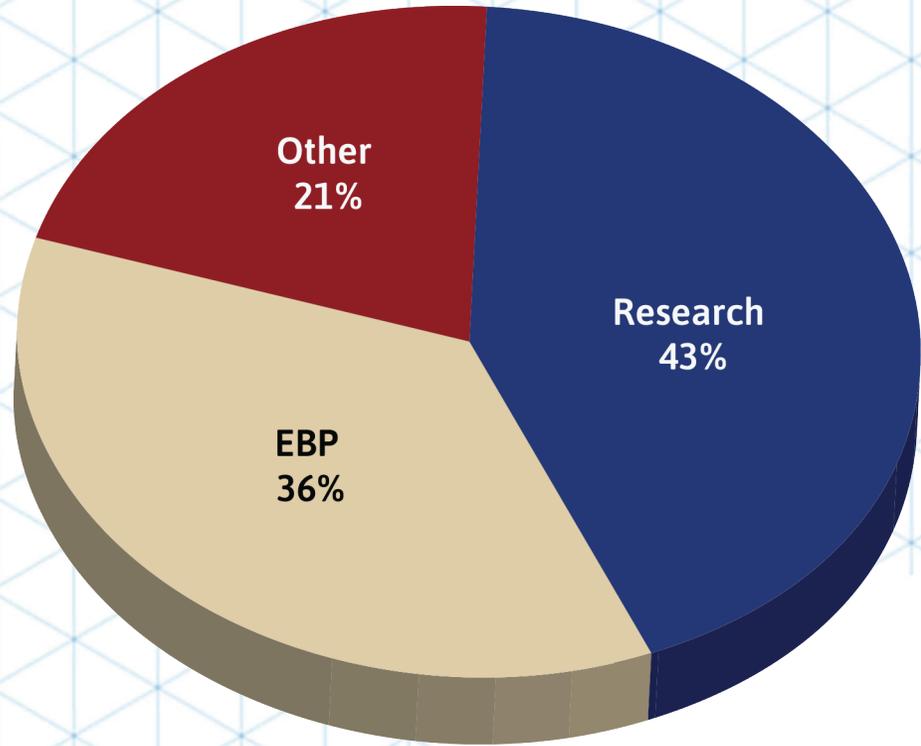


TSNRP News

TriService Nursing Research Program

Fostering Excellence In
Military Nursing Science

Spring/Summer 2018



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Save the Dates!

This graph demonstrates the percentage of each category of abstract accepted for presentation at the 2018 TSNRP Research and Evidence-Based Practice (EBP) Dissemination Course. More than 150 abstracts were submitted this year, the highest number ever received in the 5-year history of the course.

Evidence-Based Practice for Military Nursing: An Essential Part of the TSNRP Mission

Check out page 3



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

I am writing this letter in the midst of a government shutdown (yes, the content of the newsletter gets turned in early!), and it turns out to be only the first one of the year. But it is a reminder of all the unknowns that military nurses and military nurse scholars have to navigate, both as part of our normal operations as well as with unanticipated actions in response to world events.

As many of you know, the 2017 National Defense Authorization Act identified a new role for the Defense Health Agency that will likely have an impact on the processes at individual military treatment facilities. That has introduced a number of challenges for our medical and nursing leaders at all levels, with uncertainty about what resources and personnel may or may not be available or what will be within the control of the local leaders. Making strategic leadership decisions about supporting long-term projects like research or evidence-based practice (EBP) is difficult in that type of environment!

Deployments are another unknown that has an impact on operations. TSNRP had planned to offer a revised Evidence-Based Practice Workshop at the Naval Medical Center Portsmouth (NMCP) in November of 2017, but in the weeks before, it was decided to postpone the event by 2 months, as a significant number of NMCP's staff were tasked with responding to Hurricane Maria in Puerto Rico on the USNS *Comfort*. Deployments, whether planned or unplanned, result in both personal and professional upheaval to make sure all the necessary preparations and training are completed in advance of an extended absence.

And yet it is important to remember that just like in the deployed environment, we can't throw up our hands and walk away because a new task wasn't part of "the plan." Rather, that's exactly the time to roll up our sleeves, put on a pair of gloves if necessary, and get to work to make sure the mission gets done. It's the same way with research and EBP—although not many research books or EBP models really incorporate the uncertainty that happens in real life!

Just as we develop our own resiliency to deal with the uncertainties of deployments and recommend it to others, that same skill is essential in our scholarly work. In some cases, it takes some extra time and effort to build redundancy into the project plan or into the membership of the project team. Or it could be recognizing that a great evidence-based plan isn't working exactly as envisioned, so you'll need to take a moment to decide what really matters in the long run. It's in that pause where we begin to develop and draw on the wisdom we've learned in the past or reach out to get help from a mentor or colleague.

You may not see the need for resiliency highlighted in every project in this newsletter, mentioned in the descriptions of the nursing research and clinical inquiry cells and centers across the Military Health System, or even outlined as part of a new TSNRP effort. But one of the benefits of this position is that I have the opportunity to hear about the challenges and barriers experienced by so many nurse scholars in their pursuit of excellence in military nursing. We do our best to make sure that we leverage program funds and our network of experts and nurse leaders to help address problems as they arise—but each finished project and each article that is published is a testament to the resiliency of the team and their passion to improve the care we provide.

I encourage you to take on the challenge of tackling a new project that will continue to strengthen the science and the evidence of military nursing. Despite the uncertainties and challenges, it is always an investment worth making and often provides a sense of accomplishment to those who have joined you on the journey. Don't wait for things to "settle down"—they never will. Instead, look to see which clinical question is most pressing and get to work. We'll be cheering you on.

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



Lt Col Jennifer Hatzfeld

Evidence-Based Practice for Military Nursing: An Essential Part of the TSNRP Mission

When we as nurses think back to what brought us to the profession—and our first bright, shining examples of “doing good” for a patient—we often think about those times we provided excellent patient care. Right out of the nursing school gate, armed with our new knowledge, we envisioned moving effortlessly between patients, assessing and caring for them just as we’d been taught in the classroom and by our mentors.

But soon, as we dove deeper into practice, so many of us found ourselves with more questions than answers. Why do we take care of these patients this way? Why did my patient still fall when they were on fall precautions? Why do some nurses insist on changing an IV site at exactly 72 hours? Why did one of my patients quickly recover from surgery while another struggled for days? And why is it so easy to make a medication error and so difficult to document everything?

The evidence-based practice (EBP) movement, characterized by the expert melding of the best available scientific and experiential evidence, gained momentum in recent memory for many of us practicing today. In the 1960s, a shift in nursing education allowed the profession to evolve into an applied science. Thirty years after that transition, it became clear that simply generating new knowledge was not enough. Kathleen Stevens, EdD, RN, ANEF, FAAN, writes, “To affect better patient outcomes, new knowledge [had to] be transformed into clinically useful forms, effectively implemented across the entire care team within a systems context, and measured in terms of meaningful impact on performance and health outcomes.”

In this issue of the TSNRP newsletter, we’re proud to highlight EBP in military nursing practice. We’ve included features about current efforts—including CAPT Kane’s work on developing a Joint Multi-Disciplinary Evidence-Based Practice Complex Wound Care Guideline, highlights from TSNRP’s refreshed Evidence-Based Practice Workshop held at Naval Medical Center Portsmouth and Naval Medical Center San Diego, and an overview of the existing centers and cells that directly support nursing research and clinical inquiry across the Military Health System (MHS). But we wanted to take the opportunity to mention some new ways that TSNRP is working to support EBP.

Evidence-Based Practice Workshop for Military Nursing and Readiness

The new calendar year brought a refreshed EBP Workshop for TSNRP. After many years of success with this very popular offering, a small workgroup gathered to update the course content and structure. The new course now has online modules that have the basics of EBP to complete before the scheduled course date, a full-day interactive workshop format, and an additional half-day of training specifically to help equip local EBP coaches to continue working on the EBP projects after the course is finished. We extend a very special thank-you to the EBP Course team, who worked with TSNRP for several months to develop the course outline and content, including COL Sara Breckenridge-Sproat, AN, USA (before her retirement!); CDR Virginia Blackman, NC, USN; Lt Col Shawna Greiner, USAF, NC; Lt Col Jackie Killian, USAF, NC; CDR Ken Wofford, NC, USN; MAJ Justin Miller, AN, USA; and LCDR Stuart Hitchcock, NC, USN.



EBP coaches at Naval Medical Center Portsmouth learn how to sharpen their one-on-one coaching skills.

New Evidence-Based Practice Funding

Do you have a clinical question just waiting to be explored? Think about exploring our new TSNRP award process for small EBP projects at military treatment facilities. We think you’ll find the application process for these “mini-grants,” which are limited to \$10,000 total, to be very user-friendly. If your project is selected for funding, TSNRP will transfer funds directly to your military treatment facility to purchase the supplies needed to carry out your project. This may be a great option for you and your EBP team!



These mini-EBP awards are intended to complement, but not replace, the more robust EBP/research award applications, which can still be submitted to grants.gov. Contact TSNRP to request the FY18 TSNRP Mini-EBP Award Announcement for more information. Applications may be submitted to <https://palladianpartners.cvent.com/ebp> any time through 1 May 2018, and the awards will open for applications again on 1 October 2018.

Dissemination of Evidence-Based Practice Efforts

Doing this great work doesn't advance our practice if it is not shared with others to impact patients beyond each nurse's individual reach. TSNRP is proud to support nurses doing great EBP work in their quest to take new innovations to bedsides everywhere.

To help share the word about the EBP work of military nurses, TSNRP reached out to get **a series of EBP articles** from the military nursing community. We are working closely with two journals, *Worldviews on Evidence-Based Nursing* and the *American Journal of Nursing*, to publish a collection of papers in 2018. The effort began with outreach to CNS leaders from each Service and nurses who submitted EBP abstracts for the Dissemination Course last summer to ask whether they would be interested in being a part of this exciting project. Many replied to the call, and we look forward to seeing many of these articles in press later this year!

The annual **TSNRP Research and Evidence-Based Practice Dissemination Course** (including this year's offering in San Antonio from 30 April to 3 May) is a great opportunity for nurses at all levels to showcase work, network with other nurses and researchers, and re-energize their practice. Nurses with EBP efforts submit abstracts every year to be featured as poster presentations or podium lectures at this popular course.



1LT Sarah Kopaciewicz and MAJ Racheal Wood discuss their Fall Prevention EBP project with MG Barbara Holcomb at the 2017 Dissemination Course.

After the course, the abstracts of all work presented are posted on the TSNRP website. If you are interested in seeing what clinical questions others are pursuing—or if you'd like to connect with a memorable presenter for future collaboration—be sure to check out www.usuhs.edu/tsnrp/presentation-abstracts for a look back at all the abstracts accepted for dissemination courses since 2014.

