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***Creative Nursing* Vol. 26 #3: Seeing Beyond Traditional Measurement**

FROM THE EDITOR-IN-CHIEF: The Public’s Health: Measuring What Doesn’t Happen, by *Marty Lewis-Hunstiger, BSN, RN, MA, retired pediatric nurse and preceptor, Editor-in-Chief of Creative Nursing, copy editor of the Interdisciplinary Journal of Partnership Studies, and affiliate faculty member in the School of Nursing at the University of Minnesota.*

The theme of this issue of *Creative Nursing*, *Seeing Beyond Traditional Measurement*, was chosen to refute the notion, unfortunately prevalent in health-care research, that the only things that count are things that can be counted. This theme is resonant now because that the knowledge that will enable us to weather the crisis of the COVID-19 pandemic will come from public health, a discipline in which success is measured by what doesn’t happen. Measuring what doesn’t happen is a concept that turns “disproving the null hypothesis” on its head—it is a creative, brave, higher-order thinking skill that is non-traditional, counterintuitive, and countercultural. Of course assessment, measurement, and comparison with standards and best practices happen – That’s how we get better. But inspiration and bravery come first. The articles in this issue are all brave, each in their own way. In these articles, physical distance, complexity of concepts, and technological barriers are issues to be acknowledged, addressed, and planned for, not deal-breakers that bring progress and partnership to a halt. In all the ways these articles describe, of caring for those we serve and preparing our future colleagues to do the same, we hold ourselves to high standards. But, to quote our guest editor Cyrus Batheja, “As human beings, rather than human doings, we are part of something bigger than can be measured.”

FROM THE GUEST EDITOR: From the Concrete Grew a Flower: A Story of Immigration, by *Cyrus Batheja, EdD, BSN, RN, MBA, National Vice President of Policy and Clinical Solutions at UnitedHealthcare Community & State.*

This article uses storytelling to examine the importance of seeing beyond measurement, recounting the lived experience of a first-generation U.S. immigrant to demonstrate that human potential is difficult to accurately measure. He states, “As an outsider, my experiences of immigration granted me the opportunity to study how people on the inside acted, behaved, and engaged.” Measurement offers comfort through power, specifically by creating a sense of control in a universe of uncertainty. Using the lenses of power, knowledge, class, and systems theories, the author examines efficacy related to the measurement and valuation of human potential: “As human beings, rather than human doings, we are part of something bigger than can be measured.”

ARTICLES AND ESSAYS

Seeing Beyond Traditional Measurement: Recognizing the Value of the Experience of the Place, the People, and their Work, by *Bobbi Martin, MSN, RN, CEO of Global Nurse Network, and Chris Anold Balwanaki, MPH candidate, completing a Masters of Public Health in Health Informatics at Makerere University School of Public Health in Kampala, Uganda.*

The global community recognizes the crucial need to end preventable child deaths. Creating educational efforts for nurses in underserved geographic areas is critical to the improvement of the health status of their communities; bringing health technology to these areas will improve the delivery of high-quality, evidence-based care by nurses, with a direct effect of positively influencing the health status of women, children, and communities. This article shares the results of a training initiative at Whispers Magical Children’s Hospital (WMCH) in Jinja, Uganda, in sub-Saharan Africa, a region with the highest under-5 mortality rate in the world. At the request of WMCH staff, Bobbi Martin of Global Nurse Network provided CPR training materials, on flash drives to address connectivity issues, and then traveled to Jinja twice to provide training in CPR and in the Pediatric Early Warning System (PEWS), an

evidence-based tool that helps identify when a child is deteriorating, before resuscitation is needed. NGOs Supplies over Seas and Healing the Children sent needed supplies including stethoscopes and watches. Data collected and analyzed by Chris Balwanaki of Makerere University showed statistically significant increases in numbers of successful resuscitations and statistically significant decreases in number of resuscitations needed.

