



THE RUDDER

Sailings of the Medical Service Corps



From the MSC Director



Greetings Medical Service Corps Leaders! My Office recently sent out an updated professional reading list. Some of the books are from the Surgeon General's list and some are from books that I have picked up on my journey. My latest favorite is "Rules and Tools for Leaders" by Perry M. Smith and Jeffrey W. Foley. I was introduced to it at CAPSTONE last September, and I have found myself referencing it every month since I first read it.

The first chapter "Becoming Self-Aware, The Importance of Introspection" seemed like the perfect topic this month as we enter the command and milestone screening season. I had to laugh when the author states, "You are probably not as brilliant, decisive, communicative, or charismatic as you sometimes think you are". I definitely have had moments in my career where I have had to check myself!

The "Introspection checklist" at the end of the first chapter provides you an opportunity to reflect on things that are important to all leaders. I would add one to the book -- Do you create a "say do gap"? You must exert self-discipline to manage every behavior, promise, and action in front of your colleagues and staff. After completing the chapter, the authors identify a number of questions to reflect upon, but I am only going to list a few for you to think about: "Does the attitude you project make you appear accessible or formidable?"; "How well do you really listen?"; "Are you open to criticism - and to the truth?"; "Are you always learning?"

"You are the same today that you are going to be five years from now except for two things; the people with who you associate, and the books you read."

-Charles Jones

As your journey in our Corps continues, self-awareness is a key component to your future success. Continue to work hard, read, learn, seek mentoring or coaching, and most importantly, look out for one another. Thank you for the excellent work you continue to do! Have a safe summer!

RDML Anne Swap

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From the Corps Chief's Office

CNA Navy Medicine Personnel 2015 Examination of Job Satisfaction and Diversity among Navy Medicine Personnel Summary

Background and Approach:

As a follow up to the 2015 CNA Survey of Medical Service Corps Officers, focus groups were conducted with MSC personnel to examine follow-up topics. Focus groups were conducted at seven locations including MTFs, Branch Clinics, joint facilities and OCONUS locations. There were 22 groups held: 67% were O-1 to O-3 and 33% were O-4 to O-6. Of those present, 42% were HCA, 44% HCC and 11% HCS.

	Administrators	Clinicians	Scientists	Totals
Medical Service Corps	42%	34%	24%	21% [511]

Topics discussed included aspects of the job, quality of work, training and education, communication, career development, mentoring, recognition and awards, administrative requirements, diversity and inclusion, and influences to leave or stay.

Compared to 2011, respondents to the 2015 survey report lower levels of:

- Job satisfaction (-1 pct point)
- Career satisfaction (-9 pct points)
- Corps satisfaction (-8 pct points)

Differences within MSC:

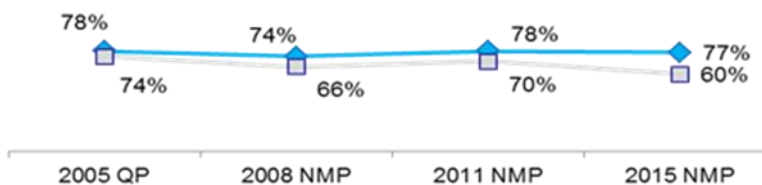
- Senior officers (SR) more satisfied than Junior officers (JR)
- Scientists less satisfied than administrators or clinicians
- Medical Services Corps more satisfied than the rest of Navy Medicine

Key Findings:

Job Satisfaction

- MSCs were very satisfied with their jobs. 72% of JR officers and 83% of SR officers reported feeling satisfied.

Overall Job Satisfaction



From the Corps Chief's Office

CNA Navy Medicine Personnel 2015 Examination of Job Satisfaction and Diversity among Navy Medicine Personnel Summary

Overall Navy Satisfaction



Overall Medical Service Corps Satisfaction



◆ Medical Services Corps ■ Total Force/Active Duty

- Members were less satisfied with:

- The promotion system; members stated they did not know why some would promote and others would not. There was also dissatisfaction with the comparison of “apples to oranges”, i.e. administrators to clinicians to scientists.
- Inappropriate expectations and not being given the appropriate resources to complete tasks, as well as being asked to do more with less.
- Working with civilians. Members felt they have to perform extra work to compensate for civilians, the HR process makes it difficult to reprimand or terminate civilians, and some civilians actively work against the productivity of their departments.
- Lack of integration between services at joint facilities; the parallel systems increase the time it takes to complete a task. Also, the lack of joint policy causes uncertainty for the members.

Most MSC's plan on staying in for a full career.
Specific areas in which MSC officers report satisfaction include:

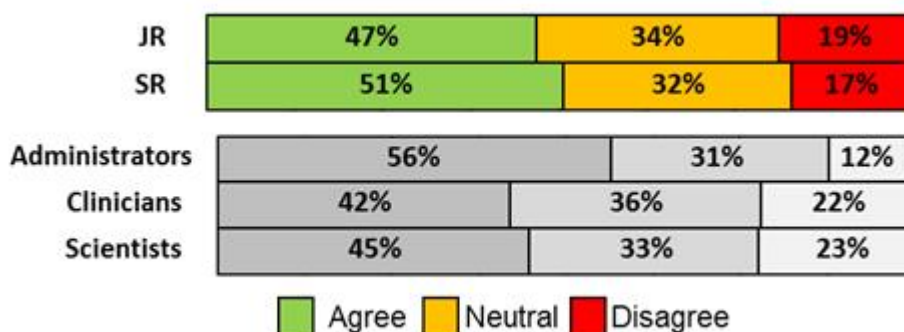
- Job security
- Job/work is meaningful
- Communication from the MSC leadership and specialty leaders

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Training and Education

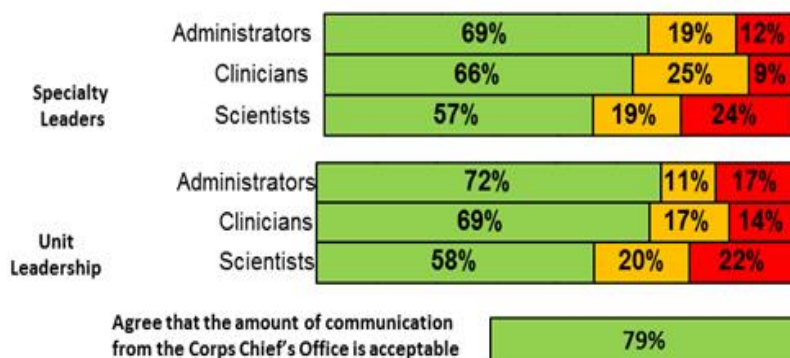
- 56% of HCAs were satisfied with educational opportunities, while only 42% and 45% of clinicians and scientists were satisfied, respectively.
- The top findings were:
 - Junior officers wanted training to maintain licensure, maintain competency, or learn military aspects of their jobs. Senior officers felt existing training was adequate. The majority of focus group members prefer face-to-face training over web-based training.



