

TSNRP News

TriService Nursing Research Program
Fostering Excellence in
Military Nursing Science

Fall/Winter 2018

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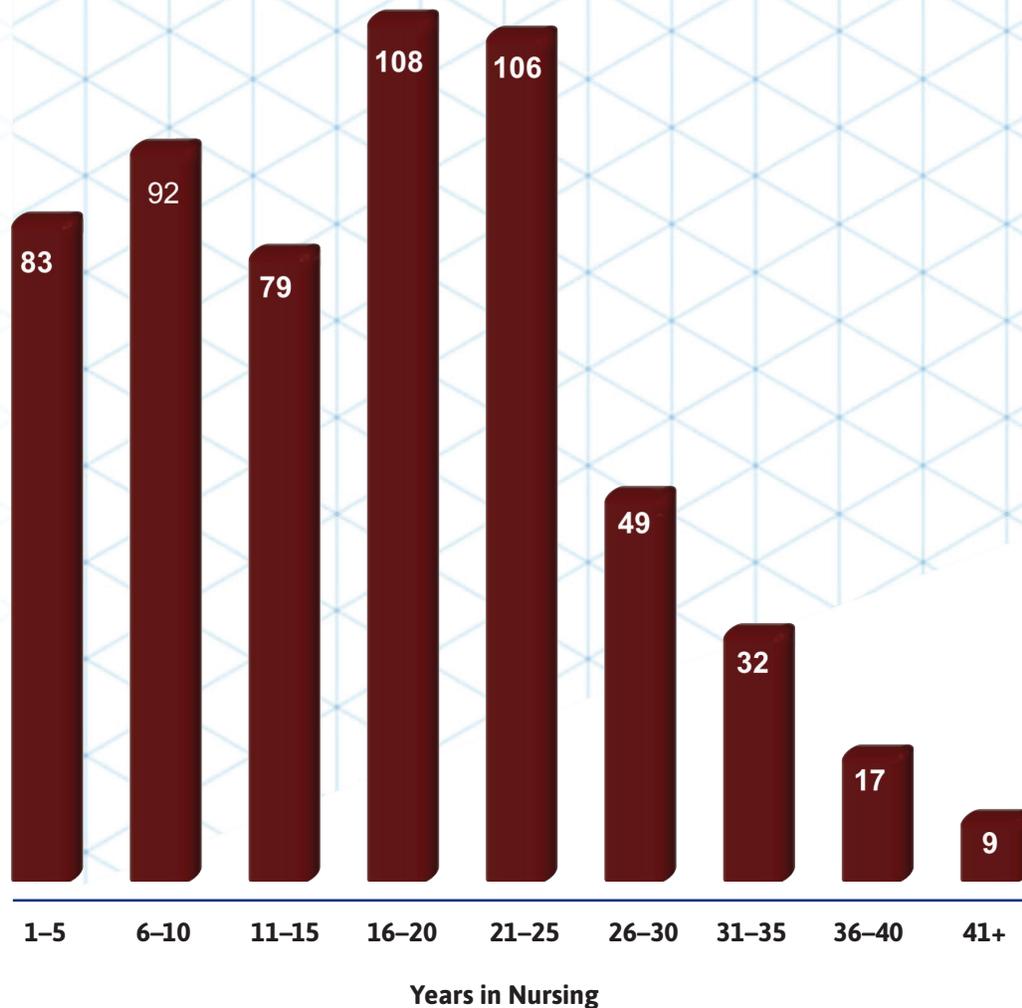
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TSNRP News is published twice each year by the TriService Nursing Research Program.
It is available online at www.usuhs.edu/tsnrp/newsletters.



From the Executive Director

It has been another busy season at the TriService Nursing Research Program (TSNRP)! Since the last newsletter was published, we held the 2018 Research and Evidence Based Practice (EBP) Dissemination Course and newly designed Post-Award Management Workshop in San Antonio in late April and early May, a lunch and learn celebrating Nurses' Week (this year hosted by Joint Base Andrews), an EBP Workshop at U.S. Transportation Command in June, Grant Camp in San Diego in July, a Back Pain Summit in Bethesda in August, and a Writing Workshop in San Antonio in September, and we processed 16 newly funded awards, all before the end of the fiscal year. I am always impressed at the breadth of military nursing practice and the passion of our nurse scholars, which was on full display at each of these courses and reflected in the projects selected for funding.

In the midst of these inspirational events, I was honored to have MG Barbara Holcomb, AN, USA, officiate at my promotion ceremony at the end of August. Promotion ceremonies are a wonderful gift that allow you to pause and appreciate a kaleidoscope of moments in your career and to thank family and friends for their support and sacrifice that have made it all possible; this time, it was a little more special, since it was the first one my parents were able to attend. I was also honored to be able to incorporate the weekly Joint Trauma System teleconference as part of the event, so it was especially meaningful to be reminded of the reason that I care so much about military nursing research.

Lately I've had the opportunity to discuss what military relevance means to TSNRP in several different forums, and it seemed helpful to mention as part of this newsletter. It matters because military relevance, or the impact on military nursing, is the primary decision factor when considering which studies or projects to fund, which courses to provide, or how to prioritize TSNRP resources.

In some cases, it's pretty clear when something is relevant to military nursing—especially if it's related to a setting or situation that only military nurses experience. At the recent EBP Workshop at U.S. Transportation Command, the nurses shared their struggle with finding evidence that can guide practice and policies that apply to long-range, strategic patient movement. The same challenge exists for medics providing nursing care in the field setting for an extended period of time (called Prolonged Field Care) or those considering nursing practice policies in a future battlespace, which often includes the discussion of shipboard care. These are not easy questions to research, but providing foundational evidence that can inform nursing decisions in these areas is essential to military relevance.

Organizational factors of the Military Health System (MHS) is another area that is somewhat specific to the military, even if the setting looks much more like a traditional hospital in the United States. For example, high personnel turnover because of deployments or a change of assignment is not necessarily a reflection of poor morale, which is commonly the cause of turnover in civilian settings. Still, that high turnover rate may have an impact on patient safety and unit cohesion and could benefit from prevention strategies that might differ from those developed on civilian nursing units. The Health Systems and Informatics Research Interest Group has identified many of these knowledge gaps and is looking for ways to encourage and facilitate further system-level research that can inform future military nursing policies.

Military relevance for graduate funding applications is just as important but may look different in practice. In the training environment, it is not always practical to collect data or implement an EBP project in an actual military setting. In that case, military relevance may rest on the fact that the proposed project would lay the foundation for a follow-on effort that would be more clearly related to military nursing.

The key point is that TSNRP was created to make sure that evidence would be available to guide military nursing practice and policy. There are limited funds and many clinical questions and identified gaps that desperately need more evidence, so that is why we strive to make sure that funds are used to support studies and projects that are military relevant.

I trust this edition of the TSNRP newsletter is helpful to you as you continue your journey as a military nursing scholar and inspires you to continue a pursuit of evidence based nursing practice. Please let us know how we can support your work—we would love to hear from you!

Col Jennifer Hatzfeld, PhD, RN, APHN-BC, USAF, NC



Col Jennifer Hatzfeld

ClinicalTrials.gov: An Important Part of the Research Process

ClinicalTrials.gov is an online registry of clinical trial information that allows patients, families, clinicians, and other researchers to know more about ongoing research studies testing interventions that could be used to treat a specific condition or disease. Although not currently required, registering a research study that evaluates any type of intervention is an important part of the research process.

A little history: In February 2000, the National Institutes of Health (NIH) created ClinicalTrials.gov in response to the Food and Drug Administration (FDA) Modernization Act of 1997. The database was created by the National Library of Medicine and required that all investigational new drug applications testing experimental drugs for serious or life-threatening diseases or conditions register on the site; non-FDA clinical trials could also register in the system, although this was not required. In 2008, the database was expanded to capture summary information about study participants, study outcomes, and adverse events to help make sure that this important information was available to the public, even if the study findings weren't yet published.

However, a 2012 study found that only 22% of FDA clinical trials had provided the mandatory final report within a year after completion; 10% of clinical trials that had registered but were not subject to mandatory reporting had provided final results (Prayle, Hurley, & Smyth, 2012). A study published in the same journal issue found that fewer than half of NIH-funded clinical trials registered on ClinicalTrials.gov had results published in a peer-reviewed biomedical journal within 30 months after completion (Ross, Tse, Zarin, Xu, Zhou, & Krumholz, 2012). It was clear that the intent to share important research findings that could inform practice through either a peer-reviewed publication or the clinical trial registry had not been fully realized.

What is new: In 2017, in response to numerous questions about the benefits of funding clinical trials, NIH instituted a new policy requiring that all clinical trials funded by NIH be registered at ClinicalTrials.gov and provide the results of the trials upon completion (notice number: NOT-OD-16-149). As outlined in the notice, NIH can now leverage financial penalties, restrict funding to the institution that received the funds, and suspend funding to investigators and institutions that do not comply with the policy.

The screenshot shows the ClinicalTrials.gov website. At the top, it says "U.S. National Library of Medicine ClinicalTrials.gov". Below that, it states "ClinicalTrials.gov is a database of privately and publicly funded clinical studies conducted around the world." There is a search bar with the text "Find a study" and a dropdown menu for "Status" with options "Recruiting and not yet recruiting studies" and "All studies". There are also input fields for "Condition or disease", "Other terms", and "Country". A "Search" button is visible at the bottom of the search form.

ClinicalTrials.gov

Additionally, the definition of a clinical trial was expanded to be “a research study in which one or more human subjects are prospectively assigned to one or more interventions (which may include placebo or other control) to evaluate the effects of those interventions on health-related biomedical or behavioral outcomes” (<https://www.nih.gov/health-information/nih-clinical-research-trials-you/glossary-common-terms>). Although there has been a delay in fully implementing the policy for “basic science” studies, NIH is committed to ensuring that funded clinical trials use this online registry and demonstrate the impact of funding clinical trials.

The impact on TSNRP-funded studies: At this time, neither the U.S. Department of Defense (DoD) nor TSNRP has implemented the same requirement to register all clinical trials on ClinicalTrials.gov. However, because TSNRP’s intent is to provide the status of funded research to the broader public, registering clinical trials, providing updates, and submitting final results regardless of funding source is highly encouraged. Additionally, many journals are requiring that manuscripts that include human subject research that evaluates the effect of an intervention provide the ClinicalTrials.gov identifier number before they can be accepted for publication.

How to register a study: It is very easy to register a clinical trial on the ClinicalTrials.gov website. The first step is for a “responsible party” to apply for an account; this is usually the principal investigator of the study. It may also be the clinical trial’s “sponsor,” which is the organization that is managing the funds for the project.



For most TSNRP-funded awards, the sponsor is the grantee organization (e.g., the university, a foundation) and not the DoD or TSNRP. If the sponsor organization already has an account, then the principal investigator should just ask that point of contact for access to the site.

After registration, the next step is to submit the study details, which requires answering a series of questions about the research methods, including the type of study, expected number of participants, study start date, estimated completion date, information about the intervention being evaluated, and measured outcomes.

As the study progresses, updates and edits can be made to the study information; this is important when the study status changes (especially when enrollment begins or ends), there are changes to the study plan, or the projected completion date needs to be adjusted. At the end of the study (definitely within a year of completion), the study findings should be submitted to [ClinicalTrials.gov](https://clinicaltrials.gov); they will be reviewed by the National Library of Medicine before they are publicly available.

