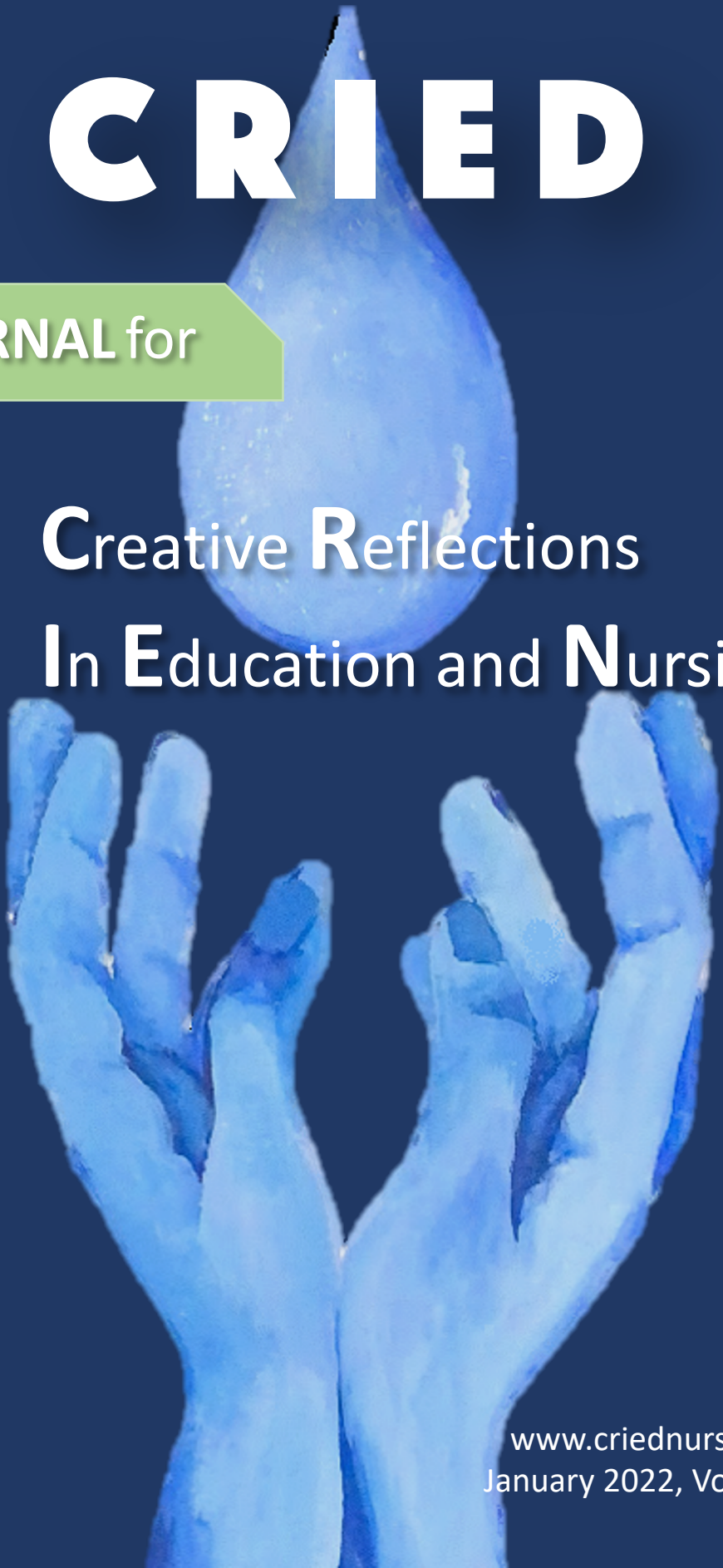
CRIED

JOURNAL for

Creative Reflections In Education and Nursing



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January 2022, Volume 1, Issue 2

CRIED NURSING JOURNAL

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January 2021, Volume 1, Issue 2