TSNRP has **an active Facebook and Instagram online community**, and if you have social media accounts, you may have seen our frequent EBP features. Over the past months, we have spotlighted several EBP projects, including throat pain (MAJ Deanna Settelmeyer, AN, USA), newborn bathing (Maj Jeanette Brogan, USAF, NC, and Capt Gloria Rapkin, USAF, NC), and a behavioral emergency response team (CDR Jennifer Zicko, NC, USN; LCDR Rebecca Schroeder, NC, USN; CDR William Byers, NC, USN; LCDR Adam Taylor, NC, USN; and CAPT Dennis Spence, NC, USN). We look forward to highlighting many more projects in the coming year!

Perhaps you were energized by the presentation that Bernadette Melnyk, PhD, RN, CPNP/PMHNP, FAANP, FNAP, FAAN, gave on strategies for enhancing quality and outcomes with EBP at the TSNRP Dissemination Course in 2016 or by reading one of her many articles or books. Maybe you had a burning clinical question and cracked the code with a great project—and birthed a new unit practice still alive and well today! Maybe, like many of us, you've encountered a great clinical question and are struggling with how to find or create the best evidence that could be used in everyday practice. Or maybe you've only dipped your toe into the vast pool of EBP inquiry—and are a little intimidated by the apparent complexity of the process. Wherever you are as you pick up this newsletter, we hope you'll find this issue informative and exciting as we continue together on this path to finding the very best way to help the patients and families in our care. 🔥

References used in this article are available upon request. If you would like a reference list, please contact Lt Col Hatzfeld at jennifer.hatzfeld@usuhs.edu.

NEW! TSNRP Strategic Goals

The following strategic goals were revised during a recent Strategic Planning Meeting and approved by the TSNRP Executive Board of Directors. They remain focused on facilitating nursing research to optimize the health of military members and their beneficiaries.

- Goal 1.** Develop and strengthen the tri-service community of nurse scholars to generate new knowledge in military nursing and translate it into practice.
- Goal 2.** Provide a tri-service infrastructure to enhance military nursing research and advance evidence-based practice.
- Goal 3.** Support research and evidence-based practice projects on areas relevant to military readiness and military nursing practice.
- Goal 4.** Encourage tri-service collaboration in nursing research and evidence-based practice.

The Importance of Common Data Elements

Maj Cubby L. Gardner, USAF, NC, and CDR Lalon M. Kasuske, NC, USN

The research community began recognizing the importance of using common data elements (CDEs) relatively recently, and the National Institute of Nursing Research (NINR) strongly encourages the use of CDEs in NINR-funded studies and data management systems. Additionally, the National Library of Medicine (NLM) has established a CDE Repository to improve data sharing across different research areas. While the focus is usually on the value and importance of CDEs for researchers, the use of CDEs is really helpful for evaluating the evidence for a practice change—allowing confidence that different studies or projects were each evaluating the same outcomes and measuring them the same way.

What Are CDEs?

A CDE is defined as a data element mutual to multiple data sets across different studies, operationalized and measured identically. More simply, that means that concepts are defined the same way and measure the same information (units of data) across different projects.

For example, a relatively simple data element for the variable “gender” has:

- (1) A name: “Gender Code”
- (2) A description: “Code representing respondent’s gender”
- (3) A discrete set of allowable values:
 - 0: Not observed, missing
 - 1: Male
 - 2: Female
 - 9: Not specified

NLM has identified four types of CDEs, which it calls “universal,” “domain-specific,” “required,” and “core,” for use within the National Institutes of Health (NIH) CDE Repository. Although not mutually exclusive (some data elements can apply to more than one research area), these are helpful categories to know, since they can help guide what measures you decide to evaluate for a project.



Universal: Universal data elements are the same, regardless of the specific disease state or condition. For example, universal data elements would be just as applicable to a cancer research study as to a project about health habits. Universal data elements commonly refer to attributes of a population, such as gender, age, level of education, health literacy, or medical history.

Domain-specific: Domain-specific data elements are unique to the specified sphere of activity or knowledge. These are attributes of a particular phenomenon, topic, medical condition, body system, or other classification. For example, amyotrophic lateral sclerosis (ALS) severity score minus total score value is meaningful in the context of ALS investigation but not really useful (or applicable) for a study about athletes recovering from a sports injury or about the experiences of postpartum women.

Required: Required data elements are those that must be included in the data set and must have a specific measure at each time point (i.e., null values are disallowed). Required data elements are often determined by institutional policy, such as those needed for a funding agency.

Core: Core data elements represent the basic attributes of a particular topic or phenomenon. Required core data elements are needed to make sure there is complete data to fully describe the topic or phenomenon, while optional core data elements may help give a broader understanding of that phenomenon.

To summarize, a CDE is a unit of data that expresses meaning through a shared definition.

Why Are CDEs Necessary?

Using CDEs benefits researchers by providing uniform formats for **systematically collecting, analyzing, and sharing** study data across research projects and communities.

Because there are currently no broadly applicable data element standards, researchers often select different ways to measure the same topic—or may even change data collection instruments, resulting in different attributes for data operationalization and collection. For example, the concept of “pain” for trauma patients could be measured on a 0 to 10 scale, a 0 to 3 scale, or a 1 to 5 scale. Although it is possible to “lump” pain scores into groups like “none,” “low,” “mid,” and “high,” it is impossible to be certain that a 7/10 pain score (high, but not the highest) is the same as a 3/3. Similarly, for a study that measures pain from 1 to 5, is a score of 1 the same as “none”? Perhaps those researchers decided that every trauma patient is in pain and expected that all respondents would have pain—so the researchers might have left that data field blank if there was no pain. As you can see, variations in data elements make it difficult to share data either between studies or within a central repository, and they limit meta-analysis of concepts. Most importantly, data that cannot be shared or compared across research studies are of little value outside of the original intended purpose, limiting the data’s usability.

Benefits of CDEs

There are several advantages to using standard data terminology in research. While individual studies may require unique and specific variables, NINR encourages investigators to employ CDEs as much as possible, highlighting the following benefits:

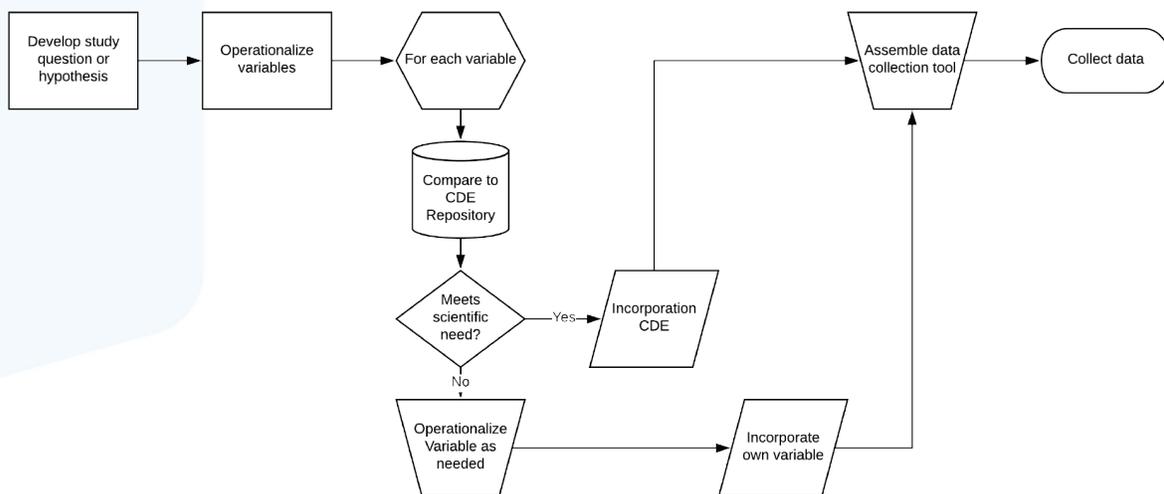


Figure 1. A flow diagram depicting decision logic for cross-referencing common data elements from the NIH CDE Repository.

Reduced time and cost. CDEs help reduce the time and costs to develop research, since researchers can rely on existing data, whether it be part of a medical record, clinical data repository, or previous research study. Incorporating CDEs in new studies allows researchers to use existing questionnaire elements in the development of their data collection tools, which can decrease the amount of time it takes to develop a new protocol.

Better data quality. CDEs can enhance data quality, which is defined as the accurate, consistent, timely, and complete capture of data, by using previously developed tools. These existing tools help make sure there is standardized, consistent, and universal data collection.

Facilitation of data sharing. An increasing number of government agencies and initiatives (e.g., Food and Drug Administration, Centers for Disease Control and Prevention, World Health Organization, Combat Casualty Care Research Program) have developed new requirements for submission of clinical research data. The process of combing the data across studies is greatly simplified when multiple studies use CDEs. Being able to seamlessly aggregate data from multiple studies creates opportunities to advance symptom science by standardization of data collection and creates scalable power to enhance evidence-based practice initiatives.

Limitations

While CDEs promote use of existing medical, research, or publicly available data, there are some limitations.

“Off-label” use. Data elements can be created for one purpose but used for another. For example, use of International Classification of Diseases (ICD) codes from medical records provides access to readily available CDEs, with the benefit of scalable, diverse data. However, the accuracy, granularity, and precision of such codes is often a significant limitation to research, because those codes were defined and measured for a very specific reason (medical billing) that is usually not the focus of subsequent research studies using those data.

Maturation. Developing CDEs is an iterative process that requires community involvement and expert consensus. As domains mature, the use and definition of CDEs may change or develop over time. A simple example of this is the recent change in

the understanding of the term “gender,” which, in addition to the four codes provided previously, must adapt to reflect new responses, such as 5: “biological sex male, identifying as female” and 6: “biological sex female, identifying as male.”

Variation. Despite efforts such as the NIH CDE Repository, investigators may decide to alter the recommended definition of a given data element for a completely valid reason. Because each study is answering a specific question, there may be times that the CDE's recommended definition might actually be less precise for study purposes.

The NLM CDE Resource Portal and NIH CDE Repository

Currently, the NIH CDE Repository holds 23,088 data elements, which were developed by consensus across NIH. The NLM CDE Resource Portal at <https://www.nlm.nih.gov/cde/> is the access point to the NIH CDE Repository as well as the NIH CDE Collections (domain-specific CDEs) and the NIH CDE Tools & Resources (a repository of data elements from which researchers may choose).

The NIH CDE Repository is the means for identifying data elements across diverse areas. For example, NINR has contributed 17 separate classifications incorporating demographics, diagnosis, pediatrics, self-management, and symptoms, resulting in 79 data elements in the NIH CDE Repository.

