

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

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The Mark Richardson Interprofessional Simulation Center in the Collaborative Life Sciences Building (CLSB)

Purpose

The United States veterans are a population with unique health care needs. The U.S. Department of Veterans Affairs, National League of Nursing (NLN), American Association of Colleges of Nursing (AACN) and other agencies recognize the importance of improving the quality of care for our veterans (Beckford & Ellis, 2013; Conrad, Allen, & Armstrong, 2015). A review of the literature yields rich information and resources regarding veteran-centered care. However, strategies and methods for educators to integrate veteran care principles into existing nursing curricula are lacking (Beckford & Ellis, 2013). The purpose of this presentation is to illustrate how one baccalaureate nursing program has integrated veteran-centric content into simulation experiences across a Bachelor of Science in Nursing (BSN) program of study.



High-fidelity simulation manikin portrayed as a Korean War Veteran

Background

Approximately 18.8 million of the United States population consist of military veterans, many of whom are affected both physically and behaviorally by our nation's wars (U.S. Census Bureau, 2016; Conrad et al., 2015). U.S. veterans can present with unique health concerns and conditions. Military sexual trauma (MST), traumatic brain injury (TBI), post-traumatic stress disorder (PTSD), chronic fatigue syndrome, complex musculoskeletal issues, and complications from environmental exposures related to military service may present at a higher rate in the veteran population and may have unique presentations. Providing culturally competent care to veterans is vital.

VA Nursing Academic Partnerships (VANAPs) are education and practice collaborations between 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 a 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 (eg. increase student enrollment, support 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 this 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 nonthreatening environment where no patient can be harmed, ability to standardize experiences for students, enhancement of clinical judgment, and development of reflective practice through the debriefing process (Abersold, 2016; Anthony, Carter, Freundl, Nelson, & Wadlington, 2012; Beckford & Ellis, 2013; Jeffries, 2012). Simulation also has the ability to contextualize veteran-centered nursing care content to provide application and practice opportunities for students who do not receive clinical experiences at VA health care facilities.



Student observers watching peers in debriefing room

Process

VANAP faculty conducted a review of the literature, interviewed veteran care experts, and collaborated with key stakeholders to develop eight veteran care behavioral competencies for the BSN students. The nursing curriculum was analyzed to identify existing veteran care content as well as gaps where additional material was added to address the identified competencies. A content integration map was developed to capture the veteran care material and associated teaching resources that are covered in each course of the three-year curriculum. This map illustrated and maximized the integration of veteran care knowledge and skills as well as ensured continuity of veteran information across the curriculum.

To embed the veteran care content into simulation, VANAP and simulation faculty collaborated to set goals and expectations. For example, it was agreed that 25 percent of simulation scenarios in the undergraduate nursing curriculum would focus on caring for veterans and/or their families. The simulation department at OHSU SON has an extensive scenario database. However, it was necessary to evaluate the initial database in order to recognize the quantity and variety of existing veteran-centric scenarios and how they related to the identified competencies. Established resources, including the fully developed unfolding cases from the *NLN: Advancing Care Excellence for Veterans (ACE-V)* website were used to increase the number of high quality veteran scenarios in the SON simulation database (National League of Nursing, 2017). In addition, non-veteran scenarios were adapted into veteran-centered cases through the use of the *U.S. Department of Veteran Affairs* website and the *AACN: Joining Forces Tool-Kit* (American Association of Colleges of Nursing, 2017; U.S. Department of Veteran Affairs, 2017). VANAP faculty provided important expert veteran-care knowledge by sharing actual veteran nursing care experiences during the debriefing phase in each simulation session, which both enriched discussions and presented feedback for scenario revisions (Jeffries, 2012).

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 a 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 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.

