

NAVY RESERVE MEDICINE

FEB 2022, VOL. 3, ISSUE 2

WHAT'S INSIDE

Education & Training	2
IRT	2
Finance	3
Manpower/Mobilization.	3
IT	4
CCPD/RAO Update	5

Reserve Component Provides Mental Health Support in Guam

In response to a shortage of mental health providers at NMRTC Guam, Navy Medicine RPDs at NMFL and NMFP, in collaboration with the RC Psychiatry Specialty Leader, CDR Joel Solomon, rapidly assisted in the effort to provide 14 RC psychiatrists with 222 days of additional mental health support. This exemplary response by the RC community increased mental health services to NMRTC Guam by more than 40 percent and ensured Sailors and their families had access to timely care. BZ to all those who supported this effort!

The loss of even one life within our force is too many, and the Navy Reserve community must continue to combat the mental health struggle that some of our service members face. Our members are our greatest resource, and we all have a role in suicide prevention to reach out when a shipmate is in need of support and to seek support ourselves, when needed. Each of us has a responsibility to recognizing stressors in ourselves or our shipmates, and to actively seek remedies and support to be

healthy and ready for all challenges we may face.

YOU ARE NOT ALONE



There are many resources available to struggling Sailors. Please save the QR code in your phone or on your desktop, and consider adding it to your email signature. Having these resources available when you find yourself or a shipmate in a dark place could save a life.

Source: ForceConnect

M₁₀ STAFF

CAPT Eric Lubeck

Director (571) 216-7697 Eric.h.lubeck.mil@mail.mil,

CDR Melissa Oldham

Deputy Dir. (571) 481-1725 Carol.m.oldham.mil@mail.mil.

HMCS Derek Sheppard

(703) 681-7202 Derek.w.sheppard.mil@mail.mil

YN1 Segundo Sam

(703) 681-9212 Segundo.r.sam.mil@mail.mil

CAPT Randall Hodo

Strategic Plans & Operations (703) 681-9507 Randall.g.hodo2.mil@mail.mil

LT Rodrick Womack

(703) 681-5517 Rodrick.t.womack.mil@mail.mil

Mr. Jim Clearwood

(703) 681-9213 James.m.clearwood.civ@mail.mil

LT Marline Duncan

Education & Training (703) 681-5572 Marline.a.duncan.mil@mail.mil

HMC Steven Hursh

Education & Training (703) 681-5539 Steven.p.hursh.mil@mail.mil

LCDR Shaun Shillady

IRT Program (703) 681-9129 Shaun.c.shillady.mil@mail.mil

CAPT Lydia Doye

Special Assistant, Manpower & Personnel (703) 681-9410 Lydia.j.doye.mil@mail.mil

LT Glenda Palomino

Manpower & Personnel (703) 681-6806 Glenda.m.palominonuflo.mil@mail.mil

HM1 Abdessamad El Gbouri

(703) 681-5517 Abdessamad.elgbouri.mil@mail.mil



Education & Training LT Duncan **HMC Hursh**

Why is Tactical Combat Casualty Care (TCCC) Training important to me and (NRM)? Surgeon's General's Navy Medicine's strategic priorities: People, Platform, Performance and Power. TCCC provides evidence-based, lifesaving techniques and strategies for DoD trauma care as directed in OPNAVINST 1500.86. TCCC's goal is to eliminate preventable deaths by ensuring all military personnel can provide lifesaving assistance for themselves and others.

What is the Impact of not completing the required training?

Members not meeting the requirement will not executive deployment orders; members will not meet the aforementioned requirements set forth by the listed instructions. Members will not be prepared to intervene or assist with potentially life-saving measures for military members in need.

What is the deadline to complete TCCC training across Navy Reserve Medicine?

Tier 1: Per NAVADMIN 240/20, Tier 1 ASM is a GMT and every service member should at least have TCCC Tier 1 (as soon as they get to their unit)

Tier 2/3: within 180 days of deployment, 6 months of being assigned to unit, and is good for 3 years.

Who is a TCCC instructor?

Commands recommend TCCC Instructor Candidates to NR NMFSC TCCC Program Director for enrollment in a NR NMFSC TCCC instructor course for Tier 3 Provider Training, Instructors for Tier 1 ASM can be any personnel that has completed the TCCC Tier 3-Provider Training and the All Service Member-Train the Trainer Course.

What are the four tiers?

Four TCCC tiers provide roleappropriate curriculum for personnel.

