

TSNRP News

TriService Nursing Research Program

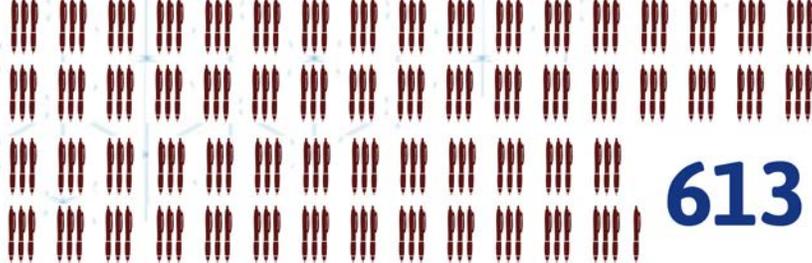
Fostering Excellence in
Military Nursing Science

Spring/Summer 2019

 **7** software & supplies

 **28** consultants

 **53** books

 **613** pens

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Save the Dates!

2018 Resources Provided to the TSNRP Community.
This fulfills Goal 2 of the program: Provide a tri-Service
infrastructure to enhance military nursing research and
advance evidence based practice.

Introducing Evidence Based Practice Facilitators

Check out page 25



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 can hardly believe this is my last letter to write as the Executive Director for the TSNRP newsletter. It seems like just a few months ago I was still learning the award process and getting to know the TSNRP funded projects and names of Principal Investigators, reviewers, and faculty. And it wasn't that long ago I was struggling to decide what to write about in my first letter for the newsletter.

When I arrived, I thought I had a pretty good understanding of the program, especially having served as a TSNRP Advisory Council member for 2 years before. But what I didn't fully appreciate was the amount of behind-the-scenes work by the staff and members of the community required to keep a program like this moving forward and staying relevant to the evolving needs of military nursing. I come away from this role truly honored to have been part of a much larger TSNRP heritage.

We've accomplished a lot over the past 3 years. Some of my favorite memories have been celebrating TSNRP's 25th anniversary, taking part in a Strategic Planning meeting and watching the recommended tasks and objectives come to life, and seeing the active engagement of a new group of nurses applying for funding through the mini-EBP award process. And for some reason, I have found each course we have offered to be my new "favorite," but all for different reasons! I love the energy and collaboration at the Dissemination Course, the passion and focus at Grant Camp, the inquisitiveness and budding aspirations at the EBP Workshops, and the dogged determination on display at the Writing Workshop. I know I won't get to participate in all of these on a regular basis, but knowing each of the faculty members who guide these courses, I am certain the same culture of scholarship will continue in the years to come.

In a way, it's hard to step away from being so involved in this program—but on the other hand, I look forward to passing on the responsibility to my replacement, CAPT Heather King. I first got to know CAPT King at grant camp in 2007 and then through her TSNRP-funded project to capture and analyze lessons learned from Global Health Engagement missions on U.S. Navy hospital ships, especially as some of her findings about the challenges with patient transport overlapped with my prior role overseeing En Route Care research. What impresses me most about CAPT King is that, as a PhD-prepared Certified Registered Nurse Anesthetist, she is a wonderful blend of a dedicated scientist and a master clinician with multiple deployments and just as passionate about mentoring junior nurses in their scholarly pursuits. TSNRP will be in great hands moving forward.

Looking ahead, I am optimistic about upcoming opportunities for TSNRP as the Defense Health Agency begins to assume the day-to-day management of military health care and the Services focus on maintaining readiness and being fully prepared for future conflicts at all levels. The changes in structure and priorities demand evidence based solutions, and many TSNRP-funded studies and courses have focused specifically on those topic areas and developing those skills. And as new knowledge gaps are more fully understood and defined, the TSNRP community of nurse scholars is well positioned to address those in a clinically and operationally relevant way.

It's funny to be at the point in one's career when you can look back over two decades and see how many things have changed within the military and military health care—the job opportunities for nurses and even the uniforms I wear are distinctly different from when I was a new nurse. I don't know how things will turn out, but I can say with experience that even though some clinical practices have been updated to incorporate new evidence, the essential elements of nursing and patient care are still the same. And staying focused on the important priorities of health and readiness is always relevant in military nursing. The Military Health System may look different in the coming years, but the fundamentals can and should stay the same.

I wish you all the best and look forward to being a regular member of the TSNRP community once again. I especially look forward to reading the Executive Director's letter in the next newsletter to see what new changes are in store.

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



Col Jennifer Hatzfeld

Publishing Your Findings in a Creative Way

A critical skill for a nursing scholar is the ability to share the findings of your project or research study in a peer-reviewed journal. But what many scientific authors don't realize is that it often requires a creative aspect to publishing scientific findings in order to best communicate the main points. As was pointed out during the TSNRP Writing Workshop this past September, the process of writing is a great blend of art and science, and successful writers need to make sure they pay attention to both parts. This article, written by Dr. Anna Clemens, does a beautiful job of summarizing one approach to writing a scholarly paper—and we hope you find it helpful.

People love stories. We watch, read, tell, and listen to stories every day. Despite this, most researchers don't think in terms of story when they write a journal paper. To Anna Clemens, that's a missed opportunity, because storytelling is easy to implement in your manuscript provided you know how. Think of the six plot elements — character, setting, tension, action, climax, resolution — and the three other story essentials — main theme, chronology, purpose. You'll soon outline the backbone of your narrative and be ready to write a paper that is concise, compelling, and easy to understand.

Writing a Page-Turner: How to Tell a Story in Your Scientific Paper

By Anna Clemens

Reposted from the London School of Economics and Political Science

(<http://blogs.lse.ac.uk/impactofsocialsciences/2018/05/21/writing-a-page-turner-how-to-tell-a-story-in-your-scientific-paper/>). This article is licensed under a Creative Commons Attribution 3.0 Unported License (https://creativecommons.org/licenses/by/3.0/deed.en_GB).

Why are stories so powerful? To answer this, we have to go back at least 100,000 years. This is when humans started to speak. For the following roughly 94,000 years, we could only use spoken words to communicate. Stories helped us survive, so our brains evolved to love them.

Paul Zak of the Claremont Graduate University in California researches what stories do to our brain. He found that once hooked by a story, our brain releases oxytocin. The hormone affects our mood and social behaviour. You could say stories are a shortcut to our emotions.

There's more to it; stories also help us remember facts. **Gordon Bower and Michal Clark** from Stanford University in California let two groups of subjects remember random nouns. One group was instructed to create a narrative with the words, the other to rehearse them one by one. People in the story group recalled the nouns correctly about six to seven times more often than the other group.

What is a story?

So, humans are wired to love stories, they make us emotional and boost our memory. But what is a story? It seems the more people you ask, the more definitions

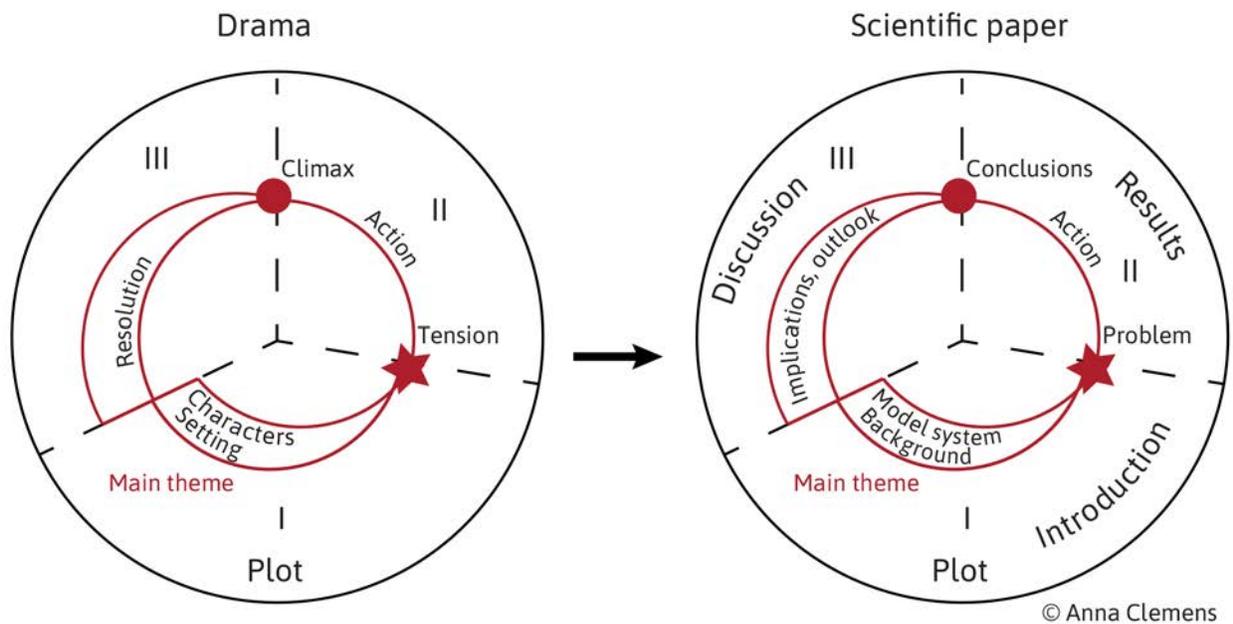


Figure 1: How the plot elements in a dramatic story translate into the story of a scientific paper.

you'll get. Zak also performed some experiments to find out which stories have the most effect on us. His conclusion? The stories that get us curious, excited, and emotionally involved have an element of tension. This can be a conflict, an accident, a problem. Something that just isn't quite right.

If we glance over to Hollywood, you'll notice that most dramas follow one simple structure: there is one main character who goes on with her life until she encounters a problem. The action kicks in when she tries to solve the problem, there will be some ups and downs, which will conclude in a big event like a fight or a party. Afterwards things get resolved in some way. We see how things have panned out for our protagonist, how the events of the story have changed her life.

Plot spirals

If a plot consists of the six essential elements of main character, setting, tension, action, climax, and resolution, the film has a good chance to become a hit. I illustrated this plot structure in a spiral, see the left panel in Figure 1, above. The circular form visualises that the protagonist is back where she started after the story has taken place. Now a new story can start to wrap around again — hello, season two.

So, how do we utilise these story elements for our paper and write a scientific story? Have a look at the right panel in Figure 1 and let me explain.

A scientific story

Let's start with the characters and setting. The *main character* in your paper is not Jessica Jones (too bad) but your object of study. Perhaps a certain disease, reaction mechanism, theory, or historic document? The *setting* translates to the background that you should provide to your study. That sounds like the introduction section of your paper, right? You cite previous work and give the reader a feeling about where the state of the art is.

But — just as with any Hollywood success in the box office — your paper will not become a page-turner if you don't introduce an element of *tension* now. Your readers want to know what problem you are solving here. So, tell them what gap in the literature needs to be filled, why method X isn't good enough to solve Y, or what still isn't known about mechanism Z. To introduce the tension, words such as "however", "despite", "nevertheless", "but", [and] "although" are your best friends. But don't fool your readers with general statements, phrase the problem precisely.