Registering a clinical trial, providing timely updates, and submitting study findings to [ClinicalTrials.gov](https://clinicaltrials.gov) is a

meaningful way to contribute to the state of the science and inform nursing practice. But there are many more benefits as well. As the NIH website points out, the process is also an ethical way to provide information to the general public, reduces publication bias, can help the research protections office determine the appropriateness of a study, and promotes a more efficient use of research funds. If you are part of a research team testing an intervention, make sure that it is registered at [ClinicalTrials.gov](https://clinicaltrials.gov)!

For more information, check out the Researcher link at [ClinicalTrials.gov](https://clinicaltrials.gov). 

Key References

Prayle, A. P., Hurley, M. N., & Smyth, A. R. (2012). Compliance with mandatory reporting of clinical trial results on [ClinicalTrials.gov](https://clinicaltrials.gov): Cross sectional study. *BMJ*, *344*, d7373.

Ross, J. S., Tse, T., Zarin, D. A., Xu, H., Zhou, L., & Krumholz, H. M. (2012). Publication of NIH funded trials registered in [ClinicalTrials.gov](https://clinicaltrials.gov): Cross sectional analysis. *BMJ*, *344*, d7292.

Clinical Questions

Below are some great clinical questions that have been mentioned in the previous months. Many of these questions reflect an urgent need for evidence to support future clinical and policy decisions. They would be great topics to consider if you are looking for a project idea or if you are able to incorporate a few extra data points into an existing study.

1. What nursing practices should change when administering whole blood rather than individual blood products?
2. What is the best way to maintain clinical competencies for a deployment?
3. What are the long-term outcomes of patients receiving mid-level doses of ketamine?
4. What are the real reasons why nurses decide to leave the military, and can anything be done to change that?
5. How do you foster a culture of clinical inquiry at a military treatment facility?
6. What is the optimal nursing care for adults experiencing back pain longer than the “acute” phase (less than 4 weeks) but not yet at the “chronic” phase (more than 3 months)?
7. What can military nurses do to better prevent and control pain in their patients?

If you identify other questions that have not been addressed in the literature, feel free to submit them to TSNRP. We will compile them and include them in future newsletters as a way to share these ideas with the broader community. If you are addressing one of these gaps in the evidence, we want to hear about that, too!

Exploring Perioperative Communication with Network Science

MAJ Christopher Stucky, AN, USA, Uniformed Services University of the Health Sciences

The operating room (OR) is a fast-paced, dynamic environment and one of the most complex work settings in health care. Contributing to the complexity of the OR are frequent transitions in care, team dynamics, and the urgency of patient care decisions. These factors create an environment in which highly skilled and dedicated personnel make human errors that result in adverse events and patient harm.

The majority of adverse events and medical errors that occur in hospitals are attributed to the surgical care of the patient. Communication errors are the largest contributor to adverse events and medical error, yet they are mostly preventable. The quality of interpersonal and team communication is widely recognized as a factor that affects overall safety, performance, and degree of innovation. Thus, surgical outcomes are directly related to the quality of care provided by the staff. Effective communication among multidisciplinary clinicians is crucial for the provision of high-quality, safe patient care in garrison as well as in the deployed setting. An improved understanding of how multidisciplinary clinicians communicate in the OR is key to reducing error and increasing clinical nursing excellence.



An example of a military operating room—the author studied perioperative communication using network science.

OR communication is most often studied using linear theory (sender–receiver) as related to surgical safety checklists, transitions in care, and teamwork. These

studies do not consider the many complex social factors that influence surgical communication, including authority gradients, culture, and hierarchy. Often overlooked is how the relationships among the multidisciplinary clinicians influence their communication patterns.



MAJ Christopher Stucky

A novel approach to study OR communication is social network analysis (SNA). SNA is both a theoretical framework and a powerful research methodology that is used to explore the culture and multilevel relationships of individuals and teams. This study, funded by TSNRP, used SNA to characterize the typical OR communication patterns of clinicians at a military hospital and determine how their interdependent relationships influenced communication.

A multilevel approach was used to examine clinician communication at the personal, dyadic, and whole-network levels. A sociometric survey consisting of six networks (advice-giving, advice-seeking, interaction, socialization, close working relationship, and voice) was compared with communication effectiveness ratings to determine the structural aspects of the OR communication network. A total of 46 clinicians, comprising 50 surgical teams, participated in the study. The research setting was the OR suite at a U.S. Department of Defense (DoD) Air Force military treatment facility that comprised a mix of civilian and military clinicians.

The findings of this study highlight the complexity of human interaction. Communication effectiveness increased in networks in which OR team members reported interacting frequently and having a close working relationship with other team members. The association of interaction frequency and close working relationships with increased communication effectiveness is congruent with research in other domains



and could potentially be explained as individuals who interact more frequently having easier interactions due to the influence of a shared mental model.

Socialization had the largest effect on communication effectiveness in the study. Socialization was not common in this setting and was potentially inhibited by fraternization rules and/or military culture. When socialization did occur, team members who reported socializing with others or were targeted for socialization by another member had higher communication effectiveness ratings.

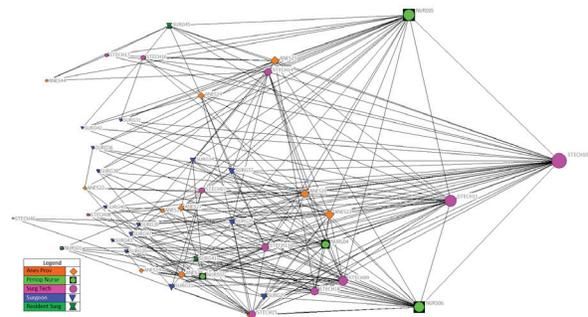
A workplace environment in which members freely seek and give advice also plays a central role in safety. In this study, communication effectiveness ratings were higher in networks in which OR team members reported seeking or giving advice. Previous researchers determined that clinical staff most often seek advice from others in their profession, but the results of this study do not support this conclusion. This is partly due to the design of this study, in which the surgical teams comprised only one member from each surgical profession.

An interesting revelation of this study is that surgeons and anesthesia providers seek advice from others at half the frequency of the perioperative nurse and surgical technician groups. Additionally, the surgeon and anesthesia provider groups were the most frequent target of advice by other members. This finding highlights the underlying power structure and measures of prestige that are present in the setting. Prestige in network science is a measure of prominence and is defined as an actor receiving many directed ties but initiating few relations. In this setting, the surgeon and anesthesia provider groups were prestigious actors whom others sought for advice but who infrequently requested advice from others.

The clinical groups also differed in their communication effectiveness ratings (ordinal 1–5). Anesthesia providers had the highest predicted communication effectiveness rating (4.53), followed by perioperative nurses (4.41), surgeons (4.38), and surgical technicians (4.18). Anesthesia providers' having the highest communication effectiveness rating is an interesting study finding. In observational communication studies, anesthesia providers initiated and received very little communication compared with the rest of the team. The lower ratings of the surgical technicians could be explained by age and experience differences compared with other groups. However, it should be noted that age groups and experience were not significant predictors in the regression models.

One of the goals of this study was to examine how the authority gradient potentially affected communication effectiveness and contributed to the operational safety culture. We hypothesized that there was a potential for increased hierarchy in military medicine due to communication barriers created by military status, rank, and job title that could affect speaking-up behavior and influence communication failure. However, all participants reported no lateral constriction of communication in this study. A possible explanation for this is that the command and/or organization had fostered a safety culture that encouraged interdisciplinary collaboration and communication.

On the dyadic level, the results revealed how actor homophily in networks influences communication effectiveness. Homophilous actors share common beliefs, meanings, and mutual understandings, which leads to communication that is more effective. The results from this study show that the more different the actors in the aforementioned networks are, the more dissimilar their communication effectiveness is. On the network level, communication effectiveness



Network graph visualization is used to identify potential targets for interventions, gatekeepers, and influential members. This sociogram is a visual depiction of the distribution of 883 pairwise tie connections in the study. Stech10, located on the far right, is an influential team member with the largest number of observed pairwise connections.

ratings were not influenced by highly central members who dominated the network. This suggests that the power of individual actors in the networks varied substantially. Additionally, increases in group communication effectiveness were associated with increases in network density in all of the networks.

Overall, the networks were not very dense, exhibiting ample room for improvement. The network-level results are analogous with previous findings of the study. Increasing density and fostering cohesion in these networks could affect the ability of clinicians to communicate clinical information, which in turn greatly affects patient safety.

The findings of this study have specific implications for surgical staffing. The results of this study suggest that there is an association between interaction frequency and increased communication effectiveness. OR teams are habitually constructed ad hoc for specific surgeries or to staff a particular surgical room, in spite of the knowledge that fewer miscommunications occur with teams that have worked together longer. Previous researchers have demonstrated that surgical teams that

interact more frequently support speaking-up behavior; are more likely to accept and request backup; and have reduced operative times, improved team performance, and a reduction of surgical morbidity. Surgical cases with inconsistent teams result in longer surgical times, lengthier admissions, and higher readmission rates.

One of the future goals of this research program is to develop a comprehensive staffing decision tool that will help administrators assign staff by team familiarity and previous team performance. Maintaining surgical team consistency in a transient population, such as the military, is difficult. However, a concerted effort should be made to have the same people work together consistently. Strategic methods that increase interaction and ensure surgical team consistency are likely to have the greatest immediate impact on patient safety. 

Deployed Medicine App Now Available for Download on Your Handheld Device!

Deployed Medicine is an innovative learning service developed to supplement the medical education and training of U.S. military personnel, although some of the medical content could be broadly applied for use by civilian medical providers. The information in the app is designed to serve as a supplementary resource to reinforce prior training and to help Service members deliver high-quality trauma care in deployed settings.

The medical content currently focuses on tactical combat casualty care (TCCC) training for combat medical personnel and includes topics such as hemorrhage control, airway management, hypothermia, pain control, and care of wounds and splinting. TCCC focuses on providing the information you need to know to assess, treat, and stabilize a patient at the point of injury.

Additional content will be added over time to cover a broad range of military trauma training resources, ranging from the most basic training—suitable for non-medical military personnel—to more advanced material for doctors, nurses, and physician assistants.

The Deployed Medicine app was created by a multidisciplinary team of medical, learning, and software engineers in close collaboration with U.S. military experts. All medical content in this app was reviewed and approved by the Committee on Tactical Combat Casualty Care, which is composed of trauma experts from across the U.S. Army, Navy, Air Force, and Marines.

The Deployed Medicine app is a research and development effort sponsored by the Defense Health Agency in Falls Church, Virginia. To learn more, visit <https://deployedmedicine.com/#about>.

(This information is found in the Deployed Medicine app description.)



Global Health Engagement: Supporting Readiness through Research

CAPT Heather King, NC, USN, Naval Medical Center San Diego

Although the military presence in Iraq and Afghanistan has decreased in the last several years, global health engagement missions have continued to expand. These missions enhance U.S. and host nation partnerships, serve to bolster host nation capabilities and capacity, and support both the U.S. National Security Strategy and U.S. Military Strategy. An added benefit of global health engagement missions is the ability to advance the operational readiness of U.S. military Service members. Readiness elements include planning and executing subject matter expert exchanges and cooperative health engagements, hyper-realistic trauma training exercises with state-of-the-art equipment, ship-to-shore and ship-to-ship patient movement exercises between the United States and partner nations, educational courses, and exposure to innovative operational proof-of-concept initiatives. The largest-scale global health engagement missions conducted by the Department of Defense are executed utilizing U.S. Naval hospital ships and Expeditionary Fast Transport vessels. These missions include team members from the U.S. Army, Air Force, and Navy; nongovernmental organizations; and armed services from around the world.

