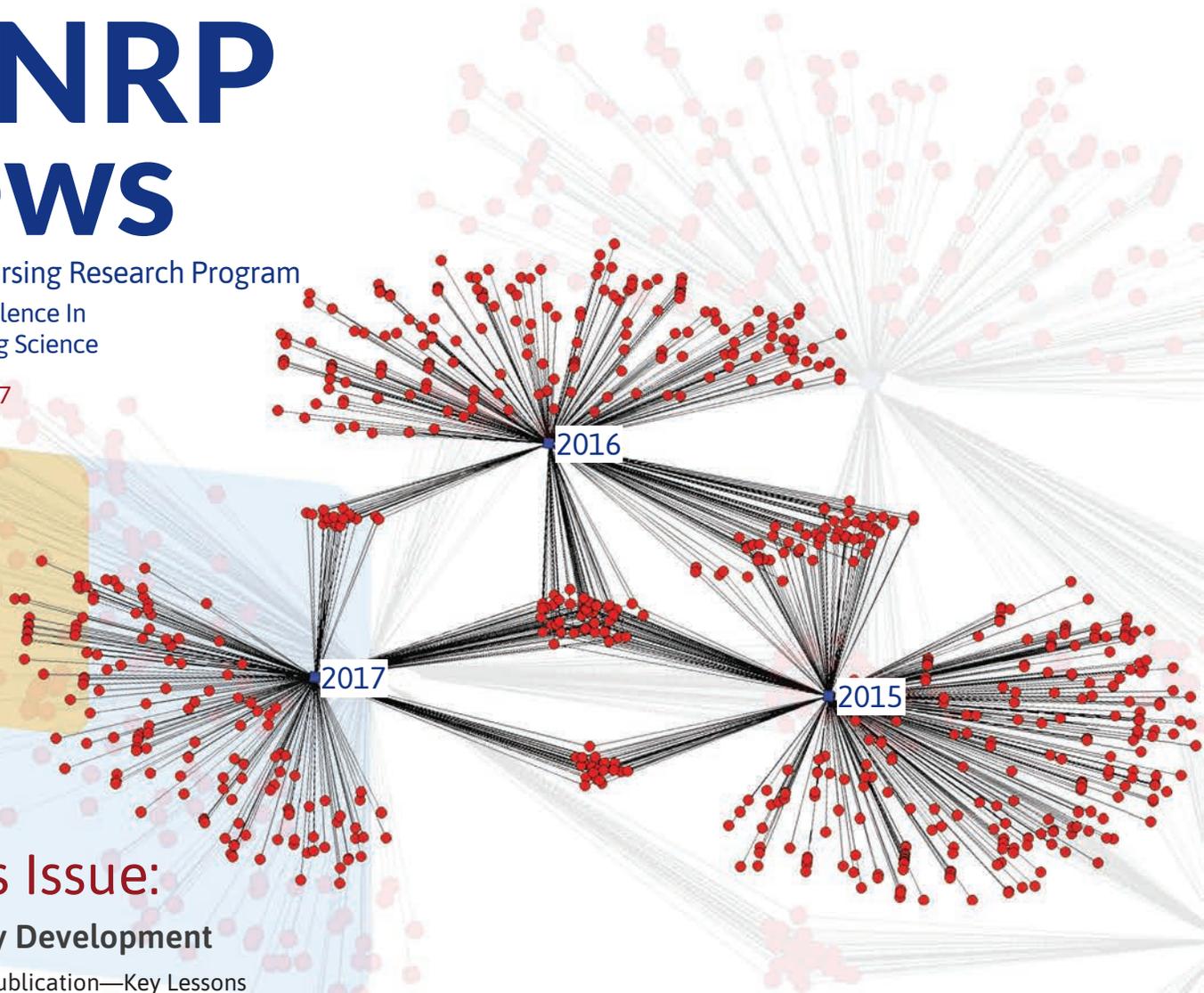


TSNRP News

TriService Nursing Research Program

Fostering Excellence In
Military Nursing Science

Fall/Winter 2017



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Save the Dates!

This is a visual representation of all those who have attended a TSNRP Dissemination Course since 2015. The diagram, produced during a Social Network Analysis workshop sponsored by the Biobehavioral Health Research Interest Group, was developed with the UCINET program, using course attendance lists. Can you find your dot cluster?

First-Time Publication— Key Lessons Learned and Strategies for Success

Check out page 5



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

As you may have noticed, the look and feel of this newsletter have changed slightly. It was our goal to freshen the format—to emphasize scholarship and make sure this resource is relevant to military nurses at all levels. Since this year marks the 25th anniversary of the TriService Nursing Research Program (TSNRP), it seemed like the perfect opportunity to make these subtle but important changes.

During this anniversary year, I've had the opportunity to reflect on the accomplishments of the program and look at the contributions made by so many "giants" in the history of military nursing research and scholarship. A highlight of the year was working with several military nurse scholars who have been funded multiple times by TSNRP and were willing to write a research article for an anniversary supplement in *Nursing Outlook*. It was inspirational to work with this group of professionals, and it was even more inspirational to step back and look at the collective contributions made by the community. If you haven't yet read the "Military Nursing Research" supplement published with the September–October issue of *Nursing Outlook*, I encourage you to find it at nursingoutlook.org.



Lt Col Jennifer Hatzfeld

Another highlight of the year was a strategic planning effort, which took place in March and April with focus groups, an online questionnaire, and an all-day meeting held just prior to the 2017 TSNRP Research and Evidence-Based Practice Dissemination Course. We had the opportunity to critically consider the goals, objectives, and activities that should be accomplished by TSNRP over the next 3 to 5 years. It's a daunting task, but it also provides a great opportunity to look at the big picture to determine how limited funds, time, and effort should be applied as we move forward into the next 25 years of TSNRP. The approved strategic plan will be published in 2018, and I look forward to sharing that vision at the Dissemination Course in 2018.

This edition of the TSNRP newsletter, as in the past, reflects the continued, ongoing work that has been designed to inform the policy and practice of military nursing. From the newly funded studies in Fiscal Year 2017, to the highlights of recently completed projects, to the longer-term impact of sustained programs of research, these reports reflect a vibrant ecosystem of scholarship. Just as importantly, the active participation at the TSNRP-sponsored courses, the work accomplished by the TSNRP Research Interest Groups, and the enthusiasm from those I've had the pleasure to meet over the past year indicate that the program is on the right track.

It is truly an honor for this program to be the funder and curator of this great work. I recognize, however, that the true value of research and evidence-based practice projects is what happens in the day-to-day nursing work at the bedside, in the clinics, in the field, and even in the halls of leadership. It is one of our highest priorities to provide a link between the worlds of research and practice—to make sure that evidence can easily be put into practice and that critical practice gaps inform future research questions. A single newsletter can't accomplish that incredible feat on its own, but perhaps it can spur you to reach out to a colleague to begin—or continue—that important conversation.

On behalf of the staff at TSNRP, I trust this newsletter encourages you in your pursuit of excellence in military nursing.

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

How TSNRP-Funded Research Has Changed Military Nursing Policy

As we look back at 25 years of TSNRP history and the impact it has had on military nursing, three TSNRP-funded projects have caught our attention. There are many TSNRP studies that inform nursing practice, but these are three great examples where TSNRP-funded research actually changed military nursing policy and practice.

Example 1: Patient CaringTouch System

The U.S. Army Nurse Corps Patient CaringTouch System (PCTS) is an evidence-based, multi-pronged system and framework that guides Army nursing care, empowering nurses at all levels to own nursing practice and driving clinical care quality.

The PCTS was built on a larger program of research funded by TSNRP. It began with developing a Military Nursing Outcomes Database to study military nursing work environments, care quality, nursing-sensitive indicators, staffing, patient and nurse outcomes, patient safety, medication errors, falls, and shared governance that has provided decades of data-driven decision-making for Army nurses, nurse managers, and leaders.

In the first 2 years of implementing the PCTS framework, starting in 2011, a research team measured a 42% drop in voluntary turnover of nurses at military treatment facilities, 6% less absenteeism, and a 60% drop in patient falls.

Several things have contributed to the success of the PCTS, including the fact that it was designed by and for nurses and was intended to empower nurses at all levels to own nursing practice and improve clinical care quality. The PCTS is also a comprehensive professional nursing framework—one or two elements or components alone are not as efficient as the whole. It works in a synergistic way, improving both patient and nurse outcomes. To use the PCTS successfully, however, staff nurses should know, understand, and use clinical quality measures that are appropriate for their workplace. This will enable staff nurses to work together to drive change and make improvements in care. Leaders must use data to support decision-making on behalf of their patients and staff.



The sustainment of the system reflects the continued and persistent efforts of nurses to incorporate it into their every-shift endeavors.

This work would not have been possible without a team of Army nurse researchers who have contributed to this body of work, including COL (ret) Patricia Patrician, AN, USA, and Lori Loan, PhD, RNC, both at the University of Alabama at Birmingham School of Nursing; COL (ret) Sara Breckenridge-Sproat, AN, USA, who just retired from the Regional Health Command Europe; MAJ (ret) Mary McCarthy, AN, USA, at Madigan Army Medical Center; COL (ret) Laura Brosch, AN, USA, at the U.S. Army Medical

Research and Materiel Command; COL (ret) Bonnie Jennings, AN, USA, at Nell Hodgson Woodruff School of Nursing at Emory University; and LTC Pauline Swiger, AN, USA, who is finishing her PhD at the University of Alabama at Birmingham School of Nursing.

Most importantly, the work is successful only because of the involvement of nurses at military facilities who completed regular nursing practice surveys and provided feedback on the PCTS over the years, illustrating their dedication to improving patient care quality. This effort

is an incredible example of teamwork and community engagement that has revolutionized nursing practice in the military and beyond. You can learn more about the PCTS on the U.S. Army Nurse Corps website at <http://armynursecorps.amedd.army.mil/care.html>.

Example 2: Deployed Patient Care

Another TSNRP-funded research study was conducted by Col (ret) Elizabeth Bridges, USAF, NC, who is now at the University of Washington School of Nursing. Her goal was to develop and validate operational nursing competencies and help military nurses prepare for deployment. The study reviewed and graded more than 1,000 journal articles to answer questions regarding deployed patients and their care: (1) who are our patients, (2) what are their clinical characteristics, (3) what are their care requirements, and (4) what are the care conditions?

Based on the review, a comprehensive set of competencies was developed. The competency lists were reviewed three times—first by the study team, then by five expert nurses who were deployed at Role II/III hospitals, and then by a tri-Service panel of expert nurses. A survey was then sent to military nurses caring for patients in the deployed setting, targeting all Army, Navy, and Air Force nurses deployed in Afghanistan and nurses assigned to Landstuhl Regional Medical Center, where military members who are ill or injured in Iraq or Afghanistan stay prior to their return to the United States. Based on feedback on the relevance and criticality of each competency, the final medical-surgical and critical care checklists were created. The lists were then divided into foundational competencies—those routinely performed in a U.S. hospital setting (such as starting an IV) versus deployed unique competencies (such as applying a tourniquet).

But the project didn't stop there. The literature review and checklists formed the outline for a TSNRP *Battlefield and Disaster Nursing Pocket Guide*, which was published in 2009, with more than 22,000 copies distributed to military nurses and medics around the world. The Air Force Nurse Corps used these same documents to develop an evidence-based Comprehensive Medical Readiness Program that identifies deployment training requirements for Air Force nurses of all specialty types.

Together, the *Battlefield and Disaster Nursing Pocket Guide* and the Air Force Nurse Corps readiness training program have prepared thousands of military nurses for deployments and exemplify the TSNRP mission to foster excellence in military nursing care. They are a wonderful example of translational science: from generating new knowledge to sustaining nursing practice changes.

Example 3: Global Health Engagement

CAPT Heather King, NC, USN, a nurse-scientist at Naval Medical Center San Diego, has a current project funded by TSNRP to capture the important clinical experiences and lessons learned from global health engagement missions on U.S. Naval hospital ships: the USNS Mercy and USNS Comfort. These missions provide rapid, coordinated relief to countries affected by natural and man-made disasters and endemic conditions and contribute to strategic U.S. policy aimed at improving political, economic, and international relationships. Over the last 9 years, 14 global health engagement missions have taken place in countries located in Southeast Asia, Central America, Latin America, and the Caribbean. Through their experiences, military nurses and other Navy health care personnel develop mission-specific knowledge, but capturing that knowledge and transferring it to future deployed health care personnel can be difficult. In interviewing and recording

first-person accounts from 141 military nurses, physicians, and corpsmen deployed on hospital ships, CAPT King and her team are focused on three strategies: (1) identify paradigm cases, (2) identify themes within and across participant narratives of meaningful patterns, and (3) identify exemplars to represent common patterns of meaning and situations.

