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Sustaining Nursing Grand Rounds Through Interdisciplinary Teamwork and Interorganizational Partnership

A variety of clinical topics engage both military and civilian health care providers.

ABSTRACT

In 2017, Navy Nurse Corps executives launched a new nursing professional practice model that promotes operational readiness, professional development, and transformational leadership. This directive prompted nursing leadership at Naval Hospital Jacksonville (NH JAX) to conduct a needs assessment survey to determine what kind of educational initiative nursing staff members would most welcome in support of the goals of the new practice model. Survey respondents favored case studies presented in a nursing grand rounds format. Our change implementation team designed and executed the grand rounds program, offering lunchtime presentations every other month. Topics included a wide range of “high-risk/low-volume” procedures—those infrequently performed at participants’ clinical sites. Ten months after the initiation of grand rounds, surveys were distributed to NH JAX participants to assess their perceptions of the value of the sessions in terms of professional development, interdisciplinary teamwork, and strengthened institutional partnerships.

Of the 161 nursing grand rounds participants, 41 (25%) responded to the postimplementation survey. Responses indicated that participants valued nursing grand rounds in enhancing clinical knowledge (83% agreed), discussing research and evidence-based practices (71% agreed), supporting professional development (88% agreed), improving interdisciplinary teamwork (83% agreed), and solidifying interorganizational partnerships (73% agreed). This article presents the implementation of the NH JAX grand rounds program and demonstrates how nursing grand rounds can serve as an excellent forum in which to develop knowledge, showcase research and evidence-based practices, support professional growth, improve collaboration, and strengthen partnerships.

Keywords: clinical nurse specialist, interorganizational partnership, nursing grand rounds, nursing professional practice model, organizational change

The U.S. Navy Nurse Corps is a professional nursing workforce that currently comprises 4,168 active duty and reserve naval officers who represent a variety of nursing specializations and serve worldwide.¹ In 2017, Navy Nurse Corps executives launched a new nursing professional practice model that promotes operational readiness, professional development, and transformational

leadership. This directive prompted nursing leadership throughout the Navy to perform an introspective assessment at their respective commands to identify strengths, weaknesses, and opportunities in preparation for the deployment of the new model.

Naval Hospital Jacksonville (NH JAX) in Jacksonville, Florida, supports the U.S. Navy’s third largest

fleet, serving up to 163,000 beneficiaries through partnerships with local hospitals and physicians in the TRICARE network. Its mission is to heal our nation's sailors, marines, soldiers, airmen, and coast-guardsmen (both active and retired), along with their families.²

Figure 1. NH JAX Educational Needs Assessment Survey

- What classes do you feel would help your staff personally and professionally? Please list classes you feel would benefit you at NH JAX (e.g., clinical and career enhancing, quality and safety, disease processes, etc.).
- Indicate how these needs were identified (e.g., needs of staff, needs of patient population, patient safety reports, advances in healthcare, etc.).
- Please rate your preferred learning method (1 = most beneficial, 5 = least beneficial).

Rate 1-5	1	2	3	4	5
Lecture					
Case presentation					
Poster					
Self-learning					
Computer-assisted					
Journal review					
Games					
Simulation					
Grand rounds					

- The following educational needs were identified through patient safety reports and data analysis. Please rate topics you feel would be beneficial as a class (1 = most beneficial, 5 = least beneficial).

Rate 1-5	1	2	3	4	5
Blood transfusions					
Communication					
Critical values					
Outpatient falls					

- What is the best day of the week for class attendance?
- What is the best time of day for an hour-long class?
- How many years of nursing experience do you have?
- Comments:

BACKGROUND

The ability to provide patient-centered care depends on the staff's ability to maintain clinical competencies, and one of the best strategies for accomplishing this is to provide staff members opportunities to learn from each other's clinical experience. In response to the Navy Nurse Corps' commitment to develop competent nursing professionals, NH JAX nursing leadership collaborated with a strategically minded change implementation team, comprising clinical nurse specialists (CNSs), educators, and a nurse researcher, to promote nursing professional development at our institution.

