



Medical Corps Newsletter

SUMMER 2018

SPECIAL POINTS OF INTEREST:

- Physician Burnout
- Long Term Opioid Therapy Safety
- NMC Portsmouth LOTS Program
- Office of the Corps Chief Overview
- New Leadership Bios
- PERS Pearls

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From the Corps Chief...

Medical Corps Colleagues,

With summer rotations and GME transitions, this time of year is always exciting and filled with the hope and enthusiasm of a new year. You can find this in our teaching programs as they welcome new interns from medical school and new residents from the fleet. Additionally, many have recently PCS'd and are exploring the opportunities and adventures that come with a new duty station. As we look forward to the possibilities and challenges of this next year, know that I am immensely proud of your continued contributions and service to our patients, our Navy, and our Nation.

The upcoming year will continue to be filled with change and challenge. Our military treatment facilities, both teaching and non-teaching (a real misnomer in light of the exceptional training conducted at MTFs of all sizes), will take the initial steps toward integration with the Defense Health Agency (DHA). While the transition plan between BUMED and DHA is still evolving, Naval Hospital Jacksonville as well as commands within the National Capital Region will take the first steps that will lead the way for the rest of us. This will be followed by most of the East

Region commands next year and then the West Region in the year after. The National Defense Authorization Act 2019 will bring several changes to the military research and public health commands. During this transition, BUMED, our senior operational leaders, and Fleet and Marine Corps health services will continue to evolve and make adjustments to better support the warfighter, more effectively generate the readiness that is central to our tasks, and ensure we remain the most effective ready medical force capable of operating anywhere at any time. No matter what changes come, our fundamental mission to care for our Sailors and Marines and for the patient in front of us will not change. I have every confidence that you will continue to hold that line.

What we do is hard; we and our families make frequent sacrifices while we serve. Essential to our continued success is our collective endurance. This is strengthened by our resilience promoted by fostering a viable support network. We should and must rely on our shipmates, family, and friends to maintain our own personal readiness. I encourage you to reach out and engage your shipmates who may be struggling. Be persistent in your support for them. For anyone who



RDML Paul Pearigen

may be stressed or struggling, I encourage you to be open and ask for help when needed. Your team depends on your presence. Suffering in silence is not only detrimental to you, but actually degrades your team's readiness. CDR Milligan's article on page 3 offers several key points in maintaining our collective mental fitness, please take a moment to read this and personalize it. No matter where you are or what your job is, I encourage you to incorporate the activities Jeff recommends into your daily life - it will make a difference. By developing our collective resilience with an eye toward readiness, we will promote effectiveness and satisfaction in our work and will continue to uphold the highest standards of Navy Medicine in service to our Nation.

Thank you for what you continue to do every day! PDP

Have you bookmarked us?

Visit <https://esportal.med.navy.mil/bumed/m00/m00c/M00C1/> for weekly updates regarding billet opportunities, career management, and other resources!

Readiness and the Reserves...

Captain Lauren Archer, Deputy Joint Task Force Surgeon, Joint Medical Group Guantanamo Bay, starts her day reviewing the morning SITREP at her desk in a small, windowless office behind concertina wire and guarded sally-ports. She handles many routine and some unusual situations in her capacity as a medical leader. She focuses on issues related to force health protection and support. Today, she briefs the leadership of the JTF and their components on the status of medical operations. Tracking OR equipment orders, future manning projections, and the status of several MILCON projects need to be briefed to flag officers.

An avid bicyclist, her life changed abruptly seven years ago on what was supposed to be a pleasant Sunday morning ride. While crossing a bridge, her bike hit a pothole and she careened over the guard rail and plummeted to a catwalk that stopped her from falling into the river below.

In the process, the jagged edge of the guardrail practically severed her arm just below the shoulder. With no help in sight, and losing blood rapidly, she had to decide what to do. She reduced the severely angulated fracture and put pressure on her brachial artery (left intact) to slow the blood loss. Her arm was preserved through lengthy emergency surgery, however, that was only the beginning of a long slow recovery. Fortunately, her nerves were not too severely damaged.

