interoperability is the ability for computer systems to exchange data, make use of the data, and allow these systems to operate with each other using national and internationally recognized standards for data structure, presentation, and how it’s transmitted between systems.

So, going back to our issue with being able to see our patients’ information; how can we connect these two systems and maintain the integrity of safe and quality patient care? We are leveraging JLV to bridge this gap. JLV is a solution that we have been using already to promote interoperability between the DoD’s and VA’s EHRs. This read-only clinical application displays data not only from the DoD and the VA, but is now allowing us to even view our patient’s data from some civilian healthcare facilities. This is done through a Health Information Exchange (HIE) partnership with various private sector parties.

“Okay, so you gave me the technical basics, but what really is JLV?” Imagine a portal that you log into with a variety of widgets you can customize on your desktop to see exactly what you want to see. You search for a patient’s name and they come up. In your role, you want to access labs, diagnostics, discharge summaries, allergies, medications, and patient encounters. You can customize your desktop to have a widget for each of these. You can even add an immunizations widget as well! If you don’t like the clutter of having it all visible, you can remove widgets or create tabs that organize widgets to specific user workflows. This portal pulls the data in from all the DoD, VA, and HIE systems and translates it so it’s viewable and usable to you.

By using JLV, healthcare staff can better share information and have a more complete picture of our patient. You will never have to wonder what happened at that other MTF, or during that inpatient admission that you can’t see in your local Essentris site. All this information is now just a click away.

“I’m really excited for this new thing called JLV. How can I see what it can do for me?” Well, you might want to log into milSuite. Here is a great overview presentation of JLV’s role with interoperability and MHS GENESIS. Also, the Defense Medical Information Exchange (DMIX), who is responsible for JLV, has tons of information and training. It is highly recommended that you start getting all personnel JLV access and training. Contact your site AHLTA administer to see what’s needed for obtaining access if you don’t already have it. A link to JLV can be found in the AHLTA tree, or via https://jlv.health.mil/JLV. It will very soon become a requirement to be able to do your job.

Monica Knapp, LCDR
Nursing Informatics Fellow
BUMED M36
Greetings from your Maternal Infant and Neonatal Critical Care Specialty Leader (SL) and Assistant Specialty Leader (ASL)! We are thrilled about the opportunity to serve the 1920 and 1964 communities and to share with you some of our accomplishments and the exciting projects we are working on in our journey towards High Reliability.

To follow up from the last update, the Perinatal Inpatient Environmental Standards Change Plan (PIES) efforts are continuing to improve the provision of perinatal care across the Enterprise. The PIES teams are multidisciplinary and focus on improving perinatal care in five main areas: Aligning Staffing Capabilities with Level of Care; Employ Equipment and Logistics Solutions; Optimize Training and Simulation Experience; Coordinate Procedural Alignment; and Promoting Staff Resilience. The PIES teams will continue to bring best practice recommendations, standardized bundles, and support to all Navy facilities providing perinatal care.

Navy Medicine East and Navy Medicine West are continuing efforts in standardizing and revising the Postpartum Hemorrhage Bundle and have recently completed several site visits for support. During these visits, Subject Matter Expert (SME) teams coordinated facility-wide perinatal emergency simulation drills and provided customized education, training, and support to the staff of each facility. Additionally, the SME teams evaluated each facility’s Postpartum Hemorrhage cart and offered feedback on bundle implementation and provided assistance to mitigate any concerns. The teamwork witnessed during these site visits demonstrates our community’s unwavering dedication to superb patient care and continuous process improvement.

Your SL and ASL have also been busy collaborating with other maternal and newborn SMEs and the Clinical Nurse Specialist Advisory Board to bring you a perinatal educational offering called “Basic Obstetric Support Skills,” or BOSS. This program is provided as adjunct didactic training in a voice-over PowerPoint format for anyone either orienting to perinatal care, or for those who want refresher training. BOSS is now uploaded on Elsevier’s Clinical Skills and available under the eLearning menu to either self-enroll or to assign. BOSS is not required training and it is not intended to replace the Association of Women’s Health, Obstetric and Neonatal Nurses’ (AWHONN) Perinatal Orientation and Education Program (POEP). However, it can be used to supplement staff orientation and training if a POEP course is not available.

