

## **Annotated Table of Contents for *Creative Nursing* 23 #3**

### **Questioning Authority: What Does It Look Like?**

**FROM THE EDITOR: The Larger View**, by *Marty Lewis-Hunstiger, BSN, RN, MA, retired pediatric nurse and preceptor, editor of Creative Nursing, copy editor of the Interdisciplinary Journal of Partnership Studies, and affiliate faculty member at the University of Minnesota School of Nursing in Minneapolis, MN.* In our year-long mission to Question Authority, we started with some basic principles: Humanize patient care, identify the many sources of perceived authority, and understand that the times when standardization is paramount for the patient's well-being are very few – for most of our professional lives, we need wide eyes, open ears, open minds, and a healthy skepticism. Then we explored what Questioning Authority takes: leadership, courage, authenticity, humility, tolerance for disruption, and a safe environment for questioning. In this issue, we show what Questioning Authority can look like. It crosses boundaries and respects individuals' unique personal resources and contributions. These are stories of responses to educational and societal silos, inspired uses of simulation and art to humanize care, creative ways to recruit and retain valuable individuals in the nursing profession, and applying nursing expertise to correct a scientific and cultural wrong number.

**FROM THE GUEST EDITOR: An Innovative Role for Nursing Students within a Student-Run Free Clinic**, by *Julie A. Poore DNP, RN, CHSE, clinical assistant professor in the Community & Health Systems Department, and Lesley B. Milgrom, MSN, RN, CNE, CHSE, clinical assistant professor emerita, both at Indiana University School of Nursing in Indianapolis, IN; and Lisa Edgington, BSN, staff nurse at Richard Roudebush VA Medical Center in Indianapolis, IN.* In Indianapolis, Indiana, a free clinic staffed by health care professions students did not previously include nursing students. A group of students from Indiana University School of Nursing observed the flow of activity of the clinic and recognized higher-level competencies that they could provide: patient navigation, patient education, health coaching, and follow-up after clinic visits. These contributions to excellent care were initiated and maintained by the students, with guidance from their instructors. The patient navigator role and the interdisciplinary education classes were particularly valuable for this patient population.

### **ARTICLES AND ESSAYS**

**Mobile Health Care for People who are Homeless**, by *Angela L. Caires, DNP, CRNP, clinical assistant professor at the University of Alabama in Huntsville in Huntsville, AL.* This article describes a mobile free clinic in Huntsville, Alabama that serves a homeless population for whom the need for shelter, safety, and food often takes precedence over health care. The project grew out of a partnership between a physician and a nurse practitioner, and includes the contributions of many disciplines. To date, 150-200 patients are being treated each month through the mobile health clinic, resulting in a service value of around \$25,000/month. The

author points out the challenges of interprofessional teamwork: Roles and responsibilities are often 'turned upside down' in the implementation of new models of care provision.

**New Paths to Professional Nursing: Utilizing Encouragement to Prepare a Minority Workforce to Enter the Nursing Profession**, by *Elisheba Haqq-Stevens, MFA, RN, Academic Tutor of The Center for Professional Development, Innovation & Research at Robert Wood Johnson Barnabas Health and an instructor at Rutgers University in New Brunswick, NJ; Kathleen E. Zavotsky, PhD, RN, assistant vice president of The Center for Professional Development at Robert Wood Johnson Barnabas Health in New Brunswick, NJ; Sarah Kelly, PhD, RN, assistant professor at Rutgers University School of Nursing in New Brunswick, NJ; Christopher Duffy, MLIS, Director of Library Services at Robert Wood Johnson Barnabas Health in Somerset, NJ; Claudia Pagani, MSN, RN, nursing director at Robert Wood Johnson Barnabas Health in New Brunswick, NJ; Myrna Young, MSN, RN, nurse educator at Robert Wood Johnson Barnabas Health in New Brunswick, NJ; and Lori Colineri, DPN, RN, Chief Nursing Officer at Robert Wood Johnson Barnabas Health in New Brunswick, NJ.*

Increased minority representation in the nursing workforce is needed in order to enhance the experience and outcomes of an increasingly diverse patient population. While minorities are represented in health care as paraprofessionals, they may not have resources nor encouragement to obtain a professional nursing degree. A partnership between Robert Wood Johnson Barnabas Hospital and Rutgers University School of Nursing supported minority employees beyond simple financial assistance in completing the prerequisites for a baccalaureate nursing program. Financial support for tuition and expenses is helpful, but employees who wish to improve their quality of life need the logistical and social support to do so. The role of an Academic Tutor who provided targeted advice and encouragement was particularly important to the students.

**The Use of Visual Thinking Strategies and Art to Help Nurses Find their Voices**, by *Margaret Moorman, PhD, RN, WHNP-BC, clinical assistant professor in the Department of Community Health Systems in the Indiana University School of Nursing in Indianapolis, IN.* Visual Thinking Strategies, a program using art as a tool for enhancing communication skills, affords nursing students the opportunity to confront differing ideas in a safe atmosphere; to practice disagreeing, based on visual evidence and discussion; and to offer dissenting, unusual, unorthodox responses. Providing their interpretations of a work of art, then listening to others' opinions, gives students insight into the diversity of human experiences, perceptions, and interpretations, and prepares them to interact in teams in which clear communication of their assessments and concerns could be life-saving.

