

TRISERVICE NURSING RESEARCH PROGRAM
STRATEGIC REFINEMENT CONFERENCE
December 8-9, 2005
Uniformed Services University of the Health Sciences
Bethesda, MD

SUMMARY

BACKGROUND

The TriService Nursing Research Program (TSNRP) 2-day Strategic Refinement Conference took place on December 8-9, 2005. Participants included the Corps Chiefs: MG Gale S. Pollock, Army Nurse Corps; RDML Christine Bruzek-Kohler, Navy Nurse Corps; and Maj Gen Melissa A. Rank, Air Force Nurse Corps. Other participants were CDR Kelley, Director of TSNRP; the TSNRP Advisory Council, which represents each of the three services; and experts in different aspects of nursing research. A facilitator, CAPT Quindag-Raffels, guided the group's discussions (Attachment 1).

CONFERENCE OBJECTIVES

1. Obtain participants' perspectives on current research issues
2. Re-evaluate the research priorities of TSNRP in relation to current research issues
3. Provide guidance for future areas of research
4. Set criteria for research funding
5. Align available resources to support research requirements

OVERARCHING PRE-CONFERENCE QUESTIONS

The Director requested participants to answer three questions and return their answers in advance of this meeting.

1. List 3-5 strengths and weaknesses internal to TSNRP and 3-5 opportunities and threats external to TSNRP.
2. In order to provide guidance for future areas of research, set criteria for research funding, and align available resources to support requirements (e.g., training workshops), list your top 3-5 research priorities.
3. To meet your needs, list 1-3 potential issues for group discussion.

Participants' responses received prior to the conference were collated and distributed to the group at the start of Day 1.

DAY 1

STATE OF THE PROGRAM

CDR Kelley presented an overview of TSNRP's history, organizational structure, operations, and budget. The presentation included the following information:

BUDGET

- 81% of TSNRP's budget is distributed in research grants; these funds are not disbursed directly to researchers, but are provided directly to an institution or foundation.
- 16% goes to operating expenses, including personnel, rent and utilities, supplies, travel, and equipment.
- 3% is allocated to the Uniformed Services University of the Health Sciences.

FUNDED RESEARCH

From 1992 to 2005, 266 of 720 submitted applications have been funded, for a 39% overall funding rate. More than 625 military nurses have participated in TSNRP-supported research teams

RESEARCH AWARD CATEGORIES

Novice investigator award: \$100,000

1- to 2-year award: \$450,000

3-year award: \$500,000

Pilot project award: \$30,000

Graduate research award: \$30,000

Research fellow award: \$75,000 (to date, only one study has been funded in this category.)

Fast track award: \$25,000 (to date, no studies have been funded in this category.)

RESEARCH SKILLS DEVELOPMENT

Since 2002, TSNRP has held an annual week-long grant-writing workshop. A total of 62 nurses have participated and submitted 27 applications for grants through the 2004 grant cycle (proposals for 2005 are not included in these figures). Of those 27 applications, 13 (48%) have been funded.

For continuing research skills development, a two- to three-day grant management workshop is held annually for funded researchers. In addition, for ongoing support to researchers, TSNRP maintains a pool of consultants with expertise in program evaluation, methodology, clinical specialties, publication, and statistics.

RESEARCH DISSEMINATION

Research findings are disseminated through paper and poster presentations, publication in peer-reviewed journals, and the posting of abstracts and final reports on the National Technical Information Service (NTIS) website. TSNRP-funded studies are also included in the Cumulative Index to Nursing & Allied Health (CINAHL) database.

INSTITUTE OF MEDICINE (IOM) RECOMMENDATIONS

CDR Kelly discussed TSNRP's progress to date in responding to the recommendations of the 1996 Institute of Medicine (IOM) report, *The Program for Research in Military Nursing: Progress and Future Direction*. The following IOM recommendations have been achieved:

Establish a consistent date for grant submission

Create a multiyear funding base

Revise aspects of the peer-review process and structure

Implement and maintain a professional program management staff

Develop a comprehensive mechanism for research training

Continue to provide guidance for and monitoring of ethical research

Develop a cadre of military nurse scientists

Establish links to the larger area of nursing research

CDR Kelly reported that the recommendation to facilitate programs of research has been partially achieved. Analysis of the TSNRP portfolio shows that about 20% of funded studies involved programs of research; the balance were individual studies to answer specific questions.

