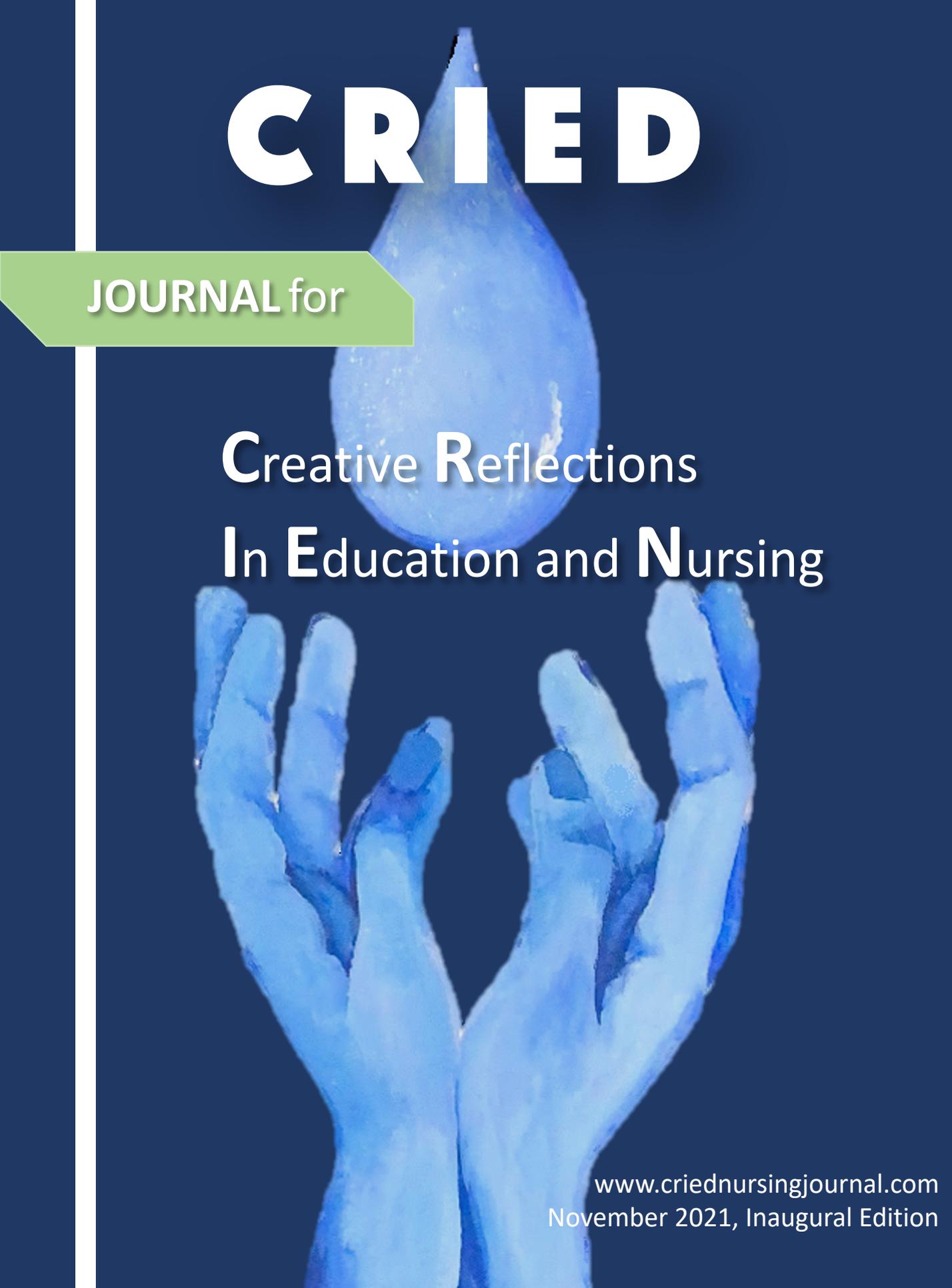


# CRIED



JOURNAL for

Creative Reflections  
In Education and Nursing

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November 2021, Inaugural Edition

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## **EDITOR'S NOTE**

*Dear Readers,*

*We are so proud to publish this inaugural edition of Creative Reflections in Education and Nursing Journal! We are so happy to bring you a platform for our authors to publish their own creative reflections in finding meaning in unexpected experiences. We you hope you enjoy reading them.*

*Drs. Kristina Leyden  
and  
Lucindra Campbell-Law*

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CRIED NURSING JOURNAL

  
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## AIMS AND SCOPES

CRIED NURSING JOURNAL is a peer reviewed and open access journal. This journal is aimed at providing a platform for sharing meaningful experiences. This is the first journal of this kind that covers all aspects of personal reflections. It seeks to be one of most innovative open access outlets.

This journal does not limit content due to page budgets or thematic significance. Submissions are subjected to rigorous peer review and are selected based on meeting the submission criteria as a reflective piece.

### Target Audience

Educators, therapists, nurses, nurse practitioners, and students in those disciplines, nurse practitioners, nurse managers and executives, as well as related disciplines such as healthcare administrators, nutritionists, psychologists, physician assistants, etc.

### Article Types

Original creative works, creative scholarship, reflective experiences, letters to editor, and commentaries.



# SUBMISSION GUIDELINES

## **For CRIED Nursing Journal Authors:**

CRIED Nursing Journal publishes peer-reviewed original creative works, creative scholarship, reflective experiences, letters to editor, and commentaries.

All work are accepted for consideration with the understanding the work is original and that any work has not been published previously. All work will be reviewed for originality. Any work found to plagiarize will be prohibited from publication.

If a work has multiple authors, the work is reviewed on the assumption all authors have granted approval for submission and any correspondence will occur with primary author. All works are subject to peer review. All work will be judged on quality of the work and audience suitability. Questions should be sent directly to:

[Editor@CRIEDNursingJournal.com](mailto:Editor@CRIEDNursingJournal.com)

## **Manuscript Preparation**

Written work should be submitted in a word document. If work includes references, manuscript should be in standard form according to the Publication Manual of the American Psychological Association (APA), 7th edition (2019). There is no minimal length required. Any written work should not exceed 15 pages.

All work should include author names, credentials, titles, and any affiliations for all authors. Any acknowledgements should be included.

Written creative submissions should include a separate summary explaining the creative piece and the impetus for the creative work.

Visual work should be submitted in a high-resolution jpeg or png format. Visual work should be submitted with written work explaining the submitted piece and the impetus for the creative work.

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## Creative Reflections In Education and Nursing Journal

### Maleficent Mentoring: An Introduction

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#### Abstract

*Maleficent Mentoring* is a series of satirical letters from a master professor to a novice professor taking on the reins of educating nursing students. The series was inspired by C.S. Lewis' *The Screwtape Letters*. Like *The Screwtape Letters*, *Maleficent Mentoring* is written in an apologetic and epistolary style. It is entirely satirical in nature. The letters are a correspondence between the two characters with the senior nursing professor mentoring this new professor. The characters and mentorship are used to address the notion of "eating our young" and address morals and ethics in educating nurses and patient care. Like C.S. Lewis' initial release of his letters, this too is released in each journal volume. All contents are fictional. All illustrations are original.

*Keywords:* education, nursing, coaching, mentoring, satire, ethics, morals, creative reflection

Dear Professor Persephone,

*It is with great pleasure I introduce myself. I am Master Mavolia. I have been assigned to your case, tutoring you in the art of maleficent mentoring. I have had some time to analyze you. Clap, clap, my complements to your name. It is quite fitting, the meaning...bringing death. Exactly what the end result will be when you succeed in mentoring young, naïve, nursing students. I have had too many years to count, but I daresay, I am a Master teacher you will learn so much from.*

*You have much to learn in guiding the student towards ill-will, but man easily falls. I have no doubt you will succeed in squashing the students' fragile mind into fulfilling the ultimate destruction. You are in the perfect position to warp the young minds. These children are older with a couple of years of University under them, perfect to start thinking they actually know something. Even better, they have already started to isolate themselves from their family and make decisions by themselves since they are "mature" now. Ha! And, the fact this age rarely seeks guidance from anyone other than their peers or by themselves, makes their minds ripe for the taking!*

*Now, all of your actions must be carefully calculated! Your manipulation must be done very carefully, you see. If it is done too quickly, uggh, mans' natural quest to "do no harm" will over power. Mans' need for "self-fulfillment" is what you must prey upon. You must, quietly, and with purpose prey on the students' pride to succeed.*

*You think about this before my next correspondence. And, think hard, dear one, for you have a great road ahead and many challenges to break the students' so-called "vocation."*

*Affectionately,  
Master Mavolia*





## Creative Reflections In Education and Nursing Journal

### CREATIVE REFLECTIONS: PROCESSING CLINICAL EXPERIENCES DURING COVID-19

**Kristina L. Leyden and Lucindra Campbell-Law**

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#### Abstract

**Background:** Supporting students through unexpected clinical experiences presents a challenge even in the best of times. Providing meaningful clinical experiences through a pandemic adds to the challenge. In the midst of a COVID-19 environment, different strategies were implemented through the use of information technology.