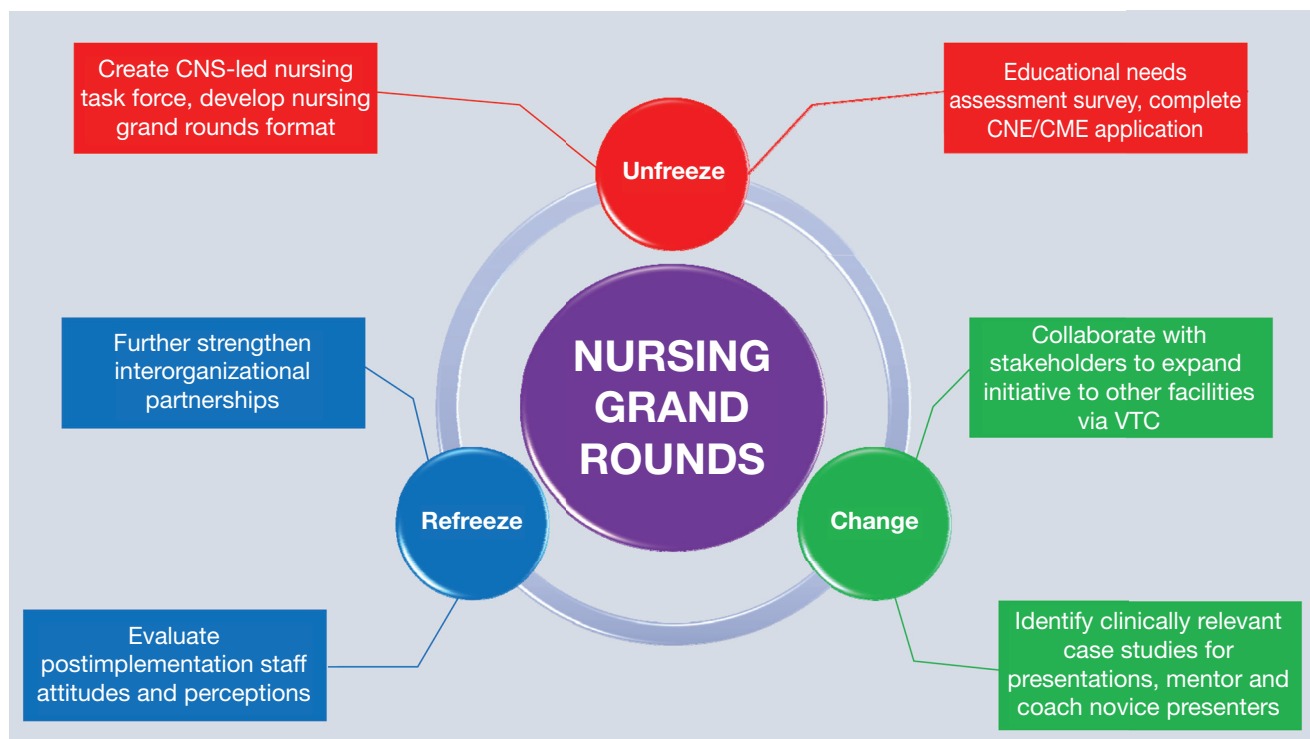
To establish a baseline and gain insight into the educational needs of nursing staff at NH JAX, our team developed an educational needs assessment survey that began by asking, "What classes do you feel would help your staff personally and professionally?" (see Figure 1). We disseminated the survey in both electronic and paper format to 256 staff nurses and collected responses over a four-week period. The survey questions focused on identifying clinical topics of interest, the time of day that would maximize staff attendance, the ideal setting for learning, and respondents' preferred presentation delivery methods.

Survey responses revealed that staff nurses were interested in grand rounds case studies that focused on high-risk procedures that were infrequently performed in their practice settings, including blood transfusion protocols, rapid response team procedures, military trauma logistics, treatment of complex metabolic disorders, and transitions of care for critically ill patients. These topics of interest correlated well with the most commonly submitted patient safety reports at NH JAX: adverse events related to miscommunication, unfamiliarity with clinical protocols, and unclear policies and procedures. Survey responses also indicated that the ideal presentation duration would be one hour, and that noon would be the best time of day to attend presentations.