**Finding and Creating Opportunity: Nurses Married to Members of the Military**, by *Brenda Elliott, PhD, RN, assistant professor of nursing at Wilson College in Chambersburg, PA.* The

author, a former Army nurse and the spouse of a 21-year member of the military, has sculpted a rewarding career as a bedside nurse, a preceptor and educator for peers, and a professor of nursing who specializes in distance learning, all within the uncertainty, frequent moves, and multiple priorities that military life entails. Military spouses are adaptable, with high levels of cultural competence; they learn to plan, be efficient, find resources, figure things out, take initiative, persevere, and manage transitions over and over again. The article ends with a direct address to all who are able to create job opportunities for nurses who are military spouses. If shorter shifts, job sharing, and other options could be created, these nurses would be a valuable asset to any organization, even if only for a year.

**Reflections on a Simulated Event**, by *Joann Dunn, BsC, a clinical skills technician in the clinical skills and simulation suite in the Institute of Health and Society at the University of Worcester in Worcester, England.* A librarian by education who now helps manage a health care skills simulation lab at the University of Worcester in England, the author was invited to witness, then to participate as an actor in, a simulation of a typical busy unit on a typical busy morning. Her depiction of what happened moves us to reject the assumption that simulation lab exercises can never truly replicate what it means to be a nurse.

**OUTCOMES: Improving Collaboration among Social Work and Nursing Students through Interprofessional Simulation**, by *Mary Beth Kuehn, EdD, RN, PHN, associate professor and program chair in the Department of Nursing; Susan Huehn, PhD, RN, PHN, assistant professor in the Department of Nursing; and Susan Smalling, PhD, MSW, LISW, associate professor, director of field education, and acting chair of the Department of Social Work and Family Studies; all at St. Olaf College in Northfield, MN.* These authors report on a study using a simulation scenario focused on an 84-year-old woman with dehydration and confusion, to model interprofessional practice among nursing and social work students. The simulation emphasized assessment, conflict between the patient and her daughter about living arrangements, discharge teaching, and appropriate referrals, designed so that nursing and social work students would need to collaborate and communicate with each other, as well as with the patient and her daughter. Participants gained insight into each others' professional practice in ways they may not have otherwise learned.

**PATIENT SAFETY: TeamSTEPPS Virtual Teams: Interactive Virtual Team Training and Practice for Health Professional Learners**, by *Rachel A. Umoren, MBBCh, MS, assistant professor of Pediatrics and director of Immersive Learning in the Neonatal Education and Simulation Training Program at the University of Washington School of Medicine in Seattle, WA; Julie A. Poore, DNP, RN, CHSE, clinical assistant professor of Community and Health Systems at the Indiana University School of Nursing in Indianapolis, IN; Linda Sweigart, MSN, NP-C, instructor at Ball*

*State University School of Nursing in Muncie, IN; Natalia Rybas, PhD, associate dean in the School of Humanities and Social Sciences and associate professor and chair of the Department of Communication Studies at Indiana University East in Richmond, IN; Evalyn Gossett, MSN, RN, clinical assistant professor of Nursing at the Indiana University Northwest School of Nursing in Gary, IN; Miles Johnson, MS, research assistant in the Department of Neurology at the Indiana University School of Medicine in Indianapolis, IN; Martina Allen, OTD, OTR, clinical assistant professor in the Department of Occupational Therapy at the Indiana University School of Health and Rehabilitation Sciences in Indianapolis, IN; Patricia J. Scott, PhD, MPH, OT, FAOTA, associate professor of Occupational Therapy in the School of Health and Rehabilitation Sciences, and an adjunct associate professor in the School of Medicine at Indiana University in Indianapolis, IN; Barbara Truman, DCS, strategic advisor for Immersive Learning & Collaboration in the Mixed Emerging Technology Integrations Lab (METIL) in the Institute for Simulation & Training at the University of Central Florida in Orlando, FL; and Rohit Das, MD, MPH, associate professor of Neurology at University of Texas Southwestern Medical Center in Dallas, TX. Dr. Umoren and colleagues from around the country developed a virtual simulation version of Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS), a teamwork training program for health care professionals. Learning to relay complex patient information in a precise and systematic way, and how to speak up when patient care is being compromised, are critical skills that may prevent medical complications and save lives. These are skills that can be taught, and learned. Their on-line tool is now being used by learners around the world.*

**REFLECTING ON OUR HISTORY: Strategically Positioned: Breastfeeding, Advocacy, and the Hands-On Nurse**, by *Erika L. Gathron, MA, BSN, RN, PhD(c), population health and disease management RN case manager at Optum Health, and a PhD student at The University of Texas at Tyler in Tyler, TX.* This review of the history of breastfeeding advocacy in the US reveals how ‘experts’ about the best nutrition for newborn babies, along with a burgeoning infant formula industry, set back the cause of breastfeeding for several generations. The drastic decrease in breastfeeding during the first half of the 1900s reduced the percentage of mothers and grandmothers who could share their breastfeeding knowledge and experience; the emergence of this knowledge gap is a factor in breastfeeding education becoming centered within the nursing profession. During the most significant time for establishing lactation, nurses are able to be present and hands-on for the work of breastfeeding initiation within the hospital setting.