



Meet the Expert



Blurb:

The Office of Research PCS is excited to announce our new Research Scientist, Maria Yefimova Ph.D., RN. [Click here](#) to learn more about Maria and her work at Stanford Health Care.

Web Article:

My name is Maria Yefimova and I'm a new nurse scientist at Stanford Health Care, Office of Research. I am jointly-hired with the VA Palo Alto Healthcare System, where I conduct research in the Center for Innovation to Implementation. I just moved to the Bay Area from Los Angeles to follow this great opportunity.

Previously, I worked in long-term care and home health in Southern California, which inspired my interest in research. I obtained my doctorate in nursing from UCLA in 2016 through an accelerated BSN-to-PhD program. My dissertation focused on developing personalized predictive models for early illness among seniors living in "smart home" apartments. It was funded by the National Hartford Center for Gerontological Nursing Excellence, and the results were presented at the International Association for Geriatrics and Gerontology Conference in 2017. I completed my post-doctoral fellowship in the UCLA/VA National Clinician Scholars

Program, where I was among the first nurses to receive training alongside physicians in healthcare organization, financing, implementation science, and policy analysis.

I chose to come to Stanford because of its culture of innovation. I believe, nurses need to be present at the table during discussions about improving healthcare systems. We have unique clinical insights that are invaluable in developing new technologies, and our skills are critical in interprofessional team care for medically complex, older patients. In my new position, I will partner with clinicians and researchers at Stanford and across the VA nationally. I want to better understand how technology can address multi-morbidity, disability and social needs of older patients, to reduce their risk of hospitalization and nursing home placement. Moreover, I want to quantify the added value of nurses in home-based, geriatric and palliative care.

Article By: Maria Yefimova

Spotlight



Blurb:

F ground nurses connect and renew their practice with a lunch and learn where they showcased a variety of topics from the Annual Oncology Nursing Society National Congress.

Web Article:

Every year several F Ground nurses connect, renew their practice and present their work at the Annual Oncology Nursing Society National Congress - a meeting that draws together thousands of oncology nurses worldwide. However, these nurses do not typically get a venue to disseminate what they have learned in order to bring new knowledge to the bedside. We found that some of the barriers of dissemination were a reluctance to give a formal talk, lacking the time to come in on their day off, and no organized venue for them to share their knowledge. For that reason, I had the goal of making sure this year would be different.

With the help of our patient care manager, Judy Berry-Price and our Shared Leadership Committee headed by Liz Kelly, we were able to create a venue for these nurses to share their newfound knowledge and research projects. We created a casual 'lunch and learn' atmosphere where several of the nurses who attended the conference stationed themselves around our F Ground family room. For an hour, we had relaxed and friendly environment where people could drop by, have some lunch and ask them about their experiences. The topics presented ranged from, CAR-T cell therapy, holistic pain management, and resources on to how to conduct your own research projects. We timed this to coincide with the presenters' work shifts and attendance at a morning staff meeting so no additional trips to work were required. Managers, float nurses, break nurses, and our unit educator helped cover patients so nurses could both attend and present.

We tracked our attendance by using a sticker card given to each attendee, which was redeemed for a door prize. The F Ground lunch and learn was a great success, attracting twenty-two nurses, case managers, pharmacists and doctors. The feedback from staff was overwhelmingly positive and we look forward to hosting another F Ground lunch and learn in the future to streamline bringing evidence-based practice to the bedside.

Article By: Amy Parker

Education



Blurb:

This article describes a Top 10 list of benefits of having a research mentor and discusses how the mentor-mentee relationship can help advance your research goals.

Web Article:

The Top 10 Reasons We All Need A Research Mentor

In healthcare, we use the Evidence-Based Practice (EBP) model for implementing clinical change, and EBP changes are based on rigorous research evidence. When a clinician starts a research study it is helpful to work with a mentor who has been through the process before. One of the biggest challenges for any researcher is that 'you don't know, what you don't know.' This dilemma is obviously not limited to research. The journal Inc. has a top 10 list describing why all entrepreneurs need a mentor. This article uses the Inc. list as a spring board to talk about research mentorship. There is an incredible amount of overlap as a successful researcher also needs an entrepreneurial spirit to discover new knowledge. The original Inc article can be found at this url:

<https://www.inc.com/john-rampton/10-reasons-why-a-mentor-is-a-must.html>

1. Mentors provide information and knowledge.

- A research mentor needs to have experience in the areas of knowledge that you need. It does not need to be a clinical match. While a clinical match is helpful to understand the literature and the problem, it is not a deal breaker if the clinical knowledge is not there. The research mentor should have the research knowledge and guide to layout the steps in the research process; from idea, to protocol development, Institutional Review Board applications (IRB), grant funding, data collection, analytics and publication.

2. Mentors can see where we need to improve where we often cannot.

- Communication with the mentor is built on trust so that the mentor can offer advice on how to improve. Perhaps that means acquiring new skills or expanding/streamlining the study. It is very difficult to see our own blind spots. Creating openness to discuss ways to improve and learn is vital to the mentee-mentor relationship.