The team reserved the main conference room to accommodate an audience of 20 to 40 interdisciplinary professionals, and presentations were scheduled on the fourth Thursday of every other month. Based on respondents' interest in receiving continuing nursing education (CNE) credits, the team submitted an application for CNE approval to the Navy Medicine Professional Development Center. A nursing grand rounds e-mail invitation that included course objectives and registration instructions for obtaining CNE credit was sent to all civilian and active-duty nursing staff.

The change implementation team also collaborated with the NH JAX nurses association, which supplied the food and beverages provided to attendees and assisted with marketing efforts. Nursing grand rounds advertisement flyers were created and posted on each nursing unit, and the hospital's

Figure 2. The Application of Kurt Lewin's Model of Change at NH JAX



CME = continuing medical education; CNE = continuing nursing education; CNS = clinical nurse specialist; VTC = video teleconferencing.

Management Information Department approved the request to publicize the activity throughout the organization via a screen saver.

Literature review. The CNSs on the change implementation team conducted a literature review using OpenAthens via CINAHL, Cochrane Central Register of Controlled Trials, DynaMed Plus, EBSCO, Google Scholar, Medline, Ovid Online, PubMed@NMeL, and PubMed Central, using the following search terms: *nursing grand rounds*, *Navy Nursing Professional Practice Model*, *clinical nurse specialist*, and *organizational change*. The team then evaluated “lessons learned” in the selected literature.

Grand rounds are a teaching methodology with a long history in medical education; nursing grand rounds began appearing in the literature in the 1960s.^{3,4} Armola and colleagues described nursing grand rounds as an active process that generates excitement and engages bedside nurses.³ According to these authors,³

Presenting a case study of a particular patient enables nurses to systematically examine a specific patient’s episode of care, review the pathophysiology, evaluate the nursing care provided, and relate the “doing” of nursing care to evidence and science. It further allows nurses to

extrapolate nursing care measures that colleagues can apply to their nursing practice.

Similarly, Furlong and colleagues found that nursing grand rounds are a useful means to connect evidence-based findings to clinical practice and improve outcomes of nursing care.⁵ More recently, Black and colleagues found that grand rounds methodology improved acquisition of knowledge, self-confidence in treating patients, and teamwork practices among physical therapy students.⁶ Wolak and colleagues found that nursing professionals demonstrated positive knowledge acquisition and reported high perceived value of nursing grand rounds as measured by a posttest and an assessment survey completed one year after the presentation.⁷

Rationale. Many hospitals around the world have implemented grand rounds, but not all have succeeded in sustaining them. In the Navy Nurse Corps, the challenge of sustaining educational programs such as nursing grand rounds may be further compounded by the constant flux intrinsic to military service, including deployments, transfers, and retirements. Another difficulty in sustaining nursing grand rounds is the limited pool of clinically relevant case studies involving infrequently performed, high-risk procedures that would interest nursing

staff at small-to-medium-sized hospitals and geographically isolated facilities. Therefore, it's incumbent upon nursing leaders to network with other interdisciplinary professionals, bridge partnership gaps between military treatment facilities and civilian hospitals, and solicit strategically minded clinicians, such as CNSs, to share their expertise.

Role of the CNS. The CNS often serves as a liaison between the multifaceted layers of health care delivery. As a military leader must be able to effectively translate the “big picture” or strategy to service members working at the tactical level, a CNS's role is to ensure that nursing staff members working at the unit level are in alignment with the goals and methods of the professional practice model. However, the CNS's greatest value stems from her or his expertise in relating equally to three spheres of influence: the patient and family, the nurses and nursing practice, and the organization or health system.⁸ Odedra and Hitchcock note the prime position CNSs often hold in activities that involve sharing clinical experiences, research, and knowledge.⁹ With our CNS-led initiative, we hoped to demonstrate that the goals of our professional practice model could be met by promulgating the nursing grand rounds effort through interdisciplinary teamwork and interorganizational partnership.