Physical and Occupational therapy became a full-time job for nearly a year, then a part-time job for another year as she learned how to use hand and arm again. A surgeon by profession, such an injury could be career-ending, both in the civilian and military realms. But Captain Archer is the definition of resiliency.

When Captain Archer stepped up to this deployment at GTMO, she was fully medically ready – physically and in all other respects.



RDML Louis Tripoli

She never missed a single drill, and, with the support of her NOSC CO and her unit, she remained productive and useful during her recovery. Her leadership extended an opportunity as the Command's Assistant Senior Medical Executive based on her tenacity through her recovery. Her injury gave her an opportunity to explore new ways to lead and better ways to serve. When asked to take a challenging and important deployment to be the Deputy JTF Surgeon, she answered the call.

Captain Archer states, "As leaders and Naval Officers, don't ever count anyone out of the fight. Be a mentor to all, and never lose hope. It is a privilege to serve."

Captain Lauren Archer is a true leader who does not make excuses or blame others for obstacles. She finds ways to win.

OPERATIONAL OFFICER SPOTLIGHT

LCDR Tyler Ensley is a Navy Emergency Medicine Physician who recently returned from a deployment with the Special-Purpose Marine Ground-Air Task Force (SP-MAGTF) assigned to CENTCOM contingency operations. As part of a Shock Trauma Platoon (STP), his team provided damage control

resuscitation capabilities to coalition forces engaged in theatre operations.

This was actually a relatively familiar mission for LCDR Ensley, who had previously deployed to both Iraq and Afghanistan as a General

Medical Officer with 3rd Battalion, 7th Marines while he was stationed at 29 Palms.

With 3 combat deployments, separated by an Emergency Medicine residency at NMC San Diego, LCDR Ensley is quick to credit his wife, Rebecca, and their family for the dedicated support and encouragement throughout the years. "Residency is hard and deployments are hard. I know everyone's support network is different, and am especially grateful for everyone that I was able to rely on during the most stressful times." He also notes that investing in these relationships outside of work is also critical. "A career in both the Navy and Medicine is a lot

easier and more enjoyable when it can be shared." He has no doubt that these relationships helped him through the most challenging portions of his deployments and residency.

LCDR Ensley also experienced deployment from the 'dependent-side' when his wife was active duty and also deployed. With two kids, he notes that raising a family in Navy Medicine is "definitely a team effort." Ultimately, LCDR Ensley's story is emblematic of many Medical Officers, whose dedication to Sailors and Marines is supported by a vast network of friendships and relationships.

LCDR Ensley and his family on return from his most recent deployment.

Photo Credit: LCDR Ensley



Preventing Burnout through Mental Fitness

Submitted by: CDR Jeffrey Millegan, MC, USN; Psychiatry Specialty Leader

As a physician, we are regularly warned of the dangers of burnout. Burnout can arise insidiously like a cancer and not become apparent until significant negative consequences have arisen. As we become more burned out, we may unknowingly turn to unhealthy and destructive coping methods such as increased isolation, emotional numbness, less physical activity, unhealthy eating, alcohol and/or other drugs. Burnout is also associated with providing poor quality healthcare and higher rates of medical errors. For this reason, preventing burnout is not

just a health issue but a professional imperative.

The good news is that we now know that, by engaging in various mental fitness activities, we can build our emotional, mental and spiritual resilience and continue to thrive during periods of stress. The critical component is that these activities become regular habits as the benefit grows with repetition and time.

Mental fitness is very similar to physical fitness. For those of you that know me, it will not come as a surprise that I could not run a marathon at this moment. That

being said, if I joined a marathon training program and ran regularly while increasing my distance and preventing injury, I would be able to run a marathon by the end of the training. In this same fashion, if you commit yourself to regular mental fitness activities, you will build your mind's endurance and strength to function to your satisfaction even when facing stress and adversity.

Let's go over a few of the activities that form the foundation of robust mental fitness.

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From Cradle to Fleet... Photos around Navy Medicine



(Above Left) CAPT Kimberly Davis, Commanding Officer of NHC Annapolis administers the Oath of Office for USNA 2018 graduates commissioning in the Medical Corps!