While the data are still being analyzed, the team has identified several key themes, including en route care, cultural competence, collaborations, ethical dilemmas, adaptability, mission clarity, communication, teamwork, and accessibility of previous lessons learned. In particular, transporting patients on and off the ships (en route care) introduces a unique set of challenges, such as complex logistical needs; training requirements; patient safety considerations; communication/hand-offs; and the preparation of the patient, staff, and patient escorts.

But this project isn't a stand-alone effort. In 1998, TSNRP presented a dissertation award to LCDR Patricia Connor Ballard, NC, USN (now at the Catholic University of America School of Nursing), for her work to understand the experiences of nurses serving aboard naval hospital ships in the Pacific during World War II. Her findings underscored the need to share lessons learned from individual experiences and highlighted the ability of the naval nurses to function effectively under stressful and adverse conditions. CAPT(ret) Patricia Watts Kelley, NC, USN (now at Duquesne University School of Nursing), completed a TSNRP-funded project to gather first-person accounts of nurses caring for wounded Service members from point of injury that is beginning to inform training and practice, and she is also serving as a mentor to CAPT King for this project. CDR Virginia Blackman, NC, USN (at the Uniformed Services University of the Health Sciences), and LCDR Dominique Selby, NC, USN (at Camp Pendleton, California), have also worked closely with a research team funded by the Department of Defense Combat Casualty Care Research Program to identify en route care training needs among Navy clinicians, and LCDR Erik Hardy, NC, USN (at Fort Rucker, Alabama), is directing the Joint Enroute Care Course, teaching clinicians from all three Services how to transport critically injured patients on different types of platforms. The work of these nurse scholars has directly contributed to the ongoing development of Navy en route care doctrine and the preparation of future Global Health Engagement missions.

TSNRP has a rich, 25-year legacy of contributing to the policy and practice of military nursing by funding operationally relevant research and evidence-based practice projects. As you can tell from these projects, that is a team effort, and we look forward to working with you to continue that legacy in the future! 🔥

First-Time Publication—Key Lessons Learned and Strategies for Success

CDR Jennifer Zicko, NC, USN

After recently completing my first publication, I identified a few key lessons learned and strategies for success that I would like to share.

✓ **Be Prepared to Publish.** From the start of your project, prepare yourself for the ability to publish. If you create and maintain your notes along the way, formulating a manuscript (article) will become easier. What do I mean by this? Most journals have similar formats: background, research or PICO (population, intervention, comparison, outcome) question, literature review, methods/ implementation, results, and discussion. As you develop the background and complete the literature review, write your findings down in a format similar to a journal article. Track how you completed your literature review (i.e., databases searched, words/phrases used in the search, number of articles found, how you determined inclusion/exclusion). Continue this process throughout the project, describing your methods, tests used, implementation process, adjustments made, results, discussion, and implications for practice. This strategy proved beneficial when our military team members transferred—we were able to maintain our progress because of our documentation, and we were able to submit our project for poster fairs, conference presentations, Department of Defense (DoD) awards, and ultimately publication without conducting a significant rewrite.

✓ **Find a Mentor.** A mentor is important not only for project development and implementation but also for publishing. Find an individual who has published before. Meet with them regularly (in person or via phone or email) to solicit advice, use them as a sounding board, and have them review your manuscript prior to the journal submission. Our mentor guided our team from project initiation through publication and was instrumental in both the success of the project and publication.

✓ **Get Publication Approval.** If you are a military member or government employee, clearance is required prior to submission to the journal (see DoD Directive 5230.09 for details). Depending on your unit, your manuscript will need to route through your chain of command (COC), going to the public affairs officer (PAO), medical editor, possibly legal, and operational security office (OPSEC) for approval. This process can take some time; ours took only 1 week to go through the COC, PAO, and medical

editor, while the OPSEC approval took an additional 2.5 months. During this process, be patient, but check in with your approval process contacts to stay apprised of the status. Keep your publication approval records; they will come in handy if you transfer duty stations.

✓ **Time Your Submission.** Attempting to submit for publication as close to your project completion as possible and prior to transferring to a new command can improve the submission process and prevent obstacles. The closer you are to your project completion, the “fresher” the information is and the higher the motivation is to publish. If you transfer to a new command prior to obtaining publication approval, you will have to complete the approval process through both your current command and the command where the project was completed. We did not start the publication process until 3 years after our project completion. Because of the delay, we had to update the literature review and obtain publication approval twice: first prior to journal submission and then after a duty station changed, combined with a requested manuscript revision. The second publication approval took only 19 days, because we had a copy of the original approval.

✓ **Choose the Right Journal.** Shop around for the journal with the best fit for your manuscript. Consider the audience you are trying to reach, the applicability of your manuscript to the goals of the journal, whether the journal is peer reviewed, and what the journal’s impact factor is. The impact factor is a calculation of how often the journal is cited by others. Much of this information can be found in the author guidelines. We considered three different journals that emphasized evidence-based practice (EBP) manuscripts and ultimately chose the one with the highest impact factor that was peer reviewed and mostly likely to reach a global audience.

✓ **Follow the Journal Submission Guidelines.** Pay close attention to the author guidelines for journal submission. This can save you time and unnecessary stress. I originally submitted our manuscript for the EBP column, and within hours the submission was rejected for noncompliance with the author guidelines. I was following the original article guidelines, not the EBP column guidelines, which had a maximum word count of approximately half that of an original article. Instead of rewriting the manuscript

to meet the EBP column word count, I immediately resubmitted the manuscript as an original article and crossed my fingers. The same day, I received notice the manuscript was accepted for consideration.

✓ **Play the Waiting Game.** One of the main stressors during the publication process was waiting: waiting for publication approval, peer review and contingent journal acceptance, feedback on revisions, final manuscript acceptance, manuscript formatting by the journal, and publication. Overall, the entire process, from publication approval to online publication, took 12.5 months, with each segment of the process taking approximately 2 to 2.5 months.

✓ **Prepare for Revision.** Don't be surprised or become discouraged if you receive a recommendation for revision; these are common, and thankfully I was forewarned by my mentor and guided in my response. Read each recommendation carefully, whether it is a required revision, recommended revision, or revision for consideration. Complete each required revision and address each recommended revision by either making the revision and noting where and how the recommendation was addressed or providing justification for not making the revision. Adhere to the revision deadline or be upfront and let the editor-in-chief know if you are unable to make the deadline. For example, I was given a 30-day deadline, but because I had just transferred duty stations, my documents were still in moving boxes, and I would have to obtain publication approval again for the revisions. I was able to get a 2-week extension for the submission.

✓ **Respond to Reviewers' Comments.** Revisions may seem daunting, especially if you get what seems like a long list, but if you address each systematically, the process goes much faster and more smoothly. In our case, the manuscript was reviewed by three peer reviewers and accepted with recommendations for major revisions. The first reviewer had no recommendations, the second had minor changes to the tables, and the third had an extensive list, including expansion of the literature review and incorporation of the nursing theory or EBP process used and the clinical question in the form of PICO. In addition, the editor-in-chief required a title change to remove the military facility, since our project

had implications for all hospitals. We were able to make all the recommended changes except one: "Consider a synthesis table of the literature." We could not accommodate this, because of the maximum word count, and we felt the literature was presented thoroughly in the manuscript. In our response, we simply explained our reason for not adding the table. Overall, most of the revisions were simply changing the format of how results were presented and rewording or rephrasing what was already in the manuscript. There were only a few areas where we added information. The reviewers were all very pleased with the changes, and the manuscript was accepted for publication.

✓ **Communicate with the Journal Editor-in-Chief.** Be honest. I let the editor-in-chief know this was my first publication and that I was not completely familiar with the process. I asked appropriate questions when necessary to clarify my role in aspects of the process and/or what the journal needed from me. I found the editor-in-chief extremely helpful and quick to respond (1 to 2 days), as they want to have the best product for their journal.

✓ **Expect Fast Turnaround for the Publisher's Publication Draft.** Monitor your emails closely. After the manuscript was accepted by the journal for publication, it felt like an eternity passed while the journal was completing its formatting of the manuscript. After 3.5 months, I received the electronic proof to review and had to send corrections within 48 hours. I corresponded directly with the publisher, provided primarily formatting corrections, and answered a few specific questions. That was it; about a week later, the manuscript was posted online ahead of print.

✓ **Share Your Accomplishment.** Let your colleagues, supervisors, friends, and family know what you have achieved. Being published is a huge accomplishment, and you deserve to be recognized! Just as importantly, make sure to share the final, published version of your findings with other nurses, so they can consider incorporating them into their practice or into a future EBP project. 🔥

Identifying Infectious Contamination of Military Uniform in a Hospital Setting

LTC Gordon F. West, AN, USA

On an annual basis, the cost associated with hospital-acquired infections (HAIs) is estimated to be greater than \$20 billion, and these infections needlessly endanger approximately 90,000 patients annually. This problem is not limited to intensive care units; more than half of all HAIs occur outside the intensive care unit. Over 40% of HAIs are attributed to cross-contamination from health care workers who have become contaminated while providing patient care. Efforts to reduce cross-contamination of infections among patients by health care workers primarily focus on hand hygiene. However, a growing body of evidence suggests that clothing worn while providing patient care harbors infectious agents that can lead to cross-contamination. Studies of various uniform components worn in a health care setting have consistently identified infectious contamination. To minimize the risks associated with contamination on clothing, many hospitals in the United Kingdom, Belgium, Australia, and Canada have adopted policies requiring hospitals to provide uniforms to all staff, while also requiring these uniforms to be laundered by the hospital.

This research aimed to address the age-old question of determining if the military uniform may have a role in the transmission of nosocomial infections. It was hypothesized that the military uniforms worn within patient care areas contain infectious contamination. It was also hypothesized that the laundering patterns and hand-washing patterns of military nurses who wear the military uniform are different from those who are provided surgical scrubs to wear while working.

We designed a randomized experimental crossover design to enroll and sample nursing staff (RNs, LPNs, Medics) who provide direct patient care. The project is being accomplished at Tripler Army Medical Center (TAMC) and will enroll 126 nursing staff from the inpatient setting and 64 nursing staff from the outpatient setting. So far, we have collected samples on 120 inpatient participants and 12 outpatient participants. Sampling has been primarily focused on day shift staff as we are conducting all of the associated lab analyses. However, 36 of the inpatient participants were sampled at night.

Replicate Organism Detection And Counting (RODAC) plates (a special type of petri dish) are used for sampling.



LTC Gordon West shows study samples indicating bacteria growth. The samples were taken from clothing of nursing staff who provide direct patient care.

Sampling is conducted on participants within their first hour of arrival to work. It is then repeated after approximately 4 hours of work and again after 8 hours of work. This results in a total of 18 samples, with 6 samples collected at each time point, including the (1) clothing cuff of the sleeve of the dominant hand, (2) pants pocket area of dominant hand, (3) abdominal area of clothing, (4) lower back area of clothing, and (5 & 6) volar surface of wrist of both hands. The clinical areas have been randomized so that some locations are first sampled in the military uniform while others are first sampled while wearing hospital scrubs. All participants are sampled on two different shifts in both uniforms. After sample collection, the RODAC plates are incubated for 24 hours. Following incubation, the total bacteria count for each plate is assessed and annotated utilizing a colony counter machine. Additional testing is done on the final cuff sample of both uniforms to test specifically for the presence of vancomycin-resistant enterococci (VRE) and methicillin-resistant *Staphylococcus aureus* (MRSA).

In addition to uniform sampling, we are collecting basic demographic information along with information pertaining to hand-washing and laundering methods



The study team collects samples from a participant wearing scrubs on an inpatient unit.

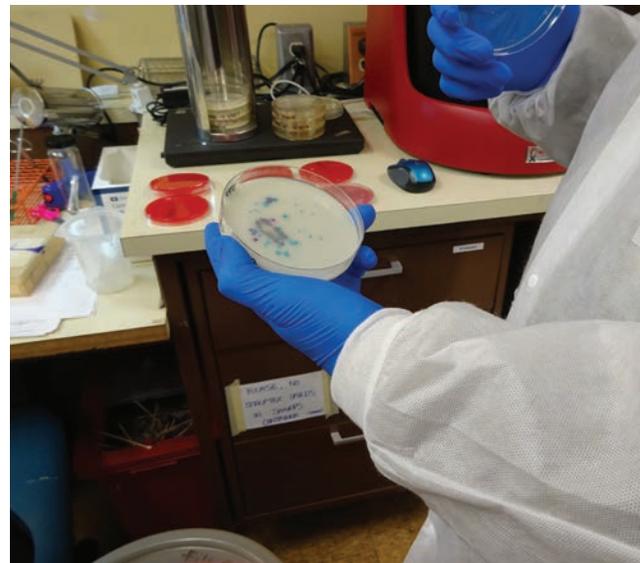
used to wash and dry the military uniform. Demographic information is self-reported, while the research team asks each participant the hand-washing and laundering questions verbally and records their responses. Each sampling period typically requires minimal time away from direct patient care. To date, over 95% of eligible participants have been willing to participate in the study, with the inpatient sample consisting of an equal number of males and females.

