DEAN'S Notes™
Volume 33, No. 5 • May/June 2012
Published by Anthony J. Jannetti, Inc. as a service to the National Student Nurses' Association, Inc.
A Communications Service to Nursing School Deans, Administrators, and Faculty

Joining Forces: From NSNA to Landstuhl Regional Medical Center

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Chance, coincidence, and the connections that come with involvement in professional associations and the National Student Nurses' Association (NSNA) can be life changing. For the fourth time in four years my husband, Michael S. Weingarten, and I are at Landstuhl Regional Medical Center (LRMC) in Germany. During our two-week session, he is again a civilian volunteer vascular surgeon caring for ill and wounded troops, airlifted from "down range" locations such as Afghanistan. During our past 3 trips (in 2009, 2010, and 2011), I served as a civilian volunteer with the Chaplains' Wounded Warrior Ministry projects (Weingarten, 2010a, 2010b). This year I am returning as a volunteer Education Consultant to the Department of Nursing, a role that reflects my work as faculty at Villanova University's College of Nursing and advisor to Villanova's chapter of the Student Nurses' Association. This article also presents a unique interpretation of what Michelle Obama and Jill Biden have addressed as "joining forces" in support of the military.

Coming to LRMC: Everything Connects

"Membership in the Student Nurses' Association (SNA) brings networks, friendships, and email contacts that can be life changing," say SNA advisors, explaining the many benefits of membership in the chapter, state, and National Student Nurses' Association (NSNA) to nursing students and colleagues. How often do those advisors realize that advice includes them, too?

On an ordinary October evening in 2008, my husband opened an unexpected email from the Society for Vascular Surgery (SVS), and our lives changed. In

response to shortages, the SVS called for members to serve as volunteer vascular surgeons caring for wounded troops airlifted from places like Iraq and Afghanistan to LRMC in Germany. At the time, we had never heard of LRMC and searched the Internet for information. After reading about LRMC, we volunteered together.

My husband was immediately accepted because he had the required credentials. I got a gracious email saying that no short-term program for nurses existed. Coincidentally, I already was registered for the Pennsylvania State Nurses' (PSNA) annual Summit, where the theme, Military Nursing, focused on "Heroes Helping Heroes: Transforming Trauma into Triumph." The keynote speakers included Lee Woodruff, whose husband, journalist Bob Woodruff, had been critically injured while on assignment in Iraq in 2006 and airlifted to LRMC, and U.S. Army General Deborah Wheeling. Sitting in the audience, I was both inspired by their presentations and devastated by my rejection.

"What advice would I give to any NSNA member with a goal and an obstacle?" I asked myself. "Be involved. Talk to people. Somehow everything connects." Already at the Summit, I stood in line as Lee Woodruff signed copies of her book, *In An Instant: A Family's Journey of Love and Healing*. When my turn came, I summarized my situation. Looking at me directly, Woodruff said, "Don't *ever* give up…. You'll find a way to get there, and you will be needed."

When I asked PSNA's Chief Executive Director, Betsy Snook, if I might meet General Wheeling, she grabbed my hand and presented me to her. Keeping in touch via email after the Summit, General Wheeling introduced me to Colonel (COL) Beverly Cornett, LRMC Deputy Commander for Nursing and the Europe Regional Command Regional Nurse Executive. Although a nursing program did not materialize at that time, COL Cornett and the chaplains invited me to volunteer with the Chaplains' Wounded Warrior Center projects. A few months later, at the April 2009 NSNA convention in Nashville, TN, I met COL Kathryn Schiedt, who had been one of COL Cornett's Chief Nurses and a mentor to her years earlier when they were assigned to Berlin. Everything connects.

LRMC Through Civilian Eyes

From our first days at LRMC in July 2009, my husband and I, working in different parts of LRMC, witnessed superb care in an atmosphere of extraordinary

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transition and diversity. How could we, who thought we were so involved in our professions, have known so little about the incredible work that takes place at LRMC?

Returning in 2010, I realized that another contribution I could make was to tell other nurses some of the story of this remarkable place and its staff. Nursing journalism has been my long-standing interest, and with appropriate permissions from LRMC, in 2010 I began an ongoing project of interviews with the nurses and nurse leaders of LRMC. This experience has been awesome, as people have spoken to me candidly and shared their insights and expertise. No one has ever told me what to write. The fascinating stories of each person could be the subject of a book or movie.

As this article goes to press, I am halfway through our fourth session at LRMC. Based in the Department of Nursing Education this year, I work through the Department's Chief, Lieutenant Colonel Rhonda G. Whitfield, MSN, RN, and her staff. When I first met Whitfield during our interview in 2011, I learned that her leadership and organizational skills were honed as an undergraduate at the University of Texas, Arlington, where she was chapter president of the Student Nurses' Association and a member of the National Student Nurses' Association. A year later, I am a volunteer through her department.