If you've covered the main character, setting and tension, the *action* can start. Now you can present your plots,

schemes, interpretations; i.e. your findings. Throughout the results section you should gradually solve the problem you started out with. Eventually you'll arrive at the *climax* of your scientific story: the conclusions that you draw from your results.

But that's not all. As in a drama, your reader will be curious about the *resolution*: What do your findings mean in the context of the literature? How do you explain trend X and Y? How can your results be useful for application Z? What is the big picture? What should be further investigated? Often, I find, the discussion and outlook parts of papers are too short.

Take the reader by the hand

There are three more aspects that successful stories have in common. They are based on *one main theme*, the events are in *chronological order*, and everything in the story has a *purpose*. These three elements directly apply to scientific papers too. If you can't summarise your paper in one simple sentence you might not have a clear motif in mind. The main theme weaves through your narrative like a thread, bringing all the different things you mention together.

You rarely see films with a timeline jumping back and forth. Even if it does, the order in which the scenes have been arranged makes sense. So should your scientific

story. Chronology doesn't mean that you need to reiterate the thought process you went through when you performed the study. Just find the most logical arrangement of the different steps you took in order to come to your conclusion.

Purpose is linked to this. If you think in terms of a main theme and a logical order of arguments, you'll quickly identify the bits of your research that either don't quite fit in or provide additional detail. These may be better as part of the supporting information than the main text. Because your research is likely complicated stuff to anyone except you and your co-authors, take your reader by the hand and walk them through it.

That's it. If you want to tell a story in your paper, think of the six plot elements (character, setting, tension, action, climax, resolution) and the other three story essentials (main theme, chronology, purpose). In no time you'll have outlined the backbone of your narrative and be ready to create a paper that is concise, compelling, and easy to understand.

This article gives the views of the author, and not the position of the LSE Impact Blog, nor of the London School of Economics.

Anna Clemens is a science journalist. She holds a PhD in materials science. 🔥

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 looking for a project idea or if you are able to incorporate a few extra data points into an existing study.

1. What are the barriers to implementing evidence based practice (EBP) within the Military Health System?
2. What is the best way to inform policy and practice on findings from a recently completed research study or EBP project?
3. How do we capture and communicate the value of active duty nurse scientists and clinical nurse specialists?
4. What is the benefit of having dedicated deployment billets for clinical researchers?

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!



Let's Talk about Horizontal Violence in the Military Nursing Workplace

COL Susan G. Hopkinson, PhD, RN-BC



COL Susan Hopkinson presented the study findings at Walter Reed National Military Medical Center. (Photo by Paula Amann)

In 2013, the Deputy Chief Nurse at Landstuhl Regional Medical Center (LRMC) invited author Kathleen Bartholomew to come speak to the staff on the topic of nurse-to-nurse hostility. In the audience were four second lieutenants (2LTs) in the Clinical Nurse Transition Program (CNTP) who were searching for an interesting and relevant evidence based practice project. The topic resonated with the 2LTs, who then proposed the

idea of implementing an evidence based intervention to decrease the occurrence of nurse-to-nurse hostility in their facility.

Working with their Center for Nursing Science and Clinical Inquiry mentor, the 2LTs searched the literature to determine what intervention was best supported by evidence. As part of the project, the 2LTs settled on the term “horizontal violence” (HV) to describe the repeated behaviors over time that intimidated or demeaned a coworker. As the 2LTs delved into the literature, they found little to no evidence of an intervention determined to be effective in decreasing these hostile behaviors. Following the Iowa Model of Evidence Based Practice framework, the project transitioned into a research study to determine whether an intervention may be effective. Based on the minimal evidence available, a 30-minute educational intervention was developed to provide awareness of HV as well as to role-play how to respond personally to common HV scenarios by using a TeamSTEPS® communication technique. Also from the literature, the 2LTs selected an instrument to measure witnessed and/or experienced HV behaviors, personal effects of HV, and HV perpetrators.

A pilot study was conducted among the LRMC nursing staff—nurses, medics, aides, and administrative staff. The nursing staff had 1 month during the fall to complete

the pre-intervention survey. For the next 3 months, the research team went out and conducted the 30-minute educational intervention for the nursing staff during staff meetings, nursing grand rounds, and other invited forums. The post-intervention survey was opened for a month in the spring. The pilot study findings did show a significant decrease in the witnessing and/or experience of HV as well as the personal effects from HV. Based on the pilot study, the LTs proposed a larger multi-site study, which was funded by TSNRP.

The multi-site study took place at three military treatment facilities with different mixes of Army, Air Force, Navy, and civilian nursing staff members. The research design remained the same, with a pre-survey in the fall, time for the dissemination of the educational intervention, and a post-survey in the spring (to avoid the high turnover during the summer). Multiple challenges were encountered in the implementation of the study, including navigating multiple institutional review boards, working to obtain survey approval, and accessing the populations to provide the educational intervention. Across all three sites, there was not a significant difference in the pre- and post-intervention surveys regarding the experience of HV by the nursing staff.

The real-world challenges of pushing out additional training may provide an accurate reflection of the impact of an educational intervention on an overall population, especially in the absence of explicit leadership support of the effort. The nursing leadership of each facility approved the study at the sites. The actual execution of the study, however, was done by the members of the research team, separate from a known leadership initiative or priority. The percentage of the nursing staff who received the training ranged from 15% to 29%, a less-than-ideal representation of the population.

Overall, the pilot and multi-site study results indicated that nursing staff members of each facility witnessed and/or experienced selected HV behaviors on average once to twice in the previous 3 months. Respondents indicated that they were personally affected by HV on average once in the past 3 months. This is slightly less than similar studies conducted in the civilian sector. The most common perpetrators were nurses, followed by supervisors—similar to past research findings.

Interestingly, all the sites in the multi-site study reflected the same most common HV behaviors and personal effects. The most common HV behaviors included complaining or making negative remarks about coworkers, belittling coworkers behind their backs, and raising eyebrows or rolling eyes. The most common personal effects were feeling discouraged or leaving work feeling bad.

An additional aim of the study was to investigate the correlations between HV, job satisfaction, and intent to leave. Between 60% and 70% of the nursing staff reported that they were satisfied or very satisfied with their jobs. Alternatively, 30% to 50% of the respondents indicated that they would be likely or very likely to leave military/government employment if not limited by assignment length or orders. The significant correlations supported the perception that as reported HV increased, job satisfaction decreased and intent to leave increased.

After many of the educational intervention sessions, the research team members were brought into discussions about HV and anecdotal personal experiences of HV. Research team members were also consulted by leadership as subject matter experts on HV. This led to a deeper dive into the gaps within the regulatory guidance regarding appropriate response to HV and similar disruptive behaviors.



LTC Rachel Park and LCDR Shannon Griffiths participated in a role play demonstrating the use of the DESC (Describe, Express, Suggest, Consequences) TeamSTEPPS® tool in response to a horizontal violence scenario. (Photo by Paula Amann)

U.S. Department of Defense and other government regulations provide guidance on the topic of workplace violence. HV is part of the type 3, worker-on-worker, workplace violence recognized by the National Institute for Occupational Safety and Health. Higher-level regulations include but are not limited to U.S. Army Installation Management Command (IMCOM) Prevention

of Workplace Violence Program (U), *Workplace Violence Prevention and Response Guide*, Annex B to Operation Order 12-296, 21 September 2012; U.S. Department of Defense, *Defense Civilian Personnel Advisory Service Guide: Workplace Violence Prevention and Response*, May 2012; and U.S. Department of Veterans Affairs (VA) Office of Inspector General, *Healthcare Inspection: Management of Disruptive Patient Behavior at VA Medical Facilities*, Report No. 110-02585-129, March 7, 2013.

Overall, the pilot and multi-site study results indicated that nursing staff members of each facility witnessed and/or experienced selected HV behaviors on average once to twice in the previous 3 months.

The gap in the guidance appears to be a lack of clear actions for staff members and lower-level leaders to take. Although resources may be listed in higher-level guidance, how reports or incidents are handled at a facility level is left to each organization's leadership. The facility-level policies often remain vague, such as by stating that the incident should be "appropriately handled" without explaining what that means in terms of actual action. Anecdotally, from the discussions with staff members throughout the conduct of this study, this contributes to uncertainty and lack of trust in leaders taking any action or holding individuals accountable for their behaviors.

As an offshoot from the work done during this study, a white paper with suggested HV response algorithms has been drafted and is available from the author upon request. The algorithms have been presented to nursing leaders from the tri-Service branches, other military medicine leaders, and staff members. Suggestions have been incorporated.

The bottom line, as recognized by The Joint Commission, is that the negative impact of HV on the nursing staff and on the overall work environment can be a factor in patient safety. Having the discussion about HV and how to handle it is a first step in taking care of our nursing staff so that we can better take care of our patients.

The views expressed in this article are those of the author and do not reflect the official policy or position of the U.S. Department of the Army, the U.S. Department of Defense, or the U.S. Government. 🔥



Bridging a Gap: Palliative Care Communication Skills Training in the Military Health System

Sandra Hipszer, MPH

CDR Virginia Blackman, PhD, RN, CCNS



CDR Virginia Blackman

Case Study

Mr. Smith is a 67-year-old retired Master Gunnery Sergeant with refractory AML who has been hospitalized for the past month. He has cardiomyopathy from chemotherapy and was being treated with intermittent dialysis to manage his volume status. Last night, he became hypotensive, so he is being transferred to the intensive care unit (ICU) for continuous renal replacement therapy (CRRT). He has moderate altered mental status when he is awake, but he is unable to get out of bed because of pain and edema.

The patient's wife, Mrs. Smith, has been at his bedside every day. As his nurse, up to now you've had one brief interaction with her, when she enthusiastically described her husband as "a fighter!" She also mentioned how excited he will be to get back to the business he runs part-time and that they have a long trip planned to visit family in another state.

If you've worked in critical care or you've been part of our highly trained teams taking care of combat-wounded personnel facing serious, life-limiting conditions, does this scenario sound familiar to you? Your education as a nurse has likely prepared you to confidently address a patient's pressing medical and physical needs. Yet what if, while you're at the bedside, the patient or a patient's family member says something about the patient's condition that suggests a complete lack of understanding of what you heard the physician tell them earlier? Do you feel confident addressing the situation? Do you have the communication skills you need to build trust with the patient and family while eliciting more information about their understanding of the prognosis? Are you prepared to respond to a highly emotional patient? An overwrought friend or family member? Are you adequately prepared and confident to continue this conversation?

Palliative Care Training

The type of skills required for demanding, patient-centered conversations are within the scope of palliative care, specialized care for patients with serious illnesses. An extensive review of the literature

reveals the many-tiered benefits of highly effective palliative care. For patients, families, and health care systems, palliative care interventions have led to better symptom management, greater patient and family satisfaction with care, fewer unwanted interventions, and shorter length of stay (LOS) in the hospital and specifically in the ICU.

While many are familiar with a model of specialty palliative care, which is provided by a consult team, primary palliative care is delivered by a patient's "home" team. In the inpatient setting, this means the bedside nursing team and primary physician team. Primary palliative care requires skills that all clinicians can use to support their patients and include the ability to have effective prognosis and goals of care conversations, provide emotional support, and manage symptoms. For nurses, a key role is often that of a diplomat: shuttling among the patient, family, and medical team. As a nurse, if you're anything like critical care RNs at Walter Reed National Military Medical Center (WRNMMC), you've had minimal to no primary palliative care training.