Preliminary results show significantly higher bacteria concentrations for military uniforms compared to hospital-laundered scrubs. The highest concentrations of bacterial growth on the uniform come from the dominant sleeve cuff and pants pocket of the dominant hand. So far, the data show there is a significant interaction between sample collection at the three time points while working (at arrival, 4 hours later, and after approximately 8 hours of work) and bacterial concentration. Concentrations seem to increase over time for scrubs but remain elevated across all time points on military uniforms. Coding of the demographic information and responses to hand-washing and laundering questions is ongoing.

There has been tremendous interest by TAMC nursing staff, who are eager to participate and frequently ask the research team about the results in hopes of the facility transitioning to wearing hospital scrubs for staff that provide direct patient care. For now, it is too early to make a final recommendation. Although there have been some smaller-scale projects that have explored

this topic within the military health system, funding from TSNRP has been critical to allow the research team to build on this work and further explore this topic with a large enough sample size to ensure adequate statistical power. Additionally, leadership support within the facility has been critical to allowing units to participate in this study and allowing participants to wear hospital scrubs within care areas that do not currently allow the wearing of hospital scrubs.

The analysis portion of this study is in the early stages; thus, it is limited primarily to comparisons of total bacteria counts between the two uniforms in the inpatient setting. We are eager to complete sampling in the last few inpatient participants and ramp up sampling in the outpatient areas so we can assess if differences in bacteria counts between inpatient and outpatient areas exist. After completion of the study, we feel this research will provide valuable information on differences in bacteria between the two uniforms and could be critical in influencing policy related to dress codes for staff that provide direct patient care. 🔥



Collection samples incubated for 24 hours show bacteria growth from the sampling set.

References used in this article are available upon request. If you would like a reference list, please contact LTC West at gordon.f.west.mil@mail.mil.

Improving the Response to Obstetric Hemorrhage

CAPT(ret) Lisa Osborne-Smith, NC, USN,
Program Director, OHSU Nurse Anesthesia Program

Over the course of my career as a nurse anesthetist, I have responded to many obstetric emergencies. An obstetric hemorrhage is a true medical emergency. With the large percentage of blood flow to the uterus (up to 700 mL/min), it takes only a matter of minutes for the blood loss to become a critical, life-threatening event. In fact, obstetric hemorrhage is the leading cause of morbidity and mortality for women in labor. It is difficult to believe that with all of the available technology, an otherwise healthy woman can still die from such a complication.



Example of a fully stocked hemorrhage cart

An obstetric (OB) hemorrhage case places a major demand on the hospital staff. The team must come together quickly and work in a coordinated fashion in order to achieve a good outcome. Unfortunately, the hospital system has many points of vulnerability

where efficiency can be at risk. In order to address this challenging problem, groups have formed across the nation, and resources such as the Obstetric Hemorrhage Bundle have been developed to share best practices. The Department of Defense–sponsored Perinatal Quality and Safety Workgroup provided additional guidance for military medical centers.

In order to implement a bundle of resources successfully, a planned, systematic approach was required. I was interested in collaborating with a military medical center because I anticipated that the implementation of the bundle would prove to be challenging, due to the complexity of the bundle. In fact, each of the major components of the bundle could be viewed as a stand-alone project. I was also interested in bringing the team-building principles that I had learned in theater while handling trauma cases in Afghanistan. I was fortunate to have an opportunity to collaborate with Fort Belvoir Community Hospital (FBCH) staff for this project.

The bundle is broken up into components: Readiness, Recognition, Response and Prevention, and Reporting and Systems Learning. Our team began by approaching the educational needs within the Readiness component. The educators at FBCH organized OB skills fairs and incorporated learning activities into the daily report. We purchased and stocked OB hemorrhage carts and collaborated with Walter Reed National Military Medical Center on the organization of the cart supplies and drawer arrangement. We wanted consistency in the carts, because staff and residents rotated between the two hospitals. We sought ideas from all levels of staff and from the literature to improve the efficiency of getting the necessary supplies, medications, and personnel to the bedside without delay.

An important component of the bundle is the use of high-fidelity simulation to provide practice drills on the units. The simulation center at FBCH was instrumental in providing the support to run these drills for the labor and delivery (L&D) and mother-baby units (MBUs). We recognized that there is a possibility that an obstetric hemorrhage could occur in the emergency room, the recovery room, or the intensive care unit. We decided

to extend the educational sessions and the drills in these areas. The drills included all of the types of staff members who would be involved in this type of event, including OB staff, family practice staff and residents, nursing staff (L&D, operating room, MBU), blood bank personnel, anesthesia personnel, and chaplains.

The debrief of the drills was the most important aspect for our process, because an honest discussion of the barriers to an efficient response allowed us to make process changes to improve the system. We collected data related to the efficiency of the response, and we found that the hemorrhage cart was very effective in reducing the number of trips that nurses needed to make into and out of the room. The elements of team functioning were also assessed and discussed. Clear identification of roles, direct communication with call-back, transparent “thinking out loud” behavior, calling for additional help early, and notification of blood bank personnel were all identified as critical aspects of the team functioning.

A process was also developed to check out “dummy” units of blood from the blood bank during the drill, and this proved to be essential to the systems learning.

For every drill, we timed the process of obtaining blood products, and we found that this step required significant and repeated need for clarification and education. The blood bank personnel provided educational sessions and came to observe the drill, greatly enhancing the opportunity to evaluate the system.

Teams to work on items within each of the components were developed and champions were identified. Process improvements proceeded systematically and are too numerous to list here. The division of the components



A high-fidelity obstetric simulator used during this study

was essential to keeping the work focused and at the “right size” to avoid overwhelming staff. The energy and passion that the staff brought to the project was truly inspirational. The staff became accustomed to the unit drills, recognizing the goal of systems learning and utilizing it as an opportunity to test changes being put into place. Staff provided reflection statements that frequently contained comments such as, “We want more drills!”

I’m thrilled to hear reports that FBCH has continued to conduct unit drills since my project reached completion. Thank you to all of the FBCH staff who were involved. Your dedication to patient safety deserves recognition. And a special thanks to the simulation center at FBCH; this would not have been possible without your expertise and hard work. I look forward to hearing about similar successful implementation efforts at commands across the military. 🔥

Postpartum Hemorrhage Resources

The Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN) has developed multiple resources to manage postpartum hemorrhage (PPH) and reduce clinician errors related to obstetric mortality and morbidity. Training modules, practice briefs, and reminder posters can be accessed at www.awhonn.org/pph.

Additionally, AWHONN has undertaken a multi-center PPH Process Improvement Project to understand the impact of system-wide PPH training, preparation, and response strategies. As part of the project, a baseline

survey was developed to objectively assess level of PPH preparedness.

You can learn more about the AWHONN PPH Project at <http://pphproject.org>.

AWHONN has a mission to “promote the health of women and newborns.” It recognizes that

nurses “serve a vital role in maximizing the health and health care experiences of pregnant women and their newborns, and AWHONN members know first-hand the devastating consequences of maternal death.”



AWHONN
PROMOTING THE HEALTH OF
WOMEN AND NEWBORNS

Treatment-Seeking Beliefs and Behaviors in Air Force Nursing Personnel

Lt Col Stephen H. A. Hernandez, USAFR, NC;

Col Brenda J. Morgan, USAF, NC; and Mark B. Parshall, PhD, RN, FAAN

We conducted a multisite study from October 2014 to April 2015 with U.S. Air Force (USAF) nursing personnel, consisting of registered nurses and medical technicians, to validate previously reported perceptions of stigma and barriers to accessing mental health (MH) services and to explore the extent to which those perceptions were related to perceived stress and resilience.

In this descriptive, comparative study, we administered an anonymous, online survey to a convenience sample of USAF nursing personnel stationed at three medical treatment facilities: Joint Base Andrews, Wright-Patterson Medical Center, and Travis Air Force Base. A liaison at each site sent an initial contact email and three reminder emails that included an invitation to participate, study information, a Web link, and instructions for completing the secure, anonymous electronic survey. Service members who clicked on the survey link were redirected to the encrypted survey.



David Grant USAF Medical Center is the Air Force Medical Service's flagship medical treatment facility in the United States, providing a full spectrum of health care and patient-centered treatment to a prime service area population of more than 130,000 TRICARE-eligible patients.

The survey included items to assess demographics, military grade, and prior deployments; the Stigma scale, the Barriers to Care scale, the Connor-Davidson Resilience Scale (CD-RISC), the Perceived Stress Questionnaire (PSQ), and items from the Inventory of Attitudes Toward Seeking Mental Health Services scale



Joint Base Andrews is part of the National Capital Region enhanced Multi-Service Market (eMSM) along with nine other medical treatment facilities, providing care to more than 500,000 beneficiaries.

to assess views of psychological problems (views); and questions regarding attitudes toward treatment seeking (attitudes), subjective norms, prior access to MH services, likelihood of accessing MH services in the next 30 days, and MH treatment preferences.

We had 250 USAF nursing personnel participate in this study: registered nurses, $n = 141$ (56%); medical technicians, $n = 104$ (42%); and unknown, $n = 5$ (2%), representing a response rate of 18% across all study locations. A majority of the sample was female (64%), white (78%), non-Hispanic (90%), and married (60%). More than half (58%) had deployed since September 11, 2001, and a majority (62%) had deployed for 12 months or less. Of those who had deployed, 84% reported having received an expeditionary medal. Detailed descriptions of the Stigma and Barriers to Care scales, CD-RISC, and PSQ have been published (http://journals.lww.com/nursingresearchonline/Fulltext/2016/11000/Resilience,_Stress,_Stigma,_and_Barriers_to_Mental.8.aspx).

More than 40% of the participants reported accessing MH services at some point in their lives. A majority (61%) reported having done so while in the military but indicated that it was unrelated to a deployment. Only 30% who had accessed MH services did so before or after a deployment. Fewer than 30% reported accessing MH services in the past 6 months, and few reported they

were likely to access care in the next 30 days. Forty-four percent of respondents reported currently experiencing a stress or emotional problem, of whom approximately three-fourths (77%) reported experiencing a stress or emotional problem that they rated as moderate or severe. However, only 10% of the participants reported they were likely to access MH services in the next 30 days.

When asked what type of provider or service was preferred to access MH services, 47% reported preferring to access care through military resources, and 34% preferred to access care through civilian resources. The majority of the sample (55%) reported preferring to seek care from a military or civilian MH professional. Few individuals (17%) preferred to access care through Military OneSource.

Attitudes were negative for 33% and positive for 45% of the sample. The majority of the sample (56%) agreed with the statement, "Most people who are important to me would think I should seek treatment if I were having a psychological problem." Participants disagreed that psychological problems should be dealt with by oneself. A majority of the respondents strongly disagreed or disagreed that individuals with a strong character can overcome a psychological problem (62%) or should solve a psychological problem by themselves (66%) or that focusing on work is a solution (60%).



The 88th Medical Group is one of the largest Air Force Military Treatment Facilities, providing primary and specialty care to more than 58,000 eligible beneficiaries.

Binary logistic regression showed no significant association with treatment seeking for either sex or military grade after we controlled for stigma, barriers to care, perceived stress, and resilience. There were no significant differences in stigma, barriers, or resilience based on treatment seeking, but a significant independent association of PSQ scores with treatment seeking was present in both logistic regression models. Because stress was the only significant covariate associated with treatment seeking, we used an independent groups *t* test to assess the direction and magnitude of association. Significantly higher levels of perceived stress were reported by individuals who had

accessed treatment for a stress or an emotional problem within the past 6 months than by those who had not accessed care: $t(232) = 4.87; p < .001 (r = .41; d = .90)$.

This study had several limitations. Random sampling was not utilized, and self-selection bias may have occurred. Because the invitation to participate and three reminder emails were sent to all potential participants, individuals may have chosen to complete the survey more than once. A final limitation is that the sample was smaller than the sample size of 278, determined by the power analysis necessary to detect small differences in group means.