Another new exciting project is the Lactation and Infant Feeding Experience (LIFE) Working Group. The LIFE Working Group is a multidisciplinary team created to improve the safety and quality of care provided to maternal and child beneficiaries. The goals of the LIFE Working Group are to improve and standardize policies and practices, optimize the patient experience, and increase efficiency and cost-savings related to lactation and infant feeding. The LIFE Working Group will develop guidance and resources for breastfeeding as well as breast milk handling, storage,
preparation, and identification. They will also provide SME support for the revision of the BUMED Instruction on breastfeeding and pursue implementation of breast milk scanning and barcoding capabilities to improve patient safety.

We’re happy to report that several Navy NC Officers and Civil Service nurses from various commands were able to attend the AWHONN Annual Conference in New Orleans (see NC News September/October 2017, page 7) and the National Association of Neonatal Nurses (NANN) Annual Education Conference in Palm Springs. Several nurses from our community were also able to attend and disseminate scholarly work at the TriService Nursing Research Program (TSNRP) Evidence-Based Practice (EBP) Dissemination Course in Ellicott City and at the Professional Writing Workshop in Denver. At the EBP Dissemination Course, LCDR Colleen Blosser presented her poster “Implementing an Obstetric Early Warning System” and LCDR Christian Melendez presented his poster “Improving Perioperative Knowledge, Confidence, and Performance in L&D Nurses.” Additionally, both the First Place and the First Runner Up 2017 RADM Niemyer Awards for Evidence-Based Practice went to perinatal teams (see page 12)!

We also have some individual accomplishments to share: LCDR Yvonne Marenco graduated from Arizona State University and was awarded Doctor of Nursing Practice, Neonatal Nurse Practitioner; LT Tiffany Harriman and LT Chip LeDuff graduated from Duke University and were awarded Master of Science in Nursing, Neonatal Nurse Practitioner; LT Alicia Sacks obtained national certification as a Neonatal Intensive Care Nurse (RNC-NIC); and LT Keerstin Whitefield achieved certification in Inpatient Obstetric Nursing. Bravo Zulo to these outstanding leaders and to our entire community for the impeccable patient care we provide every day!~

Abigail Marter Yablonsky, CDR
Naval Health Research Center

The Naval Health Research Center, in consultation with the Military Women’s Health Research Interest Group (MWHRIG), has published the results of the Tri-Service Nursing Research Program (TSNRP)-funded Military Women’s Health Scoping Review & Gap Analysis Study. This is a groundbreaking review of peer-reviewed literature published between January 2000 and September 2015, which provides a comprehensive overview of the scope and quality of the existing peer-reviewed literature, summary comparisons of recent healthcare utilization data for women as compared to men, and gap analysis matrices for each of the 73 subtopics explored by the study team. Subtopics include: Traumatic Brain Injury, PTSD, Cognition, and Nutrition/Energy/Weight. To view a copy of the full report, please visit the Military Women’s Health Research Interest Group website. For each of the 979 articles included in the final report, relevant study data (e.g., sample size, research design, study setting) were extracted and article content was reviewed by a Subject Matter Expert. This information has been placed into a free, online, searchable database for use by researchers, healthcare providers, policymakers, and funding organizations. To view and search this resource, please visit the Military Women’s Health Database website.~
Nurse Educators (1903)
The Nursing Education subspecialty code will provide a command with an officer who is qualified to train, teach and guide those who are members of the health care team. Nurse Corps Officers with the 1903 subspecialty have experience and education in assessing clinical education needs, designing and evaluating clinical education provided, and teaching in the military treatment facility and at the training commands. This subspecialty also requires specific skills or training in learning needs assessment, curriculum development, instructional design, teaching, and outcome evaluation as it specifically applies to the field of nursing.
Required: Master of Science in Nursing Education. Can achieve 1903S with significant on-the-job training or experience.
Possible Assignments: Mid-level to large hospital assignments that support beneficiary and nursing staff’s learning needs.

Education & Training Management Specialists (ETMS) (3150)
The Education and Training Management Subspecialty is a subset of the Resource Management and Analysis subspecialty (3000), which describes an officer who is formally skilled in education and training management within the Department of Defense. The ETMS 3150 subspecialty supports the Navy’s vast education and training mission with officers prepared to support Military Treatment Facilities, school-houses, training commands and staff development academic activities. This subspecialty code requires the attainment of 10 specific Educational Skill Requirements (ESRs) or competencies, including a thorough knowledge of education and training systems organization and management, an understanding of planning, programming, budgeting, and fiscal systems, basic resource management, and contract administration.
Required: Master of Science or Arts in Education meeting the 10 ESRs. Can achieve 3150S with significant on-the-job training or experience.
Possible Assignments: Staff Education and Training (SEAT) billets from naval health clinics to large medical centers; school-houses assignments; and various training billets outside BSO-18*.

