SELF REFLECTION JOURNAL FOR TRIAGE DAY

TRIAGE DAY JOURNAL/SELF REFLECTION   **Paige Hennessy 11/8/24**

Initial Stage

1. How did that experience (participation in the virtual disaster) feel?
   The experience felt very consuming. I think this was a very efficient triage day and put many aspects into perspective. I think most of us felt worried and intense during the time when decisions needed to be made in a timely manner.
2. What can you tell me about what you were thinking while participating in this virtual simulation?
   During the simulation I was thinking about what patients we can save and what patient meet the limitations that were given. It is difficult to determine what patients can go and which ones may be a more difficult transfer. The decisions were difficult to make.
3. After reviewing the Moral Distress presentation recording or report, how did you feel about the subject?
   I think this subject is very saddening and unfortunate. I think staff did the best they could with the options they were given. The staff at Tulane were able to rescue all of their patients which is extremely impressive. I could not imagine being in a situation to have to make those decisions and I think this experience definitely put those decisions into perspective.
4. What were your strengths during the virtual simulation? Your weaknesses?
   My strengths during the simulation were being on task and assisting others to stay on task. I think one of my biggest weaknesses was making the ultimate decision of what patient was to go where. I think this is a process I am going to need to improve on and be more aware of going forward.

Experience Stage

1. What was the rationale for what was done and the interventions performed?
   The rationale for the patients was saving as many patients as possible while also understanding and following limitations as far as needs and weight limits. The interventions performed included ensuring patients were staying as safe as possible, comfortable, and evacuating as many as possible. The decision on what patients were evacuated was difficult but had to meet all the requirements for evacuation.
2. Did you note any safety issues with the patients or the environment?
   The safety issues stem from lack of resource, lack of power, lack of staff potential, and lack of time. The patients on ventilators were at a disadvantage due to power outage and potential loss of generator power. The task to maintain a safe environment becomes a lot harder in these conditions.
3. How might personal beliefs, prejudices, and values have influenced your decision-making in the learning activities?
   Personal beliefs, prejudices, and values can influence individual's decision-making skills. This can include staff not making the right decision based on personal belief or value. Example is using resources on a patient that may be considered a "black tag" because the nurse or staff may not want to make the decision to walk away due to personal values.
4. Were you working as a team to care for victims during this disaster simulation?
   Our team was doing our best to work together but some tasks we split up the group in order to maintain and work as fast and as efficient as possible.
5. Is teamwork important during disaster management?
   Teamwork is crucial in a disaster management because all staff must be able to work together and depend on one another to ensure tasks are completed in a timely and efficient manner. Teamwork can save the lives of many patients if staff is able to make decisions and work together to best benefit the patient.

6. Did you note any barriers/facilitators to communicating/working with other professions during the simulation?
   Communication is extremely difficult during disasters. There are barriers including lack of communication and lack of understanding. The team members each had different opinions and thoughts therefor this can make communication become a barrier if everyone is not listening to understand one another. The patient's safety is the priority and sometimes this is not handled in the best way due to lack of communication between staff.
7. After reviewing the Ethical Practice, Legal Practice, and Accountability as well as the Communication and Information Sharing Competencies categories from the ICN Framework (http://www.wpro.who.int/hrh/documents/icn_framework.pdf), did you feel, from the Fort McMurray-Moral Distress interviews, that any or all of these competencies were met?
   I believe from the interviews that most of these competencies were met. I think the staff involved in the natural disaster responded in appropriate manners and performed based on the information and resources they had available.

Application Stage

1. How could or would you use this information in an actual disaster?
   This information is extremely useful in an actual disaster because it gave us the ability to understand the extent and stress that is applied during a timed decision situation. Patient lives are dependent on the decisions being made. The information and guidance provided should be applied and used in any scenario.
2. What knowledge, skills, or attitudes displayed in this virtual simulation would be useful in an actual disaster?
   The ability to make decisions, provide adequate care with minimal resources, being able to act immediately, staying on task, remaining positive/encouraging, and providing patient comfort/safety are all useful tools that not only helped in the simulation but would assist in a true natural disaster.
3. What are the key differences in patient triage in a disaster situation versus day-to-day operations?
   Patient triage is utilized to determine the status of each individual patient. During a disaster situation it becomes more difficult because patient status may impact the resources used and patient care provided compared to day-to-day operations which would include all resources utilized to triage and assist any patient. When resources and staff become limited decisions have to be made regarding evacuation or useable resources.
4. How will these simulations influence your role as a health care practitioner?
   The simulations influence our ability to make decisions quickly and act immediately based on the situation and patient in front of us. This promotes our clinical thinking, critical thinking, and decision making ability which are all necessary for a health care practitioner.
5. What did you learn about the roles of other health care providers in the context of disaster management?
   Each health care provider has their own role and position to fulfil. This may be different per facility and per protocol. I learned that each role has a purpose and is crucial to the success and ability to provide adequate timely care with available options and resources.
6. Think about disaster planning and the nursing process – are there similarities?
   There are similarities during nursing process and disaster planning. Both of these have to take patient condition, situation, status, and safety into consideration. The process may be ultimately differently explained but serves a similar purpose.
7. Why would nurses be excellent personnel to be involved in disaster management?
   Nurses are trained to respond in a timely manner and make educated decisions to best serve patients. The decisions may not always be easy but they will be made using critical thinking and management which nurses are trained to utilize. Nurses are caring and want to provide adequate safe care to all they serve, and utilize ethical principles such as no maleficence. This means that in a situation where patient safety/evacuation may not be possible, providing comfort in an option.

8. What societal factors or health care policies might impact actions taken during a disaster?
The health care policies might not be in line with the decisions that best suit patient care. Such as an administrator making decisions to best suit the hospital administration needs compared to the patient's needs. Lack of resources, lack of transportation, or socioeconomic status may negatively impact actions being taken during a disaster.

Summary Stage

1. What is one thing you can take away from this debriefing that you can use tomorrow in practice?
One think I take away from this debriefing is the amount of effort and difficulty it takes to make a decision that impacts the life of others. Always ensure you understand and are aware of protocols and make decisions based on the best possible outcome even when every patient may not be savable.