In 2016, a needs assessment at WRNMMC revealed that RNs in critical care felt unprepared to talk to patients,



Teams providing feedback during learner-centered role play practice with the Walter Reed National Military Medical Center IMPACT-ICU program at the November 2018 workshop facilitator training

family, and physicians about prognosis, goals of care, and palliative care—conversations that require time and effort to master. Skillful, confident, and goal-oriented communication requires an evidence based curriculum, trained educators, and practice.

Integrating Multidisciplinary Palliative Care into the ICU (IMPACT-ICU)

IMPACT-ICU is an evidence based palliative care communication training program for staff nurses that was developed by a multidisciplinary team at the University of California, San Francisco Medical Center (UCSFMC) in 2011. Like the nurses assessed by CDR Virginia Blackman, PhD, RN, CCNS, staff nurses at UCSFMC reported low levels of skill and confidence with palliative care-related communication. The program is a comprehensive approach to training critical care professionals in primary palliative care and includes a facilitator training for those leading the workshops. Advanced practice nurses (APRNs) are also taught to round with ICU staff nurses to encourage primary palliative care for patients/families. Though all professionals involved in critical care are invited to attend workshops, IMPACT-ICU's primary focus is on nurses, because nurses spend the most time at the bedside.

In the military context, recognition of the need for palliative care throughout the care continuum is growing. Furthermore, strong communication skills are critical for high-functioning teams, especially in demanding situations where military nurses practice to the full scope of licensure and training. To meet these needs, the TSNRP funded CDR Blackman for a 2-year EBP implementation grant. This funding enabled CDR Blackman to bring two of the original program developers (Kathleen Puntillo, PhD, RN, FAAN, FCCM, and Michelle Milic, MD) to WRNMMC for facilitator training and ongoing support. Additionally, a part-time project director (Sandra

Hipszer) has managed publicity, enrollment, and data collection.

IMPACT-ICU is entirely focused on interpersonal communication. During an 8-hour, learner-focused training, participants thoughtfully engage in challenging critical care conversations. In role plays, participants practice skills to elicit patient/family understanding of prognosis and goals of care, provide emotional support to the patient/family, present family perspectives to physicians and elicit physician perspectives on prognoses, and practice the nurse's role at a family meeting. Using skills such as those in the NURSE mnemonic (Naming, Understanding, Reflecting, Supporting, and Exploring) and the hope-worry statement (“We **hope** your daughter will recover, but we **worry** that she is not responding to treatments”), participants practice these conversations. This is done among a group of their peers; participants not involved in the role play act as observers, providing specific, focused feedback on the use of specific words and communication tools.

Preliminary Outcomes

As of September 2018, 75% of ICU RNs at WRNMMC have participated in IMPACT-ICU training. While 88.9% of our 146 participants were nurses, 11.1% were social workers, chaplains, physicians, and a psychologist. Sixty-seven percent of attendees reported no prior palliative care training. Even more exciting than program participation, however, nurses and other clinicians involved reported significant improvement in their skill and confidence in having these challenging conversations, compared with the baseline on a 20-item Likert-type survey. Furthermore, the majority of nurses who had attended a family meeting post-training also reported active participation. We attribute this change in practice to their newly acquired skills, combined with a heightened awareness of the important role of the nurse in supporting ICU patients and families.

“I now have more confidence in my ability to foster these primary palliative care skills in nurses.”

“I most appreciated learning an evidence based model for teaching communication skills.”

—Navy ICU CNSs after facilitator training



“This was an amazing training! Our team is so grateful for this opportunity to bring IMPACT-ICU to our facility!”

—Civilian ICU RN after program training



CDR Blackman working one-on-one with members of the Wright-Patterson team, Maj Lindstrom and Maj Roseboro, during program implementation training as they prepare to launch IMPACT-ICU at their military treatment facility in 2019

Given the impressive results at WRNMMC and positive feedback from both workshop participants and military nursing leaders, CDR Blackman and her team were awarded a third year of funding to disseminate the IMPACT-ICU program to additional military treatment facilities (MTFs) nationwide. In November 2018, the WRNMMC IMPACT-ICU team welcomed 11 clinician leaders representing four commands for a week of intensive training focused on skill acquisition, leadership training, and program management: training in primary palliative care communication skills, a train-the-trainer facilitation workshop, and evidence based program implementation planning. These highly experienced multidisciplinary teams were chosen by leadership at Brooke Army Medical Center, the U.S. Army Institute for Surgical Research Burn Center, Naval

Medical Center San Diego, and Wright-Patterson Air Force Medical Center. These facilities represent some of the largest critical care nurse training opportunities within the Military Health System (MHS). With ongoing consultation and support from the WRNMMC IMPACT-ICU team, these facilities will implement their own workshops and launch IMPACT-ICU at their facilities in 2019.

Summary

TSNRP support has allowed us to implement best evidence to fill a gap identified by WRNMMC nurses who had reported little to no prior palliative care training. With much to be gained from successful palliative care in both patient and hospital outcomes, critical care clinician training in primary palliative care should be the standard. Communication skills, the cornerstone of effective palliative care, are learnable, and IMPACT-ICU provides a successful, replicable program with which to accomplish this throughout the MHS. 🔥

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Chaplain Holmes, WRNMMC IMPACT-ICU facilitator, welcoming leadership-appointed teams from Naval Medical Center San Diego, Brooke Army Medical Center, the U.S. Army Institute for Surgical Research, and Wright-Patterson Air Force Medical Center to day 2 of the IMPACT-ICU training

Nurses Standing in the Gap: The U.S. Opioid Crisis Demands an Interdisciplinary Approach with Integrative Research

Col Candy Wilson, PhD, APRN, WHNP-BC, FAAN



Col Candy Wilson

Recently, Congress expanded the Advancing Cutting Edge (ACE) Research Act to increase flexibility for funding by the National Institutes of Health to approve research funding for “high-impact cutting-edge projects” to respond to the pain management gap in care options (Opioid Crisis Response Act of 2018). Standing in the gap between evidence

and patient need are nurses who are frontline purveyors and providers of chronic pain management. Research evidence that supports the nursing practice within our scope of care is growing but limited. The American Nurses Association (ANA, 2018) outlined the role of the nurse in quelling the opioid epidemic by leading the “attitudinal transformation toward pain management” (p. 2).

Pain interventions for acute or chronic conditions are not a new concern for nurses. Acute pain treatments can be fairly straightforward after the primary source is addressed. Chronic pain is a complex condition that lasts more than 12 weeks. When intervening with chronic pain, nurses think beyond the act of the intervention to how the intervention affects the societal role in which the patient is engaged. Florence Nightingale informed nurses, “Sick suffer to excess from mental as well as bodily pain” (1860, p. 60). She highlighted the fact that one source of suffering is pain and that pain is a whole-body experience felt physically, mentally, emotionally, and spiritually. She came to this conclusion while caring for wounded soldiers. Nightingale has been dubbed a statistician with great insight into trends and outcomes; these trends can include pain management.

The Military Health System (MHS) is not immune to this crisis and health care conundrum. As military nurses, we care for the nation’s military and their families, who deserve the best evidence based care. Military nurse scientists have tested alternative and complementary treatments that can be administered by clinical nurses or nurse providers. To clarify the terms “alternative,” “complementary,” and “integrative,” I sought the definitions from the National Center for Complementary and Integrative Health (<https://nccih.nih.gov/health/integrative-health>) website. Complementary practice combines non-mainstream practice with conventional medicine. Alternative practice is non-mainstream used in place of conventional medical practice. Integrative practice emphasizes holistic, person-focused health and wellness that combines conventional and complementary approaches in a coordinated fashion.

One concern that I saw repeatedly in my nurse practitioner practice was chronic low back pain (LBP) in the military population. I saw firsthand the desperation for relief. LBP is a significant health challenge that affects military readiness and quality of life. It is estimated that 5% of Service members have had significant back pain within the last 6 months (Brundage, Hu, & Clark, 2016), which makes one wonder how underdiagnosed this condition is, given that many Service members may not disclose their pain for fear of career repercussions. They may suffer in silence while trying to hold on to a military career they have worked hard to achieve. The experience of chronic pain often leads to self-medication practices that may not be healthy. While standing at an information booth at a military facility during Pain Awareness Month (September 2018), I tried to share information about pain self-management strategies. Some individuals at this booth confessed that they had used unhealthy strategies, such as alcohol overuse, to manage their chronic pain. The number of opioid prescriptions filled for military members is available, but the timing and indication for ingestion may be



Sharing information about pain self-management during Pain Awareness Month

underreported. The national crisis has brought to light the need for pain relief therapies that are effective and have limited or no mind-altering effects. This is a great opportunity for the nursing profession to be part of the solution.

TSNRP has funded several studies testing complementary and alternative therapies for pain, including:

- Reduction of Pain Responses Using Guided Imagery (Nelson, 1993)
- The Effect of Healing Touch on Postoperative Pain (Slater, 1993)
- The Effect of Therapeutic Touch on Pain and Infection in Burn Patients (Turner, 1994)
- Electromyostimulation and Strength Walking for Knee Injuries: Nurse Managed Care (Talbot, 2012)
- Reiki for the Management of Neuropathic Pain in Soldiers with Extremity Trauma (Goodman, 2012)
- Effectiveness of Biomodulator in Treating Chronic Pain and Reducing Medications (Nayback-Beebe, 2012)
- MC5-A Scrambler Therapy for the Treatment of Neuropathic Extremity Pain (Nayback-Beebe, 2013)
- Auricular Acupuncture for Sleep and Pain: A Feasibility Study (Garner, 2014)

As a military nurse scientist and privileged provider, I want to briefly share my journey of developing a research study that addressed this pain treatment gap. Readers who know me well are probably asking why I, as a women's health nurse practitioner and a researcher focused on gender research, would be involved in this type of research. Most military nurse scientists assigned to a military treatment facility (MTF) study issues at our local setting as well as our own areas of interest. I had the honor of being stationed at Joint Base Andrews, Maryland, to learn from Col (ret) Richard Niemtzw, MD, in the USAF Acupuncture and Integrative Medicine Center. I experienced firsthand the captivating persuasion of chronic pain liberation stories by patients from at least one of the integrative treatment modalities applied by our clinic personnel. However, stories take us only so far when trying to convince the western scientific community that influences health care payer systems and values randomized controlled trials as the pinnacle of scientific evidence. When it comes to testing acupuncture or integrative therapies, "randomized," meaning that a group of participants either receives the treatment expected to bring relief or not, applies easily. However, what constitutes "control" when testing these interventions? The control group of participants can receive either no treatment or a sham treatment. The no-treatment group may receive no treatment ever or be part of a "wait list," in which case they will receive treatment later. Sham treatments are another option, but there are many points of view in the acupuncture literature about what is "sham." And what about the ethics of withholding treatment for pain relief?