The use of CDEs will likely become an expectation (and may become mandatory) for funding agencies, including TSNRP, in the future. While not yet required, CDEs provide many benefits, including the ability to share data between researchers and across studies, reduced costs, and encouraging the use of standard definitions and research tools. The CDE Repository was developed specifically to support data sharing within and across research domains, including many topics that apply to nursing research. As you design your next research or evidence-based practice project, make sure to take a look at the repository to see whether there are any key data elements that apply to your study. They may save you some time and money in the future. 🔥

References used in this article are available upon request. If you would like a reference list, please contact Maj Gardner at cubby.lgardner.mil@mail.mil.



What Is Reiki, and Does It Really Work? An Investigator Puts It to the Test

LTC (ret) MeLisa Gantt, AN, USA

The 2015 *National Health Statistics Report* (2002–2012) stated that 40% of Americans are using some form of complementary and alternative medicine (CAM). Although many CAM modalities have proven efficacy, there is still some hesitation in their use, and there are roadblocks to their regulatory acceptance. Many of these roadblocks are attributed to the following:

- Confusion in the terminology/definitions
- Poor scientific rigor on studies and few replication studies to validate
- Varying training/certifications requirements within and across modalities
- No consolidation of CAM efforts across and within health care organizations
- Inability to compete with the pharmaceutical industry's marketing and clinical trial research funding

All of these factors confuse patients, hindering their ability to make sound and safe choices regarding CAM. In military health care, many of these modalities are underused compared to civilian health care or are not available. Reiki is a prime example.



Reiki is a Japanese technique for stress reduction that also promotes healing, based on the principle that a universal life force energy flows through every person. (Photo courtesy of <http://myhih.com/reiki>.)

Reiki

Reiki (pronounced *ray-kee*), a biofield energy therapy, was formalized in Japan by Mikao Usui in the early 20th century and brought to the United States in the 1940s.



LTC (ret) MeLisa Gantt

The principles are based on the premise that everything in the universe is made up of energy and when that energy is out of balance, illness or disease occurs. This imbalance can be corrected by a trained practitioner skilled in the ability of passively flowing energy to the recipient, allowing the rebalanced body to heal itself. During a Reiki session, the practitioner places her or his hand slightly above or directly on the recipient in a systematic series of placements. The practitioner is trained by a Reiki Master and can achieve three levels of skill (Level 1, Level 2, and Level 3: Master), each having its own defined scope of capability. Sessions can last between 30 and 75 minutes, with most recipients stating that they feel tingling, warmth, and/or an extreme state of relaxation during their session.

The concept of Reiki is not new to the military. Organizations such as the nonprofit Cause (Comfort for America's Uniformed Services) have offered free Reiki therapy sessions to Service members across the nation. However, many military health care beneficiaries and providers still express confusion about the difference between Reiki and other similar modalities, such as Healing Touch and Therapeutic Touch, and may not know the appropriate questions to ask when seeking a reputable practitioner.

Purpose of the Study

The purpose of this study was to (1) educate a group of military health care beneficiaries with complaint of chronic pain about the concept of Reiki, (2) give them the opportunity to have six Reiki therapy sessions, (3) assess Reiki's efficacy in reducing their chronic pain over the course of those six sessions, and (4) assess their thoughts about Reiki as a possible future option for the management of their chronic pain.

Participants

The participants were 30 military health care beneficiaries with complaint of chronic pain. To participate in the study, participants had to (1) have chronic pain (defined as pain that had lasted more than 6 months since first onset), (2) be receiving a stable pain medication regimen (defined as a regimen that has not increased 10% to 20% in the week prior to enrollment), (3) be affiliated with at least one of the installations in Kaiserslautern Military Community in Germany, (4) be eligible to receive health care at Landstuhl Regional Medical Center, (5) be at least 18 years old, (6) be able

to read and speak English, and (7) be able to commit to six treatments (lasting approximately 11–21 days). Participants were

excluded if they (1) were scheduled for any surgeries or painful procedures during the study or (2) already had a working knowledge of Reiki or had had Reiki therapy in the past.

This study showed that Reiki is a viable complementary and alternative option for managing chronic pain.

Study Procedures

After being screened and providing consent, participants were scheduled for an appointment to complete a demographic questionnaire, the Brief Pain Inventory (BPI), and the Reiki Knowledge Assessment Questionnaire. Participants were then provided a brief overview on the history, concept, and uses of Reiki. Upon departure, participants were given a pain medication diary to record anything (e.g., medication, nonpharmaceutical interventions) that was used to relieve their pain.

On the day of their Reiki sessions (a minimum of 1 day to a maximum of 3 days between sessions), participants completed a series of questionnaires (the Defense and Veterans Pain Rating Scale, DoD/VA Pain Supplemental Questions, BPI, McGill Pain Questionnaire—Short Form, and Patient Global Impression of Improvement Scale) to provide data regarding their pain. Participants then received a 30-minute Reiki session by a trained Level 1

	n	%
Gender		
Female	18	60.0
Male	12	40.0
Race		
Asian	3	10.0
Hawaiian/Pacific	1	3.3
White/Caucasian	26	86.7
Hispanic (Ethnicity)		
No	29	96.7
Yes	1	3.3
Military Status		
Active Duty	9	30.0
Dependent	14	46.7
Reservist	1	3.3
Retiree	6	20.0
Military Branch		
Air Force	17	56.7
Army	11	36.7
Navy	2	6.7
Area of Chronic Pain		
Upper Body	6	20.0
Lower Body	3	10.0
Back	8	26.7
Generalized	13	43.3

Average participant age: 46.93 (SD 11.9).

practitioner. All practitioners repeated the same script, performed the same 10-position hand placement protocol, and were told to keep talking to a minimum. Fidelity checks were performed to ensure that the protocol was being followed consistently. At the end of the study, participants completed the Reiki Knowledge Assessment Questionnaire once again, along with a post-study questionnaire about their experience.



Results

Study Aim 1: Examine patient knowledge, satisfaction, acceptance, and impression of Reiki therapy as a complementary and alternative option for the management of pain.

A comparison of the pre- and post-Reiki knowledge assessment scores showed a 43.4% increase in the number of people who obtained a perfect score. The most commonly missed question, however, remained distinguishing between Reiki, Healing Touch, and Therapeutic Touch.

After the completion of six sessions, participants completed a post-study questionnaire. When asked, "Would you recommend Reiki?" 80.8% of the participants said yes. When asked, "If Reiki services became available at Landstuhl Regional Medical Center, would you make an appointment?" 80.8% also said yes. Finally, when asked, "How many times per month would you be willing to come in for a Reiki session?" 41.7% indicated "four times per month," followed by 29.2% indicating "more than four times per month."

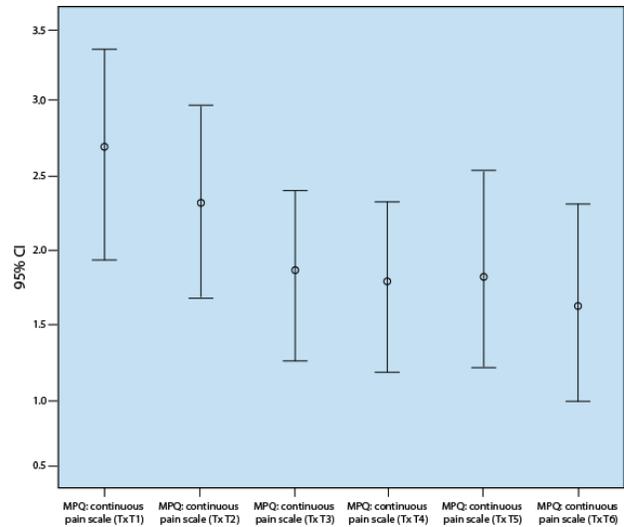
Participants' impression of their improvement was assessed at Treatments 3 and 6. At Treatment 3, 60.0% reported feeling "a little better," and 30.0% reported "no change." However, at Treatment 6, 46.7% reported feeling "a little better," and 26.7% reported feeling "much better."

Study Aim 2: Assess a six-treatment course of Reiki therapy on pain outcomes (present, average, and worst pain; intensity levels; and perceptions of pain relief) in military health care beneficiaries experiencing chronic pain.

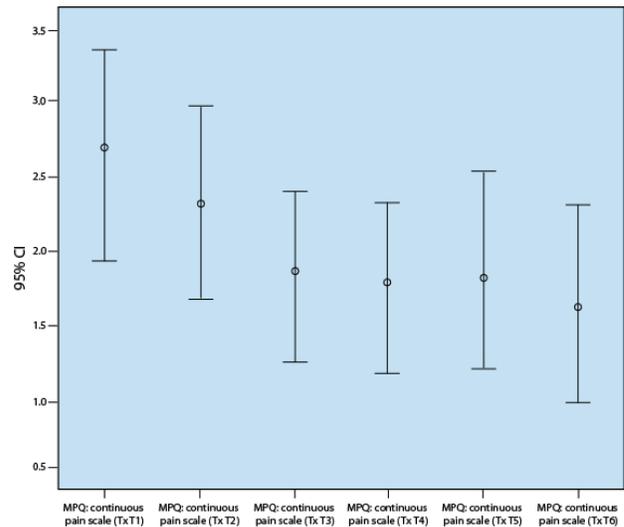
There was a significant difference ($p \leq .001$) in present, average, and worst pain over the six sessions, showing a 25.6%, 18.0%, and 16.2% decrease, respectively, with the biggest effect occurring after Treatment 3.

Study Aim 3: Assess the trend of a six-treatment course of Reiki therapy on the pain interference, character, and quality of pain.

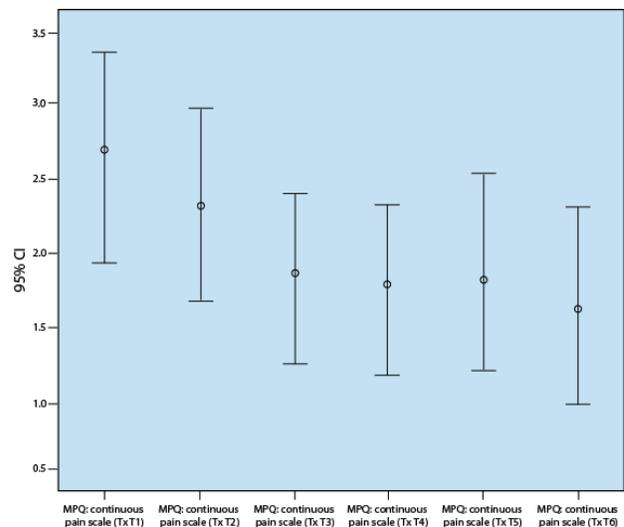
When the level of pain interference in participants' life was assessed, Reiki significantly ($p \leq .002$) decreased pain interference in six of the seven domains, with the biggest impact occurring at or after Treatment 3. Of the 23 different descriptors of pain that were assessed, Reiki had the most significant effect on pain that was described as throbbing, cramping, sharp, achy, tingling, or neuropathic ($p \leq .006$). Finally, whether the pain was continuous or intermittent, Reiki had an equally significant ($p < .001$) effect, once again showing the most impact at or after Treatment 3.