Articles

EDITOR'S NOTE

Dear Readers,

Welcome to volume 2 of our Creative Reflections Journal. In the inaugural edition (volume 1), we were able to showcase the extraordinary reflective pieces that our previous nursing student cohorts have completed. As part of clinical course assignments, students in the Pediatrics and Behavioral Health courses choose from a wide variety of art forms to express their reflection including poetry, video, painting, collage, or songs. Students, then, are asked to present their creative pieces via a virtual platform to their peers. This creative strategy provides a unique way of expression on the key learning concepts and conveys in meaningful ways what they have experienced. Pieces from those who give us permission to showcase their work in the magazine, are selected for inclusion. This volume will highlight six pieces of creative work from each of the two courses and promises to be no less spectacular!

Drs. Kristina Leyden
and
Lucindra Campbell-Law

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EDITORIAL BOARD

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

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.

CRIED NURSING JOURNAL

Creative Reflections In Education and Nursing Journal

Maleficent Mentoring: An Introduction

Kristina L. Leyden

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Article Details

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Corresponding Author: Dr. Kristina Leyden, Carol and Odis Peavy School of Nursing, University of St. Thomas, 3800 Montrose Blvd, Houston, TX, 77006-4626, United States. Email: leydenk@stthom.edu Citation: leyden K, (2021). Maleficent Mentoring: An Introduction. *CRIED Nursing Journal*. (*1*, Inaugural ed).

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 Master Mavolia,

Thank you for your introduction. I am quite pleased to have some guidance and assistance. I am sure you are getting the poor end of the deal, as I have much to learn.

I started out as an innocent with ideal dreams of helping students. I wanted to share my knowledge, my passion, and my love for taking care of others. This has changed when I discovered the true nature of the human being. I am relieved I do not have to work so hard against stopping suffering, and that I am actually to help aid it!

Those dreams have been crushed by societal demands and by "tests." I have learned the demise and dumbing of education has impacted our youth. The false promises to persons of riches and popularity certainly guide this.

I am so glad I have found the truth and that my original quest was falsehood. I am so glad to have you as my mentor and to have someone so wise to help me facilitate the demise of students dreams and bring suffering to all those in need.

Fondly,

Prof. Persephone

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Calming Bond

Courtney Fregia, ABSN

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The clinical day I experienced at Texas Children's Hospital was eye-opening, emotional, and exhilarating. From rapid response codes to chemotherapy, I feel that I was able to assist with and witness some of the most nerve-wrecking and important interventions a nurse can provide.

The most impactful patient encounter I had at Texas Children's Hospital was with a teenage girl that has terminal cancer. This young, high-spirited girl was the true embodiment of faith and hope. The cancer in her body has rapidly spread and the doctors have given her only a few months to live. However, when we entered the room that morning, she had a huge smile on her face as her and her mother sat in the bed together chatting like the best of friends. No person from the outside looking in would realize the pain and suffering this child was enduring.

Later in the day, we returned to the patient's room to administer her medications. Her mother had left for a short while to eat lunch and stretch her legs. In the absence of her mother, this young girl's demeanor changed. She seemed scared, uneasy, and tense. At this moment, I truly realized how important our relationships and connections to others are to our health and well-being. With the love and affection of her mother, this young girl did not feel afraid. She was happy and the worries surrounding her were pushed away; but in her absence the fear began to creep back in.

For this reflective project, I chose to create a visual representation of the calming bond between a mother and child. Even though the world around us may be chaotic, scary, and illusive, those who love us can provide comfort and peace amongst the chaos.

I believe it is important as nurses that we understand the importance of family and loved ones in the care of our patients. We must do everything possible to assist that relationship and allow family members to participate in the patients care. For those patients who do not have a family member or

loved one present, it is our job to help create a calming, loving environment for our patient to aid in the healing process.

This project was challenging and exciting for me. I am far from an artist, but I enjoyed being able to translate my emotions from that day onto something tangible. Truthfully, seeing children in such horrible states of health was emotionally difficult for me. I feel that this project allowed me to take those uneasy feelings from myself and transfer them to paper where I can remember the experience, but not carry the burden of those emotions.

