



Nurse Corps News

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Director's Corner: Familiar Partnerships



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Submit your ideas,
questions, or articles of
interest for the Nurse
Corps News!



Nurse Corps News
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In outlining Navy Medicine's Strategic Plan, the Surgeon General emphasized our True North; "to save lives and do what's right for our patients to keep them healthy." He applauded the "heroic performance of our Corpsmen" in saving lives and outlined the imperative of training and preparing them for the future. What is the role of Navy nurses in that imperative?

As the Nurse Corps Director and as the Commander, Navy Medicine Education and Training Command, I believe we need to reenergize a training culture in all that we do. I believe Navy nurses have a tremendous responsibility to train and prepare others to provide patient care. I believe the partnership with the Navy's Hospital Corps is one of our oldest and most sacred partnerships. Who among us has not taught, *and been taught by*, a member of the Hospital Corps?

In previous newsletters, I have referred to the "Campaign for Action" that advocates for nurses to work to their fullest scope, optimize education, and serve as leaders. These concepts can be applied to our other team members as well. The Hospital Corps bears a tremendous responsibility for the lives of others. It is incum-

bent on Navy nurses to assist in equipping these brave men and women with the knowledge and skill to succeed.

In "Campaign for Action" terms, we must assist the Hospital Corps to work to their full scope, optimize education, and serve as leaders. Regrettably, the "need for speed" or "competing priorities" cause us to take the simpler route and just "do it ourselves," whatever "it" happens to be, versus looking around to see who might benefit from a training or leadership opportunity. We do this at our own peril. The more we "invest" in the Hospital Corps, the better prepared this critical cadre of experts will be to serve in either the military treatment facility or the operational setting. It will come back to us, I am sure, as the skilled Hospital Corps staff member in turn mentors and teaches a new or graduated nurse.

I encourage you to take



Rebecca McCormick-Boyle
RADM, NC, USN

Director, Navy Nurse Corps

the time and effort to ensure that our Hospital Corps shipmates, from the newest Recruit to the most seasoned specialty technician, get every opportunity to grow, learn, gain confidence, and practice to their fullest scope while they are working by our side. ~

U. S. Navy nurses and enlisted medical personnel assigned to Naval Hospital Camp Pendleton and 1st Medical Battalion, 1st Marines Logistics Group, discuss coordination of care for a simulated casualty during casualty evacuation drills on Camp Pendleton, Calif., Oct. 4, 2016. (Photo by M. Lanier/Released)



Reserve Corner: Career Development - Roles for Progression



Tina Alvarado
RADM, NC, USN

Deputy Director, Reserve Component

Professionalism carries with it the expectation that you will take ownership of your career and maximize your professional development. However, being a member of the Nurse Corps brings forth a wealth of resources to assist, guide and mentor you along the way.

Here are a few reminders to enhance your efforts to succeed:

1. Be proactive. Only you are responsible and accountable for your record. If something is wrong, missing or incomplete, it is up to you to correct it. Period. Do not wait until the last minute to do so or it might not happen. An accurate record will ensure your career achievements are available when reviewed for advancement, selection for retention or

special programs, and/or assignment to desired jobs. Recent studies indicate most Sailor personnel records are inaccurate and incomplete. The following systems will allow you to view and manage your personnel and career information:

- Official Military Personnel File (OMPF) - My Record - access via [BUPERS Online](#)
- Electronic Service Record (ESR) - access via [NSIPS](#)
- [U.S. Navy Awards](#) (also known as NDAWS)
- Performance Summary Record (PSR) - access via [BUPERS Online](#)
- Physical Readiness Information Management System (PRIMS) - access via [BUPERS Online](#)
- Electronic Training Jacket (ETJ) access via [Navy Knowledge Online](#)

2. Enhance your professional growth. There are predetermined milestones for each rank. The Nurse Corps has a Career Progression pathway clearly articulated. You should be familiar with it. At your midyear FITREP counseling, create a personal milestone timeline. [MilSuite](#) contains an abundance of information to direct your course. Work with your mentor to set achievable goals.

