

MEETING MINUTES: General Meeting

MINUTES	FEBRUARY 21, 2014	TIME: 13:00	PLACE: HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) FEDERAL BUILDING, 5600 FISHERS LANE, ROOM 18-57, ROCKVILLE, MARYLAND 20857 TELECONFERENCE: 1-888-455-7451, PASS CODE: 4605705#
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MEETING CALLED BY	CDR Marilyn Ridenour, FY2014 Nurse Professional Advisory Committee (N-PAC) Chair
TYPE OF MEETING	N-PAC General Meeting
FACILITATOR	CDR Marilyn Ridenour, RN FY2014 N-PAC Chair
NOTE TAKER	LCDR Sherri A. Wheeler, FY2014 N-PAC Executive Secretary
TIMEKEEPER	LCDR Sherri A. Wheeler, N-PAC Executive Secretary
ATTENDEES	Roll Call – Appendix I (Attached)

Agenda topics

TIME: 13:00 – 13:05

TOPIC: I. ROLL CALL

PRESENTER: LCDR SHERRI A. WHEELER,
RN; BS, BSN, NPAC EXECUTIVE
SECRETARY

DISCUSSION	N-PAC Voting Membership Roll-Call – PDF Copy Attached to meeting minutes as Appendix I	
	Absent Voting Membership: CAPT Sophia Russell; CAPT Cathy Miller; Ms. Rokhsareh Shahidzadeh; CAPT Brenda Cook; CDR Serina Hunter-Thomas (excused); LT Paula Thompson; LCDR Jennifer Sarchet; Mr. Jerod Noe (excused)	
CONCLUSIONS	8-Voting Members Absent, no alternate provided	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Notification of presence after roll-call by sending an email to	Voting Membership	02-24-2014
LCDR Sherri A. Wheeler, S1Wheeler@bop.gov .		

TIME: 13:05 – 13:05

TOPIC: II. MEETING MINUTES APPROVAL – GENEAL MEETING: JANUARY 24, 2014

PRESENTER: CDR MARILYN RIDENOUR,
RN, BSN, MBA, MPH, CPH – N-PAC CHAIR

DISCUSSION	The next item on the agenda is the General Meeting minutes for January 24, 2014	
	Motion for approval: CAPT Linda Belsito motion to approve the NPAC General Meeting minutes for January 24, 2014.	
	Second: CDR Mary Brooks.	
CONCLUSIONS	Minutes are approved	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Minutes Approved	CAPT Linda Jo Belsito CDR Mary Brooks	01-24-2014

TIME: 13:06 – 13:07

TOPIC: III. N-PAC CHAIR WELCOME

PRESENTER: CDR MARILYN RIDENOUR, RN; BSN, MBA, MPH, CPH, N-PAC CHAIR

DISCUSSION	Next item is the N-PAC Chair Welcome, Hello everyone. Welcome to the February 21 st N-PAC General Meeting. The theme for my term is Celebrating Nurses, highlighting nurse’s contributions in many diverse settings.	
	The topic for today’s general meetings is Weight of the Nation.	
CONCLUSIONS	Presentation for today: Weight of the Nation presented by Joanne Karmbakas, MS, RD.	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None		

TIME: 13:07 – 13:20

TOPIC: IV. CHIEF NURSE OFFICER REPORT

PRESENTER: RADM SYLVIA TRENT-ADAMS, RN, PHD

DISCUSSION	RADM Sylvia Trent-Adams: There are a couple of updates for everyone from the Office of the Chief Nurse. I just want to remind everyone that there are a few activities that we continue to be engaged in:	
	1. The Federal Health Nurse Strategic Plan – Began under the former Chief Nurse RADM Kerry P. Nesseler.	
	We will continue to support the implementation of the FPHNSP in my term. You can find the Strategic Nurse Impact Model on the N-PAC website. I would like to reengage individuals around this particular activity because it dovetails with several of the Surgeon General’s initiatives. One of which I will highlight today, which is the Surgeon General’s Tobacco Report. We have a number of items within the strategic plan that lend itself very well to meeting the goals and objectives that were outlined in the most recent Tobacco Report. The plan includes opportunities for nurses to make an impact: Educating and Empowering Individuals; Families of Populations; Promoting and the Implementation the Federal Health Programs; Policy and Regulation and Research Activity; Encouraging National Participation for Promotion Campaigns. One of those campaigns will revolve around the Tobacco Report. We have several health initiatives that we have focused on in that framework model, and they include: Cardiovascular Health; Obesity Reduction; Mental Health Support; Tobacco Cessation. We are hoping to maximize our efforts by looking at these areas collectively. Over the next several months we will be looking at nurses to have the opportunity to have an impact disseminating information around tobacco cessation, raising awareness and preventing new smokers from coming into existence. We will be asking nurses across all of the OPDIVs to provide us with some input on how we can disseminate messages in your OPDIV, community, as well as in the volunteer opportunities that you pursue throughout your professional exposure.	
	2. We did have a Federal Nurse Service Council on January 9, 2014. This was my first official meeting as the CNO. During that meeting it was announced that Kathy Rick, former Chief Nurse of the VA retired on January 16, 2014. They did have a ceremony for her. She was presented with the Order of the Military Medical Merit from Surgeon General of the Army LT General Patty Horoho.	
	3. Federal Nurse Service Council Strategic Plan, there are a few areas where the FNCS will be focused on.	
	a. Faculty Shortage	
	b. Psych Mental Health and Behavioral Health	