If you are interested in joining our community, or applying to DUINS for Nursing Education or ETMS, please check our milSuite page or contact CDR Fuentes or myself. You can also find more information about the annual Council of College and Military Educators (CCME) conference or learn about some of our community members through their “Get to Know” profiles posted online.

*What’s BSO-18?*
“BSO” stands for “Budget Submitting Office; all medical treatment facilities and clinics funded by Navy Medicine fall under “line 18” of the BSO; hence, BSO-18.
Here are a few highlights of our community leaders who are currently supporting Education and Training readiness missions: CDR David DeSantos, for his recent deployment to Iraq; LCDR Vanita Williams, who provided education and training support during Pacific Partnership 2017 in Malaysia and Vietnam; CDR Shawn Passons supporting the Preceptor/Instructor for the HM Trauma Training Experience Proof of Concept, an SG initiative; CDR Louise Nellums supporting the new MHS GENESIS electronic health record (EHR) roll-out; and LCDR George Brand who is currently spearheading the Tactical Combat Casualty Care (TCCC) initiative. Lastly, BZ to CDR Tony Voeks on his selection to Captain. ~

As the patient draws in a breath, the nurse can see the intercostal retractions, and he knows that the patient may go into respiratory arrest at any moment. He draws up the succinylcholine and etomidate, ensures the patient is on 100% oxygen, and readies the equipment needed for intubation. By his actions, he demonstrated competence in the knowledge, skills and abilities (KSAs) to perform this skill. Imparting KSAs and assisting with the evaluation of nursing competency has been an integral part of the Navy Medicine Staff Education and Training (SEAT) mission.

The NC has traditionally managed competency assessment for wartime specialties, also known as core competencies, by utilizing paper forms kept in training records. In 2017, the NC took a bold step forward in the way they record core competency completion through the utilization of Elsevier Clinical Skills. This product has been utilized to a lesser degree under its former name “Mosby’s Skills.” To spearhead this initiative, the Nurse Core Competency Program (NCCP) was created, and is now managed by the Navy Medicine Clinical Nurse Specialist Advisory Board (CNSAB).

In Elsevier, a skill is defined as a particular nursing task. There are thousands of evidence-based skills, and each skill has up to seven components (quick-sheet, extended text, supplies, demos, illustrations, a test and a skills checklist) for demonstrating KSAs and the evaluation of competence. The “quick sheet” provides an overview of the key information for that skill. The “extended text” is a thorough review of the particular skill. The next section includes a listing of needed supplies. There are also often video demos and illustrations to assist the learner. The learner must also complete a five-question test to demonstrate knowledge acquisition. Finally, there is a checklist that, if required, will be graded by the learner’s preceptor to document the validation of competency with that particular skill.

Through the “Performance Manager” function, Elsevier receives personnel information from Defense Medical Human Resources System internet (DMHRSi). This allows for robust core competency compliance monitoring at all leadership levels. Through the NCCP, all BSO-18 commands have identified local managers to track and report on core competency compliance.

A variety of resources are available on the NCCP milSuite Page. The NC Leadership Competency Desktop Guide located on the NCCP milSuite site provides a concise overview of the program. For local NCCP Managers and unit level ECS administrators, the ECS Administrator Guide along with the Orientation Package will provide a thorough indoctrination of the duties required of the NCCP and ECS administration.

Active Duty NC Officers who need to complete their respective core competency can access Elsevier 24/7 with their DoD ID number and password. The website even has a user-friendly smartphone interface.

