Whisper Brown

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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?
    1. This experience made me feel a mix of different emotions. I felt anxious, excited, and nervous. I felt anxious because no one knew what was coming next or around the corner and I felt excited because I got to try and figure out how to help the clients. This experience made me feel nervous because I knew that the decisions my team and I made overall impacted the clients and who survived and who didn't.

2. What can you tell me about what you were thinking while participating in this virtual simulation?
    1. In order for it to benefit us in the long run, I was attempting to think critically. For instance, both me and my team were trying to triage correctly. For example, when one of the patients needed to be bagged, we all talked it out and decided to tag them as "black" due to their current health disparities. The patient had multiple organ failure and did not have a high chance of survival.

3. After reviewing the Moral Distress presentation recording or report, how did you feel about the subject?
    1. I find this topic to be incredibly unfortunate and depressing. With the options available to them, I believe the personnel did the best they could. It is very remarkable that the Tulane staff was able to save every patient. I believe that this experience helped me put those decisions into perspective since I could not have imagined myself in a position where I would have to make them.

4. What were your strengths during the virtual simulation? Your weaknesses?
    1. I would say that my talents were using the map to swiftly navigate the building, solving problems, making difficult decisions when it came to evacuating the patients because not all of them would make it, staying on task, and helping others stay on target. Making the final judgment on which patient should go where and what "level/tag" they were, I believe, one of my greatest faults. I believe that coming forward, I will need to get better at this process and pay closer attention to it.

Experience Stage

1. What was the rationale for what was done and the interventions performed?
    1. In addition to knowing and adhering to restrictions regarding demands and weight limits, the patients' reasoning was to save as many people as possible. Keeping patients as comfortable and safe as feasible as well as evacuating as many as possible were among the actions carried out. It was challenging to decide which patients needed to be evacuated, yet they had to fulfill all evacuation conditions.

2. Did you note any safety issues with the patients or the environment?
    1. The area was overrun with water that was overflowing with alligators, snakes, and other hazardous creatures or circumstances. We had to go a longer way to access patients and transport them to the locations to ship them out to safety because of electrical problems and human looting, which made evacuations more difficult and made it more difficult to get to patients fast.

3. How might personal beliefs, prejudices, and values have influenced your decision-making in the learning activities?
    1. Individuals' decision-making abilities might be influenced by their personal values, beliefs, and biases. This may involve employees choosing incorrectly based on their own values or beliefs. Using resources on a patient who might be regarded as a "black tag" is one example, as the nurse or staff may not want to decide to leave because of personal beliefs.

4. Were you working as a team to care for victims during this disaster simulation?
    1. Yes, I think that during the disaster simulation, our team was collaborating to care for the victims.

5. Is teamwork important during disaster management?
    1. Collaboration is crucial while managing a disaster. Your colleagues, nurses, or the team should always be dependable. People each have unique strengths that can be useful in a catastrophe situation, and you need to know what those talents are so you can make the most of them.

6. Did you note any barriers/facilitators to communicating/working with other professions during the simulation?
    1. When an inexperienced hospital administrator doesn't understand what you are going through on the ground, it might be frustrating to work with them. I believe the communication was fine once we were aware of what the evacuators and the staff accompanying them could manage.

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?
    1. This interview was not used on the triage day.

Application Stage

1. How could or would you use this information in an actual disaster?
    1. Since it allowed us to comprehend the magnitude and stress involved in a timed choice dilemma, this information is very helpful in a real tragedy. The choices taken have an impact on the life of the patients. Any situation should take advantage of the advice and information offered.

2. What knowledge, skills, or attitudes displayed in this virtual simulation would be useful in an actual disaster?
    1. At the top of the list are the capacity to remain composed under duress and make transformative choices, followed by teamwork and maintaining organization and focus. These characteristics make it easier for everyone impacted to reach safety in the most efficient manner. Other elements include critical thinking or unconventional thinking, problem-solving abilities, maintaining composure and optimism, acting fast, and being willing to assist a fellow nurse.

3. What are the key differences in patient triage in a disaster situation versus day-to-day operations?
    1. In a disaster, patient triage happens more quickly than in regular operations. In contrast to daily operations, which would encompass all resources used to triage and aid any patient, crisis situations are more challenging since patient status may affect the resources used and patient care offered. Decisions on evacuation or usable resources must be taken when staff and resources become few. It is determined by the best outcome for the entire group impacted by a tragedy, not by first come, first served. In contrast to daily life, when you can frequently spend your time making judgments, decisions must be made swiftly and without negativity.

4. How will these simulations influence your role as a health care practitioner?
    1. Our capacity to act promptly and make decisions based on the patient and situation in front of us is influenced by the simulations. This enhances our capacity for clinical reasoning, critical analysis, and decision-making—all of which are essential for a health care professional. This simulation will help me in my career in the healthcare industry by preparing me not just for the event of a crisis but also for my daily awareness of the value of cooperation, positive attitudes, and the capacity to recognize the significance of each problem I encounter.

5. What did you learn about the roles of other health care providers in the context of disaster management?
    1. Every healthcare professional has a certain function and responsibility to fulfill. Depending on the facility and protocol, this could vary. I discovered that every role has a specific function and is essential to the achievement of providing timely, appropriate care with the resources and options at hand.

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

1. There are parallels between catastrophe preparation and the nursing procedure. Both must take into account the safety, status, circumstances, and condition of the patient. Although the process has the same goal, it may be stated differently in the end.

7. Why would nurses be excellent personnel to be involved in disaster management?
   1. Being at the disaster providing care and witnessing the effects of disasters on people makes nurses ideal persons to be active in disaster management. In addition to advocating for improved disaster management in the hospital and their local community, they can share their experience with patients. They are competent to design, carry out drills, detect and evaluate risks, and take part in training exercises.

8. What societal factors or health care policies might impact actions taken during a disaster?
   1. The society where the accident occurs might pose an additional risk in and of itself because of the criminal activity that frequently occurs there. For healthcare staff trying to navigate a crisis situation, a lot more problems could arise from robbery, killing, stealing, gun violence, murder, stabbings, and addictions.

Summary Stage

1. What is one thing you can take away from this debriefing that you can use tomorrow in practice?
   1. The amount of work and difficulty involved in making a decision that affects other people's lives is one thing I learned from this debriefing. Even if not every patient can be saved, always make sure you are knowledgeable of the procedures and base your decisions on the best potential outcome.