



Meet the Expert



Blurb:

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

Web Article:

My name is Monique Bouvier and I am the new Nurse Scientist in the Office of Research. I earned my doctorate in nursing research from the University of San Diego in January 2017, and just finished up a post-doctoral position at UC Davis. My dissertation research focused on understanding the subjective symptom experience in patients with influenza-like illness, while my post-doctoral work focused on several different areas of research including health innovation, Kawaskai disease, and heart disease.

Previously, I worked for the United States Navy as a Clinical Research Nurse in the pediatrics, nursing, and radiology departments. While in this position, I consulted with medical residents and nurses on how to develop a research project that was attainable or the amount of time they were stationed at the hospital. I have also been a nursing instructor for DNP and RN students in pediatrics, nursing research, clinical care and pharmacology. I have worked in clinical trial research, on and off, for 10 years, and directed several clinical trials in pediatric neurology. Additionally, I am a board certified pediatric nurse practitioner who practiced in a private pediatric neurology office in Orlando, FL. Currently, some of my life goals are to keep my 2.5-year-old son alive (he gets into EVERYTHING), and to find a house in this CRAZY bay area market.

I am very excited to be working at Stanford Health Care in the Office of Research. What drew me to Stanford was their mission and vision of "to care, to educate, to discover, and to heal through science and compassion." My research has always focused on exploring innovative methods to provide better care and education for patients. I am looking forward to collaborating with the staff here on how to translate their innovative ideas into an action to help the patients at Stanford Health Care.

Article By: Monique Bouvier

Spotlight



Blurb:

In an effort to provide on-demand, high quality, information resources to nurses working at Stanford Health Care, Michelle Bass, Nursing Liaison from the Lane Medical Library, embarked on a revitalization of the library's nursing portal page. Click [here](#) to view the new portal and explore these world class resources.

Web Article:

To provide on-demand, high quality, information resources to nurses working at Stanford Health Care, Michelle Bass, Nursing Liaison from the Lane Medical Library, embarked on a revitalization of the library's nursing portal page. Thanks to the excellent web design work of Olya Gary, Judy Kmetko, and Mimi Shalf, there are now two distinct nursing portals, one for SHC nurses focusing on resources for adult patient populations, and the other for LPCH nurses with materials focused on pediatric patient populations. There is overlap, for many of the point-of-care tools and nursing literature databases. However, Michelle has tried to highlight databases, mobile applications, and diagnostic resources that will be of particular use to the SHC nursing community. This is a "living document" and content will be updated and amended as new resources are added to the collection. Please feel free to reach out to Michelle directly (michellebbass@stanford.edu) with suggestions for additional materials you think should be highlighted on this portal. And as always, if you are interested in collaborating with Michelle on a literature review, please start by filling out the Literature Review request form: <http://bit.ly/LaneLitReviewService> and learn more about the literature review service at <http://lane.stanford.edu/using-lib/lit-search-agreement.html>.

Article By: Michelle Bass

Education



Blurb:

Lack of time is a major challenge when doing research. One of the ways to "expand" your time is to obtain funding, i.e. grant funds may be used to hire a research assistant. Click [here](#) to learn more about funding options for pilot/ small studies.

Web Article:

Exploring Funding Options for a Pilot Study

As a new researcher, funding your research is not the first topic that comes up when you first think of a great idea. When caught up in the excitement of discovery, the practical realities of completing the research are easy to overlook. It is also easy to imagine that you will have the time to do everything by yourself. Unfortunately, in the world of modern healthcare, everyone needs extenders to make their time and expertise go further. This is a short primer on why funding is helpful, making a budget, and where to apply.

Why Funding is Helpful for Research

Funding can be used to hire a research coordinator to help with data collection, to provide gift cards to participants, or to buy equipment and supplies needed for your study. For example, if you are enrolling 100 patients in your study, you may not have time to personally enroll all of them. Enrollment can be assigned to the research coordinator. If you are doing a chart review, you may lack time to screen 500 charts - a research coordinator can help with this. An honest assessment of how much work and time you will need from a research coordinator can help you write a realistic budget. Most research studies take longer than expected and it is helpful to consider both the best- (shortest time) and worst-case (delays, longer time) scenarios. If you need a specific piece of equipment or ongoing supplies, add in these costs. You may need the expertise of an ongoing service such as transcription, translation, or a simulation laboratory, add these services after getting quotes from different vendors. If a vendor is not based at Stanford, they will also need a business agreement with the hospital before you use their services. Often gift cards are given to participants to acknowledge their time and effort. Doing a mental walk-through of your study procedures will help you figure out where funding will help you.

Making a Budget

Most research grants have a section for a budget. Some grants include the researcher's salary, others do not. If the researcher's salary is not included, consider what aspects can be completed by a research coordinator or whether the data can be obtained in a different way.

Example of a Pilot Study Grant:

Research assistant to help with chart review:	20 hrs at \$30 per hr = \$600
Audio-recorder for patient interviews:	\$100
Transcription Service for 10 hours of recording:	10 hrs transcription at \$100 per hr=\$1,000
Total:	\$1,700.00

Where to Apply for Funding:

Legacy Grant: Nurses at Stanford Health Care can apply for the Stanford Nursing Alumnae Legacy Grant twice a year. The applications are due April 30th and October 31st. The grant

amount is up to \$10,000 (total). This is an ideal grant for pilot studies and smaller scale studies. The application is two pages long plus a budget. The applications can be found at the website of the Stanford Health Care Office of Research, Patient Care Services (ORPCS.org)

<http://orpcs.org/research/legacygrants>

Professional Nursing Societies: Many nursing organizations have grants that are available to members. These are national level and are more competitive. The same principles apply to all grants. Follow the instructions on the application and provide a budget and justification for the budget.