One key finding was that although 58% of the participants had been deployed in the past, only 30% of the sample who had accessed MH services did so before or after a deployment. In contrast, more than 60% of the sample accessed MH services during their military service but reported that the reason for accessing care was unrelated to a deployment. If these findings remain consistent in future studies, policy makers and military leaders may need to consider providing additional MH resources to improve services for non-deployment-related MH concerns being experienced by military personnel.

The sample also reported an overall preference for accessing military MH resources and an overall preference for accessing MH care through a MH professional. Policy makers and military leaders may consider measures to increase the availability of military MH professionals and ensure ease of access to civilian MH resources. Additionally, because of the relatively low proportions of Service members who expressed a preference to access MH care through Military OneSource, additional assessment of the utilization and benefit of this resource and methods to improve member MH treatment access through this resource would be beneficial.

Finally, levels of stress were significantly higher in individuals who accessed MH care than in those who did not access care; however, there were no differences between the groups' perceptions of stigma and barriers to care or levels of resilience. This finding was consistent with previous research that reported that stigma was not predictive or associated with the intent or action of seeking MH treatment. Additional research is needed to determine what effect stigma may have on treatment-seeking intentions and actual treatment seeking, as well as the completion of MH treatment. Screening for increased levels of stress during a Service member's health care provider visits may aid in identifying Service members who could benefit from referral to a MH professional. A future examination of the PSQ will help determine the feasibility of reducing the number of PSQ items from the current 30-item instrument to a shorter screening tool that may be utilized to assess for increased levels of stress being experienced by Service members. 🔥

Research Interest Groups Connect at TSNRP Dissemination Course

Megan Foradori

At any given time, TSNRP's Research Interest Groups (RIGs) carry out many collaborative projects across geographic boundaries. But when the time comes, once a year, for many of the RIG members to meet and recharge in person, you can bet it's the highlight of the RIG year. This spring was no different, as the RIGs met in Elliccott City during the TSNRP Research and EBP Dissemination Course.

During the course, members of the six RIGs—four established (Anesthesia, Biobehavioral Health, En Route Care, and Military Women's Health) and two emerging (Military Family and Health Systems/Informatics)—networked and planned their activities for the coming months. Each RIG had the opportunity to meet during three planned activities—networking breakfasts, focused breakout sessions, and RIG meetings—for those interested in their topical areas.

The individual RIG breakout sessions allowed each group to highlight the important work being done in its space. Each RIG helped select a set of four abstracts to highlight during RIG podium lectures. RIG leaders moderated these sessions to set the stage for those working in these topical areas and encourage discussion among attendees. For the **Anesthesia RIG** (ARIG), Lt Col Shawna Greiner, USAF, NC, hosted one of two breakouts. "The ARIG sessions were a great opportunity for federal nurses to disseminate anesthesia science among colleagues," she said.

As they do every year, each RIG took the opportunity to have a general meeting with course attendees involved and interested in its topic area. RIG leaders directed discussions on current projects and plans for future collaboration. For some, it was a first time to connect in person—and those personal connections built new partnerships within and between RIGs. After meeting with other like-minded nurse researchers, two nurse researchers interested in bringing those working in **Informatics** into the RIG arena—Maj Cubby Gardner and CDR Lalon Kasuske—met with leaders of the emerging RIG in **Health Systems**. Together, they decided that both groups could benefit from combining efforts. "We realized this was a golden opportunity to literally 'join forces' between our proposed RIGs. Our teams will be richer because we're working together, and I'm so excited about the perspective and knowledge that they bring to



CDR Lalon Kasuske, LTC Pauline Swiger, and Maj Cubby Gardner meet with attendees interested in the emerging Health Systems/Informatics RIG during its RIG breakfast.

the table," said LTC Pauline Swiger, AN, USA, a co-lead of the Health Systems/Informatics RIG.

New this year, each RIG invited those working in its areas of interest to join the group for a networking breakfast. **En Route Care** used the time to talk about interest in an emerging RIG workgroup, Disaster Response. "This was an opportunity for many of us who have thought of En Route Care only in the context of combat casualty care to see how other situations may require different en route care skills," said CDR Virginia Blackman, NC, USN. "Best of all were the opportunities to identify people with similar interests and expertise. These conversations are the essential first step to new research collaborations."

Additionally, the four established RIGs each offered a plenary lecture to highlight the work being done by each of the teams. One of the four featured a recently completed comprehensive scoping review of literature in **Military Women's Health**. The talk, led by CAPT(ret) Jacqueline Rychnovsky, NC, USN, and CDR Abigail Marter Yablonsky, NC, USN, outlined the impressive work of the project team at Naval Health Research Center to categorize, classify, and summarize military women's health research published between 2000 and 2015.

"The core members of the Women's Health RIG are grateful to the Army, Navy, and Air Force Nurse Corps Chiefs for their ongoing support through TSNRP to make our vision of completing this project a reality," said CAPT(ret) Rychnovsky. "We are also immensely thankful to Navy Medicine and the team of epidemiologists, public

health experts, and volunteer subject matter experts for the countless hours spent in reviewing and grading the evidence required to complete this one-of-a-kind scoping review, which will guide the military's women's health agenda for years to come."

A workgroup from the **Biobehavioral Health RIG**, including Col Brenda Morgan, USAF, NC; LTC Kristal Melvin, AN, USA; and CDR Blackman, prepared a presentation about the approval of survey research in the Department of Defense. "We had no idea how complex the process could be," said LTC Melvin, "but we also learned about some Service-specific resources and people who can help us to figure out the process." The lecture was well attended and received, and the presenters are pleased to share their tips and points-of-contact sheet with anyone interested. The team's helpful handout, featuring tips on the front side and helpful points of contact in the process on the back, is available for PDF download on the BHRIG's webpage at triservicenursing.org.

The exploratory **Military Family RIG** used its geographic proximity to the Baltimore-D.C. area to its advantage, inviting Johns Hopkins School of Nursing faculty member Dr. Deborah Gross to meet with the group. Dr. Gross developed the "Chicago Parent Program," a video- and group-based parenting skills training series for parents of young children. "We were so impressed by the amazing parenting work of Dr. Gross and her team," said CDR Yablonsky. "Since our day-to-day RIG activities are phone- and Internet-based, it was a real treat for us to meet Dr. Gross and her postdoctoral student Dr. Jennifer Trautmann for in-person questions and conversation."

After the Dissemination Course, the **RIG leaders** were invited to join TSNRP Executive Director Lt Col Jennifer Hatzfeld, USAF, NC, and TSNRP Research Agenda Program Coordinator Megan Foradori for an additional day to talk about the past year's RIG lessons



BHRIG Members Col Brenda Morgan, LTC Kristal Melvin, and CDR Virginia Blackman presented a lecture on navigating the survey approval process in the Department of Defense.

learned, plan for the coming RIG year, and discuss the RIGs' involvement in the 2018 Dissemination Course. To kick off the day, RIG leaders had the opportunity to experience some hands-on team building and learning. Attendees broke up into teams to take on the "Marshmallow Challenge," working together to build a tower with only spaghetti, string, and tape to support the weight of a marshmallow. Special congratulations to the winners of the challenge: LTC Swiger (Health Systems/ Informatics), LTC Melvin (Family), Dr. Nancy Steele (Women's Health), and LCDR Allyson Whalen, NC, USN (Family)!

To cap off all the RIG excitement this spring, the new RIG website has gone live! Log on to triservicenursing.org to find out more about the RIGs' activities and upcoming events, interesting to RIG members and non-members alike. Anyone can access the public page, which has helpful military nursing research material, and RIG members can request a username and password through the site to sign in to each RIG's collaborative space. 🔥



Members of the Military Family Research Interest Group meet with Dr. Deborah Gross (pictured center-right) during their RIG meeting session to talk about the Chicago Parent Program and interest in bringing this education to military populations.

News from the TSNRP Grants Team

Pamela Moses, TSNRP Program Manager

The grants team keeps busy managing the grant award process, from application through the review process, especially during the conduct of a study. Below are a few recent updates we thought would be important for everyone to know.

The 2018 A Cycle Funding Opportunity Announcement closed on 3 October 2017. You can look for the 2018 B Cycle Funding Opportunity Announcement and the "Open Call" posted on grants.gov. The award categories have changed, so make sure to read through the funding announcement for important updates. The most important change is that the maximum period of performance for new awards is now limited to 2 years.

The award categories are:

- The **Graduate Research or Evidence-Based Practice Award** ("Graduate Award") supports a dissertation, thesis, or final project. The award defrays costs associated with a student's study/project but may not be used to pay salaries for faculty, research assistants, project directors, or consultants.
- You may request funding of up to \$30,000 in direct costs, plus indirect costs as appropriate, for up to a 2-year performance period.
- The **Novice Research or Evidence-Based Practice Award** ("Novice Award") supports military-relevant and military-unique research or evidence-based practice (EBP) for novice investigators or EBP practitioners. TSNRP defines a novice investigator or EBP practitioner as a military nurse with a master's or doctoral degree but with limited research or EBP experience who has not received a TSNRP or extramural research grant award beyond a thesis, dissertation, or EBP project completed as part of a Doctorate of Nursing Practice (DNP) program.
- For research proposals, you may request funding of up to \$300,000 in direct costs, plus indirect costs as appropriate, for up to a 2-year performance period. For EBP project proposals, you may request funding of up to \$150,000 in direct costs, plus indirect costs as appropriate, for up to a 2-year performance period.
- The **Evidence-Based Practice Award** expands the use of EBP in military nursing practice. This award supports the development of evidence-based clinical practice guidelines (CPGs) OR the implementation

and evaluation of CPGs to help military nurses make important decisions to improve clinical outcomes, standardize patient care, and promote cost-effective care. TSNRP encourages funding recipients who develop CPGs to apply for a subsequent EBP Award to implement the guidelines.

- You may request funding of up to \$200,000 in direct costs, plus indirect costs as appropriate, for up to a 2-year performance period.



All TSNRP funding opportunities can now be found on [grants.gov](https://www.grants.gov).

- The **Initial Research Award** encourages and supports military-relevant and military-unique research that meets TSNRP research priorities and advances the practice of military nursing. It is expected that the applicant will have the appropriate background and capability to complete the proposed research study or will demonstrate research experience in another topic area and have included the appropriate subject matter experts and developmental opportunities to ensure success of the project.
- You may request funding of up to \$400,000 in direct costs, plus indirect costs as appropriate, for up to a 2-year performance period.
- The **Follow-On Research Award** encourages and expands TSNRP-funded research to advance the practice of military nursing. It is expected that the applicant will have successfully led a TSNRP-funded research study that is currently under way or has been completed within the previous 3 years. The translation of this new or emerging knowledge into clinical nursing practice or the management of nurses is the primary focus of this award.
- You may request funding of up to \$400,000 in direct costs, plus indirect costs as appropriate, for up to a 2-year performance period.

After the review of grant applications, we are frequently asked, “What makes an application more likely to be funded?” The most important factor is that the topic must be relevant to military nursing. The Executive Board of Directors is most interested in funding research that will impact policy and/or practice of military nursing, and that is the top reason applications receive a “do not fund” determination. Another important factor is scientific merit. The review process looks to make sure that the project will successfully answer the proposed research or PICOT (population, intervention, comparison, outcome, time) question, which is why scientific merit is so important. In many cases, applicants are asked to revise and resubmit their application to ensure the identified weaknesses are appropriately addressed. There are two final areas that can set up an application for success. First, project budget must be reasonable, including appropriate travel expenses, reasonable consultant costs, and fully justified use of subawards. Second, successful applications incorporate a joint component that engages either investigators or participants from the other Services in the project itself. Because there are many common interests and priorities among the Services, identifying common solutions during the investigative stage is most helpful to military nursing leaders when the project is finished.

Finally, one of our biggest accomplishments this past year was holding a revised Post-Award Grant Management Workshop for recent grant awardees during the 2017 Research and Evidence-Based Practice Dissemination Course. The workshop addressed key areas of concern for Principal Investigators and their study teams, such as federal regulations that govern the management of a TSNRP award, the secondary institutional review board (IRB) and institutional animal care and use committee (IACUC) approval process, and the important elements of progress reports. Although the workshop was limited to just 2 hours, we found that offering it in connection with the course was helpful, as the participants were able to take full advantage of their travel time. The TSNRP Grants Team is looking to hold another Post-Award Grant Management Workshop in 2018 and, pending approval, will offer an expanded version the day after the Dissemination Course in San Antonio, Texas. 🔥

Research Gaps

Have you identified a gap in the knowledge that limits the use of evidence to guide a policy or the practice of military nursing? We want to make sure there is a way to communicate these “research gaps” to the military nurse researchers exploring future research project ideas. They might be able to incorporate the topic into an existing study.

