



# FEDERAL PHS NURSING NEWS



*Serving the Federal Public Health Service Nurse Community*

Protecting, promoting, and advancing the health and safety of the Nation.

## USPHS Chief Nurse Officer

Dear PHS Civilian, Tribal, and Commissioned Corps Nurses,

Greetings to my nursing colleagues! Welcome to the first edition of our new and improved Federal Public Health Service Nursing Newsletter, which is the result of the diligent work of the NPAC leadership, your fellow nurses, as well as consultation from our professional colleagues in our sister categories. Our goal is to increase communications and to share our extraordinary nursing stories. We hope you are pleased with the outcome and we welcome your comments and suggestions; please email them to [federalnursenews@gmail.com](mailto:federalnursenews@gmail.com).

In the wake of the horrific bombings at the Boston Marathon on April 15, the massive explosion in Texas on April 17, and the current devastating floods throughout parts of Central and Mid-West Regions, our thoughts and prayers are with the courageous individuals, families, friends, runners, responders, and the greater community of people affected. At the request of the state of Massachusetts, HHS has deployed mental health teams to Boston to help the city provide support for the community and counseling services to first responders who are impacted by this tragedy. If additional services are required, supplementary officer teams are on standby. Thanks to the PHS officers for their continued leadership and assistance, especially in sad and distressing situations.

May 6-12 is National Nurses Week, and it is the time of year when we commemorate you, our nursing leaders, for your outstanding contributions to the health of our Nation. Your efforts may go unrecognized, but your long-term involvement and knowledge in nursing are appreciated. This special week dedicates a time for us to reflect, recognize, and rally behind the unique and important contributions of the nurse. The 2013 American Nurses Association theme for National Nurses Week is "Delivering Quality and Innovation in Patient Care."

I would like to bring to your attention two exciting PHS events to observe National Nurses Week, one

in the Washington D.C. area and one in Atlanta. The 22<sup>nd</sup> Annual USPHS Nursing Recognition Day will be held on May 3 at the Natcher Conference Center, NIH Building 45, Bethesda, Maryland. The theme is "Embracing Diversity: Limitless Possibilities in Nursing" where we will explore the various paths nurses choose to advance health and highlight our many successes. CDR Allison Adams-McLean and LCDR Leslie Wehrle deserve individual recognition for their amazing leadership and planning skills that have contributed significantly to what will no doubt be a successful Nursing Recognition Day meeting. In addition, CDC's Office of the Associate Director for Policy and the CDC/ATSDR Nurses Work Group are hosting a National Nurses Week Symposium, May 10, at the Thomas R. Harkin Global Communications Center, Building 19, Atlanta, Georgia. The theme is "Public Health and Health Care Collaboration: Nursing Innovation and Opportunities." Depending on the location of your duty station, you may be unable to participate in the two scheduled activities, but please encourage your leadership to pause for a moment to acknowledge the contributions of the nursing staff. And, if our paths shall meet, I look forward to personally thanking you for your incredible work in protecting, promoting, and advancing the health and safety of our Nation.

During this time, it is also important that we reflect on our nursing history and acknowledge the contributions of our nurse predecessors, as it is on their shoulders that we stand tall and proud today. As stated in our nursing historical documents, the roots of International Nurses Day dates back to 1953, when Dr. Dorothy Sutherland of the U.S. Department of Health, Education, and Welfare sent a proposal to President Eisenhower to proclaim a "Nurse Day" in October of the following year. While Dr. Sutherland was very forward thinking, the proclamation was not officially made. It was 21 years later when Nurses were finally recognized with a day of celebration, when in 1974, the International Council of Nurses announced May 12, Ms. Florence Nightingale's Birthday, as "International Nurse Day." Finally, in



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# USPHS Chief Nurse Officer

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1982, President Ronald Reagan declared May 6 as a “National Day of Celebration of Nurses in the United States.” This was later extended to a weeklong commemoration to include May 12, International Nurse Day. In 1997, an additional day of recognition for student nurses was declared when the American Nurses Association announced May 8 as “National Student Nurses’ Day.” It was a 60 year journey, but the outcomes were well worth the wait. We now have a whole week to honor the contributions of nursing!

Along with the Office of the Surgeon General and my fellow Chief Professional Officers, I continue to encourage you to read and take an active role in implementing the National Prevention Strategy. As you know, this is America’s Plan for Better Health and Wellness and is led by the U.S. Surgeon General, VADM Regina Benjamin. It can be found at <http://www.healthcare.gov/prevention/nphpphc/strategy/report.pdf>. The plan’s foundation and framework directs us to help move our health care systems in the direction of wellness and prevention from disease and treatment. This movement is at the core of our nursing model of care and public health principles. In response, we have developed the USPHS Federal Public Health Service Nursing (FPHSN) Strategic Plan and created an Implementation Workgroup Team led by CAPT Susan Orsega, NIH, and CDR Amy Webb, IHS. The Strategic Plan lays the foundation for the Federal PHS nurses to address the evolving health care system changes under the Affordable Care Act with a focus toward an evidence-based public health model of care centered on population health, wellness, and prevention. Furthermore, it sets a unified direction for the Federal PHS nursing workforce and guides and strengthens opportunities for the nurses to be instrumental in promoting better health and wellness for all Americans. To effectively realize the vision of a healthy and fit Nation, I also urge you to take steps to incorporate wellness and prevention strategies in your professional duties as well as your personal life. For additional information about the FPHSN Strategic Plan, please go to <http://phs-nurse.org/chief-nurse/federal-public-health-service-nursing-strategic-plan-draft>.