c. Advance Practice Scholars
d. Culture of Inquiry
e. Influence and Collaboration
Across all of these areas we will be asked to provide input. There will be workgroups developed within the content of the FNSC. I will be reaching out to you to see how we can impact within Public Health Service Nursing, to make contributions in meeting these goals.
4. Upcoming meetings: Nurse Recognition Day, Category Day COF.
Next month I have been invited to attend the American Association of Colleges of Nursing to represent PHS.
5. Any items that are of concern to you, if you are having difficulties or challenges getting information or feedback on specific nursing issues please let me know. I have had some calls on nursing receiving communication on basic things like updated information about the change in the uniform, I have referred them to the CCIMS website. Please reach out to your nurses within your agency. I can't emphasize enough that communication is critical.
6. As a part of review of the compensation and benefits across all of the Uniform Services we will be doing an analysis of compensation across the nurse category which is currently relevant to special pays, incentive bonus and other incentives that would include retention bonuses as well. The last was conducted in 2009. We will be providing a summary report.
7. The Commission Officers Foundation received funds from the Carruth Wagner Foundation to support some of the nursing activities, which PHS nursing has had the benefit of. This year we are formalizing our relationship and our agreements with COA/COF and the Carruth Wagner Foundation so that we can have delineated roles and responsibilities. We can make sure that everyone charged with activities are clear on what those funds can and cannot be used for. As we continue to work on those efforts with the Office of the Surgeon General and the Department's Ethics Office we will keep you updated as more information is made available.
That is all that I have for Chief Nurse Report today.
CDR Marilyn Ridenour: Any questions for the Chief Nurse?
LCDR Sherri A. Wheeler: With respect to looking at the areas of Cardiovascular Disease/Obesity and Tobacco use and collaborating with the Federal OPDIVs, did you have an individual person in mind at each OPDIV such as the CN?
RADM Sylvia Trent-Adams: Within the Federal Public Health Nurses Leadership Team we have nurses that represent each of the agencies who sit on that body. As a part of that CAPT Susan Orsega has had the lead with RADM Nesslerer, I worked with them on the early stages of that, there have been nurses who have already been identified in those agencies and we will continue to use those nurses to feed information to us. What I would like to do, given the interest now on collaboration, coordination and communication across all of the OPDIVs I would like for us to have a more transparent view of collecting information to support those efforts. We will put information out on the ListServ as RADM Nesslerer did in the past, we will give people instructions on how they can submit their information. We will ask them to identify those specific areas that they are providing input under, by categorizing that information. There is no mechanism

currently to collate the information into one central location. Hopefully, we will be able to provide some support to that once we get the Aide-de-Camp on board for the Chief Nurse Officers, as well as working through our subcommittees to distill that down under N-PAC Leadership. We do hope to get as much input as we can from each of the OPDIVs, because each OPDIV has their own culture and their own mechanism of communication; we don't want to overstep those boundaries, and we do want to make sure that the information that we do disseminate is relevant to the population that we are targeting.

CDR Marilyn Ridenour: Any other questions? Hearing none we will continue on with the agenda.

CONCLUSIONS	Upcoming meetings: Nurse Recognition Day and Nurse Category Day at COF.	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None		

