Sigma's VIRTUAL 31st International Nursing Research Congress (Wednesday, 22 July - Friday, 24 July)

Engaging Communities After Disaster

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Disasters have increased by 60 percent worldwide since 2001 when the World Trade Center fell in New York City (Anchora & Kamanvire, 2016). That event and subsequent disasters have taught us that nurses, as first line healthcare providers and the largest body of providers in the world, must be prepared to address the needs of populations following disaster. The American Association of Colleges of Nursing put forth a statement in 2008 that disaster management must become integral to baccalaureate education and has become part of didactic nursing education. Providing experiential learning opportunities is essential to the nursing workforce (Venema et al., 2017; Madrigano, & Chandra, Costigan & Acosta, 2017). In the aftermath of Hurricane Harvey in the state of Texas, the UT Health San Antonio, School of Nursing (SON) demonstrated that providing disaster relief while educating students is indeed possible. **Methods:**

Initial assessment is the first step in the nursing process. In the case of a community event, an initial windshield survey and a subsequent in depth community assessment must take place. Within days of Hurricane Harvey, the author spent three days in the devastated community. The first trip to the coast was with the director of Columbia's National Center for Disaster Preparedness and the disaster team. Days later the author and a colleague from the SON returned to the site and spent two days gathering information and interviewing key informants. Identifying official and unofficial community leaders was essential and this was accomplished on the second trip. This process engaged the community and helped to identify where the SON team would be most successful in meeting the community's healthcare needs. The next step was development of a strategy to implement the plan. Safety for all had to be first and foremost in the relief efforts. It was recognized early in the process that faculty alone would not be able to meet the needs of the devastated community.

Results:

Two to three times each week teams of students and faculty would travel 167 miles (each way) to the devastated coastal community. Making nearly 60 trips in a six month period, over 200 students had the opportunity to experience disaster relief efforts first-hand. Making door-to-door visits and working out of make-shift tents, the students touched the lives of hundreds of hurricane survivor victims, many of whom had chosen to stay in place during the storm. They administered vaccinations, provided first aide and had to critically think through post disaster interventions.

Conclusion:

Disaster preparedness is a critical competency for nurses, as they play a major role in disaster response (Jose & Dufrene, 2014). Nursing educators can contribute to experiential learning by developing disaster management plans that involve student nurses.

Title:

Engaging Communities After Disaster

Keywords:

Community Engaged Response, Disaster and Experiential Learning

Abstract Summary:

Worldwide, disasters have increased by 60 percent since the fall of the World Trade Center in New York City. As the most trusted profession, nurses need to be prepared at all levels for disaster management. The ability to perform community assessment and engagement is a critical component of disaster response.

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Author Summary: Dr. Sickora has been engaging communities to promote health for more than 30 years. Since 2012, she has had the opportunity to address the needs of communities post natural disaster. Working with the Director of Disaster Preparedness at Columbia University in NYC, Dr. Sickora has been on the front-line of disaster response. As an educator, she has worked to ensure that student nurses participate in these experiential learning opportunities.