Some recent questions that have been asked of the TSNRP Executive Director:

- What are appropriate nurse staffing models for a deployed trauma hospital, and what is the impact on patient outcomes?
- How can we teach and sustain the clinical competencies needed by medical-surgical nurses in the deployed environment?

- How should nursing skills be optimized in military-unique settings (e.g., in enclosed areas or austere environments), especially when a trauma patient receives initial resuscitation but is unable to get to surgical care within the “golden hour”?
- What would be the impact of having a nurse in a military outpatient clinic begin treatment and evaluation tasks prior to transporting a patient to an emergency room?
- Could the Army’s Patient CaringTouch System be used at Navy or Air Force facilities?

If you identify other questions that haven’t 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 the research gaps, we want to hear about that, too!

Presenting at TSNRP's Research and Evidence-Based Practice Dissemination Course

MAJ Racheal Wood, AN, USA, Clinical Nurse Specialist (CNS)

The TriService Nursing Research Program (TSNRP) offers an annual Research and Evidence-Based Practice Dissemination Course with the goal of supporting research and evidence-based practice (EBP) that optimizes the health of military members and their families. The course includes lectures by military nursing leaders and nationally known clinical experts. In addition to lectures, breakout sessions are available and feature presentations of research and EBP projects that are relevant to military nursing. Authors and presenters are active duty, reserve, guard, and retired military nurses and nurse scientists. It is a wonderful experience to network, share projects, and learn about projects going on at other locations that may be useful at your local facility. The theme of the course, "creating the science, advancing the practice," couldn't have felt more appropriate. There is a wealth of knowledge, resources, expertise, and mentoring that is available to all who attend; attendees can carry those resources and knowledge back to the teams at their respective facilities. There is no registration fee for the course; attendees have the potential to be funded for travel fees if they are selected to present at the course, although presenting a poster or podium topic is not required to attend the course. The Dissemination Course is a great platform for all attendees to obtain the immense value of learning from and networking with project leads, presenters, nurse scientists, colleagues, and nurse leaders from all Services. All of this information and more can be found at <https://www.usuhs.edu/tsnrp>.

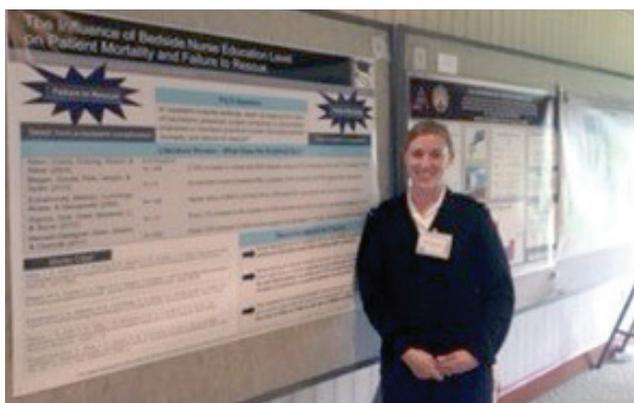


MAJ Racheal Wood and 1LT Sarah Kopaciewicz at their poster presentation

The 25–27 April Dissemination Course also celebrated TSNRP's 25th anniversary! Nurses assigned to Fort Belvoir Community Hospital (FBCH) were selected to present their EBP projects. 1LT (P) Courtney Pernia, AN, USA, and I gave poster and podium presentations on our project "A CNS-led Care Transition Project for Heart Failure Patients." 1LT Sarah Kopaciewicz, AN, USA, and I presented "A Fall Prevention Tool Utilizing Patient Engagement on a Medical-Telemetry Unit" via podium and poster. MAJ Kimberly Barcus, AN, USA (CNS), presented a poster on "Influence of Bedside Nurse Education on Patient Mortality and Failure to Rescue" and had a podium presentation, on the topic "Does the Graduate Record Examination Predict Success in Graduate Nursing Programs?" Attendees have already reached out for our project templates to use in their own facilities, and our team has done the same for projects that we are excited to implement at FBCH for quality and process improvement.

It was a wonderfully positive and beneficial experience, and I would encourage all nurses to attend or submit for presentation at the course. It is a great way to gather exposure to research, quality, and process improvement and to evidence-based care implementation. Of note, there is also an opportunity to be part of a Research Interest Group (RIG); there are multiple different groups based upon area of interest. More information on these RIGs can be found at <http://triservicenursing.org>. 🔥

This article originally ran in the Army Nurse Corps newsletter.



MAJ Kimberly Barcus at her poster presentation

TSNRP 25th Anniversary Celebrated at 2017 Annual Research and Evidence-Based Practice Dissemination Course

CAPT(ret) Civita Allard, NC, USN

This year's Research and Evidence-Based Practice Dissemination Course provided a great opportunity to celebrate 25 years of TSNRP, which began in 1992. The occasion was marked by an anniversary cake served during the poster session on the first day, as well as an overview of the past, present, and future of TSNRP given by TSNRP Executive Director Lt Col Jennifer Hatzfeld, USAF, NC.

A wonderful TSNRP anniversary celebration was also held after hours at Turf Valley Resort and Conference Center in Ellicott City, Maryland. From the beginning,

there was palpable excitement in the room, contributed to by the exceptional food, camaraderie, and musical entertainment provided by Mr. Talon Gilbert, a Vietnam Veteran and husband of LTC (ret) Felecia Rivers, AN, USA. Staff from the National Museum of Health and Medicine in Silver Spring, Maryland, brought nursing artifacts to display, and TSNRP staff brought meeting notes, photographs, and other materials that have been maintained from the very beginning of the program, as well as copies of journal entries from LTC (ret) Phyllis J. Verhonick, AN, USA, provided by the Eleanor Crowder Bjoring Center for Nursing Historical Inquiry. 🔥



Anniversary celebration attendees explore nursing artifacts from the National Museum of Health and Medicine.



TSNRP researchers and supporters gathered for an anniversary social to honor 25 years of TSNRP history during the Dissemination Course.



Staff from the National Museum of Health and Medicine in Silver Spring, Maryland, brought nursing artifacts to display during the social.



Talon Gilbert, husband of LTC (ret) Felecia Rivers, performs a song honoring military nursing during the recent 25th anniversary celebration. The song was adapted from a poem based on LTC (ret) Rivers' personal experience at Fort Polk, Louisiana, during JRTC.

Fourth Annual Dissemination Course Provided Opportunity to Share Nursing Research and Evidence-Based Practice Findings

CAPT(ret) Civita Allard, NC, USN

This year, the fourth annual Research and Evidence-Based Practice Dissemination Course was held at a new location in Ellicott City, Maryland. It continued the tradition of disseminating information that promotes nursing practice across all Services. The event provided outstanding research and evidence-based practice (EBP) findings that continued to fuel enthusiasm for disseminating professional nursing knowledge and improving the delivery of health care services.

The ongoing support from the TSNRP Executive Board of Directors was evident as the Nurse Corps Chiefs—MG Barbara R. Holcomb, Chief, Army Nurse Corps; Maj Gen Dorothy A. Hogg, Chief, Air Force Nurse Corps; and RDML Tina A. Davidson, Director, Navy Nurse Corps—and their deputies—COL Richard Evans, Col Margret Jones, and CAPT Deborah Roy, respectively—welcomed course attendees. The enthusiasm was evident, as the messages were welcoming and energizing, setting the stage for a well-received 3 days. More than 250 nurses from all three Services assembled to discuss innovative ideas, share collaborative scientific approaches, and present the latest in military nursing research and EBP. An added feature this year was the chance to participate in a working lunch with the Nurse Corps Deputy Chiefs from all three branches.

Highlights included more than 125 posters and podium presentations, as well as keynote lectures from major military nursing leaders, who provided insight into the status of military nursing and its ongoing participation in research. The Specialty Leaders and Consultants—COL Michael Schlicher, AN, USA, PhD; Col Susan Dukes, USAF, NC, PhD; CAPT Lisa Braun, NC, USN, PhD; LTC Alicia Madore, AN, USA, MSN, CCNS; Maj Sarah Abel, USAF, NC, MS, CCNS, ACNP-BC; and CDR Chris Jack, NC, USN, MS, CNS—answered questions and voiced their continued support for this ongoing forum to present the good work being done by military nurses.

Several guest lecturers delivered enlightening information for attendees. Marguerite Littleton Kearney, PhD, of the National Institute of Nursing Research, spoke on “Translating Research into Practice.” Col (ret) Regina Aune, USAF, NC, PhD, delivered an inspirational talk titled “Looking Back, Moving Forward,” in which she shared her experiences as the mission crew director for a fatal Operation Babylift aircraft incident during the Vietnam

War, drawing an enthusiastic response from all course participants.

The course provided an excellent forum for sharing ideas and establishing new networking opportunities. During designated breakout sessions, leaders from the Biobehavioral Health, En Route Care, Anesthesia, and Military Women’s Health Research Interest Groups (RIGs) gathered for interested individuals to take the steps needed to become part of a RIG. Breakfast sessions were also provided for RIG members to continue to discuss future endeavors and ideas, offering an opportunity for members of the TSNRP RIGs to meet in person and develop strategies for continued success.

Meeting the challenge to “create the science and advance our practice” was certainly accomplished this year. Participants once again contributed to an excellent forum for sharing accomplishments and contributions across all the nursing corps.

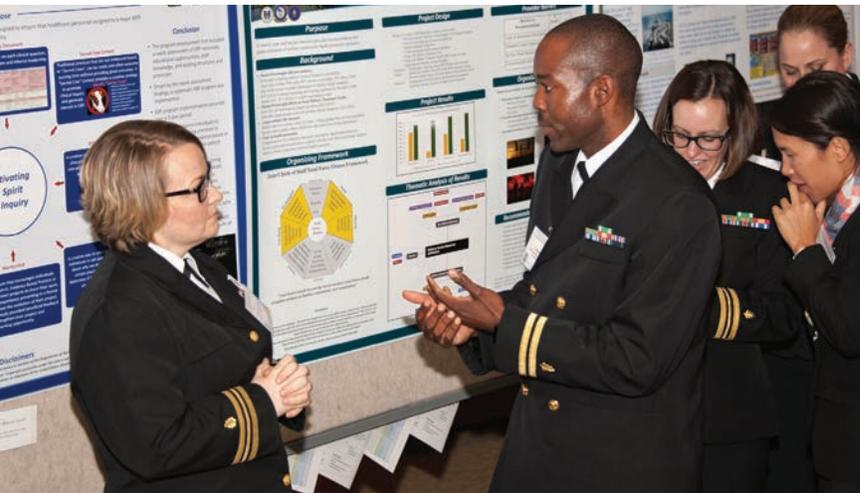


The poster session allowed researchers the opportunity to present their work to their peers and the Nurse Corps leadership.

TSNRP extends a heartfelt thank you to the Uniformed Services University of the Health Sciences (USU), Palladian Partners, and the USU Office of the Vice President for Research, whose support and dedication to this program made this course possible.

Abstracts for all TSNRP Research and Evidence-Based Practice Dissemination Course presentations are available on the TSNRP website at <https://www.usuhs.edu/tsnrp>. 🔥





Congratulations to the 2017 Research and Evidence-Based Practice Dissemination Course Abstract Winners!

Research:

- First Place: LTC Geoffrey Duncklee, AN, USA, for "Neuroprotective Properties of Ketamine after Soman Exposure"
- Second Place: Col Marla De Jong, USAF, NC, for "Data-Based Gap Analysis of United States Military En Route Care Training"
- Third Place: LTC Betty Garner, AN, USA, for "Preliminary Study Data of Auricular Acupuncture (AA) for Sleep and Pain"

Evidence-Based Practice:

- First Place: LT Jeremiah Bond, NC, USN, for "Postoperative Breastfeeding Recommendations for Mothers Undergoing Surgery"
- Second Place: LTC Steven Kertes, AN, USA, for "Obstructive Sleep Apnea Screening in Preoperative Military Personnel"
- Third Place: 2LT Brianna Eichmiller, AN, USA, for "A Behavioral Change Model of Diabetes Management"



MG Barbara Holcomb poses with Col (ret) Marla De Jong after her second-place research plaque was presented.

This year, we were pleased to begin a new tradition of presenting three awards that 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.