TIME: 13:20 – 13:27

TOPIC: V. N-PAC CHAIR UPDATES

PRESENTERS: CDR MARILYN RIDENOUR, RN; BSN, MBA, MPH, CPH, N-PAC CHAIR

DISCUSSION	CDR Marilyn Ridenour: A. 711,900 new nursing jobs are expected to be created this decade.
	Between 2010 and 2020, 36 of 41 health care occupations in the U.S. are expected to exceed the average employment growth rate of 14%, according to data from the Bureau of Labor Statistics. Overall, home health and personal care aides topped the list of health care occupations with the best employment outlook. In the field of nursing, registered nurses had the highest projected growth rate, with an expected growth rate of 26%, which would amount to 711,900 new jobs.
	B. Registration is open for the 23 rd Annual USPHS Nursing Recognition Day (Moving Nursing Forward:Connecting the Dots for our Future) on May 5, 2014 at the Natcher Conference Center, NIH Campus. Call for Poster Abstracts is EXTENDED to 28 FEB 2014. Send all abstracts electronically to CDR Gettie Audain at gaudain@hrsa.gov . Applicants will be notified of selection by March 21, 2014.
	C. Registration is open for the USPHS Scientific and Training Symposium 6/10-12/2014 in Raleigh, NC. The Scientific Program Committee for the 2014 USPHS Scientific & Training Symposium invites you to submit an abstract for a poster presentation at the Symposium. The theme for this year's conference is "Public Health Today: Prevention, Innovation, and and Progress". The objective of the Symposium is to bridge the knowledge gap needed to improve the health and quality of life for at-risk populations by moving the focus of healthcare from sickness and disease to prevention and wellness. The deadline for poster submissions is March 10, 2014.
	D. The Asian Pacific American Officers Committee (APAOC) is pleased to announce the 2014 call for award nominations to be presented at the 2014 USPHS Scientific and Training Symposium. These awards have been developed to promote the future leadership of Asian Pacific Americans in the Public Health Service (PHS) by honoring members of the Commissioned Corps or equivalent Civil Service professionals who have made significant contributions to the advancement of the Nation's health.
	The APAOC RADM Samuel Lin Award is open to senior officers O-5 and above, the APAOC RADM Kenneth Moritsugu

Award is open to officers O-4 and below, and the APAOC CAPT Allan Lock Award is open to current or past voting members of APAOC. Current APAOC voting members are not eligible for the RADM Samuel Lin Award and RADM Kenneth Moritsugu Award. Nominations may come from a supervisor, professional colleague, or anyone who through a professional working relationship can attest to the impact of the nominee's contribution to the advancement of public health.		
Self-nominations will not be accepted. Nomination Deadline is Friday, March 14 th , 2014		
<p>E. The 2014 AMSUS (Association of Military Surgeons of the United States) Continuing Education Meeting takes place 2-5 December 2014 in Washington DC. AMSUS provides a unique platform to share innovative and sustaining developments of interest to Federal Health Professionals. Come join all of our DoD, VHA, and International Colleagues. USPHS Officers are also strongly encouraged to present at AMSUS. Abstract submissions will be accepted online February 3 May 5, 2014. Please visit the AMSUS Online Continuing Education page for additional details: http://www.amsus.org or http://amsusmeeting.org/annual-meeting-2013.</p>		
<p>F. February is African American History Month. African American History Month celebrates the history and achievements of individuals with African descent. Plan to participate in activities at your agency or in your community.</p>		
<p>G. February is Cancer Prevention Month. According to the Centers for Disease Control and Prevention , cancer is the second most common cause of death, surpassed only by heart disease; it accounts for nearly one of every four deaths in the U.S. each year. Early detection may be your best protection against cancer.</p>		
<p>H. February is American Heart Month. Heart disease is the leading cause of death for both women and men. You can help prevent heart disease by making healthy choices and managing any medical conditions you may have. Eat a healthy diet. Exercise regularly. Maintain a healthy weight. Monitor your blood pressure. Don't smoke. Limit alcohol use. Have your cholesterol checked. Manage your diabetes. Take your medicine as prescribed.</p>		
<p>I. Participate in ANA's Healthy Nurse Health Risk Appraisal to identify some of your health, safety, and wellness risk factors and peruse our new web wellness portal at http://anahra.org. As a registered nurse, you will be able to compare your Health Risk Appraisal results to national averages and ideal standards. By building this nurse-specific specific personal and occupational health risk aggregated database, you will also be able to compare your results to those of other registered nurses within specific demographics. You will then be directed to tools and resources on major health topics in the interactive web wellness portal. This project is being conducted in collaboration with Pfizer Incorporated.</p>		
CDR Marilyn Ridenour: That concludes my report, are there any questions? Not hearing none we will move on to our next item on the agenda.		
CONCLUSION	Register for Nurse Recognition Day. Poster Abstracts have been extended until 28 FEB 2014.	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Send abstract electronically to CDR Gettie Audain, at gaudain@hrsa.gov .	CDR Gettie Audain	28 FEB 2014

TIME: 13:27 – 14:03

TOPIC: VI. PRESENTATION: AMERICAN NURSING ASSOCIATION: THE WEIGHT OF THE NATION

PRESENTERS: JOANNE KARIMBAKAS, MS, RD, DIRECTOR, NIDDK OBESITY RESEARCH TRANSLATION INITIATIVES, NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES, NIH