If you need assistance or have questions, the primary Point of Contact for the NCCP Program is CDR Christopher Jack. ~

Christopher Jack, CDR
3150 Contributor

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ELSEVIER
Nurse Corps News
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Navy in Naples: Community Collaboration

Suzette Inzerillo, CDR
Brian Ellis, LCDR
NH Naples

At Naval Hospital (NH) Naples, there has been groundbreaking collaboration with Italian host nation medical facilities and International SOS. Fully aligned with the Navy Surgeon General’s priorities of readiness, health and partnerships, CDR Suzette Inzerillo, NH Naples Director for Health Care Business, has fostered robust relationships with one of Naples’ TRICARE network providers. One significant outcome was the development of a first-of-its-kind English-speaking ward embedded within a local Italian hospital. As part of the collaboration, LCDR Brian Ellis, NH Naples Quality Manager, spearheaded process improvement initiatives at additional medical facilities, aimed at enhancing patient safety and the experience of care, while helping patients to better navigate the cultural differences in Italian health care. NH Naples’ nurses actively engaged with host-nation organizations to obtain patient feedback about their experiences in the local TRICARE network through the Navy’s Interactive Customer Evaluation (ICE) system. Patient insights gained through ICE have also been shared with Naples’ Italian healthcare partners and other patients receiving network care. To further promote cohesion, NH Naples also launched its inaugural TeamSTEPPS® training course with their Italian colleagues, conducted joint quality management meetings, and organized morbidity and mortality conferences. The direct engagement, relationship building, and open, transparent dialogue positively influenced the quality of medical and nursing care delivered in the embedded English-speaking ward and the local network, greatly benefitting NH Naples patients and local Italian network partners.

NAPLES, ITALY. 2017. LCDR Christine Burns instructs a TeamSTEPPS course with Italian healthcare personnel. (Photo released by USNH Naples PAO).

CAMP PENDLETON, CA. December 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) (Photos by NEMTI/Released).
Dagoberto Salinas, LCDR
NH Jacksonville

For decades, national nursing conferences have served as excellent venues for learning, networking, earning contact hours, and presenting. In October 2017, 11 Active Duty NC Officers and two Civil Service nurses, representing seven different commands, attended the 26th Academy of Medical-Surgical Nurses (AMSN) Annual Convention in Palm Springs, CA. As far away as Yokosuka, Japan, and as close as Twenty-Nine Palms, command representatives were exposed to research findings and evidence-based practices. Additionally, members were able to engage in person with LCDR Erica L. Arnold, Assistant Medical-Surgical Specialty Leader, and via TELCON with the Director of the Navy Nurse Corps, Rear Admiral Tina A. Davidson, and Deputy Director CAPT Deborah E. Roy, to further discuss current and future trends associated with the Navy NC 1910 community.

LCDR Dagoberto Salinas, ENS Amarilys Torres, and RN Sarah Craven (see photo, right) from the multi-service unit (MSU) at Naval Hospital Jacksonville presented an outstanding poster presentation, “Pain Reassessment: It’s an Art, Not a Science.” This was based on their Four Disciplines of Execution, or 4DX, process improvement project on how to improve patient satisfaction scores related to help controlling pain, pain management, and whether the patient’s pain controlled. The team’s presentation of how their methods significantly improved Tricare Inpatient Satisfaction Survey (TRISS) metrics at their command was well received by fellow Medical-Surgical nurses attending the conference from around the country.

At the end of the AMSN conference, it became evident that the impact of convening as a professional group extends beyond inspiring each individual nurse; we were able to share our experiences and learn from others, refresh our nursing practices, and obtain valuable knowledge to bring back to our colleagues.

New! Never miss an important update from the Nurse Corps milSuite page again! E-mail watches have been added to the Nurse Corps milSuite SOP.

Problem: You want to get e-mail notification on page or item updates, but when you click ‘FOLLOW IN’, you don’t see ‘Email Watches,’ as one of your options.
Solution: 1. Check out this PowerPoint on how to create a custom stream with e-mail notifications: https://www.milsuite.mil/book/docs/DOC-166875
2. Name your new custom stream ‘Email Watches’.
3. If you accidentally create a stream that you want to delete, click the stream title. then you should see a small light grey drop-down arrow to the right with the option of Delete Stream. Viola!

The FY18 Navy Medicine Leadership Course Catalog is now on milSuite! This catalog contains information about available courses and dates, how to register, funding, & eligibility requirements.
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Military Health System Nursing Leadership Excellence Awards

Carolyn McGee, CAPT
Assistant Director, Career Plans

The annual Military Health Service (MHS) Military and Federal Civilian Nursing Excellence Awards were established to honor Registered Nurses who have demonstrated exemplary leadership and skill, thereby contributing to the improved image and practice of nursing in the MHS. In the senior categories, there was only one winner selected for the entire MHS. There was a junior military and junior civilian winner from each Service. The Navy 2017 MHS Award Winners are:

MHS Senior Military: Captain Jeremy Hawker
CAPT Hawker is the Associate Director of Surgical Services at NMC Portsmouth. He is a Perioperative Clinical Nurse Specialist and Certified Nurse of the Operating Room who has been a stellar leader throughout his military career. CAPT Hawker is a role model for operational readiness and has tirelessly supported the warfighter in numerous capacities. He previously served as Officer in Charge of Surface Warfare Medical Institute, responsible for four “C” schools and nine fleet medical training programs. He served as Ship’s Nurse for USS EISENHOWER (CVN-69) and completed operational tours in Afghanistan and aboard USNS COMFORT (T-AH 20). He co-authored a scholarly article on factors associated with multi-drug resistant Acinetobacter transmission and partnered with Naval Health Research Center to expand research on resiliency training for healthcare providers. CAPT Hawker has built an exceptional career on clinical excellence and support to the warfighter, and is truly a leader for all to emulate!

Navy Junior Military: LCDR Bradley Hazen
LCDR Bradley Hazen is a Certified Registered Nurse Anesthetist at NMC Portsmouth. His previous awards include Nurse Anesthesia Military Clinical Instructor of the Year, Senior Nurse of the Quarter, 1st Quarter FY17, and 1st Place Poster Presentation at the 2011 National Conference for the American Association of Nurse Anesthetists. LCDR Hazen has served with distinction on various operational platforms, including Fleet Surgical Team SEVEN, USS TRUMAN (CVN-75), and Expeditionary Medical Facility Kuwait. LCDR Hazen is a superb clinician, instructor, and leader!

Navy Junior Civilian: Ms. Elizabeth Campbell
Ms. Elizabeth Campbell is the Command Infection Preventionist and 2016 Civilian of the Year at NHC Annapolis. She is certified in Infection Control and Epidemiology and served as the 2004 President of the D.C. Metro Chapter of the Association for Professionals in Infection Control and Epidemiology. A recognized subject matter expert, Ms. Campbell is a member of the Infection Control MHS Genesis Development Team. She was the lead author of the scholarly article, From Baghdad to Bethesda: Infection Control Considerations for Iraqi-War Related Injuries, and contributed to the Centers for Disease Control and Prevention abstract submitted at the Clinical Virology Symposium addressing a contagious disease outbreak at the Naval Academy. Ms. Campbell personifies clinical leadership, selfless service, and dedication to duty!

(Nominees listed on page 11)
The following military and civilian nurses were also nominated this year for this prestigious award:

**Senior Military Category**
CAPT Carol Burroughs, NH Jacksonville  
CAPT Sandra Hearn, NMC Portsmouth  
CDR Kim Shaughnessy, FBCH  
CDR Megan Nasworthy, WRNMMC  
CDR Jessica Beard, NH Yokosuka  
CDR Richard Lawrence, NH Camp Pendleton  
CDR Christopher Jack, NMC San Diego

**Junior Military Category**
LCDR Carla Pappalardo, NHC Annapolis  
LCDR James Ketzler, NMC Portsmouth  
LCDR Darcey Reilly-Endicott, NMC Portsmouth  
LCDR Carol Ellsworth, NHC Cherry Point  
LCDR Shannan Rotruck, WRNMMC  
LCDR Timothy Whiting, NH Okinawa  
LCDR Alvin Garcia, FBCH  
LT Alesha Eghts, NH Jacksonville  
LT Tatiana Crosby, NMC Portsmouth  
LT Henry Lang, WRNMMC  
LT Shannon Evans, NH Yokosuka  
LT Lynette Waterfield, NH Guam  
LT Lanae Harrison, NMC Portsmouth  
LT Sandra Wright, NHC Quantico  
LT Mary Pat Tobola, NMC Portsmouth  
LTJG Estela Rojas, WRNMMC

**Senior Civilian Category**
Ms. Carola Miner, NH Jacksonville  
Ms. Lauren Kitchens, NHC Quantico  
Ms. Desiree Sanders, NMC Portsmouth

**Junior Civilian Category**
Ms. Sandra Gharabaghi, NMC San Diego  
Mr. Mark Curtis, NH Camp Pendleton

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Organized in 1891, AMSUS was created: “for the purpose of advancing the knowledge of military surgery, medicine, and sanitation in the medical departments of the Army, the Navy, and the Marine-Hospital Service of the United States” -AMSUS Congressional Charter 1903.