The following presenters were recognized with these new annual awards:

- Verhonick Podium Award: COL Paul Lewis, AN, USA, for "The Impact of Tobacco on Healing and Rehabilitation Among Wounded Warriors"
- Rieder Poster Award: Ms. Darcy Mortimer for "Aeromedical Evacuation Registry (AER): A Look Inside the Data"
- Aune Perseverance Award: LCDR Shawna Grover, NC, USN, for "Cultivating a Spirit of Inquiry at a Large Navy Medical Center" 🏆

TSNRP Grant Camp, Research Interest Group–Sponsored Courses, and a Look Ahead to 2018

Shannon Sarino, TSNRP Outreach Coordinator, and Megan Foradori, RN, MSN, Research Interests Coordinator



Students, faculty, and TSNRP staff gathered for this class picture during the 2017 Research and Evidence-Based Practice Grant Camp.

2017 Research and Evidence-Based Practice Grant Camp

The annual TSNRP Grant Camp was held 10–14 July 2017 at Naval Air Station North Island in San Diego, California. Grant Camp is specifically for master’s and doctorally prepared military nurses and graduate nursing students who plan to submit a research grant application in response to a TSNRP Funding Opportunity Announcement.

This year, the course agenda and curricula were updated to expand the amount of time available for mentoring but still include faculty lectures on critical aspects of grant writing. Fifteen students attended this year, and the faculty members included active duty and retired military and civilian subject matter experts, including COL Michael Schlicher, AN, USA; CAPT Heather King, NC, USN; and Col Marla De Jong, USAF, NC. CDR Virginia Blackman, NC, USN, also attended as an individual grant team’s mentor and served in a junior faculty role, which TSNRP Executive Director

Lt Col Jennifer Hatzfeld, USAF, NC, looks to continue in the future.

Each day, students worked with their assigned mentor to refine their plan for how to answer their research or PICOT (population, intervention, comparison, outcome, time) question and discuss how to go about completing their specific grant application. When the group came together, faculty delivered lectures on topics that included preliminary studies; design and methodology—quantitative, qualitative, and evidence-based practice; data analysis; animal and human research protections; timeline; and budget.

“The support during the week came at just the right time. Being in school, and removed from the military environment, I loved being in a room of people who want to make military nursing better. I do think Grant Camp should be mandatory between the first and second year of PhD programs because of the support and the reminders of where we should focus our efforts. The days are long, but I thought it was well organized



2017 Research and Evidence-Based Practice Grant Camp students and faculty gathered each day for a series of lectures on topics that included developing specific aims or a PICOT question, study design and methodology, budget, and the grant review process.

and the attention to each section was just enough,” said CPT Angela Samosorn, AN, USA.

At the conclusion of Grant Camp, students left with a solid framework and idea of how to submit a TSNRP grant application and further develop their project, as well as encouragement from Lt Col Hatzfeld to maintain the momentum on their grant proposal and future scholarly work.

“What I learned from this year’s Grant Camp is that the real value of the course is not always measured in terms of the number of grant applications that are submitted to TSNRP, but by the continued development of military nurse scholars,” said Lt Col Hatzfeld. “From the comments made by both the students and the faculty throughout the week, it was clearly a successful course.”

Biobehavioral Health RIG Explores Military Nurse Researchers’ Connections

If you’ve ever been to the Dissemination Course and bumped into a colleague from the past, moved to a new duty station to find a familiar face, or asked to be connected to someone you know is working in a space you’d like to explore, you know that the military research world can feel small. But have you ever wondered how well the community is connected—between individual people, in mentoring relationships, in Research Interest Groups, and in roles? A small project team within the Biobehavioral Health Research Interest Group (BHRIG) is working on a social network analysis effort to learn more about the ties among and between military nurse researchers.

BHRIG leaders Col (ret) Penny Pierce, USAF, NC; Lt Col Jackie Killian, USAF, NC; COL Angela Simmons, AN, USA; and CAPT Anita Smith, NC, USN, worked with social network analysis researcher Felix Kabo, PhD, at the University of Michigan’s Institute for Social Research to plan a project to learn more about the network of military nurse researchers. The team identified other key members of the network to join a working group for a social network analysis of the community to be completed in 2018. CAPT Deborah Roy, NC, USN; CAPT Lisa Braun, NC, USN; Col Susan Dukes, USAF, NC; MAJ Chris Stucky, AN, USA; Lt Col Laurie Migliore, USAF, NC; and Maj Sarah Huffman, USAF, NC, agreed to join the BHRIG leaders and TSNRP RIG coordinator Megan Foradori on the project.

Members of the working group, representing all three Services and many areas of interest, met for the first time this summer at the Institute for Social Research to learn more about emerging research methodology, explore applications of the techniques, and plan the project in more detail. Under the instruction of Dr. Kabo and Col (ret) Pierce, the group studied the basic concepts and discussed the connections they’d like to explore further, including obvious captures (such as research mentors in the community, RIG memberships, and interactions across Service branch lines) and items to allow the team to learn more about the community (such as TSNRP grants awarded and deployments/military moves during



Lt Col Jackie Killian proudly shows the results of her work using the UCINET program; the visual demonstrates nurses who have attended the TSNRP Dissemination Course in 2015, 2016, and 2017.

the time period of interest). “This will really bring transparency to our connections,” Lt Col Killian said. Energized by the task ahead, team member CAPT Braun said she was “really excited to see the hubs that emerge in this community.”

“This is systems science,” Dr. Kabo told the group. “It allows us to understand both the parts and the whole.” The approach speaks to a growing trend nationally to break away from methodologic individualism. Members of the project team are working hard to identify the target participants (doctorally prepared military nurse researchers) and put together an instrument to capture characteristics of these individuals to help learn more about the whole in the coming months. The working group hopes to contact those in the community of interest in the near future.

“It’s a great opportunity to demonstrate what we already know,” CAPT Roy said. “Nurse researchers are extraordinarily productive and vibrant. [This project] allows us to visually see the network and impact— and see gaps and barriers so we can improve.”

Military Women’s Health RIG Helps Researchers Write for Publication

While carrying out research has its challenges, sometimes writing up work for publication feels like an insurmountable hurdle. It was with that understanding that the Military Women’s Health RIG (MWHRIG) leads included mentorship of military women’s health writers in their RIG annual plan for 2017.

Two MWHRIG leaders, Col Candy Wilson, USAF, NC, and COL (ret) Lori Trego, AN, USA, teamed up with Nancy Lowe, PhD, at the University of Colorado College of Nursing to create an intensive, 2-day professional writing workshop for researchers interested in publishing their research findings in military women’s health. A renowned women’s health expert in international publishing, Dr. Lowe has been the editor-in-chief for the *Journal of Obstetric, Gynecologic & Neonatal Nursing* since 2001 and has published 70 peer-reviewed articles in her career. “Dr. Lowe taught the participants about the development of scholarly writing skills as a foundation for scientific productivity,” COL (ret) Trego said. “She has provided publication mentoring and training for nurses for more than 10 years and has a well-established curriculum and repertoire of training materials at the post-graduate and doctoral levels. We feel incredibly fortunate to have had her lead this effort.”



Students, Military Women’s Health RIG leaders, and Dr. Nancy Lowe gathered for a photo during the Writing for Publication Workshop.

The workshop, held 20–21 September in Denver, was a chance for attendees to learn in an in-person environment, without the other personal and professional responsibilities that often impede researchers’ opportunities to sit down and write.

MWHRIG members LT Whitney Brock, NC, USN; CDR Jennifer Buechel, NC, USN; Lt Col Miev Carhart, USAF, NC; Col Linda Hagemann, USAF, NC; LCDR Yvonne Marengo, NC, USN; LTC Ida Montgomery, AN, USA; Maj Paula Neeman, USAF, NC; and Maj Heidi Radmer, USAF, NC, joined mentors Col Wilson and COL (ret) Trego for the session with Dr. Lowe. Participants were required to submit information about their intended manuscript in advance, including the purpose, target journal, outline, and paper introduction.

In addition to recommending the current American Psychological Association (APA) manual, Dr. Lowe recommended the following two texts for the attendees and anyone interested in developing professional writing skills in nursing:

- Oermann, M. H., & Hays, J. C. (2016). *Writing for publication in nursing* (3rd ed.). New York, NY: Springer.
- Cook, C. K. (1985). *Line by line: How to edit your own writing*. Boston, MA: Houghton Mifflin.

“Writing productively is essential to military nursing scholarship,” said workshop participant CDR Buechel. “Many individuals find the scientific writing experience to be overwhelming, time consuming, and discouraging. I am thankful that the leaders

of the Military Women's Health RIG recognize that dissemination of research is critical to advance women's military health, while simultaneously realizing that many researchers experience barriers to writing for publication. I am grateful for this opportunity to take time out to develop my writing skills at the RIG's writing workshop."

Planning for 2018

Looking ahead to 2018, the TSNRP Resource Center has an exciting year full of offerings planned, including a newly designed EBP Workshop that includes a 1-day course, as well as training for EBP coaches at the individual site. Plans are currently under way to offer the workshop at Naval Medical Center Portsmouth in January 2018 and at Naval Medical Center San Diego in

February 2018. Military treatment facilities interested in hosting a TSNRP-sponsored EBP workshop should contact the Resource Center for more information.

In addition to the EBP Workshop, planning is under way for the next Research and EBP Dissemination Course, currently scheduled for 30 April–4 May 2018 in San Antonio, Texas; the 2018 Research and EBP Grant Camp, 9–13 July, in San Diego, California; and a new Scientific Writing Workshop tentatively scheduled for September 2018 in San Antonio, Texas. All of these courses are pending official approval, but look for registration information on the TSNRP website as the dates get closer. 🔥

Grant Camp Participants Tour USNS Mercy

The last day of Grant Camp featured an opportunity to get out of the classroom and visit the USNS *Mercy*, homeported in San Diego, California. The ship is a mobile surgical hospital providing medical services to support deployed troops, as well as humanitarian aid.



The USNS *Mercy*, one of two hospital ships in the U.S. Navy fleet, provides humanitarian aid in times of natural disaster, as well as support for deployed U.S. troops.

Grant Camp students and faculty and TSNRP staff received a tour of the hospital ship, organized by CAPT Heather King, NC, USN, and discussed its mobile capabilities and readiness.



Grant Camp faculty and students and TSNRP staff toured the USNS *Mercy* on the last day of Grant Camp 2017.

TSNRP Welcomes RDML Tina Davidson to the Executive Board of Directors

As the new Navy Nurse Corps director, RDML Tina Davidson is the newest member of the TSNRP Executive Board of Directors. RDML Davidson is a native of St. Louis, Missouri. Prior to her commission in 1986, she earned a BA in biology from Benedictine College and a BS in nursing from Saint Louis University. Her other degrees include an MSN from The Catholic University of America, an MHA from Webster University, and a DNP from Rush University. She is a fellow in the American College of Healthcare Executives, a board-certified advanced nurse executive, a certified professional in health care quality, and a certified master training specialist.

RDML Davidson's previous assignments include Naval Hospital San Diego, California; U.S. Naval Hospital Naples, Italy; Naval Hospital Corps School, Great Lakes, Illinois; U.S. Naval Hospital Okinawa, Japan; Navy Personnel Command, Millington, Tennessee; Branch Health Clinic, Naval Air Station Oceana, Virginia; and Naval Medical Center Portsmouth, Virginia.

At sea, RDML Davidson served as the ship's nurse aboard USS *John C. Stennis* (CVN 74). She deployed to Kuwait as the director of nursing services, Expeditionary Medical Facility Portsmouth.

Executive assignments included officer in charge, Admiral Joel T. Boone Branch Health Clinic, Little Creek, Virginia; first fleet nurse, U.S. Fleet Forces Command; executive officer, Naval Health Clinic Annapolis, Maryland; and commanding officer, Naval Health Clinic New England, Newport, Rhode Island. RDML Davidson



RDML Tina Davidson

served as the deputy director of the Office of the Chief of Naval Operations (OPNAV) N0931 from May 2014 to September 2016. She was promoted to the rank of rear admiral (lower half) in October 2016. In May 2017, she was appointed as the 25th director of the Navy Nurse Corps.

In addition to her responsibilities as the Navy Nurse Corps director, RDML Davidson also serves as Director of Medical Resources, Plans, and Policy, OPNAV.

TSNRP staff look forward to working with RDML Davidson to advance military nursing research. 🔥

Navy Nurse Corps History

André B. Sobcinski, Navy Medicine Office of the Historian

"On May 13, 1908, President Theodore Roosevelt signed the Naval Appropriations Bill authorizing the establishment of the Nurse Corps as a unique staff corps in the Navy. Initially, all Nurse Corps candidates were required to travel to Washington, D.C., at their own expense and take an oral and written examination. Since many applicants expressed reluctance to travel at their own expense, U.S. Navy Surgeon General Presley Rixey ordered that applicants be allowed to submit an

original essay on the topic of 'nursing practices' by mail, in lieu of an onsite written examination.