**Aim:** The aim of this paper is to discuss how a virtual platform was used to support students clinical experiences through creative reflection during COVID-19.

**Method:** A virtual platform was used for student submission and presentation in the pediatric and behavioral health courses.

**Conclusion:** A virtual platform is a feasible option and an appropriate strategy for students to reflect and talk about their clinical experiences.

**Keywords:** Debriefing, Healing, Holism, Finding Meaning, Self-Awareness, Instrument of Healing, COVID-19, Pandemic, Virtual Learning

#### Introduction

Introducing creative reflections offers students alternative outlets for debriefing about their unexpected clinical experiences. Faculty find it a useful,

innovative method to facilitate students' expression in finding meaning in their clinical experiences. Past reported student reflections have revealed the benefits of this type of reflection.

The pandemic presented challenges for classroom engagement; therefore, finding alternative strategies for students to have a platform for this type of reflection was necessary. The alternative strategy needed was to pivot from in-person presentations to a virtual platform. The literature supports that in times of universal disruption, such as, COVID-19, moving to a virtual platform is necessary [1,2,3].

### **Art Reflection in Nursing Care**

There is reported evidence in several populations and communities on the benefits of creative reflections. Some of these populations include children suffering from trauma [4,5], those suffering from terminal illness [6,7] and military veterans with trauma during service (8) who therapeutically benefit from the creative reflective process and may not be able to express their emotions in other ways.

### **Integrating Creative Reflection in Curriculum**

The creative process was first introduced in the school of nursing in the undergraduate curriculum in 2012. Since then, it has been threaded throughout the curriculum in several courses, including Pediatrics and Behavioral Health (9). Because of the positive response of creative reflections, other faculty will be adopting this assignment as a part of their course requirement.

Various forms of creative reflections were used by students to illustrate unexpected clinical experiences. Faculty created a safe space for students to share their experiences. "Students allowed themselves to be vulnerable with their stories and personal journey toward healing." (9, p. 3). Experiences included students looking inward and exploring own identity as a nurse and an instrument of healing.

### **Pedagogical Shift During COVID-19**

The pedagogical shift allowed faculty to pivot student presentations of clinical experiences in a virtual platform. The same criterion was used to evaluate the students' work. A high degree of flexibility was used to facilitate the complexities of moving in-person presentations to on-line.

### **Methodology**

Nursing student creative reflective experiences continue to be a required assignment in the pediatric and behavioral health courses in the baccalaureate-nursing program at a private, faith-based, liberal-arts university. In an on-going effort to support students critical thinking skills and develop compassion for their patients and to engage in self-reflection, the assignment was delivered through a virtual platform.

### *Population*

Undergraduate, Bachelor of Science in Nursing (BSN) students in their Junior and Senior year were the population for this assignment. Students enrolled in the Pediatric (junior level) course and the Behavioral Health (senior level) course completed the creative reflection assignment. There were a total of 57 students in each of the two courses.

### **Creating the Environment**

Historically, students presented work to faculty in an in person format. However, due to COVID-19, faculty had to pivot to a virtual environment in order to facilitate students' reflective presentations. Students submitted their work by uploading their art piece, summary, and self-video recorded presentation to the faculty through the University's learning modality system. Unlike the courses in the previous years where students had the opportunity to upload their reflections and present in person, during COVID-19, students did not have the option to present on-site. There was no way of knowing if their experiences would have been different presenting in person versus virtual platform. However, antidotally, feedback from students and faculty revealed this assignment and method of delivery was worthwhile and a positive experience.

### **Summary**

Students have an alternative outlet for debriefing or coping with unexpected clinical experiences by using creative reflections. A virtual format created the conditions and the environment for students to still have an opportunity to express their

experiences working with unexpected clinical experiences during a pandemic.

### Discussion

A virtual platform is a feasible option and an appropriate strategy for students to reflect and talk about their clinical experiences. One recommendation would be to consider using the virtual platform beyond use during a pandemic.

### Conflict of Interest

Authors report there is no conflict of interest of any kind and attests to the originality of this work.

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## Creative Reflections In Education and Nursing Journal

### Through the Child's Eyes

Alexis Tellez, RN

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There are truly no words to express how grateful I am for being able to participate in a clinical rotation at the burn hospital. Earlier this semester, I had the opportunity to be in the outpatient clinic. When I was first assigned this unit, I was not looking forward to it because I had heard from previous classmates that there was not much to do. An hour later I was thanking God that I had been assigned this unit. The morning rounds were very difficult for me physically and emotionally. Seeing the pictures of the burned patients and standing next to their bedside was horrifying. However, it was not in the sense of how they looked physically, but the thought of the pain and experience they had gone through at such a young age. Typing out my reflection on paper is reminding me of every thought, sensation, and physical discomfort I had experienced that day. Reflecting back on this clinical experience is difficult for me to express in words, but it was perhaps the most humbling experience I could have encountered as a nursing student and as an individual.

I changed the name of my patient to maintain her privacy and to avoid violating HIPPA. Below is a quick summary of the patient I selected for my creative reflection. In the outpatient unit I had the extraordinary honor to meet a five year old girl named Diana who had sustained a 50% total body surface area third degree scald to the lower bilateral extremities and chest on 4/30/2018. She came in for the management of her scars and contractures. That previous weekend she was seen in the ICU with complaints of an itch around the upper chest incision. In my assessment it had appeared that the adhesive tape of her dressing was causing her to develop atopic dermatitis. On her right hand, Diana also had a first web space incision. I was not able to perform any dressing changes, but I was able to translate for the nurses, Diana, and her mother! What can I tell you about Diana! She is a smart beautiful five year old girl with very witty sense of humor. When I first met Diana I did not expect her to be the patient. She was practically an adult trapped into a five year old body! It was not until

had the chance to see the nurses and Diana's mother remove the dressings from Diana's hands and lip when I saw the pain, fear, and anxiety overcome her. As soon as we assessed her scars and first web incision, Diana immediately started crying and told me in Spanish that her hands were ugly and that she was ugly. You could see the tears forming in her eyes and a flushed face exhibiting pain that presented with anxiety.

As this was happening, my heart instantly shattered while attempting to hold my tears and emotions within. I did not see an "ugly" little girl. I saw a brave, beautiful, and funny five year old girl with bright light illuminating within.

My creative reflection piece has three components. The first being Diana's hands with burns. The second box to the right is trying to depict Diana's eyes and the sadness it brings her to see herself, especially her hands and first web incision. The final piece is her upper lip which looks like a red mustache but it's not! The lip is trying to illustrate the burned area that had formed a scar. It should make sense once I explain it. I also decided to name my creative reflection: Through The Child's Eyes. I purposely distorted the words in the title while capitalizing some because that is what I saw in Diana. A little girl with a distorted image of herself who was once whole and was now in pieces. This is the reason why I used the boxes in my art piece.

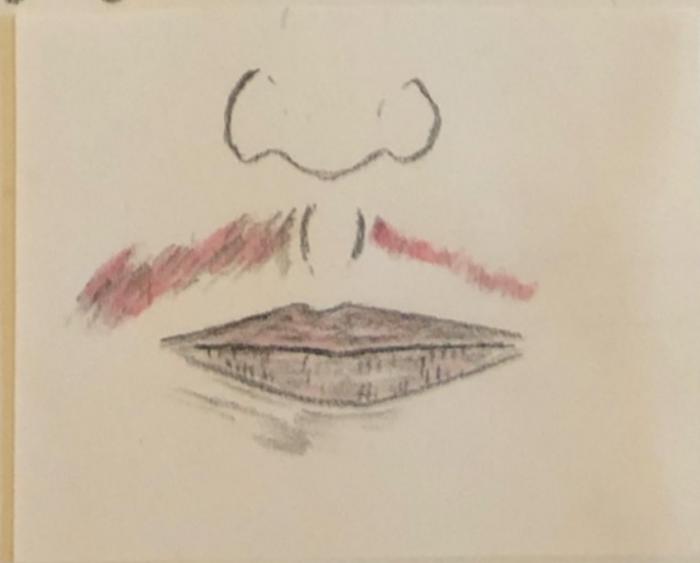
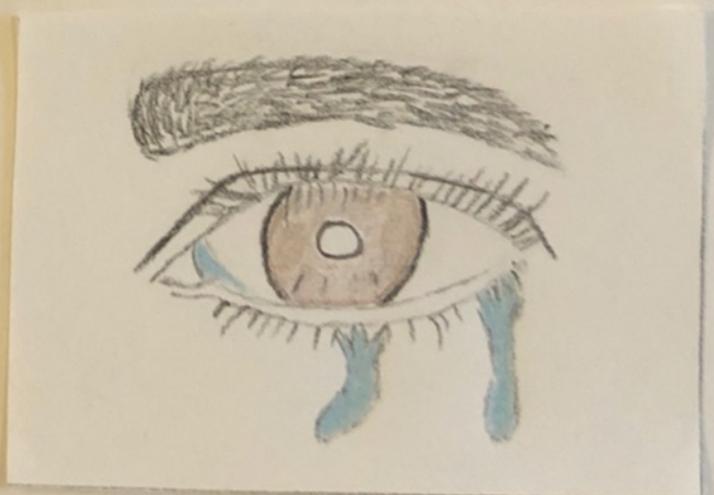
The hands in the art piece not only show the burns in red which stand for pain and anger, but they also demonstrate strength, unity and a bond which I will get back too as I wrap up my reflection. Surrounding the hands looks like what appears to be reverse lightning bolts colored in yellow. The yellow is making an attempt to illuminate the pain in her hand and the anxiety that it is causing Diana when she looks at it. The yellow is also symbolic because it represents uncertainty in her future. Diana is only five years old who presents with multiple barriers to overcome as she continues to grow and develop. Her self-esteem regarding her self image could improve or worsen overtime. As I mentioned earlier, the second box is a single