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A Knitted Life

Daniela Flores, SN

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To be frank I went into this rotation a little apprehensive about what I might face in the psychiatric ward. During this rotation I encountered many entirely new situations that I never even thought I would have to face. For my clinical rotations I was placed entirely in the schizoaffective disorder's unit. During these shifts I would lead group therapy and converse with the patients while they colored with them during quiet times.

What I tended to notice is that COVID has completely affected how these patients interact with not only with staff and other patients but also their disease. Many of the patients are homeless and lost their jobs due to the pandemic leading to their homelessness or inability to purchase their medications. Not to mention all the individuals that have a paranoid aspect to their delusions and hallucinations. Those patients were increasingly hard to treat because they would find it difficult to eat and interact with staff or even come out into the milieu. That is where the inspiration for my blanket came from. The patients that did not interact and did not take their medications were there every single week with little to no project. With my blanket in the clips, you can see I'm wearing two different outfits, that's because I took two days in the middle before I actually finished it. Because I did nothing with it there was no progress on it. I am the only one that knits, and it is my project so no one can do it except for me. The same can be said about the progress in the patients, while others can facilitate the progress of an individual at the end of the day it us up to the patient if they progress at all or not.

There was also a significant number of patients that were brought into the facility by their family because their family saw the signs of declining mental health. And brought them into the facility for them to receive help. But that only made me realize how many of these patients were alone. After seeing these patients at their lowest trying to get up it became plainly apparent to me how difficult it must be for the patient to get better with no one else around them. They just fall through the

cracks because no one else is looking out for them. That is where the inspiration for the knitted part of the blanket came. In knitted work you can see and even poke your fingers through the holes between stiches. And those holes symbolize that even when you have made your blanket you can still falter, relapse, or slip through a hole.

All in all I am very grateful that I got the opportunity to have these clinical with these people and it was a very big learning experience. I have learned so much about the interprofessional teams in psychiatric nursing and I have also learned a lot about myself.

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Creative Reflections In Education and Nursing Journal

Brace Yourself

Christine Paul, ABSN

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Corresponding Author: Christine Paul, ABSN
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I did not want to participate in the Clinical at Texas Children's Hospital. Not because I did not appreciate the experience or because I did not want to do the work, but because I am very sensitive and I knew that interacting with ill children would trigger my own post-traumatic stress disorder due to multiple visits to the ER as an asthmatic child. While participating in the Med-Surg Clinicals I am able to transform into a skilled assistant and student Nurse to my Preceptor. I take my skills from my current job as a Patient Care Technician and then build upon them to achieve a goal. At Texas Children's however, my Preceptor assigned me to care primarily for 2 patients, one that was due for discharge and another assigned as an inpatient receiving treatment for Severe Anemia as the primary diagnosis due to Chronic Lymphoid Leukemia. The first client was discharged quickly after I flushed their IV, assisted with final medication administration and monitored as the Preceptor read off the discharge instructions. I was relieved that the discharge went smoothly and happy to have assisted the Nurse. No amount of assisting and organizing, however, was going to prohibit me from treating the other client and my drug guide was not nearly large enough for me to hide behind.

Due to the age of the second client all the drugs administered were oral and one was an injection. I remembered my own fear of receiving shots and knew that no amount of "it won't hurt" or "It's just a pinch". When we give an injection during the vSim assignments the patient's do not show fear or cry, they just improve but this was not a vSim and the drug administration was pending. The way that the Preceptor suggested making the experience less fear inducing for the client was for me to introduce myself to the client and the mother and to interact with the client so that I would not perceived as a stranger. That plan was great for the Patient but what about Me? I was terrified. I was already overwhelmed with sadness due to the Diagnosis the client had. Additionally, I had to constantly temper the fear and anxiety I had because I needed to study for the Exam I had