3. Explore career opportunities outside your comfort zone. Expand your horizons!

This includes deployments, ADSW, collateral duties and assignments within your command or outside it. Leadership positions are available at the DET level on up the chain; on operational field exercises AT's and IRT's and at BUMED. Build a diverse record that demonstrates continual growth in education, certification, clinical excellence, leadership and military medicine across a variety of settings. These are the attributes that will set you apart from the field of competitors.~



The [FY17 Catalog of Leadership Courses](#) is on MilSuite!

This catalog contains information about available courses and dates, how to register, funding & eligibility requirements, etc.

Nurses:
For an opportunity to
"Ask the Admiral,"
post your question to our
NC team here!



Nurse Corps News Editor: Introduction

I'm excited to officially introduce myself as the new Editor for the Nurse Corps News! The transition has happened slowly and quickly all at once, and I appreciate everyone's patience as my team and I have settled into our new roles; we've all had life transitions this summer, which has made this even more challenging. Of course, enjoying what we do makes that effort seem less of a chore, which is why I often urge my Shipmates to seek goals and collateral duties that speak to their passions. I am not embarrassed to admit that editing and strengthening the written word are some of my passions, hence my application for this position earlier this year. During my interview, I did admit that I looked forward to Evaluation and Fitness Report reviews; my last Chief would roll her eyes but I am sure she secretly loved that I took all 40 Evals home over the weekend so I could scribble red pen all over them. Assuming this role, and having the opportunity to scribble red pen on articles every month, is a dream come true.

I have been to some amazing places as a Naval Officer, and met folks who I will be family with for the rest of my life. I joined the Navy Nurse Corps in 2005, and I have served in an overseas hospital, three Military Treatment Facilities, and have deployed three times. As a Critical Care nurse with Medical-Surgical, Labor & Delivery, and Post-Anesthesia Care experi-

ence, as well as multiple Division Officer roles, I am acutely aware of the global community the Nurse Corps encompasses. This summer, I returned to the West Coast, where I am excited to be guiding the future nursing leaders at NH Camp Pendleton. Every experience has shown me a unique view of being a nurse, a leader, and a Naval Officer, and while it has not always been easy, it's been worth it.

The Navy Nurse Corps is filled with strong leaders, passionate, smart people, and infinite opportunities; many of us are fulfilling roles or providing care in ways not always available to our civilian counterparts. As the Editor, I am looking forward to sharing these types of experiences with you. With that, I ask each of you to share your stories! If you find yourself in a unique training, deployment, or role, please share your pictures, lessons learned, or advice on how to prepare for such a role. I also encourage



each of you to read the News – especially the Admiral's section! For our junior and senior leaders, this is an



LCDR Melani L. Harding

opportunity to see what the Big Picture looks like, before it affects you at the deckplate level. As many of you have heard before, this Newsletter is to serve you, and we need your input into how to best do that. I beg of you to consider the question, "What would make me more enthusiastic to read in the News?" Then click on the link below and send us your response! **LT Eric Banker, LT Nikki Pritchard,** and I make the team, and we will read, review, and compile your suggestions on how to best share the News with all of our nurses. This is an exciting time to be a part of the Navy Nurse Corps, and my team and I aim to bring this excitement to your inbox with each Newsletter. I look forward to hearing from you! ~

Top Left: Leaving Afghanistan (September 17, 2014) Photo by William Melvin Brown III/Released.

Left: Returning to Norfolk, Va, at the completion of Continuing Promise, 2011. (September 2, 2011) Photo by M. Harding/Released.



Specialty Leader Update: Medical-Surgical Nursing (1910)

It is my distinct pleasure to serve as your new Medical-Surgical Nursing Specialty Leader! I assumed this role from CDR Kelly Vega in July of this year and am happy to serve you all within our specialty. I wanted to share a little about me and share my goals for this role.