In support of health promotion, Dr. Benjamin announced the launch of *It’s Only Natural*, a new public education campaign that aims to raise awareness among African American women and provide helpful tips on the importance of and benefits associated with breastfeeding. In addition, for those stationed in the D.C. area, Dr. Benjamin in partnership with Fed Strive, has initiated a monthly “Walk for Health” from 12pm-1pm EDT at the Hubert H. Humphrey Building. Stay tuned for specific dates.

I realize we are facing times of uncertainty, sequestration, potential furloughs, and fiscal cliffs, but we must remain focused on mission. As nurses, please know you do make a positive difference in the lives of so many, especially the vulnerable, lonely, sick, and frail. Hopefully, you feel a personal fulfillment in knowing your work is trusted and valued. I am grateful for your continued professionalism, compassion, and dedication to the mission. I am proud of the service you provide each and every day; at 3pm and 3am, in prisons and in detention facilities, on reservations and in community clinics, in inpatient centers and in intensive care units, in research and in regulation, in programs and in policy. And for all you do, I salute you.

*How far you go in life depends on you being tender with the young, compassionate with the aged, sympathetic with the striving and tolerant of the weak and the strong. Because someday in life you will have been all of these.*

– George Washington Carver (1864-1943)

I wish you all a very Happy National Nurses Week!!

Thank you, your Chief Nurse Officer,

**RADM Kerry Paige Nessler**  
Chief Nurse Officer, USPHS  
Assistant Surgeon General





# N-PAC Chair

Hello Nurse Colleagues:

I am very excited about the first edition of this combined Chief Nurse Officer (CNO) and Nurse Professional Advisory Committee (NPAC) newsletter. This newsletter illustrates how successes are realized and collaborative goals can be accomplished through the highly valued practice of “*teamwork*”. We all have learned through our respective nursing training and experiences that partnerships are important and play a very significant role in our career and professional development. Nursing is an art of caring and taking care of each other through relationships, communication and sharing. Therefore, as we embark upon this endeavor to collectively bring forth a wealth of federal nursing news for your reading pleasure, I also expect reciprocal responses from you... the community of nurses that I serve as the NPAC Chair FY13. I will be depending on your continual support and feedback to ensure we are providing you with the most interesting articles, the

hottest issues impacting federal nursing and the most current news information.

In addition, I also look forward to continual socialization of NPAC Subcommittee updates and reports through our monthly general NPAC meetings. Please stay tuned to these discussions to learn more about the NPAC subcommittees and all of the magnificent Public Health Service activities and National Healthcare strategies that we engage and support as federal nurses and commissioned corps officers. As our call to duty is two-fold, in that, we are challenged to enhance the health of the nation while maintaining readiness to deploy during times of calamity. However, I do understand that with all of the talk of sequestration, federal furloughs and budget cuts, many nurses as with other federal workers are concern about their time management, work assignment impact and ability to support subsidiary activities due to these constraints. There has also been a recent flurry of unfortunate incidents

that has resulted in fatalities, harm to innocent victims and massive injuries, however, we must remain positive in spirit, vigilant of our surroundings, ready to deploy and serve our country and mankind in support of these horrific disasters.

It is our intent that these newsletters in conjunction with the NPAC meetings will remain significant venues for all nurses and especially geographically remote assigned nurses to get engage, actively participate in federal nursing activities, support our role as first responders and be afforded the opportunity to serve the overall health of our nation. And remember, all federal nurses are always welcome!

Sincerely,

**CAPT Veronica Gordon,  
NPAC Chair FY13**

*Coming together is a beginning.  
Keeping together is progress. Working together is success*

----- Henry Ford (quote)

## ARE YOU SMARTER THAN A STUDENT NURSE?

When a patient with thrombocytopenia has a severe headache, the nurse interprets that this may indicate which of the following? (Answer on page 10)

- A. Stress of the disease.
- B. Cerebral bleeding.
- C. Migraine headache.
- D. Sinus congestion.



## Tobacco Control

The Office of the Assistant Secretary for Health (OASH) provides valuable coordination within and across divisions of HHS and plays a prominent leadership role in advancing several national health initiatives.

