Changes in social and health care systems have affected the care received by a number of groups, with veterans perhaps being one of the most relevant.

The Veterans Health Administration (VHA) provides care for honorably discharged veterans of the U.S. armed forces. In the 1990s, 22 (now 21) Veterans Integrated Service Networks (VISNs) were established. VISNs had several responsibilities, including budgeting and planning veterans’ care for a specific geographical area and downsizing hospital care in the VHA. Much of this budgeting and planning for care is centered around structures to provide for mental health needs of veterans.

These changes in the structure of veterans hospitals across the country resulted in a decrease in the kinds of services available locally for some veterans served by that U.S. Department of Veterans Affairs (VA) hospital. The objective was to provide services that were most appropriate for the veterans who comprised that geographical area (Oliver, 2007). For example, in many areas of the country, in-house clinical facilities and providers were consolidated, allowing for some VA hospitals to offer only outpatient acute care or chronic medical care along with inpatient psychiatric care. Services were also provided...
through nursing home-type facilities.

Although the services and nursing care personnel may have changed, the needs of veterans in those areas did not. The changes created facilities that transformed to a focus on psychiatric care. These facilities had many skilled psychiatric nurses for whom complex physical care skills had not been a priority and therefore were somewhat lacking (Roberts, Robinson, Stewart, & Smith, 2009). However, changes in the needs of older veterans and challenging needs and higher care expectations of troops returning from Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) have created a demand for greater complex physical care skills in these psychiatric nurses.

The care required for many of these veterans returning from duty in the global war on terrorism is multifaceted. Not only has the complexity of care increased, but the number of returning veterans needing complex care continues to grow (Resnik & Allen, 2007). Many veterans serving active duty in the OEF/OIF military campaigns often return with great psychiatric needs as well as medical issues such as spinal cord injuries, diabetes, heart failure, and chronic obstructive pulmonary disease (Clark, Bair, Buckenhaier, Gironda, & Walker, 2007). One of the things frequently overlooked, or missed, during assessment is mild traumatic brain injury (Snell & Halter, in press). Furthermore, extremity wounds are the most frequent kind of traumatic injury in wars, causing a multiplicity of issues (Owens, Kragh, Ma-
caitis, Svodoba, & Wenke, 2007). Because of the deficiency in many psychiatric nursing staff’s complex physical care skills, many pertinent medical conditions are overlooked. The resulting void leads to a decrease in the quality and availability of care for veterans.

Economics were an important part of the structural changes in the VHA during the past decade, and economics are also an important factor in addressing the problems that occurred as a result of these changes. In other words, how does the system provide veterans the best care possible with a segment of its nursing workforce whose primary training, development, and experience is with psychiatric or mental health needs? Educators in clinical settings often struggle with ways to ensure high competency levels as well as ways to validate skills in experienced nurses. Recent urgency has been placed on promoting innovations in health care by implementing a plan to improve patient safety and save lives by updating and validating nursing staff’s skills and knowledge through utilization of technology within the system. Thus, an intervention that uses innovative technology, such as the human patient simulator (HPS), would be a beneficial, efficient, cost-effective strategy to prepare psychiatric nurses for the polytrauma needs of veterans.

Development of a simulation program to improve clinical judgment skills for nurses to meet the needs of veterans requires consideration of many factors. Decisions must be made about facility construction or renovation, equipment purchases, and educator training and development. There must also be consideration for how to achieve buy-in by those involved, from administration to staff nurses (Seropian, Brown, Gavilanes, & Driggers, 2004). Historically, the VHA has worked with academic institutions; now might be a good time to forge some new relationships with schools of nursing to assist in the development and provision of a simulation program for VHA nurses with limited physical care skills.

HPSs have been used to teach and validate competency in many nursing programs for some time, but use of HPSs to improve clinical judgment and competency skills in experienced VA nurses has been limited in some locations (Issenberg, McGaghie, Petrusa, Gordon, & Scalese, 2005). Teaching with HPSs could be used as a model to educate experienced nurses. The ultimate goal is to provide strategies to prepare psychiatric nurses with the ability to exercise clinical judgment to adequately and safely care for the complex needs of these veterans.

The Institute of Medicine (IOM) (2001, 2003) supports strategies focusing on establishing training programs that incorporate simulation into patient safety programs, and simulation can be used for other kinds of programs as well. Simulators provide opportunities to interact in a realistic clinical setting and encourage improvement of clinical judgment and critical thinking skills. HPS has been integrated into education in a variety of ways, such as physical assessment, airway management, pharmacol-
ogy, and critical event scenarios (Nehring & Lashley, 2004). With simulation, experienced psychiatric nurses can practice psychomotor and technical skills needed to maintain and improve competence. Psychiatric nurses will have the ability to demonstrate procedures, conduct assessments, analyze clinical scenarios, and make decisions to appropriately care for veterans with medical conditions coexisting with mental illnesses.

The increase of and improvement in nursing skills is worth the investment of establishing an HPS program. After all, those who serve us best should be served best by us.

REFERENCES


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