The following areas represent continuing challenges for TSNRP:

The IOM recommendation to institutionalize a stable funding base by establishing TSNRP as a permanent component of the Department of Defense Health Care Program Objective Memorandum has not been achieved.

Although the IOM recommendations did not address dissemination, only about one-third of the 273 studies funded by TSNRP have been publicly disseminated; it takes two to four years to complete this dissemination to NTIS because of late final reports, protracted institutional review board (IRB) close-outs of studies, and extended time from scientific review. TSNRP plans to reduce the time it takes to disseminate research findings to no more than 18 months. Publication of TSNRP-funded research in peer-reviewed journals has been robust, with articles accepted by more than 80 peer-reviewed journals.

Standardizing the IRB process across military installations to facilitate multisite research has not been achieved. Such standardization is not within the control of TSNRP.

Creating Centers of Excellence in Military Nursing Research within the organizational structure of a significant number of armed services medical centers or treatment facilities has not been achieved. This process is ongoing but is external to TSNRP. In 1999, TSNRP established a Research Center for Excellence in Military Nursing that provides support to researchers.

CDR Kelly concluded with a presentation on the funding totals for the period 1992–2005, broken out by five research priorities and by branches of service of the principal investigators (PIs).

SUMMARY OF PRE-CONFERENCE QUESTIONS

CAPT Quindag-Raffels reviewed the current TSNRP research priorities and those proposed by participants in response to pre-conference question 2. She asked participants for additional comments on TSNRP's research priorities.

question 2 **IN ORDER TO PROVIDE GUIDANCE FOR FUTURE AREAS OF RESEARCH, SET CRITERIA FOR RESEARCH FUNDING, AND ALIGN AVAILABLE RESOURCES TO SUPPORT REQUIREMENT REQUIREMENTS (E.G., TRAINING WORKSHOPS), LIST YOUR TOP 3-5 RESEARCH PRIORITIES.**

CURRENT TSNRP RESEARCH PRIORITIES

Deployment Health
Developing and Sustaining Competencies
Recruitment and Retention of the Work Force
Clinical Resource Management
Military Clinical Practice and Outcomes Management

PROPOSED TSNRP RESEARCH PRIORITIES (From participant responses to pre-conference question 2)

Health Promotion
Components of Nurse Retention
Evidence-Based Practice
Healthcare Needs Arising from War
Military Response in Emergent Situations

ADDITIONAL COMMENTS

The current priorities are much broader than the proposed priorities.

MG Pollock noted two major concerns in military nursing: retention and medical- surgical competency. Problems with retention are short term (6-12 months) but current research will provide answers only in the long term.

Research is needed on

- The factors that underlie medical-surgical competency so that corps plans can be established

to sustain those competencies when nurses leave the medical/surgical field. The skills needed in the operational setting are very different from those used in peacetime.

- Transportation of service members from the point of injury to tertiary care facilities.

The concept of deployment health should be expanded to include all aspects of operational readiness, homeland security, and disaster response. Deployment health should also be interpreted more holistically to include spiritual issues and their impact on the sustainability of service members in operations.

question 3 TO MEET YOUR NEEDS, LIST 1-3 POTENTIAL ISSUES FOR GROUP DISCUSSION.

INITIAL RESPONSES TO PRE-CONFERENCE QUESTION 3

Support skill acquisition
Support role development
Outreach and dissemination

ADDITIONAL COMMENTS

TSNRP usually allocates \$500,000 each year to the Resource Center for Excellence in Nursing, based on the recommendations of the Executive Board of Directors.