Nurses International Open Educational Resources for Global Impact, by *Stacen A. Keating, PhD, MSN, RN, Clinical Assistant Professor at Rory Meyers College of Nursing at New York University in New York City, and a member of the Nursing Advisory Council of Nurses International; Alex Berland, MSc, RN, President of A. Berland, Inc. in Vancouver, Canada; Kathleen Capone, MS, RN, CNE, a nursing professor based in New York who has worked globally in Guatemala, Egypt, and China; and Miriam J. Chickering, BSN, RN, CEO of Nurses International.*

The Nurses international Open Educational Resources (NI-OER) directly addresses the global shortage of nurse educators by providing an open-access English-language curriculum for a Bachelor of Science in Nursing program, with the aim of providing educators in low- and middle-income countries with international standard content suitable for low-resource settings. The NI-OER include classroom lectures, references and learning resources, evaluation materials, and checklists for clinical practice. NI-OER has a cadre of expert nurse educators and clinicians who concentrate on building a BSN curriculum to offer the world free of charge. Because initiation to critical thinking and professional values are universal challenges, volunteers working on the OER have developed case studies and other exercises that can be adapted for local practice and cultural norms according to the Creative Commons license. The development of evidence-based educator materials is a volunteer effort by two sponsoring organizations: Nurses International and the Bangladesh Health Project. Over time, additional resources and translations will be developed using communities of practice.

Applying Design Thinking in Health Care: Reflections of Nursing Honors Program Students, by *Nancy Wingo, PhD, instructor in the Honors and DNP programs; Christopher R. Jones, BSN, Bethany R. Pittman, BSN, Trevor Purter, BSN, and Madeline Russell, BSN, graduates; Janet Brown, MSN, RN, CPN, doctoral student and graduate teaching assistant in the Honors Program; and Sigrid Ladores, PhD, RN, PNP, CNE, Associate Professor and Co-Director of the BSN Honors Program, all at the University of Alabama at Birmingham School of Nursing.*

Design thinking (DT) is a framework that empowers those who use it to nurture a more understanding world and create solutions, rather than simply dwelling on its problems. DT can empower nurses to creatively and confidently address issues they encounter to improve outcomes for their patients, health-care systems, and communities. These authors incorporated DT into the curriculum of their school of nursing honors program as a framework for undergraduate students' immersion into research experiences, including formal opportunities to reflect on their learning. Active learning strategies provided students various opportunities to conceptualize and apply the five-step DT process (empathize, define, ideate, prototype, test) by identifying possible solutions to problems in clinical settings. This article describes the experiences of students who participated in the first class that used DT, and discusses how to incorporate DT into nursing research and quality improvement projects. Three major themes emerged from the student's reflections: trusting the process, cultivating empathy, and applying DT in the future.

The TIS Methodology: An Approach for Purposeful, Relational Communication, by *Maureen Grady, DMin, RN, CSC, Visiting Assistant Professor; Annette Peacock-Johnson, DNP, RN Associate Professor; and Mary Kay Welle, MSN, RN, Associate Professor Emerita; all in the Department of Nursing Science at Saint Mary's College in Notre Dame, Indiana.*

Patients frequently identify communication with nurses as the most important aspect influencing their health-care experience. Failure to develop theoretical instruction in fundamental interactive communication can impair nurses' ability to engage patients in meaningful relationships, and can impact the delivery of patient-centered quality care. Nursing education curricula tend to emphasize the preparation of nurses to excel in scientific knowledge, technological expertise, and practical skills; instruction in communication is often inadequate. While educational programs may inform learners of what they should do to communicate effectively, they do not tell or show learners how to do it. In essence, communication is relational; in action, communication is interpersonal. The TIS Methodology (Theme, Invitation, Simplicity) is an innovative, systematic approach to purposeful, relational communication, offering an effective way to listen attentively and engage effectively in interpersonal relationships. The primary focus of TIS is the learned ability to listen to what another is saying or meaning, and to respond appropriately. A case study illustrates the effective application of the TIS Methodology and exemplifies TIS principles and standards.