(Above Right) CAPT Tony Han and CDR Stoebner while on Pacific Partnership 2018 in Indonesia

(Below Right) Joint Staff members currently deployed at the NATO Role 3, Kandahar, AFG



BUMED Long-Term Opioid Therapy Safety (LOTS) Program Update

On 14 March 2018, U.S. Navy Deputy Surgeon General, Rear Adm. Terry J. Moulton signed the Long-term Opioid Therapy Safety (LOTS) Program Instruction. This Instruction establishes policy and training requirements needed to mitigate the risk of opioid misuse for long-term opioid therapy (LOT) patients. These requirements include screening standards, required actions related to the safe prescription of opioids and the continued monitoring of patients on long-term opioid therapy.

A major requirement of the BUMED LOTS Instruction is that MTFs must audit the charts of patients who meet the LOT criteria on quarterly basis. Prior to the signing of the BUMED Instruction, the Navy Comprehensive Pain Management Program (NCPMP) has been proactively establishing a LOTS compliance monitoring process, providing select MTFs with lists of all enrolled patients who meet the LOT

criteria as well as a random sample of those patients on which to conduct chart reviews. In addition to this, NCPMP provided support to MTFs with data collection, analysis, and reporting results of these chart reviews to enable a better understanding of MTF progress on key patient safety requirements outlined in the policy.

Post the Instruction signing, NCPMP is focusing on scaling the LOTS compliance monitoring process and expanding chart review support to all 27 Budget Submitting Office 18 (BSO-18) MTFs. To expedite and streamline this effort, a tasker will be released in the coming weeks directing MTFs to establish a LOTS Committee and provide NCPMP with the name of a LOTS Committee Chair to serve as a liaison between BUMED and the deckplate regarding the LOTS program. NCPMP expects to provide LOT patient lists and chart review support to all 27 MTFs beginning in early August 2018.

After the chart review process has been scaled across the enterprise, NCPMP will release informed guid-

ance regarding standard compliance benchmarks and corrective actions to promote accountability and improve compliance. In the meantime, NCPMP will leverage the forthcoming rollout of its new pain education lecture series to increase provider awareness of the BUMED LOTS policy and ensure providers are equipped to meet the mandates of the BUMED Instruction. This lecture series, also known as the "Cadre of Speakers," will be piloted at NCPMP's seven target MTFs over the next year and focuses on bringing experienced clinician presenters to share their in-depth knowledge regarding effective pain management techniques in alignment with the Stepped Care Model.

For any questions related to the BUMED LOTS Instruction, please reach out to Mr. Joseph Phillips (NCPMP Manager) and Mr. Alex Barnes (NCPMP LOTS support) at the NCPMP mailbox (usn.ncr.bumedfchva.mbx.navmed-painteam@mail.mil).

Accessing the Corps Chief Homepage (if unable to hyperlink directly)

- Go to www.med.navy.mil
- Click on 'Internal Sites (CAC Enabled)' located on the top banner, far right
- Select either hyperlink option to access BUMED Sharepoint (the second option is more reliable if outside the DHHQ network). Use your CAC EMAIL certificate for access.
- Click the 'Surgeon General' dropdown menu located on the top banner and select 'M00C- Corps Chiefs'
- Click on 'Corps Sites' dropdown menu located on the top banner and select 'Medical Corps (M00C1)'
- Bookmark this site and please visit regularly for updates!



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NURTURING SOCIAL CONNECTION

Humans are hard-wired to relate to other humans. The research is overwhelming that those who regularly connect with other people will live longer, healthier lives and are at a reduced risk of various mental and physical ailments. Creating deep relationships often has the added value of serving as our deepest sense of purpose carrying us through our most stressful times. I have a wife and two children. Often, at the end of a long day, the last thing I want to do is engage with people. At those times, it is helpful to remind myself of the importance of social connection and actively choose to engage with my family as opposed to isolating myself. Besides, I need someone to take care of me in old age and these are the prime candidates for that care giver role! It's best they don't resent me.