Some proposals to TSNRP are very broad and almost anything can fit into one of the five current research priorities.

A specific cross-service request for proposals (RFP) could address current research needs, such as identification and sustaining of skills.

Based on years of research, we know why nurses leave the military. A directive should request research on interventions to increase retention, instead of yet more descriptive studies. Research is also needed on why military nurses stay in the service.

Sometimes leadership at the chief nurse level is not supportive of nursing research because it takes too much time and does not appear to be relevant to current needs. If research becomes more clearly relevant, chief nurses might be more supportive of having their staff participate in research.

Military hospitals cannot currently apply to become magnet hospitals because they are not permitted to release their care data to the American Nurses Association. MG Pollock said that it is important to start “pushing artificial bureaucratic obstacles” in order to make progress. There is no reason to prevent military facilities from being recognized nationally as centers of excellence.

MG Rank said that if TSNRP research addresses retention interventions and identifies core medical/surgical competencies, the program will produce major dividends.

MG Rank strongly supports evidence-based nursing care. Too often, military nurses consult their colleagues only and not the literature.

SMALL GROUP DISCUSSIONS

Following the discussions of the pre-conference questions, participants divided into three small groups. Each group included members of all three services, as well as representatives of the Advisory Council and researchers. Members of the Executive Board of Directors were not assigned to a specific small group. Group 1 discussed research priorities (pre-conference question 2), while Groups 2 and 3 discussed other issues (pre-conference question 3). The groups spent the remainder of Day 1 in discussions, and met again on the morning of Day 2 to wrap up their deliberations.

DAY 2

HISTORICAL PERSPECTIVE AND INSTITUTE OF MEDICINE

Ada Sue Hinshaw, Ph.D., R.N., F.A.A.N., Dean and Professor of the School of Nursing at the University of Michigan, addressed future directions.

Dr. Hinshaw pointed out that the 1996 IOM report and its recommendations focused on building the infrastructure for military nursing research. In the nine years since that report, that infrastructure has been put in place and stabilized, putting TSNRP in an excellent position to make major advances in military nursing research.

Dr. Hinshaw reviewed the history of the development of TSNRP, pointing out that the National Institute of Nursing Research (NINR) had assisted in TSNRP's early development. She encouraged TSNRP to enhance ties with NINR and find more opportunities to work cooperatively.

Dr. Hinshaw offered a number of suggestions (described below) for advancing military nursing research now that the infrastructure for such research is in place.

GENERATE KNOWLEDGE FOR MILITARY NURSING

Dr. Hinshaw challenged TSNRP to evaluate the extent to which a body of knowledge has been substantiated in TSNRP's five priority areas of research. Gaps in the knowledge base should be identified and new priorities should be targeted to fill those gaps.

TSNRP should focus on building "programs of research" to achieve substantiated bodies of knowledge in the targeted areas. To develop such programs of research, more advanced qualitative and quantitative research designs should be emphasized. Such research can build on the foundation of completed descriptive studies or research projects with a narrow focus. Programs of research might include long-term surveys and longitudinal studies as well as clinical intervention research and randomized clinical trials. Such research is especially important because nursing is essentially an intervention profession and data are needed to support the decision-making process.

BUILD PARTNERSHIPS

Acknowledging that advanced research is expensive, Dr. Hinshaw suggested that TSNRP look for ways to build partnerships with other funding bodies to underwrite research in areas of mutual interest. NINR is a logical place for TSNRP to begin such collaboration, and military research would enhance the NINR portfolio by bringing to the research a different population, different settings, and different priorities. NINR has a tradition of such collaboration, and 30–40% of the NINR portfolio is funded by other groups.

In response to a question from a participant, Dr. Hinshaw offered an example of such a partnership: TSNRP and NINR could jointly issue a call for proposals on a topic such as pain management in which studies in both the civilian and military populations could be used to develop a common body of knowledge as well as knowledge that is distinct for each population.