One of the most important is ending the tobacco epidemic. Assistant Secretary for Health Howard K. Koh, MD, MPH recently underscored this commitment with an article in *The Huffington Post*, March 19, 2013. Dr. Koh pointed out how for far too long, tobacco use has remained the leading preventable cause of death and disease in the U.S. Because of recent legislation including The Affordable Care Act; The Family Smoking Prevention and Tobacco Control Act; The Children's Health Insurance Program Reauthorization Act; and the Prevent All Cigarette Trafficking Act, we have more resources and more authority than ever before to reduce the death and disease caused by tobacco. And HHS has accomplished an unprecedented set of actions focused on preventing youth from using tobacco; helping people to quit smoking; supporting state and community prevention efforts; and improving research and knowledge. Dr. Koh assured us that, "although we pushed forcefully for Graphic Health Warning Labels to appear on cigarette packages, the D.C. Circuit's ruling against the warning labels won't deter the FDA from seeking an effective and sound way to implement the law". The FDA plans to support new rulemaking on graphic warning labels consistent with the Family Smoking Prevention and Tobacco Control Act. Dr. Koh promises continued action to combat the death and disease caused by tobacco, such as by educating all Americans about the devastating consequences of tobacco use, and that "we will use all of the tools available to us to move the nation closer to ending the epidemic once and for all".

Nurses can play a pivotal role in tobacco control. If you work in clinical care, you may be one of the most trusted members of the health care team. In public opinion polls nurses are consistently rated as the most honest and ethical professionals by a large margin, and people feel comfortable communicating with nurses. Your encouragement and advice can help patients quit smoking! Nurses can also contribute to local efforts to eliminate tobacco use, such as by supporting the Tobacco-Free College Campuses Initiative (TFCCI), a public/private partnership launched last year with HHS and universities, colleges, and the public health community, to promote the adoption of tobacco-free policies at institutions of higher learning. Nurses can have a significant impact on advancing tobacco control by educating and empowering individuals, families, and communities. Let's all find a way to get involved in this critical disease prevention national priority!

**RADM Nadine Simons, RHA Region IX**



## Updates from the CDC/ATSDR Nurses Workgroup

### ANCC Accreditation with Distinction

The American Nurses Credentialing Center (ANCC) awarded CDC accreditation with distinction. This is the highest recognition granted by ANCC, and the first time that CDC's continuing nursing education (CNE) program has achieved this accreditation status. Accreditation with distinction formally recognizes that CDC has provided high-quality continuing nursing education over an extended time. In 2011, CDC provided 88,000 CNE contact hours to more than 43,000 nurses. CDC is also accredited to provide continuing education to other disciplines, including physicians, veterinarians, health educators, and pharmacists. Since 2009, more than 509,000 credits or contact hours were provided to more than 250,000 health professionals.

### American Red Cross Disaster Volunteer Training

The CDC/ATSDR Nurses Work Group is engaged in an ongoing collaboration with the Atlanta chapter of the American Red Cross to provide ARC Disaster Volunteer training to CDC nurses. Providing this training addresses the priorities for the CDC/ATSDR Nurses Work Group membership, assists the Red Cross with their local surge capacity, and it builds relationships between CDC nurses and the Red Cross, who often work side-by-side as public health partners during emergencies. Licensed nurses who complete the training become certified in both basic services and health services. In 2012, 26 CDC nurses were trained. An additional 13 nurses were trained during the February 2013 session. Although most of the nurses trained are based in Atlanta, the training is also made available through Envision.

### National Nurses Week Events at CDC

CDC's Office of the Associate Director for Policy and the CDC/ATSDR Nurses Work Group are collaborating on a National Nurses Week event that will focus on educating and engaging clinical, public health, and academic nurses in the delivery of quality care that integrates prevention and care coordination. This event will be held on CDC's main campus in Atlanta on May 10<sup>th</sup>. Dr. Mary Wakefield, HRSA Administrator, is scheduled to provide the key note address via live video. The day-long event will include speakers, panel presentations, and breakout sessions that will focus on how to build effective collaboration in nursing across clinical care, public health, and academia. In addition to CDC nurse, the target audience includes nurses from Georgia state and local public health agencies as well as nursing faculty and student nurses from local schools of nursing. The event will also include time for networking and tours of CDC's Emergency Operations Center.

