

**School:** Medical University of South Carolina  
**Audience:** Accelerated Baccalaureate Curriculum  
**Approach:** Content integrated across courses  
**Methodology:** Campus based  
**Contact person:** Nancy Duffy, DNP, RN, CEN, CNE

### ***Overview***

**All 120 accelerated baccalaureate students have their clinical rotations at the VA in Charleston. Thus veteran-centric content is threaded throughout the curriculum in all courses.**

### ***Nursing Courses***

Foundations and Gerontologic Nursing – Content includes issues of mobility related to amputations suffered in combat and skin integrity related to amputation and pain control post amputation. Clinical faculty have post clinical conferences addressing veteran-centric care and a clinical behavior (Demonstrates understanding of the health care needs of the veteran population) was added to the Clinical Evaluation Tool for assessment of this content. In clinical orientation, there is a discussion of veteran preference for addressing the veteran verbally (Many prefer the use of they rank (ie. Major, etc.). Also discussed are older veterans with cognitive deficits, and combat events that may reappear in flashbacks. Finally there is a module on end of life care for veterans from the ELNEC conference.

Health Assessment - A VA nurse explains the characteristics or variations in health assessment for veterans as a population in the didactic content.

Psychiatric and Mental Health Nursing - Didactic content focuses on PTSD, depression, anxiety, substance use, trauma, suicide, violence and sexual assault in veterans. The students see patients at the VA for approximately 6 weeks of the clinical semester. Students have contact with both inpatients and outpatients. Inpatients have major mental illness diagnoses compounded by PTSD and often substance abuse. Outpatients have less acute symptoms but still many struggle with long-term diagnoses and PTSD. Some patients have traumatic brain injury. There is a classroom activity in which students visit the web site, [makethconnection.net](http://makethconnection.net), which is focused on veterans and has excellent information and resources. There also is a group project in which a clinical group presents the needs and resources available for veterans.

Medical Surgical Nursing - Attention is focused on the numerous chronic medical conditions suffered by veterans as a result of their service. Within each body system, insults have occurred from various means - chemicals, explosive devices, severe wounds and infections. These can cause substantial injury to mind, body, and spirit of our military forces.

Women 's Health - There are discussions regarding family stress with the changes in the working roles of women and the effects on families when one parent is absent from the daily lives of their children. There also are discussions about how birth control changes have come about with needs of the military and NASA to prevent menstruation during deployments and space exploration.

Population Focused Nursing – There is a clinical experience directed at female veterans at the local Crisis Ministry homeless shelter. This is an ongoing community partnership project that has placed a community garden at the site. Students have conducted nutritional classes and work with the guests to

promote healthy eating and exercise as well as promote ownership and reduce stress. Students joined with a local chef and provided a cooking demonstration and partnered with a faith based organization to build a rain catchment system for watering the garden. The garden was built in the summer, and in the fall herbs were planted. Students demonstrated use of herbs in cooking and explained healthy benefits from certain herbs. They also provided a fitness class and focused on body mechanics in working in the garden. This clinical experience helped to put a face on homelessness in the community and the fact that many veterans contribute to that population. Another clinical group participated in research with Veterans living in the community with heart failure. They were involved in interviews to describe the burden of disease in Veterans with CHF. The students identified health literacy as a great need in the population and indeed, this is a topic of concern that is covered in the population course.

Pathophysiology/Pharmacology – The pathophysiology of traumatic brain injury is discussed with particular focus on the men and women returning from war zones with this type injury.

Research in Nursing Practice – A nurse from The Ralph H. Johnson VA Medical Center was a co-instructor for in this course. Her lectures focused on evidence-base practice as it applies to the VA Medical Center. She exposed the students to real-life nursing concerns of the VA and gave examples of how to influence change at the VA Medical Center. Other VA nurses gave guest lectures to the MUSC students on current process improvement projects at the VA Medical Center. Students developed evidence-based practice projects for VA specific questions and presented their findings as a poster to the VA staff.