The AMSUS Nursing Award recognizes the accomplishments of a federal nurse who has made outstanding contributions as a clinician, researcher, educator, or healthcare manager. Nominations are open to any federal nurse of one of the five health agencies.

While at NH Guam, LCDR Braybrook expanded SARP capabilities to include outpatient and intensive outpatient treatments. Offering this option across all services resulted in a cost avoidance of $385,671 and reduced off-island referrals by 85%. As a Caregiver Occupational Stress Control Instructor, she was identified by the Navy Center for Combat and Operational Stress Control as an outstanding leader and educator and was promoted to the status of regional trainer; one of only four in Navy Medicine West. She is in the process of completing her Doctorate of Nursing Practice project, titled "Improving the Management of Suicidal Patients on Medical Wards," which centered on implementing evidence-based practices at NH Guam. In addition, her efforts have had BUMED-level impact through her leadership in the areas of Prevention and Management of Disruptive Behavior and interservice clinical practice and training. She exemplifies jointness, commitment to quality, and effective leadership in nursing!

The awards are presented during the Association’s Annual Continuing Education Meeting at its Annual Dinner in December.

Bravo Zulu, LCDR Braybrook!
RADM Mary F. Hall and RADM Elizabeth S. Niemyer Awards

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

RADM Hall Award for Publication

This year, there were eight submissions for the RADM Hall Award for Nursing Publication/Peer Reviewed Category. CAPT Lisa Braun chaired the Selection Committee; additional members were CDR Craig Cunningham, LCDR Stuart Hitchcock, LCDR Samantha Jennings, and LCDR Marypat Tobola.

There were nine submissions for the RADM Hall Award in the Non-Peer Reviewed Category. CDR Virginia Blackman chaired the Selection Committee; additional members were CDR Kenneth Wofford, CDR Tracey Giles, and LTJG Elisabeth Mueller.

The winners of the 2017 RADM Hall Award, Peer Reviewed Category are:

First Place: 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

The winners of the 2017 RADM Hall Award, Non-Peer Reviewed Category are:

First Place: 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

RADM Niemyer Award for Evidence-Based Practice

There were 10 submissions for the RADM Niemyer Award for Evidence-Based Practice. CAPT Carolyn McGee chaired the Selection Committee; additional members were CDR Wendy Cook, CDR Jennifer Buechel, CDR Virginia Blackman, and LCDR Elizabeth Zuloaga.

The winners of the 2017 RADM Niemyer Award are:

First Place: LCDR Patricia Butler, 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, at Naval Medical Center San Diego
First Runner Up: LCDR Colleen Blosser, Modified Early Obstetric Warning System, at Naval Medical Center Portsmouth

Congratulations to all the winners, and thanks to the Selection Committee Chairs and members!
Bravo Zulu!

Certifications

**CAPT Carolyn McGee**, Assistant Director, Career Plans, earned her certification as Nurse Executive Advanced - Board Certified.

**CAPT Anita Smith**, Reserve Affairs Officer, also earned the title of Nurse Executive Advanced - Board Certified.

**LCDR Angelina Brannon**, NH Camp Pendleton, is now a Certified Acute Care Clinical Nurse Specialist - Adult Gerontology through AACN.

**LCDR Lawrence B. Henry** of USNH Guantanamo Bay achieved his certification as a Certified Emergency Nurse (CEN) and Trauma Certified Registered Nurse (TCRN).

**LCDR Joel Trausch**, BHC Sasebo, achieved certification in Ambulatory Care Nursing, RN-BC.

**LT Bernadette Garcia**, USNH Guantanamo Bay, achieved her certification as a Certified Emergency Nurse (CEN).

**LT Jesus A. Grandez** of USNH Guantanamo Bay earned his certification as a Certified Emergency Nurse (CEN).

**LT Carolyn Hess**, USNH Rota, is now a Certified Lactation Counselor (CLC).

**LT Marissa Hesse**, NMC San Diego, is now a Certified Nurse in the Operating Room (CNOR).

**LT Gary G. Laccay**, NMC San Diego, is now a Certified Nurse in the Operating Room (CNOR).

**LT Tiffany Lerch**, NH Rota, achieved her Ambulatory Care Certificate.

**LT Amanda Partner**, of NMC San Diego, earned the title of Certified Nurse in the Operating Room (CNOR).

**LT Quinn Richards**, CRNA on the USS NIMITZ, recently qualified and achieved her Surface Warfare Medical Department Officer's warfare device.