DISCUSSION	CDR Marilyn Ridenour: Introduction of the Speaker – Bio.
	Presentation: American Nursing Association: The Weight of the Nation. Presenter: Joanne Karimbakas, MS, RD, Director, NIDDK Obesity Research Translation Initiatives.
	Slide 1: The Weight of the Nation: A presentation of HBO and the Institute of Medicine, in association with CDC and NIH and in partnership with the Michael & Susan Dell Foundation and Kaiser Permanente. Website: http://theweightofthenation.hbo.com/ or www.nih.gov/health/NIHandweightofthenation/ .
	Slide 2: Weight of the Nation Films – Four part document series: Consequences, Choices, Children in Crisis, Challenges http://theweightofthenation.hbo.com/films/trailer . Premiere May 14, 2012.
	Slide 3: 4 – Documentary Films (2012); 12 – Bonus Short Films; 3 – Children’s Films
	Slide 4: Use the WOTN Films; To promote healthy eating and active living; To start a discussion with patients and others about health consequences of carrying extra weight; To learn more about obesity’s causes, its impacts and the steps you can take yourself, your family and your community.
	Slide 5: How Can I Prevent Type 2 Diabetes; http://theweightofthenation.hbo.com/films/main-films/Choices . Twins video clip: http://www.youtube.com/watch?v=Cj-6n1pefG8&feature=youtu.be .
	Slide 6: The Takeaway; Small differences matter; Knowing the risk factors for diabetes is important; Taking action is critical; Modest weight loss can produce big health benefits; It’s never too late to feel better.
	Slide 6: Additional NIH Resources: NIH and the Weight of the Nation: www.nih.gov/health/NIHandweightofthenation/
	Slide 7: Thank you!
	Slide 8: Questions?
	Free screening kits are available at http://theweightofthenation.hbo.com/screenings/request-screening .
	CDR Marilyn Ridenour: How long was the collaboration, about 3-4 years?
	Ms. Joanne Karimbakas: Yes, a little bit over three years. These films aired in 2012, and then we took another year to do the children’s. There is another collaboration going on right now. The idea is so successful. The next collaboration will be with NIH and National Geographic’s on the topic of Sleep. That should be out in August.
	CDR Marilyn Ridenour: Do you know if Paul (the twin) got down to baseline or is he still diabetic.
	Ms. Karimbakas: I do not know. We don’t follow, but it is an interesting question. Maybe we can get funding to do additional things like that.
	CAPT Lawson: In terms of the Children’s section. Was there anything related to a school garden in that component?
	Ms. Karimbakas: Yes, Cabria Salad days, where she talks about creating a salad bar.
	CAPT Lawson: Having a school garden, some things can be eaten fresh.
	RADM Trent-Adams: Some highlights of the film school nurse presentation showed the communities set up community

gardens that were set up on school property.

CDR Marilyn Ridenour: At my daughter's school they use it for science as well.

CAPT Lawson: Has there been any thoughts to doing other components in other languages besides English and Spanish?

Ms. Karimbakas: No. We have had a Korean company contact us, but we have to defer all of that to HBO for copyright.

Spanish is what we really focused on and we have the written materials in Spanish. There are no future plans at this junction.

CAPT Lawson: Perhaps working through you we can look at some other possibilities for other languages.

Ms. Karimbakas: Yes.

CDR Ridenour: Any other questions? Hearing none.

Letter of Appreciation (LOA) presented to Ms. Karimbakas by the Chief Nurse Officer RADM Sylvia Trent-Adams.

CONCLUSION	Order Kits on line thorough the HBO or NIH websites free.	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Slides available upon request	LCDR Sherri A. Wheeler	Open

TIME: 14:03 – 14:20

TOPIC: VII. NURSE'S VOICES – CAREER DEVELOPMENT SUBCOMMITTEE

PRESENTER: CAREER DEVELOPMENT; CDR NICOLE KNIGHT, DRPH, MSN, BSN, FNP-BC; CAPT LINDA JO BELSITO, RN, BSN, CCM

DISCUSSION	CDR Nichole Knight and CAPT Linda Belsito of the Career Development Subcommittee.
CDR Nicole Knight: I am a Commander in the United States Public Health Service (USPHS) commissioned in May 2000 and currently serving in the Federal Bureau of Prisons (FBOP). I am a Certified and Licensed Family Nurse Practitioner with the State of California. In 1994, I graduated with a Bachelor's of Science Degree in Nursing from Loma Linda University. I went on to complete the requirements for my Nurse Practitioner training and a Master's of Science Degree in Nursing from Howard University and graduated in 1997. Most recently, in December of 2013, I completed the requirements for my Doctorate in Public Health with an emphasis on Preventive Care from Loma Linda University. In May 2000 - August 2006, I practiced as a Family Nurse Practitioner with the BOP providing primary care to low, medium, and high security male and female inmates while having promoted wellness, managed illness, and preventive health measures in efforts of improving the quality of health care for the nations underserved. From August 2006 - present, I have been serving as the Performance Improvement / Infectious Disease Control (IOP/IDC) Coordinator. As IDC, some of my duties include managing infectious diseases utilizing a comprehensive approach, identifying health hazards in the environment and implementing corrective actions, and promoting healthy lifestyles. As IOP, I establish planned, systematic, and organizational-wide approach to performance improvement. Changes are made to improve the performance of the Health Services Department, patient safety and reduce the risk of sentinel events among the inmate population. Some of my administrative duties include Acting Assistant Health Services Administrator; providing administrative supervision and direction to the Health Services Department at the Metropolitan Detention Center in Los Angeles.	