Education: Key to Success at LRMC

Superb patient care at LRMC reflects the success of the Department of Nursing Education, which deals with so much transition among staff and patients that the need for nursing education is constant. Here at the largest American military hospital outside the United States, the U.S. Army, Navy, Air Force, Marines, active duty, reservists, and National Guardsmen provide primary care, tertiary care, and treatment for more than 245,000 U.S. military personnel and their families within the U.S. European Command. About 30% of the nursing staff is civilians, many on two-year contracts. All nurses, physicians, and other health care professionals must be licensed in the United States because LRMC is an American military hospital in Germany and not a German hospital.

Casualties of U.S. operations within Europe, Southwest Asia, and other locations in the Middle East are treated at LRMC. The hospital is also known for its Combat Casualty Program, which is enhanced by expert civilian orthopedic and vascular surgeons, who volunteer their time at LRMC in blocks of at least two weeks through a special program sponsored by the American Red Cross. Expertise developed through caring for wounded troops from Operation Iraqi Freedom and Operation Enduring Freedom in Afghanistan have transformed LRMC into one of the most advanced trauma facilities in the world. In 2011, LRMC was designated by the American College of Surgeons as a Level I Trauma Center and is the *only* Level I center outside of the United States. Lessons learned about care of trauma patients in wartime have advanced care of trauma patients everywhere.

Transition, as well as diversity, defines LRMC. Length of stay for inpatients can range from a few hours to a few days. About 200 outpatients can be housed for up to 14 days at the Medical Transient Detachment (MTD). Troops from countries that do not have needed care facilities may remain at LRMC until they have healed, whereas the Americans return down range or are transported to the United States. Staff members often appreciate caring for Foreign National patients. Seeing them progress and heal can have important emotional impact for staff, whose patients are most often young adults transferred while still critically ill.

Along with ever-changing patients, LRMC's staff is in continual transition with someone always coming or going. Major Shannon Womble, head nurse of the ICU in 2010, described the turnover of over "400 nurses, mostly reservists" in her four years as head nurse in the ICU at LRMC and an "85% turnover of nurses" within her first two weeks at LRMC (Weingarten, 2010b). With transition as a way of life, new people are expected and quickly oriented and integrated. Groups of nurses on Womble's staff elected to deal with such transition by working together on the same shifts until it was time for their departure. Many civilian hospitals now have clinical ladders that allow the building of careers in staff nursing. In the military, however, as people advance in rank, their roles and assignments change accordingly. Nurses may arrive at LRMC in one role and complete their tours there in another role or unit.

Excellence Surmounts Obstacles

Regardless of what is going on and who is coming or going, *everyone* at LRMC must work together well. Excellence in practice, in staff and patient education, and in developing areas of research is expected. Every nurse at LRMC is both a learner and expected to be a "teacher" for patients and other staff. New to practice nurses receive support to develop quickly because they may become preceptors in the second of their three-year assignment at LRMC.

Orienting five groups of new to practice nurses per year, welcoming experienced nurses coming to LRMC for anywhere from a few weeks to three years, providing continuing education programs so nurses can meet requirements for license renewal, and working with LRMC's Nurse Scientists to integrate scholarship and research into nursing education and practice are among daily challenges for LTC Rhonda Whitfield and her staff. The key to safe transition is education, and the responsibility for educating an ever-changing stream of nurses lies with the Department of Nursing Education.

LTC Rhonda Whitfield: Teaching and Leading from NSNA to LRMC

"NSNA taught me how important it is to be confident and to be proud of professional nursing," says LTC Whitfield. During her student days as chapter President at the University of Texas-Arlington, she had to "…organize, plan, bring in resources and get people excited and motivated to be part of the chapter." By selecting educational programs to inspire members as part of her role, she also found her own career path. A speaker she invited from the U.S. Army proved so inspiring that Whitfield herself became a member of the Army Nurse Corps.

Beginning in a small hospital at Ft. Rucker in Alabama after graduation, Whitfield had the "cool" experience of being cross-trained for diverse areas ranging from general medical-surgical units to intensive care. Opportunities in intensive care followed at Walter Reed Army Hospital in Washington, DC, and Brooke Army Medical Center (BAMC) in her home state of Texas.

Switching to the Army Recruiting Command six years into her career, Whitfield said she "…came full circle. First, I was that NSNA member listening to the recruiter, and then I became the recruiter…and the only nurse." With her chapter presidency as simulation for future leadership, Whitfield became involved with the local community, as she traveled through all of northern Texas. Two years later, her team was in first place. She attributes her success to her roots in leadership through the SNA, learning to understand the ways an organization works and how to network, and, as a nurse, approaching things "honestly."