eyeball forming teardrops. The blue colored teardrop depicts Diana's sadness when she sees herself especially her hands and thumb. The single eye is meant to portray the fear and anxiety she has looking at her scars. The third component is attempting to display an eerie silence and a neutral facial expression when taking a step back looking at the picture as a whole. The red color on her upper lip is a scar from the prior burn injury. Once again, the red is illustrating the pain she is experiencing in the art piece.

One of the last details I added was the positioning of the hands. If you turn the piece backwards, it looks like Diana is grasping both of her hands, but if you look at it as it is presented above, it looks like someone is holding her hand. Diana's mother has been by her side during each operation and appointment. The hands represent the bond between the mother and daughter. I know my art piece may look like its lacking color, but it is quite the opposite. It was my intention to leave the boxes and background in white because I wanted to show Diana's innocence and purity. Reflecting back on my day with Diana and her mother, I met two different people living in one body. The cute little girl with a witty sense of humor who practically portrayed herself as an adult and a little girl who was filled with fear, sadness, and anxiety. Although her skin is permanently marked from a tragic event that happened two years ago, she will always be the beautiful and remarkable girl who made a significant impact in my life. She may not know it, but she is truly an inspiration with more beauty than many people could imagine to acquire in a lifetime.



# THROUGH The Child's Eyes





## Creative Reflections In Education and Nursing Journal

### Trapped

Meron Asme, RN

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Post-traumatic Stress Disorder is caused by a traumatic event that happened at any time in life. The degree of the traumatic event can be varying from person to person. Due to the traumatic experience, people may also respond to the situation in a different characteristic. Some of the traumatic effects that people face, and the deal with can be a flashback of the event that triggers aggressive behavior, helplessness, and anger.

During my clinical rotation at the Veteran Hospital, I had an opportunity to interview a veteran patient with posttraumatic stress disorder. As a result, my creative art project is inspired based on my experience at the veteran hospital with a mental health patient. The picture I chose to draw illustrates the patient in my clinical setting with posttraumatic stress disorder as well as other populations with the same mental health disorder from how they feel and act.

My creative art picture is showing a person handcuffed, trying to break free from the chain

of posttraumatic stress disorder, and what he has been dealing with mentally and emotionally after the traumatic event left him trapped. During our conversation, the patient stated that he wants to be free from all the effects that the traumatic event caused him. However, he cannot avoid flashbacks and fearful thoughts that trigger unnecessary behavior from time to time. My creative art is exemplifying the patient struggling to break the chain of aggressive behavior and overcome by taking his medications appropriately and using helpful resources such as therapy, relaxation technique, and coping skills.

In my creative art picture, I draw the handcuffs that are still left locked on the patient's shown the residual of the traumatic experience that will always stay to affect his day-to-day life. During the interview session, I observed that the patient has trouble expressing his thought and felt helpless when he could not be able to remember most things in his life. The traumatic event that impairs his memory does not allow him to stay focus

and respond throughout the interview. The patient does not also understand and the medications that he is taking currently. For example, the patient was not able to provide the reason that brought him to the hospital, a list of the medications, and how often he is taking them.



MERON ASHME



## Creative Reflections In Education and Nursing Journal

### Just A Product

Patricia Smock, RN

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Corresponding Author: Patricia Smock, RN

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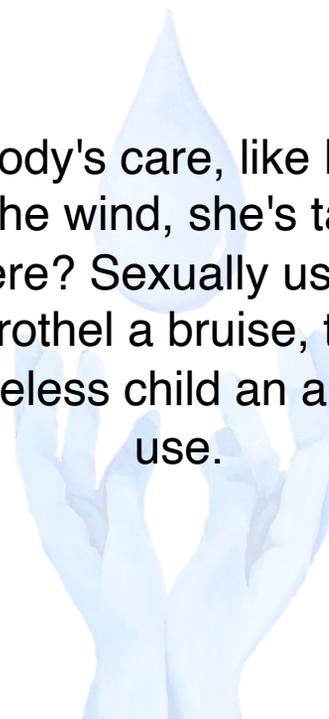
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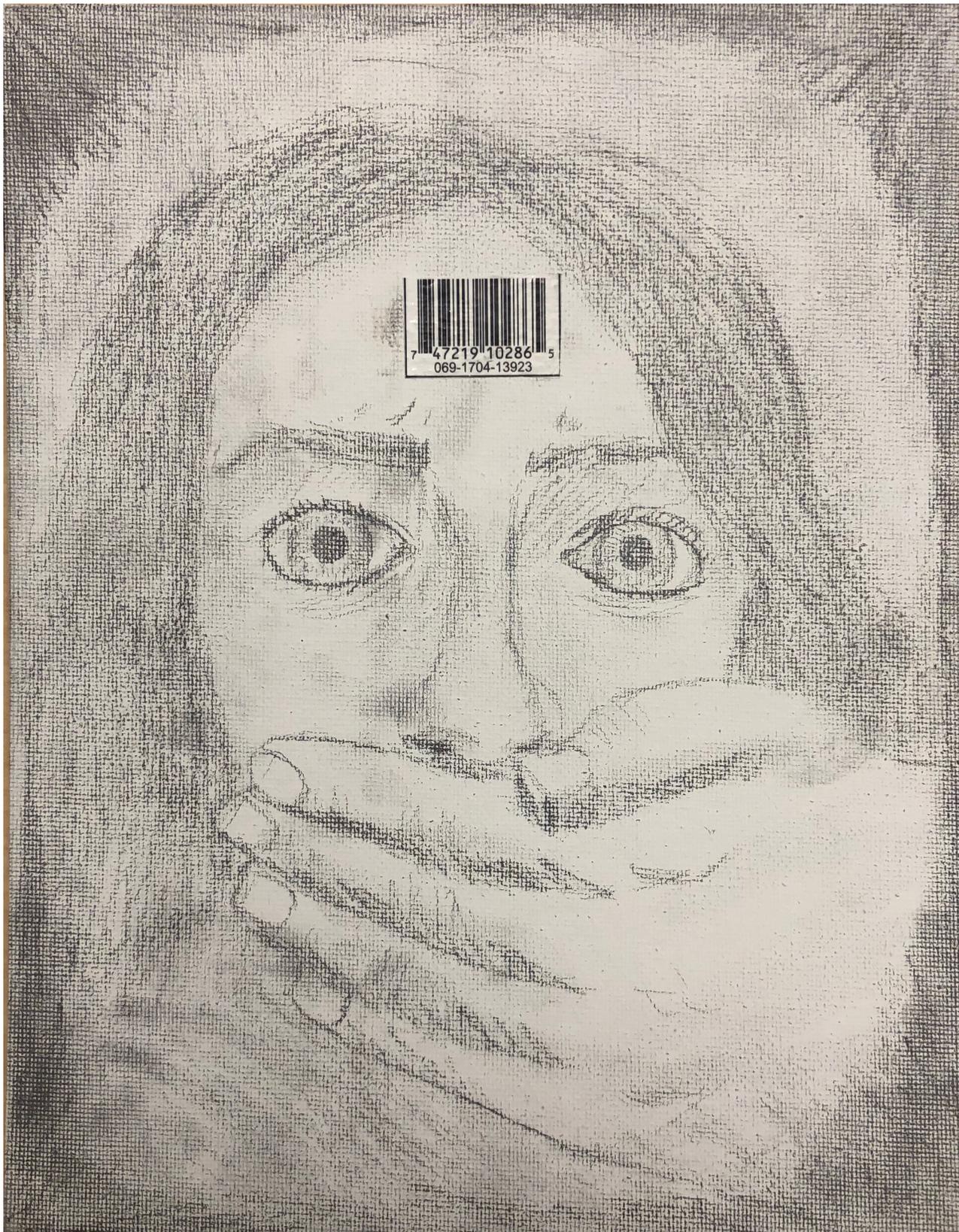
My pediatric rotation was in the medical center in a busy hospital. I was assigned to a nurse taking care of several young girls. The first thing that I noticed while taking care of one patient was that one of our patients had a name tag with the wrong name on it. When I asked my preceptor about it, it was because the girl was a victim of human trafficking. Having a different name tag is a way the hospital can protect their identity in case their "bosses" are trying to find them. This girl was 11 years old.

