Kaitlyn Goodrum

11/10/24

N442

SELF-REFLECTION JOURNAL FOR TRIAGE DAY

TRIAGE DAY JOURNAL/SELF REFLECTION

Initial Stage

1. How did that experience (participation in the virtual disaster) feel?

The experience made me feel exhilarated and nervous. I felt exhilarated because it got my blood flowing, trying to find ways to get to the different zones. I felt nervous because I felt rushed to make snap decisions, and with "virtual lives" on the line, it made me not want to make a mistake. I, along with all my fellow teammates, wanted to be able to save everyone, however, that isn't always the case, unfortunately.

2. What can you tell me about what you were thinking while participating in this virtual simulation?

I was trying to think critically or outside the box, as you might say, in order for it to help us in the long run. For example, when we had evacuations via boat, we should have sent some of the heavier patients since we didn't have to worry about a weight limit. Ultimately, I was trying to think of other ways of getting things done because, in a disaster situation, you may not be afforded the convenience of normal operations.

3. After reviewing the Moral Distress presentation recording or report, how did you feel about the subject?

I was curious about what kind of disaster situations the faculty had planned for us. Are they going to turn the lights out on us in a power outage situation? Will there be volunteers acting as looters raiding the virtual hospital pharmacy? Will we need to get wet somehow due to the flooding as a result of the disaster? I felt sympathetic for the actual hospital staff who went through that situation during Hurricane Katrina, especially the ones who didn't make it or had the hard decision to provide assisted suicides or homicides for that matter, because they believed they wouldn't be saved.

4. What were your strengths during the virtual simulation? Your weaknesses?

I would say my strengths were being able to navigate the building with the map quickly, problem solving skills, making hard choices when it came to evacuating the patients since not all of them were going to make it, and thinking of alternative ways of transporting patients. Maybe the patients who are ambulatory could hold a baby that was sick if the means of transport wouldn't be very long.

My weaknesses would be questioning myself when I had to make the decision so quickly, not asking questions quicker in the disaster simulation (for example: I didn't realize we could decide to not send patients without fluids until the third or fourth evacuation), and not knowing everyone's strengths to better serve the team since I was one of the co-leaders of the team.

Experience Stage

1. What was the rationale for what was done and the interventions performed?

In the beginning we wanted to save the most critical first. However, when there were medical limitations set on our means of transport that made us feel that we were limited on who we could evacuate. The more critical patients needed more medical experience, and not all of the boats and helicopters provided that kind of medical experience. We chose to evacuate those who fit the description of what the transport people could provide (IVs/no IVs, ambulatory patients/immobile patients, weight limit/no weight limit, etc.).

2. Did you note any safety issues with the patients or the environment?

Technically, the safety issue with the critical patients was the fact that some of the transport options didn't have the medical experience to handle the critical issues the patients were facing. Since there was a lack of medical experience, we couldn't send them out to evacuate because that would increase their risk of harm since no one on the boat or helicopter would be competent enough to provide them with the care they required. During the virtual scenario, the patients on the first floor had to be moved to higher floors due to water starting to come into the building. The water entering the building would be a safety issue for the patients on the first floor. Other safety issues that would eventually occur were a lack of medical supplies, lack of medication, lack of clean water, and food for everyone in the facility.

3. How might personal beliefs, prejudices, and values have influenced your decision-making in the learning activities?

I honestly don't think I had any personal beliefs, prejudices, or values that influenced my decision-making ability during the activity. Since we weren't able to save all of our patients, I will say I found it easier to keep the older patients who had DNR's and who were critical just because if they have a DNR then they themselves feel that they have lived enough and are okay with no other measures being done to save them compared to younger people who weren't as critical.

4. Were you working as a team to care for victims during this disaster simulation?

Yes, I believe our team was working as a team to provide care for the victims during the disaster simulation. When we were given tasks about patient 35 on the table needing to be bagged, we worked as a team to decide whether or not we should use our resources on that patient or not. When we needed to hang fluids, we broke our team in half, 3 of them worked together to hang the proper fluids, and the other 3 continued triaging the patients on paper.

5. Is teamwork important during disaster management?

Yes, teamwork is important during disaster management. You should always be able to rely on your fellow nurses or staff in general. Individuals bring their own specific strengths to the table that may be beneficial in a disaster situation, and you need to be aware of those strengths so they can best be utilized in that kind of situation.