What was/is your most challenging/difficult nursing experience?

My most difficult/challenging nursing experience was when I was working for a Pediatric Home Health Nursing Service in Washington, DC, which provided in-home care to medically fragile children. One of my clients was a female baby who was 8 months. The baby required medication administration for various medical conditions, nasogastric feedings, breathing and various other treatments. Every morning when I arrived for my shift the baby would smile, grin, and coo at my presence. I would provide my care and interact with the baby and felt good about doing all that I could do to allow for her to stay at home surrounded by her family instead of being in the hospital. As the days went on, I would arrive and find the baby soaked from her urine-saturated diaper, her NG tube pulled out, or medications not given. The mother would give excuses for my findings. Then one day I saw a bruise on the baby of which the mother had a story for how it happened. The next day when I arrived, the baby had on a cast due to a fractured leg. When I questioned the Mom, she told me that the baby's brother had dropped her. Seeing these signs of neglect and abuse, I had a duty to protect this baby so I had to report the family for potential abuse. Child protective services became involved and the children were removed from the home.

What was/is your most rewarding nursing experience?

One of my most rewarding nursing experiences was when I was living in Columbia, Maryland while attending Howard University. One of my neighbors was an elderly couple and they knew that I was a nurse. Early one morning, someone was banging on my door. As I looked out of the peephole, I noticed that it was my neighbor. As I opened the door, she was frantic and stated that her husband was having a hard time breathing. She stated that she called 911 and asked if I would come help. I immediately followed her to find her husband lying on the floor unconscious. I began CPR and the paramedics shortly arrived taking over the resuscitative measures. He was transported to the local hospital and survived. Needless to say, the couple was very thankful and appreciative towards me. It was rewarding knowing that I made a difference in their lives.

CAPT Linda Belsito: CAPT Belsito's 34 year nursing career began as a staff nurse in 1980 at North Shore / LIJ Health Care System. Her years of experience include NICU, Maternal Child, supervisor in sterile central supply /materials management, high tech home care, medical surgical oncology and ortho-trauma. Her last position was starting the Care Coordination department and this is where her passion for case management role began. In OCT 2000, she was writing for Nursing Spectrum on fitness when she saw an ad for an "RN, under 44, likes to travel, and a U.S. Citizen". She went to www.usphs.gov and was appointed to the USPHS in APR 2001. Called to duty 6-1- 2001, in Queens, NY, with Division of Immigration Health Services.

CAPT Belsito: My most challenging / difficult nursing experience was being selected as one of eight nurses to start up a High Tech Home Care Company for North Shore University Hospital in 1991. My NICU, pediatric, materials management and leadership experience were qualities the administration was looking for to make this a successful for Profit Company for the system. Our patient population and the diagnoses were varied, and on any given

day could see 8-11 patients per day, sometimes driving 150 miles over a 13 hour shift. I was also on call 24/7 one week of every month taking calls after office hours from patients or families and assessing over the phone if the patient should be seen or call 911. Often times we would have to send a nurse out to visit the patient often times I would go out myself to adjust a pain management dose, restart and IV, or just to be with a family of a patient who was dying or who had died. Clinically this position mandated working autonomously functioning in the field as a clinician and liaison for the medical team by reporting patient status after each visit. In the first year I gained experience and certification in chemotherapy administration, PICC line insertion, use of all internal and external pain management pumps and IV infusion pumps. I became the neonatal / pediatric nurse specialist and was assigned most of these cases since many of my colleagues were not comfortable caring for this population. The most difficult thing about being in this position was learning to accept that death was often times the outcome for many of my patients. I cared for many HIV patients, oncology adult and pediatric cases, and gave hospice care to those patients who wanted to die at home. Working with the families in the home care setting gave me the autonomy to spend as much time as I needed with families. I grew professionally in ways that I could have never imagined. My most difficult case was taking care of an infant Katherine, who had pulmonary stenosis and other severe cardiac issues from birth. She was sent home at 6 weeks old from the NICU once stable to gain weight and get strong before they would do the corrective surgery. I visited this family at least three days a week, and sometimes more if needed to assess, or assist with any changes in care, medication administration. I was the primary nurse on her case and would have to visit her upon discharge home, every time she may have been readmitted for change in medical status. Katherine was a beautiful, Irish looking baby girl, with big blue eyes, a small button nose with brown fuzzy hair and the biggest smile. She would light up when I spoke to her and held her as we administered care or did treatments she needed to survive. She made it to the weight to have the surgery and she was now 6 months old. She came through the surgery with a bit of a rough post op but this baby did make it back home after a three week hospital stay and recovery. The day she came home, the parents requested "LJ" to come do the nursing visit and welcome their baby girl back home. This welcome home visit was special and we were all so grateful she came through this surgical repair. Katherine was home one week, and developed complications and went into cardiac arrest at home. My boss called me into the office that day and they told me that Katherine had died. I was devastated, but over the years, I have never forgotten her, her parents, and the bond we had. I was not sure if I wanted to continue doing this job, as this broke my heart I was given an opportunity to do some case management in the office for a while as I dealt with this loss. It was during these years that I learned as a Nurse how important it is to advocate for patients whether in a clinical or case management role. High tech home care nursing was one of the most challenging opportunities in my career but I learned so much about myself as a nurse and a person, and also how to provide the best care to those who could be cared for in their own homes.