This sent me on a journey to learn how to design a study to submit to TSNRP, which has supported integrative studies through funding. I wanted to test the outcomes of an auricular acupuncture technique that Dr. Niemtzw named "battlefield acupuncture" (BFA), developed for non-acupuncturists to apply for the treatment of acute or chronic pain. BFA involves placing semipermanent needles in five predetermined locations in the ear in a defined sequence. The 1- to 2-mm needle studs remain in the ear for 2 to 5 days or until removed. After talking with Dr. Niemtzw and Joseph Helms, MD, of Helms Medical Institute, I decided that I should talk with Harvard's Ted Kaptchuk, a world-renowned expert on acupuncture and placebo. Never in my research career had I dealt with the complexities of research design at this level. After talking with Prof. Kaptchuk, I decided to limit ear stimulation in the control group to minimize the effect of this stimulation. There are many theories on why auricular acupuncture works, and the researcher's

application of the theoretical approach should inform the type of control applied. These theories include developmental layers within the skin and homunculus mapping of the ear (Oleson, 2014).

After I worked with this team of experts, I developed a funding proposal titled “Battlefield Acupuncture for the Treatment of Low Back Pain” and TSNRP approved it for funding. It is an 8-week study with 6 weeks of weekly interventions. The purpose of the study is to determine the effect of battlefield acupuncture on outcomes for pain, sleep, and physical activity level in an active duty military sample with subacute or chronic low back pain.

The study is currently in the data collection phase, but together with the research team, I look forward to sharing the results with the broader nursing community in the near future. It is my hope that this study will provide further evidence for the impact of integrative therapies that can be used by nurses. Pain management requires a custom intervention that can apply several modalities to meet the person’s need to be an active and viable member of the military community, and nurse scientists can and should help to establish the science in this field. 🔥

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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! If you’ve recently returned from deployment, we’d like to highlight that work as well.

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



Updates from TSNRP Grants Management

There have been two funding initiatives that have been added to the existing TSNRP funding opportunities for military nurse scholars. Because these two new programs are quite different from the traditional award process and eligibility criteria, we wanted to share a little more detail and appreciate your help spreading the word. We believe these new awards will expand the ability to create new evidence to inform military nursing policy and practice in the coming years.

TSNRP Mini-EBP Awards

The TSNRP mini-Evidence Based Practice (EBP) Award is a new way that TSNRP can support clinical inquiry projects by military nurses in all phases of their careers. These awards provide 1-year funds directly to military treatment facilities (MTFs) to purchase equipment and supplies in support of a local EBP project. The project lead must be a military or civilian nurse assigned to the MTF, but the project team should be multidisciplinary and include a range of novice and expert EBP practitioners. In addition to the project team, a synthesis of the literature, the project plan, and letters of support from the MTF are the key elements of an application.

Once an application is received, it's first reviewed by the TSNRP Executive Director to determine whether the application is appropriate for TSNRP funding.

If appropriate, the application will be reviewed by the regional nursing research/clinical inquiry cell that would provide oversight of the project. We expect that cell would have been consulted on (or assisted with) the application, but this step provides an important check to ensure that site is aware of the potential project. If a project is recommended for funding consideration, an unaffiliated EBP expert within the Military Health System will complete a final review for funding recommendation.

Based on the recommendation of the regional cell and EBP expert, and if TSNRP funds are available, the TSNRP Executive Director will notify the applicant and begin the process to transfer the funds to the MTF. It is important to note that all EBP project funding decisions will be reviewed and approved by the TSNRP Advisory Board and Executive Board of Directors to ensure that the projects align with TSNRP priorities.

More information and application instructions are posted on the TSNRP website at <https://www.usuhs.edu/tsnrp/mini-ebp-awards>.

TSNRP Funding Now Open to Civilian Nurses

With the Fiscal Year 2018 funding announcement, the eligibility for research and EBP awards was expanded to include federal civilians who work within the Military Health System. Because many of our nurse scientists and clinical nurse specialists work in a government civilian role, TSNRP funding can be a good resource to help them achieve their goal of supporting military nursing.

Another new initiative was creating a funding category open to non-military nurses, specifically to address identified "high-priority" topic areas. The purpose of this High-Priority Research Award is to complete a rigorous research study that clearly addresses one of the following topics specific to military nursing practice:

- Developing objective, validated measures of clinical competency
- Validating processes to ensure clinical skill sustainment
- Developing evidence to support the use of simulation in clinical skill development and sustainment
- Quantifying the impact of medical surgical staffing models on quality, safety, and nurse satisfaction measures within the Military Health System
- Identifying optimal pathways to transition from new graduate to fully deployable nurse
- Defining the role of nurses in virtual health practices
- Establishing the appropriate nursing expertise for initial resuscitation/forward surgical setting and potential training/competency gaps
- Identifying competency-based training needs for nurses transitioning from an inpatient setting to a primary care setting

This award provides funding for direct costs up to \$450,000 per award for up to 2 years. To be eligible, the Principal Investigator must be a PhD-prepared nurse. Collaboration with military nurses or a military treatment facility is highly desired but not required.

So far, TSNRP has only received one application for this award category, but we look forward to continuing to engage nursing experts who can help address these key topics. Links to current funding opportunity announcements can be found on the TSNRP website at <https://www.usuhs.edu/tsnrp/call-for-proposals>. 🔥

Military Nursing Research Centers

This section is an annual TSNRP feature highlighting 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. They are listed in order from the Pacific across the U.S. to Europe and reflect the breadth of military nursing scholarship.

Tripler Army Medical Center (Hawaii)

The Tripler Army Medical Center (TAMC) CNSCI has had a busy year conducting research, submitting grants, and disseminating findings. One exciting study is being led by LTC Gordon West to assess the bioburden of surgical instrument cleanliness post-sterilization. Current guidelines state that if a single dirty instrument is discovered, the entire instrument set should be decontaminated and reprocessed. This is done out of an abundance of caution but is not evidence based. The question originated with Maj David Bradley, a perioperative CNS located in San Antonio, who was introduced to LTC West and LTC Andrew Hover, the perioperative CNS at Tripler. Working with a microbiologist at Tripler, CPT Timothy Horseman, the team developed a research protocol and acquired a small amount of funds from the facility to test both "dirty" instruments (placing blood laced with bacteria on clean instruments) and untreated instruments autoclaved together in both wrapped and open trays. The primary focus is to determine whether bacteria from the "dirty" instrument could be transferred to other instruments or if any bacteria on the "dirty" instrument remain viable after autoclaving. Additional research will be needed to change the guidelines for fixed medical centers, but the findings from this study could inform sterilization processes in austere conditions where resources are limited.

Center for Nursing Science and Clinical Inquiry, Madigan Army Medical Center, Joint Base Lewis-McChord (Washington)

It has been a busy year for nurse scientists and clinical nurse specialists (CNSs) at the CNSCI, Joint Base Lewis-McChord. Collectively, the CNSCI mentored 10 graduate students, had 27 abstracts presented for podium/poster at national conferences, reviewed more than 90 manuscripts for peer-reviewed journals and more than 150 abstracts, and published 8 articles. Major changes include significant personnel moves, including COL Michael Schlicher's retirement. MAJ Megan Lucciola joined the team after graduating with her DNP from the University of Maryland. The CNS team, which includes LTC Allan Boudreaux, LTC Sativa Franklin, MAJ Nicole Nelson, Ms. Nancy Hodge, and Ms. Tracy Ball, has reinvigorated EBP at Madigan. They have initiated an EBP board to support projects through to sustainment, including Bariatric Center of Excellence accreditation, CAM-ICU delirium assessment, MHS GENESIS processes, a statewide Code Neuro (stroke) project, heart failure management, and an ICU diary project. Dr. Mary McCarthy leads the way in research funding as both principal investigator and associate investigator and was selected for the 2018 Nancy Whitten Research Regulatory Staff Award. LTC Leilani Siaki and LTC Kyong Hyatt continue working on their studies in ambulatory care and behavioral health, respectively, as they prepare to transition into their new positions as chiefs of their respective CNSCI cells.



Center for Nursing Science and Clinical Inquiry, Madigan Army Medical Center



David Grant Medical Center

David Grant Medical Center (California)

Clinical inquiry is at the heart of and foundation for everything at David Grant Medical Center (DGMC). The Clinical Investigation Facility (CIF) staff and efforts intersect with DGMC clinical efforts, resulting in relevant clinical research and EBP initiatives. Recent in-progress initiatives for EBP include standardized bladder scan Nurse Initiated Order sets,



standardized pre-surgical warming of patients, and waterless surgical scrub products for first scrub of the day versus historical scrub brush surgical scrub. Ceferina Brackett, a TSNRP-funded EBP Facilitator, is helping prioritize more than 55 proposed EBP initiatives, as the CIF supports all DGMC clinical and Graduate Medical Education research with the assistance of its incredibly agile research support staff. With a focus on health promotion and disease prevention, the team at 60th MDG executes military-relevant studies investigating the hemodynamic effects of natural vs. synthetic caffeine, optimization of running performance, and lifestyle modifications to improve readiness. Recent TSNRP-funded nursing studies include exploring the lived experience of active duty women with polycystic ovarian syndrome by Lt Col Dawnkimberly Hopkins and a study focused on the relationship between military identity and psychological well-being by Lt Col Laurie Migliore. Urogenital health in austere environments and establishing women's health research priorities are other exciting nurse research activities supported at DGMC.

Naval Medical Center San Diego (California)

This past year, Naval Medical Center San Diego (NMCS) Navy nurse scientists welcomed Dr. LeAnne Lovett-Floom to the team as a TSNRP-funded EBP Facilitator. Since taking on the role of EBP Facilitator last fall, Dr. Lovett-Floom has increased EBP awareness and knowledge levels by offering monthly educational contact hours, one-to-one coaching, in-service training, virtual consultations, literature searches, evidence appraisals, and project management. She continues to build partnerships by working with various subcommittees to enhance EBP across NMCS and the Navy Medicine West Region. CDR Jennifer Buechel recently received a new TSNRP-funded award focused on understanding the impact of infertility on military service, and CDR Wendy Cook served as a faculty member at the TSNRP Writing Workshop in September. CAPT Heather King will be transitioning from NMCS to TSNRP this summer, and she will be missed!



Naval Medical Center San Diego

Brooke Army Medical Center CNSCI

Brooke Army Medical Center CNSCI has had a tremendous year with research and EBP! Our team had two new research grants and two mini EBP grants funded by TSNRP. MAJ Patricia Schmidt's study seeks to quantify and evaluate the impact of operative team consistency in joint replacement surgery on patient and hospital outcomes, and COL Dickinson's study will examine the health and experiences of military caregivers. With the EBP mini-grants. MAJ Wendy Hamilton, Maj Mariana Lacuzong, CPT Nicholas O'Neel, and Ann Marie Lazarus are spearheading a multidisciplinary project to screen, prevent, and manage delirium, and MAJ Hamilton and Maj David Bradley are leading a team of nursing staff and providers to implement aromatherapy for management of pain, nausea, and anxiety. Our CNSCI team continues to develop nursing staff to incorporate research evidence into practice. We held a region-wide EBP course for leaders and regional VTCs to support collaboration with the 11 MTFs in our region. LTC Kristal Melvin completed her couples reintegration study and is looking forward to dissemination of her results.