**John R. Moore, CDC**



## USUHS Nursing Programs

The Graduate School of Nursing (GSN) at the Uniformed Services University offers full time graduate education for BSN nurses who are interested in becoming advanced practice nurses (APRN). Program options exist for family nurse practitioners, psychiatric mental health nurse practitioners, nurse anesthetists, and adult-gerontology clinical nurse specialists with a peri-operative specialty. The nurse practitioners and nurse anesthetist programs are transitioning from a 24 month master of science degree to a 36 month doctor of nursing practice (DNP) degree. The first class of DNP nurse practitioners were admitted May 2012 and the first DNP nurse anesthetist students were admitted May 1, 2013. A PHS nurse officer needs to negotiate agency support to cover their salary if they are interested in applying for APRN education at USU. Only full time students are admitted to this program. A rigorous PhD nurse scientist program also is offered and accepts PHS officers on a full or part time basis. While there is no tuition at USU, students have a service pay back commitment and need to have the support from their supervisor to attend classes. Information about the USU graduate nursing programs, admission criteria and curriculum are found at <http://www.usuhs.mil/gsn/>

**RADM (Ret.) Carol Romano, Associate Dean USUHS**



## PHS Nurse Practitioner Presentations at AANP

The Diving Medical Officer (DMO) billet for the National Oceanic and Atmospheric Administration (NOAA) is currently filled by CDR Joel Dulaigh ACNP, USPHS, NOAA DMO. CDR Dulaigh will provide two presentations at the American Association of Nurse Practitioners (AANP) 28<sup>th</sup> National Conference in Las Vegas, NV, June 19-23, 2013. The first presentation is titled "Medical Fitness to Dive" and the second titled "PHS Response to Hurricane Sandy". If you make it to this year's AANP conference, check out these presentations by **CDR Joel Dulaigh, ACNP, USPHS, NOAA DMO.**



## NINR Announcements



**Dr. Mary Woo to Give 2013 NINR Director's Lecture** Dr. Mary Woo will give the 3rd National Institute of Nursing Research (NINR) Director's Lecture on May 21, 10:30 -11:30 a.m., in the NIH Clinical Center's Lipsett Amphitheater. Dr. Woo, a Professor at the UCLA School of Nursing & well-known cardiovascular researcher, will discuss brain-heart interactions in a lecture entitled "It's All in the Mind: Heart Failure and the Brain." Her current investigations suggest patients with heart failure have significant brain damage in areas that dramatically impact cognition, emotion & breathing. This event is free & open to the public. Registration is not required. Information on visiting the NIH campus is available at: [www.nih.gov/about/visitor/index.htm](http://www.nih.gov/about/visitor/index.htm). For more information about the event or the speaker, please visit <http://www.ninr.nih.gov/newsandinformation/events/directorslecture2013>.

**80th Meeting of the National Advisory Council for Nursing Research** Following the [2013 NINR Director's Lecture](#), the open session of the 80th meeting of the National Advisory Council for Nursing Research (NACNR) will take place on May 21, from 1:00 – 5:00 p.m. in Conference Room 6C6, Building 31, C wing, on the NIH campus. Visitors are welcome to attend. Registration is not required. Information on visiting the NIH campus is available online at: [www.nih.gov/about/visitor/index.htm](http://www.nih.gov/about/visitor/index.htm). The NACNR meets 3 times a year to provide recommendations on the direction and support of the nursing, biomedical, social & behavioral research that forms the evidence base for nursing practice. More information is available at: [www.ninr.nih.gov/AboutNINR/NACNR](http://www.ninr.nih.gov/AboutNINR/NACNR). Please note: Council members will review & discuss new research concepts for future NINR funding opportunities and initiatives during the May 2013 NACNR meeting instead of the September 2013 NACNR meeting.

**The 2013 Fatigue/Sleep Methodologies Boot Camp: Registration Now Open** The NINR Fatigue/Sleep Methodologies Boot Camp will be held July 22-26, on the NIH Campus in Bethesda, Md. Registration is open and will close May 20, 2013. The Boot Camp, part of the NINR Symptom Research Methodologies Series, is a one-week research training course, sponsored by NINR & administered by the Foundation for Advanced Education in the Sciences as one of the Bio-Trac programs. This course will cover a number of topics relevant to fatigue & sleep research. To learn more about NINR's training for the next generation of scientists, visit: <http://www.ninr.nih.gov/training/trainingopportunitiesintramural/bootcamp/>.

**Save the Date: Blueprint for Genomic Nursing Science Webinar: May 7, 2013 3:30-4:30.** Acting Scientific Director of the National Institute of Nursing Research's Division of Intramural Research Dr. Ann Cashion & Drs. Kathleen Calzone, Jean Jenkins & Alexis Bakos will present "Blueprint for Genomic Nursing Science," as a part of the *Journal of Nursing Scholarship Genomic Nursing Webinar Series*. To register for this or view past webinars, visit: <http://www.genome.gov/27552312>. Space is limited to 100 participants. Past webinars are recorded & will be posted on GenomeTV (<http://www.youtube.com/GenomeTV>), the National Human Genome Research Institute's YouTube channel. **Melissa Barrett, NIH**

## **Bridging The Gaps**

Below are two snap shots of what nurses at SAMHSA (Substance Abuse and Mental Health Services Administration) are doing today:

Senior Program Management Officer, CAPT Melissa V. Rael manages discretionary grants for state/territory infrastructure system activity to improve treatment for adolescents & their families in substance use disorders and /or co-occurring substance use disorders & mental health disorders. These grants bring stakeholders across the system serving adolescents/families to develop/enhance a network that develops policies, expands workforce capacity, disseminates evidence –based practices and implements financial mechanisms to improve the integration & efficiency in providing services. She is a member of the SAMHSA Children, Youth and Families workgroup on addressing behavioral health needs, issues, polices, and programs.