Present Pain



Average Pain



Worst Pain

Summary

This study showed that Reiki is in fact a viable complementary and alternative option for managing chronic pain, especially if the recipient receives at least three sessions (with no less than 1 and no more than 3 days between sessions). Reiki can be performed in clinics, at the bedside, and even in a deployed environment. It is safe and easy to administer, requires few resources, and can be taught to military nurses. It is imperative for military nurses to stay current on CAM modalities and to hone their ability to weed out literature that does not have scientific rigor, as well as to educate and provide opportunities for their patients to experience something that they might otherwise shun as ridiculous. 🔥



Reiki Master Petra Krebs; project director Judy Orina; and Reiki practitioners Shirlene Oduber, Jasmin Jacobs, Casey Villanueva, and Anja Seidl

Clinical Questions

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

1. What will the impact of the National Defense Authorization Act be, particularly with respect to potential changes in nurse staffing and nursing practice?
2. What are the gaps between usual evidence-based nursing practice at a military treatment facility (MTF) and a deployed location (for example, monitoring/clinical guidelines/bundles), and how could those gaps be mitigated?
3. What is the physiological effect of traumatic injuries that are submerged in salt water?
4. What is the influence of nursing on military-specific preventive care provided to warfighters in the deployed setting and at home station?
5. How should the military measure nursing-sensitive quality indicators that can be compared and benchmarked to civilian facilities?
6. What is the best way to share information about ongoing evidence-based practice projects that are being conducted at individual facilities?
7. What is the impact of vitamin D deficiency on military readiness?
8. What new strategies could a program (such as TSNRP) implement to enhance collaboration among military nurse scholars?

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 these gaps in the evidence, we want to hear about that, too!



The Development of a Joint Multidisciplinary Evidence-Based Practice Complex Wound Care Guideline

CAPT Michele Kane, NC, USN

The primary aim of this evidence-based practice (EBP) project was to develop a joint multidisciplinary wound care management clinical practice guideline (CPG) for wounded warriors who have sustained complex battlefield wounds returning from a combat theater, including Iraq, Afghanistan, and other contingency locations.

The project began in 2012 by developing a comprehensive team and a consultant relationship with Laura Cullen, DNP, RN, FAAN, at the University of Iowa. A comprehensive review of the literature from 2000 to 2009 was completed, with 2,450 references identified. There were multiple clinical guidelines and toolkits for pressure ulcer prevention and a few for complex wound care related to non-military injuries.

Because of the large number of results, the team further defined the eligibility criteria, patients, interventions, outcomes, and methodological criteria. Methodological experts and Uniformed Services University of the Health Sciences librarians reviewed the EBP question to ensure the development of a comprehensive search strategy. Final selection yielded 255 articles, of which 136 were found relevant to this clinical topic. To summarize the evidence, the team assembled, critiqued, and synthesized relevant research and evidence on complex wound care prevention and treatment.

Despite the early progress in completing a comprehensive review of the literature, the project was delayed because the principal investigator of the study was unexpectedly selected as the executive assistant to the new Defense Health Agency (DHA) commander, Lt Gen Douglas Robb. DHA had just been established, resulting in a significant amount of travel and high operational tempo. Consequently, three extensions to the period of performance were granted to continue the work on the project. A subsequent assignment to the U.S. Navy Bureau of Medicine and Surgery allowed more time to work on the project, despite being tasked to stand up the High Reliability Model in response to the Military Health System Review. In 2016, the final draft of the Complex Wound Care Guideline CPG was completed.



CAPT Michele Kane

The key elements of the guideline include the elements of a comprehensive wound assessment, appropriate wound debridement and irrigation, dressing selection in an operational/austere environment, adjunctive therapies such as negative pressure wound therapy, dietary considerations to promote healing, and other traumatic wound complications such as infection, heterotopic ossification, and compartment syndrome. Each of these elements focuses on important nursing considerations of complex wound care, and they complement a long-standing CPG developed by the Joint Trauma System, "Initial Management of War Wounds."

The content of the CPG was formally validated by health care professionals in the Joint Theater Trauma System (JTTS) and by Clinical Nursing Specialists (CNSs) at Fort Belvoir. Members of the JTTS and CNS group (approximately 266 clinicians) were subsequently invited by email to review the CPG, the supporting evidence, and the process used to develop the recommendations. Feedback was sought by asking content experts to review and rate components of the CPG using a well-established, reliable, and valid instrument called the Appraisal of Guidelines for Research & Evaluation (AGREE) II Instrument. A secured email was established for feedback in order to ensure response privacy.

In order to maximize response rates, the team requested participation from respondents in a letter and provided information about the purpose of the

survey, study number, how the results would be used, and the terms of anonymity and confidentiality. They also gave respondents a sufficient amount of time to complete the survey and provided clear instructions on how to complete and submit the survey when it was administered. In addition, the team emailed the survey and sent reminders about the deadline for completing the survey.

Unfortunately, of the 266 emails sent, only two respondents (less than a 1% response rate) provided feedback. However, the feedback was strongly positive, and both respondents recommended the CPG with only minor edits, recommending the inclusion of peri-wound preventive treatment, tunneling assessment, and adjustment to documentation guidelines.

It is important to note that the team recognized that the CPG is deeply rooted in medical and surgical theory from the medical experts within the Department of Defense. Limited Level I and II research has been published in this subject area. Most

“This is a wonderful CPG and highly needed not only at MTFs but definitely at our VA facilities.”

of the nursing recommendations are considered anecdotal at best and come from subject matter experts in the field of nursing combat wound care. The inability to offer any incentives to the reviewers may have limited the amount of input from the subject matter experts. In addition, the length of the AGREE tool may have affected the decision of some clinicians to respond, as it is a long survey tool, and active duty individuals have very limited time. Survey fatigue is also an issue throughout the Department of Defense and may have been another major factor.

Since the development of the CPG, external peer review has been assigned to the Department of Defense Joint Practice Committee (JPC). Implementation date and responsibility for future CPG reviews will belong to the JPC. In tandem, the JPC will identify the emergence of new, potentially relevant evidence and continue to evaluate the validity of the CPG, and it will update the CPG when new evidence suggests the need for modification of clinically important recommendations. At a minimum, this guideline will be reviewed at least every 5 years to evaluate emergence of new, potentially relevant evidence and to evaluate the continued validity of the CPG.



Sailors with Combat Logistics Battalion 5, 1st Marine Logistics Group, work to treat a patient during a mass casualty simulation drill as part of Integrated Training Exercise 2-16 aboard Marine Corps Air Ground Combat Center Twentynine Palms, California, 10 February 2016. The drill began with taking hostile indirect fire, resulting in multiple casualties with severe wounds. It challenged Marines' and Sailors' ability to react and work together to triage and treat patients accordingly. (U.S. Marine Corps photo by Cpl Carson Gramley/released)

To date, a nursing-specific CPG in support of a Medical/Surgical Trauma CPG has been neither developed nor cross-walked as it relates to wounded warrior continuity of care. This proposed evidence-based CPG was designed to meet this need. This CPG seeks to improve clinical outcomes by enhancing the treatment of complex wounds in a way that is appropriate, consistent, and timely, and ultimately the CPG will reduce mortality and morbidity among wounded Service members. Benefits of this CPG are expected to be reduced follow-up surgical revisions, repeated wound washouts, surgical biopsies, and wound evacuations. In addition, the adoption of this CPG may decrease the incidence of infections, wound complications from theater-acquired fungal infections, and heterotopic ossification to surrounding bone tissue and may also prevent further limb loss.

Despite the numerous delays in development, the feedback on the Complex Wound Care Guideline CPG from the field clinicians was very positive. Future efforts should focus on ongoing education of complex wound care, as competency on this topic is a critical “go to war specialty” that is not maintained in the normal military treatment facility (MTF) environment. In addition, a strategy for implementation of nursing-relevant CPGs with coordination with subject matter experts should be developed in the future. 🔥



Exploring Social Support Networks: Implications for Military Communities

Lt Col Sarah L. Huffman, USAF, NC

Social support has been identified as an important protective factor in mitigating the negative consequences of stressful life events. The effects of military service on social support vary over time and are experienced within the context of a social network of frequently changing relationships. Ideally, the relationships in one's social network provide all the sources of support necessary to effectively cope with and buffer stressful life events. Military members, however, experience significant changes in their social support networks through unique events such as frequent permanent changes of station (PCSs), multiple deployments, and exposure to war.



Veterans service organization chapter officers met with Virginia Wounded Warriors program staff to develop a partnership to assist veterans and active duty personnel.

Community integration, therefore, becomes critical for military members, because social participation functions to expand social networks and decrease the negative impacts of stressful events. A relevant tenet of social networks is that people do not participate socially with others in a random manner; instead, people interact with others who have similar interests, attitudes, background, and values. Furthermore, social network members tend to mimic the behavior and attitudes that surround them, so peers have great influence on social behavior. Relationships with other people who share similar stressful life experiences, such as military deployments, are perceived to be meaningful sources of increased social support. The effects of military experiences and relationships with experientially similar others remain a

variable infrequently considered in evaluating the effectiveness of social support networks.

This study applied Social Network Analysis (SNA) methods to investigate the kinds of social support available in the social networks of prior military

members who affiliate with others who are similar in military service and combat experience. Two veterans service organization (VSO) chapters were accessed to increase the chances of obtaining a representative sample of prior military members, to make comparisons between two sites, and to provide an appropriate environment to investigate social support networks. A personal social network approach was used to examine the concepts of structural and functional social support among participants.

The personal social network research approach centers on each participant and his or her directly related contacts and was applied to understand each participant's social attributes and the resources perceived to be available from different types of relationships. A total of 106 participants (54 from an urban community and 52 from a rural community) participated in face-to-face interviews. The urban community was located in an area with multiple military installations, with a large population of retirees and active duty military personnel. First, personal attribute information was collected using demographic survey questions, the Combat Exposure Scale (CES), and the PCL-5 (a post-traumatic stress [PTS] questionnaire). Second, additional information was obtained by using SNA questions to determine network members and their relationships to each other. This methodology produced network data sets that allowed for the statistical analyses of the social networks in which individuals were embedded and the types of social support perceived to be available from these networks.