Dr. Hinshaw also recommended that TSNRP enhance its existing relationships with other organizations, such as the Council for the Advancement of Nursing Science and Sigma Theta Tau. TSNRP should explore the possibility of including military nurses in the governing and

planning groups of these organizations, which would allow TSNRP to influence calls for nursing research and other programs.

TRANSLATE RESEARCH INTO PRACTICE AND HEALTH POLICY

Dr. Hinshaw emphasized the value of applying research to health policy. When research is brought to bear on policy, it influences the care of hundreds of people over a long period. The military's structure would facilitate dissemination of health policy in a way that is not possible in civilian nursing. For example, the corps chiefs can ensure that military nursing research findings are included in patient care policies and staff development. Another avenue for dissemination is through the heads of military hospitals. Military nursing research could be used to shape numerous levels of health policy, such as the following:

- Patient care units
- Organizational levels, such as in military hospitals
- Regional or state levels
- National level
- International level—at military bases in other countries

Dr. Hinshaw described practical ways that could be used by TSNRP to translate military nursing research into health policy. One such strategy is to provide website summaries, written in lay language, of a set of studies or a major study to provide research findings to practitioners and policy makers. Established health policy models, such as the Feetham and Meister Health Policy Model or the Shamian "From Talk to Action" Model, could be adapted to examine conceptual and practical approaches for applying military nursing research to health policy. TSNRP should develop and test models that could be used for military nursing research.

FORM CENTERS OF EXCELLENCE

Because nurse researchers are much more productive when working among colleagues, Dr. Hinshaw recommended that a mechanism be developed for them to work in proximity to one another. Centers of Excellence might provide an environment for research colleagues to stimulate each other intellectually and build on one another's ideas and energy.

During the discussion, Dr. Hinshaw noted that the Centers of Excellence mechanism is used in academia but researchers might be brought together in the military through centers that address a specific research priority, such as deployment or symptom management.

DETERMINE MOST USEFUL DIRECTION FOR FUTURE IOM REPORT

Dr. Hinshaw discussed the attributes of the IOM that give it credibility with the government and policy makers. For example, IOM studies are independent from government and in fact can provide recommendations that might not fit what a government agency wants hear. IOM reports also rely on experts not only from health professions but also from other disciplines, such as law, health economics, and management. In addition, IOM studies are based on research and have no vested interests.

Dr. Hinshaw pointed out that TSNRP has choices about the kind of study or mechanism that might be used for the next IOM report on military nursing research. She encouraged TSNRP to determine what kinds of questions should be addressed by the next IOM report to provide the most valuable direction for military nursing research.

OUT BRIEF

Participants conducted an out brief on their small group discussions with the Corps Chiefs.

Group 1: PROPOSED TSNRP RESEARCH PRIORITIES

CURRENT	PROPOSED (To be embedded in call for proposals)	RATIONALE FOR PROPOSED CHANGE
Deployment Health	<p>Military Deployment</p> <p><i>Definition:</i> Examination of factors, from a holistic perspective, affecting the health care of operational personnel (e.g., war fighters, support personnel) and their families before, during, and after deployment.</p> <p>This category may include Care of deployed/non-deployed operational personnel Health promotion Health care related to disease non-battle injuries/battle injuries (DNBI/BI) Family support</p>	<p>Recognize the need to expand the definition of deployment and the subjects to be studied. Deployment now includes service in support of humanitarian and military operations.</p> <p>Consider minimizing the effect of DNBI/BI on force readiness.</p> <p>Need to carry out interventional research involving</p> <ul style="list-style-type: none"> - Health promotion - Nursing interventions from the point of injury through the continuum of care - Military families
Military Clinical Practice and Outcomes Management	<p>Translating Knowledge/ Research Findings into Practice in a Military Context.</p> <p><i>Definition:</i> Evaluation/testing of evidence-based practice models within a military context Nursing intervention studies related to military unique topics and patient outcomes</p>	<p>Evidence-based practice implementation projects may be considered under a separate call for proposals.</p>
Recruitment and retention of the Workforce	<p>Recruitment and Retention of the Work Force</p> <p><i>Definition:</i> Intervention studies to enhance recruitment and retention of the workforce across services</p>	<p>Adequate descriptive studies have been conducted across services. It is time to conduct intervention studies across services</p>
Developing and Sustaining Competencies	Developing and Sustaining Competencies	<p>Corps Chief direction: What is it that we need to sustain an individual (casualty)</p>