I am a native of Philadelphia, Pennsylvania, and joined the Navy at seventeen, spending the first ten years of my career as a Hospital Corpsman. I was selected for a college preparatory program called Broadened Opportunity for Officer Selection and Training (BOOST) in 1997 that led to my commission. From BOOST, I attended Old Dominion University in Norfolk, Virginia, and was stationed at Naval Medical Center Portsmouth as my first command. While there, I worked in inpatient and outpatient oncology and deployed with Operation Iraqi Freedom. I was very lucky to go next to NH Rota, Spain, and worked in the Emergency Department and outpatient Internal Medicine/Pediatrics while there. I was selected for DUINS from Rota and completed an Adult Health CNS and Acute Care NP dual program in Oncology. This led me again to Naval Medical Center Portsmouth where I was fortunate to serve as a CNS for both inpatient medicine and oncology. I also served as a Division Officer and Assistant Department Head of Internal

Medicine Department during my tenure there. Currently, I am stationed at Fort Belvoir Community Hospital where I am practicing full-time as an Oncology Nurse Practitioner. While stationed here, I was able to deploy onboard the USNS (TAH-20) Comfort in support of Operation Continuing Promise. I will start to negotiate orders next month and look forward to my next journey. I feel extremely blessed to have been selected as the Specialty Leader!

Medical-Surgical Nursing is the largest specialty within Navy Nursing. Currently, we are 703 strong. Of those, I would like to specifically thank the twenty 1910 nurses who are currently deployed! Our Assistant Specialty Leader, **LCDR Erica Arnold**, and I plan to update and use MilSuite to share and gather information, answer questions, and get to know all of you. If you have not already done so, please join our Specialty 1910 MilSuite page. Our goal is to revamp this page by the end of 2016. If you have ideas or suggestions for MilSuite content, please feel free to share those with us.

LCDR Arnold and I have been busy with DUINS applications and are nearing the FY 2017 application deadline; we have some outstanding candidates this year. If you are interested or just considering applying to DUINS for FY18, please reach out to us early so we can assist you with the application



LCDR Aleah McHenry

process as well as answer any questions you may have.

Other things that we are working on include: input for our Core Competency instruction and evaluation of the timeframes for competency assessment, including content and how this can be utilized in our various roles and clinical sustainment; and updating our Listserv list for all Medical-Surgical Nurses to share information via email as we update our MilSuite site and streamline our conference application process.

We would like to hear from you regarding thoughts, ideas, concerns for our specialty and for MilSuite enhancement. Additionally, we would love to be made aware of triumphs and professional successes so that we can share with nursing leadership and our newsletter. We look forward to helping our community in any way that we can and serving as advisors for our outstanding and multi-faceted specialty over the next three years! ~



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

As I transition into the role of the Psychiatric Mental Health Nursing Specialty Leader, I would like to take a moment to introduce myself to you. I am prior enlisted and received my commission in 1996, and have been in nursing since then. Over the last twenty years, I have had a wide range of experiences that served me well in various deployed settings, including OIF and OEF. I received my advanced degree from the University of Michigan. My utilization tour was in San Diego, where I was fortunate to have been selected as the first non-physician program Director for the U.S. Navy Overcoming Adversity and Stress Injury Support (OASIS) program, the U.S. Navy's only residential combat-related Post Traumatic Stress Disorder residential treatment facility. In my current assignment at Navy personnel Command, I serve as the Deputy Branch head for the U.S. Navy Deployability Assessment Branch (PERS-454), and serve as the LIMDU program manager for the Navy. Some of my goals as the Specialty Leader are to work with nursing and community leadership to develop a residency program for newly-graduating advanced practice mental health nurses, advocate for the standardization of restraint practices across MTFs, and support the new role of the doctoral-prepared advanced practice nursing community; continuing what CDR (ret) Wall

and CDR Fisak started.

I would like to introduce a couple members of the team and highlight some of their achievements and initiatives in their roles as psychiatric mental health nurses: **CDR Pamela Wall**, one of 88 NP leaders inducted into The Fellows of the American Association of Nurse Practitioners (FAANP); and **LT Adam Taylor**, who was invited to participate in a American Psychiatric Nurses Association symposium earlier this year, which aimed at developing an education program for the entire Nursing Community regarding Opioid Use Disorder resources. The White House has made addressing the current epidemic of opioid abuse in the United States a priority, and LT Taylor was joined by other nurses involved in every level of psychiatric mental health care from generalists to administrators.