- (1) TCCC Tier 1. All Service Member (ASM) training is designed to provide basic, evidence-based lifesaving skills for non-medical personnel at their duty stations or in preparation for non-combat deployments.
 - https://www.deployedmedicine.com
- TCCC Tier 2. Combat Lifesaver (CLS) TCCC training is primarily for designated non-medical personnel tasked to provide additional medical support within their units during sustained combat or contingency operations. Examples where TCCC Tier 2 training may be appropriate include: stretcher bearers. flying team, Emergency Medical Assistance Team, and select personnel in expeditionary or security units. https://www.deployedmedicine.com
- (3) TCCC-Provider Training Courses: Combat Medic or Corpsman training is intended primarily for medical personnel, to include some licensed medical practitioner. Navy Hospital Corpsmen (HM) will receive TCCC training and certification during their HM "A" School.
- (4) TCCC Tier 4. Combat Paramedic or Provider (Advanced Resuscitative) TCCC training is primarily for advanced medical personnel, some licensed medical practitioners and select nonmedical personnel that may need to provide prolonged advanced field care for injured Service Members (such as special operations and search and rescue forces). Tier 4 TCCC training and certification will be included in the Recon, Surface, and Dive Independent Duty Corpsman (IDC) courses of

instruction. Plan to release curriculum by January 2023

Current completed training percentage across Navy Reserve Medicine (NRM) is currently at 43%. Please ensure your training is properly recorded in Fleet Training Management and Planning System (FLTMPS) using the appropriate course identification number:

- Tier 1 TCCC (ASM) B-300-2010
 - Tier 1 TCCC Refresher B-300-
 - Tier 2 TCCC (CLS) B-300-2020
- TCCC Provider B-300-4010

What funding Source is used for NROWS Orders? TCCC Tier 1: IDT/IDTT, TCCC Tier 3: Annual Training (AT) funds with approval from gaining command. Active Duty for Training - Continuing Medical Education (ADT-CME) Funds are available for training for BSO-18 billeted personnel.

How long (how many days) is the TCCC Trainina?

- TCCC-Tier 1: 4-7 hours
- TCCC-Tier 1 Refresher Course: 4-7 hours
- TCCC-Tier 2 Combat Lifesaver (CLS): 5 days (40hrs)
- **TCCC-Tier 3 Provider Training** Course: 3 days (16hrs)

Innovative Readiness Training (IRT) Program **LCDR Shillady**

The IRT Program is in the midst of high speed operational tempo as the IRT season draws near. Lead planners and key members from the Navy Reserve Medicine units participating in the FY22 IRT exercises are fully engaged in weekly and bi-weekly telecons hosted by the lead services and community partners. Planning meetings are taking place, starting with the planning team from NMRTC Portsmouth who are leading Appalachian Care which will take place this in August. Mid Planning Meetings (MPM) have



switched to virtual to save on costs. New this year is an advance team to participate in equipment packing/unpacking training in Youngstown, Ohio in March.

The FY22 IRT Mid Planning Meetings (MPMs) are as follows:

- IRT Birchwood Cares 8-10 FEB
- IRT Tropic Care 1-3 MAR
- IRT Valley Health Care 5-7 APR
- IRT Appalachian Care -19-21 ************

Finance

Mr. Clearwood

FY22 AT Orders Requests: FY22 AT orders were to be in NROWS by 31 January. If you do not yet have a scheduled AT, work with your Command Training Officer and Reserve Program Director (RPD/OSO) to schedule one.

FY22 2ND Quarter IDTT Orders Requests and Funding: IDTT is a fund source that is significantly underutilized across the Navy Reserve Force. Commands should use these funds to bring crossassigned members to the UMUIC location. Q3 orders must be in NROWS prior to 30 April. Unused funds will be recouped at that time.

FY22 2nd Quarter ADT-SPEC Orders Requests and Funding: Our current Q2 ADT-Special Execution stands at 71.75%. BUMED must reach 85% by 28 February 2022, or we will lose Q2 ADT-SPEC funding. SELRES and all NR units play a major role in getting this done. The only way to reach these targets on a quarterly basis is through proper planning and the unit approval of orders.

Manpower LT Palomino/HM1 El Gbouri

Upcoming Deadlines FY 22 JO APPLY & MNA Q2:

- 31 JAN 22. Q2 Junior Officer and Enlisted Application phase ended.
- 31 MAR 22. New orders released in RFMT for members who are awarded a billet.

Recommendation: Read your orders in entirety. Verify if the listed "drilling" unit (TRUIC) is where you want to drill. If not, submit a TRUIC change request via RFMT. Ask your Manpower Officer for the list of BSO-18 TRUICs and UMUICs.