- The recommendations included:
 - Authorize travel at least 30 days before conferences.
 - Provide a library of webinar style training on military-specific aspects (e.g., FITREPs, clinic management)

Communication:

- MSCs were satisfied with communication from the Corps Chief with 61% of junior officers and 72% of senior officers reporting feeling satisfied.
- The top findings were:
 - The preferred communication sources include specialty leaders, The Rudder newsletter, Navy websites and the detailers. Most focus groups members expressed particular satisfaction with the communication they receive from their specialty leaders.



From the Corps Chief's Office

CNA Navy Medicine Personnel 2015 Examination of Job Satisfaction and Diversity among Navy Medicine Personnel Summary

- The recommendations included:

- Create informal podcasts for senior leaders to describe their career choices and challenges.
- Corps Chief's office should maintain an up-to-date list of email addresses to ensure that MSCs continue to receive communication while in non BSO-18 billets.
- JR MSCs requested a single, easy to use, location for all information that is accessible without a Common Access Card.

Promotion Opportunities:

- MSCs were less satisfied with promotion opportunities; only 46% of HCAs, 24% of clinicians, and 37% of scientists reported feeling satisfied.

- Areas of interest included:

- Some specialties have more clearly defined career paths than others and getting the types of billets required for promotion can be difficult.
- There is confusion about the promotion system as some members said, "You do what you have to do. Then you fail to be selected. You don't know what you did wrong. What is the board thinking? What else did I need to do? You have no clue; it's not clear why certain people are being promoted and others aren't."
- Clinicians felt that they are penalized for staying clinical.

Satisfaction with Promotion Opportunities

JR	32%	32%	35%
SR	46%	22%	32%
Administrators	46%	28%	25%
Clinicians	24%	28%	48%
Scientists	37%	27%	36%

- The recommendations included:

- Implement career development boards consistently across commands.
- Consider administrators, scientists, and clinicians separately at promotion boards.
- Provide education about the proportion of people at each rank who are promoted, with notes about what separated those promoted from those who were not.

From the Corps Chief's Office

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Assignments:

-Overall, MSCs appear neutral about the assignment locations available to them. 51% percent of junior officers and 55% of senior officers are satisfied, with 61% of HCAs, 48% of HCC and 44% of HCS reporting feeling satisfied.

Satisfaction with Assignments

JR	51%	28%	21%
SR	55%	23%	21%
Administrators	61%	23%	16%
Clinicians	48%	34%	18%
Scientists	44%	20%	37%

- The areas of opportunity include:
 - Transparency about which billets are open and available, earlier notice of assignment, matching assignments to preferences, and more diversity of assignments (especially for clinicians/scientists).
- The recommendations included:
 - Publish list of all assignments, previous incumbents, and expected month of rotation (some specialties already do this).
 - Utilize matching algorithm (similar to resident match for MDs) to better match MSCs to preferred assignments and reduce burden on detailers.

Mentoring:

- MSCs were satisfied with communication from the Corps Chief with 54% of JR officers and 62% of SR officers reporting being satisfied.
- The top findings include:
 - Satisfaction with mentoring varies by command and is especially difficult in small commands with few MSCs. JR officers often want mentoring from someone *outside* of their command, but do not know how to reach out to potential mentors.
- The recommendations included:
 - Better publicize the e-Mentor program.

Morale:

- MSCs were divided between JR and SR officers on morale with 48% of JR officers and 59% of SR officers reporting satisfaction.
- The top dissatisfiers included only administrative issues:
 - Online training utilizing NKO and SWANK.
 - Non-functional computer systems make it harder to provide patient care (e.g. AHLTA).
 - Would like more recognition locally (awards).
 - MSCs at branch clinics would like the opportunity to have "face time" with the CO/XO.
 - Would like commands to plan ahead for 96's by not scheduling patients before holidays.
 - JR officers generally want more feedback (good or bad).

From the Corps Chief's Office

CNA Navy Medicine Personnel 2015 Examination of Job Satisfaction and Diversity among Navy Medicine Personnel Summary

The Medical Service Corps remains the “**happiest**” Corps in Navy Medicine. MSCs had the most participants of any Corps in both the online survey and focus groups. Many of the focus group recommendations have come to a resolution since the survey by the Corps Chief's office. Examples:

- 1) Conference travel authorization at least 30 days before conferences. Most conference travel approval has been delegated to the commands which should allow for longer lead times prior to attendance.
- 2) JR officers requested a single, easy to use location for all information that is easily accessible without a CAC card. Once the MSC Smartphone application is published, this will be the repository of MSC information without a CAC card.
- 3) Better publicize the eMentoring program. There will be information and a link to the eMentor milSuite page in the MSC Smartphone application.



- Percent of MSC officers who reported being satisfied with promotion opportunities dropped 18 percentage points from 2011 to 2015.
- Satisfaction with promotion opportunities was an important predictor of career and overall corps satisfaction.
- Nearly all MSC clinicians (92%) believe that remaining clinical would affect promotion opportunities among MSC officers.
- MSC officers reported opportunities for training and education was one of the top three reasons for joining the Navy.

Opportunities for the MSC:

There are continued areas of improvement when it comes to the satisfaction of our Navy Medical Service Corps Officers. Areas for growth which can be analyzed and accomplished by future strategic goal groups include:

- 1) Provide a library of webinar style training on military-specific aspects of being an MSC officer. (e.g. FITREP tutorials, Clinic Management, Human Resource Training)
- 2) Create informal podcasts for informative discussions including senior officers talking about their career choices and sea stories, High Reliability Organizations, Emotional Intelligence, detailing and assignments, etc.
- 3) Implement Corps specific Career Development Boards for MSCs.
- 4) Provide more information about the promotion results and statistics with transparency about what separated those who promoted from those who did not.
- 5) Publish lists of all assignments, previous incumbents, and expected month of rotation.

References:

Documentation of this work appears in the CNA Navy Medicine Personnel 2015 Examination of Job Satisfaction and Diversity among Navy Medicine Personnel by Ria Reynolds, Kara Mandell, Christine Jachetta, Kim Fletcher, Megan Greenwald-Yarnell, Jennifer Griffin, Elliot Lee, Elizabeth Raistrick, and Tanya Saloom, April 2017

Asian American and Pacific Islander Heritage Month



THE ASSISTANT SECRETARY OF THE NAVY
(MANPOWER AND RESERVE AFFAIRS)
1000 NAVY PENTAGON
WASHINGTON, D.C. 20350-1000

APR 21 2017

MEMORANDUM FOR DISTRIBUTION

SUBJECT: Department of the Navy 2017 Asian American and Pacific Islander Heritage Month

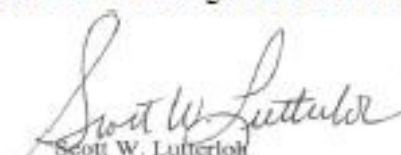
The Department of the Navy (DON) joins the nation in celebrating the 2017 Asian American and Pacific Islander (AAPI) Heritage Month throughout the month of May. AAPI Heritage Month is celebrated to commemorate the contributions of Asian Americans, Pacific Islanders, and Native Hawaiians to the American story.