On 24 August 2016, with CDR Fisak, the Naval Center for Combat & Operational Stress Control (NCCOSC) hosted the very first Psychiatric Navy Nurses Day. I would like to thank CDR Fisak and other leaders at NCCOSC for their hospitality. We were able to convene in person for those in the San Diego Area, and virtually for all others, to discuss issues important to psychiatric mental health nursing community. It was a great day and one that will continue as a collegial event. If you are interested in presenting about projects and accomplish-



CDR William S. Byers

ments that have or will lead to the benefit of the Psychiatric Mental Health Nursing community please notify me or LCDR Lopez, with a presentation proposal for next year's gathering.

Finally, I would like to take a moment to thank CDR Pamela Wall for doing an outstanding job of community management over the past two years. She has forged new pathways for the mental health nursing community by advocating for expanded privileges for nurse practitioners and supporting the new role of the doctoral-prepared advance practice nursing community.~

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



Are You Interested In Joint Professional Military Education? Call Your Detailer!

CAPT Iris Boehnke, NC, USN
Nurse Corps Assignments

Joint Professional Military Education (JPME) consists of a rigorous course of study designed to promote an in-depth understanding of how the unified commanders, Joint Staff, and Department of Defense use the instruments of national power to develop and carry out national military strategy and joint operations. The goal of the War Colleges is to educate officers as strategic thinkers and leaders. The courses of instruction are divided into two main levels, Intermediate and Senior, and are considered part of the JPME continuum conducted through the various services schools. Information on JPME and the War Colleges is available on the [PERS website](#).

JPME Phase I for O-4s is provided through Intermediate Level Service Schools, including the College of Naval Command and Staff, the Army Command and General Staff College, the Air Command and Staff College, the Marine Corps Command and Staff College, and Expeditionary Warfighting School (USMC). The intermediate level JPME program prepares students for increased responsibilities at the senior officer level. JPME Phase I can be completed either "in residence" by attending one of the five listed colleges for the 10-month academic year or through the "non-resident" method by completing one of several distance learning course options. The [College of Distance Education at the Naval War College](#) offers three different options for JPME Phase I opportunities, specifically the Fleet

Seminar Program, the Web-Enabled Program, and the CD-ROM Program. Details on these programs can be found on their website.

One of the more popular methods of completing JPME-I is through the [Air Command and Staff College Distance Learning Program](#). This seven module program is available to O-4 selects and above and must be completed within an 18 month period. See website for details.

JPME Phase II for O-5s and O-6s is provided through Senior Level Service Schools, including the College of Naval Warfare, the Army War College, the Air War College, and the Marine Corps War College. The senior level JPME program prepares students for higher levels of responsibility commensurate with command and other executive positions held by senior O-6s and Flag/General officers. Completing a War College program is one of the best forms of preparation that any Navy Medical Department officer with goals for future positions in Executive Medicine can have.



*****Important Note: An Officer may NOT be assigned to a Phase II Senior Level School unless they have successfully completed JPME Phase-I.*****

JPME Specifics for Nurse Corps

1. JPME I and II are not required for NC Officers; however, it is a superb addition to the professional development of a NC officer who has already completed graduate level education in either a clinical, business, or health care administra-

tion field. Once an Officer has achieved graduate level preparation in a field that supports Navy Medicine, they will be eligible to apply to attend one of the War Colleges for JPME.

2. There is no specific utilization tour for NC Officers who graduate from any of the War Colleges. The War Colleges exist to prepare and educate officers to be strategic thinkers and leaders. Every type of command can use officers with a War College background in any type of position, so it is too limiting to state specific jobs as "utilization" tours. Instead, "utilization" should be viewed as something that is done throughout an Officer's career as opposed to the more limited approach of one tour. NC Officers who have attended War Colleges have been assigned to a variety of positions at Headquarters and operational commands, as well as MTFs. Our MTFs serve as the primary sourcing site for deployments where NC Officers will very likely find themselves serving in a Joint or Coalition operation in a region steeped in war history, so having War College graduates at MTFs is a valuable way of having access to Officers who have an education in Joint operations, war history, strategy and policy, and national security decision making.

3. There are many variables that go into making an assignment for a War College graduate, such as rank, experience, background, professional interests, personal issues, and availability of appropriate billets. NC Officers interested in Executive Medicine are strongly encouraged to achieve JPME, either resident or non-resident.