FAQs:

How do I know where I need to drill and where is my Gaining Command? In RFMT, check the "Current Assignment section" of

your profile. You will see the following information:

Training Unit TRUIC: this is your drilling Unit

NRA: This is your drilling Reserve Center

PRD: Date when your assignment to the UMUIC is scheduled to end. You can start applying for another billet 6 months prior to this date. If you want to extend, submit a request to extend no later than 9 months prior to this date. Extensions are only allowed for up to one year. **UMUIC**: This is the Unit that "has" your billet. It is also your "Gaining

If your Training Unit and your Gaining Command are exactly the same, it means that you are "locally assigned". If your Training Unit and Gaining Command are different, then you are "crossassigned".

Command".

Your orders also have this information. The first Unit listed is your "TRUIC" which is where you need to drill, the second Unit listed is your "UMUIC" which is your gaining Command. The last Unit listed is the Active Duty Command where you should perform your AT.

Online Passport Renewal

Active-duty, reserve and retired service members, and Defense Department civilians and contractors and their families are now able to renew their U.S. passports online, according to the State Department. The online portal, became available Dec. 23, and will now enable customers to renew their passports from the convenience of their homes 24/7 without having to go to a post office to mail their application and supporting documents.

Please share with your families and others who may be eligible for these services. Please see the link below for more information and instruction on the renewal process. https://www.defense.gov/News/News-Stories/Article/Article/2880945/dod-personnelfamilies-can-renew-passports-online/

Mobilizations

LT Womack

GTMO 6/3/2022

- General Duty Corpsman (HMC)
- OR Tech (L23A)
- Lab Tech (L31A)
- PT Tech (L20A)
- ICU Nurse
- **Psychiatrist**

Kuwait (6/3/2022

- Patient Movement NCO (HM1) **CENTCOM AOR 6/10/2022**
- Respiratory Tech (L32A)

GTMO 7/1/2022

- General Duty Corpsman (four available openings)
- **Pharmacist**
- Family Nurse Practitioner

CENTCOM 9/23/2022

- OR Tech (L23A)
- General Surgeon
- **ER Physician**
- Physician's Assistant

Yokota AB, Japan 10/3/2022

- Deputy Surgeon
- Surgeon OIC
- Prev Med Tech (L12A)



IT Corner

HOW DO I CLEAN UP MY SHARED DRIVE? HM1 El Gbouri, A.

We use shared drives/directories to store and manage valuable information. When properly maintained, shared drives help centralize and control the many files that are often stored in multiple locations within our departments. However, some may have difficulty organizing and maintaining their shared drives, resulting in a build-up of large amounts of redundant, obsolete, or trivial documentation. Maintaining these unnecessary records consumes electronic storage space and makes it difficult for employees to find critical documents quickly. In the military, it is even more crucial since the staff rotations are short and in many cases the turn-overs are either very short or non-existent.

We are left to our own organization/disorganization skills to manage our shared drives and the naming conventions, and the standards to follow are generally up to the users managing those drives. It is a best practice to create a simplified process, including the folders organization, and the naming conventions, along with particular ways to deal with historical data, PII, and HIPAA.

A. ORGANIZE YOUR DRIVE/DIRECTORY

To organize your drive follow the recommendation below adapted from the Duke University Records Management Practices, follow the link above for more details.

1. Create a folder structure.

Don't let your shared drive become the Wild, Wild West. Use a defined folder structure to store your records. Most electronic file structures are created in a hierarchical format, but clicking more than 3 times to find a

document is confusing and may result in users getting "lost" within the folders. Base the folder structures on the main functions of the department. Simply ask yourself: "What are my department goals? What do we do? What documents do we create?" When designing your structure, also consider your workflow. Think about how documents move through your department. Are there documents that need to be referenced frequently by staff? Make sure they are easy to locate and not buried down several levels of folders.

2. Use a consistent file name.

All your files should have a consistent naming convention, the general practice is to include the date the document was created and the version and what is it for. You will have to decide on how to put this information together and follow it, such as YYYYMMDD_File_Name_Version1. Something to consider, when naming folders, if you use numbers at the beginning of the name you can organize your folders and sort them much easier than if the names start with letters. And when naming files, know that most shared drives allow less than 260 characters. Although that is enough, we tend to name some files with long names. Ask yourself, "If I have to conduct a search for this file, what would I search for?" The answer you find is what you need to name your file, simply add a date and a version.