Navy and Marine Corps commands are encouraged to reflect on the national 2017 theme, "Unite Our Voices by Speaking Together," to increase their knowledge of the AAPI community members who have distinct backgrounds and origins, but are bound in common purpose by shared hopes, dreams and expectations as Americans.

The AAPI community has a long and deeply rooted legacy in serving within the United States Navy and Marine Corps, and they continue to be at the forefront as leaders of our military and civilian workforce. Asian Americans and Pacific Islanders have served honorably in the United States military since the 19th century. We are inspired by AAPI leaders such as Vice Admiral Raquel C. Bono, Director of the Defense Health Agency; U.S. Marine Major General Daniel D. Yoo, Director of Operations (J3) at U.S. Special Operations Command; Ms. Giao L. Phan, Executive Director, Program Executive Office for Aircraft; and Dr. Thomas C. Fu, who serves as the director of the Ship Systems and Engineering Research Division in the Office of Naval Research. We are also inspired by countless other AAPI's who serve every day as engineers, health professionals, aircrew and submariners to keep our Nation safe and the mission readiness of the DON strong.

"I'm proud to be part of the tremendous history of Asian-Pacific Americans who've served our Navy and our Nation," noted Admiral Harry B. Harris Jr., Commander U.S. Pacific Command and the first 4-star admiral of Asian Pacific heritage. "I'm proud to be an American on the Navy-Marine Corps team, amongst the outstanding men and women from diverse backgrounds who are critical-thinking Sailors and Marines serving with honor, courage, and commitment."

In order to continue to meet the challenges of the 21st century, we must ensure a naval force that offers opportunities and creates an environment that fosters an inclusive culture that leverages the diverse talents of our entire workforce. I am delighted to honor and celebrate our AAPI teammates.


Scott W. Lutterloh
Acting



ASIAN AMERICAN PACIFIC ISLANDER HERITAGE MONTH
"Unite Our Voices by Speaking Together"



Designed by DEOMI - Defense Equal Opportunity Management Institute



Customs and Heritage

I'm Captain George S. Harris, MSC, USN (Ret), former EA to the late VADM James A. Zimble, Surgeon General.

I just wanted to tell you how proud I continue to be of our Medical Service Corp. I am one of the "Old Corps," commissioned from HM1 in 1959 after serving eight years as a Hospital Corpsman and have been retired longer than most of the folks currently on active duty (7-1-1990). I don't know where the time went. Most of my career was spent with the Marine Corps, and I suppose you might say I was a POMI before there was such a thing-I was the first MSC to attend the Marine Corps Command and Staff College (Class of 1969).

As I looked at all the officers in the current edition of THE RUDDER, I couldn't help but reflect on my years in the Navy Medical Department. So much has occurred over all these years and our Corps stands strong and serves all over the globe.

Thanks to RDML Swap and all the officers of our Corps for what you are doing and for your service to our Corps, our Navy and our Nation.

Very respectfully,
George S. Harris
CAPT MSC USN (Ret)

Medical Service Corps Facebook Closed Group

If you would like to join, please go to <https://www.facebook.com/groups/usnavymsc>

Newsletter Submissions

Pictures, stories, and any other input can be submitted by forwarding to:

usn.ncr.bumedfchva.lis@navy.mil
t.msc-corps-chiefs-office@mail.mil

For pictures, please include location, rank, first and last name, subspecialty, and a short caption.

When making submissions, please ensure photos have been approved by your local Public Affairs Officer prior to submission.

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LT L. Brown

LT T. D'Alesandro

Nominations for the 2017 AMSUS Awards

- Here is an outstanding opportunity to recognize your hardworking colleagues, peers and/or staff members.
- Association of Military Surgeons of the United States (AMSUS) acknowledges the abilities of many outstanding military/federal healthcare individuals each year through the distinguished Awards Program. (See link for the list of award categories <http://www.amsus.org/awards>).
- Nominations are accepted until June 30th through the online system at <http://www.amsus.org/awards>.
- As a member of federal healthcare, you are in a unique position to nominate a deserving individual for a competitive AMSUS award. So many individuals do outstanding work in their fields, yet are never recognized publicly for that work.
- The process is not difficult and has been simplified for this year.



AMSUS
The Society of Federal Health Professionals

From the Corps Chief's Office

Selection Board Observations from an Assistant Recorder's Perspective

By: LT Tammy L. D'Alesandro

Last month, CAPT Kerr provided insight on his observations as a selection board member. I am providing additional insight from a Junior Officer's perspective.

I was recently selected as an Assistant Recorder on a selection board. I had certain "expectations" before I arrived based on FITREP briefs I'd seen or heard, record reviews, and conversations with mentors. I left with a completely different understanding of all the aforementioned; and a much broader understanding of what a selection board is, what it means for my career, and how it will help me mentor and guide in the future.

Recorders and Assistant Recorders provide administrative assistance to PERS and to their respective selection board President and members. Recorders are generally O-5 and O-6, while assistant recorders are typically O-4(select) or O-4. All recorders arrive the week prior to the convening of the board. Once sworn in by the PERS staff, they have the responsibility of reviewing all above and in zone records prior to the board members. (Below zone records are not prepped for review during the initial week of prep work). Upon arrival, Recorders receive multiple briefs and training on the selection board process, rules of engagement, precepts, and selection "tank" operations. Recorders are tasked with ensuring all information that has been received and validated by PERS prior to the convening of the board, is in the member's record, in chronological order and as accurate as possible. This is an extremely timely process and requires a great deal of focus and concentration to ensure the record is ready for the board members' review.

Once the board members arrive, Recorders are available and standing by to provide administrative assistance, direct them to the appropriate guidance that may address questions they have, and conduct tank operations, which is where the members vote on each record. Recorders ensure the selection board process moves along smoothly and in a timely fashion.

TAKE-AWAYS:

- The number one take away from the process is that **SUSTAINED SUPERIOR PERFORMANCE** truly promotes officers and there are really great officers that get left behind! I wasn't sure exactly what that meant until I saw the record review and voting process first hand. The board members are truly doing their best to promote the best record possible, based on the limited information they have in front of them, the number of selection opportunities, and the very small window of time in which they have to do so.
- Secondly, I would recommend that junior officers truly take the time to review their records, at least annually, and have a mentor review it with them. It's important to ensure there are no time gaps that aren't addressed in a letter to the board, service schools are listed and are current/relevant to your specialty, ALL degrees are annotated, and that you are making steady progression (trying to stay at or above the Reporting Senior's Average) within your current assignment.
- Third, soft **BREAKOUTS** and promotion recommendations matter! It is extremely important, in 1 of 1 assignments or in situations where you may have difficulty getting the EP because of time on station or seniority of other officers in your reporting group, to have a breakout from the reporting senior. Board members may highlight breakout statements and referenced promotion recommendations made by the reporting senior.