REGULAR MEDITATIVE PRACTICE

For the sake of brevity, meditation is broadly defined as a distinct period of mindful, repetitive focus. This can be achieved through many different techniques from a sitting transcendental meditation or mindful meditation to a more physically active process such as yoga or tai chi. Among the growing list of benefits from regular meditation, these include better autonomic nervous system

regulation, improved attention and focus, increased compassion, better emotional regulation and changes in genetic expression correlated with improved immune and inflammatory function. Meditation can seem simple in concept but can prove very difficult to regularly practice (much like physical exercise). It can help to start with an aid such as a guided meditation recording to follow along with. I'd like to recommend the "Military Meditation Coach" podcast that is available on all podcast apps. The podcast provides a repository of numerous meditation modalities of various lengths for you to sample and find what works for you. The key is not the type of meditation as much as finding something that you will practice regularly.

RECUPERATIVE SLEEP

Recuperative sleep is defined as sleep that is followed by spontaneous awakening and leaves one feeling refreshed and alert for the day. The importance of sleep to health cannot be overstated. Simply put, it is necessary for life. It also, frustratingly, does not allow for you to take out large sleep debts and repay them in the future. It requires discipline and keen awareness of your routine and environment. I'd like to recommend the DoD's smart phone app, "CBT-I Coach", as an outstanding resource to learn more and help you make those changes that will give you the best opportunity to

achieve healthy sleep.

TAKING CARE OF YOUR BODY (eat right and exercise)

The mind and body are linked in ways that we are still trying to fully comprehend. There is a definite connection between a healthy mind, healthy body and healthy spirit. Maintaining a healthy diet and regularly exercising not only keeps you physically fit, it provides a respite from other stressors and nourishes the brain for peak performance. For specific guidance, I will direct you to one of our many colleagues that are significantly more fit than I am.

None of the activities mentioned above come easy. They take intentional discipline, being okay with less than perfection and some form of personal accountability. Fortunately, the effects of engaging in one of these activities positively impacts your capacity to participate in the others and can readily turn into a virtuous cycle toward better health and wellbeing.

Building resilience through these and other activities is quickly becoming more integrated into the culture of the Navy. If you have interest in further developing your mental fitness, I recommend reaching out to your peers as you will be surprised by how many are already avidly engaged in one or more of the above.

An introduction to the Corps Chief's Office...

Most of us figure out quickly the role detailers, specialty leaders, and local chains of commands play in our careers; but many are unaware of what exactly the Corps Chief's Office is and does.

The elevator speech may be an over-

simplification, but essentially VADM Faison is the Surgeon General (SG), and although trained as pediatrician, he no longer uniquely represents the Medical Corps. He has equal equities in all 6 Corps of Navy Medicine (Medical, Dental, Nurse, Medical Service, Hospital, and

Civilian Corps). RDML Pearigen is the Chief of the Medical Corps and directly advises the SG on matters pertaining to the Medical Corps. Similar to most other Navy organizations, BUMED has a 1-shop (Admin/Personnel), 2-shop (Intel/Research), 3-

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shop (Operations), etc. Those 'shops' also have a chain of command that leads to 2-star Admirals or SES's who directly advise the SG on issues pertaining to Operations, Manning, Strategy, etc.

The Corps Chief's office serves as a point of contact for these 'shops' to ensure Navy Medical Corps equities are

considered when appropriate. This often involves liaison with specialty leaders. Supporting RDML Pearigen in his role as Corps Chief, is CAPT Christopher Quarles, a Deputy Corps Chief (responsible for day to day operations); CAPT Jerry Dotson Reserve Affairs Officer (responsible for all things Reserves); CAPT Will Beckman, Career Planner (responsible for strategic growth and officer development); CDR

Melissa Austin, Policy and Planning Officer (responsible for policy/planning review and recommendations to the Corps Chief); and LCDR Brett Chamberlin, MC Liaison Officer (responsible for HPSP and special projects as delegated). With the exception of the RAO, all are physicians who maintain clinical responsibilities.

Medical Corps Career Planner

CAPT Beckman began his military career in 1992 upon entering medical school at the University of South Florida College of Medicine where he attended medical school as a recipient of the United States Navy Health Professions Scholarship Program. He graduated from medical school in 1996 and transferred to Bethesda, Maryland where he performed a General Surgery internship at the National Naval Medical Center.

