SELF REFLECTION JOURNAL FOR TRIAGE DAY

TRIAGE DAY JOURNAL/SELF REFLECTION

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Initial Stage

1. **How did that experience (participation in the virtual disaster) feel?** It was very emotional, my emotions were sad, angry, empathetic, frustrated, anxious, excited, heartbroken, and everything in between. The thought of a mother not being able to be with her baby during such a crucial moment in her life and having a major health crisis on top of it was overwhelming.

2. **What can you tell me about what you were thinking while participating in this virtual simulation?** I was thinking about what else can go wrong, situation after situation it would get worse then better and then worse again. I thought all hope was lost and then each person worked together to resolve each situation and helped others that needed assistance to have a positive end result.

3. **After reviewing the Moral Distress presentation recording or report, how did you feel about the subject?** I felt anxious for the patients and staff during the ordeal, but I felt so much relief once everyone got to safety including the staff. The knowledge that another hospital during hurricane Katrina did not attempt to remove their patients but instead euthanized them made me not only feel angry but also disappointment in humanity. After the simulation was over all that I could think is how would you not want to save your patients and staff! How would killing someone after such a short amount of time even be a choice?

4. **What were your strengths during the virtual simulation? Your weaknesses?** Strengths: The ability to delegate tasks and assist the group with organization to make it easier and faster to decide which patient goes and in what order.

Experience Stage

1. **What was the rationale for what was done and the interventions performed?** Ensuring patients are triaged properly in the correct order and transported out in the best way to provide the best outcome for the most people.

2. **Did you note any safety issues with the patients or the environment?** Yes, the environment was flooded with water that was infested with snakes, alligators, and other dangerous animals or situations. Electrical issues and people looting created larger issues during evacuations and complicated our ability to reach patients quickly because we had to go a longer route to reach patients and to take them to the areas to ship them out to safety.

3. **How might personal beliefs, prejudices, and values have influenced your decision-making in the learning activities?** Some members may not have chosen to save patients that are listed as DNR or that were elderly before patients that were babies or children. A person may have a specific patient that they are emotionally connected to that could cloud the nurse's judgment when it comes down to deciding who should be triaged and shipped out first. A nurse's personal values, beliefs, and prejudices must be put to the side and the greater good for the greater amount of people saved must become the priority of the healthcare team during a disaster.

4. **Were you working as a team to care for victims during this disaster simulation?** Yes, our team worked together very well to care for victims and to triage during the simulation.

5. **Is teamwork important during disaster management?** Teamwork is of top importance during a disaster, without working together situations are resolved slower, needs fall through the cracks, arguments occur, and the team's ability to care for the patient is drastically effected.

6. **Did you note any barriers/facilitators to communicating/working with other professions during the simulation?** The barriers to working with the people assisting in evacuation efforts became stressful when one group would not take any patients if the evacuation teams' mother was not able to be evacuated at that moment. They left without helping anyone because we already evacuated the person that they were looking for.

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?** We did not utilize this interview during our triage day.

Application Stage

1. **How could or would you use this information in an actual disaster?** I would use the skills and understanding created during this experience to assist in making the best decisions possible to help as many people as possible during an actual disaster. I also would make sure that teamwork was a priority when working through an actual disaster.

2. **What knowledge, skills, or attitudes displayed in this virtual simulation would be useful in an actual disaster?** The ability to stay calm under pressure and make life-changing decisions is at the top of the list followed by working as a team and staying organized and focused. These qualities assist everyone affected with getting to safety in the most effective way possible.

3. **What are the key differences in patient triage in a disaster situation versus day-to-day operations?** During a disaster it is not a first come first serve basis, it is based on the greatest outcome for the overall group being affected. Decisions must be made quickly and without negativity unlike day to day where often you can take your time in making decisions.

4. **How will these simulations influence your role as a health care practitioner?** This simulation will assist my role in health care by not only preparing me for a disaster if it occurs but also for the day to day understanding of the importance of teamwork, good attitudes, and the ability to decipher the importance of any challenge I am faced with.

5. **What did you learn about the roles of other health care providers in the context of disaster management?** That we are all pretty much working as one and no one is above the other during a disaster triage. We all have one goal and that is to assist our patients and coworkers to safety in the best way possible with what we are given to work with.

6. **Think about disaster planning and the nursing process – are there similarities?** Yes! We must begin with Assessing, diagnose by judging the situation and tagging the patient, planning the needs of the wounded, implementing the plan of care, and in the end an evaluation will be completed of the choices made and how it affected the patient.

7. **Why would nurses be excellent personnel to be involved in disaster management?** Because nurses are resilient and taught to think on their feet during an emergency. Nurses

choose to run towards the danger to save others, and nurses are trained to maneuver through a disaster or emergency.

8. **What societal factors or health care policies might impact actions taken during a disaster?** The society in which the disaster is located may provide another danger within itself related to the criminal activities that are often experienced within that community. Looting, killing, robbing, gun violence, murder, stabbings, and addictions may create a much larger issue for healthcare workers that are attempting to maneuver through a disaster situation.

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 the importance of teamwork and organization not only during a disaster but also during everyday practice. The ability to work with each other and provide a positive professional environment is not always experienced but is often appreciated.