Medical personnel are invaluable assets on these unique missions and possess a vast amount of experiential knowledge. Few studies have examined the experiential knowledge of military members deployed on these missions or captured lessons learned from military health care personnel. The importance of preparing military health care personnel to perform optimally on global health engagement missions is essential to conducting successful missions in the future. Given this crucial need, a proposal for TSNRP funding was submitted in 2015. The purpose of the study was to gather first-person accounts of experiential learning by military physicians, nurses, and corpsmen who have participated in recent global health engagement missions aboard U.S. Naval hospital ships.

This multisite qualitative study included interviews from 141 active duty Navy physicians, nurses, and hospital corpsmen with recent deployment experience aboard U.S. Naval hospital ships. Military health care providers were the study population, as their roles are integral to executing medical line of effort events during these missions.

An interpretive ethnographic methodology was utilized to examine interview data. This methodologic approach allowed the study team to explore the culture of military health care providers to understand and gain insight

on the thoughts, feelings, values, and practices of this unique population. Additionally, this approach allowed the research team to analyze rapidly developing experiential knowledge from military health care providers and allowed the study team to elicit information critical for future personnel deployed on these missions.



CAPT Heather King

Participants who deployed on Pacific Partnership 2015 (PP15) or Continuing Promise 2015 (CP15) were recruited from two large U.S. Naval military treatment facilities. These facilities were chosen due to the large contingent of military medical personnel assigned to deploy on ship-based global health engagement missions from these commands. Participant recruitment was accomplished by posting study flyers and using the snowball technique.

Demographic characteristics of participants in this study are presented in Table 1. The qualitative analysis of participant interviews produced a vast amount of data. This data was analyzed in a series of planned steps over an 18-month period. The final analysis identified 23 themes, and valuable insights were discovered as a result of this study. Although it is beyond the scope of this article to discuss all 23 themes, five themes were deemed essential for future deployed personnel to perform optimally during these missions:

Mission clarity: Participants described a variety of ideas about the purpose of global health engagement missions. Many clearly articulated understanding the differences between civilian humanitarian missions and global health engagement missions; however, many did not. Mission clarity and understanding the mission are paramount, as they provide a clear framework to enhance communication, clarify expectations, and accomplish the mission.

Preparedness: Three interrelated dimensions of preparedness were identified: (1) personal, (2) professional, and (3) mental. Although discussions of personal and professional preparedness were not surprising, the discussion of mental preparedness and the level of detail in which participants discussed this item were surprising. Most often, more seasoned Service members described the importance of mental preparation for younger, less experienced Service members.

Table 1. Demographic Characteristics of Study Participants

Baseline Characteristics*	Physicians	Nurses	Corpsmen	Total
Number of participants	50	50	41	141
Demographic Characteristics				
Age, mean ± SD	40.0 ± 6.9	36.2 ± 7.9	28.9 ± 6.4	35.4 ± 8.4
Gender				
Male, no. (%)	38 (76%)	22 (44%)	27 (65.9%)	87 (61.7%)
Female, no. (%)	12 (25%)	28 (56%)	14 (34.1%)	54 (38.3%)
Highest Education Level				
High school, no. (%)	—	—	3 (7.3%)	3 (2.1%)
Some college but no degree, no. (%)	—	—	20 (48.8%)	20 (14.2%)
Associate's degree, no. (%)	—	—	11 (26.8%)	11 (7.8%)
Bachelor's degree, no. (%)	—	32 (64%)	6 (14.6%)	38 (27%)
Master's degree, no. (%)	—	17 (34%)	1 (2.4%)	18 (12.8%)
Doctoral degree, no. (%)	50 (100%)	1 (2%)	—	51 (36.2%)
Military Characteristics				
Enlisted, no. (%)	—	—	41 (29.1%)	41 (29.1%)
Officer, no. (%)	50 (35.5%)	50 (35.5%)	—	—
Years of service, mean ± SD	12.7 ± 7.1	13.0 ± 8.3	8.2 ± 5.9	11.5 ± 7.5
No. GHE deployments, mean ± SD **	1.7 ± 0.9	1.3 ± 0.6	1.6 ± 1.2	1.5 ± 0.9
SD = standard deviation. *Participants of Pacific Partnership 2015 and Operation Continuing Promise 2015 **Including mission just completed				

Experiential knowledge: One of the most sought-out resources of lessons learned by participants in this study was Service members who recently deployed on a shipboard global health engagement mission. These individuals were frequently referred to as possessing invaluable information not available through other sources. A centralized repository for mission personnel does not currently exist, so many individuals were unable to locate specialized health care providers with specialties similar to their own to discuss the mission.

Flexibility: The ability to remain flexible and adaptable was discussed at length by participants. They observed that Service members who were less flexible struggled with these missions.

Lessons learned: Easily accessible, meaningful lessons learned were described as challenging to find and often not available prior to deployment. The lack of an easily accessible resource led to many frustrations and the observation that many lessons had to be relearned. This limitation was described as preventing optimal mission readiness. These essential themes are important for future deployed personnel's awareness and knowledge prior to deployment. Our study team is finalizing a manuscript that highlights these themes in more detail. Several other manuscripts are under development that

highlight other important themes, including coping strategies and leadership. Additional future dissemination efforts include briefing global health engagement leaders and developing resilience resources for future Service members deployed on these missions.



Advanced cardiovascular life support practice with physicians and nurses aboard USNS Mercy, Bengkulu, Indonesia

The widespread dissemination of global health engagement lessons learned is crucial to shape forces operating in a rapidly changing global environment. Sharing lessons learned, both past and future, will



increase efficiencies, adaptability, and agility while decreasing variance in processes and relearning mission-specific lessons. Additionally, dissemination of global health engagement lessons learned can further foster collaboration and partnerships and leverage shared capabilities to optimize mission readiness among military

health care personnel. As U.S. military forces deploy more frequently on global health engagement missions, preparing military health care personnel for future global health engagement missions and responding to the evolving needs of these missions is crucial to successfully engaging with host and partner nations. 🔥

Navy Nurses Form Writing Group While on Deployment Aboard the USNS Mercy

CAPT Heather King, NC, USN, Naval Medical Center San Diego

During my PhD work, I was fortunate to take a course titled “Writing for Publication.” This course was taught by Mary Jo Clark, PhD, RN, and was both educational and inspiring. It included a variety of lectures on writing topics and a writing review rotation, and it introduced the class to numerous writing resources. I felt supported and encouraged through each step of the writing process as I wrote my last required manuscript to graduate.

Fast-forward 5 years to my deployment on Pacific Partnership 2018 (PP18) as the Medical Assessment Officer. I had left my home command at Naval Medical Center San Diego (NMCS), where the Nursing Research Cell had started a scholarly writing group modeled in part after the Writing for Publication course (thank you, CDR Buechel and CDR Cook!). I wanted to continue on the scholarly writing group, but in an operational setting. After I developed a schedule of proposed writing topics and opportunities for writing reviews and discussed the idea with the *Mercy* leadership team, the operational writing group was born!

Shortly after this group began, an unexpected twist happened. After the second meeting, I had the wonderful opportunity to meet CDR Tamara Worlton, MC, USN. She had started a creative writing group, but the group was very small. After discussing how to generate more interest in both groups, we decided it might be fun to join forces and discuss both scholarly and creative writing topics in the same group. This group discussed an amazing variety of topics: publishing abstracts versus novels, medical editing versus copy editing, reference software versus novel organization software, et cetera. CDR Worlton served as the head of the creative writers, CDR Wendy Cook served as the head of the scholarly writers, and I served as the senior mentor of the group.

Our writing group reviewed many wonderful scholarly and creative writing pieces during PP18. One of the



PP18 operational writing group members (left to right): CAPT Heather King, CDR Tamara Worlton, LTJG Hannah Tuma’e, HM3 Angelina Sepulveda, LTJG Ashley Thoits, HM3 Jasmine Kingcade, CDR Wendy Cook, and LTJG Natalie Spritzer

absolute highlights of the group was the *MERCY Muse*, which was a newsletter developed and put together by two junior Nurse Corps officers, LTJG Hannah Tuma’e, NC, USN, and LTJG Ashley Thoits, NC, USN. Their creative and artistic displays definitely caught the attention of the entire ship’s crew.

Through this writing group, I was inspired to keep writing and pursuing my scholarly writing goals, and I believe other group members were as well. I have found writing groups to be a wonderful common ground for health care professionals interested in scholarly work. Although researchers’, scholars’, and creative writers’ interests may be vastly different in a group, the principles of good writing remain the same. Sharing your writing journey with others is a wonderful experience! If you have never participated in a writing group, I highly recommend it! For assistance with ideas or starting a writing group, please feel free to contact the NMCS Research Cell.

Trigger Films: The New Frontier in Anesthesia Education

Capt Megan H. York, USAF, NC; CDR(ret) Kenneth Wofford, NC, USN; Lt Col R. Kyle Hodgen, USAF, NC; Capt Laura Ransom, USAF, NC; and LCDR Christopher Grey, NC, USN

Problem/Purpose

Presently, high-fidelity simulation (HFS) is widely used to prepare nurse anesthesia students to manage rare, life-threatening events. One such life-threatening event is the “can’t intubate and can’t ventilate” (CICV) scenario, in which a patient can neither be ventilated nor be intubated by any means short of a surgical airway. Negative patient outcomes associated with suboptimal management of CICV events prompted the American Society of Anesthesiologists to develop the difficult airway algorithm (DAA) in 1993. However, closed claims analyses demonstrate that a gap still exists between the best evidence and provider practice when faced with a CICV, with patients suffering the consequences of non-adherence. Improved HFS may provide a means to better prepare anesthesia providers to face rare but potentially catastrophic events like CICV.

HFS involves the re-creation of a realistic environment where learners can practice medical decision-making and procedural skills without the fear of harming a patient. While HFS has demonstrated efficacy in improving student performance, another educational adjunct known as the trigger film (TF) has been shown to add to the learner’s educational experience and retention of critical information. A TF is a short audiovisual presentation that draws clinicians into the scenario in a powerful, vicarious manner by simulating real-life situations. Notable examples of TFs include those seen in life support certification courses, where clinical vignettes are used to portray cardiac arrest scenarios in which rapid recognition and response are required to secure a good outcome for the patient.