This art work is done in black and white. As if to symbolize this child has no life, no color. Her eyes are wide because she is afraid. She has a hand over her mouth (her bosses hand) because she has no voice. The barcode on her forehead symbolizes how she is only a product in this world. She is not a person, she is only worth money.

This was a difficult clinical day. I came home tired and hugged my children. After doing this art work, I got peace. I was able to express what I was feeling and no longer was fearful of returning to clinical.

No body's care, like leaves to the wind, she's taken where? Sexually used, a brothel a bruise, the nameless child an alias to use.







## Creative Reflections In Education and Nursing Journal

### Re-living Trauma

Kassandra Chavez, RN

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I had a rotation at the VA, however, due to COVID I was unable to attend. As a result, I learned from online simulations where one scenario had a patient diagnosed with PTSD. The scenario simulation was about a veteran, however, I wanted to express what it would be like to work with a patient who was a victim of abuse or intimate partner violence. There was a guest speaker who talked about abuse and violence and she described real scenarios she has experienced. This made me think about how I would care for a patient in that scenario. Not only was I thinking about how my plan of care would look like for this patient but also how I would react.

This topic is something that hits close to home and I know there is a possibility of this scenario happening in real life. For this reason, I wanted to mentally process what steps I would implement and ways I could keep my composure as well as ways to decompress from such a high emotional situation.

To express my thinking and the scenarios that the guest speaker described, I decided to make a painting. The painting displays a female body holding herself and she is positioned in the center of the canvas. I outlined the body to give emphasis on her position expressing how scared she is and how she is trying to forget her experience. Around her is a black color with brush strokes of dark blue and red representing the unwanted memories hovering over her. The color black was set as the background to represent darkness, evil, and fear. The colors, dark red and blue, were chosen to further emphasize and represent fear, anger, and depression. I left some space around the female figure blank to show that she is trying to recover and move on but the black strokes and shadows of stay near her to express that there will be times where flashbacks of the event reappear. Across the canvas, I painted one stroke of yellow. I decided to add one yellow line to show hope and the possibility of recovery.

When putting all the different parts together, my intention was to show that some patients who experience abuse and violence are terrified, numb, angry, depressed, and can suffer from PTSD. Just because that experience was over, it does not mean the aftereffects go away. These patients can survive, and years can pass, however, symptoms from trauma can appear. It can appear as nightmares, reliving the event, or avoidance of triggers and the events themselves. It is a highly emotional time for these patients and the job of a nurse is to be there in any way the patients feel comfortable.





## Creative Reflections In Education and Nursing Journal

### Have Mercy

Bhargav Dave, RN

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Texas Medical Center (TMC) at Houston is considered one of the busiest medical hub in entire nation. As per the data published on the TMC's website, Texas Children Hospital (TCH) is considered world's largest pediatric hospital (TMC, 2018).

Corona virus is global pandemic and it has claimed over a million lives as of February 2021 across the globe (Hodgson et al, 2021) and Houston has seen its fair share of death toll. However, little is known about the short term and long term health implications on covid survivors.

A young teenager's life was changes under 72 hours by this invisible colossal darkness. A teen aged boy with some fever and upset stomach was seen by his primary care, without any lab tests he was assumed to have stomach bug and was placed on oral antibiotics. Next day, patient felt weakness in bilateral lower extremities. Patient's parents took

him to near by stand alone private emergency room (ER) where attending physician couldn't palpate any pulse in bilateral lower extremities. He immediately sent them over to the largest pediatric hospital in the globe ( TCH@TMC) with cutting edge technology at physician's disposal for further investigation and prompt action. Physicians at ER sprang into action and series of diagnostic tests were performed and patient was found to have a large thrombus in his abdominal artery blocking 40-60% of blood flow distal to it with large saddle shaped thrombus at bifurcation of bilateral iliac arteries completely cutting off the blood supply to bilateral lower extremities. Numerous other clots (Vinayagam & Sattu, 2020) were seen in bilateral lower extremities' arteries. Both legs were pulseless for over 16 hours by the time they realized what was going on. Patient also tested positive for SARS-COV-19 at the ER. Blood supply to both kidneys were compromised along with spleen causing several systemic insults. Acute kidney

injury (Ostermann et al, 2020) was also diagnosed at the time and surgical consult was requested for embolectomy to save kid's legs. To get the clearance for surgery, cardiology was consulted and as they were obtaining clearance by performing 3D echo, they realized the patient had huge thrombus sitting in left ventricle and numerous other small thrombus noted in and around circle of Willis. The patient was immediately rushed to operation theater (OT). Patient underwent open heart surgery for removal of clot from the heart for which he requires cardiac rehabilitation now (Dave & Jagtap, 2020), exploratory surgery by vascular surgeon was performed on abdomen to find as many clots (Connors & Levy, 2020) as possible from aorta in desperate attempt to restore blood supply to bilateral lower extremities to save them. Unfortunately, due to muscle tissue necrosis, gangrene had set in both lower extremities hence, faciotomies to release the pressure failed and patient ended up with above knee amputation (AKA) on right side and below knee amputation (BKA) on the left side. Underlying endothelial tissue dysfunction (Nagele et al, 2020) caused by SARS-COV-2 caused these chain of events and with-in 72 hours of onset of fever and upset stomach, life of the child as he knew had changed forever. Also, I was able to see what an important role nurses and other healthcare professionals are playing fighting this pandemic (Dave & Jagtap, 2020).

When I saw the patient he had lost over 40 lbs in under 2 weeks and he now had lost interest in eating and normal playful activities for children of his age. As I was reading the case file my eyes teared up and with closed eyes I screamed inside and asked the all powerful, omnipotent and omnipresent supernatural power the reason why he would let such supernatural darkness fall upon a child who is yet to live, laugh explore his life. I could not reconcile that why HE is letting this happen to his children.

When I visited this child, he was sleep in his bed with his mother by his side. Nurse woke him up for his medication administration. His medical

medical condition was still considered unstable as multiple organ failure (Iba et al, 2020) was looming over his head thanks to rush of toxins from the both lower extremities as soon as the blood supply was restored. Their attempts to help him by dialysis yielded little results.

As I was observing this child from the peeping window designed for nurses to monitor the patients without disturbing them, I saw an amazing sight. Kid sat up with all the strength he could gather and with folded hands looked at the sky with closed eyes and he went to bed. Such a powerful moment this was and it made a huge impression on me. Not only the inhumane life circumstances could not alter his faith, his faith had found a new expression. Now child was often found praying multiple times a day to convey his messages. I learned from the nurse that he has never seen such patient at this age with so much inner strength and faith. He was undeterred by the life events as if he had made peace with life and did not allow life circumstances to dictate how he will live. I often had such conversation with HIM when I was in my undergraduate school and they often found expression in terms of pencil sketches or poems. Somehow, life happened and I stopped having those beautiful conversation and expressions in form of arts also ceased with it.

This child reminded me of how powerful this act of prayer is and this nursing school curriculum allowed me to again find that expression where I can decompress and have some introspection and conversation with myself and reconcile my life with myself. I was reminded of the beautiful verse I had read in an epic poem "Savitri" authored by Sri Aurobindo. "In moments when the inner lamps are lit and the life's cherished guests are left outside, Our spirit sits alone and speaks to its gulfs." (Ghose, 1993)



## Have Mercy

Oh my lord have some mercy,  
we are children of yours, do we need more cogency.

YOU alone can annihilate the pain and suffering of this boy,  
Oh all merciful, shower your grace and show some urgency.

Despite loss of his legs he was undeterred and he prayed.  
Last I checked he was looking for "Shepherd", please go and fill that vacancy.

Disease, decay or let it be pandemic, you promised to hold us with your righteous right hand,  
Prayer is a master Act and the only way we connect, why won't you show us its potency?

Child of yours is suffering in darkness of despair,  
You promised there will be light, of Lord, please arise from dormancy!

I know you can hear my outcry,  
I won't say more out of pudency.

Oh my lord have some mercy,  
we are children of yours, do we need more cogency.

-Bhargav Dave



## Creative Reflections In Education and Nursing Journal

### Super Me

Reina Hernandez, RN

#### Article Details

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Corresponding Author: Reina Hernandez, RN

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On my Behavioral Health clinical at the VA, I had my experience at the geriatrics Behavioral Health unit. Going into this experience I did not know exactly what to expect. I knew it would be different from other clinicals we have had at the hospital. It was different in that this was a clinical where we provided more therapeutic care than medical care for the patients. I provided therapeutic care through communication and interactions for the patients in the VA. Even while observing I learned many things about behavioral health and certain disorders of the brain through the patients that experience these disorders first-hand.