"The nucleus of this new Navy Nurse Corps was a superintendent, Esther Hasson; a chief nurse, Lenah Higbee; and 18 other women—all would forever be remembered as the 'Sacred Twenty.'"

Read the full article at <http://navymedicine.navylive.dodlive.mil/archives/2834>.

TSNRP Welcomes Col Deedra Zabokrtsky

TSNRP welcomes Col Deedra Zabokrtsky to her new position as Director of Air Force Nursing Services at Headquarters Air Force, Office of the Surgeon General. In this position, she directs nursing force structure, education and training, career development, and standards of nursing practice and care, which is why this position is often called the Deputy Nurse Corps Chief for the Air Force. Col Zabokrtsky has also been appointed as the Chief of the Officer Force Development Division. In this role, Col Zabokrtsky will also oversee officer force development initiatives and establish training policy for the Air Force Medical Service.

Col Zabokrtsky is a native of Pullman, Washington, and was directly commissioned into the Air Force in 1992. She earned an MS in nursing education and a DNP from Capella University, and she is board certified as a nurse executive. She has deployed to Zagreb, Croatia, in support of Operation Provide Promise and to Joint Base Balad, Iraq, in support of Operation Iraqi Freedom.

TSNRP welcomes Col Zabokrtsky and looks forward to working with her over the next few years. 🔥



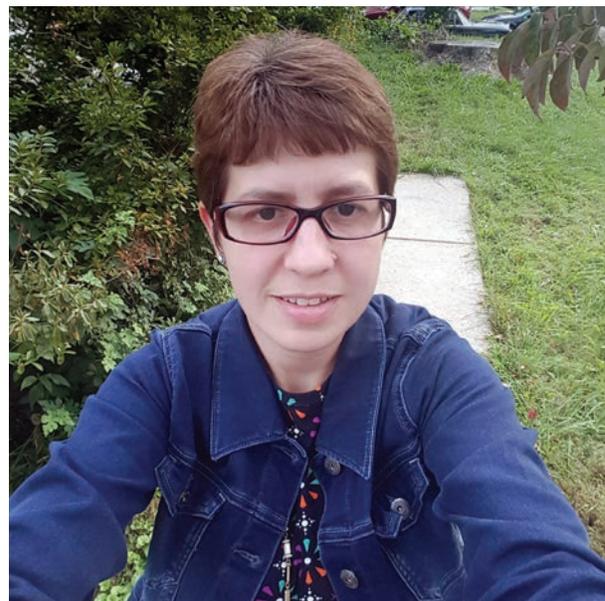
Col Deedra Zabokrtsky

New Outreach Coordinator Joins TSNRP Staff

Shannon Sarino recently joined TSNRP in a newly created Outreach Coordinator position. In this role, she is responsible for overseeing the publication of the TSNRP newsletters and Annual Report, as well as updating the TSNRP social media accounts and website. Ms. Sarino will also be the go-to person for DTS travel in the TSNRP office and is working to establish new connections between TSNRP and the military nursing community.

Before joining the TSNRP staff, Ms. Sarino was the social media manager at the National Museum of Health and Medicine in Silver Spring, Maryland. She has also previously served as the strategic communications manager for the Office of the Chief Information Officer, Immigration and Customs Enforcement, and as the supervising editor for *The View* newspapers in Howard County, Maryland. Ms. Sarino comes from a proud Navy family and earned a BA in mass communications from Mary Baldwin University. She is also a member of the first class of the Virginia Women's Institute for Leadership.

Ms. Sarino is looking forward to telling TSNRP stories in a way that is meaningful and relevant to military nurses. Feel free to drop her a line if you've got good news you'd like to share, at shannon.sarino.ctr@usuhs.edu! 🔥



Shannon Sarino

A Brief History of Sigma Theta Tau International and the Tau Theta Chapter

Lt Col Shawna Greiner, USAF, NC

Here is a little history about Sigma Theta Tau International (STTI) and the only federal nursing chapter of STTI, Tau Theta. STTI is a global nursing honor society promoting leadership, scholarship, and health initiatives. The society's name was chosen from the Greek words *storge*, *tharsos*, and *time*—"love," "courage," and "honor." It was founded at Indiana University in 1922. In 1936, STTI became the first organization in the United States to fund nursing research with small grants, which have culminated in the creation of major, wide-scale research projects and innovation, shaping the nursing profession and improving outcomes worldwide.

STTI is the second-largest nursing organization in the world, with approximately 135,000 active members in more than 90 countries and territories. Its 431 chapters are located in 515 hospitals, colleges, and university campuses around the world.

Membership, which is by invitation only, is limited to nursing students demonstrating excellence in scholarship and to nurse leaders who exhibit exceptional achievements in nursing. Sixty-one percent of members hold master's and/or doctoral degrees, 56% have a specialty certification, 48% are clinicians, 40% have more than 15 years of work experience, 21% are administrators or supervisors, and 20% are educators or researchers.

In 2003, the first federal nursing chapter of STTI, Tau Theta at the Uniformed Services University of the Health Sciences, was founded by Diane Seibert, PhD, ARNP, FAAN, FAANP. Tau Theta is now 175 active members strong, with the primary mission of supporting and connecting nurses practicing in the federal health care system, including the Public Health Service (in a virtual fashion). This global community of nurse leaders and scholars has never been more important than it is today, as we work together to ensure a bright future for the nursing profession and global health.

Our at-large chapter conducts business both in person and online. We conduct our quarterly meeting on Zoom, have a Facebook page, and share information on the STTI Tau Theta Circle. We collaborate with other Region 12 chapters to promote services, scholarship, dissemination, and leadership. Our hope is to have more actively engaged members this year.

We are interested in increasing our service, leadership, and mentorship. If you are a federal nursing leader who

has never been a member of STTI but are interested in being inducted, contact MAJ Crystal Hansen at crystal.hansen@usuhs.edu for more information. If you are already an STTI member and are interested in adding or converting to Tau Theta, you can go to www.nursingsociety.org/why-stti/stti-membership/my-membership, log in, and select

Tau Theta. If you don't recall your login information and member number, you can also call 888-643-7575 or email memserv@stti.org for assistance. Even if your membership has expired, you can easily reinstate it to join Tau Theta. No matter where you serve, we would be honored to have you join the Tau Theta chapter.

Here are a few updates from our chapter:

- If you have not received any messages from us and you have an active STTI account, please ensure that you have your current email entered on your profile. Also, check your spam folder for Circle messages, and join us at www.facebook.com/tauthetachapter/?ref=bookmarks.
- Elections were held in September, and the new slate of officers is as follows: President—Lt Col Shawna Greiner, USAF, NC; President Elect—LTC Danette Cruthirds, AN, USA; Vice President—Dr. Laura Taylor; Secretary—Lt Col Doug Dillon, USAF, NC; Treasurer—MAJ Crystal Hansen, AN, USA; Counselors—LCDR Tiffany Uranga, NC, USN, and LCDR Kimberly Tozier, NC, USN; Chair of Governance Committee—LCDR Kennett Radford, NC, USN; and Chair of Succession Committee—LTC Andrea Fuller, AN, USA. If you are interested in a board position in the future, please contact shawna.greiner@usuhs.edu, and we can assign you a mentor on the succession committee. This YouTube video describes the positions: www.youtube.com/watch?v=nWdI4vkfkUU.

The 44th Biennial STTI Convention was held 28 October–1 November in Indianapolis, Indiana. 🔥



Fiscal Year 2017 Funded Studies

(in Order of Anticipated Completion)

Project Number	Principal Investigator	Title	Award Category	Estimated Completion
N17-A06	LTC Leilani Siaki, AN, USA	Nursing Quality Indicators for Military Ambulatory Care: A Pilot Study	Exploratory Research Award	March 2019
N17-A05	COL (ret) Lori Lyn Trego, AN, USA	A Delphi Study to Determine Military Women's Health Research Priorities	Exploratory Research Award	April 2019
N17-A02	LTC William J. Brown, AN, USA	A Novel Nurse-Managed Stress Fracture Rehabilitation Program: A Pilot Study	Novice Investigator Award	May 2019
N17-C03	MAJ Peter Attilio, AN, USA	Investigation of the Molecular Mechanisms of Candesartan after Brain Injury	Graduate Research Award	July 2019
N17-B07	MAJ Kyong Hyatt, AN, USA	Effect of Web-Based MBSR for Service Members with Post-mTBI Symptoms	Novice Investigator Award	August 2019
N17-C01	CPT Seth Randall, AN, USA	Knowledge Assessment of Military Personnel and Family Taking Herbal Medications	Graduate Research Award	August 2019
N17-C04	Col Susan Dukes, USAF, NC	Create, Translate, and Implement Evidence into Air Force Health Care (C21)	Exploratory Research Award	September 2019
N17-C05	MAJ John Reed, AN, USA	Effects of Intranasal Insulin on Cortical and Hippocampal Injury Following TBI	Graduate Research Award	September 2019
N17-A04	MAJ Patricia Schmidt, AN, USA	Affect Contagion in the ICU: Does It Impact Patient Care?	Novice Investigator Award	May 2020
N17-B06	LTC (ret) Joseph O'Sullivan, AN, USA	Epinephrine Administration in a Pediatric Swine Hypovolemic Cardiac Arrest Model	Investigator-Initiated Research Award	July 2020
N17-C02	Lt Col Jacqueline Killian, USAF, NC	Assessment of Military Nurse Practitioner Role Transition	Novice Investigator Award	July 2020
N17-B03	LCDR Tony Torres, NC, USN	Evaluation of Knowledge, Skills, Attitudes at the Navy Trauma Training Center	Novice Investigator Award	August 2020
N17-B01	Col (ret) Laura Talbot, USAF, NC	Home-Based Approaches for Sub-Acute Low Back Pain in AD: Randomized Control Trial	Investigator-Initiated Research Award	September 2020

Save the Dates!

January 2018

Naval Medical Center Portsmouth
Evidence-Based Practice Course
8–9 January 2018
Portsmouth, Virginia

February 2018

Naval Medical Center San Diego
Evidence-Based Practice Course
21–22 February 2018
San Diego, California

March 2018

Air Force Executive Level
Evidence-Based Practice Course
3–4 March 2018
San Antonio, Texas

April–May 2018

Research and Evidence-Based
Practice Dissemination Course
30 April–4 May 2018
San Antonio, Texas

July 2018

Research and Evidence-Based
Practice Grant Camp
9–13 July 2018
San Diego, California

September 2018

Writing Workshop
17–19 September 2018
San Antonio, Texas

Please note: All of these courses are pending approval as of the publication date. Approval is usually granted 3 to 4 months in advance.

Promotions and Retirements

Promotions

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

Air Force

Candy Wilson to Col (O-6)
Antoinette Shinn to Col (O-6)

Navy

Heather King to CAPT (O-6)
Craig Cunningham to CAPT (O-6)
Kennett Radford to CDR (O-5)

Retirements

TSNRP congratulates Col Marla De Jong on her recent retirement from the Air Force. Col De Jong is a former TSNRP Executive Director and most recently was the Associate Dean for Research at the Daniel K. Inouye Graduate School of Nursing, Uniformed Services University of the Health Sciences.

Also, please join us in wishing the very best to both COL Elizabeth Mann-Salinas, who retired from the Army, and Lt Col Karen O'Connell, who retired from the Air Force.