This project team has developed TFs specifically addressing CICV events and implemented them in nurse anesthesia education. Anesthesia providers can be exposed to CICV events by TF, effectively forming the cognitive imprint central in “triggering” correct action during a critical incident. TFs can accommodate multiple learners and may help decrease the amount of simulation

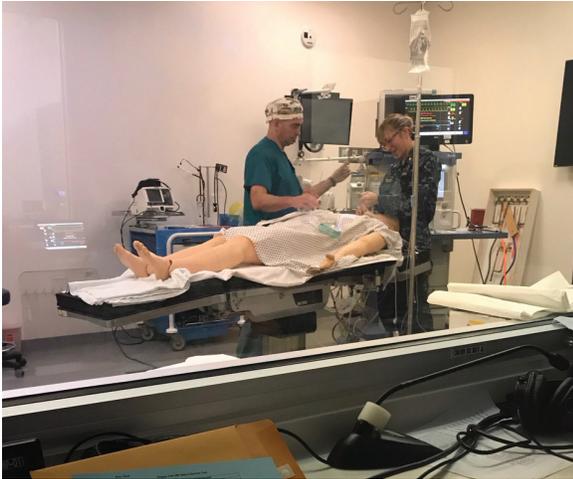


Capt Laura Ransom, Capt Megan York, and LCDR Christopher Grey in the simulation lab prior to beginning phase 1 simulation day

needed to change behavior by leveraging vicarious learning. Finally, TFs may be useful when simulation is not possible, such as the pre-deployment training of the military provider, where time and cost constraints are paramount. The aim of this project was to develop a CICV TF and implement it in the nurse anesthesia student curriculum at the Daniel K. Inouye Graduate School of Nursing.

Methods

To improve student performance in managing a simulated standardized CICV scenario, this project used a pre-test/post-test design to integrate a TF as an evidence based intervention in HFS. The TF depicts a Certified Registered Nurse Anesthetist (CRNA) performing a preoperative evaluation, encountering a CICV scenario during induction of the patient, and then following the steps of the DAA as the patient’s pulse oximetry reading falls dangerously low. The film terminates abruptly prior to placement of a surgical airway (the final step of the DAA).



CDR(ret) Ken Wofford (faculty mentor) facilitates the difficult airway simulation for a student while project team members collect data.

Implementation of the film occurred in two phases. In phase I, a two-dimensional version designed to be viewed on a large television or computer screen was integrated into the curriculum in 2017, with the students viewing it in groups of five or six after completing a standardized CICV HFS scenario. In phase II, a virtual reality (VR) version (allowing viewers to adjust their point of view a full 360 degrees, as if they were standing within the operating room) was integrated into the curriculum in 2018, with the intent of creating a more vivid and lasting cognitive imprint. Each student viewed this version of the TF individually on a tablet computer (the video is also compatible with commercial VR glasses) after completing the standardized CICV HFS scenario. Both versions of the TF were filmed and produced at Wright-Patterson Air Force Base, Ohio. Each implementation was timed to occur after students had received instruction in advanced airway management but before they entered full-time clinical training.

Students were aware that they would be participating in a formative (i.e., non-graded) HFS but were unaware of the topic. On the day of implementation, each student received a standardized briefing and then completed the CICV HFS scenario. The CICV HFS scenario featured a healthy patient with no prior surgical history undergoing a laparoscopic inguinal hernia repair. An actor was provided to allow students to perform a pre-anesthetic examination, after which students were moved to the operating room to perform the induction phase of the simulation on a Laerdal SimMan 3G. During the simulation, the mannequin would remain easy to ventilate until the student administered a skeletal

muscle relaxant, after which it would become impossible to ventilate. The tongue would then be inflated to make it impossible to intubate. The mannequin would then desaturate at a fixed rate and expire unless the student attempted to perform a surgical cricothyrotomy.

Data collected during the pre-anesthetic phase included the student assessment (or not) of patient history, mouth opening, Mallampati scoring, thyromental distance, neck range of motion, and upper lip bite test. Data collected during the induction phase included elapsed time (in seconds) from desaturation from 92% to (1) calling for help, (2) insertion of laryngeal mask airway (LMA), and (3) verbalization of need for a surgical airway. Also documented was any attempt to perform more than two laryngoscopies.

After the scenario was completed, each student viewed the TF (in a group of five or six students in phase I, individually in phase II) and then was allowed to discuss the HFS scenario and TF in groups of five or six students for 10 minutes. During this discussion, a more senior student or staff CRNA was present to provide copies of the DAA for reference and answer factual questions, but that person did not provide advice or suggest courses of action. After this discussion, each student repeated the standardized CICV HFS scenario.



A snapshot from the phase 1 trigger film, displaying low oxygen saturation and the provider attempting to secure the airway

Results

The TF/HFS combination was delivered to 21 students during phase I and 29 students during phase II. Analysis is still ongoing, but time to perform all critical actions (call for help, insert LMA, and decide to place a surgical airway) decreased during both phase I and phase II implementation. Discussions among the students indicated that they believed participating in the simulation was valuable as a means of preparing to face CICV in clinical training.

Conclusions/Military Relevance

This project demonstrates the value of TFs in DA education and training of nurse anesthesia students. The cognitive imprinting of TFs coupled with the technically oriented, tactile feedback of HFS more fully develops a learner's experience, priming them to perform more consistently in both simulated and real environments. As a result of this priming, learners become adept at acting rather than reacting, problem solving rather than purely cogitating on the problem, and reasonably operating rather than emotionally rejoining.

These issues are even more relevant to military providers, who deploy to settings where they are more

likely to encounter facial or airway trauma that increases the risk of a CICV. Although research is needed to truly evaluate the impact of combining TFs and HFS, the combination has the potential to help providers gain and sustain competence to quickly and accurately manage crises like CICV. Funding from TSNRP has been critical to this project, paying for the purchase of equipment and software needed to film, edit, and display the TFs. 🔥

References used in this article are available upon request. If you would like a reference list, please contact Capt York at m.hylton.york@gmail.com.

Nursing Interventions in Prolonged Field Care

COL (ret) Elizabeth Mann-Salinas, AN, USA, U.S. Army Institute of Surgical Research

Delays in patient evacuation from point of injury to definitive care result in a prolonged care scenario. In the pre-hospital setting, this is referred to as prolonged field care (PFC) and is the subject of much discussion, given likely future combat scenarios involving a peer/near-peer adversary and lack of rapid evacuation capability.

In July 2018, the Joint Trauma System (JTS) published the Nursing Intervention in Prolonged Field Care Clinical Practice Guideline (CPG) to provide guidance for combat medics treating patients following the successful completion of Tactical Combat Casualty Care guidance. This CPG provides basic nursing interventions and monitoring guidelines, several documentation tools to record provided nursing care and patient status, a nursing supply packing list, and a recommended skills

checklist for medics training in a clinical setting. There remains the challenge of ensuring appropriate nursing-related information is included in all relevant CPGs.

The TSNRP Expeditionary Research Interest Group is beginning the process of integrating nursing care into existing JTS CPGs, starting with the important topic of damage control resuscitation. Subject matter experts are invited to contact TSNRP to participate in this process.

JTS CPGs:

http://jts.amedd.army.mil/index.cfm/PI_CPGs/cpgs

Nursing Interventions in PFC CPG:

http://jts.amedd.army.mil/assets/docs/cpgs/Prolonged_Field_Care_CPGs/Nursing_Care_Prolonged_Field_Care_22_Jul_2018_ID70.pdf



Research Interest Group (RIG) Update

Megan Foradori, MSN, RN

This year, TSNRP was pleased to announce that two “exploratory RIGs,” teams that had been working to establish a charter, build future priorities, and survey the literature to get a sense of the science already published in their spaces, were granted official RIG status. In this issue, we congratulate for the first time the Military Family Interest Group and the Health Systems/Informatics RIG of TSNRP!

The **Military Family Interest Group** (self-dubbed the “FIG”) is led by key members LCDR(s) Whitney Brock, NC, USN; LCDR Allyson Whalen, NC, USN; CDR Abigail Marter Yablonsky, NC, USN; LTC Kristal Melvin, AN, USA; and LTC (ret) Janice Agazio, AN, USA. During the course, the leadership team offered a terrific keynote lecture, sharing how the group had formed, talking about the scoping review they had recently completed and submitted to the TSNRP Executive Board of Directors for RIG status, and offering a video montage of attendees’ family photos as a tip of the collective hats of those gathered to the amazing families standing behind each of them.



Members of the (newly!) official Military Family Interest Group enjoy meeting and networking at the TSNRP Dissemination Course.

The **Health Systems/Informatics RIG**—expertly guided by LTC Pauline Swiger, AN, USA; CDR Lalon Kasuske, NC, USN; Maj Cubby Gardner, USAF, NC; COL Carla Dickinson, AN, USA; and COL (ret) Patricia Patrician, AN, USA—also celebrated its new official RIG status at this year’s course after its scoping review of health systems and informatics literature was accepted by the Executive Board of Directors. LTC Swiger and CDR Kasuske offered snapshots of their related work at the RIG keynote for this group.

Also at the course, in an important focus shift, the En Route Care RIG members rebranded themselves as the **Expeditionary RIG** (ExRIG for short). The team’s leaders—Col (ret) Elizabeth Bridges, USAF, NC; COL (ret) Elizabeth Mann-Salinas, AN, USA; CDR Virginia Blackman, NC, USN; and LTC Christopher VanFosson, AN, USA—had worked on this transition before the course meeting and were pleased to bring the decision to the RIG members at the event. The change will allow the group to be even more inclusive across Services and expeditionary care roles and steer the RIG toward a larger focus on readiness.

The **Anesthesia RIG** (ARIG) also met during the course and welcomed special guest MSG (ret) John Dominguez, the director of Department of Defense programs at North American Rescue. The ARIG, led by CDR Ken Radford, NC, USN; CDR(ret) Ken Wofford, NC, USN; CAPT(ret) Lisa Osborne-Smith, NC, USN; and CAPT(ret) Chuck Vacchiano, NC, USN, hopes to plan simulation opportunities at select sites for members to practice readiness skills in the coming year.

The **Biobehavioral Health RIG** shared the findings of its social network analysis of military nurse researchers with the group during its RIG keynote and hosted a breakout session with three of its members working on similar projects in network analysis. The group offered special thanks (with special carabiner-connector flashlights!) to those in the community who participated in the project and looks forward to continuing to analyze the results and report to TSNRP with suggestions on how to continue strengthening these important networks.

The **Military Women’s Health RIG** members used their time to update the group on their Delphi study. Led by COL (ret) Lori Trego, AN, USA, the study supports the RIG’s efforts to identify gaps in military women’s health research and formulate a plan to continue advancing this important area of interest. The group continues to hold popular military women’s health quarterly calls (on the second Wednesday of each quarter at 1300 Eastern) with an impressive invite list of more than 150 nurses, researchers, policy makers, physicians, and other health professionals interested in women’s health.

Since the course, the RIGs have carried on into another great year of collaboration, mentorship, and education, and they will look forward to convening in person again at the 2019 TSNRP Research and Evidence Based Practice Dissemination Course in San Diego! 🔥

TSNRP Research and Evidence Based Practice Dissemination Course 2018

CAPT(ret) Civita Allard, NC, USN

TSNRP once again accomplished a winning combination of generating enthusiasm for research and evidence based practice (EBP) and promoting nursing practice across all Services at the 2018 TSNRP Research and Evidence Based Practice Dissemination Course in San Antonio, Texas.

Under the leadership of Executive Director Col Jennifer Hatzfeld, USAF, NC, TSNRP offered this fifth annual course that continued to incorporate the research focus from the previously held Phyllis J. Verhonick Nursing Research Course, the excitement of the Karen A. Rieder Research/Federal Nursing Poster Session, and the networking opportunities available from the spectrum of military nurse scholars participating in TSNRP Research Interest Groups (RIGs). A new addition this year was the invitation of 12 junior nurses and technicians who expressed interest in being involved in research and EBP so they could get a glimpse of ongoing scholarly efforts within military nursing and consider applying to present at a future course.

