

JOINING FORCES: ENRICHING RN-TO-BSN EDUCATION WITH VETERAN-CENTERED EXPERIENCES



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This article highlights the commitment of the American Association of Colleges of Nursing to engage nursing schools to support the Joining Forces initiative by enhancing the education and preparation of the nation's nurses to care for veterans, service members, and their families. The progress toward meeting the Joining Forces pledge and integrating veteran-centered learning in an on-line registered nurse-to-bachelor of science in nursing program is described. (Index words: Joining forces; RN-to-BSN education; Veteran-centered experiences; On-line learning) *J Prof Nurs* 31:402–406, 2015. © 2015 Elsevier Inc. All rights reserved.

IN EARLY 2012, the American Association of Colleges of Nursing (AACN) announced its partnership with the Department of Veteran Affairs, the American Nurses Association, the National League for Nursing, the National Organization for Associate Degree Nursing, and other stakeholders to urge nursing schools across the United States to support the Joining Forces initiative. Joining Forces is a comprehensive, national initiative led by First Lady Michelle Obama and Dr. Jill Biden designed to engage all civilian sectors in providing support and opportunities for service members and their families by emphasizing three key priority areas including employment, education, and wellness programs (AACN, 2014). By pledging their support, nursing schools agreed to enhance the education and preparation of the nation's nurses to care for veterans, service members, and their families (AACN, 2014).

The Linfield-Good Samaritan School of Nursing (LGSSON) took the Joining Forces pledge (Table 1) in 2013. Since taking the pledge, LGSSON faculty members have focused on integrating key concepts related to this population into both the prelicensure bachelor of science in nursing (BSN) and the on-line registered nurse (RN)-to-BSN curriculum. The Joining Forces initiative is a natural fit for the school of nursing due to a community-based curriculum that emphasizes health promotion, illness prevention and treatment, and social justice through a learner-centered approach to nursing education. A

learner-centered approach to education is a framework that provides the opportunity for students to engage in discourse about complex issues that emerge in higher education (Dolence, 2004). The purpose of this article is to highlight the progress made toward meeting the Joining Forces pledge in the LGSSON on-line RN-to-BSN program.

RN-to-BSN Program

The on-line RN-to-BSN program is one of the three BSN tracks offered by LGSSON, which also includes an accelerated BSN degree and traditional BSN degree. Currently, there are approximately 200 RNs progressing through the RN-to-BSN curriculum. The majority of nurses that attend the program are employed in nursing and bring a variety of personal and professional experiences to the on-line learning community. Some of the nurses are veterans themselves or have had previous experiences working with veterans and their families, either through their nursing practice or experiences within their own communities. The integration of veteran-centered learning into the RN-to-BSN curriculum is an opportunity for the nurses to increase their awareness of veteran health issues and develop valuable skills for working with veterans, service members, and their families. The integration is consistent with the RN-to-BSN curriculum, which highlights content related to leadership, professional communication, and population health.

Veteran Health Issues

Since 2001, more than 2.4 million U.S. military personnel have served in Afghanistan and Iraq in Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn (Veterans Health Administration,

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Table 1. AACN Joining Forces Pledge**By 2014, my school of nursing commits to supporting the Joining Forces initiative by**

- educating America's future nurses to care for our nation's veterans, service members, and their families facing PTSD, traumatic brain injury, depression, and other clinical issues;
- enriching nursing education to ensure that current and future nurses are trained in the unique clinical challenges and best practices associated with caring for military service members, veterans, and their families;
- integrating content that addresses the unique health and wellness challenges of our nation's service members, veterans, and their families into nursing curricula;
- sharing teaching resources and applying best practices in the care of service members, veterans, and their families;
- growing the body of knowledge leading to improvements in health care and wellness for our service members, veterans, and their families; and
- joining with others to further strengthen the supportive community of nurses, institutions, and health care providers dedicated to improving the health of service members, veterans, and their families.

Together with the larger health care community, nurse educators commit to raising the quality of care available to our nation's military personnel in our work to prepare future generations of nurses.

2011). Of those who have served, approximately 1.44 million individuals are eligible for Veterans Administration (VA) services, and close to 772,000 have used VA health care (Veterans Health Administration, 2011). The wars in Iraq and Afghanistan have been the longest sustained U.S. military operations since the Vietnam era and have resulted in more than 6,600 deaths and 48,000 injuries (Institute of Medicine, 2013). The outcome of the wars are varied and include complex health conditions and challenging social and economic circumstances related to reintegration and returning to work or school (Institute of Medicine, 2013).

The most prevalent health conditions sustained by military personnel from serving in combat zones include mental health conditions such as traumatic brain injury and posttraumatic stress disorder (PTSD), which have affected one in six of veterans (White House, 2012). The female soldiers who have been deployed to combat zones have been particularly vulnerable to certain health conditions. Women have suffered from common urinary infections due to dehydration (Wilson & Nelson, 2012), higher rates of depression than their male counterparts (Jacobson et al., 2009), increased risk of disordered eating and weight loss (Jacobson et al., 2009), and sexual trauma experienced during military service (Haskell et al., 2010). The urgency to address the health, social, and economic challenges of our military personnel supports the integration of veteran-centered experiences in the RN-to-BSN program.

Integration of Veteran-Centered Learning

Veteran-centered learning has been purposefully integrated into the RN-to-BSN curriculum. In addition to enhancing the RN-to-BSN student's knowledge of veteran

health issues and their experiences, the goal is to assist the nurse to improve his or her awareness and skills for working with all vulnerable populations. The literature available for teaching course material that is specific to veteran health issues in the on-line classroom is limited. The faculty members approached the integration in the same way they addressed content for vulnerable populations throughout the curriculum. They conducted research on the most current health and social issues impacting veterans, engaged feedback from faculty members and nurses in the community experienced in working with veterans, and utilized a variety of Web-based materials authored by reliable veteran organizations such as the Veterans Health Administration.

Distance education has provided new opportunities for learning for adults. Through Web-based activities and research, students can search actively, discover rich resources to solve problems, and construct new knowledge (Huang, 2002). As a theoretical approach to teaching the concepts that emphasized veteran health issues, faculty members utilized student-centered, constructivist strategies. Social constructivism focuses on learning that is facilitated through social interaction as a primary element of effective learning through collaborative experiences, critical thinking activities, and culturally relevant experiences (Powell & Kalina, 2009). Based on their rich life and work experiences, the social, situated nature of constructivist learning is uniquely authentic for adults (Ruey, 2010). The integration of veteran-centered course content and learning experiences in the RN-to-BSN courses are summarized in the next sections and presented in an overview in Table 2.

Professional Communication and Diverse Clients

Students are initially introduced to veteran issues in a second semester communication course through a learning module about stress, crisis, and trauma. Within this module, students are introduced to the concept of trauma-informed care. The purpose for including this information in the professional communication course is to educate nurses on understanding behavior in the context of their life circumstances so that they can respond appropriately without judgment or false assumptions. They are required to complete a 70-minute training Webinar in this course, titled *Trauma-Informed Care for Women Veterans*, which includes several principles for understanding trauma and its impact; promoting safety; ensuring cultural competence; supporting woman veteran control, choice, and autonomy; sharing power and governance; integrating care; recognizing that healing happens in relationship; and acknowledging that recovery is possible (U.S. Department of Labor, Women's Bureau, 2011). In addition, the students are introduced to trauma-informed care in homeless shelter services. This introduces them to the concept of vulnerable populations, using homeless veterans as a primary exemplar. The concept of vulnerable populations is further developed in the final RN-to-BSN integrated experiential learning course when the focus on veterans is addressed from an advocacy perspective.

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