Publications by TSNRP Nurse Scholars

- Agazio, J., & Goodman, P. (2017). Making the hard decisions: Ethical care decisions in wartime nursing practice. *Nursing Outlook*, 65(5), S92–S99.
- Breckenridge-Sproat, S. T., Swiger, P. A., Belew, D. L., Raju, D., Patrician, P. A., & Loan, L. A. (2017). A program evaluation of the Patient CaringTouch System: A pre- and postimplementation assessment. *Nursing Outlook*, 65(5), S109–S119.
- Cook, W. A., & Doorenbos, A. Z. (2017). Indications of recruitment challenges in research with U.S. military Service members: A ClinicalTrials.gov review. *Military Medicine*, 182, e1580–e1587.
- Cook, W. A., Melvin, K. C., & Doorenbos, A. Z. (2017). U.S. military Service members' reasons for deciding to participate in health research. *Research in Nursing & Health*, 40, 263–272.
- Cook, W. A., Morrison, M. L., Eaton, L. H., Theodore, B. R., & Doorenbos, A. Z. (2017). Quantity and quality of economic evaluations in U.S. nursing research 1997–2015: A systematic review. *Nursing Research*, 66, 28–39.
- Davidson, T. A. (2017). Equipping military nurses with evidence to care for the wounded. *Nursing Outlook*, 65(5), S34–S35.
- Hatzfeld, J. J., & Jennings, B. M. (2017). Twenty-five years of the TriService Nursing Research Program: Standing on the shoulders of giants. *Nursing Outlook*, 65(5), S1–S3.
- Hogg, D. A. (2017). The importance of evidence to maintain the health of military Service members. *Nursing Outlook*, 65(5), S4–S5.
- Holcomb, B. R. (2017). Twenty-five years of supporting military nurses through research. *Nursing Outlook*, 65(5), S90–S91.
- Kelley, P. W., Kenny, D., & Donley, S. R. (2017). Experiences of vulnerability and uncertainty during the Iraq and Afghanistan Wars: Stories of wounded Service members and the nurses who cared for them. *Nursing Outlook*, 65(5), S71–S80.
- McCarthy, M. S., Elshaw, E. B., Szekely, B. M., & Pflugeisen, B. (2017). Health promotion research in active duty Army soldiers: The road to a fit and ready force. *Nursing Outlook*, 65(5), S6–S16.
- Nayback-Beebe, A. M., Yoder, L. H., Goff, B. J., Arzola, S., & Weidlich, C. (2017). The effect of pulsed electromagnetic frequency therapy on health-related quality of life in military Service members with chronic low back pain. *Nursing Outlook*, 65(5), S26–S33.
- Patrician, P. A., Loan, L. A., McCarthy, M. S., Swiger, P., Breckenridge-Sproat, S., Brosch, L. R., & Jennings, B. M. (2017). Twenty years of staffing, practice environment, and outcomes research in military nursing. *Nursing Outlook*, 65(5), S120–S129.
- Pierce, J. D., Shen, Q., Peltzer, J., Thimmesch, A., & Hiebert, J. B. (2017). A pilot study exploring the effects of ubiquinol on brain genomics after traumatic brain injury. *Nursing Outlook*, 65(5), S44–S52.
- Potter, M. A., & Wilson, C. (2017). Applying Bureaucratic Caring Theory and the Chronic Care Model to improve staff and patient self-efficacy. *Nursing Administration Quarterly*, 41(4), 310–320.
- Rivers, F., & Gordon, S. (2017). Military nurse deployments: Similarities, differences, and resulting issues. *Nursing Outlook*, 65(5), S100–S108.
- Talbot, L. A., Brede, E., Price, M., & Metter, E. J. (2017). Health-related quality of life in active duty military: A secondary data analysis of two randomized controlled trials. *Nursing Outlook*, 65(5), S53–S60.
- Trego, L. L. (2017). Developing a military nurse scientist program of research: A military women's health exemplar. *Nursing Outlook*, 65(5), S130–S139.
- Vacchiano, C., & Silva, S. (2017). Characterization of bilateral frontal lobe cerebral oxygen saturation in patients with mild traumatic brain injury. *Nursing Outlook*, 65(5), S36–S43.
- Wilson, C., Corrigan, R., & Braun, L. (2017). Deployed women's illness behaviors while managing genitourinary symptoms: An exploratory theoretical synthesis of two qualitative studies. *Nursing Outlook*, 65(5), S17–S25.
- Yoder, L. H., McFall, D. C., & Glaser, D. N. (2017). Quality of life of burn survivors treated in the military burn center. *Nursing Outlook*, 65(5), S81–S89.
- Young-McCaughan, S., Bingham, M. O., Vriend, C. A., Inman, A. W., Gaylord, K. M., & Miaskowski, C. (2017). The impact of symptom burden on the health status of Service members with extremity trauma. *Nursing Outlook*, 65(5), S61–S70. 🔥

Newly Published Final Reports

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

Principal Investigator	Title	Accession Number
LTC (ret) Janice Agazio	Management of Ethical Issues in Military Nursing Practice During Wartime	PB2017-102329
Col Elizabeth Bridges	Meta-Synthesis of Combat Casualty Care Competencies	PB2017-102328
CDR William Danchanko	Impact of Embedded Military Metal Alloys on Skeletal Physiology in an Animal Model	PB2017-102175
LTC (ret) Melissa Gantt	Binaural Beat Technology: A Complementary Path to Post Deployment Wellness	PB2017-102221
Lt Col Stephen Hernandez	Stress, Resilience, Stigma, and Barriers to Mental Health Care in AF Nursing Staff	PB2017-102171
Col (ret) Don Johnson	Efficacy of Nano Germicidal Light Therapy on Wound Related Infections	PB2017-101390
LTC Ann Kobiela Ketz	Neuropathic Pain: Characterization and Modulation of M1/M2 Monocyte Spectrum	PB2017-102172
Lt Col Cheryl Lockhart	Implementation of an Evidence-Based Geriatric Guideline on a Military Trauma ICU	PB2017-102330
LTC (ret) Michael Loughren	Pharmacokinetics of IM, IV, and IO Atropine in Normovolemic and Hypovolemic Swine	PB2017-101392
LTC (ret) Michael Loughren	The Pharmacokinetics of Intraosseous Epinephrine During Cardiac Arrest in Swine	PB2017-102657
COL Ann Nayback-Beebe	Effectiveness of Biomodulator in Treating Chronic Pain and Reducing Medications	PB2017-101391
CPT Charles Reuter	Evaluation of the Validity of Cholesterol as a Biomarker for Suicide in Veterans	PB2017-102803
CAPT Dennis Spence	Is Preoperative STOP-BANG Predictive of Adverse OSA Parameters?	PB2017-102174
Col (ret) Laura Talbot	Electromyostimulation and Strength Walking for Knee Injuries: Nurse Managed Care	PB2017-102173
Col Candy Wilson	Iron Status of Deployed Military Members	PB2017-101393
COL (ret) Linda Yoder	Longitudinal Outcomes of Burned Service Members Treated at the Military Burn Center	PB2017-102692

Kudos

MG Barbara Holcomb, AN, USA, spoke at the Military Health System Research Symposium (MHSRS) on 28 August 2017, delivering a keynote speech on prolonged field care.

Col Candy Wilson, USAF, NC, was session chair representing the Military Women's Health Research Interest Group (MWHRIG) for the second year at the MHSRS breakout session "Deployed Military Women's Health Care." Ms. Robyn Martin from the Naval Medical Research Center (NMRC) presented the MWHRIG-led "Military Women's Health Gap Study: Health in the Deployed Setting" (principal investigator [PI]: **CDR Abigail Marter Yablonsky, NC, USN**); **CDR Jennifer Buechel, NC, USN**, presented the results of her study "U.S. Navy Women's Knowledge on the Human Papillomavirus Vaccine"; and Col Wilson and **CAPT Lisa Braun, NC, USN**, presented "Deployed Women's Illness Behaviors While Managing Genitourinary Symptoms: An Exploratory Theoretical Synthesis of Two Qualitative Studies."

Col Antoinette Shinn, USAF, NC, was also a session co-chair for "En Route Care," with **Dr. Shelia Savell** from the 59th S&T En Route Care Research Center presenting "Critically Ill Medical Patients with Cardiac Diagnoses Transported by Critical Care Air Transport Teams (CCATT)" and **CDR Virginia Blackman, NC, USN**, presenting "Military En Route Care Training for Evacuation of Casualties Within a Complex System of Systems: Gap Analysis and Recommendations for Next-Generation Learning Environments."

Congratulations to the other nurse scientists who presented at the 2017 MHSRS:

- **CDR Virginia Blackman, NC, USN**—"Palliative Care Communication Skills in the ICU: Implementing Evidence for Practice Change"
- **CDR Eric Bopp, NC, USN**—"Utilization and Perioperative Outcomes in Patients Who Received Liposomal Bupivacaine"
- **CDR William Danchanko, NC, USN**—"Impact of Embedded Military Metal Alloys on Skeletal Tissue in an Animal Model"
- **CDR Lalon Kasuske, NC, USN**—"Population Study of the Effects of Pre-Existing versus New Onset PTSD on Short-Term Health Care Utilization Preceding and Following Diagnosis of a First mTBI Diagnosis" and "Rates of Pre-Existing and New Onset Comorbidities Among Active Duty Service Members with a First Diagnosis of Mild Traumatic Brain Injury"

- **CAPT Heather King, NC, USN**—"En Route Care During Shipboard Global Health Engagement Missions" and "Global Health Engagement Missions Aboard U.S. Naval Hospital Ships: A Qualitative Analysis of Lessons Learned"
- **CAPT Dennis Spence, NC, USN**—"STOP-BANG is Predictive of Worsening Sleep Apnea After Total Joint Arthroplasty" and "Total Joint Arthroplasty Patients Have a High Rate of Undiagnosed Sleep Apnea"
- **CDR Jamie Stakley, NC, USN**—"Combat Casualty Care Knowledge and Confidence Evaluation at the Navy Trauma Training Center: A Quality Improvement Project"

The following nurse scientists were recently appointed to key leadership roles:

- **Col Brenda Morgan, USAF, NC**—Dean, U.S. Air Force School of Aerospace Medicine
- **Col Antoinette Shinn, USAF, NC**—Director, 59th Medical Wing, Nursing Research Division
- **COL Angela Simmons, AN, USA**—Dean, School of Nursing Science, U.S. Army Medical Department Center and School
- **Col Candy Wilson, USAF, NC**—Assistant Professor and Senior Air Force Advisor, Daniel K. Inouye Graduate School of Nursing, Uniformed Services University of the Health Sciences (USUHS)
- **CDR Jennifer Buechel, NC, USN**—Associate Director for the Directorate for Professional Education, Naval Medical Center San Diego (NMCSD)

Congratulations to the following nurse scientists for completing their PhDs:

- **CDR William Danchanko, NC, USN**—PhD in nursing science from USUHS
Dissertation: "Impact of Embedded Military Metal Alloys on Skeletal Tissue in an Animal Model"
- **Maj Sarah Huffman, USAF, NC**—PhD in nursing science from USUHS
Dissertation: "Social Support Networks of Vietnam Veterans: A Typology of Social Relations"

- **CDR Lalon Kasuske, NC, USN**—PhD in nursing science from USUHS
Dissertation: “Longitudinal Health Care Utilization by Active Duty Service Members with a Diagnosis of First Mild Traumatic Brain Injury”
- **CDR Kennett Radford, NC, USN**—PhD in nursing science from USUHS
Dissertation: “Ketamine on Fear Behaviors & Brain Neurotrophic Factor in a Rat Fear Model”
- **LTC Christopher VanFosson, AN, USA**—PhD in nursing from University of Texas
Dissertation: “Monthly Variation of Unfinished Nursing Care at the U.S. Army Burn Center”

And we’re delighted to celebrate a few other great accomplishments:

- **CDR William Danchanko, NC, USN**, received funding from the Congressionally Directed Medical Research

Programs for a focused program project, “Assessing the Health Effects of Blast Injuries and Embedded Metal Fragments.”

Grant number: W81XWH-16-2-0058 (PI: M. McDiarmid; Project 1 Leader: J. Kalinich). Funding for project 1: \$1,628,087. Overall funding: \$7.8M.

- **CAPT Heather King, NC, USN**, was awarded the University of San Diego’s 2016 Author E. Hughes Career Achievement Award and was also the first-place winner, podium category, for the 2017 NMCS Academic Research Competition and third-place winner, podium category, for the 2017 Navy-Wide Academic Research Competition with “Global Health Engagement Missions: Lessons Learned Aboard U.S. Naval Hospital Ships.” 🔥

TSNRP Updates Strategic Plan

On 24 April 2017, TSNRP convened key stakeholders to create the building blocks of a 5-year strategic plan for the program. Last updated in 2012, the strategic plan serves as a guiding document, communications tool, and action plan for the work of TSNRP. Thirty-six stakeholders representing the TSNRP Executive Board of Directors and Advisory Council, the Research Interest Groups (RIGs), nurse scientists and scholars from each Service, and TSNRP staff members participated in a 2-month process supported by a consultant firm focused

on strategic plan development and facilitation. Data were gathered from meeting participants through interviews, focus groups, and a follow-up questionnaire to aid in the design of the April session that resulted in a Strategic Report with goals and an implementation plan.

The revised goals and implementation plan have been approved. You can find the goals posted on the website and expect to hear more information in 2018 as TSNRP staff move to incorporate them into routine practice.



Strategic planning participants broke into small groups to map out the future of TSNRP during the daylong session.



TSNRP stakeholders met to discuss future strategic goals before the 2017 Research and Evidence-Based Practice Dissemination Course.



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.

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