4. Call your detailer for career planning advice and information on JPME and War College opportunities. ~



NATO Role 3 Multinational Medical Unit Kandahar Airfield

The Oscar rotation is off to a successful and productive start. Each rotation at the NATO Role III MMU in Kandahar has a letter designator; we are the 15th rotation, thus designated Oscar. Twenty-four exceptional Navy Nurses coming from 11 different parent commands make up our Navy Nurse Corps team. We are fully embracing the Navy Nursing Professional Practice Model and have settled into a routine after completing extensive didactic and clinical training in trauma nursing care. All nurses on the Oscar Rotation have now qualified for the BUMED Additional Qualification Designator as Trauma-Trained Nurse Corps Officers (Operational Readiness/ Jointness). On May 12th, we celebrated the 108th NC birthday by going to the range to hone our weapon skills, having a cake cutting ceremony, and then holding a James Bond-inspired "ball". We invited all uniformed service

nursing personnel, both US and NATO coalition, currently serving at Kandahar Airfield (KAF) and had a wonderful turnout. KAF nursing is truly a team of teams.

During non-patient care time, our nurses are keeping busy by conducting Professional Development through online graduate courses, nursing specialty certification study groups, professional presentations, and 10 of our nurses serve as chair of command collateral duties (Transformational Leadership). Additionally, many nurses volunteer their off-time at the USO and participate in the great activities offered on KAF.

Physical fitness is a priority. Along with bike riding to the hospital, there are 5K runs, NATO gym days, spin, yoga, and CrossFit available to keep our nurses active. The Department of Nursing volleyball team took the overall Directorate championship, as well as won the push-up challenge. All of our events and major command



LT Matthew S. Berniard, MD

**NATO ROLE III MMU
Military & Emergency Medicine**

updates can be followed on our Facebook page (NATO Role 3 Multinational Medical Unit). We miss our families back home, but the nurses share pictures and stories of loved ones back home during downtime and in the galley; many also share the care packages sent from home. We will see you all soon!~
Editor's Note: Welcome Home, Oscar Team!



Oscar Team: LCDR Mary Mortimer (NMCS), LCDR Kim Flannery (NHCP), LCDR Marty Boese (WRNNMC), LCDR Angela Kelly (NHOH), LT Caitlin Workman (USNH Guam), LT Melinda Garrett (NH 29Palms), LT Ron Talvo (NHCP), LT Mary Catherine Taylor (NH Yokosuka), LT Meaghan Snyder (USNH Guam), LT Vincent DiVenti (WRNNMC), LTJG Savannah Dean (NMCS), LT Kelly Scott-Nevenon (NMCS), LT Cory Frappier (USNH Guam), LTJG Laura Crisp (NMCS), LT Dan Calma (Fort Belvoir), LTJG Jeremy Moore (NMCS), LTJG Crystal Rath (NMCP), LT Rachel Park (NH Okinawa), LT Cynthia Lam (NMCS), LT Kimberly Stanton (NHCP), LT Olufemi Ogungbe (NH Okinawa), LT Cheree Nagle (NMCS), LT Anthony Ritchie (NH Bremerton), LT Carol Fabricante (NH Yokosuka). photo by LT Matthew S. Berniard, MD NATO ROLE III MMU Public Affairs Officer/Released



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

CAPT Carolyn R. McGee

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 in August, and cover the time period from January of the previous year to May of the current year. The Selection Committees for the awards are comprised of Nurse Corps officers from the Doctor of Philosophy, Doctor of Nursing Practice, and Clinical Nurse Specialist communities.

This year, there were nine submissions for the RADM Hall Award for Nursing Publication. Commander Lisa Braun chaired the Selection Committee; additional members were Captain

Robert Hawkins, Captain (Retired) Patricia Kelly, Commander Ryan Nations, Commander Deirdre Smith, and Lieutenant Commander Jerroll Wallace. The First Place Winner was Commander Virginia Blackman, who submitted her article *Prevalence and Predictors of Prehospital Pain Assessment and Analgesic Use in Military Trauma Patients, 2010-2013*, which was published in *Prehospital Emergency Care* in May 2016. The First Runner Up was Commander Heather King for her article *Exploring Self-Reported Benefits of Auricular Acupuncture Among Veterans with Posttraumatic Stress Disorder*, published in the *Journal of Holistic Nursing* in November 2015.