Innovative Communication Learning: Combining TED Talks and Reflective Writing for Nursing

Students, by *Maureen Hillier, DNP, RN, Assistant Professor at the Massachusetts General Hospital Institute of Health Professions and staff member in the Medical Surgical Intensive Care Unit at Boston Children's Hospital; Donna Luff, PhD, Director of Curriculum Design & Quality at Boston Children's Hospital Simulator Program (SIMPeds) I and an Assistant Professor of Anesthesia at Harvard Medical School; and Elaine C. Meyer, PhD, RN, Senior Attending Psychologist at Boston Children's Hospital and an Associate Professor of Psychology at Harvard Medical School, all in Boston, Massachusetts.*

As educational programs compete with online and open courseware, TED (Technology, Entertainment, and Design) Talks provide meaningful complementary content that can be easily integrated into curricula. This article presents an innovative approach to the standard lecture that combined media mixture with reflective writing. Undergraduate nursing students viewed a TED Talk and wrote a brief narrative reflection, providing an opportunity to identify and fine-tune their interpersonal approaches to patient care, set their own intentions about how they might better communicate and engage empathically, and manifest their presence in everyday patient encounters. The video draws on a Wizard of Oz metaphor to highlight key ingredients of honest, effective health-care communication (courage, brains, and heart) to encourage students to trust in the expression and value of their own humanity, both verbally and non-verbally, to connect and empathize with patients. Qualitative analysis of the reflections identified three themes: Communication as a Foundational Competency, Importance of Empathy, and Professional Role Development.

The Use of Music by Adolescents and Young Adults with Sickle Cell Disease, by *Jean C. Solodiuk, PhD, nurse practitioner and researcher in pediatric pain management; Brian Jantz, MA, MT-BC, NMT, Music Therapy professor at Berklee College of Music and a Music Therapist at Boston Children's Hospital; Mark Fuller, MT-BC, music therapist at Boston Children's Hospital; Dana Osterling, MT-BC, NMT, music therapist at Boston Children's Hospital and practicum supervisor for Berklee College of Music; Hannah Foxman, MT-BC, music therapist at Boston Children's Hospital; Natalie Grafft, LICSW, social worker at Boston Children's Hospital, Department of Hematology; and Suzanne Hanser, EdD, MT-BC, professor and chair emerita of music therapy at Berklee College of Music, all in Boston, Massachusetts.*

Pain is common and often severe in people with sickle cell disease (SCD), occurring as acute intermittent episodes as well as chronic pain conditions including bone infarctions, avascular necrosis of joints, and neuropathic pain. Analgesics such as opioids, NSAIDs, and anticonvulsants, although often necessary to manage these types of pain, are associated with side effects. Nonpharmacologic interventions such as listening to music and music therapy may reduce pain. Music intervenes in the perception of pain by eliciting strong positive memories, making emotional connections, creating

meaning, producing vivid imagery, and changing mood. Music therapists use music to ameliorate symptoms of disease and side effects of treatment, notably pain, anxiety, emotional distress, and disrupted sleep. This article describes a study to determine whether the use of music by adolescents and young adults with SCD was helpful, and if so, types of music that helped and how music helped them. Participants identified that music was helpful for pain relief, mood regulation, focusing attention during cognitive tasks, distraction, relaxation, feeling understood or connected, and as a source of self-expression and motivation.

What It's Like to be Poor: Teaching RN-to-BSN Students about Poverty, by *Jacqueline DeBrew, PhD, MSN, RN, CNE, Lead Faculty in the MSN program at Walden University; Sandra Blaha, MSN, RN, Clinical Instructor in Community Health Nursing in the RN-BSN program; and Crystal Lamb, MSN, RN, Clinical Assistant Professor and coordinator of the simulation program, both in the School of Nursing at the University of North Carolina at Greensboro.*

Because simulation in nursing school is used to allow nursing students a safe place to practice skills, it may not be widely used with RN-to-BSN students who are already registered nurses but are returning to school to earn baccalaureate degrees. But what if the simulation was presented differently, and the students were not the practitioners, but the recipients of services? This article describes the use of simulation with RN-to-BSN students to experientially introduce them to the concepts of poverty, social determinants of health, and vulnerable populations. RN -to-BSN students in a combined face-to-face and online program at a public research university participated in a Community Action Poverty Simulation to better understand what people in poverty go through on a daily basis, hopefully helping these practicing nurses see beyond the bedside when providing patient care. The goal of the experience is for each individual to survive for a simulated month, facing daily stressors and challenges that a person in poverty is likely to encounter (for example, transportation to and from work or school, putting food on the table with little income, and managing a chronic illness). For students who grew up in poverty, this simulation can be painful, especially when negative stereotypes of people in poverty are brought forward by other students.