The Executive Board of Directors continued its strong support of advancing nursing practice. MG Barbara Holcomb, Chief, Army Nurse Corps, Commanding General, U.S. Army Medical Research and Materiel Command, and RDML Tina A. Davidson, Director, Navy Nurse Corps, Commander, Navy Medicine Education and Training Command, delivered a message related to research and EBP priorities that was warmly received by participants. Adding to this was an

informative presentation by research leaders COL Michael Schlicher, AN, USA; CAPT Lisa Braun, NC, USN; and Col Susan Dukes, USAF, NC, discussing the state of the science for each Service.

Attendees had many choices this year as to topics of interest and interesting events. On Tuesday, the focus of the presentations was on operational readiness, with guest lectures titled “The Joint Trauma System” by LTC Cord Cunningham, AN, USA, and “Civilian Trauma Research” by Randall Schaefer, MSN, RN, ACNS-BC, CEN. On Wednesday, topics addressed nursing care across the continuum with guest lectures titled “Participatory and Community Participatory Research” by Kate Long, DrPH, and “VA Nursing Research” by Sheila Sullivan, PhD, RN, VHA-CM. The final day of the course on Thursday featured a lecture by COL (ret) Bonnie Jennings, AN, USA, titled “Transition to Civilian Life” and Marion Broome, PhD, RN, FAAN, speaking on “Leadership in Nursing Science.” Interspersed throughout the week were ways to relax as well! Morning laughter yoga, meditation, healthy break activities, and Bingo were enjoyed by many outside of the scheduled course times.

With 345 attendees, this year’s course was both busy and exhilarating for attendees and the planning committee. But, as always, this course provided an excellent forum for sharing ideas, establishing new networking opportunities, and providing a forum to “create the science and advance our practice.” 🔥

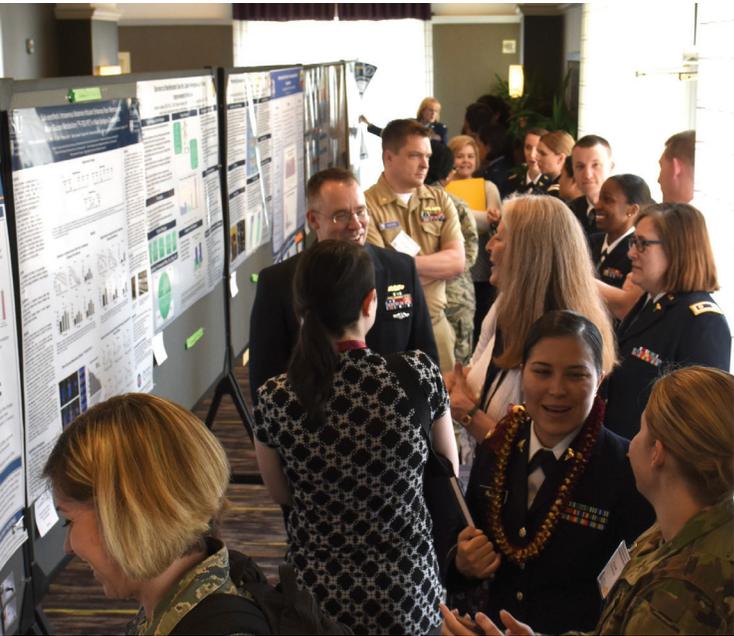


Nearly 350 nurses and researchers attended the 2018 Research and Evidence Based Practice Dissemination Course in San Antonio. The 4-day course offered the opportunity to hear from nurse leaders about the state of the science, as well as the chance for researchers to present their studies.



Scenes from the 2018 Dissemination Course







2018 Abstract Award Winners

Research



First: CAPT Craig A. Cunningham, NC, USN; CDR Rhett A. Barrett, NC, USN; CAPT Lisa Braun, NC, USN; Danielle Amos Mejia, CCRP; and Monique Carter, MBS, CCRP—A Qualitative Analysis of Implementing the I-PASS Patient Handoff System in a MTF

Second: LTC Pauline A. Swiger, AN, USA; Lori A. Loan, PhD, RN, FAAN; Dheeraj Raju, PhD, MS, MSIE; COL (ret) Sara Breckenridge-Sproat, AN, USA; Rebecca S. (Suzie) Miltner, PhD, RN, CNL, NEA-BC; and COL (ret) Patricia A. Patrician, AN, USA—Discovering Relationships between Nursing Practice Environments and Patient Outcomes

Third: CPT Brent Duffield, AN, USA; Katelyn Dempster; 1LT Matthew Moore, AN, USA; 1LT Japheth Rauch, AN, USA; and Col (ret) Arthur “Don” Johnson, USAF, NC—Effects of Intraosseous and Endotracheal Intraosseous Epinephrine Administration

Evidence Based Practice



First: CPT Ryan W. Chicoine, AN, USA; Melissa P. Ayala; CPT Sung M. Chun, AN, USA; CPT James M. DeGroot, AN, USA; Devin T. Henson; CPT Seth A. Randall, AN, USA;

CPT Leah R. Stanley, AN, USA; COL Denise M. Beaumont, AN, USA; and COL (ret) Tomás Ceremuga, AN, USA—Investigation of the Anxiolytic Effects of Crocin, a Compound from Saffron

Second: Lt Col Jacqueline Killian, USAF, NC; Col (ret) Penny Pierce, USAF, NC; CAPT Anita Smith, NC, USN; COL Angela Smith, AN, USA; Lt Col Laurie Migliore, USAF, NC; and Felix Kabo, PhD—Looking for Connections: A Social Network Analysis of Military Nurse Scientists

Third: CPT Melissa Boetig, AN, USA—Tabletop Triage Exercise: Multimodal Training with Rwandan Military Nurses

Special Awards

Three awards were presented to honor our heritage of military nursing scholarship and recognize excellence for the presentations given at the course.

The Phyllis J. Verhonick Outstanding Podium Award was developed to acknowledge the best podium presentation, the Karen Rieder Outstanding Poster Award was developed to acknowledge the best poster presentation, and the Regina Aune Perseverance Award was developed to acknowledge the presenter who demonstrated exceptional perseverance to ensure the success of a program or project. The proctors from each session were asked to rate each podium presentation using specific criteria about the organization of the presentation and the professionalism of the delivery.

Proctors were also asked to review a handful of assigned posters to determine whether the poster was easy to understand, whether the poster was visually clear, and whether the presenter’s verbal description of the project was clear and concise. Each project was also evaluated by the proctor for whether the investigators demonstrated perseverance and overcame extreme challenges. Once the scores were received (immediately after the final presentations were finished and just before the award ceremony), the results were tallied to determine the winner in each category.

Phyllis J. Verhonick Outstanding Podium Award: COL (ret) Linda Yoder, AN, USA

Karen Rieder Outstanding Poster Award: LT Kaitlyn Vangunten, NC, USN

Regina Aune Perseverance Award: Roxana Delgado, PhD

BHRIG: Fostering Scientific Relationships While Assessing Tri-Service Collaboration

Lt Col Jaqueline M. Killian, USAF, NC, 59th Medical Wing
Office of the Chief Scientist/Science and Technology

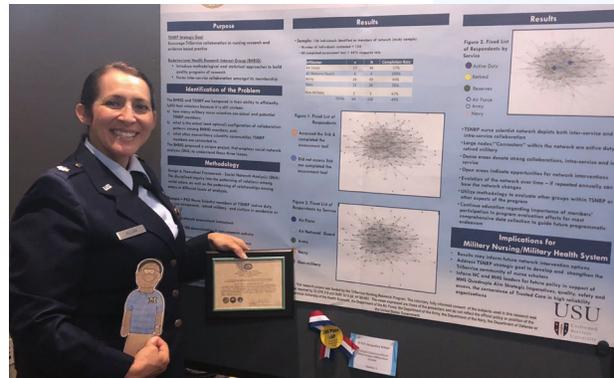
The Biobehavioral Health Research Interest Group (BHRIG) gives members of the TSNRP community the opportunity to work together and develop new evidence to strengthen the overall capability of military nurses. The BHRIG community is especially interested in exploring the biological, behavioral, sociocultural, and environmental factors that influence the physical health, mental health, and well-being of military Service members and their families.

The most recent project undertaken by the BHRIG, in collaboration with Felix Kabo, PhD, MS, MARCH, of the University of Michigan, involved the use of social network analysis (SNA) to measure TSNRP's effectiveness in meeting one of its strategic goals: encouraging tri-service collaboration in nursing research and evidence based practice. SNA is both a way of looking at a concept and a research method for understanding the pattern of relationships among people and at different levels.



Members of the Biobehavioral Health Network Analysis team met at the Uniformed Services University of the Health Sciences in March to diagram the connections between and among military nurse researchers to better understand our community's network.

A Web-based research platform, Qualtrics, was used to send a link to all military nurse scientists in the TSNRP community. When the nurse scientists clicked on the link, a series of questions asked about their interactions with other military nurse scientists, including the frequency, structure, and nature of the interactions. The 44% response rate provided enough information for a preliminary analysis of these relationships.



Lt Col Jacqueline Killian holding up "Flat Felix" to represent Dr. Felix Kabo, University of Michigan, in front of the poster presenting the BHRIG SNA project preliminary results

Specialized software was used to translate the responses into a visual representation of the network.

From the analysis, the team found that the network shows collaboration both within the same Service (the Army, Navy, or Air Force) and across Services. Several large "connectors" (nurse scientists who had multiple and frequent connections with other nurse scientists) were found within the network and included both active duty military and retired military nurse scientists. There were also dense areas that reflected strong collaborations within each Service, as well as those between the Army, Navy, and Air Force. The more open areas in the network should be seen as opportunities for TSNRP to further strengthen the network.

Future assessments using SNA could be helpful for describing and appraising the effectiveness of interventions (such as new Research Interest Groups) that aim to strengthen and extend professional networks. These assessments would also be critical to our understanding of the changes in the TSNRP network over time. 🔥

References used in this article are available upon request. If you would like a reference list, please contact Lt Col Killian at jacqueline.m.killian.mil@mail.mil.



News from the Grants Management Team

As TSNRP enters its 26th year, we are reminded that our mission to support you through your careers as nurse scientists has not changed, but some of the ways in which we facilitate that mission have evolved greatly. Here are a few of the highlights of this past year's activities and growth:

Secondary Review of Human Research Protection:

With the advent of the new Electronic Institutional Review Board (EIRB) system across the Military Health System, the secondary review process for human research protection (required to get your start letter), as well as amendments and continuing reviews, will take place within EIRB. If your protocol is already included in EIRB, your TSNRP grants manager will work with you to add the Uniformed Services University of the Health Sciences (USU) on the protocol as an administrative site to allow the USU human research protections office to review the documents and provide its secondary administrative review. If your IRB approval is outside of EIRB, your assigned grants manager will upload the documents for the review. The TSNRP grants managers will be working closely with their assigned principal investigators (PIs) and research teams to implement this change.

Travel to the TSNRP Dissemination Course: We have found that this is extremely valuable for both the program and the attendees, so TSNRP has updated its policy to include travel to the annual TSNRP Dissemination Course as part of the TSNRP award budgets. Currently funded investigators were notified of the need to incorporate this into their existing budget, and the new requirements have been incorporated into the future funding opportunity announcements. In addition to attending and presenting at the TSNRP Dissemination Course, it is also expected that awardees will plan and budget for sharing their findings at a national-level conference to ensure that the results of their research or evidence based practice project are shared within the civilian community.