References

- Abersold, M. (2016). The history of simulation and its impact on the future. *AACN Advanced Critical Care*, 27(1), 56-61. doi:10.4037/aacnacc2016436
- American Association of Colleges of Nursing. (2017). *Joining Forces: Enhancing Veterans' Care Tool-Kit*. Retrieved from <http://www.aacn.nche.edu/downloads/joining-forces-tool-kit>
- Anthony, M., Carter, J., Freundl, M., Nelson, V., & Wadlington, L. (2012). Using simulation to teach veteran-centered care. *Clinical Simulation in Nursing*, 8(4), e145-50. doi:10.1016/j.ecns.2010.10.004
- Beckford, M., & Ellis, C. (2013). Developing the nursing curriculum to facilitate the delivery of holistic care to the military veteran. *Open Journal of Nursing*, 3, 400-403. doi: 10.4236/ojn.2013.35054
- Conard, P. L., Allen, P. E., & Armstrong, M. L. (2015). Preparing staff to care for veterans in a way they need and deserve. *Journal of Continuing Education in Nursing*, 46(3), 109-118. doi:10.3928/00220124-20150220-15
- Department of Veterans Affairs. (2013). *VA Nursing Academic Partnerships Request for Proposals*. Retrieved from http://www.va.gov/oaa/docs/VANAP_RFP_2013_2014.pdf
- Jeffries, P. R. (2012). *Simulation in nursing education: From conceptualization to evaluation* (2nd ed.). New York, NY: National League for Nursing
- Johnson, B.S., Boudiab, L.D., Freundl, M., Anthony, M., Gmerek, G.B. & Carter, J. (2013). Enhancing veteran-centered care: A guide for nurses in non-VA Settings. *American Journal of Nursing*, 113(7), 23-39.
- National League for Nursing. (2017). *Advancing Care Excellence for Veterans (ACE-V)*. Retrieved from <http://www.nln.org/professional-development-programs/teaching-resources/veterans-ace-v>
- U.S. Census Bureau. (2016). *Veterans Statistics - Veterans Day 2015*. Retrieved from <https://www.census.gov/library/visualizations/2015/comm/veterans-statistics.html>
- U.S. Department of Veteran Affairs. (2016). *Office of Academic Affiliations: VA Nursing Academic Partnerships*. Retrieved from <https://www.va.gov/oaa/vanap/default.asp>
- U.S. Department of Veteran Affairs (2017). *Veterans Health Administration*. Retrieved from <https://www.va.gov/health/>

Student Preparation for Simulation Bernard Smith, 11/24/1931	
Review Prior to Simulation Session:	
Read/Review: (Student's Concepts Book: Chapter 23 'Mobility' pp. 230-247 Bernie Smith Background Information)	
Assessment Tools: (1) Morse Fall Scale, (2) Bedside Mobility Assessment Tool (BMAT), (3) Falls Efficacy Scale-International (FES-I)	
Additional Resources: Fall Prevention Home Tips VA Falls Toolkit: https://www.patientsaftey.va.gov/professionals/ontehjob/falls.asp VA Falls and Fall with Injury Prevention Protocol	
Client Case History: Mr. Bernard Smith is a 86-year-old Korean War Veteran admitted to the VA Community Living Center (CLC) for rehabilitation and strengthening. He fell 2 weeks ago while volunteering at the VFW and has bruises to the right thigh and right arm as a result. Mr. Smith has become progressively weaker and less mobile since the fall. He complains of more stiffness and pain in his joints as well as a fear of falling again. Mr. Smith's wife, Clara, has been caring for him. She is worried about his health and her ability to keep him safe at home by herself.	
Past Medical History: Hypertension, COPD, osteoarthritis, Total hip replacement (RH) secondary to fall 2 years ago, Back surgery secondary to disc disease 10+ years ago	
Allergies: Penicillin	Height: 72in Weight: 81 Kg
Home Meds: Captopril, Furosemide, Multivitamin, Albuterol inhaler, Ibuprofen, Vicodin	
VS: BP 146/84 HR 80 RR 22 T 37.0 SpO ₂ 94% on Room Air	
Labs:	
Orders: Medical Diagnosis: Osteoarthritis Admit to VA Community Living Center for rehab and strengthening Code Status: Full Code Diet: Regular Activity: Per Physical Therapy consult Consults: Physical Therapy (PT) Occupational Therapy (OT) Medications: Captopril (Capoten) 25 mg, Oral, Twice a day Furosemide (Lasix) 20 mg, Oral, Daily Multivitamin with Calcium, 1 tablet, Oral, Daily Albuterol Inhaler: 2 puffs EVERY 4 hours AS NEEDED for Shortness of Breath Ibuprofen (Advil) 200 mg tablets, Oral, 2-3 tablets EVERY 8 hours AS NEEDED for Mild Pain Vicodin ES (7.5 mg Hydrocodone Bitartrate / 300 mg Acetaminophen) tablets, Oral, 1 tablet EVERY 4-6 hours AS NEEDED for Moderate to Severe Pain	
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Example of veteran-centric simulation scenario



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