Whitfield's stellar career encompasses the kind of education, practice, and leadership experiences that well prepared

her for her current role as Chief of Hospital Nursing Education at LRMC. Promotion to Major followed the Army's sponsoring her master's degree from Texas Women's University (Dallas). To become well rounded, she then asked for assignment to the 115th Combat Support Hospital (CSH) where she was head nurse of the inpatient Progressive Care Unit (PCU) and the ICU based at Ft. Polk, Louisiana. For 15 months (2008-2009), she was deployed to Baghdad, Iraq, where she served as head nurse of the ICU. Her primary mission, however, focused on nursing care for Iraqis who were detained (Detainee Operations), and her love for education developed further. Through her work, she got to see the detainees as husbands and fathers and nursing education and practice as a way to connect and teach understanding across cultures.

Whitfield came to LRMC in 2009 as Director of the Army Nurse Clinical Transition Program for New to Practice Nurses. LTC Deborah Belanger mentored her so well that Whitfield became Chief of Hospital Education after her departure. Today, as an LTC herself, Whitfield mentors as she teaches other nurses at LRMC.

Conclusion

Here at LRMC in 2012, my husband and I see patient care continue without interruption, although all the patients are different and many of the staff members who welcomed us in 2009 have transitioned elsewhere. Our "old friends" are people we met last year. Many of our "new" friends of 2012 will be in different locations within the next year, yet the genuine welcome to us and the LRMC "campus" makes the place feel homelike.

Progress and change continue. For the first time ever, LRMC is headed by a nurse, COL Barbara Holcomb, MSN, RN. Deputy Commander, COL Jeffrey Ashley, PhD, RN, the first nurse with an earned doctorate to head nursing at LRMC, is seeing his vision of evidence-based practice and nursing research grow and develop. The Center for Nursing Science and Clinical Inquiry, headed by three Nurse Scientists, continues to develop with Nursing Education at LRMC. Their outcomes include the mentoring and advisement for evidence-based projects required of each class within the Army Nurse Clinical Transition Program at LRMC.

As a volunteer Nursing Education consultant, I have been glad to lead nursing Journal Club sessions, present programs related to nursing education to nurses ranging from novice to expert, consult with colleagues, and learn each day about the Nursing Education Department and nurses who ensure excellence in patient care in LRMC's extraordinary environment. Whitfield's leadership, begun through her roles in the Student Nurses' Association, fosters the success of her department and the education of nurses caring for patients with all levels of illness and injury. As Chief Nurse Educator for LRMC, her impact is present, whether her roles have her within the Nursing Education Offices or elsewhere. In "joining forces" from NSNA to LRMC, everything connects. DN

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Letter to the Editor

Two thoughts came to mind after reading the March/April article "The Nurse Education Imperative" (Lavizzo-Mourey, 2012). One thought is: the time for change is now or never. The other, more compelling thought is: nursing faculty development is now more critical than ever. In her editorial, Lavizzo-Mourey highlighted several creative ways to tackle barriers to education, including sharing curriculum across community colleges and universities. I would like to add that one major barrier in education which must be tackled is the development of a faculty workforce that possesses the skills crucial to shaping health care of the future.

The Institute of Medicine (IOM) report, *The Future of Nursing,* emphasized that nurses need to be better prepared in order to meet the changing demands of delivering highest quality health care. More specifically, nurses must demonstrate new advanced skills and competencies in care management, systems thinking, quality improvement, and interprofessional collaboration (IOM, 2011). In order for nurses to acquire these skills, the relevant competencies must be integrated and embedded into the curriculum of both pre-licensure and post-licensure nursing education. However, this may be challenging because many health care educators currently do not have a high degree of familiarity or expertise with these skill sets. Additionally, they may lack the skills necessary to facilitate small group learning and conflict resolution, which are important in the education of interprofessional groups (Hammick, Freeth, Koppel, Reeves, & Barr, 2007; Reeves, Goldman, & Oandasan, 2007). For example, in my personal experience working with faculty designing simulations, I found that many health care faculty, regardless of specialization, often struggle to articulate and describe the specific teamwork objectives that the students need to learn. One major area to start with in faculty training is Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS®), which is being implemented in health care facilities nationwide. It is imperative that faculty in pre- and post- licensure education become well versed in this teamwork and communication tool, so they can align and embed the four TeamSTEPPS competencies into the curriculum (Clapper & Kong, 2012; Clapper & Ng, 2012).

Without faculty development in these competencies, the theory-practice gap will be difficult to close, especially when attempting to implement the IOM report (2011) recommendations. If we need to propel nurses into roles where they will lead change and advance health, then faculty development is the proverbial horse that needs to go before the cart. DN

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Volume 33, No. 5 • May/June 2012

Dean's Notes is indexed in Cumulative Index to Nursing & Allied Health Literature.

Dean's Notes is published five times a year (September/October, November/December, January/February, March/April, and May/June) by Anthony J. Jannetti Inc., East Holly Avenue, Box 56, Pitman, New Jersey 08071-0056. Telephone 856.256.2300. FAX 856.589.7463. Address changes should include mailing label and be forwarded to the publisher.

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