Lt Col Sarah L. Huffman

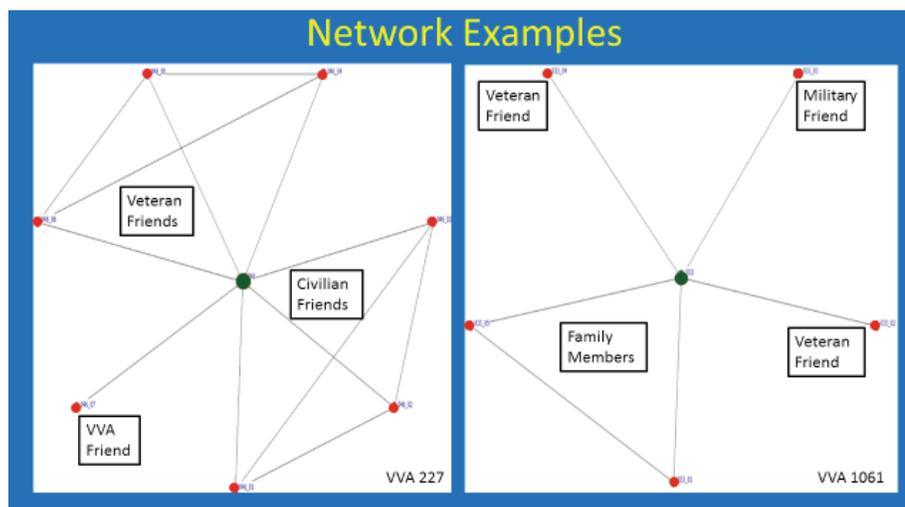
The network structure of the combined sample revealed that the network size ranged from 0 to 12 members, with a mean of 2.92 members. This network size is slightly lower than that found in recent studies of Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) combat veterans, who reported an average network size of 3.9. Other prior and current military members made up the largest portion of relations identified by urban participants (21.58%). These prior and current military members were also identified as being available for all types of social support, with emotional support the most frequent (17.58%). However, spouses (16.58%) represented the largest portion of relations in the networks of rural participants and offered multiple types of social support. The urban participants also reported a significantly higher proportion of civilian friends (18.85%) compared with the rural group (12.60%). However, the rural participants reported a significantly higher proportion of church members compared with the urban group.

Overall, no one type of social support could be attributed to a specific relationship type. However, dense networks where members were more connected to each other were correlated with increased availability of emotional support and less diversity in types of relationships. PTS scores were significantly lower and networks were more diverse among urban participants. PTS scores were also significantly lower among members who participated in the VSO for a longer period of time. Participants from the urban site also reported a 2.5 times greater number of prior and current military members in their networks than rural participants did. Rural participants reported densely connected family-centric networks and significantly higher PTS scores. The two sites reported similar military experiences and combat exposure scores

despite their divergence in PTS scores. Both groups of participants exhibited networks in which family members and civilian friends were disconnected from prior and current military network members.

Previous studies have identified networks that were spouse-centric and characterized by low levels of external contact with friends as the least effective in buffering the negative effects of mental health issues associated with loneliness. Individuals with less diverse, family-dependent networks are most at risk for loneliness and mental illness, whereas those in community-integrated networks are at less risk. Decreased external relationships also increase reliance and burden upon family members for all types of support and caregiving functions. The known reluctance of active duty military members to discuss deployment experiences with family members and the stigma attached to seeking mental health support compound the effects of social isolation and mental health issues in military communities.

Although some responses, such as hypervigilance and emotional numbing, are adaptive in combat and are fostered in military training, the same behaviors do not fit family and civilian community expectations. Reintegration into family and community social structures is difficult for Service members after deployment. The demands of military service frequently interrupt relationships external to the family, increasing both physical and psychosocial health risks for this population. The co-occurrence of isolation and mental health issues contributes significantly to readjustment problems and overall degradation of social support networks. Nurses have a role in assisting patients to become aware of the implications of the size,



Personal network examples to illustrate how combat veterans tend to separate family and civilian network members from military and veteran members. This pattern was found in the personal social support networks of 98 of the 106 study participants.



structure, and composition of their social networks and understanding the potential sources of available support from both internal close network members and external community resources.

Social support takes many forms, both internal, including family and friends who often have no experience with military specific stressors, and external, including the military health care system, which

provides weaker relationships but more experience with relevant military stressors. The most effective forms of social support are those that are established during times of non-crisis in preparation for

Understanding social support structures of previous combat veterans informs aspects of how current cohorts of combat Service members might cope with the demands of military service and combat exposure.

times of crisis, effectively buffering against the effects of stress through the perception that support will be available when needed. Perceived available support, as provided by similar military members, has been found in part to be responsible for the buffering effects of support that can provide a positive experience for military members. It is also believed that people with perceived stronger social support networks display more effective coping abilities and resilience during times of crisis. Defining and quantifying what constitutes a strong social support network as found in this study includes a combination of network size, diversity in relationship types, connectedness among network members, and the inclusion of network members with shared military experiences.

The findings of the present study have specific implications for military members in terms of provision, structure, and function of social support and social reintegration following deployments. The practical application of this research is to offer military nurses ways to better target social support resources that best match stressors through the evaluation and development of social networks that channel effective social support among military members. Stress coping is affiliated with the perceived availability of a matching support resource within the social network. The tendency to separate military friends from family and civilian friends illustrates the distinction of network members who provide support for a specific threat, such as combat memories, from

family members who are important support resources for everyday stressors. Social affiliation with groups who are experientially similar in military service, such as VSOs and support groups, changes social network structures and expands social support dimensions while providing an opportunity to decrease reliance and stress on family members. Nurses are key in helping military members identify, evaluate, and mobilize potential sources of support that exist in the larger military and civilian community. Additionally, an effort to identify and share best practices among organizations that support military communities such as VSOs and the military health system could increase the overall effectiveness of successfully meeting the social integration needs of military members through network restructuring and grafting of new ties into the social support network.

The implementation of peer support groups with similar others should also be offered as a standard for promoting psychosocial well-being among military members returning from deployments. These support groups should consider inclusion of prior Service members and current Service members who share the experience of processing combat trauma and social integration both within and outside the boundaries of military affiliation. A positive effect of encouraging military members to engage in social networks outside their family is that it appears to offer an increase in emotional support, such as expressions of empathy, love, trust, and caring. These are elements of social behavior that are most usually provided by family, ties that experience erosion from multiple combat deployments and the continued stress of military service. These are the same close ties that are often difficult to maintain because of the difficulty in sharing traumatic experience with people who did not share a similar experience of combat. Encouraging military members to maintain social ties to others who are similar in deployment experience may be an effective way of ensuring emotional support for buffering the effects of combat stress and aid in protecting family network ties. Additionally, encouraging a larger social network size, which predicts greater diversity in an individual's personal social network, should result in complex patterns of relationships and therefore access to a greater variety of supportive resources. 🔥

References used in this article are available upon request. If you would like a reference list, please contact Lt Col Huffman at sarah.huffman@us.af.mil.

Military Nursing Research Centers

This section is the first entry of what we hope will be an annual TSNRP newsletter feature to highlight the great work being accomplished in the designated sites where military nurse scientists and other nurse scholars are advancing the science of military nursing. There isn't enough space to highlight all of the individual people or all of the projects, so this is just a quick introduction of each site with a broad overview of some of the projects.

Naval Medical Center Portsmouth (Virginia)

Some of the patient/provider experience research we currently support is designed to inform process changes to improve patient outcomes/safety. Some examples include (1) describing the resident learners' experiences implementing a patient handoff system; (2) describing the experiences of health care providers who notify active duty military patients who have abnormal health screening findings; (3) describing the experience of care during a typical day of surgery; (4) describing the experience of deployment on children from the child's, deployed parent's, and stay-at-home parent's perspectives; and (5) describing the perceptions and experiences of researchers who use the Naval Medical Center Portsmouth Institutional Review Board to contribute to the state of the sciences. These professional and collaborative initiatives contribute to the operational readiness of our military Service members.



(Left to right) CDR Lalon Kasuske, CAPT Craig Cunningham, CAPT Lisa Braun (back), and CDR Stuart Hitchcock (front)

Naval Medical Center San Diego (California)

Over the last 2 years, our team has worked diligently on several TSNRP-funded studies, including:

- Global Health Engagement Missions: Lessons Learned Aboard US Naval Hospital Ships
- HPV Knowledge and HPV Vaccine Uptake Among U.S. Navy Personnel 18–26 Years of Age
- Health Research Participation: Experiences and Decisions of Military Members
- Circadian and Sleep Health in Military Nurses and Hospital Corpsmen

In 2017, our team developed a comprehensive plan to enhance evidence-based practice (EBP) at Naval Medical Center San Diego (NMCSO). This exciting project has included a research study to evaluate current levels of EBP knowledge among nurses at NMCSO and a TSNRP-sponsored EBP course. We host monthly EBP rounds with EBP mentors and project leads, and we are developing an EBP database. These efforts tie in perfectly to our Scholarly Writing Group, which supports junior Nurse Corps officers who desire to publish their projects in journals or propose presentations for military, academic, and educational conferences.

Naval Health Research Center (California)

CDR Abigail Marter Yablonsky, NC, USN, has a joint assignment to NMCSO and the Naval Health Research Center (NHRC), both located in San Diego. She oversees several TSNRP-funded studies at NHRC on military women's health, career and health outcomes of military personnel with special needs children, and gender differences in military sexual assault victimization.

Naval Medical Research Center (Maryland)

CDR Carl Goforth, NC, USN, is assigned at Naval Medical Research Center and has taken a leadership role in the NeuroTrauma research department, overseeing research pertinent to the protection, resuscitation, and en route care of combat casualties. The primary focus is on injuries occurring in austere circumstances with anticipated delayed access to definitive care.



Madigan Army Medical Center (Washington)

Nurse scientists and clinical nurse specialists here at the Center for Nursing Science and Clinical Inquiry (CNSCI), Madigan Army Medical Center, diligently work to discover and translate best evidence into practice to achieve the strategic goals of readiness, modernization, and reform. As a nurse scientist, MAJ (ret) Mary McCarthy, AN, USA, has established a program of research specifically dealing with bone health and military readiness, as vitamin D deficiency increases risk of musculoskeletal injuries, depression, and immune dysfunction. Her current research study looks at using novel delivery techniques as a way to increase vitamin D levels compared to traditional oral supplement standards. LTC Kyong Hyatt, AN, USA, is conducting research that focuses on health outcomes associated with school-based clinics and continuing to build on her behavioral health program of research by evaluating web-based mindfulness interventions to counteract the lingering effects of mild traumatic brain injury. Also capitalizing on modern technology, nurse scientist LTC Leilani Siaki, AN, USA, is evaluating the effects of a clinical decision software program to improve blood pressure control in patients with resistant hypertension, as well as ways to maximize the value of nurses in keeping with the Institute of Medicine and the Patient CaringTouch System in the ambulatory care clinics.

