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SELF REFLECTION JOURNAL FOR TRIAGE DAY

TRIAGE DAY JOURNAL/SELF REFLECTION

Initial Stage

1. How did that experience (participation in the virtual disaster) feel?
Even though I typically work well under pressure, I am not a fan of the “rush”. Overall, the experience was good, and the environment created that emergent feel. However, I felt slightly overwhelmed and it affected the way I would have liked to perform.
2. What can you tell me about what you were thinking while participating in this virtual simulation?
I was thinking about how I could primarily save all the kids.
3. After reviewing the Moral Distress presentation recording or report, how did you feel about the subject?
It was reassuring to the icky feelings I was having about leaving patient behind and not being able to save everyone. It is normal to feel those things in the aftermath of disaster planning and triaging.
4. What were your strengths during the virtual simulation? Your weaknesses?
My strengths were being able to listen to EVERYONE and their input. I would also advocate for things I felt was right, but we were doing wrong. For example, at the end when you must make a choice of who to save with the remaining weight limit. One person suggested taking a critically ill patient, but their weight was going to take up half of the limit. I advocated that he should stay so three people, in addition to us can be saved in his place instead.

Experience Stage

1. What was the rationale for what was done and the interventions performed?
The rationale was to save as many people as possible.
2. Did you note any safety issues with the patients or the environment?
Noted safety issues with patients are that some were mobile, and some were not, so that changes the order in who leaves or if at all. The environment was not safe because the “streets were flooded” and there were “crocodiles”.
3. How might personal beliefs, prejudices, and values have influenced your decision-making in the learning activities?
Beliefs weigh heavily on my decision-making because I felt like kids and babies should be save first, but that wasn’t always the case. Some of them had equipment and could not just leave first. In a real like situation, that is something that would weigh on my heart. I believe in helping all patients of course, but children and babies are so vulnerable and look to you for care and guidance.
4. Were you working as a team to care for victims during this disaster simulation?
Yes we were working as a team of six.
5. Is teamwork important during disaster management?
Teamwork is vital in order to make disaster management even work. You are going to have to collaborate and come up with ideas and solutions with your team. You must rely on one another to be unified and care for these patients and yourselves.
6. Did you note any barriers/facilitators to communicating/working with other professions during the simulation?

The only barrier was the tech (Professor Bohlen), but that was part of the simulation. Other than that, no barriers with communicating.

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?
With regard to the “General Professional Nurse” competencies on the site, I think we met the competencies that applied to the simulation. I think my team worked well together to triage each and every person correctly, communicated effectively, and implemented some form of structure in a chaotic situation.

Application Stage

1. How could or would you use this information in an actual disaster?
I would instantly go into triaging mode and also making sure I have some form of patient identifiers (if the computer is down). I would also remind myself that even though it's a disaster, there are some elements that require patience. For instance, if I have to run fluids, I need to make sure I am doing the math right and choosing the right tubing. You do not want to further complicate someone's health condition in a situation like this.
2. What knowledge, skills, or attitudes displayed in this virtual simulation would be useful in an actual disaster?
I think med math knowledge and keeping as calm as can be is useful.
3. What are the key differences in patient triage in a disaster situation versus day-to-day operations?
In a disaster situation, you really have to figure out what is truly the priority. You are trying to maximize survival with limited resources. In a typical day-to-day, you have a lower acuity, less urgency, and you can focus more on individualized needs.
4. How will these simulations influence your role as a health care practitioner?
It will make review the facility's disaster preparedness more thoroughly. As far as my role, I think it influences my critical thinking skills, improve leadership skills, and reflect on how I deal with ethical dilemmas.
5. What did you learn about the roles of other health care providers in the context of disaster management?
That they are capable of anything and can really pull thru for you with the teamwork. Everyone plays a crucial role in making the process run a little smoother under the pressure and stress.
6. Think about disaster planning and the nursing process – are there similarities?
They are similar because they both require a systematic approach to prioritization, critical thinking, problem solving, and assessments.
7. Why would nurses be excellent personnel to be involved in disaster management?
Nurses would be exceptional to be involved because of their training, adaptability, and resourceful thinking aligns with the need of responding to disasters.
8. What societal factors or health care policies might impact actions taken during a disaster?
Some societal factors that might impact actions are socioeconomic status, vulnerable populations, and language/ cultural barriers.

Summary Stage

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

I could utilize objective decision-making to triaging patient care effectively. Triage day solidified that confidence in prioritization, and now I can make a judgement much quicker.