What was/is your most rewarding nursing experience?

CAPT Linda Belsito: My entire career I have been fortunate to work in different areas of Nursing. NICU, maternal child,

materials management, central sterile supply, high tech home care, medical – surgical oncology, ortho- trauma, and in case management in both acute care hospital and in home care settings. In 2000, I was writing articles for Nursing Spectrum, on fitness, I saw the ad for USPHS in the help wanted section. At that time I was thinking of leaving the Nursing profession and going back to get my BS in teaching health or physical education. I decided to leave the hospital I had worked in for 21 years, when offered a Commission with the USPHS. This was the most rewarding, but scary decisions I've made but knew that I wanted to serve my country. I was called to duty June 1, 2001. My first duty station was with the Division of Immigration Health Services in Jamaica, NY. I was on duty September 11, 2001, and knew exactly why I took the oath and put the uniform on. Coming into the USPHS has allowed me to utilize all of my clinical, administrative, leadership and case management skills. In 2004, Immigration Health Services offered me an opportunity to come to DC headquarters to build a managed care program, and also to function as the Chief Nurse Consultant as a collateral duty. I accepted. I had been studying for my National Case Management Certification and passed this exam in 2007. This was a credential that as the Chief of Managed Care was useful in many of our challenging cases. Functioning as the Chief Nurse Consultant was also an experience that helped ICE realize that this position needed a full time RN billet and am happy to report they now have their first Chief Nurse.

My 21 years prepared me for the new opportunities and challenges which were ahead of me once I became a Commissioned Officer. Our mission is one that encompasses not only caring for the underserved, but to protect, promote and advance the public health of our Nation. This is a calling that few get the opportunity to fulfill.

My experiences in the USPHS have allowed me the opportunity to serve not only the agencies I have been assigned to but, to deploy as an RN, case manager, discharge planner, and deputy team leader for the SAT Teams created from the after action reports submitted after response to Hurricane Katrina. I am now assigned to the FDA in the Centers of Devices and Radiological Health, Division of Freedom of Information Division. This has been a tremendous learning curve in the regulatory area of Public Health. I know I am providing the best customer service and promoting public health to those who are asking for information regarding devices that are approved by the FDA. In this position I have gone from expert to novice, however having the leadership, mentorship and support of other Nurses in the USPHS has gotten me to where I am today. This is my second career and it has been the most exciting and sometimes frustrating time of my life. The only thing in life that is constant is change. The change has kept me learning and this seems to be the recurring cycle of my life and reason for my career success. I think being a Nurse in the Commissioned Corps has been the best opportunity for me personally and professionally. It has allowed me to pursue my passion of nursing, healthy lifestyles, disaster response, and to provide care to the underserved in our nation. I often refer to a saying told to us at one of our conferences by a retired Admiral, "It is not luck, but when opportunity meets preparation". I believe I am still preparing for whatever my mission is as a Nurse in this life. But in the meantime, I make the most of each day, and pay it forward when I can, and am always giving my best to those I serve.

CONCLUSIONS	Next Nurse's Voices will be brought to us by the Recruitment Subcommittee, March 21, 2014.
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ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None		

TIME: 14:20 – 14:30

**TOPIC: VIII. SUB-COMMITTEE REPORT,
CAREER DEVELOPMENT &
COMMUNICATION**

PRESENTER: CAPT Cathy Miller, BSN,
MPH; CDR Nicole Knight, DrPH, MSN, BSN,
FNP-BC; CDR Scott Lamberson, RN, BSN;
CDR Michael Krumlauf, RN, BSN