59 MDW C2I Team (left to right): Col Antoinette Shinn, Lt Col Jacqueline Killian, Dr. Rebecca Heyne, Mr. Lance McGinnis

59th MDW Center for Clinical Inquiry, Joint Base San Antonio-Lackland (Texas)

The Center for Clinical Inquiry (C2I) team in Texas is busy collaborating across the military Services and with academia in the local area to leverage resources and expertise. The team recently visited Army CNSCI colleagues at Brooke Army Medical Center to tour the Department of Clinical Investigation and meet the clinical nurse specialists at the EBP for Leaders Course. Col Antoinette Shinn is on the 2019 planning committee for the San Antonio Military Health System (SAMHS) and Universities Research Forum; this scholarly dissemination activity includes nursing research and EBP focus areas. Lt Col Jacqueline Killian presented preliminary findings from the "MilSeq Project: Enabling Precision

Medicine through Exome Sequencing in the U.S. Air Force” at the Air Force Surgeon General’s Senior Leadership Workshop. This study is conducted in partnership with a principal investigator (PI) from Harvard University. Lt Col Killian is also the on-site PI for two new TSNRP-funded multisite studies. TSNRP-funded EBP Facilitator Dr. Rebecca Heyne and Mr. Lance McGinnis taught a one-day EBP overview course, which provided continuing education units for 14 participants. They also worked with course and program leaders to incorporate an EBP brief into the Wilford Hall Ambulatory Surgical Center (WHASC) Newcomers’ Orientation and Continuous Process Improvement (CPI) courses, the 59th Training Group’s Nursing Service Management Course, and the Nurse Transition Program.

Wright-Patterson Air Force Base (Ohio)

The C2I team at Wright-Patterson AFB was recently recognized by the 711th Human Performance Wing for their collaborative efforts, which led to the development of 25 projects and \$600,000 in funding. One of the funded research projects, “Enteral Nutrition in the Deployed Ground Setting and Critical Care Air Transport,” was a result of the collective efforts of Critical Care Air Transport (CCAT) instructors, scientists, EBP experts, and Air Mobility Command clinical leaders. This work produced evidence that is being incorporated into the Joint Theater Trauma System Clinical Practice Guideline, the *Battlefield Pocket Guide*, and the En Route Critical Care Air Force Instruction.



Wright-Patterson C2I personnel facilitated the 88 MDG EBP council’s annual EBP celebration and poster presentation.

C2I personnel also facilitated the 88th Medical Group (MDG) EBP council’s annual EBP celebration and poster presentation, which involved presentations of EBP projects and research posters. Lastly, the 88th MDG EBP council conducted an abstract writing class to assist clinical personnel in submitting abstracts for the TSNRP Dissemination Course.

Womack Army Medical Center (North Carolina)

The Center for Nursing Science and Clinical Inquiry (CNSCI) at Womack Army Medical Center (WAMC) has been busy supporting research and EBP initiatives. LTC William Brown, AN, Chief of the CNSCI, continues his research on stress fracture rehabilitation; provided training to residents, physicians, and nurses throughout the hospital and outlying clinics; and was invited to be a member of the Musculoskeletal Line of Effort team to address Forces Command concerns of non-deployable rate among their personnel. LTC David Bennet, AN, Deputy Chief, EBP, coordinated a 3-day EBP workshop hosted by TSNRP. The turnout was superb, with 19 coaches attending Day 1, 62 students attending Day 2, and 56 leaders from across the organization attending Day 3. TSNRP’s support and enthusiasm were instrumental in energizing the EBP culture at Womack Army Medical Center and resulted in 17 new EBP projects. LTC Pedro Oblea was promoted to his current rank in January 2019. Highlights of this ceremony were his pinning and Oath of Office, performed by Major General Antonio A. Aguto Jr., Deputy Chief of Staff, U.S. Army Forces Command. LTC Oblea’s research study, which started in December and examines the lived experiences, associated stressors, and social support impacting the health and readiness of lesbian, gay, bisexual, transgender, and queer (LGBTQ) prior military Service members, is almost 75% complete. MAJ Christopher Stucky received TSNRP funding for surgical team consistency and communication. He is scheduled to take over as the Army leader for the TSNRP Biobehavioral Research Interest Group, and he was selected by the Jonas Center for Nursing and Veterans Healthcare to serve on their alumni council.

Naval Medical Center Camp Lejeune (North Carolina)

Less than two weeks after reporting to Naval Medical Center Camp Lejeune, North Carolina, CDR Holly Perez reported to the USNS *Comfort* as a Nurse Researcher, the first billet of its kind. Along with fellow Navy Nurse Researcher and outgoing Navy Nurse Corps Specialty Leader CAPT Lisa Braun from Naval Medical Center Portsmouth, Virginia, she directed an extensive impact evaluation, which included the collection, analysis, and presentation of mission-essential data to various United States and host agencies. This provided vital information in real time to assist mission decision points and future operations planning. Thousands of patient interviews were conducted during the Enduring Promise 2018 mission, providing vital information about the health status and quality-of-care perceptions by the population served, further qualifying the mission’s lines of effort. Now back from the deployment, CDR Perez looks forward to growing nursing research with an emphasis on meeting operational needs, particularly for the Marine Corps population at Camp Lejeune.



Naval Medical Center Portsmouth (Virginia)

The Naval Medical Center Portsmouth (NMCP) nursing research team continues to expand its program of research focused on operational readiness. In addition to actively investigating the treatment of military mental health related to PTSD/TBI and suicide, improving military women's health, and improving the experience of patients and providers at NMCP, the team has developed strategic partnerships with multiple civilian universities and military commands. Center research is supported by grants from the Congressionally Directed Medical Research Programs the Military Suicide Research Consortium Wounded, Ill, and Injured special projects the Navy Surgeon General and TSNRP. Additionally, the team actively supports evidence based practice (EBP) by working closely with TSNRP-funded EBP facilitator Dr. Leslie Augustino, the Uniformed Services University Phase II Site Director Nikki Battle, LCDR MeeDeessa Morgan, graduate nursing students, and clinical staff across NMCP. Center EBP/process improvement projects help ensure the provision of safe, high-quality care to improve patient outcomes and optimize the staff experience.

Naval Medical Research Center (Maryland)

CDR Carl Goforth, NC, USN, is assigned at the 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.



Walter Reed National Military Medical Center (Maryland)

CDR William Danchanko is currently the only nurse scientist assigned to Walter Reed, and he has maintained oversight of several ongoing research studies, including a study focused on the health effects of blast injuries and embedded metal fragments. He works closely with LTC Rachel Park, as a lead CNS, to support clinical inquiry in this busy tri-Service facility.

National Capital Region (Washington, D.C.)

Uniformed Services University of the Health Sciences (USU)

Several nurse scientists from the Air Force and Navy are assigned to USU, primarily within the Graduate School of Nursing. There are currently seven full-time nursing PhD active duty students, representing all three Services, and the active duty faculty maintain an ambitious portfolio of research and other scholarly work on nursing-relevant topics, including palliative care, the use of acupuncture and ketamine, and the implementation of clinical inquiry.

Landstuhl Regional Medical Center (Germany)

Throughout the past year, the CNSCI at Landstuhl Regional Medical Center (LRMC) has completed a variety of tasks and responsibilities.

CNSCI members have mentored junior clinical nurses through evidence based practice projects in the hospital, in addition to developing and teaching EBP classes approved for continuing medical education credits. A workshop on abstract writing for professional conference submission was also conducted, along with a class to educate other medical staff on preparing scientific posters. The CNSCI team also helped edit abstracts and provide feedback to nurses interested in submitting their abstracts for upcoming conferences. Nursing research remains alive and well

at the LRMC CNSCI: LTC Ann Ketz's TSNRP-funded photobiomodulation study on treating plantar fasciitis is complete and its results are now being disseminated; a new feasibility study was funded by TSNRP to evaluate the relationship between human-centric lighting and sleep on hospitalized patients, led by 1LT Shelby Hastings; and LTC Pauline Swiger received notice that her new study was approved for TSNRP funding to study the workplace environment's effect on clinical nursing staff. 🔥



CNSCI staff celebrating a birthday lunch in LRMC DFAC: LTC Ann Ketz, MAJ Justin Miller, LTC Rachel Greve, MAJ Kimberly Barcus, LTC Pauline Swiger, COL Tom Rawlings

TSNRP Research Interest Group Updates

Emily Bell, Nursing Program Research Coordinator

As the new Nursing Program Research Coordinator for TSNRP, I am honored to help facilitate the efforts of six TSNRP Research Interest Groups (RIGs). I have learned a lot about military nursing in the past several months, and I have been inspired by the great work accomplished by the RIG leaders—usually in the midst of many other responsibilities from their full-time positions. Thank you for making me feel welcome!

There has been a lot accomplished over the past year by the members of six RIGs, and the leaders have also been looking ahead at their goals for 2019. In December, each RIG was again asked to submit an annual plan, which allowed the leaders to celebrate what each team has accomplished and prepare for the upcoming year. This strategic planning process supports the members of each RIG group and collectively supports the scholarly development of the TSNRP community.

The **Anesthesia RIG (ARIG)** members have been busy on multiple TSNRP-funded projects and contributed to a second edition of the *Battlefield and Disaster Nursing Pocket Guide on Analgesia Management*. The ARIG also participated in the TSNRP Readiness Training Workshop held at the Uniformed Services University of the Health Sciences (USU). The ARIG has set a goal to secure funding for a research study exploring the use of virtual reality simulation to enhance training and readiness of student registered nurse anesthetists (SRNAs) and certified research nurse anesthetists (CRNAs) in the management of a required surgical airway.

The **Biobehavioral Health Research Interest Group (BHRIG)** has worked hard to finish up the analysis from its TSNRP Network project and also conducted an engagement poll of its members to start off the new year. The results provided insight to the leadership on research topics of interest, limitations to involvement of members, and potential project opportunities moving forward. The leaders

presented preliminary findings at their quarterly telephone meeting in January and expect to share a more complete overview at the 2019 TSNRP Dissemination Course. Stay tuned for more information about their future plans.

The **Expeditionary RIG (ExRIG)** completely updated the content for a new edition of the *Battlefield and Disaster Nursing Pocket Guide* and also participated in the TSNRP Readiness Training Workshop in March. In addition, the ExRIG worked on incorporating nursing care into the Joint Trauma System (JTS) Damage Control and Resuscitation Clinical Practice Guideline and plans to review and update at least three additional JTS Clinical Practice Guidelines in the coming year to ensure nursing care is incorporated into the guidance. The ExRIG was also asked to host a breakout session focused on Expeditionary Nursing at the Military Health System Research Symposium (MHSRS) in August.

The **Health Services and Informatics Research Interest Group (HSIRIG)** will complete its first year with “official” RIG status at the 2019 Dissemination Course. The HSIRIG leadership recently met with the Deputy Nurse Corps Chiefs and plans to create evidence summaries on various leadership, change management, and other implementation topics for the tri-Service Corps Chief officers. In addition, the HSIRIG is planning to offer a Data Science and Advanced Data Analytics doctoral-level course at the USU.