6. Did you note any barriers/facilitators to communicating/working with other professions during the simulation?

Working with an incompetent hospital administrator can be irritating when they don't know what you are experiencing on the ground. Once we knew what the evacuators and the personnel with them could handle, I think the communication was okay.

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 went to the link provided in the question, and it just took me to the WHO website specifically for the WHO Western Pacific area. I couldn't find anything about ethical practice, legal practice, and accountability, as well as the communication and information-sharing competencies.

I did find this report, though, and I am assuming it covers the same thing as the questions asked. https://www.icn.ch/sites/default/files/inline-files/ICN_Disaster-Comp-Report_WEB.pdf There are eight domains or competencies which include preparation and planning, communication, incident management systems, safety and security, assessment, intervention, recovery, and law and ethics. I honestly don't remember what the Fort McMurray Distress Interviews were. We watched a video before triage day began, and that was about Tulane Hospital. That was the only video we watched, so I'm not sure what that is.

Application Stage

1. How could or would you use this information in an actual disaster?

I will know to ask if there is a weight limit for the means of transport for evacuating patients and the experience of the medical personnel on the transport, I will know how to summarize the patient (diagnosis, ambulatory or not, fluids or no fluids, etc.) to better triage the patients for possible evacuation, and I will know to look at policies for disaster situations such as medication back up and power outages,

2. What knowledge, skills, or attitudes displayed in this virtual simulation would be useful in an actual disaster?

Critical thinking or outside-the-box thinking, problem-solving skills, staying positive, remaining calm, acting quickly, and willing to help out a fellow nurse.

3. What are the key differences in patient triage in a disaster situation versus day-to-day operations?

Patient triage in a disaster situation occurs quicker than day-to-day operations. In a disaster situation, sometimes you need to make snap decisions. A patient who would be deemed as a black tag comes into the ED during normal day-to-day operations would be seen immediately. The ED staff would give it their all to save that individual rather than in a disaster situation they are the 4th priority and are going to receive comfort care only.

4. How will these simulations influence your role as a healthcare practitioner?

Well, I will be working in Carle's ED in Champaign, which is a level 1 trauma center, so I wouldn't be surprised if I saw some disasters come through there. I hope I am wrong, but in today's world, it wouldn't be shocking. The simulation will give me a little bit of an experience to fall back on if I do experience a disaster there.

5. What did you learn about the roles of other healthcare providers in the context of disaster management?

I learned that the helicopter pilot is in charge of who he/she evacuates first. I didn't know they were in charge of that before. The hospital administrator has a big role to play in disasters and may be unaware of or incompetent about the disaster situation and how it is affecting the hospital staff who are there with the patients with no easy way to be evacuated. The way the hospital staff had to transport all the patients up several flights of stairs in order to get to the top of the parking garage for the helicopter to evacuate them was impressive and very labor-intensive. Everyone pitches in to save as many lives as possible, that's what I got out of the simulation and the video.

6. Think about disaster planning and the nursing process – are there similarities?

The nursing process and disaster planning both go in phases. The nursing process begins with assessment, then diagnosis, then planning, implementation, and last is evaluation. Disaster planning starts with mitigation, then preparedness, then response, and lastly, recovery. Assessment and mitigation are both analyzing a situation to see what the problem is or could be. Planning and preparedness are both phases where they figure out a plan to help with the diagnosis or the issue that could occur in a disaster. Implementation and response are both similar in the fact that they are implementing or responding by starting measures to hopefully improve the situation.

7. Why would nurses be excellent personnel to be involved in disaster management?

Nurses would be excellent personnel to be involved in disaster management because they are on the ground caring for and seeing what disasters can do to individuals. They can offer the experience they have with patients and advocate for better disaster management within the

hospital and within the city they live in. They are capable of identifying and analyzing risks, planning, conducting drills, and participating in training activities.

8. What societal factors or healthcare policies might impact actions taken during a disaster?

Unfortunately, factors such as socioeconomic status, language barriers, access to healthcare, cultural beliefs, and community cohesion may impact actions 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?

Sometimes you need to take emotion out of it and be as objective as possible when trying to triage in a disaster situation.