Post-Award Training: In 2017, we revised our post-award grant management training plan to include an in-person workshop in conjunction with the TSNRP Dissemination Course. The 2018 workshop expanded from 2 hours to 6 hours, allowing us to discuss key topics such as interim, annual, and final reporting and federal

regulations in more depth and also work through case studies. This year, we found that the mix of novice and experienced scientists enhanced the discussion and that representatives from grantee organizations provided a helpful perspective. At the workshop, participants were provided with a grant management handbook with in-depth content to guide research teams throughout the conduct of their projects. Additionally, this workshop presented a great opportunity for the TSNRP grants managers to meet and work with their assigned PIs and their grantee organizations. Initial online training videos called "Post-Award Survival Skills" are required for new TSNRP-funded awardees but can be viewed by any study team member or by awardees who have been funded in the past. The online training is approved for up to 6 hours of continuing education credits, depending on how much time is spent completing the training. Each module lasts approximately 15–20 minutes and is presented by TSNRP expert faculty. The links to the videos can be found at www.usuhs.edu/tsnrp/post-award-training.

Clinical Trials: Recently, there was a change to the expectation from the National Institutes of Health in terms of which research studies are required to register on the Clinical Trials website (www.clinicaltrials.gov). Although this requirement has not been added to the USU or TSNRP Terms and Conditions, we recommend that if you are testing an intervention, you register your project on the site. When registering, please note that the grantee or entity who initiates the clinical investigation, not TSNRP, should be listed as the sponsor.

Retirements: Occasionally, a PI will retire from active duty while a TSNRP award is still in process. The law is clear that full-time government employees cannot change from having a non-paid status ("Without Charge") to receiving a salary or consultant pay on the same project. However, the USU Office of General Counsel has determined that even if an investigator is unpaid after retirement, he or she will need to have a government status to remain engaged on a funded project. The easiest way to accomplish this is to serve as a volunteer at USU or another military facility, such as a local military treatment facility. If this is your plan, please notify us well in advance of your pending retirement so that your grants manager can assist with the paperwork for your volunteer status request. 🔥

TSNRP Meets Educational Needs in New Ways

EBP Workshop for Nursing Readiness Held at Scott AFB

Shannon Sarino, Outreach Coordinator

In June, TSNRP staff and consulting faculty took the newly revised Evidence Based Practice (EBP) for Military Readiness Workshop to Scott Air Force Base (AFB), Illinois. The workshop was attended by 24 nurses and leaders from the U.S. Transportation Command (USTRANSCOM), Air Mobility Command, the 375th Medical Group, and the 375th Aeromedical Evacuation Squadron, all located on Scott AFB.

Lt Col Jackie Killian, USAF, NC; Bridget Brozyna; and Maj Dan Bevington, USAF, NC, served as faculty for the workshop and were joined by Lauren McGrogan, a medical librarian from Wright-Patterson AFB, to assist with finding the evidence by using the virtual Medical Library. For a day and a half, faculty worked with both students and mentors to broaden their understanding of EBP and identify needs at their facility that could be met by conducting an EBP project.

The workshop was requested by and coordinated with Lt Col Michele Holderness, USAF, NC, Chief Nurse, USTRANSCOM. After the workshop, she reported that the course had been instrumental in sparking a discussion about EBP and why it is important and that EBP has been incorporated into the USTRANSCOM Strategies and



An Evidence Based Practice for Military Readiness Workshop was attended by 24 nurses and leaders from the U.S. Transportation Command (USTRANSCOM), Air Mobility Command, the 375th Medical Group, and the 375th Aeromedical Evacuation Squadron.

Priorities. Since then, representatives from each of the participating units have initiated an EBP council and are continuing to work on their projects and foster a culture of inquiry that supports EBP.

"I truly can't thank you enough for coming out here to Scott and sharing your knowledge and expertise," she wrote. 🔥

TSNRP Hosts First Nurses Week Lunch and Learn

Shannon Sarino, Outreach Coordinator

The TSNRP staff was pleased to host a Nurses Week 2018 lunch and learn for nurses and medical technicians at Joint Base Andrews in early May.

The lecture component of the event was delivered by Lt Col Shawna Greiner, USAF, NC. Lt Col Greiner gave a summary of evidence based practice (EBP) concepts and how they are critical to the readiness skills of nurses and medical technicians. She also discussed current EBP projects that affect the pre-deployment and deployed settings to provide insight into the value and process of how EBP informs expeditionary nursing practice.

The lunch was attended by nearly 50 nurses and technicians, who also had the opportunity to attend either an Air Force enlisted personnel mentoring panel before the session or an Air Force officer mentoring panel after the session. 🔥



Lt Col Shawna Greiner discussed the importance of evidence based practice during the first TSNRP-hosted Nurses Week lunch and learn.



TSNRP Hosts Annual Grant Camp

Kesha Chandler and Jaya Pothen, TSNRP Grants Managers

The 14th annual TSNRP Research and Evidence Based Practice Grant Camp was another success.

Grant Camp was held 9–13 July 2018 at the Island Club on Naval Air Station North Island, San Diego, California. In attendance were TSNRP Executive Director Col Jennifer Hatzfeld, USAF, NC; 10 faculty members; 15 prospective TSNRP grants applicants; and 2 TSNRP staff members. Each day began with student and faculty expectations and ended with student and faculty reflections.

At Grant Camp, not only did students gain insightful knowledge about the logistics of submitting a TSNRP application, but they were also able to work one on one with faculty members on their individual research topics. Grant Camp was a mix of lectures and mentorship. The topics presented by faculty included research methods (qualitative, quantitative, and evidence based projects), research protections (institutional review board



Grant Camp attendees and faculty took time out of their week to pose for a class photo.

[IRB] and institutional animal care and use committee [IACUC]), PICOT/specific aims, and data sampling and collection. Through mentorship, students were given the opportunity to develop and focus their research topics by receiving feedback from their peers and faculty. On the fourth day of Grant Camp, students presented their abstract/PICOT questions, with 2 minutes for questions and/or comments from faculty. 🔥

TSNRP Summit Explores the Issue of Back Pain

Megan Foradori, MSN, RN

All over the world, military nurse researchers and clinicians are tackling common problems, at their desks and at the bedside, doing the best they can with the research and their training to design and provide treatment plans for patients. Sometimes they can't help but wonder, "How are others handling this issue?" At TSNRP, we are always looking for ways to connect people interested in similar topics in order to provide a platform for them to learn about the state of the science, share their experiences, network with others, and plan a way forward in their sphere of influence and beyond.

Such was the case for the first TSNRP Summit focusing on back pain, held at the Uniformed Services University of the Health Sciences 15–16 August 2018. The first day featured an impressive lineup of experts in the prevention and care of back pain, as well as a panel discussion on policy from nursing leaders. On the second day, a smaller group of the presenters discussed the research needed to guide future policy and nursing practice to prevent, manage, and treat back pain among military members.



A panel discussion on back pain care policy featured, from left, Col Deedra Zabokrtsky, COL Melissa Hoffman, COL Tonya Dickerson, and CDR William Danchanko.

The summit was born of the realization that three military nurse researchers in the TSNRP community were all working on low back pain: COL Ann Nayback-Beebe, AN, USA, in electroanalgesia for chronic low back pain treatment; Col Candy Wilson, USAF, NC, in the use of acupuncture to relieve low back pain; and Col (ret) Laura Talbot, USAF, NC, in neuromuscular stimulation core strength training for subacute low back pain. Each of the researchers was known to the others, but they had never had the opportunity to collaborate using their shared knowledge in this important readiness-related area. 🔥

TSNRP Hosts New Writing Workshop

Kemia Duncan-Kirby, Deputy Program Manager, Education and Outreach

TSNRP held its inaugural Writing Workshop 17–19 September at the La Quinta Inn & Suites San Antonio Riverwalk in San Antonio, Texas. The workshop was attended by 22 participants, representing 12 writing projects. Victoria von Sadovszky, PhD, RN, served as lead faculty, assisted by Col (ret) Laura Talbot, USAF, NC; CAPT Lisa Braun, NC, USN; and CDR Wendy Cook, NC, USN. Throughout the workshop, the faculty provided feedback and guidance on developing the attendees' written work.

The purpose of the workshop was to provide military nurses dedicated writing and mentoring time to produce a scholarly product. A written abstract or summary, a description of the proposed summary, and a letter of support from a supervisor were part of the application to attend the workshop. Once accepted, the attendees were instructed to come to the workshop with the expectation of spending 3 full days devoted to intensive writing and receiving individual critique to refine their product.



Participants at the inaugural Writing Workshop paused for a class photo during the 3-day workshop.

The first day kicked off with introductions from attendees and faculty. Dr. von Sadovszky then provided a short lecture on the basics of writing that entailed content slides related to authorship, organizing a literature search, the anatomy of a manuscript, problem statements, guidelines, and common mistakes. Following Dr. von Sadovszky's presentation, attendees broke into their assigned mentoring groups to begin the writing



Attendees were paired with writing mentors to provide guidance on developing their written work. Each day, attendees worked independently and also with their small groups to go over their projects.

process. On the second day, attendees shared their feedback and observations of the previous day and watched a brief video presentation related to tips on writer's block before beginning their day with continued writing and mentoring. After lunch, there was a panel discussion from the mentors in which they shared helpful strategies and tips for writing. Some recommended topics were how to organize your own files, stay on a timeline, and become a successful and productive writer. The final day of the workshop concluded with another short lecture by Dr. von Sadovszky on how to address rejections, revisions, and resubmissions.

Throughout the 3 days, participants spent a significant amount of time writing, meeting with their mentors, and incorporating feedback, in addition to doing assigned homework each evening as directed by their mentors. By the end of the workshop, most attendees had completed a final draft of their written product or expected to submit their work within a few weeks. To celebrate a successful 3 days of dedicated writing, Col Jennifer Hatzfeld, USAF, NC, arranged a group dinner at Maria Mia Mexican Bistro on the San Antonio Riverwalk, where each participant was given a wooden "plank owner" pen for participating in this brand-new TSNRP course. 🔥



TSNRP Welcomes Brig Gen Robert Marks to Executive Board of Directors

TSNRP is pleased to welcome Brig Gen Robert J. Marks, USAF, NC, to the TSNRP Executive Board of Directors (EBOD). He joins the EBOD as the new Chief of the Air Force Nurse Corps.

In addition to being appointed as the Chief of the Air Force Nurse Corps, Brig Gen Marks is the Air Mobility Command Surgeon at Scott Air Force Base, Illinois. In that role, he ensures maximum combat readiness, operational health, and efficient delivery of health care to 448,000 beneficiaries. He also provides guidance on medical capabilities through plans, operational policies, military-specific medical training, consultation, and financial management.

Brig Gen Marks earned a bachelor of science in nursing degree from Kansas Newman College in 1989 and a master's degree in management from Webster University in 1997. His previous assignments include Command Surgeon, Headquarters Air Force Material Command, Wright-Patterson Air Force Base; Deputy

Command Surgeon, Headquarters Pacific Air Forces, Hickam Air Force Base; Chief, Medical Operations Division, U.S. Air Forces in Europe; and Commander, 72nd Medical Group, Tinker Air Force Base. He is a command flight nurse with more than 1,000 flying hours in C-9, C-17, KC-135, and C-130 aircraft.