My art piece tells the story of one of the patients I had an interaction with. She was a 58-year-old female who is diagnosed with Bipolar Disorder. I created a drawing that depicts the experience this patient is going through with the disorder she is living daily with, as well as what I observed in our interaction. I included in my drawing Bipolar

expressions represented through symbolism, color, objects, and visible expression itself. Firstly, my drawing shows a woman centered in the middle. This woman represents my female patient at the VA with Bipolar Disorder. The woman in the drawing has her eyes closed with a blank expression. This represents how the patient expressed herself during the day of my clinical. At the time of my clinical, she was going through her depressive state of Bipolar. As the drawing depicts, the patient was really quiet with a sadness look on her face. She also expressed tiredness and just wanted to be alone in her room sleeping. The blurry mood my drawing depicts also represents how the emotions in Bipolar Disorder can change rapidly and so fast that it is a blur for these people.

Next, my drawing has the head of the woman open, with vines sprouting out of the top of her head. This symbolizes how the disorder the patient has, Bipolar Disorder, is a disorder of the brain and.

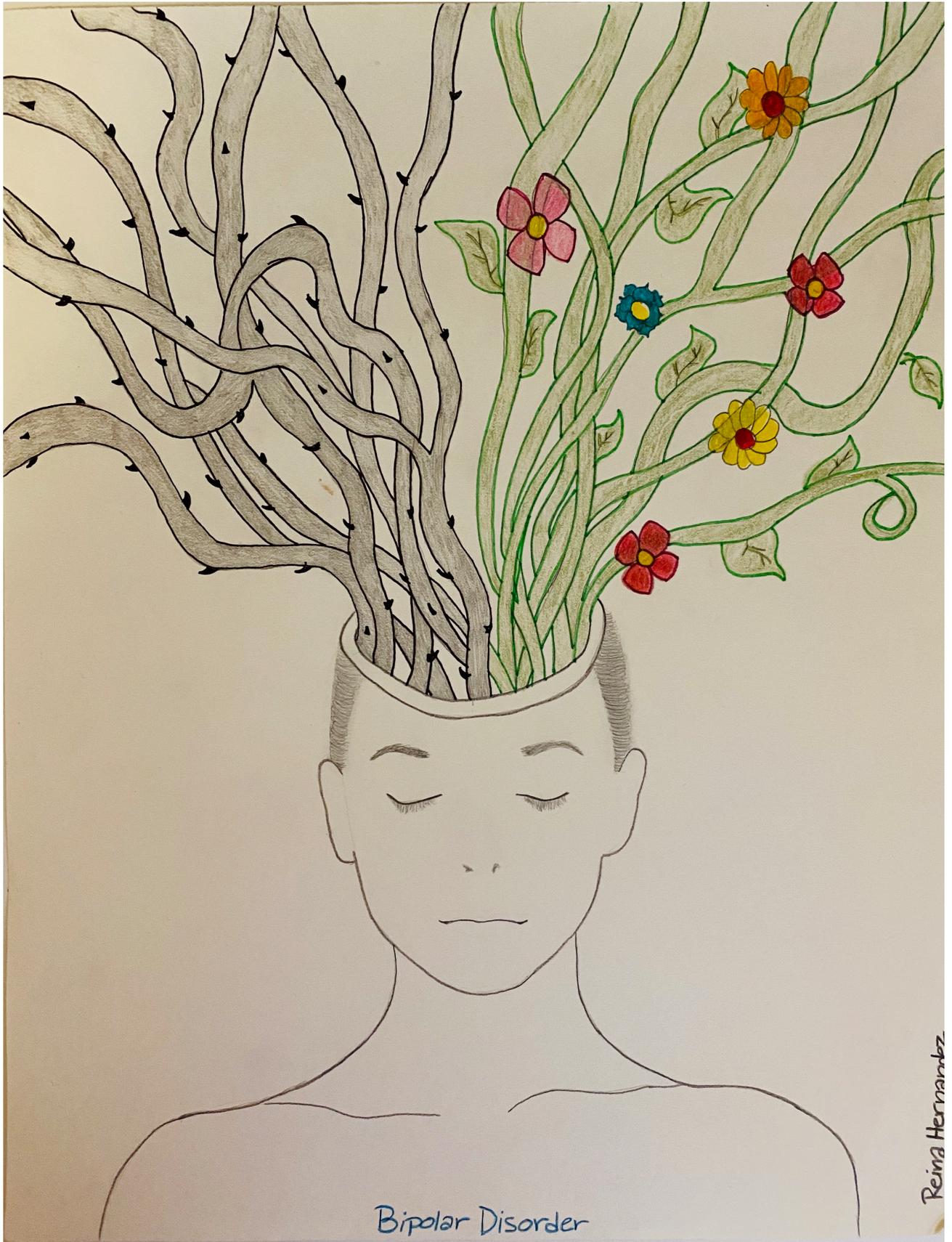
mood. The vines are divided in half. One half, the left side, has dying vines that are black and gray with thorns. This side of the vines symbolize the depressive and “low” side of Bipolar. This side depicts more of what my patient was experiencing during my clinical. The colors black and gray symbolize sadness and depression, as well as any negative thoughts; all which comes with the depressive state of the disorder.

The portrayal of dying vines also represents the “low” my patient goes through, which was what I observed from my patient on the day of my clinical. I could see the low to absent energy she had, not wanting to participate much in activities. She would even get hesitant in wanting to talk to me and my peers. This shows how this disorder can also affect people’s daily functions. On the right side, the vines are green and alive, representing the “high” and euphoric state of Bipolar, also known as the mania phase. These vines have flowers with the colors of yellow, red, orange, blue, and pink. These colors also represent some of the symptoms of this euphoric state of Bipolar. The yellow flower symbolizes the state of energy patients with Bipolar have when they are in their mania phase or their “high” moods. These patients have a state of energy that includes overactivity, racing thoughts, and even a decreased need of sleep and wakefulness. The blue flower symbolizes the symptom of over-communication. Patients with Bipolar usually are very talkative and have increased speech in their mania phase. The red and orange flowers symbolize the danger and thrill seeking these patients can involve themselves in. When they are in their euphoric state, they might increasingly engage in abnormal risky activities. Lastly, the pink flower symbolizes the increased self-esteem these patients may have. They experience a sense of grandiosity and a sense of “SuperMe”, giving them the high energy that are portrayed in the previous symptoms. The vines in my drawing are also twisted and tangled with each other to represent the twist in emotions my patient and others with Bipolar Disorder have. How their emotions are

always going up and down impacting their ability to think clearly as well.

This reflective project helped me reflect on both what I have learned in class about Bipolar Disorder but also being able to connect it to a real-life patient experiencing this disorder on the daily. I understood how difficult it can be for these patients to experience a disorder that can impact their daily functions. However, I am glad me and my peers were able to gain her trust and rapport soon through the clinical day, and were able to conversate with her and provide our time for her through therapeutic communication.







## Creative Reflections In Education and Nursing Journal

### I Breathe Into You My Half

Cajetan Nwachukwu, ABSN Student

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Corresponding Author: Cajetan Nwachukwu, ABSN

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My Creative Reflection Project is a Poem about a Baby girl newborn who was Breech and was delivered by Cesarean section @ 37 weeks but started as normal labor initially. I was doing my clinicals at the Neonatal Intensive Care Unit (NICU) when a newborn baby girl under respiratory distress was rushed into the unit.

The poem is centered on the father who was called into the unit later to educate him about the situation of the baby and the care plans. I watched the father closely and could imagine what was going on in his mind by the look of his eyes, his gait, and emotions. I could imaginatively read his mind as he comprehends the ramification of the reality of events unfolding before his eyes.

I do not know how accurate the story was, but I heard that the baby who now presented with one severely undeveloped lung was not dictated during all the Prenatal visits. The severely undeveloped

lung was never dictated or discovered until after a post-birth ultrasound scan revealed it. The NICU nurses stabilized the baby and was waiting for Life flight who showed up with a Neonatal Incubator to transport the baby to the Children's Hospital for specialized care.

Though I minimally participated in the Baby's stabilization intervention, it afforded me time to observe the baby's father who was standing across from me while we all watched the intervention activities, and I was imaginatively emotionally involved in what he could have been feeling and thinking. I see the pain in his eyes, the scared look, the bewilderment, and the yearning love for the life of his baby girl.