CAPT Maryann Robinson serves as Chief of the Emergency Mental Health & Traumatic Stress Services Branch (EMHTSSB) within SAMHSA’s Center for Mental Health Services. Working under CAPT Robinson’s leadership is CDR Erik Hierholzer. CDR Hierholzer serves as a lead Program Management Officer within the Branch. The EMHTSSB manages programs focused on disaster mental health & child trauma. Through the Crisis Counseling Assistance and Training Program (CCP), the Branch works in partnership with the Federal Emergency Management Agency via an interagency agreement to support immediate, short-term crisis counseling and ongoing assistance for the emotional recovery of victims of trauma & disasters. The CCP serves all individuals who live or work in a disaster area, including survivors of disasters, relief workers and crisis counselors. The Branch also oversees SAMHSA’s Disaster Technical Assistance Center, providing technical assistance to US states & territories as they prepare to meet mental health & substance abuse needs associated with catastrophic events and emergencies.

The Branch was instrumental in developing the nation’s first Disaster Distress Helpline (DDHL), launched in 2012. The DDHL is a free, confidential 24/7 crisis support service, connecting persons experiencing distress as a result of a disaster with a local crisis center responder. It is a vital national resource to close existing gaps in accessibility to crisis counseling, increase the efficiency of local help lines & eliminate redundant costs, while expanding the help available to those affected by these events. Disaster impacted residents can call 1-800-985-5990 to talk with a local crisis center responder about distress symptoms they are experiencing. Adults and youth can also use a Short Message System (SMS) to chat about their concerns, by texting ‘TalkWithUs’ to 66746.

Through the National Child Traumatic Stress Initiative, the Branch provides federal support for a national science-based network of organizations that works to improve treatment & services for child trauma, expand availability & accessibility of effective community services & promote better understanding of clinical and research issues related to providing effective interventions for children & adolescents exposed to traumatic events. **Captain Gilbert Rose, SAMHSA**

## ***Name that Newsletter Contest***

*Do you have a better name for this publication?? Submit your suggestion to [federalnursenews@gmail.com](mailto:federalnursenews@gmail.com) with “NAME THAT NEWSLETTER” in the title. Winners will be selected by reader poll and announced in the July issue. Prizes awarded courtesy of the N-PAC Chair.*



## **The Role of SAMHSA FOH Nurse**

Working as the FOH Nurse at SAMHSA is a pretty exciting and challenging role. SAMHSA has a small enough population to have most of the employees in one building and one nurse to staff the Health Unit. This gives the Nurse Coordinator the opportunity to have contact with many of the employees and become very familiar with some as they seek healthier lifestyles and others as they manage serious health problems while seeking to fulfill their employment responsibilities with excellence.

The FOH nurse duties include promoting physical, mental, emotional and social health as well as safety of employees. These services help to contribute to the productivity of the employees. We help employees recognize health risks and engage in lifestyle choices to improve their overall health. We provide individualized health education, screenings, counseling, coaching and make referrals for additional sources of health education and assessments. The Nurse Coordinator participates as a member of the Health and Wellbeing Committee in assessing health needs and interests of the employees, participates in planning the Annual Wellness Fair & Health and Wellbeing “Learn at Lunch” topics. The FOH nurse also contributes to informing employees of other health resources available to them such as the FOH Fitness Center, Employee Assistance Program, Work Life Program and SAMHSA People First health promotion program activities. The nurse is also available for walk-in visits for on the job sickness, safety promotions, and emergency responses.

It is an awesome privilege to work with a wonderful population of employees who work so hard to improve the provision of mental health and substance abuse services to our communities. **Norman Hammer, FOH**

# Junior Nurse Perspective

## Through the Eyes of a Junior Nurse

My journey started in 1996 as an enlisted Sailor in the US Navy. Although I longed to be a Nurse, the needs of the Navy trained me as an Aviation Electrician's mate on board the USS Abraham Lincoln, CVN-72. After my tour of duty, I was discharged from active service and earned my BS in Health Administration and BS Nursing using my GI Bill funds. During my nursing studies at Grand Canyon University, I discovered just how diverse the nursing field is. I began to think about what my true passion was. I knew that I had a passion to serve and missed being in the military. The USPHS COSTEP program provided a platform for my passion of commitment for serving the underserved and service to our great nation as a whole. The opportunity to wear the uniform while serving as a nurse in 11 different agencies is astounding. The application process and being a fulltime student was both time consuming and well worth all the effort. With the news of my call to active duty and the acceptance to COSTEP, I was elated! In less than 1 year, upon graduating and completion of my NCLEX exam, I would be LTJG Nicole Carr, BSN, USPHS! As graduation was neared, I realized that I needed uniforms, as the other officers in my classes were going to take the Oath of Office. On that day as I stood in full Service Dress Blues with my right hand raised and hearing LCDR James Carr, USPHS repeat the Oath of Office, I was transformed immediately and I truly got the "A-HA" factor. There I was with so many thoughts racing; my husband is giving me the oath of office, I am graduating with a BSN from a vigorous program, I am a US Public Health Service Officer, I made it! I made it! So many things make me LTJG Nicole Carr: supportive marriage, motherhood, a long line of strong family members

