Integration of Veteran-Centric Content into Undergraduate Nursing Simulation Learning Activities

Anastasia Y. Rose, MEd, MSN/MHA, RN, CRNP-FAK, Sherrill L. Hooke, MEd, RN, CRNP, CCTM1, Calvin J. Miller, MN, RN2

(1)Nursing Professional Services, VA Portland Health Care System (VAPORHCS), Portland, OR, USA
(2)Undergraduate Nursing, Veterans Affairs Nursing Academic Partnership, Simulation, Oregon Health & Science University, Portland, OR, USA

Background
The United States veteran population is served within VA facilities and baccalaureate nursing schools established by the Veterans Health Administration (Department of Veterans Affairs, 2013). Through strengthened academic and clinical practice relationships and opportunities, VANAP seeks to address the growing population of veterans with unique and complex care needs who are served within multiple, diverse care settings. Specifically, VANAP intends to promote the safe and effective care of veterans within and across community healthcare settings by expanding the workforce of BSN-prepared nurses educated in veteran care and able to provide quality nursing services that improve patient outcomes and reduce cost of care. In addition, student faculty development, promote innovation in clinical education, develop veteran-centric education and practice initiatives, and increase the recruitment and retention of VA nurses.

The Portland VA Health Care System (VAPORHCS) and Oregon Health & Science University (OHSU) School of Nursing (SON) is a VANAP collaborative initiated in 2013. The faculty members in partnership are dedicated to embedding and instructing principles of competent veteran care throughout the BSN curriculum using multiple teaching modalities.

Research has shown that simulation offers a number of educational benefits as a teaching modality including: opportunity to practice in a nonteaching environment where no patient can be harmed, ability to standardize experiences for students, enhancement of critical judgment, and development of reflective practice through the debriefing process (Abersold, 2011; Anthony, Carter, Freundl, Nelson, & Waddington, 2012; Beckford & Ellis, 2013; Jeffries, 2012). Simulation also has the ability to provide application and practice opportunities for students who do not receive clinical experiences at VA health care facilities.

Process
The nursing curriculum was analyzed to identify existing simulation scenarios relevant to veteran care (Jeffries, 2012). A review of the literature yields rich information and resources regarding veteran needs. The U.S. Department of Veterans Affairs, National League of Nursing, and American Association of Colleges of Nursing (2017) are dedicated to embedding and instructing principles of competent nursing care for the veteran population. With valuable resources readily available, nurse educators now have strategies to promote the successful integration of veteran care principles into the simulation portion of a BSN curriculum.

Outcomes/Discussion
Successful content integration increased the number of veteran-centric scenarios used in simulation activities. During the 2016-2017 academic year, 25 percent of simulation experiences included veteran-centered content. The veteran-centric simulation scenarios provided undergraduate nursing students culturally competent veteran care education. For instance, the incorporation of a military screening question, “Have you ever served in the military?” linked clinical assessment to military service experiences in real time (Conrad et al., 2015). Simulation scenarios also offered valuable opportunities to apply general nursing concepts to the veteran population. The enriched simulation database now includes veteran topics such as PTSD, homelessness, TBI, Agent Orange complications, and various service-related health conditions. After each simulation session, a survey containing 20 questions was administered to assess student satisfaction. The majority of students offered positive feedback on their experiences. For example, student comments expressed an appreciation for the opportunity to interact with, assess, and discuss care for veteran with confounding neurologic symptoms from PTSD and TBI. Future plans include the development of veteran-centric interprofessional simulation scenarios and an evaluation tool to measure students’ perceived confidence and ability to meet the identified veteran-care competencies.

Conclusions
Simulation is a useful teaching modality to enhance veteran-centric content for undergraduate nursing students. Veteran-centric simulation scenarios provide learning opportunities for students to practice culturally competent veteran care for the veteran population. With valuable resources readily available, nurse educators now have strategies to promote the successful integration of veteran care principles into the simulation portion of a BSN curriculum.

References