The first paragraph of My poem starts with the realization that all through the pregnancy the couple were not aware of the fetal anomaly of the right lung while the neonate is now fighting for her life. The second paragraph deals with when the father

was called in to have a look at his baby, it seemed to me suggestively that it was because in case the baby does not make it at the other hospital she was being transferred to. The father is wondering if the baby will survive. A flimsy thought about even if they knew this condition, what difference could they have made. Then sometimes it is natural to blame ourselves for a situation that has nothing to do with us. The third paragraph is invoking the feeling about medical competency, the father is thinking; if the prenatal care processes and interventions did not dictate or discover this anomaly then, will they now be able to save his baby? So many thoughts flooding his mind.

The final paragraph depicts a ray of hope, faith, and superstition. Because of availability of Life flight, the baby can make it faster to the receiving hospital. He evokes his spiritual belief and draws on the hope that he has seen some miracles in his life. He now telepathically offered his baby half of his life to take and fight for life, meaning that if it was possible to give part of his life, he was willing to give it for his baby to stay alive.

This project gave me an opportunity to project my feelings, beliefs and struggles onto another person, seeing myself from another's eyes, imaginatively think and evoke my true feelings about a situation that emotionally drained me even as a nurse student, confronting the possibility of death of a patient or a loved one.



## **I breathe into you my half- Poem**

**We didn't Know**

**We only knew after the fact**

**All the scans caught it not**

**My baby deformed and they knew not**

**One lung undeveloped**

**Now gasping for life**

**A quick look before she's taken somewhere**

**Wondering if she'll make it**

**What difference even if we knew?**

**What possible did we do**

**Blame they say is for the fool**

**How I feel fills the pool**

**Many thoughts come to mind**

**I stand watching the flurry**

**They missed it once**

**Will they catch it now**

**Why call me for last look**

**What if she doesn't make it**

**Miracles still happen**

**Life flight shortens your journey**

**Greater care meets you yonder**

**Please stay with us**

**Fight with strength**

**I breathe into you my half**

**Please take it and stay**



## Creative Reflections In Education and Nursing Journal

### How Society Sees Me...

La'Toria Colquitt, RN

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Corresponding Author: La'Toria Colquitt, RN

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My inspiration for this particular piece came from my clinical experience at the Veterans Hospitals. Although I only had one clinical day, I had the opportunity to sit with a veteran who was diagnosed with PTSD. One thing that stood out to me while talking to the veteran was his statement about no one including his family understood what he was going through. He mentioned that talking to his buddies, who are also combat vets, were the only people who understood because of shared experiences. In creating this particular piece, I placed myself in the shoes of those going through mental illness. By doing so, I tried to depict how they may feel going through their day-to-day life being seen as someone who is broken to the world.

I decided to name this drawing "How society sees me", which explains how so many people with mental illness feel when going out into the world. This drawing symbolizes the feeling that is felt when looked down upon by the world and being

being seen as an outcast. I choose the black background to represent loneliness in the world. I choose to draw a weeping flower to symbolize those with mental illness. The stem is made with the word stigma, which is placed on mental illness. The light color symbolized how someone with a mental illness feel with the proper treatment and support, whereas the dark colors symbolize constantly feeling misunderstood, sad, and worthless. In the drawing, you can see petals falling from the flower, which describes the sadness that is felt every time they are called names like freak, psycho, crazy, mad, insane, weird, disturbed, dangerous, trouble, and violent.

As a society, we shouldn't look at those with mental illness as broken. Instead, we should encourage them to seek the proper help. This assignment allowed me to open my eyes to mental health in a different way. I had the opportunity to do a creative reflection last year, which helped me a lot when it came to releasing feelings, I didn't think I had.

wa'Toria Colquitt





## Creative Reflections In Education and Nursing Journal

### Flower Child

Martha Briseno, RN

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For my clinical experience, I was placed in the OR. For me, the most traumatizing part of the day was when we were able to be part of the rounds. We were able to see all of the cases and see pictures of the children's burns progress. The majority of the procedures that I saw were laser treatments on scar tissue. The nurse explained to me that this was to improve the appearance of the scar. The other procedure I witnessed was skin harvesting and grafting. It was in the "hot" operating room. At first, it was a very gruesome experience because they were shaving the skin off a boy and he bled. But, the more they shaved the skin, the more normal he looked.

For my art piece, I decided to draw a girl who has scars but from the scars there are flowers that are blooming. The beauty and uniqueness of the flowers represent the equal beauty and uniqueness of her scars. Every flower is different and has a story to tell just like the scars. The girl is painted

with dull colors. This portrays how she is a little sad from what has happened to her. The flowers are pink and full of color. Because in a way, they are bringing back the life to her. Just how after a fire, grass and flowers always grow and just how the girl's beauty will return.

At my time at this burn hospital, we were not able to witness the art therapists doing work with the patients at this time. But, I can imagine the tremendous amount of help it gives them. Doing this art work helped me relax and help me take my mind off all the things that were due. For a couple hours, I was able to forget everything and focus on just painting. I believe being at a hospital can be a very traumatic experience for a child and the majority of the memories of being there are not good. But, being able to paint and draw can give them something positive out of the experience.





## Creative Reflections In Education and Nursing Journal

### Strength

Natasha Antoine, Graduate Nurse

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Corresponding Author: Natasha Antoine, Graduate Nurse

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Mental illness has existed for a very long time. For decades when someone suffered from a mental illness it was thought to be something else. Many mental health sufferers were thought to be possessed by demons and underwent exorcism or some other means of casting out the demons. Some were even thought to be incurable and were locked away never to be seen or heard from again. Although, this approach to mental illness has since been removed the term still carries a negative connotation. When someone is diagnosed with a mental illness there is usually a negative stigma associated with the diagnosis. For this reason, many who may be experiencing symptoms of mental illness do not seek help which may lead to harming themselves or others.

Although I did not physically go to a hospital for clinical rotations, I think the materials in this course has provided me with many things to reflect upon. Throughout this course, I have gained a deeper

understanding of the importance of recognizing the symptoms of mental illness, helping those with a diagnosis of mental illness engage themselves and work through their thoughts and feeling, and help them to develop new and efficient coping mechanisms.

Early recognition when someone is developing a psychiatric condition can lead to early diagnosis and prompt treatment. Recognizing the signs and symptoms of a mental illness is something that should be taught to everyone whether there is a history of mental illness in their family or not. However, the societal stigma that accompanies mental illness contributes to many people not wanting to talk about the disease. This lack of conversation leads to a considerable number of people not being aware of what mental illness looks like. Therefore, it is important to bring awareness to this disease. If it is openly talked about and discussed, then many more people will become

knowledgeable about the disease process and be able to help those in need of help get the help they need quicker. While early recognition of the symptoms of mental illness is important it is not the only means by which those suffering from this disease can be helped. Once a diagnosis has been made or even before rendering a diagnosis, having the mentally ill engage themselves is another method of providing help. Often, before seeking help or treatment many patients tend to ignore what they are feeling or disregard their 'strange' new behavior. These 'strange' behaviors could be early symptoms of an impending mental illness. The person may begin spending the day in bed and shows decreased interest in once pleasurable activities. This new behavior may be looked at as the person is just extremely tired, or they are going through a phase that will pass. The individual may even begin partaking in risky behaviors or having frequent violent outbursts. The cause of these behaviors is often thought to stem from some other source besides mental illness and therefore they are not taken seriously. During this early stage, I think helping the person to evaluate their behavior and discuss what they are feeling during these moments of 'strange' behaviors can be very helpful. Having them work through their thoughts and emotions can allow the person themselves to see that something is wrong and may prompt them to seek help and treatment.

When a person has been diagnosed with a mental illness and seeks treatment the main goal is not to just get the person back to a pre-diagnosis state but to get them to a state beyond that. For this to occur the person must understand how the course of their treatment would progress. They must comprehend that the course of treatment is multifaceted and includes medication adherence in addition to learning and developing new coping skills. Patients must understand that the use of medications alone will not be sufficient to aid their mental health. They must be taught through cognitive therapy how to engage effective coping mechanisms. Patients must be aided in seeing that there are several correct ways to handle the stresses of life that do not include harming themselves or others. When a

patient's treatment involves a combination of effective coping skills/mechanisms and medications, I think the possibility of relapse would be reduced.

The world we live in has many stressors. We also live in a world where there are many diseases. Some diseases can be avoided by adjusting modifiable risk factors and some cannot. In the case of mental illness, it is not always that simple. Although mental illnesses are tied to our psyche let us keep in mind that it is not easily modifiable. We cannot circumvent a mental illness by simply turning on a light switch as one does when entering a dark room to avoid bumping into the furniture. Achieving mental health once the mind has been fractured will take time. We must approach it and those suffering from it, in the same way, we would any other person suffering from any other illness, with patience, understanding, and compassion. While great strides have been made in acknowledging mental illnesses as a disease and treating them as such, there is still a greater distance to go in increasing awareness and emphasizing the importance of mental health.