The **Military Women’s Health RIG (MWHRIG)** has been working tirelessly on a special supplement in *Women’s Health Issues* that should be published in 2019. The members are finishing their scoping reviews of women’s health topics, including adjustment disorders, cervical cancer, pregnancy/childbirth/postpartum period, sleep hygiene, sexually transmitted infections, and unintended pregnancy. The MWHRIG also continues to mentor the next generation of MWHRIG leaders and network with other women’s health and military organizations.



The **Military Family Research Interest Group (FIG)** is entering its second year as an established Research Interest Group and was proud to host a Military Family breakout session at the 2018 MHSRS. As a result of the participation by multiple organizations, the FIG is working to publish a special issue in the *Family Systems and Health Journal* that captures many of the findings that were presented. The FIG hopes to lead another breakout session at the 2019 MHSRS to continue strengthening the networking with the broader Military Health System research community. To help expand the impact of the FIG, leaders will be working to finalize a FIG logo, in addition to conducting monthly leadership meetings and mentoring FIG mentee leaders throughout the year.

Each RIG is looking forward to joining forces, presenting, and participating in activities throughout the week at the 2019 TSNRP Dissemination Course. If you are attending in

person, look to attend one of their in-person meetings or participate in one of the many networking opportunities available during the course.

The leadership of each RIG strives to have participation, input, and collaboration from all RIG members. In order to strengthen collaboration, leaders hold bimonthly or quarterly conference calls to provide information on progress toward goals and to feature a short presentation on a relevant topic. The RIG teleconferences are open to all members, as well as to people who are not yet members but are looking for research collaborations. We are working to record these teleconference presentations and post them on the TSNRP RIG website, and we hope to begin that new capability later this year.

If you are not a member of a RIG but would like to be or would like more information on how to get involved, check out our website at www.triservicenursing.org or email emily.bell.ctr@usuhs.edu. 

In Memoriam

The TSNRP staff extend their condolences to the family, friends, and colleagues of two military nurses who recently passed away.

CDR(ret) Kenneth Spence, NC, USN, a Uniformed Services University of the Health Sciences (USU) Graduate School of Nursing class of 2000 alumnus and retired Navy nurse anesthetist, passed away Friday 4 January 2019, from injuries sustained in a cycling accident. CDR(ret) Spence retired from active duty in 2013 and was a practicing CRNA in College Station, Texas. His death comes as a profound shock and great loss to the nurse anesthesia community. CDR(ret) Spence is survived by his wife, Debbie; daughter, Bella; parents, Capt (ret) Terry and MSgt (ret) Jacqueline Spence; and brother, CAPT Dennis Spence, NC, USN, a member of the TSNRP Advisory Council and an assistant professor at the USU Graduate School of Nursing.

CPT Charles "Chuck" Reuter, AN, USA, died on 25 October 2018. CPT Reuter received his nursing degree at Ocean County College, his master's degree at Kean University, and his PhD from Rutgers University. He was a professor at Hunter College and a captain in the Army National Guard. He is survived by his wife, Mindy; his daughter, Rebekah; his father, Gerard; six siblings; and nieces and nephews.

CPT Reuter's last TSNRP-funded study was "Evaluation of the Validity of Cholesterol as a Biomarker for Suicide in Veterans." We know that the topic of suicide was particularly important to him, so in his honor, we would like to share the contact information for the Veterans Crisis Line. It is a free, confidential service for all veterans and Service members and their family and friends. If you or someone you know needs help, call 1-800-273-8255. You can also find more information at <https://www.veteranscrisisline.net>.

EBP Workshop for Nursing Readiness Held at Womack Army Medical Center at Fort Bragg

Emily Bell, Nursing Program Research Coordinator

In January 2019, TSNRP staff and faculty traveled to Fort Bragg, North Carolina, to conduct a two-and-a-half-day Evidence Based Practice (EBP) for Military Readiness Workshop at the Womack Army Medical Center (WAMC). Aligning with the mission and vision of WAMC's Center for Nursing Science and Clinical Inquiry (CNSCI), the goal of the workshop was to provide valuable EBP knowledge to nursing leaders and staff and to generate a culture of supporting nursing staff in the implementation of research and EBP.

The workshop was requested by LTC David Bennett, CNSCI deputy director, and it was the most attended EBP Workshop conducted by TSNRP. Conducted in three parts, the coaching session was attended by about 40 nurses, the full-day workshop was attended by more than 60 nurses and nurse leaders, and a half-day EBP Leadership Course was attended by about 60 nurses in formal leadership roles.

TSNRP Executive Director Col Jennifer Hatzfeld, CDR Virginia Blackman, and MAJ Wendy Krull served as faculty at the EBP Workshop and were joined by Army Nurse Corps Fellows MAJ Sarah Eccleston and MAJ Patricia Hodson. During the workshop, faculty and coaches worked with attendees to increase their knowledge of EBP, promote a culture of clinical inquiry,

construct/critique their PICOT question, search the literature using the support of the medical librarian at WAMC, and create an environment of nursing empowerment to use EBP in everyday care.

An exciting new addition to the workshop was the EBP Leadership Course. This one-day course was designed to disseminate information and provide resources for nurse and health care leaders to help facilitate and create a culture of EBP dissemination within an organization. Lynn Gallagher-Ford, PhD, RN, NE-BC, DPFNAP, FAAN, from The Ohio State University College of Nursing gave an engaging and informative presentation on the importance of EBP and its use in nursing. In addition, Dr. Gallagher-Ford challenged leaders to model the implementation of EBP within their institution by making leadership decisions based on evidence.

At the conclusion of the EBP workshop, Chief Nursing Officer COL Colette McKinney presented TSNRP staff and faculty with a certificate of appreciation for conducting the EBP Workshop. LTC Bennett followed up the course with these kind words: "Your team made this easy, and the end result far exceeded my expectations. I look forward to working with TSNRP in the future as Womack continues on the journey to create an evidence based practice culture." 



Class picture from the TSNRP EBP Workshop for Military Nursing Readiness



EBP Workshop for Navy Leaders Held at Defense Health Headquarters

Shannon Sarino, Outreach Coordinator

Approximately 55 Navy nursing specialty leaders gathered on 15 February 2019 to attend a TSNRP-sponsored workshop on Evidence Based Practice for Leaders. The workshop, held at the Defense Health Headquarters in Falls Church, Virginia, was part of a weeklong Navy Nurse Corps Specialty Leader Symposium.

After a brief introduction to TSNRP by TSNRP Executive Director Col Jennifer Hatzfeld, USAF, NC, the half-day workshop was taught by Lynn Gallagher-Ford, PhD, RN, DPFNAP, NE-BC, FAAN, from The Ohio State University College of Nursing.

During her presentation, Dr. Gallagher-Ford stressed the role of leaders to cultivate a culture of evidence based practice (EBP) as a means to achieve patient safety and quality and establish a high-reliability organization. She challenged the attendees to consider EBP as part of a larger concept of evidence based decision making, defined as “a problem-solving approach that integrates the conscientious use of best evidence in combination with a professional’s expertise as well as consumer/customer preferences and values.”

In addition to going through the steps of EBP with the attendees, Dr. Gallagher-Ford shared critical insights on how EBP can improve patient and organizational outcomes and asked attendees to consider one step they could take within the coming week to advance EBP within their sphere of influence.



Dr. Gallagher-Ford engages with students during the EBP Workshop for Leaders.

A second TSNRP-sponsored workshop on Evidence Based Practice for Leaders was held 15 March 2019 for Navy Nurse Corps senior nurse executives. 🔥

TSNRP Hosts Readiness Training

Maj Michelle Trammel, 45th Medical Group

The first TSNRP Readiness Training was held 19–21 March at the Val G. Hemming Simulation Center at the Forest Glen Annex in Silver Spring, Maryland.

The 3-day workshop was in response to the need to provide key information to develop evidence based readiness training, effectively measure learning outcomes, and evaluate training programs. Attendees, primarily members of the Anesthesia and Expeditionary Medicine Research Interest Groups, attended lectures by Uniformed Services University of the Health Sciences faculty members intended to help them develop the skills necessary to develop readiness training in their own MTFs.

The two RIGs also met several times during the workshop to identify research gaps and develop a research or EBP project to submit for a future TSNRP award cycle. They will continue to work within their own groups to develop these projects and to identify needs for future readiness training workshops. 🔥



Attendees of the first TSNRP Readiness Training Workshop took part in 3 days of lectures and small-group work to develop the skills necessary for creating readiness trainings at their local facilities.

TSNRP Welcomes COL Lozay Foots

TSNRP welcomes COL Lozay Foots III, AN, USA, to his new position as the Army Deputy Nurse Corps Chief.

COL Foots commissioned from the University of Texas, from which he graduated with a bachelor's degree in nursing science. He holds a master's degree in science with an emphasis on information management from Central Michigan University and a master's in national security and resource strategy from the National Defense University.

Prior to his assignment at Walter Reed National Military Medical Center, he served as the Chief of the Army Nurse Corps Branch at Human Resources Command, Fort Knox. Other assignments include the Deputy Commander of Inpatient Services at Carl R. Darnall Army Medical Center, Assistant Deputy for Medical Affairs for the Assistant Secretary of the Army for Manpower and Reserve Affairs (ASA M&RA) at the Pentagon, and Clinical Staff Nurse in the Intensive Care Unit (ICU) at Brooke Army Medical Center. COL Foots' military education includes the Army Medical Department (AMEDD) Officer Basic Course, the AMEDD Advanced Course, the Clinical Head Nurse Course, the Advance Nurse Leadership Course, the Joint Enroute Care Course, the Combined Arms Service and Staff

School (CAS3), the Executive Level Decision Making Course, and the United States Army Command and General Staff College (CGSC). He is a resident graduate of the Eisenhower School for National Security and Resource Strategy Senior Service College (SSC) at Fort McNair. He is also a Fellow of the American College of Healthcare Executives (FACHE).



COL Lozay Foots III, AN, USA

COL Foots brings a wealth of experience and expertise, and the TSNRP team looks forward to working with him to advance excellence in military nursing. 🔥

Tau Theta News

LTC Danette Cruthirds, PhD, MSN, CRNA

Sigma Theta Tau International (STTI), recently rebranded as Sigma, is separated into six global regions. The North America region is further divided into 15 geographic regions. The first and only federal chapter, the Tau Theta Chapter, is part of North American Region 12. Our primary mission is to support and connect nurses practicing in the federal health care system.

We continue to look for growth of 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, you can change your membership by going to <http://www.nursingsociety.org/why-stti/stti-membership/my-membership>, logging in, and selecting 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. 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.



The next Tau Theta induction ceremony for new members will be held in mid-May 2019, during Research Week at the Uniformed Services University of the Health

Sciences. During this time, a sponsored educational offering will also occur. Please visit the Tau Theta website at <http://tautheta.nursingsociety.org/home> as details emerge.

As a reminder, the 45th Biennial Convention will be held in Washington, D.C., 16–20 November 2019. Join more than 2,000 Sigma members and global leaders at Sigma's largest event, the biennial convention, featuring outstanding plenary speakers, networking opportunities, more than 800 oral and poster presentations, and the opportunity to travel to the U.S. capital, a historic and growing metropolis full of dynamic energy and memorable experiences. 🔥



Postdoc Updates

The TSNRP Executive Director asked TSNRP-funded postdoctoral students to submit a brief update on the project and future plans.

