

OPPORTUNITIES, HURDLES, SOLUTIONS, AND APPROACHES TO TRANSITION MILITARY VETERANS INTO PROFESSIONAL NURSING PROGRAMS[☆]



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Capitalizing on the almost 2.2 million service members returning from Operation Iraqi Freedom and New Dawn (OIF) in Iraq, and Operation Enduring Freedom (OEF) in Afghanistan, baccalaureate educators are encouraged to create realistic, applicable nursing transitional programs for the health and health-related oriented military veterans. Opportunities, hurdles, and solutions related to the veteran's unique socio-economic circumstances of education, finances, and advisement are provided so the potential veteran student is successful within the university's milieu. Transitional nursing educational interventions related to assessment, didactic, and clinical used by two baccalaureate nursing curriculums, including the eLineMilitary* (ELM) Program, provide approaches of how to propel the veteran's journey toward graduation in a professional nursing program. These interventions include modular didactic, competency based education, as well as the concentrated, collegial time within the Faculty/Clinical Coach triad for essential role modeling, care, and skills. (Index words: Military; Veterans; Women; Men; Nursing education; Innovative program; eLineMilitary; Clinical Coach; Service member; Finance; Education; Advisement; Counseling; PTSD) *J Prof Nurs* 30:474–480, 2014. © 2014 Elsevier Inc. All rights reserved.

INTEGRAL TO THE military's health team is a group of expertly trained Enlisted service members, including corpsmen, medics, and/or health care specialists, that have served during Operation Iraqi Freedom and New Dawn (OIF) in Iraq and Operation Enduring Freedom (OEF) in Afghanistan (2003-2014). During OIF/OEF, this group of military personnel readily delivered medical treatment to wounded service members as first re-

sponders, in triage, battlefield conditions, and/or critical care situations, as well as sometimes in humanitarian efforts (Halloran, 2009; Lynch, 2012). Again and again they were instrumental in providing day-to-day care to many soldiers with devastating and immediate poly traumatic injuries and psychological wounds, whether at the injury/impact site, during evacuation, or within any military health facility (Thompson, 2011). If not

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assigned to a battlefield, a unit medic might oversee 40-50 service members, performing sick call, advising, and monitoring their troops in many types of hazardous and challenging environments.

Regardless of the branch of service, most health care military education is provided at Medical Education & Training Command, Fort Sam Houston, TX. As the Army has the largest component of this type of Enlisted personnel called medics and they were the most frequently deployed during OIF/OEF (56%), this article primarily incorporates illustrations/examples from that branch of service (Allen, Billings, Green, Lujan, & Armstrong, 2012; IOM, 2013). Following their Emergency Medical Technician basic courses, many obtain advanced level courses. After approximately two years of military health care experience, Army medics can apply for additional military education as a Licensed Vocational (or Practical) Nurse (LVN/PN). This LVN/PN didactic education is also provided at Fort Sam Houston, TX under the auspices of the Texas Board of Nursing and is quite similar to the civilian sector, “although the military (exempt from state-based authority) does set their own scope of practice for the military LVN/PN, providing additional didactic and in-depth clinical exposure with a Critical Care Course” (Allen et al., 2012, p. 242). This is a felt need “as the military LVN often performs additional [broad patient] assessments and experiential duties, both in peacetime (humanitarian efforts) and with life-threatening frontline injuries” (Allen et al., 2012, p. 242). While an “assessment” varies widely within the civilian LVN/PN scope of practice (Spector, 2005; Wendt & Alexander, 2007), and differs from an assessment of the registered nurse (RN), the medic’s initial and updated reviews of the wounded soldiers’ situation at the time of injury (assessment) are critical to the timing and delivery of eminent care provided on the battlefield.

The Problem

Yet, as the medics and military LVNs have been providing essential health services during OIF/OEF, upon their reintegration to the civilian sector, many veterans face a different reception. Military medics and LVNs have had a history of (LeVasseur, 2003), and are still often encountering, civilian job and nursing education admission barriers due to a limited equivalency of skill sets between the military and civilian sectors, as well as current state licensing regulation regarding assessment testing of their experiences (Allen et al., 2012; Halloran, 2009; Knox, Dower, & ONeil, 2008). Situations of health oriented service members facing over and/or under qualifications have created frustration, self-esteem issues, and anger, causing some to look for other opportunities rather than continuing in the health field (Knox et al., 2008).

Looking seriously at nursing, as the profession remains in a shortage mode and continues to seek innovative human resources for the nation’s workforce, many, including the President and First Lady, are seeking solutions to this problem, (Executive Office of the President, White House, 2013; Luesse, 2012; Lynch, 2012).

Hermann, Hopkins, Wilson, and Bert (2011, p4), believe “ignoring what veterans have learned in the military, our society [profession] essentially throws away the time and money invested into military training and experience that could be applied to [health care] professions and occupations in the civilian world.” In an interview, Retired Army General Griffin stated “even if the veteran student does not have the health care experiential base, the veteran’s standard military education provides valuable transferrable skills such as “values oriented leadership, management training, team building . . . and a strong work ethic”, attributes certainly necessary for providing effective health care (Compound to campus: Transitioning from the military to academia, 2012, p. 2).

Seizing This Opportunity

From the almost 2.2 million OIF/OEF veterans returning from war (IOM, 2013), nursing has a wonderful opportunity to capitalize and transition health and related-health oriented military veterans into innovative, realistic, and applicable professional nursing programs. Yet, in order to accommodate this opportunity, specific adaptive and assimilation strategies will be important to incorporate within the university and school of nursing. The purpose of this article is two-fold. First, information about the OIF/OEF veteran and their major socio-economic circumstances are presented so faculty and advisors can envision the service member’s potential hurdles and be proactive about seeking interventions for success. Secondly, valuable education approaches that have proven assistive within two baccalaureate nursing curriculums are described, including eLineMilitary* (ELM). Within this article the terms “service member” “medic”, and “veteran” will be used interchangeably, and all references to veterans are to those that have served in the military.

The Veteran

Military life is like no other. Virtually everything to accomplish the military mission is provided so service members are expected to easily adapt, be organized, and responsive to crisis. The environment is full of acronyms and idiomisms, structured, and uniform, “requiring stringent physical/emotional stamina, discipline, and acknowledgement for authority/ hierarchical order, while always centered on the primary mission to promote personnel and unit readiness for service and protection to/of the country” (Thompson, 2011, p. 37).

From any branch of our nation’s all volunteer military, OIF/OEF veterans are an extraordinarily well-qualified Active Duty and/or Reservist service member (Thompson, 2011), yet, each service member should be viewed individually, for two major reasons. First, the sequence of military activities the service member experiences (education, skills, assignments, activation, and deployment) are unique to them. Secondly, their veteran status is dependent on numerous factors including length of service, activation, deployment, discharge condition, and sometimes specific Congressional war declarations (Scott,

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