## STRENGTH

*by*

**Natasha Antoine**

Here you are still standing  
After being tossed around and pounded  
There you go still full of life  
Full of hope and shining bright

There you go so full of pride  
After surviving this crazy ride  
Feet planted firmly on the ground  
You embrace that fierce strength that you have found

There you go still full of life  
Singing and dancing all through the night  
Look at you my beautiful flower  
Full of life's zest and self-empowered

You have survived the fall  
And now you are standing tall  
Full of hopes and dreams  
Ready to take on the world with the word *resilience* as your theme.



## Creative Reflections In Education and Nursing Journal

### My Storybook

Madeline DeLeon, RN

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Corresponding Author: Madeline DeLeon, RN

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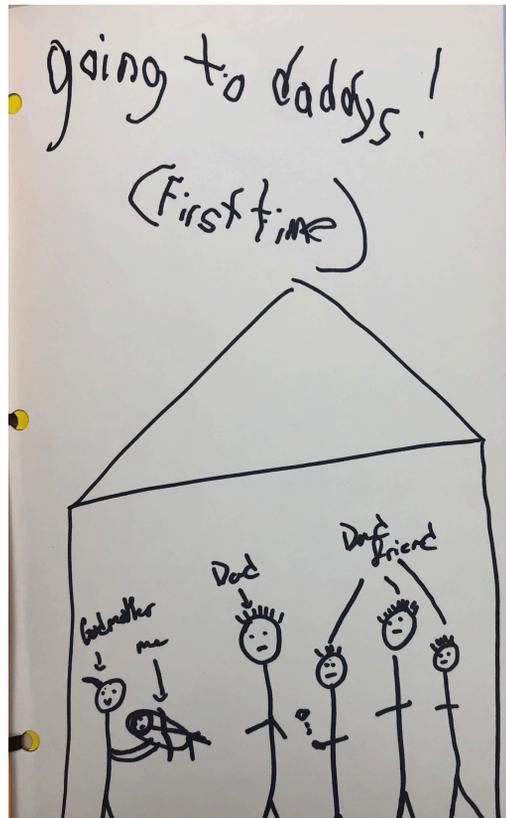
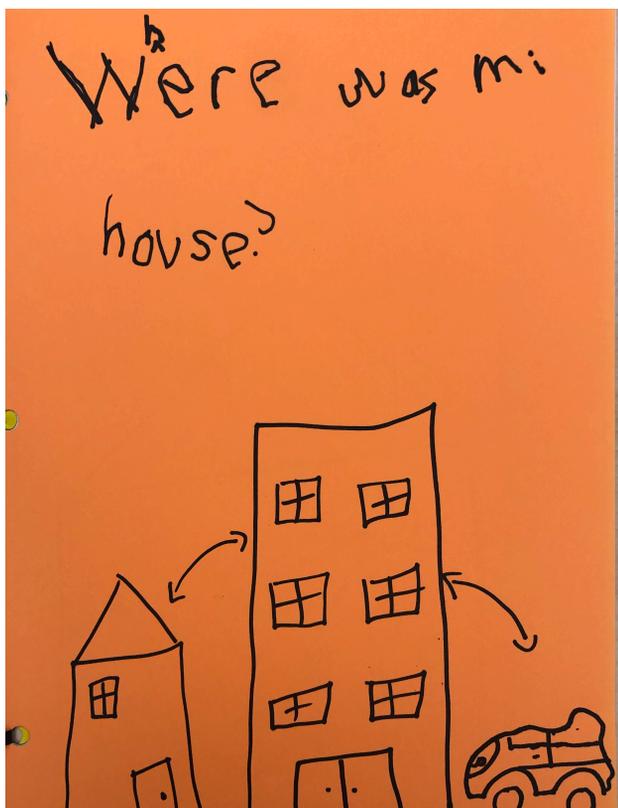
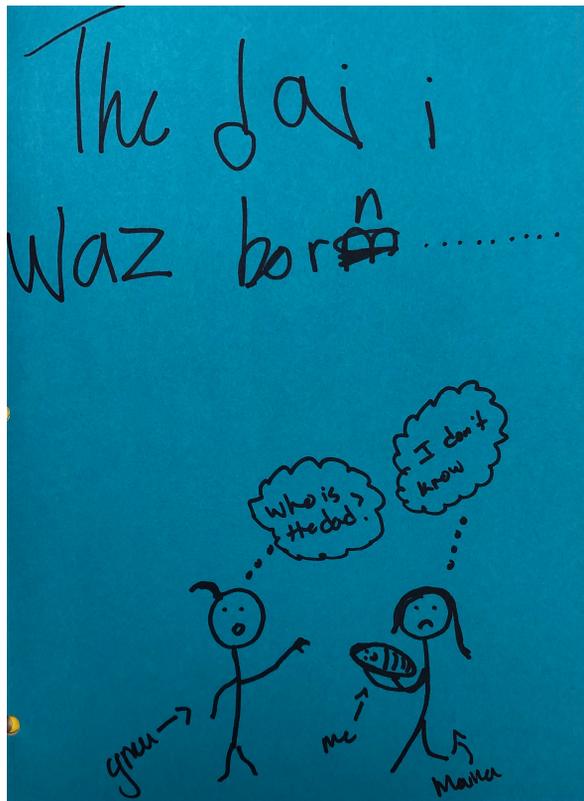
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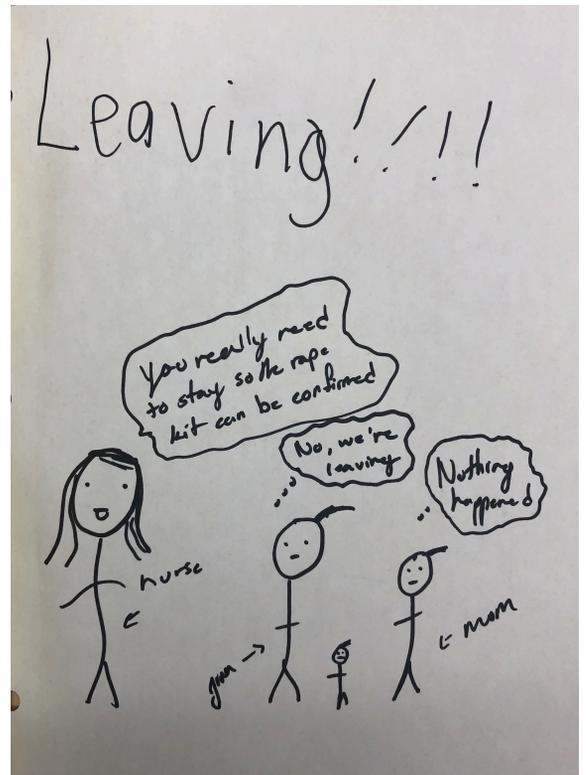
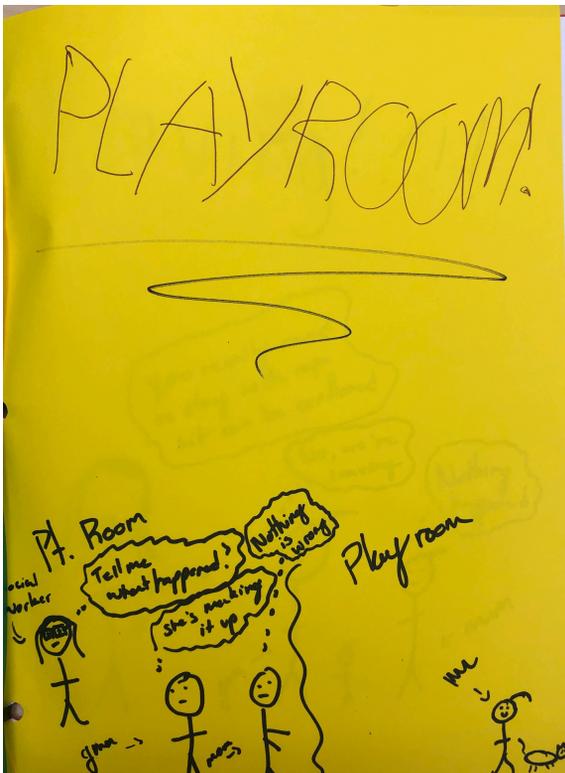
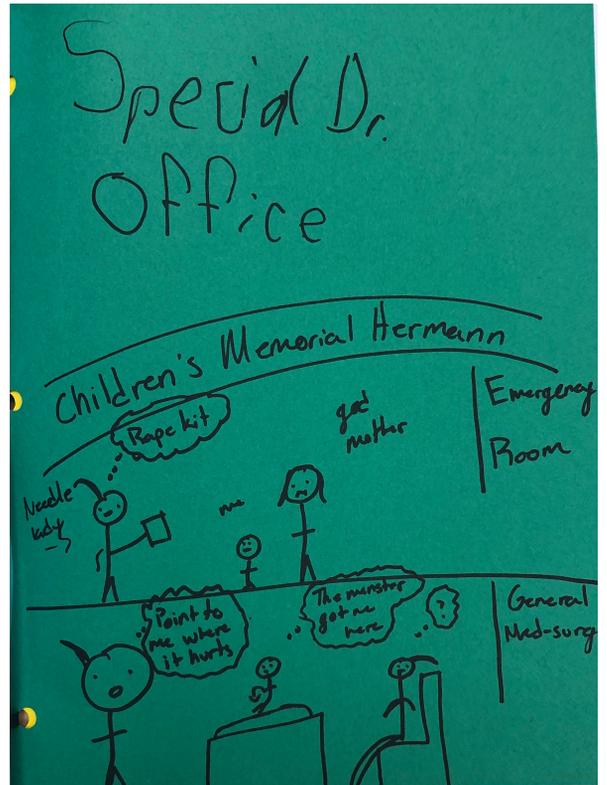
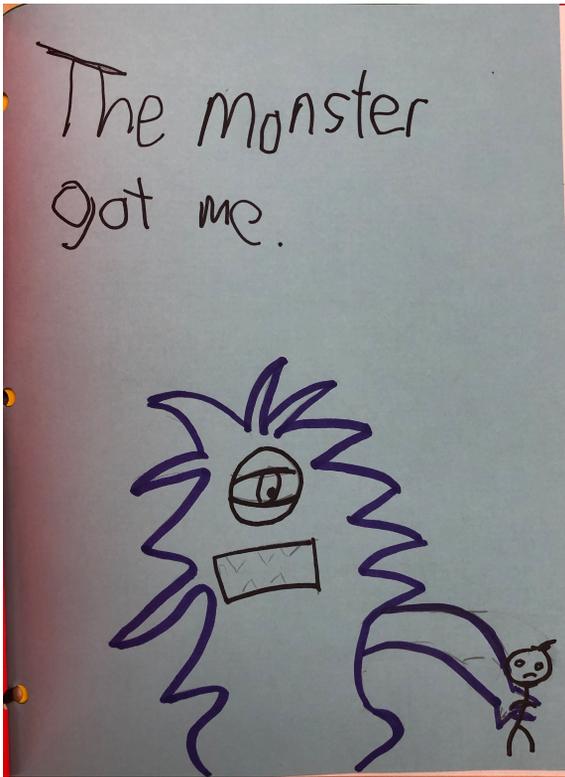
This project is concerned with portraying the culture behind Sexual Assault Nurse Examiners (SANE) cases. The project represents three main focus points: fear, miscommunication, and pride. The approach is to create a way to view a sexual assault case through the eyes of a child, therefore a story book helps aid in the idea.