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From the Corps Chief's Office

Selection Board Observations from an Assistant Recorder's Perspective

By: LT Tammy L. D'Alesandro

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- Finally, really make sure that the information in block 41 highlights what you've done in a manner that is consistent and truly tells your story to the board. There is a very small window of time for board members to review records. They do not have time to read every single word in your block 41 nor to try to figure out what our very diverse JARGON means (especially since there is a voting Line Officer). Make it easier for them to understand what you've done; be concise and get to the POINT!

Going in, I had questions about the importance of Letters to the Board and I concur with others who have said they are appropriate if there are items in your record that need to be addressed, i.e. things you may not have been able to get updated, missing awards, missing FITREPS, etc. I had also heard that you should not "restamp" your records since the AZ, IZ, and BZ stamps have now been removed. They have done a great job of removing as much bias from the process as possible. Above and in-zone records are voted on in alphabetical order. Besides from having a few more FITREPs than others in your group, there really is no way for the board members to know if a member is AZ. If you have been failed of selection at a previous board, KEEP PERFORMING! Above zone records do get selected.

I left the selection board with such a greater understanding of the process, not only for my own record review and career progression, but also to prepare me to provide mentorship and career development to both my colleagues and subordinates. It was an awesome opportunity and I highly recommend junior officers apply to be selected as a Recorder or Assistant Recorder.

Education & Training Management
Radiation Health Specialist
Financial Management
Environmental Health
Physician Assistant
Medical Technology
Physical Therapy
Microbiology
Podiatry
Pharmacy
Physiology
Medical Logistics
Operations Analysis
Patient Administration
Plans, Operations & Medical Intelligence
Health Facility Planning and Project Officer



Health Care Information Systems
Biochemistry/Toxicology
Occupational Therapy
Manpower/Personnel
Clinical Psychology
Industrial Hygiene
Entomology
Audiology
Dietetics
Optometry
Social Work
Research Psychology
Aerospace Physiology
Health Care Administration
Aerospace Experimental Psychology

Reserve Update

You've Been Selected...

By: LT Sean Shillady, MSC, HCA

Ok, so you're a hard charging MSC and you've been selected to serve in a leadership role for an exercise....now what? "...*I proudly serve my Country's Navy combat team....*" I recently served as the OIC for a 67-participant regional detachment training exercise held on Fort Indiantown Gap, a Pennsylvania Air National Guard Base. Just a few months later, I served as the Training Officer for a larger EMF field medicine exercise at the same base. While this was certainly a lot of work, the sense of accomplishment at the end was very rewarding. Not to mention a great pair of Fitrep bullets! I approached these tasks in the same manner that I approach projects in my civilian role as a Project Manager, using standard project management methodology.

Initiate. Meet with your team and set up a meeting schedule with progressively more frequent meetings as your date approaches. As time goes on, add more and more of the leadership roles you define throughout your planning process, so that all of your participants stay well informed as early on as possible. Secure the budget, and coordinate with Operations, Training, and Command on your intentions so that all are on the same page. Be sure to have set agendas, and distribute bulleted, brief minutes from each meeting to eliminate double work.

Establish your Scope. Map out all of the things your exercise is attempting to cover as well as what it is not. Ensure that your budget (IDT, IDTT, or ADT-SPEC) can cover your ideas, and that you know who can and can't attend. Confirm berthing and travel, and whether this will be instructor led or taught by Navy personnel using an experiential approach. Review past trainings so that you are offering content that is fresh, non-repetitive, falls within Command goals, and is relevant to current Navy needs.

Planning. The OIC should establish a division of duties so the AOIC, TO, and SEL know exactly which tasks they are responsible to complete. Visit the site and establish a contact list of POCs at the training site and don't be afraid to include them in your calls! Don't re-invent the wheel! As the Sailor's Creed states: "...*and all who have gone before me...*" Reach out to others who have performed this event or others similar and ask them to share their tools and techniques and lessons learned. Don't be afraid to break convention and establish a storage location for your files and templates that can be passed along to future exercise leaders. Be sure to plan for; dignitaries or Navy VIPS, base VIPS, corps breakout sessions, a social hour, and snacks in the Chief's mess. Consider an event t-shirt, challenge coin, and group picture. The Welcome Aboard package should be sent early, as you can always send updates later on. Even with a budget, money could be an issue. Depending on the types of orders, you may need to have officers chip in to assist with the cost of some enlisted meals, or have the NOSCs for local drillers provide MREs. If your Command does not have administrative supplies, plan on a way to fund; printers, ink, paper, instructional materials, etc. Don't forget the basics; Assumption of Command Letter, Letter of Intent, Risk Assessment, Manning Document, Job Descriptions for anyone with duties, Letters of Achievement and Commendation, etc.

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Reserve Update

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Execution. The big day is here! If you've planned it well, you'll simply be monitoring and controlling the event to be sure your work plan is being followed. Remember your Navy bearing. Follow protocols for the Navy as well as the location that is hosting your event. However, not everything goes as planned! Always have contingency plans. Plan for: equipment breakdowns/non-availability; berthing shortages; trainer or participant fallouts; meal issues; transportation and/or training scheduled changes, etc. Check in with your participants and be sure they are getting the most out of it, and if not, see what you can do to address any issues. Plan for this, it's important that your shipmates are learning, but that they are having fun too! Be sure to recognize all those who go above and beyond to make your event successful with coins, letters, or verbal call outs.

Closing. Whew! Now that has concluded, the work's not finished. Be sure to file a proper After Action Report so that your Command knows what did (and didn't) work for future incarnations. Make tallies of all who attended, assisted, completed trainings, completed CMEs, etc. and work with your Command to be sure all of these items are recorded properly. I suggest doing a survey of your participants to be sure their expectations are met and add any comments to the AAR. Remember, "...*I am committed to excellence...*"

MSCs are the Navy's administrative experts....so give it your all and do our Corps proud!

LT Sean Shillady is an MSC HCA currently drilling with EMF Bethesda Det HQ and serving as Assistant Command Training Officer and Operations Liaison. He formerly served as Admin Officer then AOIC of Det T, NOSC Lehigh Valley. He is also a Patient Administration and Plans Operations and Medical Intelligence Officer. In his civilian work, he is a Program Manager consultant with the Commonwealth of Pennsylvania, Department of Human Services and performs Project Management work across multiple departments.