Landstuhl Regional Medical Center (Germany)

The Landstuhl Regional Medical Center (LRMC) CNSCI provides scholarly guidance to nurses within their facility, as well as satellite clinics in the Europe Regional Command throughout Belgium, Italy, and Germany. LTC Ann Ketz, AN, USA, currently serves as the CNSCI Chief; her primary effort is a study using photobiomodulation (low-level laser therapy) to treat plantar fasciitis, which has just completed enrollment, with expected data collection complete by September 2018. She has also served as the on-site principal investigator for several TSNRP-funded studies, mostly focusing on the use of complementary and alternative modalities for treating pain and sleep issues. LTC Pauline Swiger, AN, USA, the Deputy Chief, recently joined the CNSCI team after graduating from the University of Alabama at Birmingham. LTC Swiger's work focuses on the study of the nursing practice environment and its relationship to patient, nurse, and organizational outcomes. Most recently, the nurse scientists and MAJ Kimberly Barcus, AN, USA, collaborated with two junior medical-surgical nurses to develop a research grant proposal for TSNRP funding. This project began as an EBP project, and through the EBP process, the team discovered that more research was needed to recommend a practice change.



Landstuhl Regional Medical Center CNSCI staff poses during a winter market.

San Antonio Military Medical Center (Texas)

At the San Antonio Military Medical Center (SAMMC) CNSCI, nurse scientists and clinical nurse specialists partner to improve nursing practice. They strive to build a culture of inquiry in which nurses at the bedside continuously update their practice based on the best available evidence. That is accomplished by empowering nurses to identify clinical practice problems and then coach, teach, and mentor through project development and dissemination. With access to a large military population and multiple in-house sub-specialties, the SAMMC CNSCI supports multiple funded research projects on such topics as professional quality of life among nurses, nurse-led cognitive behavioral therapy, nurses' experiences in wartime, the use of simulation to learn patient movement, and the impact of affect contagion in the burn center, as well as many other active EBP projects. The culture of inquiry at SAMMC remains strong, as the facility consistently submits the highest number of abstracts to the annual TSNRP Dissemination Course.



Clinical nurse specialists from SAMMC present their project at a previous TSNRP Dissemination Course.

Tripler Army Medical Center (Hawaii)

Tripler Army Medical Center (TAMC) is the only federal tertiary care hospital in the Pacific Basin and the home of the U.S. Army Pacific Regional Medical Command. As such, the TAMC CNSCI serves as both a local and regional resource for clinical inquiry. During 2017, LTC Gordon West, AN, USA, provided the needed continuity for nursing research during the turnover of other nurse scientists within the CNSCI. His primary program of research focuses on hospital-acquired infections (HAIs) and how the interaction between the environment, nurse, and patient contributes to HAIs, including a TSNRP-funded study to evaluate bacterial colonies on military uniforms compared to scrubs. He has also tackled several other projects to evaluate outcomes of different technology, including the use of standing desks and a hands-free communication device, and is mentoring a nursing supervisor and doctoral student, Ms. Lorrie Torres, who recently started her study, “Nurse-Initiated Diaries’ Effect on Post-Critical Care Post-Traumatic Stress Disorder.” The TAMC CNSCI was also recognized for its efforts to develop a culture of inquiry, highlighting EBP efforts completed by junior nurses.



Ms. Lorrie Torres and LTC Gordon West pose for a photograph at Tripler Army Medical Center.

Womack Army Medical Center (North Carolina)

The mission of the Womack Army Medical Center (WAMC) CNSCI is to build upon a strong foundation of nursing research and evidence-based practice initiatives that enable nursing staff to generate, evaluate, and use research findings in the implementation of best practices. LTC William Brown, AN, USA, serves as the chief of the CNSCI and has been joined by MAJ Pedro Oblea, AN, USA, and MAJ Christopher Stucky, AN, USA, this past year. The CNSCI is currently conducting several funded research projects on perioperative communication, an evaluation of the Clinical Nurse Transition Program, and a stress fracture rehabilitation program, as well as several EBP projects looking at the use of Varidesks for bedside nurses, a skills program for emergency room medics, the use of patient lifting equipment, end-tidal carbon dioxide monitoring for patients using patient-controlled analgesia, and the implementation of a “Code Stroke” program at WAMC. Because the CNSCI’s base population includes Airborne and Special Operation Forces and it is co-located with Air Force units on Pope Field, it has a unique operationally relevant perspective.

Wilford Hall Ambulatory Surgical Center (Texas)

The Nursing Research Division located at the Wilford Hall Ambulatory Surgical Center and assigned to the 59th Medical Wing (MDW) at Lackland Air Force Base, Texas, is one of three Air Force nursing research cells dedicated to the conduct of research and the promotion of nursing inquiry. Three doctorally prepared active duty nurse scientists, Col Antoinette Shinn, USAF, NC; Lt Col Jacqueline Killian, USAF, NC; and Maj Cubby Gardner, USAF, NC, collaborate on 59th MDW research efforts and serve as research consultants to 20 military treatment facility chief nurses. The 59th MDW is also the site for numerous specialty care and advanced practice training platforms, including Family Nurse Practitioner students completing a DNP who complete a scholarly inquiry project, which provides the facility with EBP guidance to improve quality of care.



Maj Cubby Gardner shares the results of his research with Air Force nursing leaders.



Wright-Patterson Air Force Base (Ohio)

A Center for Clinical Inquiry (C2I) was recently launched within the En Route Care Research Division of the U.S. Air Force School of Aerospace Medicine (USAFSAM), 711 Human Performance Wing at Wright Patterson Air Force Base (AFB). It is tasked with piloting a program of collaboration among nurse scientists and EBP experts to vet clinical questions to create, translate, and implement evidence across the Air Force Medical Service. The C2I is able to leverage research lab infrastructure, expertise, and resources within USAFSAM and EBP expertise within the 88th Medical Group, also located at Wright-Patterson AFB, to provide a robust clinical inquiry capability. Nurse scientists and researchers in the En Route Care Research Division have historically conducted multiple studies addressing gaps in knowledge of clinical care in the operational environment, including care on fixed-wing aircraft. Now these researchers are able to work closely with EBP experts to translate study results into clinical practice. One example of this partnership involves the use of enteral feeding evidence, protocols, and capabilities for maintaining critically injured combat casualties during prolonged en route care. This project will be the first to intentionally integrate EBP and research processes focused on one operationally relevant topic area.

David Grant USAF Medical Center (California)

Nursing science at David Grant USAF Medical Center's (DGMC's) Clinical Investigation Facility (CIF) is alive and well! The CIF is staffed with 45 personnel; supports 17 Graduate Health Sciences Education programs and more than 100 students annually; and has a full laboratory facility, a vivarium, an institutional review board, and an institutional animal care and use committee. Twenty-two EBP projects have been proposed in the past year, with 5 completed and 10 in progress, including the following: standard use of CHG wipes in the intensive care unit to reduce central line-associated bloodstream infections and catheter-associated urinary tract infections (CLABSIs/CAUTIs), neonatal immersion bathing, peripheral IV dwell time as clinically indicated, quiet time on adult inpatient units, and a PhD/DNP collaborative to promote the culture of inquiry. Featured nursing research includes exploring the feasibility and effectiveness of civilian EBP models in military health care environments; determining pressure differences between litter surfaces using pressure mapping, laser Doppler flowmetry, and transcutaneous oximetry; unrestricted eating for low-risk laboring women; and incidence of polycystic ovary syndrome in active duty women.



The DGMC nursing research team proudly stands at the entrance to the Clinical Investigation Facility.

National Capital Region (Washington, DC)

Uniformed Services University of the Health Sciences (USU)

Several nurse scientists from the Air Force and Navy are assigned to USU in different areas, including the Graduate School of Nursing PhD Program directed by Col (ret) Penny Pierce, USAF, NC. There are currently five full-time nursing PhD active duty students, and the faculty maintains an active portfolio of research and other scholarly work on nursing-relevant topics, including the use of acupuncture, social network analysis, palliative care, hemorrhage response, and the use of ketamine.

Walter Reed National Military Medical Center

CDR William Danchanko, NC, USN, is currently the only nurse scientist assigned to Walter Reed, and he has maintained oversight of several ongoing research studies, including a new study focused on the health effects of blast injuries and embedded metal fragments. 🔥

Please reach out to these sites if you would like more information or would like to collaborate. This is just one of many ways we are achieving a key goal of TSNRP—to encourage collaboration among military nurse scholars.

A New Year for the TSNRP Research Interest Groups

Megan Foradori, RN, MSN,
Research Agenda Program Coordinator

“And now let us believe in a long year that is given to us, new, untouched, full of things that have never been, full of work that has never been done....”—Rainer Maria Rilke

While resolution makers everywhere jotted down goals for 2018 this winter, the TSNRP leaders were hard at work planning a new year for their Research Interest Groups (RIGs)—full of popular offerings as well as “things that have never been” for RIG members and the TSNRP community. TSNRP is proud to continue supporting these nurse-led, multidisciplinary teams in their efforts to advance the science and practice in their areas of topical interest this year.

For the second year, each RIG leadership team has been asked to present an Annual Plan and budget for the coming 12 months. The RIGs have outlined the following new and exciting efforts in 2018:

The **Anesthesia RIG** looks to form two new collaborative efforts this year to reflect the interests of the team’s members. One group will pursue the bench-to-bedside implications of militarily relevant anesthesia pharmacology and physiology. The other group will establish a collaborative line of work with the operational training sites (such as the Army Mountain Warfare Center and the Special Forces Underwater Operations School) to answer questions about how to prepare anesthetists to support the line operating in these environments. The second group will also assist these centers in identifying and answering research questions about pain management, anesthesia, and resuscitation to better inform training and doctrine development.

The **Biobehavioral Health RIG** will tackle Phase 2 of its exciting Social Network Analysis project with the military nursing community. As you may have heard, a project workgroup met last summer to plan and spent the fall fine-tuning an instrument to poll doctorally prepared nurse researchers in the military community. As responses came back, this team dove into the data to see the network emerge—and they are excited to share their findings with the community and reveal the ways we are all connected.

The **En Route Care RIG** is proud to announce that its special *Critical Care Nurse* issue went to print this spring. The issue features research efforts across the en route care spectrum, with papers led by CDR Virginia Blackman, NC, USN; Col (ret) Liz Bridges, USAF, NC; Col Susan Dukes, USAF, NC; CDR Carl Goforth, NC, USN; Lt Col Jennifer Hatzfeld, USAF, NC; COL (ret) Elizabeth Mann-Salinas, AN, USA; Col (ret) Peggy McNeill, USAF, NC; Col (ret) Penny Pierce, USAF, NC; and COL Angela Simmons, AN, USA. Congratulations to these researchers and their teams for this terrific compilation of work!