1 SOP GO-BY GUIDANCE
2 TEMPLATES AND FORMS
3 INSTRUCTIONS POLICIES MEMOS
4 POCs
5 SCHOOL RELATED MATTERS
6 RESERVE TRAINING REQS
7 PROJECTS
8 BUDGET

3. Document your decisions.

Regardless of what you choose to implement on your shared drive, document your plan. This includes

both the shared drive structure and the file naming convention. You can store this documentation in the drive itself. Save it in the drive at the highest folder level and label it **README** so everyone can locate it easily.

B. CLEANING OUT YOUR SHARED DRIVE/DIRECTORY

1. Review the existing records on your drive.

Don't get bogged down reviewing folders full of legacy material. If it will take you more than a few minutes to figure out what this document is and why you have it, move on. Focus on the documents which are familiar. You can always go back to review legacy material later.

2. Transfer historical records to the Archives.

Once you've reviewed your records and identified any historical records that are no longer being actively used in your office, transfer these files to an archive folder that should be at the highest level in your folders structure.

Purge/Delete unnecessary nonrecords and eligible temporary records.

Non-records can include early drafts (where you have a final copy of the documents), copies of articles and other third-party publications, and/or duplicate copies of the same file.

Please note that records retention guidelines are suspended if an investigation, legal action or proceeding, audit or program review is forthcoming or in progress. **DO NOT** dispose of any records or data if an investigation, legal action or proceeding, audit or program review is forthcoming or in progress. If nervous about deleting records, first move the files you'd like to delete to a temporary "To Be Destroyed" folder, and wait 30 days before deleting them. This provides other staff an opportunity to review material before deletion



and can allow you to "recall" a file if it is still needed.

Adapted from Duke University. Retrieved from https://library.duke.edu/rubenstein/uarchives /recordsmanagement/shareddrive

CCPD Update

AUTO-NOTIFICATIONS FROM JCCQAS

All Navy Reserve Medicine (NRM) healthcare providers (MC, DC, MSC, NC and Enlisted Dental Hygienists): JCCQAS automatically notifies (via email) each NRM provider when any timesensitive credentials are due (or have already) expired. These credentials include, but are not limited to: board certifications; national certification; licenses; resuscitative trainings; Elsevier; DEA registration; and, State Controlled Dangerous Substances (CDS) registration.

Physicians with AMBS MOC or AOA OCC: Although your ABMS or AOA board certification is "continuous", CCPD, per Navy and DHA-policy, must verify your board certification is in good standing annually in order to keep your privileges current.

When the NRM provider replies to CCPD to validate (or send) the requested information, the CCPD Medical Services Professional (MSP) updates the provider's Credentials Record in JCCQAS. At that point, the NRM provider should stop receiving auto-notifications for that credential. However, if the NRM provider continues to receive autonotifications, please contact CCPD at USN-CCPD@mail.mil. Sometimes the provider's MSP has not yet updated the Credentials Record, or it might be a glitch in the JCCQAS system. If you have any questions for updating your Credentials Record, please contact USN-CCPD@mail.mil

Navy Medicine Clinician Conference Call

CCPD will hold a conference call with Navy Reserve Medicine clinicians. There are two available dates each month for members to participate. The same topics will be discussed during each monthly conference call date. MS Teams and Audio conference call information for 20 February 2022 is provided below.

Sunday, 20 February 2022, 0800 -0930 EST

DIAL-IN INFORMATION: Dial In Number: Commercial, (410) 874-6749 Conference ID: 789995525#

MS TEAMS

Link: https://dod.teams.microsoft.us/l/meet up-

join/19%3adod%3ameeting_67e3c2e9922142 658560d9e4618f5881%40thread.v2/0?context =%7b%22Tid%22%3a%22102d0191-eeae-4761-

1a83e86ef445%22%2c%22Oid%22%3a%224377 <u>b1db-a270-41a0-b060-6b80b31c09e2%22%7d</u>

February 2022 topics for discussion: Reserve Component (RC) Credentialing & Privileging (C&P) Impaired Health Care Provider Program.

- What is it?
- Who is it for?
- To Whom should I report these cases?

Privileging Standards Related to Case Logs (CAPT Jason Higginson, Chair RC Medical Executive Committee)

Civilian vs. Military clinical privileges / Scope of practice Why are case logs needed? How many of patients / procedures are required to be privileged? Clinical Support Staff Sustainment Hours for Staff Registered Nurses (CDR Evie Bates, Vice Chair, RC

Nurse Executive Committee) Open Forum for Q & A

From the RAOs...