Specific aims. Guided by the results of the educational needs assessment survey and review of the literature, the NH JAX change implementation team set the goals for the nursing grand rounds initiative:

- Develop clinical knowledge across diverse interdisciplinary disciplines.
- Provide a venue to showcase research and evidence-based practices.
- Support the professional development of nursing staff.

NH JAX Nursing Grand Rounds Topics

June 2017: Blood Components and Blood Product Administration
August 2017: Management of Serotonin Syndrome
October 2017: Tracing a Patient Through the Military Trauma System
November 2017: Trauma from the Field to the Hospital: A Case Review
January 2018: Management of “Black Esophagus”
March 2018: The Safe Transition of Patients from Outpatient to Inpatient Care
May 2018: Diabetic Ketoacidosis
July 2018: Massive Blood Transfusion Protocol: A Case Study
September 2018: Postpartum Hemorrhage Following Twin Gestation Delivery
November 2018: Cardiac Arrest in the Operating Room
January 2019: Postpartum Flash Pulmonary Edema
March 2019: Augmenting Patient Care with Virtual Health

- Improve collaboration between interdisciplinary specializations.
- Strengthen partnership efforts with other military treatment facilities and civilian hospitals.

IMPLEMENTING THE GRAND ROUNDS INITIATIVE

Matamoros and Cook demonstrated that multidisciplinary grand rounds can serve as an effective forum for mentoring and supporting staff members' professional development.¹⁰ Hoping to replicate this finding and foster a culture of professional growth among interdisciplinary staff, the change implementation team structured the presentation format in a way that would promote mentorship between staff members: grand rounds presenters would be novice–expert dyads. A novice nurse who had been directly involved in a case study would present alongside a more experienced nurse or physician to gain presentation experience, including extemporaneous responses in open discussion and question-and-answer periods.

Four key elements were integral to the presentation format: case study; pathophysiology; discussion of situation–background–assessment–recommendation (SBAR; www.ihl.org/resources/Pages/Tools/SBARToolkit.aspx); and implications for practice.

Theoretical model. The team's model-of-choice for implementing nursing grand rounds was Kurt Lewin's model of organizational change because of its pragmatic framework and utility in integrating evidence-based practices into clinical practice.¹¹ Developed in the 1940s and still influential today, Lewin's theoretical model emphasizes recognizing that a change is needed, leading the change systematically, and championing efforts to sustain the change.¹² Figure 2 illustrates the three phases of the Lewin model of change—*unfreezing*, *changing/moving*, and *refreezing*—and how we applied them to initiating nursing grand rounds in our organization.

Unfreezing. In Lewin's unfreezing stage, a need for change is identified based on research findings, organizational demands, evidence-based practices, stakeholder requests, or needs assessments, and the organizational change is designed and clearly communicated to all stakeholders.¹³ At NH JAX, the challenge to the status quo was triggered by an organizational demand (the Navy-wide introduction of the new practice model), and we identified the new format (the form the change would take—that is, case studies presented at grand rounds) based on our needs assessment.

Changing/moving. The changing/moving stage entails transitioning stakeholders into a new way of doing things, while continuously assessing the development of the initiative. Strong collaboration with stakeholders becomes critical in this stage to ensure that change efforts are maintained.¹³

Refreezing. Per Lewin's theory, the newly implemented change is then reinforced in the refreezing

Figure 3. Nursing Grand Rounds Postimplementation Survey

Nursing Grand Rounds at Naval Hospital Jacksonville has:					
1.	Developed clinical knowledge across a diverse spectrum of care				
	Disagree (1)	Somewhat disagree (2)	Neutral (3)	Somewhat agree (4)	Agree (5)
2.	Provided a venue to showcase research and evidence-based practices				
	Disagree (1)	Somewhat disagree (2)	Neutral (3)	Somewhat agree (4)	Agree (5)
3.	Supported the professional development of nursing staff				
	Disagree (1)	Somewhat disagree (2)	Neutral (3)	Somewhat agree (4)	Agree (5)
4.	Improved collaboration between interdisciplinary disciplines				
	Disagree (1)	Somewhat disagree (2)	Neutral (3)	Somewhat agree (4)	Agree (5)
5.	Strengthened partnership efforts with other military treatment facilities and civilian hospitals				
	Disagree (1)	Somewhat disagree (2)	Neutral (3)	Somewhat agree (4)	Agree (5)

stage to prevent a relapse to former practices. To sustain the change, postimplementation feedback is essential, as it provides insight into the effectiveness of the new practice and awareness of the need to make further modifications.¹³