3. Mentors find ways to stimulate our personal and professional growth.

- The mentor suggests options for improvement. This can be personal, research related, or career related. It is different for everyone. The intent is to help achieve the research goals.

4. Mentors offer encouragement and help keep us going.

- The process of conducting a research study will almost always take much longer than expected. It is very easy to get discouraged and feel that setbacks are impossible to overcome. Mentors are vital at this juncture, to offer encouragement and suggestions to maneuver around the hurdles. There are always choices to be made when setting up a research study and hearing from someone who has "been there before" and can offer new insights.

5. Mentors are disciplinarians who create necessary boundaries that we cannot set for ourselves.

- Sometimes mentors must set boundaries. The boundary will vary according to the problem. Perhaps it is about the scope of the study, the funding or time. The options are endless. It is all part of helping with the logistics of the study and troubleshooting finite resources. The Inc. article describes this as "tough love."

- 6. Mentors are sounding boards, so we can bounce ideas off them for an unfiltered opinion.**
 - Brainstorming is great. The purpose of the mentor is to filter which ideas are relevant, achievable, and of interest to you.
- 7. Mentors are trusted advisers.**
 - Trust is priceless. Once lost it is very hard to regain. Choose your mentors carefully. Be certain your selected mentor has your best interests at heart. There is no copyright/patent protection for ideas. Once developed into a tangible product the tangible outcome may be copyrights/patented. The same process works in reverse, as the mentor may also share ideas and experiences. Confidentiality is at the core of a successful mentor-mentee partnership.
- 8. Mentors can be connectors.**
 - As described in the Inc article, mentors play a dual role of teacher and connector. Mentors have a wide network of contacts and are willing to introduce you to others who can help you.
- 9. Mentors have the experiences you can learn from to prevent making the same mistakes beginners make.**
 - It is useful when mentors share their stories of being in a similar predicament and explaining how they overcame or solved problems. A story should break the problem into pieces designed to help a new researcher avoid pitfalls.
- 10. Mentors are free, which makes them priceless in more ways than one.**
 - Why mentor? For many people, it is a chance to pay it forward, to give back, to pass on knowledge, and to feel good about helping others succeed. Today, no one succeeds alone. It is about finding the right match for skills and interests.

Check out the Inc. article and see if you agree that entrepreneurs and researchers have more in common than might be expected.

Article By: Mary E. Lough

Research



Blurb:

Karla Schroeder, DNP, MHS, ANP-BC, Heather Shaw, MSN, GNP-BC, and Lynn Hutton, LCSW from Palliative Medicine recently collaborated with Casey Miller, MSN, ANP-BC from the Mechanical Circulatory Support Program to discuss ethical decision making and moral distress related to caring for a complex patient situation. [Click here to read more.](#)

Web Article:

Each year The Journal of Hospice and Palliative Nursing presents an ethics series on challenging healthcare situations. The series elicits case-based situations which provide a foundation for translational science. These articles are written in efforts to provide evidence-based practice tools for nurses. Karla Schroeder, DNP, MHS, ANP-BC, Heather Shaw, MSN, GNP-BC, and Lynn Hutton, LCSW from Palliative Medicine recently collaborated with Casey Miller, MSN, ANP-BC from the Mechanical Circulatory Support Program to discuss ethical decision making and moral distress related to caring for a complex patient situation.

The intention of the article was to address the complexity of ethical decision making in healthcare and the ensuing moral distress for the providers who are immersed in difficult decisions. It addresses the internal battle a nurse may face when tensions exist between values, goals, or ethical ideals. A literature review was utilized to gain insights, best practices, and implications of ethical decision making. Many interactions with nurses in complex situations revealed they did not feel equipped, lacked guidance, and did not have the tools needed to work through ethical decisions and the resulting moral distress.

The nurses made it clear some cases were more ethically challenging and thus, created an increased presence of moral distress. Through professional experiences and interactions, the

interdisciplinary group of authors noted that pregnancy in the presence of serious illness heightened the sense of difficulty in ethical decision making and moral distress.

The article presented a complex case scenario and used an evidence-based ethical decision-making model. The 4-box methodological framework was used to provide a structure for evaluation of this complex case. This framework allowed translation of this model into a practice scenario and offers nurses insight into the application of the 4-box method in ethical decision making. The article also addresses moral distress from the patient, family and clinical perspective and provides guidance for the nurse who may encounter moral distress. Nurses may be able to use the tools, examples and information provided to help guide ongoing and future approaches to ethical decision making and moral distress.

Pregnancy in Serious Illness: It's Not Just Medical Decision Making.

Schroeder, Karla, DNP, MHA, RN, ANP-BC, NE-BC; Miller, Casey, MSN, RN, ANP-BC; Shaw, Heather, GNP-BC; Hutton, Lynn, LCSW

Journal of Hospice & Palliative Nursing: [June 2018 - Volume 20 - Issue 3 - p 212–216](#)
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Ethics Series

Article By: Karla Schroeder
