PRESLEY KING

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 is something that every nursing student should go through. It made it feel real and helped prepare us for real life events

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

   I was trying to put my mind set that this happened and can happen to me in the future. I was thinking about the nurses that went through this in real and how they felt when they had to decide who lived and who stayed at the hospital where danger awaited them

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

   I felt sad about that real people died in this event. It made me realize that even though nurses want to save every life, sometimes we have to save those who have a chance of survival.

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

   My strengths was that I added my input and discussed with my fellow nursing students on how to handle each situation. My weakness was I could have been more strong in my opinions.

Experience Stage

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

The rational was that we were trying to save as many people as possible. I felt like we leaned more toward saving the kids first compared to the people who were older and had a DNR order. The interventions were also based how sick they were and if they could be moved by the transport that was being provided each time one came to pick up more patients.

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

   The whole thing was a safety issue with the lack of resources. In a real-life hospital with no natural disaster, that would never be passes. But in a crisis, the main focus was to save as many people that we could.

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

   I feel like me leaning toward the kids first could hinder my decision making. I understand a 6month old does not mean more then the 65a year old, but my first instinct was to save as may children as we could

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

   Yes, my team worked well together.

5. Is teamwork important during disaster management?

   Yes, the more the medical team works as a well-functioning team the more lives can be saved because of time-management and more things getting done at the same time.

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

The manager of the floor was no help.

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?

   Yes

Application Stage

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

   I would use the black, red, yellow, and green tags as a guiding point like we did on triage day. I would also use the knowledge that even though IV fluid are hooked to a patient does not mean that is vital in saving their life and it is okay to temporary stop their treatment to help save them.
2. What knowledge, skills, or attitudes displayed in this virtual simulation would be useful in an actual disaster?
3. What are the key differences in patient triage in a disaster situation versus day-to-day operations?

   The difference is that time is of the essence and you do not know the next thing that is going to happen. You do not have the resources you would on a daily basis. You would not know when help would arrive.
4. How will these simulations influence your role as a health care practitioner?

   It was influence it by always thinking about anything can happen and it is vital to be prepared in your nursing education and your skills.

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

   I learned that even though the manager was telling us what was happening next, they were of little help. You have to rely on everyone, even the pilots, to do their job while you do yours so things can happen in a timely manner while saving lives.

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

   Yes. You first identify the issue and come up with a plan to save the patient. You then implement that plan and evaluate if the plan is working and if the plan is not working, then regroup and try a different route and see if that is more effective.

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

   Nurses work under pressure everyday. They have the education and the skill set to work with different age groups and different injuries that people may have. They make decision every day regarding their patient's safety and health and in a natural disaster they can make choices very quickly.

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

   It could be the hospital policies about natural disasters. Some medical staff may make the choice to be with their families compared to staying with their patients.

Summary Stage

1. What is one thing you can take away from this debriefing that you can use tomorrow in practice?

   One thing that I can take away is that I need to be better in knowing who is a black tag. In a normal setting, I would never subject to someone to that, but in a disaster, I will need to recognize who can be saved and who can not.