Intervention. The change implementation team introduced the bimonthly nursing grand rounds in June 2017. Case studies presented explored a wide variety of “high-risk/low-volume” procedures—that is, those rarely performed at participants’ clinical sites. Topics included the military’s Joint Trauma System, which is concerned with the delivery of trauma care; management of acute necrotic esophagus; coordination of care during the transfer of critically ill patients; and treatment of diabetic ketoacidosis. (See *NH JAX Nursing Grand Rounds Topics* for a complete list of topics covered.)

in Portsmouth, Virginia, with approximately 5,000 health care employees.¹⁵ We also extended an invitation to St. Vincent’s Ascension, a 528-bed civilian hospital in Jacksonville, Florida, owned by the nation’s largest nonprofit Catholic health care system¹⁶; St. Vincent’s staff members were able to participate in person at NH JAX. The inclusion of these three institutions in the educational experience aligned with the goals of expanding knowledge sharing and strengthening interorganizational partnerships.

Eight months after its inception, nursing grand rounds also gained the interest of the medical community; therefore, the team extended an invitation to participate to physicians and all other interested parties. We also ensured that continuing medical education (CME) credits would be available to medical attendees.

Staff members found the presentations to be relevant, informative, and effective in promoting collaboration among disciplines.

After two well-received, well-attended presentations, we extended invitations to participate by video teleconference to Naval Medical Center (NMC) Camp Lejeune, a newly designated medical center in Jacksonville, North Carolina, with a ready force of 1,840 military and civilian staff members,¹⁴ and NMC Portsmouth, a state-of-the-art medical center

After approximately 18 months, we further expanded the network of participants to two military health facilities in South Carolina, Naval Hospital Beaufort and Branch Health Clinic Charleston.

Evaluation. Ten months after the implementation of nursing grand rounds, the team developed a survey to evaluate the perceptions and attitudes of NH JAX

interdisciplinary staff members toward the new initiative (see Figure 3) and distributed it to staff members who participated in at least one nursing grand rounds event. Surveys were hand delivered and collected in person to maximize response rates while respecting anonymity.

POSTIMPLEMENTATION SURVEY RESULTS

The team used the postimplementation survey results to evaluate the effectiveness of the nursing grand rounds program in developing clinical knowledge, showcasing research and evidence-based practices, supporting staff professional development, improving interdisciplinary collaboration, and strengthening partnerships with other military treatment facilities and civilian hospitals. The results were analyzed based on a five-item, Likert-type rating scale ranging from agree (5) to disagree (1). Of the 161 nursing grand rounds participants, 41 responded to the postimplementation survey (for a 25% response rate). Respondents' feedback suggested that nursing grand rounds were valuable in enhancing clinical knowledge (83% agreed), discussing research and evidence-based practices (71% agreed), supporting professional development (88% agreed), improving interdisciplinary teamwork (83% agreed), and solidifying interorganizational partnerships (73% agreed). (For further details on the results, see Figure 4.) Comments suggested that staff members found the presentations to be relevant, informative, and effective in promoting collaboration among various disciplines,

and described the overall activities as holistic and educational. Also, respondents' replies indicated the need to further highlight more evidence-based practices and research, facilitate more nursing discussions, delve deeper into advanced pathophysiology, and consider audio and video recording to maximize information sharing with staff members unable to attend in person.