Guide to Implementing a Student- and Faculty-Led Interprofessional Poverty Simulation, by *Genesis M. Fukunaga Luna Victoria, BAN, RN, who as a student at St. Olaf College participated in implementing a poverty simulation and study its impact on students' understanding of poverty and health; and Mary Beth Kuehn, EdD, RN, PHN, Associate Professor of Nursing at St. Olaf College in Northfield, Minnesota.* Research has confirmed the benefit of poverty simulations for students from financially privileged backgrounds. It is imperative that educators facilitate experiences to help future health care professionals understand the relationship between poverty and health, especially since students from various socioeconomic and cultural backgrounds may find it challenging to comprehend the structural, political, and societal factors related to these two variables. Conducting interprofessional poverty simulations furthers the evidence on effective and ethical strategies to address this content at educational institutions. This article describes the process of planning and implementing an interprofessional poverty simulation, from the initial planning stages (logistics, timeline, plans for emotional response and debriefing), through selecting and developing relevant tools, recruiting and selecting participants, and collaborating with community agencies, to conducting the simulation day and evaluating results. The outcomes of the simulation described in this article will be published in *Creative Nursing* Vol. 26 #4 as *A Poverty Simulation's Impact on Nursing and Social Work Students' Attitudes toward Poverty and Health.*

Virtual Collaboration in Academia, by *Tracy P. George, DNP, RN, APRN-BC, CNE, Assistant Professor in the School of Health Sciences at Francis Marion University in Florence, South Carolina; Claire*

DeCristofaro, MD, Assistant Professor; and Michelle Rosser-Majors, PhD, Professor, both in the College of Arts and Science at Ashford University in San Diego, California.

More nurses and nurse educators today work in different geographic locations from others, including from home or satellite locations. In academia, collaboration between colleagues is often mandated; engaging with others in a collegial manner is necessary, and in some instances the relationship may be virtual. Although team members may be working remotely, collaboration is predominantly a social phenomenon. Working collaboratively in purely distance relationships is a revolution in cognitive capability that uses long-distance interactive technology and the structure of professional learning communities. Successful group collaboration is driven by high expectations, shared goals, professionalism, and peer accountability. Such collaboration may be viewed as involving a nonlinear theory of change, with multiple factors influencing processes and outcomes. This article discusses factors impacting success, including academic considerations (professional goals, disciplinary expertise), nonacademic issues (personal preferences, financial factors), and the development of a culture of trust and collective leadership, and presents practical strategies to implement virtual collaboration.

THE VOICE OF PATIENTS AND FAMILIES

Matching Hearts, by *Gloria Burgess Levin, PsyD, LP, FIPA, therapist in private practice in Minneapolis, Minnesota.*

This short memoir depicts a special relationship between a particularly adept, intuitive nurse and her patient, a 13-year-old girl who had a liver transplant. The author, who observed this nurse's care, describes her way of being: "Her movements were deliberate but relaxed, as if we were in some place other than a medically intensive unit; when she came to the bedside, time seemed to slow. She seemed to be a nurse in the truest sense of the word, not merely a technician, nor just an efficient get-the-tasks-done kind of person, but someone who could sit and just 'be' with a very ill young teenage girl."

THE STUDENT VOICE

A Nurse's Advocacy: Finding Meaning Behind the Action, by *Kevin Chu, MFA, MSN, RN, clinical nurse at The Mount Sinai Hospital in New York City; as a writer, his works have been featured by Imprint Magazine, The Classical Theatre of Harlem, and The Woodside Players of Queens Play Festival.*

Through the lens of a nursing student at the end of his schooling, this article depicts the lengths to which his nursing preceptor went to care for her patient. The lesson he learned serves as a reminder that, while nurses may care for many patients in the course of their careers, each patient brings new knowledge and motivation to care for the next one. The author states, "While we may spend time and energy adapting to the culture of our new workplace, we need to remind ourselves of the experiences that got us to this point."