Brig Gen Robert Marks

The TSNRP staff looks forward to working with Brig Gen Marks in the coming years to ensure that future nursing research addresses important operational and deployment health topics, as well as benefiting from his perspective leading multidisciplinary teams at multiple commands. 🔥

TSNRP Welcomes Emily Bell

TSNRP is pleased to welcome Emily Bell, who recently joined the staff as a Nursing Program Research Coordinator and will primarily be supporting the TSNRP-sponsored Research Interest Groups. Prior to joining the TSNRP staff, Ms. Bell was a Research Nurse at Cincinnati Children's Hospital in Cincinnati, Ohio. While there, she coordinated pediatric and adult clinical research trials and managed multiple projects. Many of the clinical trials she coordinated led to Food and Drug Administration approval and ultimately increased life expectancy and quality of life for many patients. This is where her love of research began. In addition to her research experience, Ms. Bell has nursing experience in many specialties, including surgery, critical care, medical/surgical, and pediatrics.

Ms. Bell earned her MSN in nursing administration and leadership from the University of South Carolina in 2018. Research has been her passion and focus for the past 5 years, and she is looking forward to continuing the journey in this new role.



Emily Bell

When she isn't working, Ms. Bell has a wonderful husband and two children to tend to! Ms. Bell is excited to join TSNRP and looks forward to collaborating with this amazing group of nurse scholars. 🔥

TSNRP Welcomes Kesha Chandler

TSNRP is pleased to welcome Kesha Chandler, who recently joined the staff as a Grants Manager. Before joining the TSNRP staff, Ms. Chandler was a grants associate for the Greater Washington Community Foundation. While there, she managed funds for donors and provided grant documentation to meet legal, auditing, and foundation requirements.

Ms. Chandler earned an MSA in nonprofit management from Trinity Washington University, where she found her niche in grants management. Most recently, Ms. Chandler became a Certified Grants Management Specialist (CGMS). As a CGMS, she is well versed in the processes

and procedures of grants and cooperative agreements.

Ms. Chandler is excited about joining the TSNRP team and looks forward to learning about all of the funded research topics! 🔥



Kesha Chandler

Promotions, Retirements, and Accomplishments

Promotions

The following military nurse scientists recently received or will soon receive a promotion in military rank. Please join us in congratulating these exceptional military nurses!

Army

- Peter Attilio to LTC
- Pedro Oblea selected for LTC
- Christopher Stucky selected for LTC
- Tanekia Taylor-Clark (current PhD student) selected for LTC

Air Force

- Jennifer Hatzfeld to Col
- Tonya Spencer (current PhD student) selected for Lt Col

Retirements

TSNRP congratulates CDR Kenneth Wofford on his recent retirement from the Navy and wishes him “fair winds and following seas.”

Recent Accomplishments

CDR Carl Goforth, NC, USN, was appointed Head, Neurotrauma, taking the lead on major projects that include the relationship between aeromedical evacuation and traumatic brain outcomes, development of physiological dosimeters for Navy and Marine Corps personnel exposed to repeated blasts, and injury prevention. He is conducting the Initiation of Marine Physiological Assessment of Combat Training (IMPACT) study at The Basic School in Quantico, Virginia. The aim is to develop an injury and/or medical encounter risk tool based on the triangulation of movement performance, nutritional biomarkers, and psychological resilience.

CAPT Lisa Braun, NC, USN, graduated from the U.S. Naval War College with her master of arts degree with distinction in defense and strategic studies, with a research focus on homeland security/homeland defense and the role of social network analysis. She also earned a graduate certificate in health professions education from the Uniformed Services University of the Health Sciences, focusing on online course development and evidence based practice curricula in graduate studies.



Farewell to Megan Foradori

The TSNRP staff and community of nurse scholars bid farewell to Megan Foradori, Research Agenda Program Coordinator, in late June 2018.

Ms. Foradori leaves TSNRP for a move to Cleveland with her family and with plans to lay the groundwork to return to school for a PhD in the future.

“Pursing a doctoral degree has always been a dream of mine, and seeing the amazing impact of nurse scholars in this position has fueled that fire even more,” said Ms. Foradori.

For 8 years, Ms. Foradori served as the Research Interest Group (RIG) coordinator, initially with just the Military Women’s Health and En Route Care RIGs. Hired by former Executive Director Col (ret) Marla De Jong, USAF, NC, in the summer of 2010, Ms. Foradori remembers interviewing by phone for this new position with Col (ret) De Jong and COL (ret) Lori Trego, AN, USA. They told her about the idea of the first two TSNRP RIGs, Military Women’s Health and En Route Care. TSNRP needed someone to work with nurses in topical teams and to build collaborations between and within the Services.

From those humble beginnings, the RIG program now boasts membership lists topping 500 people in six thriving communities of nurse scholars.

Ms. Foradori has also been an integral part of planning several TSNRP courses, including the annual TSNRP



Megan Foradori poses with Col Hatzfeld during a party to celebrate Ms. Foradori’s accomplishments and wish her well in future endeavors.

Research and Evidence Based Practice Dissemination Course. “Dissemination Course has been one of my favorite parts of this role,” she said. “It’s the chance to see and hear about so much of the great work the RIG members do throughout the year in their own corners of the world. For me, it’s a treasured opportunity to celebrate nurses’ successes in person and plan for future initiatives of the RIGs.”

Ms. Foradori’s departure was bittersweet—we are excited to see where her studies take her as she works toward her own PhD, but she will be keenly missed by the TSNRP community. 🔥

Brandie Peterson Departs for New Opportunities

The TSNRP staff said goodbye to Grants Manager Brandie Peterson in March 2018. After 2½ years with TSNRP, Ms. Peterson left TSNRP to pursue new, exciting professional opportunities.

During her time with TSNRP, Ms. Peterson first served as the office executive assistant. Later, she became a Grants Manager, responsible for managing several TSNRP grant portfolios. In this capacity, she interacted with members of the TSNRP nurse scholar community.

Ms. Peterson’s attention to detail and sense of humor will be missed in the TSNRP office! Given her passion for excellence, we know that she is well poised to succeed in whatever she does, and we wish her the best in her future endeavors.



Brandie Peterson

A New TSNRP Effort: Evidence Based Practice Facilitators

As a part of a TSNRP initiative to support evidence based practice (EBP) at military treatment facilities, we have created four EBP consultant positions. These individuals will serve as EBP facilitators at Naval Medical Center Portsmouth, Naval Medical Center San Diego, Lackland Air Force Base, and Travis Air Force Base.

These EBP experts will directly support EBP at both the local and regional levels and also serve as consultants to the TSNRP efforts to expand EBP efforts across the Military Health System. A key focus of the role is on training, mentoring, and encouraging EBP efforts among the nursing staff at their site, to include helping nurses select appropriate EBP topics, develop a strong PICOT

question, form interprofessional teams, review and synthesize published literature, select appropriate outcome measures, analyze and evaluate the outcomes, and disseminate the results of the project. EBP experts also act as role models and mentors to the various hospital and medical staff departments in facilitating and supporting their EBP activities via the provision of available resources as well as direct support of the EBP process.

We are excited to have these new team members join the TSNRP family, and we look forward to seeing the results of their work in the coming months.

Tau Theta Chapter Harmonizing with Sigma's Mission

Sigma Theta Tau International's (STTI's) mission is advancing world health and celebrating nursing excellence in scholarship, leadership, and service. As the only federal chapter of STTI, the Tau Theta Chapter harmonizes with this mission by supporting and connecting nurses practicing in the federal health care system.

Our goals are:

- (1) Creating Welcoming Environments
- (2) Enhancing Knowledge Resources and Network
- (3) Contributing to Global Health
- (4) Creating a Legacy of Personal Leadership

Many of the chapter activities take place virtually via the Internet.

We are proud to say Tau Theta inducted 38 new members this year and we are now 190 members strong. We continue to look for ways to grow our chapter in order to provide more service at the military treatment facility level. If you are a member of STTI and would like to belong to the federal chapter Tau Theta, you can change your membership by going to www.nursingsociety.org/why-stti/stti-membership/my-membership. Then log in and select Tau Theta. If you don't recall your login information and member number, you can call 888-634-7575 or email memserv@stti.org for assistance. Our counselors, CDR Tiffany Uranga, NC, USN, at tiffany.uranga@usuhs.edu, and LCDR Kimberly Tozer, NC, USN, at kimberly.tozer@usuhs.edu, can assist you if you are a nursing leader interested in being inducted into our chapter. If you are already a member and aren't receiving our notifications, please ensure that your email address is listed correctly in your membership profile.

There will be a Tau Theta-sponsored educational offering and an induction ceremony during the Uniformed Services University of the Health Sciences Research Week in mid-May, so keep an eye out for details! 🔥



Recent Publications

- Abraham, P. A., Russell, D. W., Huffman, S., Deuster, P., & Gibbons, S. W. (2018). Army combat medic resilience: The process of forging loyalty. *Military Medicine*, 183(S1), 364–370.
- Benson, N. D., Cunningham, C., Braun, L., Wallace, J., Stewart, K., & Derouin, A. (2018). Transitioning pediatric patients to adult health care: A quality improvement needs assessment. *Journal of Pediatric Health Care*, 32(3), 216–222.
- Braun, L., Hartman, I., Hebert, M., Hirshberg, A., Hudson, C., Oshiki, M., Pozo-Alonso, M., Rohatsch, L., Schoefer, J., & Shinabery, L. (2017). Large population migration. *The Record: Interagency Institute for Federal Health Care Executives*, 30(2), 11.
- Callaway, C., Cunningham, C., Grover, S., Steele, K. R., McGlynn, A., & Sribanditmongkol, V. (2018). Patient handoff processes: Implementation and effects of bedside handoffs, the teach-back method, and discharge bundles on an inpatient oncology unit. *Clinical Journal of Oncology Nursing*, 22(4), 421–428.
- Carness, J. M., Wilson, M. A., Lenart, M. J., Smith, D. E., & Dukes, S. F. (2017). Experiences with regional anesthesia for analgesia during prolonged aeromedical evacuation. *Aerospace Medicine and Human Performance*, 88(8), 768–772.
- Compher, C., Jain, A. K., Nichol, P. F., Blackmer, A., Earthman, C., Evans, D. C., McCarthy, M. S., Taylor, B., & Mehta, N. J. (2018). Research agenda 2018: The American Society for Parenteral and Enteral Nutrition. *Journal of Parenteral and Enteral Nutrition*, 42(5), 838–844.
- Hernandez, B. F., Morgan, B. J., Ish, J., Agbator, L. O., Lindo-Moon, S., Stotler, F. F., & Gardner, C. L. (2018). Communication preferences and satisfaction of secure messaging among patients and providers in the military healthcare system. *Military Medicine*.
<https://doi.org/10.1093/milmed/usy094>
- McCarthy, M. S., & Martindale, R. G. (2018). Immunonutrition in critical illness: What is the role? *Nutrition in Clinical Practice*, 33(3), 348–358.
- McCarthy, M. S., & Phipps, S. (2018). Current controversies regarding nutrition therapy in the ICU. *Journal of Clinical Outcomes Management*, 25(6), 261–271.
- McCaslin, S. E., Herbst, E. D., Armitage, N. H., Allen, I., Neylan, T., Becket-Davenport, C., Choucroun, G., Best, S., & Inslicht, S. S. (2018). Deployment anxiety reduction training: A pilot study of acceptability and feasibility in current or recent active duty Service members. *Military Medicine*, 183(S1), 371–378.
- Peterson, A. L., Hale, W. J., Baker, M. T., Cigrang, J. A., Moore, B. A., Straud, C. L., Dukes, S. F., Young-McCaughan, S., Gardner, C. L., Arant-Daigle, D., Pugh, M. J., Williams Christians, I., & Mintz, J. (2018). Psychiatric aeromedical evacuations of deployed active duty U.S. military personnel during Operations Enduring Freedom, Iraqi Freedom, and New Dawn. *Military Medicine*.
<https://doi.org/10.1093/milmed/usy188>
- Radford, K. D., Park, T. Y., Lee, B. H., Moran, S., Osborne, L. A., & Choi, K. H. (2017). Dose-response characteristics of intravenous ketamine on dissociative stereotypy, locomotion, sensorimotor gating, and nociception in male Sprague-Dawley rats. *Pharmacology, Biochemistry, and Behavior*, 153, 130–140.
- Tschiffely, A. E., Hague, A., Haran, F. J., Cunningham, C. A., Mehalick, M. L., May, T., Stuessi, K., Walker, P. B., & Norris, J. N. (2018). Recovery from mild traumatic brain injury following uncomplicated mounted and dismounted blast: A natural history approach. *Military Medicine*, 183(3–4), e140–e147.
- West, G. F., Resendiz, M., & Lustik, M. B. (2018). Assessing hand hygiene attitudes of inpatient nursing personnel in a US military hospital. *Journal of Hospital Infection*, 100(2), 214–217.
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- West, G. F., & Rose, T. J. (2018). Ensuring capability to provide safe patient care prior to occupying renovated clinical area. *HERD: Health Environments Research & Design Journal*.
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- Wilson, M. A. (2018). Analysis and evaluation of the moral distress theory. *Nursing Forum*, 53(2), 259–266.
- Yablonsky, A. M., Yan, G., & Bullock, L. (2018). Parenting stress in Navy families: The importance of spirituality and social support. *Journal of Health and Human Experience*, 4(1), 104–131. 🔥