Lt Col Dawnkimberly Hopkins: National Institutes of Health

For my postdoctoral fellowship, I am working with the Office of Research on Women's Health (ORWH) over the coming year to develop an implementation and evaluation plan for the Trans-NIH Strategic Plan (TNSP) for Women's Health Research. As a team of three, we are creating a plan to implement a policy for inclusion of women in research efforts across all 27 NIH Institutes and Centers and developing a method to assess the success of the implementation plan. The inclusion policy moves beyond the inclusion of women in clinical research to the intentional integration of sex and gender considerations throughout the entire research continuum, from the basic and preclinical realms to implementation science and clinical practice. The five goals of the Women's Health TNSP are to (1) advance rigorous and relevant research, (2) develop methods and leverage data sources, (3) enhance dissemination and implementation, (4) promote training and careers, and (5) improve evaluation, all with the purpose of advancing science for the health of women.

Our second step was to conduct interviews during February and March with all 27 NIH Institutes and Centers. The interviews served as a way to include the stakeholders

in the planning process and to gain rich insight that informs the implementation and evaluation plan. The information from the interviews will help to identify the current state of inclusion of women in research, perceived barriers and facilitators to implementing inclusion, metrics that will demonstrate success of the implementation efforts, and available data sources to consider.

In addition to this primary effort, I am also developing a fact sheet for ORWH related to polycystic ovary syndrome (PCOS) and research efforts at NIH and other federal agencies that address this condition, which aligns with my clinical and research interests. I am also working on a fact sheet for ORWH related to maternal morbidity and mortality (MMM) that takes into account current national statistics, factors affecting MMM, and "get well" initiatives; planning for an Organization for the Study of Sex Differences (OSSD) conference that will be held in May; and planning for a Vivian W. Pinn Symposium, named after the first ORWH director. Overall, it's been an incredible experience to work closely with the staff at NIH and recognize the importance of research administration and policy development.

CDR Lalon Kasuske: Joint Trauma System

I began my fellowship in October by collaborating with scientists from the Joint Trauma System (JTS), the US Army Institute of Surgical Research (USAISR), and San Antonio Military Medical Center to learn about the scope of combat casualty care across the military. A key component of combat casualty care is the use of clinical practice guidelines for clinical decision making in combat-injured Service members. Management of critically injured Service members prior to advancement to a higher echelon of care requires clinical expertise to make judgment-weighted decisions. One of the challenges to casualty management is the emerging demand for prolonged field resuscitation by far-forward medics/corpsmen operating independently and ensuring that they have access to this requisite judgment expertise.

I am working with the Clinical Decision Support & Automation Research Branch of USAISR on a study to incorporate decision support with augmented reality (AR) components to improve clinical management of critically

injured Service members by medics/corpsmen operating independently and in austere environments. Augmented reality leverages a remote virtual provider (i.e., a trauma surgeon) to guide clinical practice of in-field medics/corpsmen. The medic/corpsman dons an augmented reality headset, and the remote virtual provider can see what the medic sees in real time and can guide management of the combat casualty.

As part of my post-doc fellowship, I am developing a protocol with CAPT Lisa Braun at Naval Medical Center Portsmouth (NMCP) to investigate the impact of noise on delivery of care by hospital corpsmen when treating combat casualties. CAPT Braun and I are working with scientists from Naval Surface Warfare Center Dahlgren Division and the NMCP Simulation Lab to investigate the relationship between varying levels of ambient noise and the ability of hospital corpsmen to provide combat casualty care. We are currently developing a TSNRP grant for the February B Call, with plans to initiate the study this summer.

TSNRP Welcomes New EBP Facilitators

As a part of a TSNRP initiative to support evidence based practice (EBP) at military treatment facilities, a new TSNRP position called “EBP facilitator” was created. The role is based on an evidence based model called “Advancing Research and Clinical practice through close Collaboration,” also known as the ARCC Model. With input from the Nurse Corps deputies and nursing research consultants, four sites were identified to evaluate the impact of the EBP facilitator role at Naval Medical Center Portsmouth (NMCP), Naval Medical Center San Diego, Joint Base San Antonio (JBSA) Lackland, and Travis Air Force Base. These EBP experts directly support EBP at both the local and regional levels and also serve as consultants to the TSNRP efforts to expand EBP efforts across the Military Health System (MHS). A key focus of the role is on training, mentoring, and encouraging EBP efforts among the nursing staff at each site, to include helping nurses select appropriate EBP topics, develop a strong PICOT question, form interprofessional teams, review and synthesize published literature, select appropriate outcome measures, analyze and evaluate the outcomes, and disseminate the results of the project. We want to take a moment to welcome these four individuals to the TSNRP family of nurse scholars and introduce them to the community.

Leslie Augustino



Leslie Augustino, DNP, RN, CENP

Leslie Augustino, DNP, RN, CENP, is the EBP facilitator at NMCP. Before joining the TSNRP staff, Dr. Augustino was the director of quality and compliance at Sentara Healthcare in Norfolk, Virginia, and, before that, the director of quality and risk management at Vibra Hospital of Northwestern Indiana. While in each of these positions, she led quality initiatives and coordinated regulatory

activities for the facilities. She worked closely with the multidisciplinary teams to promote EBP at the bedside. Dr. Augustino earned a DNP in nursing executive practice, an MSN in nursing administration, and a BSN from Old Dominion University in Norfolk, Virginia. Once she completed her DNP, she made the transition from leadership to EBP and research facilitation. She has also earned her certification in executive nursing practice. Dr. Augustino is excited to be a part of the TSNRP team and looks forward to collaborating with others and promoting EBP throughout military medicine.

Ceferina Brackett

Ceferina Brackett, RN, PHN, is the EBP facilitator at Travis Air Force Base. She earned a BSN from Pacific Union College in Angwin, California, and has 5 years of experience in facilitating and implementing evidence based nursing. As a clinical nurse at NorthBay Healthcare, she completed a 40-hour EBP mentorship training before becoming an EBP council facilitator for the intensive care unit where she was assigned. She honed her EBP skills helping other nurses to use the EBP process to address fall rates in the unit, implement evidence based hourly rounding on a medical-surgical unit, refine the after-action review process, and develop a new nursing “resource RN” role, as well as participating in panel interviews for the EBP fellowship training. Ms. Brackett’s experience facilitating EBP at the unit level made her the perfect person to fill this important role and join the Center for Clinical Inquiry (C2I) team at Travis.



Ceferina Brackett, RN, PHN

Rebecca Heyne

Rebecca Heyne, PhD, DNP, MBA, RN, CPNP, CNE, WCC, is the EBP facilitator at JBSA Lackland. She earned her DNP from Chatham University, her PhD in education with a specialization in instructional design from Capella University, and her MBA in health care administration from Kent State University and is a certified primary care pediatric nurse practitioner. Dr. Heyne has extensive experience in mentoring and leading evidence based practice initiatives, quality improvement (QI), and research focused on pediatric health care, palliative care, wound care, and pain management. She is also an active adjunct faculty member and student mentor for graduate-level nursing programs. Before moving to Texas, Dr. Heyne was a lead nurse practitioner at Akron Children’s Hospital, where she was involved in the development of the nurse residency program, the advanced practice onboarding and ongoing competency program, and the EBP mentoring program. Dr. Heyne is excited to be at JBSA Lackland and to be working in this great new program.



Rebecca Heyne, PhD, DNP, MBA, RN, CPNP, CNE, WCC



LeAnne Lovett-Floom



LeAnne Lovett-Floom,
DNP, MSN, RN, PHN, TNS

LeAnne Lovett-Floom, DNP, MSN, RN, PHN, TNS, is the EBP facilitator for Naval Medical Center San Diego. With degrees and certifications from the University of Arkansas for Medical Sciences, Purdue University, and the George Washington University, Dr. Lovett-Floom has more than two decades of nursing experience across a wide variety of specialties with an emphasis in health care leadership and quality, emergency medicine, and public and disaster health areas. She collaborates with various Sigma Theta Tau International Honor Society of Nursing chapters for scholarly work in nursing and is a member of the National Disaster Medical System (disaster medical assistance team [DMAT]) and California

Medical Assistance Teams (CAL MAT). Her program management background and teaching experience enhance her skillset as the EBP facilitator. While involved in military medicine from a nonprofit perspective and as a military spouse, she now wants to mentor military health care professionals on their EBP journey.

Since the creation of this role in 2018, these EBP facilitators have accomplished an amazing amount of work, increasing EBP awareness and knowledge levels through educational sessions, one-to-one coaching, in-service programs, virtual consultations, literature searches, evidence appraisals, and project management. They continue to build partnerships by working with various groups and committees at all levels within their organizations and the MHS, and they have quickly become a critical resource to support EBP. We can't wait to see what they accomplish in the years to come! 🔥

Deployment Postcard: CAPT Braun



CAPT Lisa Braun recently returned from a deployment on the USNS *Comfort*, as part of Enduring Promise 2018.

The USNS *Comfort's* Secretary of Defense–directed Enduring Promise 2018 (EP18) deployment provided a unique opportunity for inclusion of Navy nurse researchers to support the short-fused mission to South and Central America.

This mission provided health care and surgical interventions to nearly 27,000 individuals in Ecuador, Peru, Columbia, and Honduras. I was fortunate to have the unique opportunity to serve with CDR Holly Perez as the researchers deployed on EP18. In this deployed role, we were directed to collaborate with the U.S. Naval Forces Southern Command (U.S. SOUTHCOM) and the U.S. Fourth Fleet to explore patient experiences, staff-identified training, ship-based equipment, and patient care documentation needs for future missions.

This directive led to a multidisciplinary team process improvement opportunity to identify and address mission-specific needs. In addition to the nurse researchers, the team included CAPT Gregory Gorman, CDR Rhonda Lizewski, and LCDR Sajeewane Seales. Past missions have used the U.S. SOUTHCOM Assessment Office's Mission Staff and Patient Surveys to evaluate overall mission experiences. EP18 staff commented that these surveys were difficult to access, which led to poor response rates. Our team used the Balanced Scorecard for Military Humanitarian Operation Metrics (Waller et al., 2011). We created two in-person assessments that captured inpatient and medical site staff experiences based on the Balanced Scorecard and additional questions on mission resources, medication, equipment, training, care delivery, and patient documentation. These assessments were distributed after our last mission stop day; there were 240 completed assessments.

Initial analysis provided insightful staff findings, which were briefed to U.S. SOUTHCOM, the U.S. Fourth Fleet, and EP18 leadership. We believe that these findings provide guidance for future humanitarian/disaster relief mission planning. Our team is in the process of continued analysis of the assessment results to inform future planning.

Deployment Postcard: LTC Yauger



LTC Young Yauger

My recent deployment to Afghanistan as a Certified Registered Nurse Anesthetist (CRNA) and a PhD-prepared scientist gave me a unique perspective.