	Definition: Describe the nursing competencies needed to sustain a patient from point of injury/event through the continuum of care. Evaluate educational interventions to enhance learning and retention of operational skill sets.	from the point of injury to definitive care? How do we efficiently and effectively prepare nurses to meet these care requirements and develop this skill set? This category applies to all forms of deployment: military operations, humanitarian, disaster, or homeland security
Clinical Resource Management	Category deleted —Fiscal analysis would be encompassed under translating knowledge/research findings into practice in a military context	N/A

During the discussion, MG Pollock and RDML Bruzek-Kohler expressed their support for the revised priorities. Lt Col Bridges clarified that post-traumatic stress disorder (PTSD) and related conditions originally fell under the Deployment Health category. The proposed Military Deployment category is broader, to represent a more holistic approach. However, TSNRP can call for proposals on specific topics, such as PTSD, when necessary.

Dr. Hinshaw suggested that TSNRP consider partnering with others, such as NINR and other National Institutes of Health (NIH) institutes, to support these types of research. RDML Bruzek-Kohler agreed and stressed the importance of allowing researchers to stay in their positions long enough to complete longer-term studies, instead of rotating out after 2 or 3 years.

Groups 2 and 3: OTHER ISSUES

OTHER ISSUES

RECOMMENDATION 1: BETTER COMMUNICATION OF FUNDING CATEGORIES

Statement of Issue

Need improved communication of overall TSNRP program, including funding categories, to reserve and guard.

Background

Continuing confusion in the field regarding eligibility for funding and/or various levels of funding.

Key Discussion Points

TSNRP guidelines for funding priorities and eligibility categories are clear.

The time has come to reach out to other organizations (especially disaster relief organizations, given the timely nature of the topic).

Plan of Action

Ongoing communication of funding opportunities and eligibility with SG Research Consultants/Specialty Leaders and Chief Nurses/Senior Nurse Executives across active duty,

reserve, and guard components
 Continue to encourage applicants to refer to published guidelines
 Revisit funding levels in different categories using guidance from long-established programs of research (e.g., NINR)

ACTION PLAN FOR RECOMMENDATION 1

<u>Action Item</u>	<u>Responsible Person</u>	<u>Timeline</u>
Ongoing communication of funding opportunities and eligibility with Surgeon General 's Research Consultants/Specialty Leaders, Chief Nurses/Senior Nurse Executives across active duty, reserve, and guard components	“Automatic” communication/alerts for opportunities, meetings, and calls for proposals at specified intervals	Ongoing
	TriService task force to identify ways to increase communication with guard and reserve component	July 2006

RECOMMENDATION 2: REGULATORY COMPLIANCE WITH REPORTS, WORKSHOPS, TRAINING

Statement of Issue

Desire to increase outcomes from workshops (e.g., publication workshop)
 Compliance issues regarding timeliness of regulatory reporting to include interim and final reports

Background

Ongoing challenges in adherence to regulatory guidelines, which affect ability to measure outcomes and disseminate findings to the scientific community and the public

Key Discussion Points

Lack of deliverable reports detracts from the credibility and standing of TSNRP when measured against national benchmarks from other funding agencies

Plan of Action

Withhold monies from investigators for extremely overdue interim reports
 Emphasize the importance of timely reporting at post-grant management workshop and grant camp
 Use chain of command to address PIs about delinquent reports
 Inform delinquent PIs they will not be considered for future funding until reports are received from previously completed studies
 Sign contract regarding reporting expectations at the outset of the study
 TSNRP has been and continues to be responsive to requests for additional assistance to complete reports.