Upon completion of internship in 1997, he transferred to Okinawa, Japan where he worked as a General Medical Officer assigned to the 3rd FSSG at Camp Hansen. Prior to beginning his Anesthesia Residency training, he also served as a General Medical Officer assigned to the USS Iwo Jima (Pre-Com LHD 7).

In 2001 he began his Anesthesia Residency training at Naval Medical Center Portsmouth followed by a Pain Medicine Fellowship which he completed in 2005. Following fellowship he was invited to remain as a staff member at Naval Medical Center Portsmouth.

During his training he became very interested in graduate medical education (GME) and pursued those interests by applying for and being selected as the Anesthesia Residency Program Director at Naval Medical Center Portsmouth in

2006. As Program Director, he oversaw an incredibly successful accreditation review that resulted in the program receiving a five year accreditation cycle without any citations. In this role, he developed many evaluation tools to better present, define and quantify previously non-quantified data and became sought out in the Navy Anesthesia GME community for advice on GME issues.

He began as the Director of Professional Education (DPE) at Naval Medical Center Portsmouth (NMCP) in May 2011. As DPE he also served as the Accreditation Council for Graduate Medical Education (ACGME) Designated Institutional Official (DIO) and was responsible for all internship and residency training programs at NMCP. At NMCP he ensured that NMCP GME successfully adapted to the dynamic changes that have occurred with the ACGME. Additional areas of responsibility as DPE included Staff Education and Training (SEAT), Simulation Center, Medical Library, Nursing Research, Visual Information and Clinical Investigations/ Research. He encouraged and facilitated a significant expansion of simulation activities to include accreditation of the simulation center, expansion of GME simulation training as well as extensive use of simulation in fleet support training



activities in addition to a considerable expansion of the research infrastructure and activities. In July 2018 he reported to the Bureau of Medicine and Surgery (BUMED) to assume the role of Medical Corps Career Planner.

CAPT Beckman is an Assistant Professor of Anesthesiology at the Uniformed Services University of the Health Sciences in Bethesda, Maryland. Additionally, he is a Diplomate of the American Board of Anesthesiology and is Board Certified in both Anesthesia and Pain Medicine. In 2015 he successfully completed the Maintenance of Certification in Anesthesia cycle and exams with recertification in both Anesthesia and Pain Medicine. His personal awards include the Meritorious Service Medal, the Navy and Marine Corps Commendation Medal, two Navy Achievement Medals and two Meritorious Unit Commendation Medals as well as several other service and performance awards.

Medical Corps Plans and Policy Officer

Commander Melissa C. Austin received her initial commission from the Naval Reserve Officer Training Corps Unit at Vanderbilt University in 1996. She was designated a Surface Warfare Officer in 1997.

CDR Austin completed her first sea tour aboard USS Sacramento (AOE 1) as the Assistant First Lieutenant and Main Propulsion Officer and deployed in support of Operation Southern Watch. She then served as the commissioning Training Department Officer aboard USS O’Kane (DDG 77). She completed a shore tour as a Tri-Command Protocol Officer at HQ NORAD, United States Space Command, and Air Force Space Command before transitioning to the Selected Reserves and serving as the Training Officer for Commander, Naval Forces Europe Joint Task Force Contingency Unit 118 in anticipation of starting medical school. During this time, she earned a Master’s of Basic Science in Biology (Bioinformatics) from the University of Colorado.

CDR Austin attended medical school under the Health Professions Scholarship Program at the University of Colorado

Health Sciences Center. She received her Doctor of Medicine degree and was commissioned as a Lieutenant in the Medical Corps in 2007. After completing a Transitional Internship at the National Naval Medical Center in Bethesda, Maryland, she returned to the surface Navy as the Group Medical Officer for Commander, Naval Surface Group Middle Pacific and Commander, Destroyer Squadron 31 in Pearl Harbor.