As part of a Forward Surgical Team, I traveled to remote and densely populated areas, where I experienced the generosity and hospitality of Afghan military personnel and civilians. The acts of bravery were abundant among allied troops, including Afghans, and inspired our team to provide excellent medical care to all patients despite the austere conditions.

This particular deployment allowed me to interact on a personal level with Afghan soldiers. We occasionally ate meals together and shared our thoughts and aspirations. Interestingly, many Afghans are similar to our country's youth in their enjoyment of music, food, and mixed martial arts. One evening, the Afghans and our team all shared triumphant cheers and heartwarming laughter while we consumed a delicious meal and watched the Afghan version of mixed martial arts on a dilapidated vintage television. The excitement when the Afghan fighter won the championship match was thrilling, and I found myself on my feet cheering loudly.

My deployment definitely leveraged my CRNA skills. But as a scientist with perpetual curiosity and a passion to improve the human condition, I found myself actively looking for new ideas to improve our lifesaving nursing/medical practices, policies, and strategies. As a result of the experience, I am now writing a pilot grant to research drug stability in austere environments that may have an immediate and direct impact on anesthesia nursing in combat. Overall, I am sincerely thankful for this opportunity to support my country while creating enriching memories, which will last a lifetime and hopefully cultivate impactful research ideas.

TSNRP Bids Farewell to Pamela Moses

The TSNRP staff and community of nurse scholars bade a fond farewell to TSNRP Program Manager Pamela Moses, MBA, RN, in March 2019.

For 14 years, Ms. Moses has been a part of the TSNRP community, working to ensure the highest level of community support for awardees and stakeholders.

Ms. Moses joined TSNRP in 2005 as a grants manager, was promoted to senior grants manager, and in 2010 moved into her current position as program manager. During her tenure at TSNRP, she has served under six executive directors, administered scores of awards, and worked with hundreds of military nurse scholars. Prior to joining TSNRP, she managed capacity building interventions and education for HIV/AIDS care providers through a Health Resources and Services Administration (HRSA) grant at Howard University and worked as a nurse at Sibley Memorial Hospital in Washington, D.C., in a variety of roles. Although no longer active in patient care, Ms. Moses maintained a strong customer service philosophy, which has guided her relationships and

correspondence with grantee organizations, principal investigators, and their teams.

Ms. Moses has enjoyed contributing to the evolution of TSNRP through the years. However, her greatest reward has come from taking part in the development of military nurse scientists through all stages of their careers.



Pam Moses

We will miss Ms. Moses' warm spirit, her institutional knowledge, and her ability to make everyone feel welcome, and we wish her nothing but success in the future. 🔥



Newly Published Final Reports

The following projects finished between September 2018 and January 2019, 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
LTC (ret) Betty Garner	Auricular Acupuncture for Sleep and Pain: A Feasibility Study	PB2019-100291
Lt Col Sarah Huffman	Social Support Networks of Vietnam Veterans: A Typology of Social Relations	PB2019-100327
LCDR John Litchfield	Influence of Isoflurane on the Integrity of the Blood Brain Barrier in Rats	PB2018-101633
LTC Kristal Melvin	Embracing the Past, Informing the Future: Military Nurses' Wartime Experiences	PB2019-100292
LCDR Kennett Radford	Ketamine on Fear Behaviors & Brain Neurotrophic Factor in a Rat Fear Model	PB2018-101428
COL (ret) Laura Ann Talbot	Trail of Self-Managed Approaches for Patellofemoral Pain Syndrome in Active Duty	PB2019-100085
LTC Tyler Wilson	Is Dexmedetomidine an Effective Treatment for ED Among Combat Veterans?	PB2019-100205
CDR Kenneth Wofford	Pilot Validation of a Hemodilution Technique to Estimate Blood Volume in Vivo	PB2018-101429
COL (ret) Stacey Bergh Young-McCaughan	Role of Exercise in the Treatment of Posttraumatic Stress Disorder (PTSD)	PB2019-100035

Kudos

Harrison C. Spencer Interprofessional Prize: The Uniformed Services University of the Health Sciences team's Community Empowerment and Advocacy for Smoke-Free Environments (CEASE) described a deep engagement framework spanning a school-based intervention, a community-based component, a media campaign, and policy advocacy. Team members included CDR Shawna Grover, Breda Jenkins, Guzal Khayrullina, 2LT Vidya Lala, ENS Michelle Mandeville, and Lt Col Tonya Spencer.

United States Air Force School of Aerospace Medicine 2018 4th-Quarter Collaboration Team Award, En Route Care Research recipients included TSNRP community members Col Nicole Armitage, Col Mary C. Goetter, Col (ret) Tamara Averett-Brauer, Lt Col Sarah Huffman, Maj Daniel Bevington, Maj Katherine Griffiths, Melissa Wilson, PhD, and Darcy Mortimer.

Publications

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- O'Driscoll, L., Girolamo, R. G., Crerar, C., Williamson, W., Moore, C., Wofford, K., & Bonds, R. (2018). Implementation of an education program for an ultrasound-guided liposomal bupivacaine transversus abdominis plane (TAP) block protocol for open abdominal procedures. *AANA Journal*, 86(6), 479–487.
- Radford, K. D., Park, T. Y., Jaiswal, S., Pan, H., Knutsen, A., Zhang, M., Osborne-Smith, L. A., Dardzinski, B. J., & Choi, K. H. (2018). Enhanced fear memories and brain glucose metabolism (18F-FDG-PET) following sub-anesthetic intravenous ketamine infusion in Sprague-Dawley rats. *Translational Psychiatry*, 8(1), 1–12.
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Promotions, Retirements, and Accomplishments

Promotions

Army

Pedro Oblea to Lieutenant Colonel

Air Force

Jacqueline Killian selected for Colonel
Tonya Spencer to Lieutenant Colonel
Cubby Gardner selected for Lieutenant Colonel

Retirements

The TSNRP community extends well wishes to Col (ret) Brenda Morgan, COL Michael Schlicher, LTC (ret) Krystal Melvin, and LTC (ret) Chris Weidlich as they enjoy retirement.

Accomplishments

Several new assignments have recently been announced:

- LTC William Brown: Chief of Center for Nursing Science and Clinical Inquiry (CNSCI)—Landstuhl, Germany
- LTC Kyong Hyatt: Chief of CNSCI—Fort Bragg, North Carolina
- LTC Leilani Siaki: Chief of CNSCI—Madigan Army Medical Center, Joint Base Lewis-McChord, Washington
- Maj Daniel Bevington was selected for the Air Force PhD in Nursing program.

Former TSNRP Executive Director to Retire

COL Michael Schlicher, PhD, will officially retire 30 June 2019, after 28 years of dedicated military service. COL Schlicher was the seventh TSNRP Executive Director and, during his term, was directly responsible for developing many firsts for the program, including the annual TSNRP Dissemination Course. He also edited the first TSNRP Annual Report, increased the total amount of grant funds to more than 80% of the budget while reducing operational costs to no more than 20%, and increased the overall participation in all TSNRP-sponsored educational programs. In addition, COL Schlicher was responsible for spearheading the Anesthesia Research Interest Group (RIG) and was indispensable in helping the Military Women's Health RIG receive funding for their Congressional Research Project.

COL Schlicher held many key leadership positions during his career with the Army, most recently as a consultant to the Army Surgeon General for Nursing Research and Higher Education. COL Schlicher was highly sought after for his expertise in both human and animal research. COL Schlicher received many accolades and awards during his military career, including the Order of Military Medical Merit, the 9A Proficiency Designator in research, the Association of Military Surgeons of the United States (AMSUS) Federal Nursing Award, the American Association of Colleges of Nursing (AACN) Educator of the Year Award, the Western Institute of Nursing's Biological Research Award, and the military's Legion of Merit, along with many others.

Christine Leyden Joins TSNRP Team

TSNRP is pleased to welcome Christine Leyden, RN, MSN, ACM-RN, who recently joined the staff as the program manager under the new Geneva Foundation contract with the Uniformed Services University of the Health Sciences. Before joining the TSNRP staff, Ms. Leyden held leadership roles in various health care organizations and worked at the American Nurses Credentialing Center, the NIH Clinical Center, and the National Cancer Institute. She brings a breadth of experience in clinical care, research, grants management, and program management.

Ms. Leyden earned a master's degree in community health nursing as a Continuity of Care Clinical Nurse Specialist. She is currently pursuing her PhD in nursing at Catholic University of America with a focus on patient

decision making and heart failure remote monitoring.

Ms. Leyden is honored to join the TSNRP team and looks forward to meeting all the nurse scientists and hearing about their funded projects. 🔥



Christine Leyden, RN, MSN, ACM-RN

Where Are They Now?



LTC (ret) Deborah Kenny

We recently caught up with LTC (ret) Deborah Kenny, who was the fourth TSNRP Executive Director, to learn about her recent research.

What are you doing now, professionally?

I work as an associate professor in the Helen and Arthur E. Johnson Beth-El College of Nursing at the

University of Colorado Colorado Springs. I have been there since I retired from the military after my tenure as the TSNRP Director. I am also a fellow in the American Academy of Nursing, having been inducted in fall 2010. I am on the military/veteran expert panel and will begin serving as the co-chair for the bioethics expert panel for the academy. I am an ambassador for the Friends of the National Institute of Nursing Research and work at making policy makers aware of the importance of continued funding for nursing research. I am on the Colorado Children's Trust Fund Board, charged with looking out for the welfare of children throughout the state. I was selected as an alternate as a Fulbright Senior Scholar to Australia and am still waiting to hear whether I will go next spring.

What research are you currently involved with? Areas of research interest? My current research interests are with military and veterans. I am working with CAPT(ret)

Pat Kelley to expand her research study that was done with nurses caring for our wounded Service members. We are working with nurses from the U.K. to collaborate on future nursing research. I also work with many colleagues throughout the U.S. on various veteran studies. I am exploring new possibilities in working with veterans with PTSD and equine therapy and just submitted a new grant to the Horse and Human Research Foundation to collect the hard data the field is lacking. This way, I get to work with both my passions: research and horses!

What is one lesson you took away from TSNRP that you still use today? There are many lessons I learned while at TSNRP, but I think the one hardest learned was that you can never say never. I was told that TSNRP could not get permanent funding. I went way out of my comfort zone to meet with high-ranking officials to brief them about the importance of research funding going to military nurse researchers. There were more than a few who thought I was not within my boundaries, and this was not looked kindly upon, but the mission was accomplished. TSNRP now has continuous funding into the future.

Is there anything else you would like to share? I think another thing that is important to educate those seeking funding from TSNRP is that the Director has very little to do with funding decisions, except to facilitate the process. I think there is (or at least was) a general misperception about the influence of the Director in funding decisions. I really appreciated my time at TSNRP, all that I learned, and the position it put me in to be ready for transition into academia. 🔥



Save the Dates!

May 2019

Nurses Week Lunch and Learn
Dates to be announced
Fort Belvoir, Virginia

June 2019

Operational EBP Workshop
7 June 2019
San Antonio, Texas

July 2019

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

September 2019

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

April 2020

Dissemination Course
27–29 April 2020
San Antonio, Texas

Post-Award Grant
Management Workshop
30 April 2020
San Antonio, Texas

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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