Implementation of eNavFIT

Upon its release, active and reserve component Sailors will be able to access eNavFit through BUPERS Online (BOL). The new eNavFit provides Sailors with the opportunity to: draft, edit, electronically route, and digitally sign performance evaluations

The benefits of eNavFit are realized through improved reporting accuracy and timeliness all of which are functions if reductions in administrative processing errors at the input level and delays in routing.

These benefits are especially critical as the Navy Reserve adopts the new policy which designates the UMUIC Commanding Officers as the Reporting Senior for all Sailors regardless of TRUIC location

Become familiar now with eNavFit. All training materials including an eNavFit user guide, video tutorials, and quick reference cards can be found via the MyNavy HR website at https://www.mynavyhr.navy.mil/Career-Management/Performance-Evaluation/eNAVFIT/

RC eNavFIT Q&A Session

Following the release of eNavFit to the Reserve Component, the Navy Personnel Command eNavFit Team has received a number of questions. In addition to the videos and support materials located on the MvNavv HR website (https://www.mynavyhr.navy.mil/Career-Management/Performance-Evaluation/eNAVFIT/), the eNavFit Team is providing two types of opportunities for eNavFit-related support: (1) overview training followed by questions and answers every Friday in February and March, and (2) question and answer open forums during selected drill weekends in February and March.

1. OVERVIEW TRAINING ON FRIDAYS



During these sessions, participants will learn the basics of eNavFit including its features, functions, and where to find additional support materials.

The events will occur on Flank Speed Teams on the following Fridays:

- Feb. 25 at 1100 EST/0800 PST
- March 4 at 1100 EST/0800 PST
- March 11 at 1100 EST/0800 PST
- March 18 at 1100 EST/0800 PST
- March 25 at 1100 EST/0800 PST

The eNavFit Team intends to record the training sessions and post them for future viewing on Flank Speed Teams.

Interested Navy Reserve Sailors can log-in via Flank Speed Teams using the following link:

https://dod.teams.microsoft.us/I/meetup-join/19%3adod%3a4577e3e13e9f429f82e5fe13345bf426%40thread.tacv2/1643133605003?context=%7b%22Tid%22%3a%22e3333e00-c877-4b87-b6ad-

45e942de1750%22%2c%22Oid%22%3a%22b41 d7daa-a949-4bfe-aa56ec5b828e397f%22%7d

Or call in at: (410) 874-6741 Conference ID: 564 036 109#

- 2. QUESTION AND ANSWER OPEN FORUMS DURING DRILL WEEKENDS During these sessions, participants will hear from the eNavFit Training Team regarding the most common eNavFit questions and have the opportunity to ask questions directly to the team. The sessions will be held during drill weekends in February and March on specific dates and times publicized through Flank Speed Teams:
- Feb. 5-6
- Feb. 26-27
- March 5-6
- March 12-13

To learn more about and attend these forums, join the eNavFit Training Team on Flank Speed Teams through the following steps:

1. While logged into Flank Speed Teams, click on the "Teams" Icon on the left, then "Join or create a team" in the bottom left corner.

2. Enter the code mkxap2m (all lowercase) in the space provided and click "Join Team."

FAQ for Below Zone Officers for FY23 Reserve Officer Promotion Boards

Below Zone members will be considered during the FY23 Reserve Officer Promotion Boards, in accordance with NAVADMIN 290/21. The purpose of this message is to address frequently asked questions regarding Below Zone eligibility and selections for Reserve officers.

The Below Zone officers who will be considered for promotion in FY23 are those members with precedent numbers between the Junior-in-Zone member and the Junior Eligible member reflected on the NAVADMIN. Below Zone promotion consideration does not result in a Failure of Selection (FOS) if not selected during the FY23 Reserve Officer Promotion Board.

SECNAV authorized FY23 Reserve Officer Promotion Boards the ability to select up to 10 percent of the total number of selects from the Below Zone list of officers in each competitive category, per Title 10 USC, section 14307. Board members have the opportunity and flexibility to select competitive officers from Below Zone, but are under no obligation to select any officers from the Below Zone list. Per Title 10 USC, section 14303, SECNAV waived the time in grade requirements for officers selected Below Zone with less than three years' time in grade.

The opportunity to consider and select Below Zone officers on the Reserve Active Status List (TAR and SELRES) rewards the most competitive officers and is in line with the Navy's Total Force talent management vision. It is recommended that all Officers review/confirm their zone status and ensure their records are current and ready for review by a promotion selection board.