CDR Austin completed her residency training in Anatomic and Clinical Pathology at the University of Washington Medical Center under the Navy Active Duty Delay for Specialists program prior to being assigned as a Staff Pathologist at Walter Reed National Military Medical Center, Bethesda, Maryland, in 2014. She went on to serve as the Medical Director for Healthcare Operations and the Executive Assistant to the Director in addition to duties as the Medical Director for the Armed Services Blood Bank Center, the Medical Director of Clinical Chemistry, and as an Associate Program Director for the National Capital Consortium Pathology Residency Program. Most



CDR Melissa Austin
(Command Photo)

recently, she served as the Director for Clinical Support Services at Fort Belvoir Community Hospital in Fort Belvoir, Virginia and as the Market Service Lead for the Clinical Support Services for the National Capital Region. She remains the Director of the DiLorenzo TRICARE Health Clinic Laboratory.

CDR Austin is a Diplomate of the American Board of Pathology and is Board Certified in Anatomic and Clinical Pathology. She is an Aresty Scholar and graduate of the University of Pennsylvania’s Wharton School of Business Executive Physician Leadership Academy and holds a faculty appointment as an Assistant Professor of Pathology at the Uniformed Services University of the Health Sciences in Bethesda, Maryland.

A note from CDR Austin...

Greetings!

First, I’d like to take a moment to express my thanks and best wishes to CDR Frank Mullens as he moves on to the National War College. I know I am stepping into very large shoes, and I am excited to join the Corps Chiefs office.

Over the coming months, Navy Medicine will encounter significant opportunities and challenges as we define our role in the new Military Healthcare System construct and begin to realign our Medical Treatment Facilities under the auspices of the Defense Health Agency. Your input will be critical to the development of both our current-state assessment and our future-state roadmap, and I welcome any and all feedback.

It is my goal to be your source of “ground truth”, your advocate, and, if all else fails, a sympathetic ear. Please reach out to me at (703) 681-9128 or at melissa.c.austin6.mil@mail.mil any time I can be of assistance. I look forward to working with all of you.

Changing the Opioid Culture – Reflections from the Deckplate

LCDR Jennifer Jaskiewicz, Naval Medical Center (NMC) Portsmouth LOTS Committee Chair

During the early stages of the BUMED Long-term Opioid Therapy Safety (LOTS) Program in early 2017, NMC Portsmouth launched a multi-disciplinary committee consisting of both primary care and specialty physicians, nurses, dentists, and clinical pharmacists in order to provide large-scale LOTS education at the command and to begin to change the prescribing culture.

Our committee has pain champions that represent all of the outlying primary clinics in our large catchment area. Beginning in early 2017, the pain champions provided pain management education to all primary care clinicians through a series of CME lectures called the Joint Pain Education Project (JPEP). These same pain champions provided instruction regarding our local LOTS policy. We also sent both the Chair and Vice-Chair of the LOTS committee out to all of the clinics to provide information regarding BUMED policy during staff meetings. In addition, we have been briefing providers on the BUMED policy during “new provider orientation.”

The quarterly Long-term Opioid Therapy (LOT) patient chart reviews required by BUMEDINST 6320.101 are divided up between LOTS committee members. The committee meets monthly, during which time all

chart audits are reviewed to ensure standard practices. We then obtain committee consensus and send letters to any providers whose chart audits were not in compliance with the BUMED instruction.

For the first 12 months, all letters were sent via encrypted email with read receipts – if not marked as received, they were hand-delivered by a LOTS committee member. After a 12-month education period, we began keeping a database of letters and employing a tiered compliance approach, as follows: the first letter that a provider receives goes only to the provider; a second letter to that same provider will go to both the provider and department head; a third letter will trigger a recommendation to the department head for an FPPE for that provider. The NMCP local LOTS policy also has a clause that allows an FPPE to be recommended for a provider on the first offense if the committee deems the care so egregious that the patient is potentially in grave danger.

The NMCP LOTS Committee aims to take an individualized approach to providers with flagged chart audits, answering questions over email, over the phone and in-person. Our metrics have not been perfect, but we have identified some big challenges.

One challenge is that some patients seem to escape awareness that they are in fact LOT patients - frequently, this occurs when they first start on opioids for acute issues, since multiple providers tend to be involved. Secondly, our pain champions also report that some providers try to avoid taking on LOT patients due to what is perceived as burdensome paperwork. Finally, we have also added Naloxone prescription compliance as a local metric for enhanced patient safety.