Stepping Stones

A Recipe for Success in the Ever Winding Road to Captain

By: Gerard "Jay" Woelkers, CAPT, MSC, USN

So, I got your attention because you are like most young officers trying to climb the ladder of success within Navy Medicine. Furthermore, you probably are hoping that I will reveal a "cookbook" recipe to making Captain, or at least the next promotion on your career path. If only it were that easy.

As I looked at the latest message on the selection list for staff corps officers to Captain, I pondered on the many tracks that those officers have taken in order to attain the coveted rank of Captain, United States Navy. Knowing many of the Medical Service Corps (MSC) officers on the list, and several others from our sister corps, it became quite clear that there were a wide variety of career tracks that led to their selections. Some were entrenched in operational platform billets, some were navigating through the challenges of a senior staff position, and some were leading at one of our many medical treatment facilities around the globe. Regardless of the variety of assignments, they all were selected to Captain. In addition, they each had a mosaic career path that can only lead to one logical conclusion: there is no "recipe" for promotion in regards to assignment. However, there is one constant in all the selectees' records; they all excelled in respect to performance, and they all had a diversity of assignments that demonstrated increased leadership responsibility and the ability to perform at a high level in varied assignments.

If you have been in the Navy long enough, you most certainly have heard "that Mentor" that has THE recipe for promotion success. Well, a wise mentor knows that one career path is just that; one career path in the field of many options. My purpose in this short article is to demonstrate that an "off the path" career can still lead to promotion.

I am a "Mustang" sailor, so my career was already moving in strange directions prior to my 1993 commission in the Medical Service Corps; from my time in deck division on the USS Alamo in 1982 to the Naval Academy as a Physical Therapy Technician in 1985. But to stay on point, I will only detail my officer career path.

As an Ensign, I was assigned to the Patient Administration Department at Naval Hospital Camp Lejeune. This was a rather common assignment for new health care administrators in Navy Medicine. Understanding the basics of watch standing, inpatient and outpatient records and decedent affairs, were just a few of the duties that helped shape my early years as an officer. My next logical assignment was to an operational platform on a ship or with the marines. However, circumstances forced me to take another shore assignment. I was detailed to Naval Dental Center Northeast located in Newport, Rhode Island. I was told by many that this assignment would be the "death" of my career. I proved them all wrong and was promoted to LTJG! I was determined to succeed in this environment. I learned everything I could about dental operations (that would prove valuable later in my career) and was promoted to LT prior to leaving for the Army-Baylor program in 1998. Back then, there was a LT promotion board, so I was pretty excited about my selection to LT at an assignment that was supposedly a "dead end street."

Army-Baylor was an arduous test of will for any Naval officer in a primarily Army environment, not to mention the academic stress of one of the top Health Care Administration programs in the country. But, it was my next assignment that had many of my mentors shaking their heads in disagreement. For my utilization tour following Army-Baylor, I was sent to recruiting at Naval Recruiting District Michigan. I will agree that I was surprised that the detailee sent me to Michigan. After all, they could have sent me to Camp Lejeune with the Marines, but recruiting was the final choice. Once again, I was in an assignment that was certainly going to end with me retiring as a LT after 20 years of service. To the surprise of my peers, I was promoted to LCDR after 3 very successful years of recruiting.

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By: Gerard "Jay" Woelkers, CAPT, MSC, USN

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I quickly got back on the Navy Medicine track and took an assignment as Officer in Charge (OIC) of Branch Health Clinic Earle, NJ. Then, I accepted a Director for Administration (DFA) position at Naval Hospital Corpus Christi, TX. This was a logical progression in scope, but parallel in leadership responsibility as compared to the OIC position. The DFA position in Corpus Christi was a "hot fill" billet with a trip to Iraq attached to it. It was my choice to take that position, knowing well that I would deploy to Iraq within the first year of my assignment. My choice to take the DFA orders altered my path of promotion success. As a senior LCDR looking to promote to CDR, Corpus Christi was not considered the best assignment to do so. The trigger for me to accept the DFA position was that I saw the benefit of taking an assignment which had a certain deployment in the first year on the job. As a result, the Iraq deployment opened my view of operations; something that I lacked earlier in my career. I was allowed to demonstrate leadership in a combat environment. I think it is worth noting that I was the only LCDR at the time to agree to take that DFA assignment.

I was selected to CDR in 2008 prior to my assignment as OIC Naval Health Clinic Groton, CT. At the time, this was a CAPT billet. Along with the increased scope and leadership responsibility of a large clinic OIC position, I was deployed to Afghanistan as the Commanding Officer of Bravo Surgical Company, 1st Medical Battalion, 1MEF. I was injured at the time of my selection to deploy and was offered the opportunity to turn down the opportunity. Instead, I chose to deploy and was blessed to be healthy prior to departing.

Following Groton, I was ordered to the TRICARE Area Office in Sembach, Germany. As the program Chief

of Operations, I was exposed to TRI-CARE like never before. The experience of living overseas, and understanding the complexity of the health care benefit around the world, was a unique opportunity. It was outside my comfort zone, but I knew I had to challenge myself in a product line previously unfamiliar to me. TRI-CARE was perfect, and shortly following my assignment there I was selected to the rank of Captain.

This is just one of many stories that illustrates that there is no single career path to Captain. In addition, it is increasingly difficult to promote as the competition is exceedingly talented. As a result, there are many well qualified commanders that fail to select to Captain. As you accept assignments throughout your career, choose wisely, seek mentorship, and most importantly embrace your assignment with enthusiasm and perform at your highest level possible! I wish you all the best and remind you to enjoy the journey as you seek your desired career outcomes.

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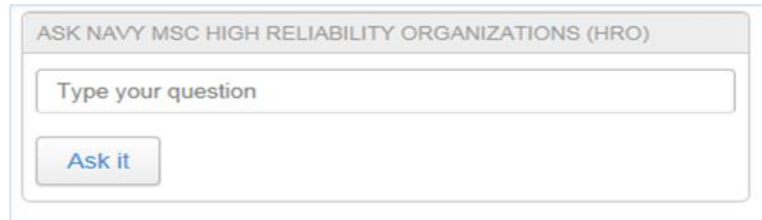
Visit <https://www.facebook.com/groups/usnavymsc>

Implementing High Reliability at the Deck Plates:

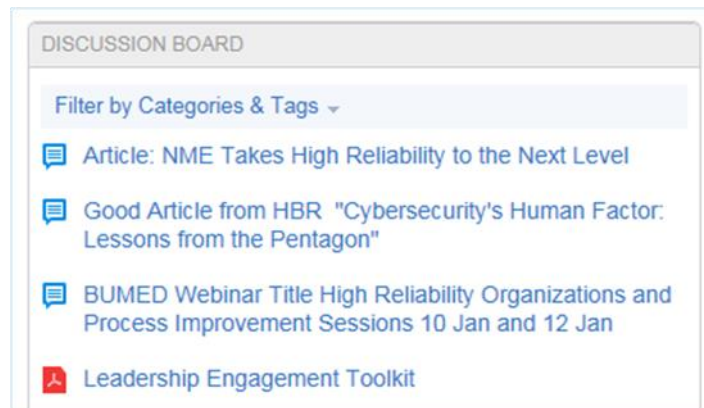
Go to the Navy MSC High Reliability Organization MilSuite Page

By LCDR Michael Schwartz

Whether you are just scratching the surface and want to learn more about High Reliability or are a High Reliability “Virtuoso”, Medical Service Corps Officers will soon be able create a bookmark to the “Navy MSC High Reliability Organization (HRO)” MILSUITE Page. This MILSUITE page is currently under construction and is expected to go-live early July 2017. The page is being designed as a collaborative workspace where visitors will be able to ask an HRO expert a question, data mine previous performance improvement projects, and discover the latest reading lists to quench your thirst for everything High Reliability.



