

SELF REFLECTION JOURNAL FOR TRIAGE DAY

TRIAGE DAY JOURNAL/SELF REFLECTION

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N442

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Initial Stage

1. How did that experience (participation in the virtual disaster) feel?
The experience felt nerve racking, you had to remain calm, but think and act quickly to have the best outcomes for the patients.
2. What can you tell me about what you were thinking while participating in this virtual simulation?
I was thinking this felt very real. Working together as a team and you could feel and tell the tension between team members when things weren't going right, or we were not agreeing on the order of how the patients should leave.
3. After reviewing the Moral Distress presentation recording or report, how did you feel about the subject?
I felt that I needed to be prepared to think and act quickly, but not just make a decision that would hurt others, so I felt that I knew I would need to remain calm and think clearly and fast.
4. What were your strengths during the virtual simulation? Your weaknesses?
My strengths during the virtual simulation were being able to communicate with the team and putting my input and trying to get the group to understand why I thought one way would be better than what they had originally thought and going and getting "patients" as we had to be fast and quick about it. My weaknesses were not standing up more to the people in charge the one leader had a different idea, and I was trying to explain my way and how I thought it would be more beneficial, and not being able to calculate med math quickly off the top of my head.

Experience Stage

1. What was the rationale for what was done, and the interventions performed?
We split our patients up based on there criteria: good, fair, unstable/critical condition, and serious then we split them up into the three different categories being level one they are good and don't need any help, level two stable for now but could deteriorate quickly, and level three was out ICU/unconscious patients. When given information on who we would ship out first we picked a serious patient who was stable for now but could deteriorate quickly, we also picked patients who could be sent in groups who were on normal saline we took them off their normal saline, and we also sent patients first who wouldn't need a nurse to be with them in order to keep as many nurses as possible to keep the flow of moving patients out as efficiently as possible.
2. Did you note any safety issues with the patients or the environment?
There was safety issues in both the environment and patients, we had patients who needed assistance with walking so they would be a fall risk, there was no power which also resulted in potential fall risk and equipment not working that is needed to help with patients.

3. How might personal beliefs, prejudices, and values have influenced your decision-making in the learning activities?
 These beliefs may have influenced decision making in this activity by wanting to help everybody, but also knowing that there is the potential that everyone may not be able to get out. After we were not able to figure out the drop rate for the baby and the baby died that was hard knowing that we should have been able to save the baby, and then the older patient who was on the vent we had to make the decision to let them pass away. Then we also had a lot of ICU patients, but some of them had a DNR, so ultimately, they were on the list to get out last which was very hard to make that decision.
4. Were you working as a team to care for victims during this disaster simulation?
 Yes, we were as a team to care for the victims, when we would have to split our group up to go get patients, the rest of the group would stay and prioritize patients and there needs.
5. Is teamwork important during disaster management?
 Yes teamwork is very important during disaster management, if you are working together good as a team the patients and team members will come up with ultimately the best outcome for all.
6. Did you note any barriers/facilitators to communicating/working with other professions during the simulation?
 As with anything there are always going to be barriers especially when working and communicating with others, when we were given information everyone was perceiving the information given to us in a different way, others were mad that we weren't being given information quickly enough, and some of us were trying to explain our rationale as to how we were evaluating and splitting up patients and others were not listening to what we had to say.
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 these competencies were met?
 I feel that most if not all of the competencies were met to the best of the team's ability to work together. They all had the patient's best interest in mind and were working together as a team around the clock to make sure to get all their patients out in a timely manner.

Application Stage

1. How could or would you use this information in an actual disaster?
 I would be able to use this information in an actual disaster by knowing that I only have a small amount of time to make serious and critical decisions with the best outcome for all. I can all use this information on how it can be difficult to work together as a team as some don't handle stress and time management well, and you must remain calm and encourage the team.
2. What knowledge, skills, or attitudes displayed in this virtual simulation would be useful in an actual disaster?
 It will be useful to have the knowledge of the situation that is happening, and making sure that everyone is able to communicate and agree upon a plan, it is useful to make sure we have the skills and knowledge to perform med math on hand in a short period of time and quickly and to ensure that it is accurate, and have a good attitude towards the situation it essential that everyone isn't fighting or angry towards each other.

3. What are the key differences in patient triage in a disaster situation versus day-to-day operations?
In a disaster situation you have a few seconds to triage you have to act and think quickly and move on to the next person versus everyday triage you can spend more time and ask more questions to evaluate the patient.
4. How will these simulations influence your role as a health care practitioner?
This simulation will influence my role to keep in mind that a disaster can happen at any time and I need to be prepared to work together as a team quickly and efficiently to have a good outcome for all, also to make sure to communicate together and speak up if there is a better way of doing things.
5. What did you learn about the roles of other health care providers in the context of disaster management?
That the administrators don't really have any idea of what goes on in a disaster they just want everything done right away and done inexpensive, they don't understand the roles of the nurses and doctors and everyone working together that there is a lot that has to be taken into account, and that we can't just move patients as they are all in a different state and some are hooked up to machines that they can't be taken off of.
6. Think about disaster planning and the nursing process – are there similarities?
Yes, you need to assess the situation and do so in a timely manner, you need to determine the next steps and outcome of what will happen next and do it quickly with keeping in mind the best outcome for all, and you need to plan the next steps of action and implement them as quickly as possible and in a safe manner.
7. Why would nurses be excellent personnel to be involved in disaster management?
Nurses know how to plan, assess, evaluate, and implement in a quick manner, they know how to think and act quickly. They also have good critical thinking skills.
8. What societal factors or health care policies might impact actions taken during a disaster?
Social values and attitudes towards work, religious beliefs, and communication barriers can all impact decision making during a disaster making it more difficult to make decisions and get people to safety in a timely manner. Health care policies of following HIPPA and medication management can also impact action during a disaster.

Summary Stage

1. What is one thing you can take away from this debriefing that you can use tomorrow in practice?
I will take away that it is very important to communicate with everyone and make sure that you are being heard, and that you are speaking up and giving your opinion, by doing this it will give patients the best outcome and it will make sure that everyone is agree to the same decisions, and that it will be the best outcome for all.