REFLECTING ON OUR HISTORY

A History of Systemic Racism at the University of Minnesota School of Nursing, by *Marie Manthey, PhD(hon), MNA, FAAN, FRCN, President Emeritus of Creative Health Care Management and founding editor of Creative Nursing.*

Racism is alive in individual attitudes and acts, and in the form of insidiously racist policies. A history of discrimination against racial and religious minorities at the University of Minnesota, maintained by powerful administrators who were subsequently honored with named buildings, was reflected in acts and patterns of racism in admissions and housing within the School of Nursing. This article recounts well-documented examples of racial bias, particularly the story of Frances Mchie Rains, the first nurse of color to graduate from the University of Minnesota School of Nursing and a pioneer in overcoming

racial barriers. In subsequent decades, progress has been made; an initiative to rename the campus buildings honoring four of the most egregiously racist administrators is before the Board of Regents, and Dean of the School of Nursing Connie White Delaney has publicly apologized to the family of Frances Mchie Rains for the injustices she experienced.

AVAILABLE ONLINE ONLY

Safety Unseen: Leveraging Design to Improve Inpatient Mental Health Care Practices, by *Scott Holmes, RA, ACHA, LEED AP, medical planner and architect; Melanie Baumhover, AIA, LEED AP, architect and principal; and James Lockwood, MPA, writer and corporate communicator; all at BWBR, a design firm with a concentrated focus in mental health and Human-Centered Safety.*

When patients present for psychiatric care, the environment into which they are admitted can either amplify the illness or provide a calming space to support care. In the past, design strategies in inpatient psychiatric centers upheld safety by erecting barriers between patients and staff and/or by over-using restraints and seclusion, strategies that communicated fear and distrust. Now, understanding of how people respond in a state of crisis is changing how care can be delivered in inpatient settings. Once seen as counterintuitive, eliminating physical barriers and opening connections between staff and patients are elevating safety by reducing the psychological walls that keep patients from feeling trusted and respected. By recognizing the human need to have choice and a sense of control in a world that feels out of proportion, health-care organizations can leverage design strategies that address aspects such as spatial density and zones of personal comfort, improving safety by elevating choice and dignity in a therapeutic healing environment. Even material choices like flooring that feels natural instead of indestructible can turn what patients and families describe as a “walk of shame” into a “walk of hope.” BWBR, the company represented by these authors, employs a Human-Centered Safety approach that uses design elements upstream in the care setting to avoid downstream incidents that may require restraints, seclusion, or other responses that patients could interpret as adversarial. The article includes color images of nurses’ stations, patient rooms, activity spaces, and sensory rooms that exemplify human-centered design.

The Fine Art of Health Care: Visual Thinking Strategies for Interprofessional Skills Development in Graduate Nurse Anesthesia Education, by *Greta Mitzova-Vladinov, DNP, APRN, CRNA, CHSE, Assistant Professor and Associate Program Director of the BSN-DNP Nurse Anesthesia Program at the University of Miami School of Nursing and Health Studies in Coral Gables, Florida; and Hope Torrens, BA, School Programs Coordinator at the University of Miami Lowe Art Museum.*

The arts and humanities have long been recognized as important tools for building multidisciplinary collaboration in health education. There is growing evidence that integrating the arts into the nursing curriculum can have powerful outcomes. Visual Thinking Strategies (VTS) is a methodology designed to teach critical thinking, communication, and visual literacy using increasing complexities of art to develop and enhance higher-order thinking; a facilitator leads small groups of participants to engage in respectful conversations about the meanings of works of art while providing evidence for their interpretations. *The Fine Art of Healthcare* is a VTS-based educational program that brings students from various health-care disciplines to the Lowe Art Museum at the University of Miami in Florida. These capabilities proved useful in the nurse anesthesia curriculum by allowing skillful conceptualization, and originality and leveling of the playing field for all health-care students. Student-facilitated discussions provide participants with experience and practice in how to remain neutral in the presence of ambiguity, to develop active listening skills by paraphrasing discussions, and to link together ideas from members of the group. The program complements nurse anesthesia clinical training by providing a safe environment to discuss works of art, which can be as ambiguous as the

complexities of a patient's clinical picture. The article includes examples of three works of art used in the program.