The reason behind my art is based upon my first pediatric clinical experience with a mix of what I hope to become in the future. The approach I took was to take the child like experience through their words and put it in a picture to what they would draw. My main concern about this piece was if people believed it would be offensive since it does look more like a child's play book rather than something serious, especially because this offense is a very serious case.

What I am presenting is a child's story book that takes on the role of a child telling her story of how

she viewed her SANE case and how she reacted to all of the environmental factors that were in her life. What provoked me to pursue this project was at my first visit to the pediatric clinical sight where there was a SANE case that was poorly covered. Throughout the book, you can see how the child was fearful, the case workers believed what happened was a miscommunication, and the adults were too full of pride to recognize what happened. Through the book, certain images are symbolizing what actually happened, but again, this is through the story of a child. For example, the book being put together random sheets of paper and poorly drawn are to represent an actual child's work as if you were to put it on a refrigerator. Overall, the book envelopes a child's life in a situation that should never occur. This project helped give me closure in a very difficult and emotional clinical case.







## Creative Reflections In Education and Nursing Journal

### Underserved

Angela Little, RN

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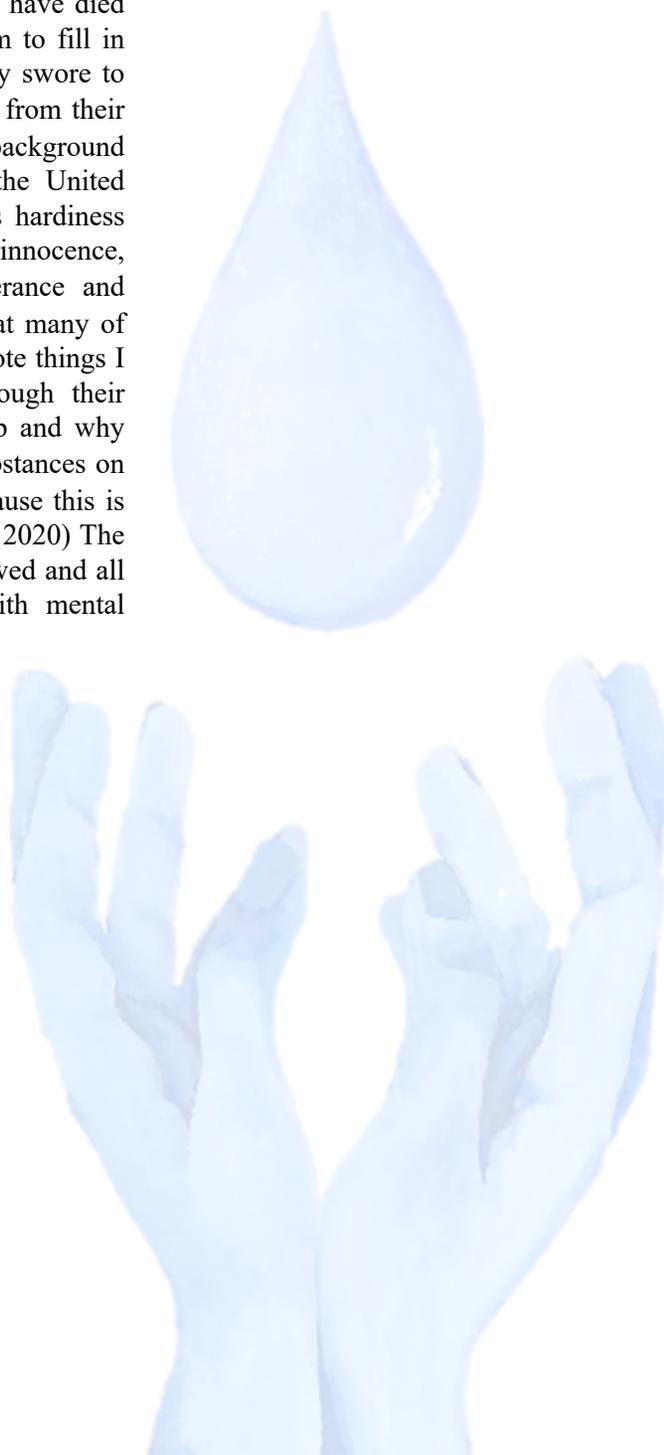
For my behavioral health clinical I was placed at Michael E. DeBakey VA medical center. The staff at first seemed as if they did not want anything to do with us students, but there was a nurse technician that took us under her wing. She showed us the entire unit and explained many safety measures and protocols that are in place to ensure the patients safety. She set up a patient interview for me. During morning rounds, I heard about a patient that was wanting to leave because he felt like he was better. Then one nurse made the comment that he was just ready to leave because it's the first of the month and his check was in, and he wanted to be out before the liquor store closed. I felt like this was an unfair assessment, but then again maybe she knew the him better then me.

When the veteran entered the room, he was very calm. I introduced myself and talked for a while. He was admitted for medical detox from alcohol 2 weeks earlier. We discussed about his battle with

alcoholism, PTSD, and depression and when it began. He said they began while he was in the service but got worse after leaving. It was at this point that he became fidgety and slightly anxious but told me he was ok to continue the interview. It was after I finished my interview that I found out that he was the veteran the nurse at morning rounds was talking about. It made me have feelings of anger and disgust because these veterans should be supported not judged. I get that he has been to 11 other facilities, but to just discount his seriousness of remaining sober is just wrong. It shouldn't matter how many times a person asks for help but hope that this is the time it sticks. Help should be given with no judgement.

I feel that soldiers are in countless ways an underserved population. Many do not access the opportunities that are available to them and even when they do, they might not be taken seriously. For my project I wanted to represent the number of

soldiers that have lost the battle with depression and many other mental problems. I also wanted to show some of the things that constantly plague the vets mind that could cause them not to seek treatment or even turn to other substances to numb the pain. The United States are filled in with soldiers that I painted black to represent the those that have died from suicide. (Bourn, 2016) I used them to fill in the outline of the United States that they swore to protect, but who could not protect them from their selves. I used the American flag as the background which is the most iconic symbol of the United States. The red in the flag “symbolizes hardiness and valor, white symbolizes purity and innocence, and blue represents vigilance, perseverance and justice,” which are all characteristics that many of our service men have. (PBS, 2020) I wrote things I have heard veterans tell me goes through their head’s as to why they do not seek help and why they try to numb the pain with other substances on the flag. I wrote the sayings in teal because this is the color for PTSD awareness. (Disable, 2020) The lone soldier represents the vet I interviewed and all vets that feel alone in their battle with mental disease.





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