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Featured Article

Veteran and Family Health: Building Competency With Unfolding Cases

Glenise McKenzie, PhD, RN*, Heather Freiheit, MM, RN, Dori Steers, MSN, RN, Joanne Noone, PhD, RN, CNE

Oregon Health & Science University School of Nursing, Ashland, OR 97520, USA

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veteran-centric care;
case-based learning;
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Abstract: There are 22 million veterans in the United States and more than one million children who have a parent deployed in the military. As the number of veterans in need of health services increases, it is imperative for nurses in all care settings to understand the potential impact of military service on the veteran and their families. This article introduces an innovative set of unfolding live-actor cases used in classroom and simulation for students to gain competency in caring for veterans and their families. Adaptation of existing learning activities is one way to infuse veteran-related concepts into a program of study.

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There are currently 22 million living U.S. military Veterans (U.S. Department of Veteran Affairs, 2014), and approximately 40% receive care through a Veteran's Health Administration facility (U.S. Department of Veteran Affairs, 2015). Therefore, nurses in a variety of non-Veteran's Health Administration health care settings are likely to work with veterans and their families. Since 2001, almost 2.5 million military personnel have been deployed, many to the conflicts in the Middle East (U.S. Department of Defense, 2013). Returning veterans are experiencing staggering rates of post-traumatic stress disorder (PTSD), traumatic brain injury, military sexual trauma, domestic violence, and suicide (Johnson et al., 2013), highlighting the critical importance of nurses in supporting the health

of these at-risk individuals and their families. Family members of deployed military personnel and veterans also experience stressors, especially those who are involved with veterans returning from our current conflicts (Lester et al., 2010). In 2013, almost 1.2 million children in the United States had a deployed parent; these children represent 62.7% of family members of active duty military (U.S. Department of Defense, 2014). Children of deployed military parent/parents are at increased risk for stress-related behavioral problems including acting out and decreased academic performance, as well as the psychological problems of depression, fear, and anxiety (U.S. Department of Defense, 2010). As the number of men and women veterans in need of health services increases, it is imperative that health care professionals, in all care settings, understand the potential impact of military service on veterans and their families.

* Corresponding author: mckenzig@ohsu.edu (G. McKenzie).

First Lady Michelle Obama and Dr. Jill Biden introduced their “Joining Forces” initiative in 2011. Joining Forces work in collaboration with the public and private sector to help support veterans and their families through wellness, education, and employment, including calling attention to

the critical issues they face (The White House (n.d.), para. 1). The American Association of Colleges of Nurses (2015), among other nursing organizations, encourages nursing schools to pledge to “enhance the preparation of the nation’s nurses to care for veterans, service members, and their families.” Because of this pledge, nursing faculty in an undergraduate program participating in a Veterans Affairs Nursing Academic Partnership (VANAP) developed an innovative set of unfolding live-actor cases. These unfolding cases are used in both the classroom and simulation to prepare students to address the complex care issues faced by veterans and their families. Unfolding cases across multiple courses are a way to increase complexity of learning within a familiar context (Porter-Wenzlaffs, 2013). Adapting cases from several different courses into one unfolding family case study gave us the opportunity to incorporate complex problems and stressors faced by veterans and their

families. Unfolding cases, in which students gain access to client information over time, and live-actor simulations are both associated with high-level learning outcomes, according to Bloom’s taxonomy, because students are applying learning to new simulated clinical situations (West, Usher, & Delaney, 2012). These teaching strategies can also help students to better connect theory with clinical practices, a key recommendation of Benner, Sutphen, Leonard, and Day (2010). Live-actor simulations are associated with greater mastery of student competencies than traditional learning methods (Shin, Sok, Hyun, & Kim, 2015). A recent meta-analysis demonstrated that simulations using standardized patients were associated with improved communication, knowledge acquisition, self-efficacy, learning motivation,

and clinical competency in learners (Oh, Jeon, & Koh, 2015). A key benefit of these learning strategies include: they are situated in authentic problems that can be tailored to student level, whereas the goals of the class, the learners, and the content of learning can be considered (Day, 2011).

Key Points

- Most of the veterans seek health care in non-Veteran’s Health Administration settings which places nurses in all care settings in a perfect position to identify the unique health needs and risks of the veteran population in this county.
- Undergraduate education must include content on veteran-centric care (assessment and treatment) to prepare future nurses to care for the growing number of veteran families with complex health care needs.
- Unfolding cases within the undergraduate curriculum provide an opportunity to adapt and integrate content-specific material to the complex health needs of veterans and their families.

Description of the Project

A set of unfolding cases was developed to teach veteran-focused care to prelicensure students across three of their required courses as part of VANAP. Historically, three separate case studies were being used in these courses before the VANAP project but were not situated with the care of the veteran. These three cases were adapted and merged to create one family unit experiencing military-related stressors and health effects. The original cases were designed to meet objectives specific to each courses’ curriculum. These learning objectives were maintained, and additional case information and objectives specific to veteran-centric care were added (Table). Content and objectives were modified to reflect prevalent health concerns of veterans (based on literature review) and relevant clinical practice issues (in consultation with VANAP faculty and other faculty with content expertise).

Faculty development to support teaching about veteran-centric care included presentations by the VANAP team members and sharing of resource lists. Faculty guidelines for simulation debriefing were developed for each scenario related to the supplemental readings, video, and Web page links assigned to the students. For example, a short “fast fact” sheet was included for faculty who participated in the pre- and postdebriefing of *Mickey* to facilitate discussion of specified enduring understandings (signs, symptoms, behaviors, overlapping issues of traumatic brain injury, PTSD and alcohol withdrawal). A meeting was scheduled with faculty and the simulation specialist a week before each scenario to review the changes in the simulation script and debriefing guidelines. Simulation specialists also introduced faculty to the actor the morning of each simulation and offered a chance to review any concepts the faculty felt uncomfortable presenting.

Fifty-six students, which included eight VANAP scholars, participated with the first-year faculty to implement this adapted learning activity. Over the ensuing 2 years, 167 students have had the opportunity to engage with the unfolding veteran-centric family cases. To support students’ understanding of the effects of deployment on children and partner’s, additional reading assignments specific to the topic of each scenario were added to the students’ preparation before their simulation experiences. All scenarios included time for faculty and students to prebrief and debrief related to learning objectives and targeted enduring understandings specific to each case. To facilitate a deeper engagement between the student and the desired learning

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