Implementation of the TeamSTEPS Curriculum with Baccalaureate Nursing and Social Work Students Utilizing Student Trainers: A Qualitative and Quantitative Study, by *Susan L. Huehn, PhD, RN, PHN, Associate Professor of Practice and Department Chair in the School of Nursing at St. Olaf College; Mary Beth Kuehn, EdD, RN, PHN, Associate Professor of Nursing at St. Olaf College in Northfield, Minnesota; and Genesis M. Fukunaga Luna Victoria, BAN.*

Nursing and social work education programs seek innovative ways to prepare students to function as collaborative members of interprofessional teams upon graduation. Communication is a key linked to a decrease in medical errors, which compromise patient safety; to decrease errors, health-care professionals must be educated in strategies that improve information exchange. In response to nursing students' concerns about clinical experiences in which they witnessed poor communication with the potential to jeopardize patient care, these authors identified a communication skills training program designed to improve team performance. Senior nursing and social work students were trained in selected modules of the Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPS) training program, and subsequently trained their student colleagues. Qualitative and quantitative data revealed significant improvement in teamwork attitudes and communication skills following the training. Participants' narrative comments showed recognition of the necessity to intervene when breaches in communication compromise safety. Student learners reported value and increased investment in learning material selected by peers, including case studies based on the experiences of their fellow students.

A Web-Streamed Yoga Intervention for Breast Cancer Survivors, by *Loren Winters, MSN, ANP-BC, OCN, advanced practice oncology nurse at the Massachusetts General Hospital Center for Breast Cancer and a Yoga Alliance registered yoga teacher; Kathryn Post, PhD, ANP-BC, nurse practitioner in breast oncology at Massachusetts General Hospital and a post-doctoral fellow at the Massachusetts General Hospital Cancer Outcomes for Research and Education Group; and Jane Flanagan, PhD, ANP-BC, AHN-BC, FNI, FNAP, FAAN, associate professor in the William F. Connell School of Nursing at Boston College and nurse scientist at the Yvonne Munn Center for Nursing Research at Massachusetts General Hospital, all in Boston, Massachusetts.*

Adjuvant therapy for breast cancer can make the transition from the acute phase of treatment to survivorship more challenging; while this therapy reduces recurrence and increases survival, distressing side effects can include arthralgias and myalgias. Wellness interventions such as yoga are easy to access via the internet, but information can be overwhelming and not tailored to people with cancer. Research indicates that structured yoga practice may improve physical and emotional symptoms related to cancer treatment; randomized controlled trials indicate that yoga had a positive impact on sleep quality, improved quality of life, increased vitality, reduced fatigue, and improved vigor. This article describes development of a nurse-led, breast cancer-specific, web-based gentle yoga video for home use, and efforts to understand its feasibility, utilization, and safety in a sample of breast cancer survivors. Participants reported that the video was safe (resulted in no injury), easy to use, and convenient to access. However, most did not continue to practice the video for the full 4 weeks of the study. A knowledge deficit about gentle yoga as a structured mindful movement-based practice rather than a vigorous exercise was identified. The video introduced concepts consistent with yoga practice (mindful movement and breathing, guided relaxation); those who described using the video in this way seemed to enjoy it more than those who expected a vigorous exercise video.

The Impact of Service Learning on Associate Degree Nursing Students' Cultural Competence, by
*Eileen Marie Rodriguez, DNP, RN, professor in the Associate Degree in Nursing program at
Southwestern College in Chula Vista, California.*

Cultural competence is demonstrated in the nurse's ability to perform patient assessment that incorporates questions about culture, traditions, beliefs, practices, perceptions, and values. Service learning helps nursing students develop cultural competence through the acquisition of knowledge and skills to work with diverse patient populations, setting the stage for developing an understanding of diverse cultures, practice ethical decision making, develop critical thinking skills, problem solve, and acquire self-efficacy in new environments. Associate's Degree in Nursing (ADN) programs rarely offer international service learning experiences. Increasing ADN students' cultural competence through international service learning may help reduce health care disparities among different cultures, promote care that enhances communication between nurses and patients, and build upon therapeutic relationships by providing students the opportunity to incorporate classroom learning into their care of populations living within diverse communities. A project involving an ADN program in a southwestern U.S. border city and a care facility in a nearby city in Mexico evaluated the impact of a cross-border international service learning experience on ADN students' cultural competence as measured by the Inventory for Assessing the Process of Cultural Competence Among Healthcare Professionals-Student Version (IAPCC-SV). Results indicated a positive effect between participating in the service learning experience and increased levels of cultural competence.