**LT Lucy Stephan**, NMC San Diego, achieved the title of a Certified Nurse in the Operating Room.

**LT Marshall Trudell**, NH Guam, achieved his Ambulatory Care Nursing Certification.

**LT Kaitlyn Vangunten**, NMC San Diego, earned the title of a Certified Wound Care Nurse (CWCN).

**LT Dawn Williams**, NH Jacksonville, completed a Certification in Operating Room Nursing (CNOR).

**LTJG Bryan Elam**, NH Jacksonville, completed his certification as a Medical Surgical Nurse.

**LTJG Candice A. Fox**, USNH Guantanamo Bay, accomplished her Medical-Surgical Nursing Certification (CMSRN).

**LTJG Michael Short**, NH Camp Pendleton, is now a Certified Medical-Surgical Nurse (CMSRN).

**LTJG Allison Steiner**, NH Camp Pendleton, achieved her Certification as a Critical Care Nurse.

**LTJG Margaret Taylor**, USNH Rota, is now a Certified Medical-Surgical Nurse (RN-BC).

**LTJG Dehussa A. Urbieta**, NMC San Diego, is now a Certified Pediatric Nurse.

**ENS Stephanie Beaulieu**, of NH Guam, passed her Board Certification in Emergency Nursing.

**ENS Natalie A. Spritzer**, NMC San Diego, achieved the title of a Certified Pediatric Nurse.

**ENS Tamaran Stewart**, NMC San Diego, is now a Certified Nurse in the Operating Room (CNOR).
Education

LCDR David Antico, attached to the Naval War College, completed a certificate program from the Naval Postgraduate School, Monterey, CA, in Modeling and Simulation.

LT Olaniyi Alli-Balogun, currently attached to EMF Great Lakes One Det L and soon joining the Headquarters Detachment as Officer in Charge, completed JPME Phase 1 in May of 2017.

LT Anna Beaman, completed her Master's of Health Sciences, Health Education, from Trident University.

LT Kaitlyn Vangunten, of NMC San Diego, earned her Master's of Health with a focus in Clinical Nurse Leadership from the University of South Alabama.

LT Joshua A. Wymer, a Perioperative Clinical Coordinator at NMCSD, completed the U.S. Naval War College's JPME Phase One and earned a Master's of Arts in National Security and Strategic Studies with a concentration in Enterprise Strategic Planning.

LCDR Freddie Thronson, NC USN (RC) of OSHU Pensacola DET HQ, is a Family Nurse Practitioner and CDR select. He was recently selected to attend the 2018 Reserve Component National Security Course (RCNSC), a competitive two-week seminar designed to lay a foundation for students moving on to joint command management and staff responsibilities in a multinational, intergovernmental, or joint national security setting. The curriculum consist of lectures, panel discussions, seminars, a Capitol Hill visit and a simulation exercise dealing with national security policy and defense resource management. This course is offered to officers who have completed JPME1; upon completion of RCNSC, LCDR Thronson will receive a Diploma from the National Defense University.

Recognition

Congratulations to LT Francisco "Frank" Riojas as the winner of the Navy League Naval Station Newport Officer of the Year! Nominees are selected for their outstanding professional performance, community involvement, volunteerism, and exceptional contributions to the command mission during the prior calendar year. LT Riojas is the Lead Instructor for Officer Development School and Direct Commission Officer Indocdrination Course in Newport, RI. He is a prior enlisted Corpsman who rose to the rank of Chief Petty Officer, then joined the Navy Nurse Corps via the Medical Enlisted Commissioning Program.

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Need Money For Graduate School? 2018 Graduate Degree Nursing Scholarship Opportunity!

A Washington Metro Area Navy Nurse Corps Association (WMANNCA) Chapter Nursing Scholarship will be offered to three Navy Nurses to continue their studies for an advanced graduate degree in Nursing. Active duty (non-DUINS), Reserve Component, retired and former Navy Nurses are eligible. A $1,000 scholarship will be awarded to each winner. The applicant must live or work in the WMANNCA AOR (Maryland, Northern Virginia, West Virginia, Pennsylvania, New Jersey, Delaware or the District of Columbia). Deadline for submission is April 2, 2018! Download the guidelines and application materials here: http://nnca.org/join-nnca-2/local-chapters/wmannca/