The **Health Systems/Informatics RIG** remains in an exploratory status, but the leaders are planning membership calls for education and discussion around hot topics in their space, including nurse-sensitive performance metrics, data mining (capabilities and procedures), use of unit-level data (practical application for nurse managers), statistical techniques and analysis for health systems/informatics, and research design for health systems/informatics. They are also looking to finish a review of the current state of the science on key areas that are of interest to military nurse leaders, including recruitment, retention, and staffing models that are applicable to the military setting.

The **Military Family RIG** is celebrating an accomplishment—as an officially established RIG! Special thanks go to Military Family RIG members LT Whitney Brock, AN, USA; LCDR Allyson Whalen, NC, USN; CDR Abigail Marter Yablonsky, NC, USN; LTC Kristal Melvin, AN, USA; and LTC (ret) Janice Agazio, AN, USA, for their efforts on a scoping review of military family literature. The RIG looks forward to hosting a first-ever family breakout session titled “Psychological Health: The Health and Readiness of Military Families” at this year’s Military Health System Research Symposium (MHSRS). They hope to take their results to a civilian family research convention to give voice to military issues and build new connections as well.

The **Military Women’s Health RIG** is blazing new trails with its TSNRP-supported Delphi study. The RIG leaders are gathering a panel of experts to move their science and policy forward and bringing back their favorites,



such as a new edition of their popular Military Women’s Health Researcher Guide. For the third year in a row, they will also host their groundbreaking MHSRS breakout session on Military Women’s Health and Deployment Care.

All of the RIGs are looking to hold a general meeting for all members at least once a quarter to promote ongoing collaboration within the group. One of these meetings, as tradition dictates, is during the 2018 Research and Evidence-Based Practice (EBP) Dissemination Course. The RIGs anticipate presenting, networking, and planning activities at this event. It is expected that the other RIG meetings will be held by teleconference and will

feature team project updates; research/EBP featured presentations by RIG members; and “round robins” for local updates, questions, and resource sharing.

If you’re already a member of one or more RIGs, the teams look forward to having you join them for another year of the same great collaboration, mentorship, and education you’ve come to know—with plenty of new twists and offerings! If you’re not yet a member of a RIG, we welcome all experience levels and practice areas (researchers and clinicians)—check out our website at www.triservicenursing.org or email megan.foradori.ctr@usuhs.edu. 🔥

This Is How We RIG!



Lt Col Jackie Killian and Lt Col Laurie Migliore of the Biobehavioral Health RIG pose with a picture of local hero Renss Likert (fun fact—often mispronounced, it’s actually “LICK-ert”) at the University of Michigan during a meeting of the Social Network Analysis workgroup.



COL (ret) Lori Trego and Col Candy Wilson snap a picture with their friend and colleague Dr. Nancy Lowe between lectures at the RIG’s first Military Women’s Health Writing Workshop, held in Denver, Colorado.



Lt Col Jennifer Hatzfeld and RIG Coordinator Megan Foradori connected with RIG leaders stationed in San Diego during the EBP Course there this February. CDR Jennifer Buechel (MWHRIG), LT Whitney Brock (FIG), and CDR Abigail Marter Yablonsky (FIG) were part of the TSNRP-sponsored offering training EBP coaches and educating nurses interested in conducting EBP.

Post-Award Grants Management Education: 2018 Update

Pamela Moses, TSNRP Program Manager

In April 2017, TSNRP re-initiated an in-person Post-Award Grants Management Workshop in conjunction with the Research and Evidence-Based Practice (EBP) Dissemination Course. The workshop is an orientation for recently awarded TSNRP principal investigators, designed to educate them on award management in the federal context and on TSNRP processes. TSNRP Executive Director Lt Col Jennifer Hatzfeld, USAF, NC, and the grants management staff facilitated the 2-hour workshop, which was held during one of the breakout sessions and included a handbook that provides further guidance throughout the life of the award.

Both the participants and staff appreciated the opportunity to meet in person, as we correspond frequently during the time frame of each project. It is important to the grants team that principal investigators know that we are available to assist them when needed, in addition to monitoring their progress and adherence to guidelines. All of the participants agreed that the content was helpful and relevant to the implementation of their projects, but it was recognized that a 2-hour workshop didn't provide enough time to answer individual questions, and it kept the investigators from participating in the other Dissemination Course topics.

In response, we have decided to extend the workshop to a 6-hour session, to be held the day after the Dissemination Course, on 4 May 2018. The content has been expanded, which will allow for more in-depth discussion and interaction. By now, the newly awarded investigators should have received their invitation to attend the workshop, and we look forward to sharing this important information at the workshop. Continuing education credit will be awarded for the 2018 workshop attendees.

To make sure that the key information to manage a TSNRP award is shared at the very beginning of the award period of performance, TSNRP has provided online post-award management learning modules since 2013. These are on the TSNRP website and are accessible to all principal investigators and EBP project leaders in the military nursing community. In February 2018, TSNRP updated these online modules, with each new module presented by a current TSNRP Grant Camp faculty member. To acknowledge the fact that the online modules cannot cover all of the information, the title of the online series has been changed to "Post-Award Grant Management Survival Skills." The modules

provide thorough and relevant content on all aspects of managing a TSNRP award, including team and data management, progress reporting, fiscal responsibilities, and dissemination of project results. Below is the list of the online modules:

1. Managing a Federal Award:

COL (ret) Linda Yoder, AN, USA

Describes the TSNRP award as a legal and contractual agreement, to include critical communication processes between the investigator, the grantee organization, and TSNRP.

2. Project Management:

Michele Walsh, PhD

Covers the roles and responsibilities of the project team members and gives some practical strategies to ensure project success.

3. Budget Management:

CAPT(ret) Janet Pierce, NC, USN

Describes the principal investigator's responsibility for proper stewardship of public funds, including advice and tools for accurate expense and budget tracking.

4. Interim and Annual Reports:

Victoria von Sadovszky, PhD, RN, FAAN

Addresses the importance of and the process for documenting accomplishments, project deliverables, and results throughout the period of the award.

5. Preparing Your TSNRP Final Report:

COL (ret) Patricia Patrician, AN, USA

Describes the Final Report as an important summary of research findings and a critical component of the terms and conditions for receiving federal funds.

6. Dissemination:

COL (ret) Bonnie Jennings, AN, USA

Provides helpful guidance on writing for publication and strategies to inform a wider audience through other forms of dissemination.

With the new online "Survival Skills" series, an in-person workshop, and a resource handbook, it is our hope that this multifaceted approach to post-award education will assist principal investigators and EBP project leaders to complete their projects on time, with relevant results and minimal obstacles. As always, the grants management team is ready to help answer questions or talk through potential challenges as they arise. 🔥



Newly Revised Evidence-Based Practice Workshop Debuted at Naval Medical Center Portsmouth

CAPT Lisa Braun, NC, USN

The impact of evidence-based nursing care was a hot topic of discussion at Naval Medical Center Portsmouth (NMCP) during the TSNRP Evidence-Based Practice (EBP) Workshop for Military Nursing and Readiness. CAPT Deborah Roy, Deputy Director, Navy Nurse Corps; CAPT Dixie Aune, Director of Nursing Services, NMCP; Nurse Research Department staff (CAPT Craig Cunningham, CAPT Lisa Braun, CDR Lalon Kasuske, and CDR Stuart Hitchcock); and the working group that revised the TSNRP EBP course were highly appreciative about having NMCP serve as the first site for piloting the newly revised curriculum.

Held during the first week of January, the 1.5-day course trained both experienced EBP health care professionals (in the role of “coach”) and “novice” nurses on the who, what, where, why, and how of EBP. A unique feature of this course included a pairing of novice nurses with local EBP coaches to assist with guiding them through the experience. The coaches not only helped the novice nurses during the second day of the workshop but also made a solid commitment to mentor them through the entire process.

The EBP Workshop was a great opportunity to mentor novice nurses on the EBP process, including formation of an actionable question; tips on performing a robust literature search with the assistance of our three medical librarians, with hands-on computer access to searchable databases; and discussing how to define and measure outcomes. It was great to “see the light come on” during the discussions and breakout sessions.



Navy Nurse Corps Deputy Director CAPT Deborah Roy spoke to students and coaches at the beginning of the TSNRP EBP Workshop at Naval Medical Center Portsmouth about the importance of EBP in nursing.

The workshop also provided an opportunity to interact with junior nurses and to discuss future educational opportunities as a CNS, DNP, or PhD. Many of the students expressed gratitude for having an opportunity to work with PhDs who started on inpatient wards asking similar questions about how to provide the best nursing care.

The EBP Workshop complements other ongoing EBP initiatives at the command, including the Nursing Research Department’s collective monitoring of DNP capstone projects, staff EBP projects, and a monthly review of EBP projects that are under way or completed as part of the command’s organic EBP and Research Committee. 🔥



Students and faculty gathered for a “class photo” during the Portsmouth EBP Workshop.

Evidence-Based Practice Workshop Held in San Diego in Late February

CDR Abigail Marter Yablonsky, NC, USN

The nursing research team at Naval Medical Center San Diego (NMCS D) was pleased to work with TSNRP to bring the Evidence-Based Practice (EBP) Workshop for Military Readiness to San Diego.

The idea to bring the EBP Workshop to San Diego was spearheaded by CAPT Heather King, NC, USN, with support from the Commanding Officer, CAPT Joel Roos, NC, USN, and the Senior Nurse Executive, CAPT Wendy McGraw, NC, USN. CAPT King was unfortunately not able to be present for the course, as she was tapped to provide support for the spring deployment of the USNS *Mercy*, as was another NMCS D nurse scientist, CDR Wendy Cook, NC, USN.

CDR Abigail Marter Yablonsky, NC, USN, and CDR Jennifer Buechel, NC, USN, made sure that the workshop went off without a hitch and were very happy to welcome more than 40 nurses to the course, including nurses assigned to Marine Corps Base Camp Pendleton, U.S. Naval Hospital Guam, and Tripler Army Medical Center.



Participants at the EBP Workshop talk over their PICO question with CDR Jennifer Buechel. PICO is an acronym that stands for “population, intervention, comparison, and outcome.”