DISCUSSION	CDR Scott Lamberson – Communication Subcommittee: The Communication subcommittee is broken
	into three workgroups: The website, Listserv and Collaborative. Workgroup: co-lead for the website group are CAPT
	Mosely, CDR Tony Jones. This workgroup is very busy maintaining the N-PAC website. Updating the various pages,
	adding new jobs and event postings as they become available. If anyone should run into a broken link while they are on
	the website please let us know as soon as possible what pager on, the name of the link so that we can go ahead and
	rectifies that for you. The N-PAC website for the last 30 days is had 1570 visits, with 4655 different page views.
	The average viewing time is two minutes and 19 seconds. The top pages over the last 30 days are job postings, 433
	views, registration for Nurse Recognition Day one hundred and 83 views. I like to take this opportunity, I know others
	have already spoken about it, but if you are interested in registering for Nurse Recognition Day they can register on
	the Nurse PAC website registration is free or on the N-PAC Facebook website. The registration deadline is April 28, 2014.
	The top job postings for the month is the history of nursing, with a with 176 views, career development resources 150
	views, about the public health service with about 145 views.
	The second workgroup is the Listserv group: the workgroup: co-leads are CAPT Deborah Tubbs and CDR Michelle
	Brown-Stephenson. Listserv currently has 1,891 subscribers. The total number of postings for the last three months
	December - 14, January - 14 and today January currently 11. CAPT Deborah Tubbs is the Listserv manager.
	If anyone has any questions of what they can and cannot post on Listserv there are actual posting instructions on the
	Listserv page. I encourage people to review that then after they have review that if they still have additional questions
	Please contact CAPT Tubbs.
	The third workgroup is Collaborative: the workgroup: co-leads are CAPT Susan Beardsley and CAPT Yvonne McCord.
	They are currently editing the nurse resource manual. There is a scheduled completion goal the end of February or early
	March.
	I would like to take this opportunity to mention the PHS Nurse PAC Facebook page. CDR Michelle Arena is the workgroup
	lead. They have currently 14 nurses who volunteer their time to monitor the Facebook page, to answer any questions
	people have, literally worldwide regarding the Public Health Service or PHS Nursing. I encourage anyone who has not
	been on the Facebook page to do so. Hit the like button. We've had 3955 likes. There have been 38 people talking about
	what they see on the page. We have reached 367 people and this concludes my report.
	CDR Marilyn Ridenour: are there any questions for the Communications Subcommittee? Hearing none we will move
	onto the Career Development Subcommittee with CDR Nicole Knight.

CDR Nicole Knight: We are in the process of developing a civilian CD format. We are working in conjunction with
Mr. Jerod Noe who is leaving the project, so updates on that we will continue to keep you posted. The Continuing
Educational Resource Team is led by CDR Brenda Cook. Her team is spearheading a survey via Survey Monkey to
enlist input from PHS nurses in order to drive activities and gather learning assessment needs for continuing education.
The survey will include the following questions: 1. Are you aware of the CEU opportunities provided quarterly by the
Continuing Education Team of the Career Development Subcommittee?
2. Do you take advantage of these CEU opportunities? If not, then why?
3. What topics would be interesting for future CEU offerings?
We are encouraging everyone to complete the survey when it is made available to assist us in improving the Continuing
Education resources.
Are Mentoring Project Team is co-lead by CAPT Claire Carlson and CDR Sherry Seacrest. The team is continuing to fill
vacancies including the previous Regions 5 Regional Mental Illness coordinator. The group has received five applications
for this opening, and LCDR Channel Mangum with the BOP was selected for this position. There was no OBC scheduled
for January 2014. There was an OBC open house scheduled on February 6, 2014. The OBC subsection leads have a
Roster for attendees for OBC. They are developing a schedule for volunteers to attend the OBC open house on a
rotational basis.
Currently the Mentoring Team has 96 approved mentors. Three mentors were selected to take over the vacant regional
coordinator positions. They have now been assigned to the regions. The group has now received 10 new mentor
applications in which CDR Seacrest have compiled and will be forwarding to the N-PAC leadership for approval.
We will continue to accept applications in order to maintain approval list to replace mentors who retire or step down.
CDR Melissa Robb maintains the AOL e-mentoring portion of the program. She is also leaving in tracking policies and
procedures along with her team to renew updated need a policy for the mentoring program.
The February tip of the month is on nutrition and fitness and it is entitled: Building a Healthy Plate. The tip was posted to
the listserv, and you can also find it on the Career Development page on the N-PAC website.
The webpage project is led by CDR Wanza Bacon. The career development page of the website has been reformatted
and we encourage everyone to visit the website for current career development information.
The nursing spotlight team is co-lead by LCDR Janice Arsenal, and they are continuing to recognize nurses for their
achievement and exemplary performance. CAPT Wayne Keen was selected as this quarter's featured nurse.
A call will be sent out with instructions for nominees by the end of this month for the next quarter's featured nurse.
The Career Development Subcommittee will be offering career counseling during the 2014 US PHS Scientific and Training
Symposium in Raleigh, North Carolina. Details regarding the career development counseling will be provided in the near
future. This concludes my report are there any questions?
CDR Marilyn Ridenour: Are there any questions for the Career Development Subcommittee?
LCDR Sherri A. Wheeler: Thank you for your report ma'am. Congratulations for your doctoral degree earned at Loma