Synthesis Practicum - In the fourth and final semester, 5-6 students in Fall have an opportunity to practice on a Dedicated Educational Unit (DEU) at the Ralph H. Johnson VA Hospital for 5 weeks. The DEU is clinical unit that is defined as well-organized, stable and noted for exceptional patient care. The students are assigned to an identified Staff Nurse on the DEU who has volunteered to work in partnership with the MUSC College of Nursing to teach senior nursing students in an intensive clinical immersion in their final semester; has frequently precepted new graduates and/or new hires; knows the veteran population; and is recognized for clinical expertise and love of teaching. The students work the Clinical Preceptor's work schedule as set up on the unit, including days, nights and weekends. This includes working three 12 hour shifts each week and assigned 8 hour shifts to equal 40 hours every week for 5 weeks. This capstone clinical practicum offers the senior student an opportunity to practice as a professional nurse in the VA Facility under the guidance of an experienced RN, and also allows both to determine if the student and facility are a good match for employment. Students self-select for this experience.

## **Resources**

### **Book chapter:**

“The Military and their Families” in *Principles and Practice of Psychiatric Nursing*, G. Stuart (edt), 10<sup>th</sup> edition, St. Louis, Elsevier, 2013.

### **Articles:**

Fraser, C. (2011). Family issues associated with military deployment, family violence, and military sexual trauma. *Nursing Clinics of North America*, 46(4), 445-455.

Hoerster, K. D., Malte, C. A., Imel, Z. E., Ahmad, Z., Hunt, S. C., & Jakupcak, M. (2012). Association of perceived barriers with prospective use of VA mental health care among Iraq and Afghanistan veterans.

*Psychiatric Services*, 63(4), 380-382. doi:10.1176/appi.ps.201100187.

Resnick, E. M., Mallampalli, M., & Carter, C. L. (2012). Current Changes for Female Veterans' Health. *Journal of Women's Health*, 21(9), 895-900.

Romanoff, M. R. (2006). Assessing military veterans for posttraumatic stress disorder: A guide for primary care clinicians. *Journal of the American Academy of Nurse Practitioners*, 18(9), 409-413. doi:10.1111/j.1745-7599.2006.00147.x

Sternke, L. M. (2011). Measurement of military combat exposure among women: Analysis and implications. *Women's Health Issues*, 21(4 Suppl), S160-S168.

Sutton, T. (2012). Military sexual trauma: Along with being a minority, servicewomen must contend with an extremely masculine culture. *ADVANCE for Nurses*, <http://nursing.advanceweb.com/Features/Articles/Military-Sexual-Trauma.aspx>, Posted on: July 11, 2012.

Thompson, M. & Gibbs, N. (2012). More US soldiers have killed themselves than have died in the Afghan war. Why can't the army win the war on suicide? *Time*, July 23, 23-31.

Walker, S. (2010). Assessing the mental health consequences of military combat in Iraq and Afghanistan: A literature review. *Journal of Psychiatric and Mental Health Nursing*, 17(9), 790-796.

Wright, K. M., Foran, H. M., Wood, M. D., Eckford, R. D., & McGurk, D. (2012). Alcohol problems, aggression, and other externalizing behaviors after return from deployment: Understanding the role of combat exposure, internalizing symptoms, and social environment. *Journal of Clinical Psychology*, 68, 782-800. doi:10.1002/jclp.21864

Wynn, S. D. (2011). Improving the quality of care of veterans with diabetes. A simulation intervention for psychiatric nurses. *Journal of Psychosocial Nursing and Mental Health Services*, 49(2), 38-43. doi:10.3928/02793695-20110111-01

Wynn, S. T., & Sherrod, R. A. (2010). Providing optimal care for veterans. *Journal of Psychosocial Nursing and Mental Health Services*, 48(1), 4-6. doi:10.3928/02793695-20091204-04.

York, J. A., Lamis, D. A., Pope, C. A., & Egede, L. E. (2012). Veteran-specific suicide prevention. *Psychiatr Q*. DIO: 10.1007/s11126-012-9241-3.

**Video:**

Profiles three nurses working with Veteran care: <http://www.pbs.org/wnet/need-to-know/video/video-nursing-the-wounded/14125/>