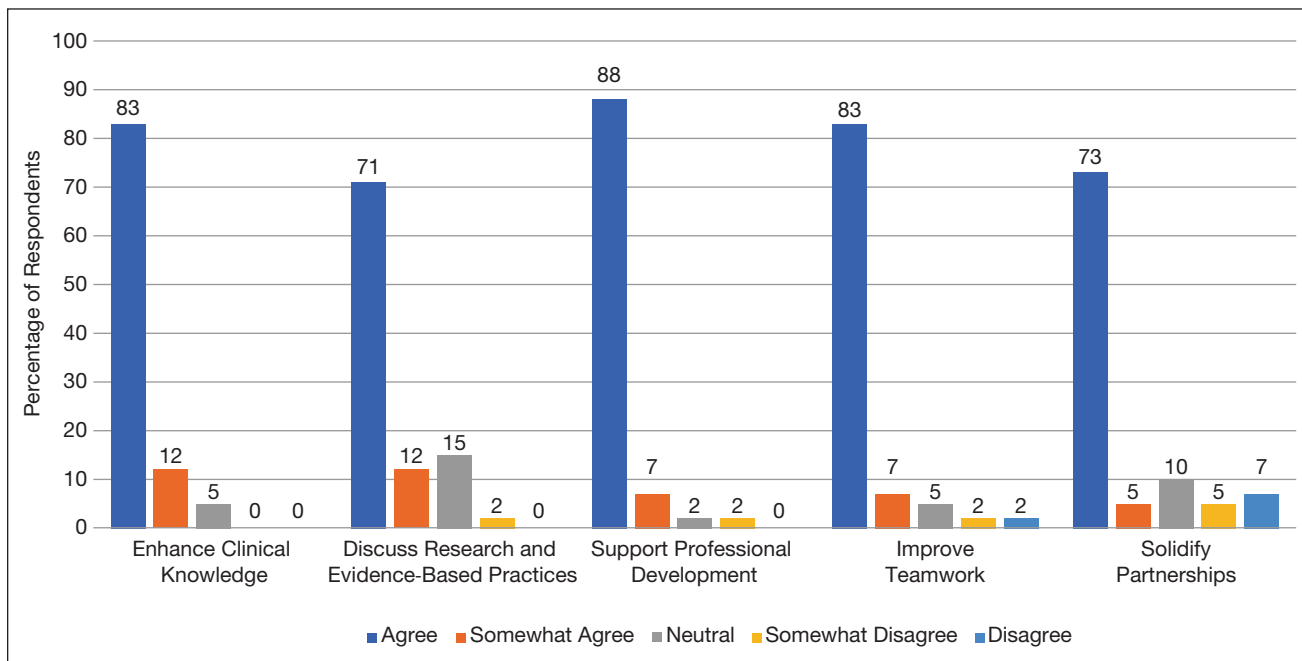
Between 30 and 40 staff members attended each grand rounds session, and on average, nurses accounted for 82% of attendees, while physicians accounted for 7%, and nonlicensed professionals (U.S. Navy hospital corpsmen, for example), 11%. The distribution of attendees across facilities was as follows: NH JAX, 68%; NMC Camp Lejeune, 19%; St. Vincent's, 11%; and NMC Portsmouth, 2%. (The two facilities in South Carolina joined our grand rounds network in December 2018, after we completed the postimplementation survey.)

Presentations lasted approximately 60 minutes, with 10 minutes allotted for questions and answers. In a 13-month period (June 2017–18), 161 staff members participated in NH JAX–sponsored nursing grand rounds, 31% as the result of partnerships. Participants have become eligible for 213 CNE or CME credits.

DISCUSSION

Postimplementation feedback from NH JAX staff members indicates that nursing grand rounds are an effective means for meeting the professional development and transformational leadership goals of the

Figure 4. Nursing Grand Rounds Postimplementation Evaluation (n = 41)



Navy Nurse Corps' nursing professional practice model. Interdisciplinary teamwork and robust partnerships between different organizations are precisely what will prevent nursing grand rounds from losing its luster, providing a potentially unlimited range of clinical case studies and the right level of expertise to share best practices. Approximately one-third of nursing grand rounds participants work in non-NH JAX facilities, a further indication that nursing grand rounds enhanced by video teleconferencing supports the expansion of institutional partnerships.