NMCP has engaged in substantial marketing of the LOTS program through newsletters, medical staff meetings, new provider orientation and posters, in addition to the development of a “Controlled Substances” intranet site that provides tools necessary for safe opioid prescribing. These efforts have been crucial in increasing provider awareness of the BUMED Instruction requirements and help to further the culture shift needed to facilitate improved provider compliance with LOTS policy and ultimately enhance safety for LOT patients.



PERS PEARLS... an update from your detailers

Selection Board Nominations: Nominations to be considered to sit on a selection board are due Sept 30th. Please contact your specialty leader or detailer for the nomination form. There are only ~30 seats for voting members and recorders available and most require previous board experience so do not give up if you are not selected this year. Keep applying during the window each year from 1 July-30 Sept!

Navy Personnel Command Service Center: Do you have a non-detailing question and want an immediate answer? NPC is proud to support 1-866-U-ASK-NPC or live chat 0700-1830 (Central Time) M-F link located @ <http://www.public.navy.mil/bupers-npc/Pages/default.aspx>

New Detailers: Please welcome the new Surgical/Executive Medicine/Head Detailer CAPT(s) Todd Gardner as well as the new GMO/GME detailer LCDR Jennifer McNab.

New permanent email addresses: (phone numbers have not changed):

CAPT(s) Todd Gardner	SURGICAL_SENIOR.FCT@NAVY.MIL	901-874-4094
CDR Alicea Mingo	NON_SURGICAL.FCT@NAVY.MIL	901-874-4046
CDR Anja Dabelic	FM_OPERATIONAL.FCT@NAVY.MIL	901-874-4037
LCDR Jennifer McNab	GME_GMO.FCT@NAVY.MIL	901-874-4045

Billet Advertising... From the Community Desk at PERS

Available on the Corps Chief Website: <https://esportal.med.navy.mil/bumed/m00/m00c/M00C1/> (CAC required, select email certificate)

Detailed listing of currently available "Fair Share" billets including War College, Researcher, Group/Wing/Regimental Surgeon, Senior Medical Officer of Amphibs, Medical Department Head of Carriers, and Global Health Engagement leadership opportunities.

A brief note on AMDOC...

The Advanced Medical Department Officer Course (AMDOC) is one of the most popular leadership courses in Navy Medicine, in part because it is centrally funded, but also because of an inaccurate rumor that it is required for promotion to Commander or Captain. It is not a requirement, but demonstrating continued leadership growth through service schools is helpful. At the very least, it is certainly a great opportunity to increase your leadership aperture in Navy Medicine and develop insights that will help you become a better leader within your local commands. Information regarding requirements and the application process for AMDOC can be located online at:

<https://www.med.navy.mil/sites/nmpdc/courses/Pages/Advanced%20Medical%20Department%20Officer.aspx>

Once all applications are received, NMPDC forwards the list of applicants to their respective Corps Chief Career Planners. Typically, there are between 35-70 Medical Corps applicants for 12 seats. Applicants are competitively selected amongst their peers with special consideration given to current leadership responsibilities and lineal number. Recent leadership accomplishments and future leadership aspirations are also considered, as is the occasional case of special circumstance. An applicant can best improve their chances at selection by highlighting their leadership responsibilities in their personal statement. Because each course is selected independently, applicants are encouraged to apply to multiple courses as the competition pool often varies. There have been occasional courses where applicants 2-3 years below zone were competitive for selection. Applicants are also encouraged to consider other leadership courses which can be found in the Leadership Course Guidebook located on the Corps Chief Homepage.

Best of luck and please always feel free to reach out to the Corps Chief's Office if you have further career questions.

Medical Corps Challenge Coins



High-quality 1.75" coin with classic front and contemporary back. A wonderful memento, gift, or token of appreciation!

Email [CAPT William Beckman](mailto:CAPT.William.Beckman) for ordering information!

For further assistance, please feel free to contact us directly...

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Navy Medical Corps Detailers

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