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Confronting the Unimaginable: Lessons Learned Supervising Nursing Students During a Clinical Crisis

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Purpose: In September 2014, the Dallas Texas community was rocked by the unanticipated and unexpected arrival of the first Ebola diagnosed patient in a Dallas Texas hospital. Once the news media were alerted, the world became witness to the scenario that unfolded, including the subsequent and devastating news of positive Ebola diagnoses of two nurses in the following two weeks. Not reported were the responses and reactions of 8 second degree BSN nursing students, who were caught in the middle of the unfolding dynamics occurring around them, before they were finally released from their clinical experiences. This presentation will share their emotional and cognitive experiences recorded while in this hospital as the events unfolded.

Methods: The student's unedited qualitative experiences were captured through the technique of reflective journaling and a retrospective qualitative research design ensued. The qualitative study was IRB approved by the university. Thematic analysis occurred separately by two researchers who read the transcripts multiple times to gain a sense of meaning and used the data to create themes and sub-themes. Consensus occurred and themes and subthemes were confirmed.

Results: A thematic analysis of these student's emotional journaling responses were processed and counted. As can be imagined, emotions of courage, fear, sadness, and worry turned into concerns over their own health and questions of their own mortality. Three students were on temperature monitoring for 21 days while another had an unrelated medical concern. Themes included: Mixed emotions, Nursing as a Calling and Trust Issues.

Conclusion: Clinical nursing faculty never know when the next unknown or unexpected disease or crisis will be confronting students in large scale hospitals serving a multi-cultural population. Exploring what occurred in this situation will encourage faculty and hospital administrators to plan ways to confront unexpected crises that inevitably occur in clinical settings serving diverse populations. Having a repertoire of faculty activities immediately available, including journaling and simulation, will help reduce the stress of a crisis situation and offer immediate coping strategies for those affected. Because of the use of a variety of faculty activities that will be described during this presentation, students were able to manage their stress, examine the situation critically and learn incredibly valuable lessons, while completing their nursing program, leading toward the start of their nursing careers.

Title:

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Keywords:

Crisis, Ebola and Students

References:

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Abstract Summary:

This presentation will explore the timeline of events that occurred in a Dallas Hospital that directly involved clinical nursing students when an Ebola patient was unexpectedly admitted. A qualitative design was used to thematically analyze student's reflective journaling passages. These themes will be shared and discussed.

Content Outline:

- I. Introduction
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- A. Briefly discuss Ebola Virus Disease (EVD) over last 5 years
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- B. Unexpected EVD patient presents in a Texas community hospital
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- II. Timeline of events with students
-
- A. Within the hospital
-
- 1. Off the primary unit initially to other floors
-
- 2. Two nurses with possible EVD
-
- 3. Hospital closed to students
-
- 4. Quarantine option if a fever breaks
-
- B. Clinical time outside of hospital
-
- 1. Variety of simulation activities
-
- 2. Attendance at community meetings
-
- 3. Reflective Journaling

III. Research Study analyzing journaling exercise

- A. Retrospective qualitative design with IRB approval

B. Results--Themes

1. Emotions
2. Nursing as a calling
3. Trust Issues

C. Discussion

1. Need for clinical crisis policies
2. Ethics of nursing students present during a clinical crisis
3. Lessons learned-communication, relationships, learning activities

IV. Conclusion

A. EVD is not eradicated, and a patient could be hospitalized anywhere

B. Lessons learned

1. Balancing relationships: hospital, school of nursing, learning needs
2. Repertoire of learning activities to use in a clinical crisis

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