Some grant opportunities for nurses are listed below (alphabetical).

Academy of Medical Surgical Nurses: <https://www.amsn.org/practice-resources/research/research-grant-funding>

American Association of Critical Care Nurses (AACN): <https://www.aacn.org/nursing-excellence/grants>

American Organization of Nurse Executives (AONE): <http://www.aone.org/aone-foundation/research/smallgrant.shtml>

American Nephrology Nurses Association (ANNA): <https://www.annanurse.org/professional-development/research/grants-and-awards>

American Society for Paraneesthesia Nurses (ASPN): <http://www.aspan.org/Research/Research-Grants>

Daisy Foundation: <https://www.daisyfoundation.org/research-ebp-grants>

Oncology Nurses Foundation: <http://www.onsfoundation.org/apply/re>

Sigma Theta Tau: <https://www.sigmanursing.org/advance-elevate/research/research-grants>

Society for Simulation in Healthcare: <http://www.ssih.org/Membership/Research-Grant>

Also, please check out the class Lane Medical Library is having on August 15th specifically focusing on "Finding Funding."

Article By: Mary E. Lough

Research



Blurb:

It was one incident, an incident rare and controversial, but relevant in our adult Intensive Care Unit (ICU) nursing practice. In our ICU culture, a child visiting our high acuity environment is almost taboo. [Click here to read how staff are embarking on a study to foster greater patient-centered care in the ICU.](#)

Web Article:

A Staff Nurse's Perspective for Initiating Research at SHC

It was one incident, an incident rare and controversial, but relevant in our adult Intensive Care Unit (ICU) nursing practice. In our ICU culture, a child visiting our high acuity environment is almost taboo, for well-intended reasons. This incident spurred an involved discussion and exchange of ideas and beliefs amongst our peers. Nobody knew a definitive answer on how the situation, and future incidents could be handled best; nor did anyone have a resource to fall back on for proper guidance. Some decided to agree in part, and some had to agree to disagree. The uncertainty and discomfort on the topic was palpable. We knew, a similar situation could and would occur in the future. How would we get it right?

With a burning curiosity, I decided to do an initial review of the Stanford Health Care (SHC) child visitor policy. It was interesting that I found nothing specific to children for any of the adult units, much more the ICU. Similarly, the Children's Hospital did not offer anything specific either. I consulted with one of SHC's Research Scientist's who agreed that it would be a feasible research study to embark on. This officially started my quest to look for studies on children visiting adult ICU's. This initial search yielded very few results in terms of having firm and proven guidelines about the subject of interest. I was on to something quite unexplored.

As the current representative of the unit to the hospital-wide Research and Innovation Council, I was in a good position to attempt a study on the subject. I rallied the support of our Unit Manager, our Clinical Nurse Specialist, the Unit Educator, and the rest of the management team (including resource nurses and Unit Council Shared Leadership group).

A research group composed of 3 staff nurses including myself was formed. We set out to formalize our review of literature search using the search words “children visiting the adult ICU” as well as “nursing and child visitors”. We created a table to help organize our search via Google Docs, created a study timeline, chose studies that have questionnaires that helped our aim to explore and understand the reasons why adult ICU nurses, have strong opinions and preferences about allowing young children to visit the adult ICU environment. We also had to brainstorm on a tentative and working title and eventually chose “Putting the Family in Family-Centered Care: Expanding Adult ICU Visitation to Children.”

Armed with what we know, what we aim to understand and do, an idea on how to approach our study, a questionnaire we built and a myriad of questions moving forward, we officially consulted with the Executive Director of the ORPCS Dr. David Pickham. Our meeting proved to be productive as we reviewed and discussed the contents of our tool line by line. We got what we needed and with even greater ideas of expanding the study beyond Stanford to fill a knowledge gap in nursing. It was inspiring to envision something that we could contribute to what we do best in everyday practice.

In summary, it started with:

1. A nagging question: Feeding the spirit of inquiry
2. Desiring to know more: Finding what is known and unknown about the subject
3. Formulating a research question and delineating aims
4. Having a supportive group of people that would help make things happen: Manager and team, Clinical Nurse Specialist, Unit Educator, Shared Leadership
5. Knowing who to ask for guidance: The Research and Innovation Council (Diana Zhen), ORPCS (Dr. David Pickham and Nicholas Berte), Lane Librarian (Michelle Bass)
6. Knowing where to look for resources: Budget, SHC Legacy Grant
7. Knowing the steps and limits to reach your goal: IRB clearance, Timeline
8. Withstanding obstacles when they arise

To date, our IRB clearance was granted. Our application for the SHC Legacy Grant was accepted with minor conditions. We are currently coordinating with Nicholas Berte of ORPCS to help us with uploading our tool into REDCap and testing it out. Concomitantly, we are inspiring our colleagues at E29 Cardiovascular ICU (CVICU) to participate and contribute by completing the survey this June and July 2018.

We are so far on target with our timeline with minor shifts here and there. We also continue to discover literature as we move on to data collection and interpretation, then to dissemination of results. In the end, we aim to create a nurse-driven child visitor policy and guideline in the adult ICUs at SHC. At this point, as we try to search for answers to find the best evidence for our nursing practice, we have learned new things and have broadened our perspective through the process.

It is my hope that this narrative will hold as a testament that nurses are researchers at heart. We are at the core of the health profession, gluing together what works best for the patients in our care 24/7. In all that we do, we with our inquiring minds, subconsciously evaluate our day-to-day encounters. All we need to do is find avenues to express our innovative ideas into research to drive and dictate our own professional practice as nurses in health care.

Article By: Genalin Soriano