The current site will provide Users the latest news from within High Reliability. The site’s Discussion Board allows Users to “ask a question/answer a question” leveraging the expertise from within our Corps; whether to ask questions, post ideas, or collaborate with other likeminded individuals. Additionally the site showcases a Reference Library which archives dozens of HRO resources to include journal articles, references, and performance improvement tools.



The site will provide users a variety of HRO/Performance Improvement hyperlinks across the Department of Defense, Academia, and the Joint Commission. Future plans for this MilSuite site include:

- 1) A Best Practices Corner so our Corp’s best and brightest ideas can cross pollinate across Navy Medicine. Coordination with the LEAN Six Sigma (LSS) program to include expanding access to LSS performance improvement tools and LSS project library.
- 2) Development of a link to a Specialty Leader “Go-To” list where users will be able to discuss Specialty Specific improvements and ideas.
- 3) Start your search for High Reliability with this one-stop MilSuite HRO site expected to debut early July 2017.

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Visit <https://www.facebook.com/groups/usnavymsc>

From the Detailers

Additional Qualification Designations (AQDs)

- ◆ Reference: Manual of Navy Officer Manpower and Personnel Classifications Volume I, Major Code Structures NAVPERS 1589I, April 2017, Part D and can be viewed at:

<http://www.public.navy.mil/bupers-npc/reference/noc/NOOCSVOL1/Pages/default.aspx>

- ◆ Detailers award most AQDs. The officer requesting the AQD must provide the detailer the three character code, along with all documentation needed to qualify for the AQD.

There are some AQDs that are not awarded by your detailer. These include:

- ⇒ Joint Service AQDs, including Joint Professional Military Education, are managed by Joint Matters (PERS-45J):

<http://www.public.navy.mil/bupers-npc/officer/Detailing/jointofficer/Pages/default.aspx>

- ⇒ Executive Medicine (67A) and Managed Care Coordinator (67G) are awarded by the detailer upon notification from NMETC that all competencies of the Joint Medical Executive Skills Development Program have been met. POC is Mr. Clinton Garrett at: clinton.a.garrett.civ@mail.mil
- ⇒ Global Health Specialist (68M) is awarded by the detailer upon notification from BUMED Office of Global Health Engagement that all requirements have been met. POC is CAPT Carlos D. Williams at: carlos.d.williams.mil@mail.mil

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Specialty Spotlight: General Health Care Administrator

The largest of the Navy Medical Service Corps' 31 subspecialties, General Health Care Administrators (1800) comprise approximately one out of every five MSC officers. Currently, there are 546 HCAs active duty with a primary subspecialty code of 1800, while 200 HCAs carry it as a secondary. It is also important to recognize that there are 81 reserve MSCs who are also General HCAs.



LT Richard Fail, LCDR Roxanne Rau, CDR Brad Kluegel, and LCDR Markeee Murriel.

The General HCA subspecialty is the seed corn to the 9 other subspecialties within the Healthcare Administration (HCA) discipline. Before any HCA officer receives specialized training in Patient Administration, Logistics, POMI, Financial Management, etc. they are first a General HCA (1800). In fact, even as our HCAs specialize, 60% of them choose to remain generalist and serve in "jack of all trades" roles at various points throughout their careers, allowing them to develop a variety of highly rewarding experiences across the entire billet spectrum, including staff assignments, military treatment facilities, and operational forces ashore and at sea.

In order to start any career in Navy Medicine, the General HCAs at Navy Recruiting Command must do their part to find new talent. As the direct liaison between BUMED, NPC and BUPERS, Navy Recruiting Com-

mand Program Managers provide support more than 150 Medical Officer Recruiters across the globe, including 26 fellow MSCs, to man Navy Medicine with nearly 800 of the best and brightest new officers each year.

Of those new officers, many of the HCAs' first assignments come as a Division Officer or Department Head at a Military Treatment Facility. In fact, it is not uncommon for the junior General HCA to rotate through several different areas in the MTF to gain exposure to the myriad of opportunities that exist to shape a well-rounded career as an HCA. Typically under the mentorship of a senior MSC, Director for Administration or Officer-In-Charge, this rotation of General HCAs not only helps the junior officers gain experience in several different areas, but also prepares them well for Executive Medicine positions where leaders must possess a working knowledge of the processes under their charge.



RADM Gillingham addresses HCA leadership at Naval Hospital Jacksonville.

Continued on next page...

General Health Care Administrator

Subspecialty Code = 1800
Billets = Primary 388; Secondary 200
End Strength = 572
Reserve Billets = 81



Specialty Spotlight: General HCA

Continued from previous page...

Following a typical start at an MTF, General HCAs can elect to take traditional, direct care based paths to executive medicine, typically serving in roles of increased leadership responsibility such as Division Officer, Department Head, and Director for Administration. Alternatively, they have an opportunity to progress and impact Navy Medicine via alternate career paths, another indication of the value the Navy places on officers who can succeed in a myriad of different assignments. In addition to the roles already mentioned, tours for junior General HCAs can be found in BUMED, Navy Medicine Regions East and West, Navy Personnel Command, research commands, Medical Companies with the Marines, onboard ships as Medical Administration and Medical Regulating Control Officers, and even as Instructors at Officer Development School. These opportunities all present an opportunity to grow, and most generalists will find themselves sliding in and out of these types of roles with increasing responsibility, as they navigate the early part of their career.