RECOMMENDATION 3: TRANSFERABILITY OF TSNRP FINDINGS

Statement of Issue

Perceived lack of transferability from military to civilian research communities
 Narrow selection of publications that may not reach broader civilian audiences
 Need to translate military research findings to civilian audiences

Background

Limited outreach beyond the military scientific community

Key Discussion Points

Wider dissemination benefits TSNRP in the broader research community and provides broader opportunities for our researchers

Plan of Action

Continue presence at national specialty meetings (e.g., ANA State of the Science, American Association of Colleges of Nursing [AACN], Emergency Nurses Association [ENA])

Improve collaborative efforts with civilian agencies (e.g., NINR, Agency for Healthcare Research and Quality [AHRQ])

ACTION PLAN FOR RECOMMENDATION 3

<u>Action Item</u>	<u>Responsible Person</u>	<u>Timeline</u>
Continue presence at national specialty meetings (e.g., ANA State of the Science, AACN, ENA)	Advisory Council can brainstorm to identify appropriate organizations to coordinate opportunities for presentations and collaborations	Ongoing
Improve collaborative efforts with civilian agencies (e.g., NINR, AHRQ) and other military organizations (e.g., U.S. Army Medical Research and Materiel Command, Deployment Health Clinical Center)	Task force to explore external opportunities for collaboration	Ongoing

RECOMMENDATION 4: COMMUNICATION OF TSNRP OPPORTUNITIES WITH RESERVE AND GUARD

Statement of Issue

Information does not reach potential applicants at the unit level.

This is a potential source of university-based investigators.

Universities may not disseminate information to reserve or guard faculty.

Background

A majority of funded researchers have been from active force.

Key Discussion Points

Reserve and guard researchers bring diverse areas of expertise and research experiences.

Plan of Action

Electronic alerts for funding and meetings of TSNRP and other relevant organizations

ACTION PLAN FOR RECOMMENDATION 4

<u>Action Item</u>	<u>Responsible Person</u>	<u>Timeline</u>
Electronic alerts for funding and meetings of TSNRP and other relevant organizations	TSNRP staff	Ongoing

RECOMMENDATION 5: SUCCESSES OF TSNRP RESEARCH

Statement of Issue

Given its 10-year history, TSNRP is a success and is well positioned to move forward.

Background

TSNRP has unique benchmarks (e.g., support of novice researchers, post-award workshop, fast-track option).

TSNRP has supported dissemination of research.

Key Discussion Points

Success is limited by financial restrictions on some categories of funding (e.g., fast track).

Dissemination throughout the research process needs reinforcement and encouragement.

Plan of Action

Incorporate a dissemination plan and timeline within proposals

Encourage dissemination outside military publications and organizations

Develop a TSNRP marketing plan

ACTION PLAN FOR RECOMMENDATION 5

<u>Action Item</u>	<u>Responsible Person</u>	<u>Timeline</u>
Require incorporation of a dissemination plan and timeline in proposals	TSNRP	Ongoing
At grant camp, encourage dissemination outside military publications and organizations	TSNRP	Ongoing
Develop marketing plan for TSNRP with sufficient funding to produce a quality product with measurable results	TSNRP Director and Advisory Council	FY 2007

RECOMMENDATION 6: SMALL FOCUSED GRANTS

Statement of Issue

Unit-specific research, Master's prepared nurses to begin program of research

Background

TSNRP has been proactive in supporting novice investigators.

TSNRP created grant camp to support novices.

Key Discussion Points

TSNRP has appropriate support for this level of funding.

Plan of Action

Researchers to direct questions to TSNRP materials describing these research categories (e.g., novice researcher)

RECOMMENDATION 7: SUPPORT SKILL ACQUISITION

Statement of Issue

TSNRP will benefit by developing skilled researchers at all levels.

Background

Only one-third of TSNRP-funded studies have been published; research findings must be disseminated in a timely manner.

Translating evidence into practice is an essential skill for military nursing care.

Nurse researchers can lead this effort.