While our change initiative's design did not specifically test for whether a CNS is needed to successfully implement a large-scale project such as a multihospital nursing grand rounds program, we believe that other nurses or interdisciplinary providers could serve in this role; however, the professional who takes on the responsibility of spearheading such an undertaking must be well versed in the principles of quality improvement, including the design, methodology, and assessment of such initiatives. Nevertheless, the CNS is equipped with the essential core competencies most needed to effectively champion nursing grand rounds implementation and sustainment efforts: clinical practice experience, coaching and guidance expertise, research competence, systems leadership involvement, and strong collaborative skills.¹⁷

Limitations. It is important to note that the low postimplementation survey response rate (25%) was most likely influenced by the high staff turnover rate resulting from personnel transfers to other military facilities, deployments, or both. Another limitation was the lack of robust pre- and postimplementation data collection for each individual activity. Clinical knowledge was assessed solely on the attitudes and perceptions of participant respondents and not quantitatively measured using research methods. Technical difficulties with video teleconferencing posed the greatest risk to partnership communication efforts. To mitigate the risk of losing communication with other facilities, it proved critical to maintain strong rapport with information technologists for setup and troubleshooting purposes.

Implications for practice. The degree to which the multihospital nursing grand rounds program is sustainable will depend on how strongly it influences clinical practice. The ripples created by nursing grand rounds go beyond the individual nursing and medical professional; they also extend into the professional culture of each organization. Most importantly, however, they touch the lives of those we aspire to affect most: our patients. From a sustainability standpoint, it's invaluable to gain the perspective of the interdisciplinary and partnership stakeholders involved in nursing grand rounds. It could be said that the value of nursing grand rounds is proportional to the implications for practice as they relate to all stakeholders. Fortunately, improving interdisciplinary teamwork

and strengthening institutional partnerships are a high priority at NH JAX and all of our partner institutions.

Inviting physicians to participate in nursing grand rounds was a valuable innovation and aligns well with recommendations from a number of landmark statements on health care reform, including the Institute of Medicine's *Future of Nursing* report, which encourages nurses to become full partners with physicians and other health care professionals,¹⁸ and resources for improving teamwork and communication, such as the Agency for Healthcare Research and Quality's Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS).¹⁹ An interdisciplinary approach to grand rounds allows a team-based approach to open discussion of medical cases, including the evaluation of treatment decisions from admission to discharge. Examination of real case studies through grand rounds has helped to identify strengths of the treatment team, promoted honest discussion of clinical situations that may place nurses at odds with other providers, and provided an opportunity to highlight how challenges are overcome in clinical practice. As the grand rounds initiative continues to evolve, continuous surveillance through formal surveys, written feedback, and observation will become fundamental to the evaluation of effective collaboration between members of the interdisciplinary team.

Nursing grand rounds serve as an excellent forum in which to develop knowledge, showcase research and evidence-based practices, support professional growth, improve collaboration, and strengthen partnerships. A methodical approach to implementation, nonetheless, is key to ensuring that advances are sustained. Implications for practice suggest that the value of interorganizational partnerships between military treatment facilities and civilian hospitals cannot be overemphasized, as they lend a wealth of experience and provide an inexhaustible source of clinically relevant topics to interdisciplinary teams. ▼

Lieutenant Commander Dagoberto Salinas is an adult-gerontology clinical nurse specialist at U.S. Naval Hospital Jacksonville (NH JAX) in Jacksonville, FL, where Lieutenant Stephen Christopher Johnson (deceased) was a first-year medical resident. At the time of the grand rounds initiative, Commander Julie Anne Conrardy was program director for perioperative nurse training at NH JAX (she is currently quality manager for the operating room at Naval Medical Center San Diego) and Lieutenant Commander Tuesday Lynn Adams was an adult-gerontology clinical nurse specialist at U.S. Naval Medical Center Camp Lejeune in Jacksonville, NC (she is currently associate chief nurse of inpatient services at Captain James A. Lovell Federal Health Care Center, Great Lakes, IL). James Denning Brown is system director of clinical education at St. Vincent's Ascension in Jacksonville, FL. Contact author: Dagoberto Salinas, dagoberto.salinas.mil@mail.mil. The authors disclose no potential conflicts of interest, financial or otherwise.

The views expressed in this article are those of the authors and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, or the United States Government. LCDR Dagoberto Salinas, RN, LT Stephen C.

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