Attending OBC was a memorable bonding opportunity with my fellow USPHS officers. It was a chance to enjoy networking with other disciplines and agencies. The instructors at OBC provided a wealth of information and resources from how to wear the uniform to how to prepare for a TDY assignment in a disastrous area. Although my spouse is also a prior military and now an active duty USPHS officer, he was in a different category. I needed guidance and mentoring from a senior nurse officer. The mentoring program for Nurse Corps Officers was all that I had hoped for. I was matched with a senior nurse, who was able to guide me in my career. My mentor asked me what are my goals in the USPHS? Mentoring included: career enhancements, pulse of the US Public Health Service, CV writing, assignments so that I really understood the CC USPHS. My mentor has always made herself available to me at all times even just to talk about on Public Health information. I am grateful for the accountability. At the 2012 COA in Washington, D.C., I met my mentor face to face, for the first time with hugs smiles. It was great being able to place the face behind the emails and phone calls. That experience has encouraged me to be the best officer I can be so I can pay it forward. There is a great need for senior officers to mentor us junior officers. We are the face of the future, and need guidance and mentoring from our seasoned senior officers in every category. Junior officers stand on the shoulders of many outstanding officers who paved the way. It is our duty of each new generation of junior officers to take it to the next level. My goal is to become a mentor for future junior officers. I only hope I am at least half as good to my mentee as my mentor was to me.

**LTJG Nicole Carr, BSN, RN, CCHP**

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## Readiness/Emergency Preparedness

As nurses and Regional Emergency Coordinators (RECs) within ASPR, we serve as ASPR's primary representative at the regional level throughout the country. Our responsibilities include building relationships with federal, state, local, tribal and territorial officials and healthcare representatives in order to conduct planning and leading USG response activities for public health and medical emergencies. For example, the shocking and egregious bombing of the Boston Marathon highlights the importance of our presence at the regional

level. My fellow nurse colleague and two other RECs were immediately coordinating with the health and medical leadership within the state of Massachusetts and city of Boston in order to gain situational awareness of the bombing and assessing requirements for possible deployment of federal medical teams to support and augment the local medical response within Boston. Due to the direct coordination with state and city of Boston by the RECs, a Mental Health Team was deployed to support the local response with concurrence from HHS

Emergency Management Group. As a nurse and REC, I am absolutely gleaming with pride for my colleagues' performance in Boston. The degree of professionalism and dedication exhibited by my colleagues in Boston under duress is exemplary. I am honored to serve along a highly diverse and distinguished cadre we recognize as Regional Emergency Coordinators.

**CDR Erik Vincent**

# NPAC Committee Announcements

## NPAC Nurse Mentoring Program:

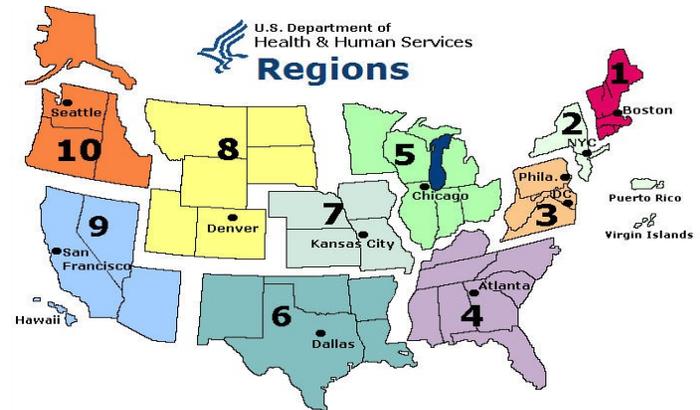
### Making a Difference Through Career Development of Nurse Officers in the U.S. Public Health Service

The Nursing Professional Advisory Committee (N-PAC) is comprised of nursing representatives (Civil Service, Tribal and Commissioned Corps [CC]) from all U.S. Department of Health and Human Services (HHS) agencies. One of the many functions N-PAC engages in to carry out our mission includes career development, coordinated and managed through the N-PAC Career Development Sub-Committee (CDS). This includes initiatives that facilitate and support PHS nurse career needs, as well as identifying and developing resources to support career development of nurses. One exciting initiative recently developed by the CDS is the Mentor Working Group (MWG) N-PAC Nurse Mentoring Program.