There were 10 submissions for the RADM Niemyer Award for Evidence-Based Practice.

Captain Carolyn McGee chaired the Selection Committee; additional members were Commander Jennifer Buechel, Lieutenant Colonel Cheryl Creamer, Nurse Corps, USA, Commander Heather King, and Lieutenant Commander Jesus Crespo-Diaz. First Place Winner was Lieutenant Thomas Diggs for the project entitled *Measuring Competency in Ultrasound Guided Regional Anesthesia*. First Runner Up was Lieutenant Patricia Butler for her contributions to the project entitled *More Bloody Pit: A Novel Oxytocin Protocol for Active Management of the Third Stage of Labor*.

It was exciting to see so many submissions for these awards, which reflect the outstanding work that Navy nurses and our civilian colleagues are doing to advance the art and science of nursing.~

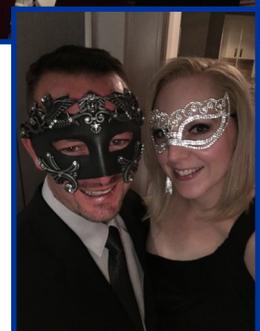
NMC Portsmouth Professional Nurses Association Have a Ball

LCDR Eve Poteet

On September 24th, 2015, nearly 200 Naval Medical Center Portsmouth Civilian and Military Nurses as well as friends and family gathered together for the Professional Nurses Association Masquerade Ball. Guest speakers included Captain Sandra Hearn who gave a riveting speech celebrating the nurses and family who support them at home in their pursuit of patient care; Commander David Deike who read the POW/MIA Poem

which left no dry eye in the audience, and a beautiful Invocation by Lieutenant Commander Douglas Grace. This themed event included dinner, dancing, raffle prizes and a caricaturist. Participants together celebrated the art of nursing and those who provide it to our active duty, retirees and dependents here in Hampton Roads and the "First and Finest" NMC Portsmouth.

Nurses celebrating at the Masquerade Ball, Portsmouth, Va. September 24, 2016. (Photos by Eve Poteet/Released)



Nurse Corps Making History: The USS HIGBEE (DDG-123)

LT Haley N. Willis

Our world is constantly changing and it is continually impressive how much recognition is garnered in the arena of women's accomplishments in history, both past and present. Many statues, plaques or buildings might come to mind when we think of memorials to women. But how often do we hear of a warship, much less a guided-missile destroyer, named after a woman? This past June, Secretary of the Navy Ray Mabus announced just that.

The USS HIGBEE, an *Arleigh Burke*-class destroyer, has been named after the US Navy Nurse Corps' first superintendent, Lenah H. Sutcliffe Higbee. One of the Sacred Twenty, Higbee joined the Nurse Corps in October of 1908 and was

promoted to Chief Nurse at Norfolk Naval Hospital by April 1909. She served tirelessly through World War I and became the Superintendent of the Navy Nurse Corps only two years later in 1911. Higbee was later awarded the Navy Cross for her accomplishments.

Much like our multi-faceted nursing careers, the USS HIGBEE is part of a destroyer class that can function diversely. DDG-123 will be multi-platform capable and constructed with a lethal combination of offensive and defensive weapons systems for U.S maritime missions. The predecessor, a *Gearing*-class destroyer commissioned in 1945, was awarded six bronze service stars for service in World War I and the Korean War. Though the ship is not expected to enter the fleet until 2024, given such a



legacy, there is no doubt that the USS HIGBEE will live up to the reputation of service and loyalty for which her namesake is legendary.~

Read more here: [Secretary Mabus Names Destroyer after Pioneering US Navy Nurse](#)



Editor's Note: The former USS Higbee (DD-806), commissioned in 1945, was the first ship named in her honor and the first U.S. Navy combat ship to bear the name of a female member of the Naval service, and the anchor now lies at NH Camp Pendleton. (September 8, 2016) Dedicated to Navy Pride and Professionalism Naval Regional Medical Center Camp Pendleton, California - Ships Anchor, USS HIGBEE DD-806; Only Man-O-War named after a US Navy Nurse. (Photo by Kathleen Dunning-Torbett/ Released)



Bravo Zulu!



