

## **Disaster Management Simulation based on *Five Days at Memorial* by S. Fink Facilitators' Guide**

### **Set Up**

Clinical groups 1 & 2 = Memorial Group 1 (clinical group 1 = patients, clinical group 2 = providers)

Clinical groups 3 & 4 = Memorial Group 2 (clinical group 3 = patients, clinical group 4 = providers)

(4-5 people per clinical group. Memorial groups 1 & 2 will do same activity)

This activity is based on a total of about 20 participants/students

### **List of characters:**

#### **Patients**

- **Rodney Scott (too large to move)**
- **Carrie (Ma'Dear) Hall (trach, strong will to live)**
- **Donna Cotham (41 female, liver dx, mother of 4)**
- **Alice Hutzler (90 year old, LifeCare)**
- **Wilda McManus (70 year old, daughter is Angela McManus)**

#### **Staff**

- **Susan Mulderick, RN (nursing director, head of emergency preparedness)**
- **Karen Wynn –nurse manager of ICU, head of hospital ethics committee**
- **Andre Gremillion (LifeCare RN)**
- **Therese Mendez (Life Care nurse executive)**
- **Cindy Chatelain (RN Life Care)**
- **Gina Isbell (nursing director, Life Care Chalmette campus, relocated to Baptist Memorial before the storm)**

(see name cards with list and description of patients and staff. One person has to be Susan Mulderick, and there must be one staff member from LifeCare)

Environmental conditions at Memorial: flood waters are rising. You have no internet, and only a backup generator with a limited fuel supply to keep the generator working. The temperature is rising inside the hospital to 90+ degrees, there is a limited supply of clean water for drinking and hand washing or bathing (you have to determine how much water is for drinking and how much for sanitization purposes). To simulate the conditions at Memorial, turn the lights down to half power or have only have of lights on, have students wear an extra coat to simulate warmth. If any snacks provided, provide PBJs and crackers, and have less water on hand than number of participants—can be bottled water, or water in a pitcher, with a limited number of cups. Faculty (facilitators) dressed as executives, and are corporate executives from Tenet or LifeCare. One can be in vacation clothes.

**First 30 minutes:** Providers and patients take on assigned role from book. Providers must decide who is being evacuated and what order they will evacuate, as well as who will get water and how the limited clean water will be used. Patients interact with providers according to the characteristics of their patients. It will take about 5-10 minutes for everyone to decide roles, form a group, etc.

**Faculty ask these questions to consider to providers:** providers, what is your rationale for who is going and who is staying? What principles of disaster management are you following?

**Faculty ask these questions for patients to consider :** patients, how do you feel about your evacuation status? Do you have any say in your outcome? From your patient perspective, what do you think is influencing the decisions regarding your status?

**Second 30 minutes:**

**Faculty:** inform all of the students that the water surrounding Memorial Hospital is now most likely contaminated with Hepatitis A and Salmonella, Ecoli and other bacteria as you see human and animal waste in the water outside Memorial Hospital, and the water sanitation system has failed due to power outages. Also, one of the nurses found out just before the hurricane that she is 6 weeks pregnant and she hasn't told anyone yet (and would rather not tell anyone for personal reasons). What genetic or epidemiological factors do you now need to consider?

**15 minute break**

**1:30 – 2:00 PM**

**Whole class debriefing and discussion**

*(use debriefing guide from Elsevier, below with time guidelines for each section provided)*

- allows students to vent their feelings immediately after the scenario
  - invite students to share initial thoughts about the case
  - Students may experience intense emotional responses, especially if the patient suffered a negative outcome.
- 3 minutes**

- Encourage to reflect on decision making process and on interventions conducted during the scenario.
  - encourage all participants to participate in the discussion
  - Observers (patients) should be encouraged to provide feedback
- 5 minutes**

- stimulate critical thinking and model clinical decision making for students **what principles of disaster management Decision Making did the staff practice? How did it feel to be on the receiving end of those practices?**

- link theory to practice and facilitate transfer of knowledge to the clinical setting and next patient encounter
- Optimal time to review any pre-simulation learning exercises that students completed before the simulation experience. **Any genetic components to the disease processes patients had? What role did genetics or the environment play on the types of diseases the patients had or the types of diseases that were common at Memorial?**
- Lead guided discussion of the concepts and/or major skills such as therapeutic communication, professional communication, teamwork, patient safety, quality of care considerations, and documentation.

**14 minutes**

- Concludes the debriefing with the students' final thoughts on the scenario and positive, honest comments from the facilitator.
- If the scenario was particularly challenging for the students, the facilitator should be cautious not to offer false praise such as by saying, "Good job." Instead, the facilitator should offer an honest appraisal such as, "This was a difficult scenario and I appreciate your participation. It seems like this was a good learning experience."

**3 minutes**

**Follow debriefing with following questions or interject these questions into the debriefing:**

**General Discussion Questions from readings:**

- **Does knowing the history of the hospital shape or change your view of what happened during and after Hurricane Katrina?**
- **What "old knowledge" and customs presented in the book as Hurricane Katrina drew near impacted life after the hurricane?**
- **Consider the population of your clinical agency. What is the role of the nurse in caring for this population during a natural or man-made emergency?**
- **Has reading this book impacted your own personal preparedness for a disaster (snow storm, extended loss of power, contaminated water supply, etc.)**