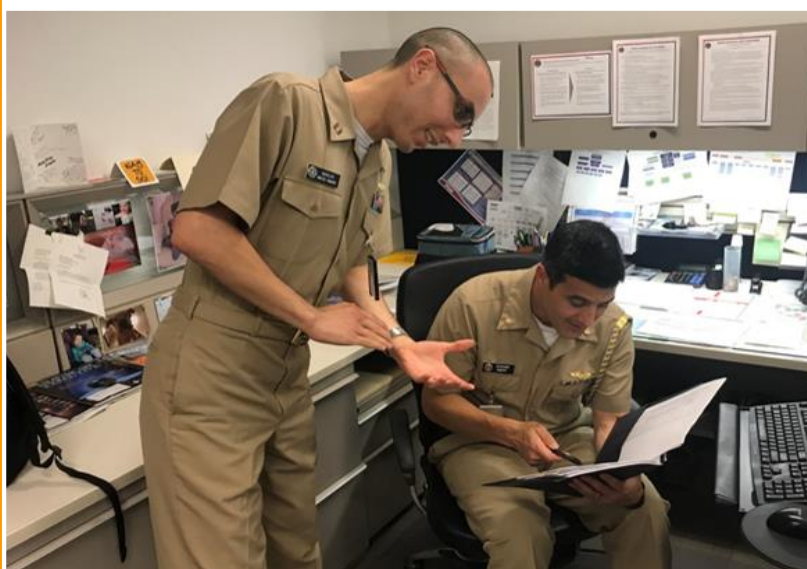
Another opportunity to be considered by the early generalist is the Masters of Health Administration and Policy (MHAP) Program at the Uniformed Services University of the Health Sciences (USUHS). Located in Bethesda, Maryland, this two-year program provides junior to mid-grade officers in the healthcare administration (HCA) community with an academic experience that prepares them for successful management and leadership roles immediately following graduation. Baylor Univer-

sity also offers Masters in Healthcare Administration and Business Administration through the through Duty Under Instruction (DUINS) at Navy Postgraduate School.

Officer or member of the Senior Executive Service is a role that many general HCAs could fill in during their career. Action Officers work to develop or update Navy Medicine policy, coordinate and draft responses for Requests for Information from Congress, the Defense Health Agency, other Services, prepare senior leaders and Flag/SES to represent the Navy's position in joint briefings or working groups, and communicate with Navy Medicine commands across the globe. Staff assigned to BUMED quickly realize the political complexities of its coordination and interaction with the Senate Armed Services Committee, the House Armed Service Committee, and even the White House as each of these entities work to shape military policy.

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With a strong foundation of education and experience, many junior generalists could find themselves serving as an Action Officer or Executive/Military Assistants to a Flag Executive Assistants. Pictured : LT Matos Makris (standing) and LCDR Steve Marty discuss a package before presenting to the Surgeon General for signature. LCDR Christina Hyatt (standing) and LT Tammy D'Alesandro check formatting on an action memo in the office of the Corps Chiefs.

Specialty Spotlight: General HCA

Continued from previous page...



CAPT David Collins speaking at NH Jacksonville

Staff assigned to BUMED quickly realize the politically complexities of its coordination and interaction with the Senate Armed Services Committee, the House Armed Service Committee, and even the White House as each of these entities work to shape military policy.

One highly unique opportunity for general HCAs is assignment to the White House Medical Unit (WHMU). The WHMU is a Jointly staffed unit solely responsible for the health of the President, Vice President and their families. It also delivers operational, acute and emergency care services to over 2,200 military members assigned to Presidential support, 3,000 members of the Executive Office of the President, the U.S. Secret Service, and all guest and visitors to the White House.

General HCAs assigned to the White House are responsible for the overall management of a high OPTEM-PO "no-fail" medical mission in direct support of the President and Vice President. Duties include directing and providing comprehensive executive healthcare services, human resource management, policy development and protocol guidance, and serving as the medical liaison between the Executive Office of the President, Cabinet members, and Senior White House staff members. Additionally, the HCA serves as the principle advisor to the WHMU Director and the Physician to the President on healthcare policy and personnel issues relating to military medicine. Success in this position involves frequent and ongoing collaboration with the United States Secret Service, White House Military Office, Office of the Secretary of Defense, Department of State, Defense Health Agency, and numerous other State and Federal agencies. There are several more examples of the unique general HCA billets that exist throughout the many facets of Navy Medicine. Taking advantage of the unique opportunities that "1800 billets" offer can certainly broaden your skillset and position you to achieve senior leadership roles in Navy Medicine.



Senior MSC Leadership at (CAPT Marty Kerr) BUMED just working on the latest BUMED golf policy.

The Navy is always looking for motivated leaders to join the nearly 600 General HCAs proudly serving in the Medical Service Corps. Individuals wishing to become a General HCA as a direct accession must earn their accredited Master's Degree with a major in Health Care, Hospital or Health Service Administration, Health Policy or accredited Master's in Business Administration with a concentration in Health Care Administration.

The Health Services Collegiate Program (HSCP) is a scholarship program designed to provide financial incentives for students in designated health care professions to complete degree/certification requirements and obtain a commission in the Medical Service Corps (MSC), and more information can be found at <https://www.navy.mil/officer/hscp.html>.



Captain Roe and his MSC Officers from NBHC Groton visiting USS Nautilus Museum

Additionally, the Medical Service Corps In-service Procurement Program (MSC-IPP) gives high performing enlisted Sailors and Marines ranked E-5 through E-9 the opportunity to apply for commissioning as an HCA - as well as other specialties - in the Medical Service Corps. Information about this opportunity can be found at <http://www.med.navy.mil/sites/nmpdc/professional-development/SitePages/Medical%20Service%20Corps%20Program%20MSCIPP-PA.aspx>

MSCs In Focus



Chicago, IL - MSC Officers post for a photo during RDML Swap's visit in FHCC. Pictured (L-R) LT Alyssa Garofalo, Psychologist; LT Carolina Garcia-Leahy, Psychologist; LT Kaitlin Pullano, Physician Assistant; LT Michael Morin, Psychologist; LCDR Christopher Udell, Psychologist. Second row: LCDR Suzanne Decker, Healthcare Administrator; LT Kathleen Saul, Psychologist; LT Amber Egbert, Optometrist; LCDR Aileen Pletta, Physical Therapist; LT Julia Hardy-Carr, Healthcare Administrator; CAPT Wendy Pinkham, Physical Therapist; CDR Andrew Archila, Optometrist; LT Katya Anderson, Healthcare Administrator; CDR DuWayne Griepentrog, Director for Administration; RDML Anne Swap; CDR Jori Brajer, Healthcare Administrator; LCDR James Allen, Medical Logistics; LCDR Joseph Osmond, Optometrist; LT Alison Siepker, Social Worker; LT Patrick McEachern - Healthcare Administrator; CDR Francine Worthington, Patient Administration; LTJG Laura Logeman, Physician Assistant; LTJG Rachel Robeck, Physician Assistant; LT Jason Hsiang, Podiatrist.



Washington, DC - Congratulations to LCDR Tatana Olson, Aerospace Experimental Psychologist and recipient of the 2017 Heroes of Military Medicine award. Bottom left picture (L-R): VADM C. Forrest Faison III, Navy Surgeon General; LCDR Olson; Mr. Philip Odeen, Chairman of the Henry M. Jackson Foundation Council of Directors; and Cynthia Gilman, Vice President, Center for Public-Private Partnerships of the Henry M. Jackson Foundation. Bottom right picture: LCDR Olson gives her acceptance speech.