University in public health. Congratulations! With regards to career counseling at the symposium will you be providing a schedule for people to sign up as you have in the past?		
CDR Nicole Knight: Yes, we will be doing a similar format based on the feedback that it was very helpful and positive.		
CDR Marilyn Ridenour: How many request are you getting on the AOL account? Is it being utilized?		
CDR Nicole Knight: It is being utilized. However, I don't have those numbers right before me. We do continue to monitor the AOL account on a regular basis. They do provide an update monthly. It does go in waves depending on the time of year. We find that it increases during promotion preparation, but I don't have the current numbers right now.		
CDR Marilyn Ridenour: Are there any other questions for the Communication or Career Development Subcommittee?		
There was communication regarding a free CEU for today's presentation you will find that on the Career Development Subcommittee webpage.		
CONCLUSIONS Quarterly Report provided by Communication and Career Development Subcommittees.		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None		

TIME: 14:30 – 14:34

TOPIC: IX. FPHSN STRATEGIC PLAN – IMPLEMENTATION TEAM UPDATES

PRESENTER: CAPT Susan Orsega, RN, MSN, FNP, FAANP; CDR Amy Webb, RN, MBA, CDE

DISCUSSION	CDR Amy Webb: Our Implementation Team has continued to meet. We are pushing forward with developing ways to create synergy with all of our activities. Often times we are tasked with many additional duties. Our goal this year is for bridging those gaps, developing those linkages, between FPHSNP and the National Prevention Strategy, and to ensure that some of the resources are readily available. for individuals. We are developing new tools and adding new resources to our website. We have made our website a little easier to search for. On our website that will be resources of government programs and projects that can be utilized. We had been using Yammer for our internal workgroup. We have identified a new Yammer account. It will be linked soon after a review process. You can access it from home using yammer PHSNursingStragegicPlan. It is currently private while we do the review process, but it should go public probably within the next month. There is a link on our website where you can place your comments if you have any input regarding our website. There is a box that you must check that States, yes I am human. To make sure that we are getting lots feedback from real individuals. Our website team has allocated individuals to review those emails. It goes to a Gmail account. In the upcoming next two months we will be developing more of our goals and objectives, though the action steps. They will be readily available on our website, as well as on our Yammer account. These are some of the tools that we are hoping to develop. This concludes my report. Do you have any other additions CDR Ridenour since you were on the call this month?	
CDR Ridenour: No I do not. Are there any questions for CDR Webb? Hearing none we will move forward with the agenda.		
CONCLUSIONS	Continuing to move forward.	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

None		
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TIME: 14:34 – 14:47

TOPIC: X. COMMISSION CORPS WOMEN'S ISSUES ADVISORY BOARD (CCWIAB)

PRESENTER: Lauralynn Taylor McKernan,
ScD CIH, CDR, Deputy Director
Education and Information Division
NIOSH, CDC, 513-533-8542 (office)
LMcKernan@cdc.gov

DISCUSSION	Presentation for Commission Corps Women's Issues Advisory Board (CCWIAB).	
	We do not currently have a nursing officer on the CCWIAB on the committee, so we are soliciting interest for the this position today. A call for nomination will be sent forward to the Nursing ListServ.	
	Slide 2: Mission – Identify and analyze key issues that impact Women in the Commission Corps; Develop action plans to address issues.	
	Slide 3: Background and History – Established in 2011, Supports 2009 Executive Order establishing the WH Council on Women and Girls.	
	Slide 4: Membership	
	Slide 5: Advisory Board	
	Slide 6: Issues – Breastfeeding Policy, Interpersonal Violence, Pregnancy-Related Issues, Development Challenges, Promotion Rates.	
	Slide 7: Accomplishments	
	Slide 8: What do you think? http://www.surveymonkey.com/s/7TGZNF3 , open to all nurses (male and female).	
	Slide 9: CCWIAB Contacts	
CONCLUSIONS	Encourage everyone to do the Survey Monkey, open to all.	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
ListServ Nomination will be sent out	CDR Marilyn Ridenour LCDR Sherri A. Wheeler	ASAP
Presentation will be placed on the Listserv	LCDR Sherri A. Wheeler	ASAP

TIME: 14:45 – 14:47

TOPIC: XI. N-PAC CLOSING REMARKS

PRESENTER: CDR MARILYN RIDENOUR,
RN, BSN, MBA, MPH, CPH, N-PAC CHAIR

DISCUSSION	CDR Marilyn Ridenour: Thanks to Joanne Karimbakas for her presentation on the Weight of the Nation. Voting members, who joined the call after roll call, please email LCDR Wheeler (s1wheeler@bop.gov) that you were on the call. The next N-PAC General Meeting will be March 21, 2014 at HRSA. The general meeting is a wonderful opportunity to meet senior nurse leaders so plan to attend the next general meeting in person. Hail to nurses!	
CONCLUSIONS	Plan to attend the next General Meeting at HRSA.	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Contact LCDR Wheeler if you missed the roll call	Late Voting Members	02-24-2014