IMPROVING PTSD SCREENING FOR VETERANS IN THE COMMUNITY THROUGH EDUCATION OF PRIMARY CARE PROVIDERS

Benjamin Z. Rollins, BSN, RN, MSN-FNP Student

PROJECT METHODOLOGY

The project was initially presented in a classroom setting at Weber State University in March of 2019 to student nurse practitioners and primary care providers. A second presentation will be potentially given in May 2019 at a convention for nurse practitioner primary care providers. A quiz will be administered before and after each presentation, and handouts will be provided to the participants, one for providers and one for providers to disseminate to their patients. Participants will be identified at this time for chart reviews and a follow-up meeting in 1 year regarding the effects of screening.

The project will take approximately 1 year to complete. Following IRB approval, education on screening for veteran status and PTSD treatment and management will be provided in May 2019. Chart reviews will be conducted in August and November 2019. In May 2020, the final chart checks and follow-up meetings will be completed. Data will be synthesized after that and disseminated through publication to a peer-reviewed journal.

Evaluation will be done through pre- and post-presentation quizzes. Additionally, follow-up meetings will be conducted a year from when education was provided to assess the effects of screening. Chart reviews will be performed at 3 months, 6 months, and 1 year to determine the number of patients referred or treated.

THEORETICAL FRAMEWORK

The nursing theory selected to apply to this project is the Modeling and Role Modeling Theory, developed by Emile Durkheim, Tomlinson, and Swain. The modeling part of the theory is how the nurse comes to know and understand the patient. The role model is how he helps the nurse appreciate that view and the patient’s uniqueness. The role modeling part of the theory outlines three principal roles of nurses, which are facilitation, nurturing, and unconditional acceptance. These roles also help the nurses accept their patients unconditionally.

CONCLUSIONS

This project determined that primary care providers in the community are deficient at properly screening for and starting initial management for PTSD(3,4). This project also demonstrated that this deficiency should be addressed to improve care for veterans seeking care for PTSD outside of the Veteran Affairs system. Education was developed based on tools that are backed by evidence-based practice to help overcome this knowledge gap. A proposed plan for successful implementation of education follows and further discussion was discussed. Implementation of this project was not possible due to time constraints.

REFERENCES