Mentoring has been a central focus for PHS Nurse Officers for many years prior to the newly developed program. New PHS officers have a lot to learn about policies and procedures, roles and responsibilities, and service obligations when entering the Corp, in addition to effectively training and learning their new job roles. Understanding that this can sometimes be challenging for new officers, the MWG structured a mentoring program that provides an opportunity for senior PHS Nurse Officers to provide guidance to new officers during their first 6-months of active duty, while sharing a host of essential resources they have collected over their careers. The new program builds on former policies used by NPAC in prior mentoring activities and is enhanced to provide a more systematic and formalized program, modeled off of many HHS mentoring policies.

The new N-PAC Nurse Mentoring Program development began in early 2011 within the N-PAC CDS Mentoring Workgroup (MWG). CDR Claire Karlson and CDR Sherry Secrist serve as team leads for the MWG, overseeing activities surrounding the, structuring of the program, developing policies and procedures, training and implementing the program, along with the MWG team. The mentoring program was structured to align with the DHHS designated regions (see map) and provides one Regional Mentor Coordinator (RMC) and 5-10 mentors for each region, all serving a 3-year term.

The N-PAC Mentoring Program provides two types of mentoring: Active and e-Mentoring. Active mentoring is provided to new officers completing their OBC course for a 6-month period. Focus of mentoring includes the core PHS policies and procedures, and most importantly, how officers can find essential resources and website links that are crucial through their careers. The e-Mentoring program provides the means for any



CC Officer to request career guidance by requesting a mentor through a dedicated AOL email account ([usphsngmentor@aol.com](mailto:usphsngmentor@aol.com)), managed by designated MWG personnel.

As of March 2013, the N-PAC Nurse Mentoring program has brought 127 newly commissioned officers (mentees) into the program for mentoring. The MWG continues to receive feedback from officers completing their 6-month mentoring. In general, new nurse officers are happy that there is a program in place to help guide them through the beginning stages of their career. The CDS MWG is encouraged that the program continues to grow with 27 recent new mentors added to the program, which will bring the total number of mentors in the N-PAC Nurse Mentoring Program to 98 once their application packets have been approved – just short of our 100 mentor goal!

If you would like to apply to be a Nurse Mentor or would like more information on the program, contact CDR Sherry Secrist at [Sherry.Secrist@fda.hhs.gov](mailto:Sherry.Secrist@fda.hhs.gov). If you or someone you know needs a mentor, you can send an email to the N-PAC mentoring program at [usphsngmentor@aol.com](mailto:usphsngmentor@aol.com) including your contact information and any additional information you have about your mentoring needs that will help us match you with the right mentor.

*“Tell me and I forget, teach me and I may remember, involve me and I learn.” Benjamin Franklin*

**By CDR Cathy A. Miller, MPH, BSN, CDR Claire Karlson, MBA/HCM, BSN, RN and CDR Sherry Secrist, BSN, RN**

## Why I believe higher education has helped me be a better public health officer

Continuous education is life-long and has made me a better public health nurse and officer. The drive and methods to obtain education is a personal one. My deepest inspiration as a nurse is my Haitian mother's lifetime work as a Nurse Midwife in Haiti and in America. Early in my career, I enjoyed the rewards of one-on-one patient care in addition to a special interest in community health. I am grateful for my training from the historically acclaimed (1920-1997), Jackson Memorial Hospital School of Nursing and recipient of their advice to pursue many specialties and higher education.

As a nurse since 1988, a career path range covered (a) several specialty clinical areas, (b) public health nursing and (c) international disaster relief deployments as a Commander for USPHS. Public health shaped my experiences. My career has been purpose-driven in caring for a culturally diverse population in urban settings with HIV/infectious diseases. I found community-based delivery a critical component to prevention.

An academic influence to my career began in a teaching hospital. During the 1980's nursing shortage, JMH School of Nursing in Miami, FL was highly selective and challenging with a 99% nursing board pass rate. I matriculated to a Bachelors of Science in Nursing at Florida International University.

The challenges of balancing home, work, & PHS led me to earn a Master of Public Health degree on-line from Walden University, Minneapolis, Minnesota. The MPH provided the skills necessary to pursue a doctoral degree. In 2009 I applied to Nova Southeastern University (NSU) Doctor of Health Science program, a new and interdisciplinary program approach for experienced practitioners in health care disciplines seeking to positively impact universal health care reform.

The doctoral road was not easy. Nearly every weekend was spent in the library. Interruptions happened such as the Haiti 2010 Earthquake and my deployment to the disaster zones. NSU professors accommodated me throughout each challenge. Greater diverse nurse competency results from experience of more than 3 years of doctoral training, PHS service since 2001, over 9 humanitarian disaster responses, including the first combined PHS and National Red Cross response to



Hurricane Isabel. Each challenge and response shaped my leadership, responsibility, compassion, and courage. My personal knowledge, medical skills, diplomacy, linguistic, and cultural competence were focused. As a result, I chose a concentration of global health at NSU.