Certifications

- **LCDR Sarah Certano**, USNH Yokuska, became Board Certified as a Clinical Nurse Specialist in Adult and Gerontology Acute Care.
- **LT Victoria Botten**, USNH Okinawa, took her National Certification in Critical Care Nursing (CCRN) through the American Association of Critical Care Nurses (AACN) and successfully passed the exam.
- **LT Erika Papenfuss**, USNH Okinawa, passed her CCRN.
- **LT Uriah Paul**, USNH Okinawa, successfully passed the CCRN exam.
- **RN Megan Cruise**, also from USNH Okinawa, became certified in Critical Care Nursing.
- **LT Melissa Chacon**, NH Naples, is proud to announce that she recently became certified in Mental Health Nursing.
- **LTJG Jessica Marie Tate** achieved her CPN (Certified Pediatric Nurse) in July 2016. She is currently stationed at NMCSO and recently transferred to the ED.

Recognition

CDR Dennis Spence, CRNA; CDR Jason McGuire, CRNA; and CDR Darren Couture, CRNA, co-authored an article entitled "Obstructive Sleep Apnea and the Adult Perioperative Patient," which was among those selected by *Journal of PeriAnesthesia Nursing's* review panel for the 2016 Mary Hanna Memorial Journalism Award. All articles considered for this Award were published during the 2015 volume year. Each published article was considered by a panel of perianesthesia nurses and independent reviewers from other specialties. Selection criteria included journalistic style, originality, clarity of expression, relevance of content to the specialty, and overall contribution to the collection of published nursing knowledge. Awards were presented on Monday, April 11, 2016, during the opening ceremonies of ASPAN's 35th National Conference in Philadelphia, PA. Congratulations, and way to represent the Navy CRNA community!

**Earn a certification or non-DUINS degree?
Selected for an award or honor?
For mention in our BZ section, submit your
announcements to your NC newsletter team
using the envelope hyperlink found on each
page in the lower right hand corner.**

Recognition

CDR David Thomas (NH Okinawa) and **LCDR Dwight Hampton** were contributors for the CCTM-Review Question Task Force. They authored the questions for two review chapters and contributed 80 questions to the databank. This new resource contains 200 mock test items to help nurses prepare for the Certified in Care Coordination and Transition Management (CCCTM) exam provided by the Medical-Surgical Nursing Certification Board (MSNCB) in collaboration with AAACN. A job well done!

Obstructive Sleep Apnea and the Adult Perioperative Patient

Dennis L. Spence, NC, USN, PhD, CRNA, Tony Han, MC, USN, Jason McGuire, NC, USN, PhD, CRNA, Darren Couture, NC, USN, PhD, CRNA

Obstructive sleep apnea (OSA) is a chronic condition of upper airway obstruction during sleep. It is associated with significant morbidity and mortality and increases the perioperative risks of surgical patients. Thus, it is essential that perianesthesia nurses understand how to identify and manage patients with known or suspected OSA. This continuing education article will review the pathophysiology of OSA, discuss the effects of anesthesia and opioids on the sleep architecture of the OSA patients, describe the effects of OSA on postoperative complications, review the latest evidence on screening for undiagnosed OSA in the adult surgical patient, and review the perioperative management principles for patients with OSA.

Keywords: anesthesia, obstructive sleep apnea, opioids, postoperative complications.
Published by Elsevier Inc. on behalf of American Society of PeriAnesthesia Nurses

OBJECTIVES—(1). IDENTIFY THE pathophysiology of obstructive sleep apnea (OSA); (2). Discuss the effects of anesthesia and opioids on the sleep architecture of the OSA patients; (3). Describe the effects of OSA on postoperative complications; (4). Discuss the latest evidence on screening for undiagnosed OSA in the adult surgical patient; (5). Discuss the perioperative management principles for patients with OSA.