Newly Published Final Reports

The following projects finished this year, and the final reports have been accepted by TSNRP. The abstract of each final report has been submitted to the Cumulative Index to Nursing and Allied Health Literature (CINAHL) database. The full report has also been sent to the Defense Technical Information Center (DTIC) for posting. If one of these projects interests you, consider contacting the principal investigator, search for the report in the National Technical Reports Library (NTRL) at <https://ntrl.ntis.gov/NTRL> using the accession number, or look for a future publication! 🔥

Principal Investigator	Title	Accession Number
Col (ret) Arthur "Don" Johnson	Effects of Routes of Administration of Vasopressin in a Cardiac Arrest Model	PB2018-101092
Col Deborah K. Jones	Military Children's Perceptions of Parents' Frequent Missile Base Deployments	PB2018-101078
COL Ann Nayback-Beebe	MC5-A Scrambler Therapy for the Treatment of Chronic Neuropathic Extremity Pain	PB2018-100563
MAJ Michael J. Neill	Messenger RNA Isolation from Paxgene Blood RNA Tubes for RNA-Seq Differential Analysis after Traumatic Brain Injury	PB2018-101093
Col (ret) Penny Pierce	U.S. Army: Deployment Resilience and Retention	PB2018-101067
LTC Patricia Schmidt	Agent Based Model of Affect Contagion in a Healthcare Work Environment	PB2018-100564
Lt Col (ret) Denise Smart	Effects of Sleep Deficiency on National Guard Personnel Responding to Disasters	PB2018-101079
LTC (ret) Meryia Throop	Exploring the Patient Perspective in a Restructured Military Facility	PB2018-100882
LTC Christopher VanFosson	The Longitudinal Prevalence of Unfinished Nursing Care at the US Army Burn Center	PB2018-100848
LTC Young Yauger	Iron Activation of Cellular Oxidases: Modulation of Neuronal Viability (In Vitro)	PB2018-100847
LTC (ret) Terri Yost	Cranial Electrotherapy for Military Beneficiaries with Restless Legs Syndrome	PB2018-100846

Did You Know?

The TSNRP Resource Center can provide textbooks, software licenses, and other resources that can be used at individual military facilities and within military organizations to support nursing research and evidence based practice. And TSNRP has also developed an "Outreach Kit" containing informational bookmarks, pens, notebooks, and other TSNRP-branded materials that can be used to tell others in your organization about TSNRP—perhaps at facility orientation or a staff meeting, or as a gift to incoming nurses.

The resources and the Outreach Kit items serve to fulfill an important strategic goal of TSNRP: to provide a tri-service infrastructure to enhance military nursing research and advance evidence based practice.

You can find both the TSNRP Resource Request Form and the Outreach Kit Request Form on the TSNRP website at <https://www.usuhs.edu/tsnrp/resource-requests>.



Fiscal Year 2018 Funded Studies

(in Order of Anticipated Completion)

Principal Investigator	Title	Award Type	Completion
LCDR Chad Moore	Screening and strategies to prevent postoperative nausea and vomiting	Evidence Based Practice Award	April 2020
MAJ Pedro Oblea	Exploring LGBTQ Military Service Members Stressors and Lived Experience	Novice Investigator Award	May 2020
Lt Col (ret) Denise Smart	Exertional Heat Illness: Deployability, Risk Assessment, and Clinical Management	Investigator-Initiated Award	February 2020
CDR Jennifer Buechel	Combating Infertility During Military Service: A Grounded Theory Approach	Novice Award	September 2020
Col (ret) Elizabeth Bridges	Prevention of Pressure Injuries During Aeromedical Evacuation: A Randomized Control Trial	Initial Research Award	September 2020
COL Carla Dickinson	Caregivers of Wounded, Ill, and Injured Service Members: Health and Wellbeing Assessment	Initial Research Award	September 2020
1LT Shelby Hastings	Human Centric Lighting to Improve Patient Sleep Parameters: A Feasibility Study	Novice Award	September 2020
Lt Col Dawnkimberly Hopkins	The Experience of Living with Polycystic Ovary Syndrome in the Military	Novice Award	September 2020
MAJ (ret) Mary McCarthy	Precision Nutrition Impact on Health-Related Behavior Change of Service Members	Initial Research Award	September 2020
Lt Col Laurie Migliore	Identifying the Core Content of Military Identity for Psychological Understanding	Novice Award	September 2020
CDR Kennett Radford	Role of IV Ketamine on Fear Memory and Brain Activation in Male & Female Rats	Novice Award	September 2020
CDR Abigail Marter Yablonsky	Family Analysis of Parenting Stress, Mental Health, and Spirituality in a Navy Cohort	Initial Research Award	September 2020

Mini EBP Awards

In 2018, TSNRP introduced a new “Mini EBP Award” mechanism, providing up to \$10,000 to military treatment facilities to purchase equipment and supplies in support of local, nurse-led evidence based practice projects. This mechanism uses an expedited review process so projects can begin quickly. This year, awards can be submitted any time until 1 May 2019.

This year, four projects were selected:

- **Use of Sit-to-Stand Desks to Improve Musculoskeletal and Emotional Health in Nursing Staff**
Leader: 2LT Paige Robins; Site: Womack Army Medical Center, Fort Bragg, SC
- **Human Performance Cell Evidence-Based Project Using Flywheel Eccentric Overload Training**
Leader: Lt Col Maxine McIntosh; Site: 92nd Medical Group, Fairchild Air Force Base (AFB), CA
- **Evidence-Based RN-Run Hypertension Clinic**
Leader: Lt Col Cheryl Lockhart; Site: 20th Medical Group, Shaw AFB, NC
- **Older Adult Activity Cart: An Evidence-Based Practice Project**
Leader: 2nd Lt Emma Wolpert; Site: 88th Medical Group, Wright-Patterson AFB, OH

Kudos

Lt Gen Dorothy A. Hogg, USAF, NC, was recently confirmed as the Surgeon General, Headquarters U.S. Air Force. In her new role, Lt Gen Hogg serves as the manager of the U.S. Air Force Medical Service. She advises the Secretary of the Air Force and the Air Force Chief of Staff, as well as the Assistant Secretary of Defense for Health Affairs.

Lt Gen Hogg was previously a member of the TSNRP Executive Board of Directors. TSNRP congratulates Lt Gen Hogg on her new position, and we look forward to continuing to work with her to advance nursing research and evidence based practice.

COL (ret) Lori Trego, AN, USA, was selected as the 2018–2019 Distinguished Nurse Scholar-in-Residence at the National Academy of Medicine (NAM). Formed by a congressional charter, NAM provides analysis of and advice on medicine and health with the goal of improving the nation's health system. The NAM Distinguished Nurse Scholar-in-Residence Program, initiated in 1992, provides a yearlong leadership opportunity to participate in shaping health policy. During her time as a NAM Distinguished Nurse Scholar-in-Residence, COL (ret) Trego plans to expand her leadership experience in enhancing the wellness of women who serve and have served in the nation's military.

COL (ret) Elizabeth Mann-Salinas, AN, USA, received membership in the esteemed Order of Military Medical Merit. Membership in the Order denotes distinguished service, which is recognized by the senior leadership of the AMEDD.

CAPT Heather King, NC, USN, was selected as the incoming TSNRP Executive Director. CAPT King will assume her new role from Col Jennifer Hatzfeld, USAF, NC, in the summer of 2019, and we look forward to working with her!

Col Candy Wilson, USAF, NC, was elected as a fellow in the American Academy of Nursing. Col Wilson was honored at a ceremony at the annual conference of the Academy in November 2018 in Washington, D.C. 🔥



Lt Gen Dorothy A. Hogg

Send Us Your Stories

We would be happy to share your successes and achievements on the TSNRP social media channels, especially as they relate to military nursing scholarship!

Send your publications, recent accomplishments, and photographs to Shannon Sarino at shannon.sarino.ctr@usuhs.edu, and we'll highlight your great work. Items should be no more than 350 words, and photos should be in JPEG format with text identifying the who, what, when, and where of the photograph's subject.



Save the Dates!

April–May 2019

Research and Evidence Based Practice
Dissemination Course
30 April–2 May 2019
San Diego, California

May 2019

Post-Award Grant Management Workshop
3 May 2019
San Diego, California

July 2019

Research and Evidence Based Practice
Grant Camp
8–12 July 2019
San Diego, California

September 2019

Scientific Writing Workshop
16–18 September 2019
San Diego, California

Key Contacts

Your research specialty leaders are a valuable resource for current research requirements and initiatives throughout the military, the U.S. Department of Defense, and the Federal Nursing Services Council.

Specialty Leaders

U.S. Army

COL Michael Schlicher, AN, USA
Chief, Center for Nursing Science
and Clinical Inquiry

U.S. Navy

CDR Virginia Schmied Blackman, NC, USN
Assistant Professor, Daniel K.
Inouye Graduate School of Nursing,
Uniformed Services University of the
Health Sciences

U.S. Air Force

Col Jennifer Hatzfeld, USAF, NC
Executive Director, TriService
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