In Haiti I saw the lack of resources and self-care in a disaster. I realized then the importance of effective local public health education, and practicing prevention before a disaster. Several members returned with dengue infections. In response I chose dengue prevention education via Power

Point for medical missions as a model community project and doctoral capstone paper. The presentation uses plain language for community and mission trip training. My desire for an e-Learning tool came true when a church mission group sponsored my project. My vision is that the tool be translated



and shared with other global medical or community missions, and eventually used to reduce dengue transmission among travelers. I desire to con-

tinue to reach global populations and believe this is true public health on an emotional, spiritual, psychological, technical, and professional level.

**CDR Gettie Audain, HRSA**

# Announcements

## Commissioned Corps Nurse Officers: Reminder

The Nursing Readiness Needs Assessment is now available to gather information to assist us in identifying your readiness training needs. The survey can be accessed at: [https://www.surveymonkey.com/s/USPHS\\_NPAC\\_ReadinessNeedsAssessmentSurvey](https://www.surveymonkey.com/s/USPHS_NPAC_ReadinessNeedsAssessmentSurvey) and will close on Monday, 06 May, 2013.

For any questions about the survey, please contact LCDR Leorey Saligan at 301-451-1685 or [saligan@mail.nih.gov](mailto:saligan@mail.nih.gov) or CDR Nichole Chamberlain at 301-796-5667 or [Nichole.Chamberlain@fda.hhs.gov](mailto:Nichole.Chamberlain@fda.hhs.gov).

### UPCOMING EVENTS

MAY  
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The **22nd Annual USPHS Nursing Recognition Day (NRD)** is Friday, **03 May 2013** on the NIH campus. The theme for this year's conference is "*Embracing Diversity: Limitless Possibilities in Nursing.*"

MAY  
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**COA/COF USPHS Scientific & Training Symposium** that will take place on **May 21-23, 2013** in Glendale, Arizona. Nurse category day will be on Thursday, **May 23, 2013**, theme: *Public Health Nurses: Leading in Prevention, Care & Practice through Evidence-Based Practice.*

Registration is currently still available online through **07 May 2013** at <http://symposium.phscof.org/>

RSVP for the **Nurse Category social event** no later than **06 May 2013**.

### ANSWER: ARE YOU SMARTER THAN A STUDENT NURSE?

**Answer: B**  
Rationale: When the platelet count is very low, RBC's leak out of the blood vessels and into the tissue. If the blood pressure is elevated and the platelet count falls to less than 15,000/uL, internal bleeding in the brain can occur. A severe headache occurs from meningeal irritation when blood leaks out of the cerebral vasculature. When a patient has thrombocytopenia, the nurse should always assess for cerebral bleeding by checking vital signs and performing neurologic checks. Headaches can be caused by stress, migraines and sinus congestion. However, the concern here is the risk of internal bleeding into the brain.

# Laughter is the Best Medicine



Three nurses died and went to heaven, where they were met at the Pearly Gates by St. Peter.

To the first, he asked, "What did you do on Earth and why should you go to heaven?" "I was a nurse in an inner city hospital," she replied. "I worked to bring healing and peace to the poor suffering city children." "Very noble," said St. Peter. "You may enter." And in through the gates she went.

To the next, he asked the same question: "So what did you do on Earth?" "I was a nurse at a missionary hospital in Africa," she replied. "For many years, I worked with a skeleton crew of doctors and nurses who tried to reach out to as many peoples and tribes with a hand of healing and with a message of God's love." "How touching," said St. Peter. "You too may enter." And in she went.

He then came to the last nurse, to whom he asked, "So, what did you do back on Earth?"

After some hesitation, she explained, "I was just a nurse at an HMO." St. Peter pondered this for a moment, and then said, "Okay, you may enter also."

"Whew!" said the nurse. "For a moment there, I thought you weren't going to let me in."

"Oh, you can come in," said St. Peter, "but you can only stay for three days...."  
—angelfire.com/wa/nursejokes



## Nursing Newsletter Contacts

Article submissions & suggestions may be sent by agency POCs to [federalnursenews@gmail.com](mailto:federalnursenews@gmail.com):

Articles should use Microsoft Word, be approximately 300 words or fewer with sources cited, as appropriate.

Submission deadlines are one month prior to publish date.

**Article submission deadline for the July issue is May 31.**

Not sure who is your agency POC? Send an email query to the newsletter workgroup lead [Victoria.vachon@cms.hhs.gov](mailto:Victoria.vachon@cms.hhs.gov) for further details

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Membership on the newsletter workgroup is open to civilian, tribal or PHS nurses

Yeah, ODUs are available now. No fear of going back to the jumpsuits and female nurses coming out of the porta potties with wet blue sleeves



someecards  
user card

For information on ordering the ODUs including sizing information refer to POM 12-009 at: [http://dep.psc.gov/eccis/documents/POM12\\_009.pdf](http://dep.psc.gov/eccis/documents/POM12_009.pdf)