

# Caring & Resiliency: *Nurse Educator Leaders Respond to Hurricane Harvey*

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Recent national and global events related to natural and human catastrophes require leadership at many levels. No doubt in these catastrophic situations, nurse leaders are called upon to make decisions and guide efforts that advance the necessary work of maintaining

organizational activity and stability, as well as transcend the ordinary day-to-day practice and foster superior performance. In times of catastrophe, successful nurse leaders often rely upon wisdom attained through experience, education, and reflection.

**R**eflecting upon and learning from moments of leadership during and after turmoil can positively influence systems, staff, and communities, as well as patient and family outcomes. This article presents experiences and lessons learned from enduring a category 4 hurricane, named Harvey, in 2017 by nurse leaders and faculty in diverse practice settings within South Texas. The focus is on the caring and resilient behaviors exhibited by nurse leaders, professional nurses, and faculty associated with a fully online family nurse practitioner (FNP) program. Highlights from their preparation, navigation through the storm, and response to its subsequent aftermath for students, community members, and collaborating health care organizations are considered. It is our hope that you glean an appreciation of their caring and the resiliency demonstrated.

## BACKGROUND

Nurse leaders embrace policy plans to prepare health care organizations and communities for emergency situations. Organizations geographically located near coastal regions establish hurricane plans and generally review these plans annually in coordination with local, state, and federal agencies. The hurricane plans address scenarios related to extended power outages, a surge in census, or evacuation based on the calculated impact of flood and wind potential.

## CLOSE TO HOME

Last year, the eye of the category 4 storm passed within 25 miles north of a Corpus Christi, a community with numerous health care organizations and where Texas A&M University is located. The University houses 5 academic colleges, including a College of Nursing and Health Science that prepares undergraduate, graduate, and doctoral nurses. The impact of the hurricane was widespread throughout the state of Texas and reported on by media outlets nationwide. As nurse leaders, our reflecting back on the hurricane that struck the Texas coast in August provides us the opportunity to consider, learn, and share about the impact it had on our community, faculty, and students.

The word, *disaster*, takes on a new meaning for those directly involved. The disaster's devastation that occurred became personal as we learned that many communities were under water, health care settings were destroyed, and several nurses, faculty, and students lost their homes and most, if not all, of their belongings. Entire regions were without power, utilities, and Internet. We immediately executed our emergency plans and kept in touch with many of our statewide clinical partners. We continued to receive reports on the impact this storm made in the lives of our colleagues and fellow community members. The FNP educational program was uniquely impacted.

The fully online FNP program educates advanced practice registered nursing (APRN) students, engages faculty, and influences the health of communities across the state of Texas. Students enrolled in the FNP program reside in many cities throughout the state of Texas and complete their clinical requirements within their own communities. Courses for the

49-credit program are delivered online by full-time APRN faculty and numerous adjunct clinical faculty who live across large geographic distances.

In the immediate aftermath of Hurricane Harvey, we realized several students had pre-arranged their clinical experiences in the affected areas and then discovered these prospective clinical site(s) were no longer standing, with little chance of reopening for the fall semester. As a team, we acted to collaborate with nurse leaders in varied practice settings across the state and made decisions to ensure successful continuation of our students' learning. Our university leaders quickly responded to the needs of our students, too, encouraging faculty leaders and local health care organizations to make reasonable accommodations in support of the students' education.

A specific example from the FNP program will detail one of the many challenges faced. Two clinical courses are offered during the fall semester, Advanced Health Assessment and Differential Diagnosis, and the Management of Acute and Chronic Illness I. Advanced Health Assessment and Differential Diagnosis is the first clinical course, and students typically attend an on-campus weekend event early in the semester to engage in front-loading of skill acquisition and competency demonstration. As part of that weekend, students meet their peers, didactic and clinical faculty face to face. Students validate their ability to complete a head-to-toe assessment on a fellow student and practice some of the more advanced skills. In the wake of the devastation from Hurricane Harvey, hotel accommodations were limited, gas was in short supply, and student families were reeling with personal loss. Additionally, students were busy supporting not only local disaster relief but also disaster relief teams and members of the National Guard. Ultimately, nurse leaders made the decision to cancel the weekend event for the students in the Advanced Health Assessment and Differential Diagnosis course. The question then became, "How would we ensure that our Advanced Health Assessment students were competently prepared to begin their clinical experience?" Alternative plans were made with the assistance of many nurse leaders from across the state.

Because the program utilized an online, distance education format, we immediately reached out to the nurse leaders living outside of the affected area for help in assessing the competency of students. This competency assessment was also referred to as "checking off students." For the check-offs, many of the nurse leaders and clinical partner sites arranged for students to demonstrate the head-to-toe assessment competency at their practice settings of primary care clinics and hospitals. Local and regional professionals, as well as didactic faculty, worked together coordinating efforts with local students. We contacted numerous local facilities regarding space and equipment utilization to foster return competency demonstrations.

Of special note, we were fortunate to find numerous supportive nurse leaders. A specific chief nursing officer (CNO) from a community hospital located about more than 4 hours away also graciously provided space and time in her emergency

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