Key Discussion Points

Evidence-based practice is the standard for current health care practices.

The Joint Commission on Accreditation of Healthcare Organizations mandates the use of Evidence-based practice.

Plan of Action

Revise format of publication workshop to a product delivery model (e.g., manuscript development)

Continue EBP activities through the PODs.

Develop and offer an advanced grant camp to develop fundable intraservice and multisite peer-reviewed research protocols.

ACTION PLAN FOR RECOMMENDATION 7

<u>Action Item</u>	<u>Responsible Person</u>	<u>Timeline</u>
Revise format of publication workshop to a product delivery model.	TSNRP staff	Third or Fourth quarter of FY06
Continue evidence-based practice activities through the PODs.	TSNRP Director	Ongoing
Develop and offer an advanced grant camp to develop fundable intra-service and multisite peer-reviewed research protocols.	Lt Col Bridges, Sr Rosemary Donley	Third quarter of FY06(development) Offering 1 st quarter FY07

RECOMMENDATION 8: SUPPORT ROLE DEVELOPMENT

Statement of Issue

Some military medical leaders do not value the contributions of military nurse researchers, resulting in collateral duty assignments that preclude nurses from generating new knowledge through funded research studies.

Background

Collaboration with other researchers and research programs maximizes the quality of military nursing research. (This recommendation is supported by the 1996 IOM report.)

The role of the nurse researcher is not standardized within or between services.

Networking in the PODs and at meetings helps support role development and stimulate research ideas.

Key Discussion Points

TSNRP provides a format for the three services to harmonize a common vision of military nursing research.

Plan of Action

Consider developing a life-cycle model for military nurse researchers (from education to research to policy)

ACTION PLAN FOR RECOMMENDATION 8

<u>Action Item</u>	<u>Responsible Person</u>	<u>Timeline</u>
Consider developing a life-cycle model for military nurse researchers (from education to research to policy)	TSNRP Advisory Council	Second quarter of FY06

RECOMMENDATION 9: FUNDING MECHANISMS

Statement of Issue

Some funding mechanisms have not been fully used.

Background

No fast-track award proposals have been submitted; only one fellowship award has been funded. The IOM called for specific award mechanisms that would encourage infrastructure support.

Key Discussion Points

Corps Chiefs desire fast turnaround on key issues.

Plan of Action

Review all funding mechanisms

Support multisite studies

Improve marketing

Issue directed calls for proposals on topics of specific interest to Corps Chiefs

ACTION PLAN FOR RECOMMENDATION 9

<u>Action Item</u>	<u>Responsible Person</u>	<u>Timeline</u>
Review all funding mechanisms	TSNRP Advisory Council	Third quarter FY06
Support multisite studies and improve marketing	TSNRP Advisory Council	Second quarter of FY07
Issue directed calls for proposals on topics of specific interest to Corps Chiefs	TSNRP Director	Ongoing

Dr. Hinshaw suggested that in addition to focusing on the translation of TSNRP research into practice, the program should address the translation of its research into health policy at the patient care, organization, and other levels.

TSNRP has now built the infrastructure and begun to generate information that can underlie military nursing practice and thus improve health for service members and their families. In the next stage, the program should consider how to advance the science more completely and build programs of research. When substantiated results are available from several studies, the results can be translated into practice. Also, TSNRP should begin to look at how to enable cadres of nurses to work together. Collaborations are needed within the military and across disciplines. Finally, nurses who have just finished their doctoral programs should be teamed up with senior executives, which will provide an experience similar to a postdoctoral program.

FAREWELLS

MG Pollock commended participants for their “incredible amount of work.” RDML Bruzek-Kohler noted that we are on the verge of a new generation of triservice nursing research that will be more powerful than she had ever imagined. She suggested that TSNRP let her know as soon as possible if there is anything she can do so that the momentum can continue.

CDR Kelley closed the meeting by thanking the Executive Board of Directors, Advisory Council, and friends of TSNRP for a “wonderful working experience.”