The nurses in attendance came away with many new insights and instruments for bringing best evidence-based practices to the bedside, and the nursing research team at NMCS D is already working with them to bring their ideas to fruition! 🔥

Tau Theta News

Lt Col Shawna Greiner, USAF, NC



The Tau Theta Chapter is the only federal chapter of Sigma Theta Tau International (STTI), an international nursing honor society. The primary mission of the Tau Theta Chapter is to support and connect nurses practicing in the federal health care system. Much of the chapter activity takes place “virtually” via the Internet.

Tau Theta members were busy this past fall, participating in activities that included continuing education (a simulation educational course), service projects (raising money for military children in need), and attending the 44th Biennial STTI Convention, where a new logo was unveiled.

The Tau Theta President and President-elect attended the Biennial Convention in Indianapolis as delegates. There, they voted on bylaws, elected new STTI board members, and attended research and evidence-based practice presentations. Updates and an audio recording to disseminate what the officers learned at the convention will be posted in the circle and on the Tau Theta Facebook page at <https://www.facebook.com/tauthetachapter/>.

We are looking to grow our chapter in order to provide more service at the military treatment facility (MTF) level. If you are a member of STTI and would like to belong to the federal chapter Tau Theta, you can change your membership by going to <http://www.nursingsociety.org/why-stti/stti-membership/my-membership>. Then log in and select Tau Theta. If you don't recall your login information and member number, you can call 888-634-7575 or email memserv@stti.org for assistance. Our counselors, CDR Tiffany Uranga, NC, USN, at tiffany.uranga@usuhs.edu and LCDR Kimberly Tozer, NC, USN, at kimberly.tozer@usuhs.edu, can assist you if you are a nursing leader interested in being inducted into our chapter. If you are already a member and aren't receiving our notifications, please ensure that your current email address is correct in your membership profile.

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



TSNRP Welcomes COL Melissa Hoffman

TSNRP welcomes COL Melissa J. Hoffman, AN, USA, to her new position as the Army Deputy Nurse Corps Chief.

COL Hoffman graduated from York College of Pennsylvania in 1991 with a BSN and was commissioned as a second lieutenant through the Reserve Officers' Training Corps (ROTC). She earned her MSN from George Mason University and a Master of Strategic Studies degree from the U.S. Army War College in Carlisle, Pennsylvania. She is a board-certified clinical nurse specialist in adult health and medical-surgical nursing.

Her previous assignments included positions as a clinical staff nurse, assistant head nurse, head nurse, ROTC nurse counselor, evening/night supervisor, performance improvement coordinator, assistant deputy commander for nursing, and nurse leader in large facilities (such as Walter Reed Army Medical Center), smaller military treatment facilities (such as Kirk U.S. Army Health Clinic at Aberdeen Proving Ground, Maryland), and even smaller medical detachments (such as the Presidio of Monterey, California). Her assignments have taken her around the world, from Maryland to Alaska, California,

Texas, Korea, and the Central Command Area of Responsibility. Most recently, she served as the Chief Nurse of the 21st Combat Support Hospital at Fort Hood, Texas; Chief

Nurse of the 21st Combat Support Hospital forward deployed in support of Operation Enduring Freedom and Operation Inherent Resolve; and Chief Nursing Officer at Carl R. Darnall Army Medical Center at Fort Hood, Texas.

COL Hoffman definitely brings a wealth of experience and expertise, and TSNRP looks forward to working with her to advance excellence in military nursing! 🔥



COL Melissa J. Hoffman

Lt Col Stephen Hernandez Joins the TSNRP Advisory Council

Lt Col Stephen Hernandez, USAFR, NC, was appointed the U.S. Air Force Reserve representative for the TSNRP Advisory Council in November 2017.

Lt Col Hernandez earned his PhD in nursing from the University of New Mexico in 2012. He is currently an assistant professor at the University of New Mexico in Albuquerque.

Lt Col Hernandez served as a commissioned officer in the U.S. Army Reserves from 1997 to 2004.

In 2005, Lt Col Hernandez joined the Air Force Reserves. His reserve assignments included Infection Control Monitor, 307th Medical Squadron; Chief of Education and Training, 307th Medical Squadron; and Deputy Chief Nurse, 302nd Aeromedical Staging Squadron. He is currently the Chief Nurse at the 302nd Aeromedical Staging Squadron at Peterson Air Force Base, Colorado.

Lt Col Hernandez's research interests include military Service member resiliency, stress, and stigma associated with accessing mental health care, as well as understanding quality of life in chronically ill patients.

The TSNRP Advisory Council consists of one active duty member and one Reserve member each from the Army, Navy, and Air Force. We are honored to have Lt Col Hernandez represent an Air Force Reserves perspective, and

his prior experience in the Army and his current role in academia provide additional insights that will benefit TSNRP as well as the programmatic reviews of all funding applications. 🔥



Lt Col Stephen Hernandez

Taking Active Photos

We always welcome your photos for the TSNRP newsletter and our Facebook and Instagram pages! Your images help tell the story of your research and the impact your studies have on military nursing.

To help you tell the best story possible, we'd like to offer a few tips for taking well-staged, active photos to illustrate your good work.

- Pictures of people in action tend to be more engaging than posed photographs—consider capturing team meetings, presentations, or research being conducted. You want to show viewers the impact of your research, whenever possible, using dynamic images.
- There are, however, times when a posed group photograph is the most appropriate image. In those cases, make sure everyone's face is visible and the group is centered in the frame of the photograph. Whenever possible, choose an interesting backdrop.
- Make sure your photos are well-lit; use natural lighting whenever possible. It's OK to take a photo in a different location than where you would normally meet so it better reflects the project or the group's interaction.

- If you are taking a photo of a research participant or a patient, make sure that you have the appropriate approvals. It's always good to check with your local Public Affairs Office and your institutional review board in advance.
- Remember, you don't need any special equipment! Certainly, digital photography with high-end cameras can produce good results. But most smartphones are also equipped with high-resolution cameras that are capable of taking print-worthy (and social media-worthy) photographs. Instead of focusing on your equipment, focus on the subject of your photography.
- Take several photographs at a time, and check after taking a few to make sure they capture your intent. You never know when someone's eyes will be closed or the picture will be out of focus.

We look forward to continuing to highlight your work to advance military nursing through research and evidence-based practice projects—through both your words *and* your photos! 🔥

Visit the RIGs on the Web

Engage with the TSNRP Research Interest Groups (RIGs) anytime, anywhere via our RIG website at www.triservicenursing.org! This spring, we're celebrating the first birthday of the site as the hub of the RIGs' work building opportunities for collaboration, mentorship, and education.

Even if you're not a member of one of the TSNRP RIGs, you can find general information about each of the RIGs, learn more about upcoming events, and check out the searchable literature database of military women's health literature (with more searchable databases on the way!). It's also the perfect entry point to the RIG of your choice—click on "Contact" on the main page menu and complete the "Request Access to Join" form!

If you're already a member of a RIG, use your username and password (email megan.foradori.ctr@usuhs.edu for a reminder or reset) to access members-only content for each of the RIGs. Here you'll find RIG meeting notes and presentation content, articles of interest to the group, a team collaboration board, and more.

Whether you've been a frequent flier on the site or you are new to the community, be sure to bookmark the page and check back often to stay current on RIG happenings!

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Newly Published Final Reports

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

Principal Investigator	Title	Accession Number
COL Sara Breckenridge-Sproat	An Evaluation of the US Army Nurse Corps Patient CaringTouch System	PB2018-100048
CDR Wendy Cook	Health Research Participation: Experiences and Decisions of Military Members	PB2018-100346
LTC Geoffrey Duncklee	The Effectiveness of Ketamine as a Neuroprotective Treatment After Nerve Agent Exposure	PB2018-100282
LTC (ret) MeLisa Gantt	The Acceptance of Reiki Therapy as a Complementary and Alternative Option for the Management of Chronic Pain in Military Healthcare Beneficiaries	PB2018-100283
CAPT Michele Kane	Joint Multi-Disciplinary Evidence Based Practice Complex Wound Care Guideline	PB2018-100601
LTC Kristal Melvin	Reintegration: A Mixed Methods Exploration of Military Couples after Deployment	PB2018-100345
CAPT(ret) Lisa Osborne-Smith	Implementation and Evaluation of the Obstetric Hemorrhage Patient Safety Bundle	PB2018-100347
CAPT(ret) Janet Pierce	Preventing and Reducing the Cellular Damage in Traumatic Brain Injury Using Ubiquinol	PB2017-102804
LTC (ret) Meryia Throop	Getting to the Point: Promoting the HPV Vaccine in a Primary Care Clinic	PB2018-100046
COL (ret) Lori Trego	Using RE-AIM to Implement a Woman's Health Promotion Program for Austere Settings	PB2018-100047
CAPT(ret) Charles Vacchiano	Unmasking Cognitive Deficits After Recovering from Mild Traumatic Brain Injury	PB2018-100335
Col (ret) Karen Weis	Mentors Offering Maternal Support (MOMS): Building Resilient Families	PB2018-100281
CDR Abigail Marter Yablonsky	Phase II Congressional WHRIG Military Women's Health Gap Study	PB2018-100049

Send Us Your Stories!

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

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

Save the Dates!

July 2018

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

August 2018

Back Pain Summit
*Exploring the nursing role in the prevention,
management, and treatment of back pain in
the military.*
15 August 2018
Bethesda, Maryland

August 2018

Military Health System Research Symposium
Research Interest Group Breakout Sessions:

- En Route Care
- Military Women's Health
- Health and Readiness of Military Families

Dates and location to be announced.

September 2018

Scientific Writing Workshop
17–19 September 2018
San Antonio, Texas

Promotions and Retirements

Promotions

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

Army

Kyong Hyatt to LTC (O-5)

Air Force

Shawna Greiner selected for Col (O-6)
Sarah Huffman to Lt Col (O-5)

Retirements

TSNRP congratulates LTC Betty Garner and LTC Chris Weidlich on their recent retirement from the Army and wishes them the best on the journey ahead! They both are continuing to lead their funded TSNRP studies after retirement, and we appreciate the team members who are helping their projects continue.

Kudos



Order of Military Medical
Merit Medallion

Congratulations to **LTC Leilani Siaki, AN, USA**, and **LTC Gordon West, AN, USA**, who were recently awarded the Order of Military Medical Merit (O2M3) for research.

As described by COL Michael Schlicher, AN, USA, Army research specialty leader, the O2M3 shows distinguished service that is recognized by the senior leadership of the AMEDD. Membership in the Order recognizes those individuals who have clearly demonstrated the highest standards of integrity and moral character, displayed an outstanding degree of professional competence, served in the Army Medical Department (for a minimum of 10 years) with selflessness, and made sustained contributions to the betterment of Army Medicine.

Congratulations are also due to **CDR Jennifer Buechel, NC, USN**, and **CDR Wendy Cook, NC, USN**, who received the RADM Hall Award for scholarly publications.



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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