



Featured Article

Using Simulation to Teach Veteran-Centered Care

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KEYWORDS

simulation;
veteran-centered care;
military;
post traumatic stress
disorder

Abstract: The purpose of this article is to provide information about the health care needs of veterans through dissemination of a simulation scenario that can be used to educate and prepare students in schools of nursing or in clinical settings to improve the quality of care for veterans. An estimated 23 million veterans live in the United States and Puerto Rico. Only 8 million veterans are enrolled in the Veterans Health Administration (VHA). As a result, millions of veterans receive care in civilian hospitals, where nurses and other health care providers may be unaware of the many health care needs related to military service. This high-fidelity clinical simulation scenario and the discussion of unique needs of patients who are veterans are presented to improve this situation.

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An estimated 23 million military veterans live in the United States and Puerto Rico (U.S. Department of Veterans Affairs, 2009) and share common physical and mental health care needs related to their military service (Hobbs, 2008). In recognition of the unique health needs of veterans, and to ensure their ongoing health care, President Hoover, in 1930, ordered the consolidation of several veterans benefits departments, creating the Veterans Administration (VA). It was renamed the Veterans Health Administration (VHA) in 1991 (U.S. Department of Veterans Affairs, 1997). The mission of the VHA is to meet the needs of U.S. veterans by providing both primary and specialized care, as well as social support services

(U.S. Department of Veterans Affairs, 2009). The VHA is the largest health care system in the United States, with 163 hospitals, 600 community-based clinics, and 134 nursing homes (Ohldin, Taylor, Stein, & Garthwaite, 2002).

Currently there are veterans who served in World War II, the Korean War, the Vietnam War, Operation Enduring Freedom (OEF), and Operation Iraqi Freedom (OIF), as well as many who served during times of peace. Although women represent 8% of the overall veteran population, the percentage of women veterans since OEF has risen to 16% (Savitsky, Illingworth, & DuLaney, 2009). The veteran population has also become more racially diverse in recent years, with 25% of veterans being ethnic minorities (Savitsky et al., 2009). Only 8 million of the estimated 23 million veterans are enrolled in the VHA system (U.S.

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Department of Veterans Affairs, 2010c). In addition, many of the OEF and OIF veterans are National Guard members and reservists who often live in areas without ready access to a VHA facility (U.S. Department of Defense, 2006). This means millions of veterans receive their health care at civilian hospitals and from civilian health care providers, who may not be familiar with the many unique physical, mental, and emotional needs related to military service.

Key Points

- Veterans have unique health care needs related to military service.
- Millions of veterans receive health care in civilian hospitals.
- A high-fidelity clinical simulation experience can help prepare nurses to meet the unique health care needs of veterans.

Seal et al. (2009) found that 36.9% of Iraq and Afghanistan veterans received a mental health diagnosis, 21.8% were diagnosed with post-traumatic stress disorder (PTSD), and 17.4% with depression. PTSD places veterans at increased risk for drug and alcohol

abuse (Hobbs, 2008). Traumatic brain injuries as a result of improvised explosive devices are common injuries sustained by OEF and OIF veterans. Bascetta (2007) reported that 65% of injured OEF and OIF service members sustained injuries related to improvised explosive devices. Recent studies have also linked military traumatic brain injury with PTSD (Hesdorffer, Rauch, & Tamminga, 2009; Pietrzak, Johnson, Goldstein, Malley, & Southwick, 2009). Tinnitus is reported as the No. 1 diagnosis of veterans from Iraq and Afghanistan; combined with hearing loss, it is the most prevalent service-connected disability of veterans receiving compensation during 2009 (Basu, 2010). Veterans in their 50s and 60s are becoming aware of hearing loss that can be traced to combat duty in Vietnam (Frazier, 2010).

Gulf War illness is a syndrome characterized by fatigue and multisystem complaints affecting veterans deployed to the Persian Gulf in the early 1990s during Operation Desert Storm (Kang, Li, Mahan, Eisen, & Engel, 2009; U.S. Department of Veterans Affairs, 2010a). Although no one disease has been linked to the syndrome, environmental or chemical exposure has been a focal point. Military chemical exposure has been linked to the Vietnam War as well (Predeoux, 2010). Between 1966 and 1971, more than 19 million gallons of dioxin-containing herbicides, one commonly referred to as Agent Orange, were sprayed in Vietnam for defoliation and crop destruction (Environmental Agent Service, 2003). Four types of cancer have been positively associated with Agent Orange exposure, and evidence suggestive of association has been reported for Parkinson's disease, ischemic heart disease, type 2 diabetes, prostate cancer, and additional conditions (Institute of Medicine, 2009).

It is critical that nurses be sensitive to and anticipate meeting the unique needs of the veterans they serve. However,

a search of commonly used medical—surgical nursing textbooks (Black & Hawks, 2009; Ignatavicius & Workman, 2006; Lewis, Heitkemper, Dirksen, O'Brien, & Bucher, 2007) and psychiatric nursing textbooks (Fortinash & Holoday-Worret, 2007; Kneisl & Trigobogg, 2009; Pedersen, 2008) revealed no mention of veteran health care, raising concerns that student nurses may not be prepared to care for veterans. In 2008, the American Nurses Association House of Delegates, in recognition of this gap, voted overwhelmingly to work with the VHA to increase awareness of veterans' needs among nurses and to advance care and research in the area of veteran health (Trossman, 2010).

Purpose

The purpose of this article is to improve the quality of care for veterans through dissemination of a simulation scenario that can be used to educate and prepare both students in schools of nursing and nurses in clinical settings. The scenario was developed within one VA Nursing Academy, which began in 2007 with the goals of (a) expanding the numbers of nursing faculty, (b) increasing the number of nurses with baccalaureate degrees, (c) providing opportunity for education and practice innovation to improve care of veterans, and (d) increasing recruitment and retention of nurses at VHA facilities. Students' lack of knowledge related to care of veterans prompted the development of this scenario.

Simulation that uses high-fidelity manikins has become increasingly common in nursing education (Rourke, Schmidt, & Garga, 2010). It has been found to improve clinical skills and student self-confidence (Harder, 2010), as well as to improve patient safety competency on the part of student nurses (Ironsides, Jeffries, & Martin, 2009). In our experience, students are often intimidated and anxious about being assigned to clinical encounters at the John D. Dingell VA Medical Center. Participating in a high-fidelity simulation experience has the added benefit of introducing students to veteran-centered care in a nonthreatening environment.

We developed the *Care of the Veteran* simulation scenario in accord with the guidelines suggested by Waxman (2010). In addition to veteran-centered care, the scenario incorporates quality and safety initiatives based on the 2010 National Patient Safety Goals (Joint Commission, 2010). The primary learning objectives of the scenario are to (a) determine a plan of care based on assessment findings, (b) apply principles of prioritization in planning and implementing veteran-centered care, and (c) apply principles of patient safety in implementing the plan of care. Secondary learning objectives are to (a) identify symptoms of PTSD, (b) interpret lab values and diagnostic tests, (c) use the situation—background—assessment—recommendation (SBAR) communication technique, (d) assess fall risk and level of risk for skin breakdown, (e) apply principles of therapeutic communication, and (f) value the service and sacrifice of veterans. The content of the scenario was reviewed and validated by a panel of experts in nursing,

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