MSCs In Focus



Las Vegas, NV - Navy Podiatrists attend the American College of Foot and Ankle Surgeons annual scientific meeting in Las Vegas. Attendance at the nation's premier foot and ankle seminar and workshops helps keep Navy podiatry at the forefront of medical care worldwide. Pictured Front Row (L to R): LT Mark Dreyer, LT Kevin Hunt, LT Joseph Musmanno, LT Erick Warpula, CDR Monique Gourdine-Shaw, LT Nhu Do, LT Rebecca Omana-Daniels, and LT Sarah Fletcher. Back Row (L to R): LT Cornelius Gillespie, LT John Aker, CDR Bryan Bell, LCDR Jeffrey Dufault, CDR Deborah Robinson, CDR Raymond McClary, and CAPT (retired) Patrick Agnew, U.S. Navy Reserves.



Washington, DC - Officers attend the 130th Interagency Institute of Federal Health Care executives, Surgeons' General Panel on 4 May 2017. The Surgeons' General panel is conducted annually during the Institute and provides an opportunity for the attendees to hear emerging challenges impacting military medicine. Pictured (L to R): CAPT Brian Hatch, Optometrist, CAPT Chad Roe, Health Care Administrator, Rear Admiral Terry Moulton, Deputy Surgeon General, CDR Richard Gilliard, Health Care Administrator, and CDR Maria Barefield, Occupational Therapist.

MSCs In Focus



Pensacola, FL.- LT Daniel Logsdon, Aerospace Operational Physiologist, attached to Training Air Wing SIX, conducts Reduced Oxygen Breathing Device (ROBD) training for a T-45C instructor pilot attached to VT-86. Hypoxia in the T-45 community is the Commander of Naval Air Forces' number one safety priority and continues to require support from multiple Medical Service Corp Sub-



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NAS Pensacola, FL- LT Claire Modica (left), Aerospace Experimental Psychologist (AEP), receives her coin as AEP #157 following her official winging ceremony at NAS Pensacola FL. Pictured with her training officer, LT Mike Natali (right), AEP #150.

MSCs Around the Globe



Okinawa, Japan – MSC officers from U.S. Naval Hospital Okinawa participates in the 3rd Annual Sexual Assault Prevention and Response (SAPR) Cup in support of Sexual Assault Awareness and Prevention Month on 14 April 2017. This Joint field meet was held on Camp Foster and brought four branches of service to compete against one another in events such as tug of war, tire flip, and an obstacle course relay. Pictured (L to R): HM1 Romeo Buenaventura, LT Stephen Jaggi, Optometrist and Uniformed Victim Advocate (UVA); LT Matthew Weinheimer, Optometrist/UVA; CDR Rodel Divina, Optometrist and Sexual Assault Response Coordinator (SARC); CAPT Timothy Weber, Commanding Officer of U.S. Naval Hospital Okinawa; RN Elssy Bingham, Sexual Assault Medical Forensic Examiner (SAMFE) Program Manager; LT Veronica Gomez, Physician Assistant/Assistant SAMFE; LT Maya Bell, Occupational Therapist/UVA; and LCDR Janine Espinal, Logistician/Deputy SARC.



Okinawa, Japan – CDR Rodel Divina, Optometrist; LCDR Janine Espinal, Logistician; LT Veronica Gomez, Physician Assistant; and RN Bingham pose with Major General Joaquin Malavet (center), Commanding General, Marine Corps Installations Pacific. Events like the SAPR Cup boost camaraderie between all services and educate the local community on the importance of eradicating sexual assault in our military.



MSCs Around the Globe



Malaysia - Top picture: LT James Harwood, entomologist, demonstrates cockroach surveillance techniques for Royal Malaysian Navy sailors during Shipboard Pest Management Training, Pacific Partnership 2017. Bottom picture: LT Harwood discusses mosquito surveillance strategies and vector control considerations with 1st Division Medical Battalion, Royal Malaysian Army during Field Preventive Medicine Training, Pacific Partnership 2017.

MSCs Around the Globe



Uganda - LT Joe Diclaro and CAPT David Hoel, both entomologists, visit the Zika Forest in Uganda as the Presidents Malaria Initiative (PMI) entomology consultants for the country. Launched in 2005, the goal of PMI is to reduce malaria-related morbidity and mortality across 19 high-burden countries in sub-Saharan Africa through a rapid scale-up of proven malaria control techniques. In his role as entomology consultant, LT Diclaro will help ensure that the insecticide treated net and indoor residual spraying components of the program are implemented and managed in an efficient, effective, and sustainable way.



Uganda - LT Joe Diclaro, Entomologist, provides instruction in military Entomology as part of the African Malaria Task Force. LT Diclaro was supporting AFRI-COM's international collaborative, the Africa Malaria Task Force (AMTF). This long-term AFRICOM funded malaria prevention strategy is designed to strengthen preventive medicine capability and capacity in partner nation militaries, dependents, and communities throughout sub-Saharan Africa.

MSCs Around the Globe



Suva, Fiji- : LT Matt Montgomery, Entomologist, Navy Entomology Center of Excellence, and LTJG Jodi Fiorenzano, Entomologist, Navy Marine Corps Public Health Center-6, participate in a multi-national Regional Training of the Trainers Workshop on Integrated Pest Management. The event assisted the World Health Organization in providing enhanced disease control capacity for Fijian and other local ministries of health as part of an ongoing commitment to build sustainable vector control capabilities in the region.

Education & Training Management
Radiation Health Specialist
Financial Management
Environmental Health
Physician Assistant
Medical Technology
Physical Therapy
Microbiology
Podiatry
Pharmacy
Physiology
Medical Logistics
Operations Analysis
Patient Administration
Plans, Operations & Medical Intelligence
Health Facility Planning and Project Officer



Health Care Information Systems
Biochemistry/Toxicology
Occupational Therapy
Manpower/Personnel
Clinical Psychology
Industrial Hygiene
Entomology
Audiology
Dietetics
Optometry
Social Work
Research Psychology
Aerospace Physiology
Health Care Administration
Aerospace Experimental Psychology

U.S. Navy Medical Service Corps

**Medical Service Corps
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RDML Anne M. Swap, MSC, USN**

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Email: [MSC Corps Chief's Office](mailto:MSC_Corps_Chief's_Office)

The Medical Service Corps supports Navy Medicine's readiness and health benefits mission. It is the most diverse Officer Corps in Navy Medicine with 31 specialties organized under three major categories: Healthcare Administrators, Healthcare Clinicians, and Healthcare Scientists. There are over 3,000 active and reserve MSC officers that serve at Military Treatment Facilities, on ships, with the Fleet Marine Force, with Seabee and special warfare units, in research centers and laboratories, in a myriad of staff positions with the Navy and Marine Corps, and with our sister services around the world.

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Many Specialties - One Corps!

