



Naval Medical Force Development Center (NMFDC)

Monthly Newsletter

June 2022 | Volume 3, Number 6

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BUMED Readiness Spotlight



Deployment Readiness Education for Servicewomen Progressive Web App



Women's health resources
for before, during, and after
deployment.
mobile.health.mil/dres

Based on the Navy Medicine Deployment Readiness Education for Servicewomen (DRES) Handbook, the Defense Health Agency released the **DRES app** to provide servicewomen with a comprehensive resource for women's health needs before, during, and after deployment.

The DRES App provides information on sexual and mental health, navigating TRICARE resources, connecting with family during deployment, and pre-deployment checklists.

Access the free app by visiting <https://mobile.health.mil/Dres> on your computer or mobile device, or by scanning the QR code.

For more women's health resources, visit the Navy Medicine [Women's Health Webpage](#).

Virtual Site Visits

The NMFDC is offering virtual site visits to discuss the Navy Medicine Readiness Criteria revalidation efforts, showcase the Naval KSA Proficiency Dashboard, and identify lessons learned to inform future Naval KSA Program Management Office and NMFDC efforts.



**If interested in
scheduling a
virtual visit,
please reach
out to the
NMFDC inbox!**

Flag Officer Assignment

On 01 JUN 2022, the Department of Defense announced that RDML Darin K. Via will be assigned as Deputy Chief, Bureau of Medicine and Surgery (BUMED); Deputy Surgeon General of the Navy; and Director, Medical Resources, Plans and Policy Division, N0931, Office of the Chief of Naval Operations, Washington, D.C.



RDML Darin K. Via

Currently, RDML Via serves as Commander, Naval Medical Forces Atlantic, with additional duties as Director, Tidewater Market, Portsmouth, Virginia. RDML Via has been a major advocate for the development and evolution of Knowledge, Skills, and Abilities (KSAs) for Navy Medicine.

Graphic of the Month



Gaps in readiness data prevent a clear picture of readiness proficiency and sufficiency.

Leadership

Office of Primary Responsibility
M5 (Mr. John Zarkowsky)

Clinical Coordination SME
M35 (CAPT Emori Moore)

Training & Education SME
M71 (CDR Dana Dones)



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Meet TSMO Lead CDR Heather Shattuck

CDR Shattuck spoke with the NMFDC team to discuss potential improvements, future aspirations, and lessons learned surrounding readiness as the Trauma Strategy Management Office (TSMO) Lead.

1. What are three (3) things that Navy Medicine can do to improve Naval medical personnel's readiness status?

1 - Navy Medicine can improve Naval medical personnel's readiness status by continuing the military-civilian partnership expansion process. The focus of readiness status needs to prioritize skills assessment, training, and sustainment across all skill sets and specialties. The partnerships provide continuous skills sustainment in specialty areas necessary for the next fight. These partnerships are able to provide the closest equivalent to wartime injuries that our personnel may encounter in the future. Just-in-time training is not enough, and our team and evidence support that continual exposure and regular interval training provide increased Knowledge, Skills, and Abilities (KSAs) for all skill sets.

2 - Through the creation of KSAs and a tool that can measure all service members and their unique skills, Navy Medicine will have a better method to "show" readiness. There are many efforts looking at this across the joint arena and the individual service levels. The criteria for all team members is essential to make a READY TEAM. Current readiness reporting systems are not inclusive of all skill sets, and we rely heavily on individual readiness reporting.

3 - Lastly, to improve the readiness of Navy Medicine across all skill sets, we need to have more training opportunities, where our service specialists are doing reps and sets in their specialty area and working to the highest level of their training and expertise. We need training opportunities that will challenge our medical professionals with volume, complexity, acuity, and environment.

2. How have the Navy Medicine Readiness Criteria (NMRC) helped support or inform partnerships? How can the NMRC be improved in the future to better support partnerships?

A - The NMRC provide a guide, direction, and process for partnerships. Readiness criteria is necessary to provide our partnership locations and leaders with the what, when, why, where, and how of our medical service clinicians. This not only offers the service members an understanding of what they should be focusing on during their experiences, but it also provides the partnerships

with a detailed approach to help us reach the training and sustainment goals. The NMRC also provide the certification bodies at the highest-level documentation that the team, group, and unit are prepared and ready according to the evidence-based standards of care necessary to support the operational mission.

B - The NMRC can be improved by having trackable KSA data for all skill levels (from the most junior to the most senior) and having a usable system that is current, easy, and does not require hours of computer logging. Collaboration with the joint service systems and continuing to explore the use of an application that can be easily assessable 24/7 is, in my opinion, the better way to get more accurate information. To better support the partnerships, we need to have a system set up to track all of the defined readiness criteria in the same way, no matter where you are located (Medical Treatment Facility (MTF), Austere environment, or partnership).

3. As the NMFDC starts to revalidate the NMRC, what recommendations and/or lessons learned do you have that could be applied to the process?

As stated above, we need to be tracking the same things at our MTFs that we are tracking at partnerships, and we need to be tracking this for all skill sets (not just those that generate relative value units or have KSAs published).

4. What would you like the TSMO to look like a year from now? What are you most excited about accomplishing in the year ahead?

A - My dream for TSMO a year from now would be to have two more Expeditionary Resuscitative Surgical System (ERSS) partnerships fully stood up with fully embedded, sustaining staff. I would like to have the Forward Surgical Teams, Expeditionary Medical Facilities, ERSS partnerships, and En Route Care System teams getting their skills sustainment in settings that provide the highest degree of clinical KSAs within their scope and specialty areas. This is unrealistic, but it is my vision for the TSMO to push for movement that maximizes our skill sets, challenges our professionals, and has them all working and sustaining at the highest level. This is not possible without requirements, personnel, money, and collaboration between all services and all areas to support READINESS.

B - Currently I am most excited about getting the FIRST fully embedded ERSS team concept on station and integrated into John H. Stroger Hospital at Cook County, Chicago, Illinois. This is a huge accomplishment and required a lot of work from hundreds of people to make this partnership happen. It is a breakthrough in relationship building and military-civilian collaboration, but more importantly, it is a READINESS process we cannot deny will provide both training and sustainment for our medical teams. I am the most excited about having READY TEAMS with skill sets that match the highest standard, as they prepare for the next combat operation.

Ask the Editor

Have a question for the NMFDC? Let us know by emailing us!
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