Navigating a Disaster: A Capstone Simulation Integrating Leadership Skills, Ethical Principles and Clinical Reasoning

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Presentation Objectives:

1. The learner will explain how simulation provides an opportunity to develop the clinical reasoning and leadership skills needed to respond to disasters.
2. The learner will summarize how structured debriefing is used to analyze clinical reasoning, leadership and ethical principles, and patient outcomes in response to a disaster.

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Simulation Format

- **Background**
  - CCNE
  - AACN
- **Capstone Simulation**
  - Graduating Seniors
  - Last week of semester
- **Groups of 8**
  - Wiki sign-up
  - Confidentiality agreement
  - Don’t bring supplies or uniforms!
Participant Roles

- **Students- random role assignment**
  - Nurse Bystander
  - Triage Nurse
  - Incident Commander
- **Patients**
  - Simulation Equipment
  - Live Actors
- **Faculty**
  - Role Transition, Leadership course, & simulation faculty
  - Voice of the patient (simulation equipment)
  - Command center voice
Simulation Scene Set-up

- **Sim Lab prep**
  - Simulation Equipment Prep
    - Moulage
- **Faculty / Actor prep**
  - Moulage
  - Scripts
  - Only provide information if asked
- **Simulation Recording**
  - Static
  - Video
Student Preparation & Deliverable

• Preparation
  ▫ 2 Journal of Emergency Nursing articles
    • Nursing Process and Critical Thinking Linked to Disaster Preparedness
    • Ethical Decision Making and Disaster Triage
  ▫ Role Transition seminar class time
    • Disaster Triage

• Deliverable
  ▫ 1-2 page reflective log

Student Learning Objectives

1. Assess patients and integrate the impact of the patient’s health history with current health problems.

2. Recognize respiratory failure, cardiac ischemia, hypoglycemia and shock.

3. Prioritize and implement nursing interventions using the available equipment.

4. Demonstrate effective leadership, teamwork and communication.

5. Discuss ethical considerations of mass casualty triage and disaster response.
Scene
Patient Scenarios

- **Patient 1**
  - Young adult male with significant head and neck trauma, unresponsive, gurgling respirations, cyanosis

- **Patient 2**
  - Young adult male with open forearm fracture and leg laceration

- **Patient 3**
  - Adult female s/p abdominal surgery with wound dehiscence
Patient Scenarios

• Patient 4
  ▫ Teenage female with hypoglycemia that progresses through altered LOC if DM / insulin dose not detected

• Patient 5
  ▫ Adult female retired military nurse with PTSD

• Patient 6
  ▫ Adult female with glass shard protruding from her eye and large leg laceration
Patient Scenarios

- Patient 7
  - Adult male with chest pain and SOB after helping extricate / carry patient 1 to lab

- Patient 8
  - Young adult female with large facial laceration and other minor injuries

- Patient 9
  - Non-English speaking young adult female in labor

- Patient 10 - the baby!
Debriefing

• Assessment
  ▫ Basics (PMH, meds, allergies)
  ▫ Situation specific
• Clinical Reasoning
  ▫ Triage tag decision
  ▫ Supplies requested
• Interventions
  ▫ Standard precautions!!
  ▫ Creative use of supplies
• Communication
  ▫ Clarity / SBAR
Organizational & Ethical Challenges

• Leadership Opportunities
  ▫ Random roll assignment
    • When a non-leader gets the lead role & vice versa
  ▫ Decision Maker
  ▫ Communication

• Scope of Practice
  ▫ “Let’s intubate!”

• Lack of Resources
  ▫ Basic supplies
  ▫ No meds

• Triage Decision
  ▫ Advocating for the patient
    • “Everyone’s a red!”
  ▫ Black tag
Emotional Response

- Varied based on the overall effectiveness of the group activity
  - “Chaos”
  - “We nailed this”
  - “We were a disaster”
  - “I couldn’t walk away”
  - “We need more practice”
  - Hospital disaster plan prep discussions
Next Steps

- Collaboration
  - ODU Theater Department
- Expansion
  - Duplicate patients live actors and simulators
  - Do triage categories change?
  - Can students black tag a live person?
References


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