OSA is a chronic condition characterized by frequent episodes of partial or complete upper airway obstruction that occur during sleep. These frequent obstructions result in three major effects, recurrent oxygen desaturations, sleep fragmentation, and increased fluctuations in intrathoracic pressure. Over time, these effects are in turn associated with significant morbidity and mortality.^{1,2} OSA is defined by an apnea/hypopnea

CDR Dennis L. Spence, NC, USN, PhD, CRNA, is the Regional Director of Nursing Research for the Navy Medicine West Region and an Adjunct Associate Professor, Uniformed Services University of the Health Sciences, Daniel K. Johnson Graduate School of Nursing, Bethesda, MD, and Staff Nurse Anesthetist, Naval Medical Center San Diego, San Diego, CA. CAPT Tony Han, MC, USN, is board certified in Internal Medicine, Pulmonary/Critical Care, and Sleep Medicine and the Director of the Sleep Laboratory, Naval Medical Center San Diego, San Diego, CA. CDR Jason McGuire, NC, USN, PhD, CRNA, is the Regional Director of Nursing Research for the National Capital Region and an Adjunct Assistant Professor, Uniformed Services University of the Health Sciences, Daniel K. Johnson Graduate School of Nursing, Bethesda, MD, and Staff Nurse Anesthetist, Walter Reed National Military Medical Center, Bethesda, MD; and CDR Darren Couture, NC, USN,

PhD, CRNA, is the Clinical Site Research Director for the Uniformed Services University of the Health Sciences, Naval Anesthesia Program at the Walter Reed National Military Medical Center, Bethesda, MD. Assistant Professor, Uniformed Services University of the Health Sciences, Daniel K. Johnson Graduate School of Nursing, Bethesda, MD, and Staff Nurse Anesthetist, Walter Reed National Military Medical Center, Bethesda, MD. Conflict of interest: None to report. Address correspondence to Dennis L. Spence, Naval Medical Center San Diego, 16000 Bob Wilson Drive, San Diego, CA 92161; e-mail address: dennis.l.spence@nmi.navy.mil. Published by Elsevier Inc. on behalf of American Society of PeriAnesthesia Nurses. 1089-9472/\$36.00. http://dx.doi.org/10.1016/j.pan.2016.07.014



Bravo Zulu!



Recognition

Naval Health Clinic Cherry Point Commanding Officer, CAPT Angela Nimmo, NC, addressed the crowd during the Halyburton Medal of Honor Memorial Dedication Ceremony May 27, 2016, at NHCCP on Marine Corps Air Station Cherry Point, N.C. During the ceremony, the family of Pharmacist's Mate Second Class William D. Halyburton, donated his Medal of Honor to NHCCP. NHCCP, or the Halyburton Naval Health Clinic, is named in his honor. Halyburton was posthumously awarded the Medal of Honor for his actions on Okinawa in 1945.

(Right Top) HMCS Benny Flores accepts the Medal of Honor from Ms. Marion Rouse, William Halyburton's sister-in-law, during the Halyburton Medal of Honor Memorial Dedication Ceremony May 27, 2016, at Naval Health Clinic Cherry Point on Marine Corps Air Station Cherry Point, N.C. (U.S. Navy photo/Eric Sesit)



(Right Bottom) Along with Nimmo are CAPT Cynthia Gantt, Navy Medicine East Chief of Staff, and retired Navy Commander and former Vietnam Prisoner of War Porter Halyburton. (U.S. Navy photo/Eric Sesit)



For the full Navy News Service article, please click [here](#).

Where does the term "Bravo Zulu" originate?

The term originates from the Allied Signals Book (ATP 1), which in the aggregate is for official use only. Signals are sent as letters and/or numbers, which have meanings by themselves sometimes or in certain combinations. A single table in ATP 1 is called "governing groups," that is, the entire signal that follows the governing group is to be performed according to the "governor." The letter "B" indicates this table, and the second letter (A through Z) gives more specific information. For example, "BA" might mean "You have permission to . . . (do whatever the rest of the flashing light, flag hoist or radio transmission says) "BZ" happens to be the last item in the governing groups table. It means "well done".

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ACKNOWLEDGEMENTS

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