



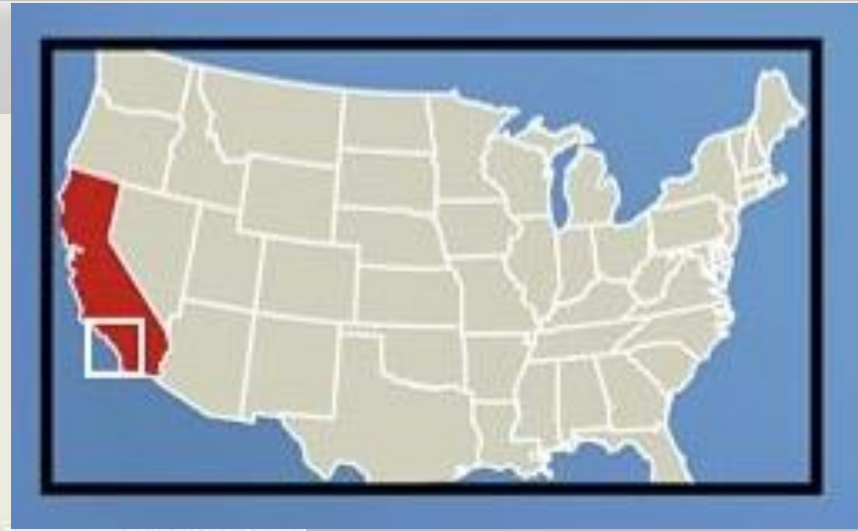
American Red Cross Simulation & Student Nurse Disaster Preparedness

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**American
Red Cross**





Background

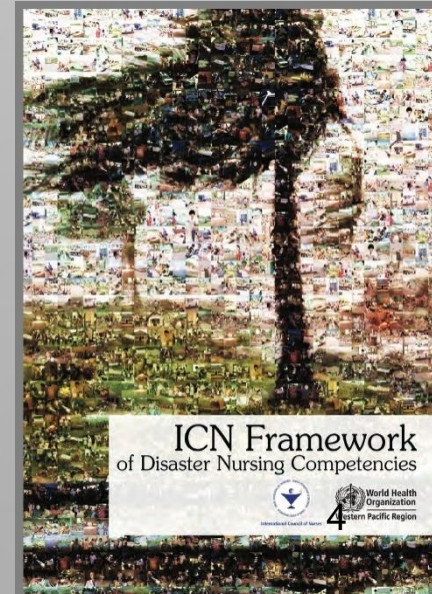
- **Disasters increasing worldwide**
- **Major nursing organizations support disaster nursing**
- **Student nurses underutilized resource**





ICN Competencies

- **International Council of Nurses (ICN)**
 - Nurses lack training for disasters
 - **Core Competencies for Disaster Nursing 2009, with World Health Organization**
 - **Uses four phases of disasters:**
 - Preparedness
 - Response
 - Recovery
 - Mitigation





ICN Framework of Disaster Nursing Competencies

- **Centered on four phases of disasters**
- **Health promotion/illness prevention**
- **Policy development**
- **Education**
- **Communication**
- **Ethics**
- **Population health**





Purpose

- **Describe:**

- **Conduction of web-enhanced, low-fidelity disaster simulation/course**
- **Results of evaluative survey administered after disaster nursing course/simulation with student nurses**





Conceptual Frameworks

- Theories of learning styles
- Social cognitive learning
- Self-efficacy
- Volunteerism
- Human behavior





American Red Cross Student Nurse Disaster Course

- **Introduction to ARC as NGO**
- **Role of student nurses**
- **Hybrid course**
 - **First hour online, focus on history of ARC**
 - **Second part F2F as web-enhanced, tabletop simulation**
 - **Students add injects**
 - **Hotwash at conclusion**





American Red Cross Student Nurse Disaster Course

- Free course open to nursing students at all levels
- Teacher volunteer affiliated with ARC
- Held at different sites
- Students registered as shelter workers at end





Methods: Hypotheses

- 1. Simulation will provide a supportive learning process in disaster preparedness**
- 2. Disaster simulation will increase self-efficacy in students in disaster situations**
- 3. Low-fidelity disaster simulations are an effective way to teach disaster preparedness**





Methods

- **Evaluative survey data was collected in four areas:**
 - **Demographics**
 - **Simulation design**
 - **Educational practices**
 - **Student satisfaction and self-efficacy**





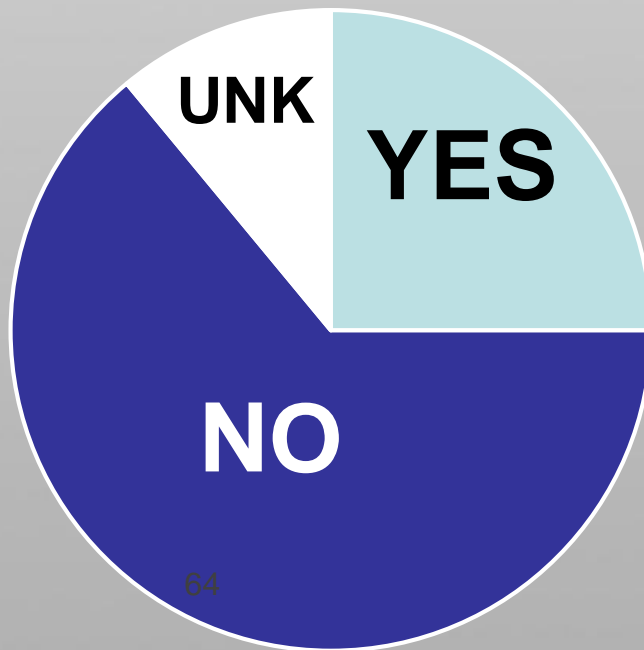
Results

| Demographics | Percentage |
|-------------------------------|---|
| Gender | Females 84% Males 9% Unknown 7% |
| Ethnicity | Caucasian 44% Hispanic 15% Asian 28% Other-13% |
| Attends APU | Yes 91% No 9% |
| Have a Nursing License | Yes 23% No 77% |



Results

Personal Preparedness Plan



■ Yes ■ No ■ Unknown ■



Simulation will provide a supportive learning process in disaster preparedness

- **88% of the participants**
 - Better think critically about scenarios
 - Globally about their roles in disasters
- **94% of the participants**
 - Simulation helped gain knowledge in disaster preparedness





Disaster simulation will increase self-efficacy in students in disaster situations

- **87% of the participants:**
 - **More confident in ability to provide care in disasters**
 - **Simulation allowed for learning from mistakes**
 - **Holistic view of individual, community, and their roles as student nurses**

Low-fidelity disaster simulations are an effective way to teach disaster preparedness.

- **84% of the participants found:**
 - **Useful, hands-on learning opportunity where classroom skills were applied in realistic settings**
 - **Variety of scenarios increased knowledge and response to disasters**







Conclusions



- **Student nurses**
 - Valid asset in disaster preparedness
 - Increase region's capacity to respond in times of crisis
 - Want and need disaster nursing education
 - Are part of our volunteer disaster preparedness and response system



Implications





Implications

- **Disaster training of student nurses is welcome and easily done using classroom design, table top simulation**
- **Future research needs to**
 - **Explore ways to effectively incorporate broad disaster nursing education into existing curricula**
 - **Measure effectiveness of education**





Selected References

- **Hanes, P. F. (2016). Wildfire disasters and nursing. *Nursing Clinics of North America* 51(4), 625-645.**
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Thank You!

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