scheduled the next morning. Even more so, I was overwhelmed with guilt because I was being asked to present myself as a friendly person but only so I could assist in the administration of medication and the dreaded injection. It was at this point that I had to prioritize the needs of the client above my own and establish that the therapeutic action medication superseded the pain and fear that both the Patient would experience. I began to analyze the situation critically and took on the role as the Student Nurse the Client, and I, needed me to be. I entered the room, assessed the environment and we have been trained to in Simulation lab, noted that the Client needed a fresh dressing for the IV site because it was slightly soiled and no longer adhering to the skin completely. After introducing myself to the Parent and cleaning I sat with the client and watched a video on YouTube with them. I allowed myself to relax and connect to the client. For a moment there was no sadness, fear or despair. When the Preceptor entered however, the fear and dread came back for both me and the client. Apparently, the client knew the drill. (Image A).
There are a number of symbols and pieces that tell the story and illustrate how I felt at that moment. The dark color at the base of the art installation represents the Clinical Environment for both the Client and me because our moment of light became dark with fear (Image B).

The base has several items that I had to use constantly that day including the dreaded syringe however there is a key difference. The needle used for the actual injection was similar to a 1ml or 3 ml syringe however the base has large 10 ml syringes like the ones used for normal saline flushes because that is how big the needle seemed in the moment. There are tissues because the client cried the moment the Preceptor entered with the medications. I was no longer the new friend. I too became scary, all of my credibility out of the window. If that Patient only knew how many times I cried before or after an exam. How many times I too have felt hopeless. Next I have a model head representing the Patient. (Image C). Due to the diagnoses, the client was receiving chemotherapeutic agents and at the time did not have any hair. The patient is facing the left because at the time they faced away from the needle being used on the right thigh. The head on the left is a symbol of myself. The head has makeup, lashes, hair and a stethoscope but the eyes are positioned as closed similar to the model representing the client because I am bracing myself for impending pain as well.

On the base of the model representing myself (Image D), I have textbooks because even though I am not receiving a painful injection I had an even scarier exam I did not want to endure.

This project made appraise my own deep and impending fear of exams and administering painful treatments especially to Pediatric patients. Once I recognized that I brace myself for scary assignments like the Patient braced herself for the impending stick I recognized that we both share that feeling of powerlessness. I feel even more dread now that we are in the final exam period and even now I am not sure how to mitigate it. Instead of tears and despair however I hope that I am able to use small victories to power through this time and future exam periods. I am grateful and thankful for the opportunity to explore my feelings inwardly as well as empathize with the client once more via this project.

Image A: The Drill

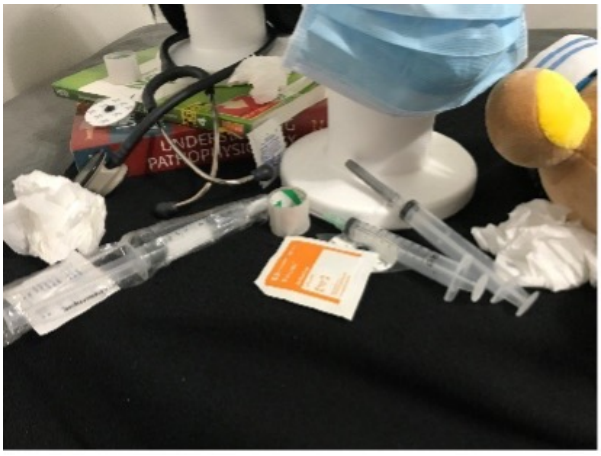

Image B: Dark with Fear

Image C: The Patient

Image D: Me

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Creative Reflections In Education and Nursing Journal

Parachute Problems

Venice Macawaili, SN

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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.

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Faith

Breanna Perkins, ABSN

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I chose to write a poem that reflected my clinical experience. Poems are pieces of writing that arouse emotions that sometimes you cannot always say. Typically, that is usually what is going on in the presence when being in the NICU. There are a lot of emotions running through the NICU from the parents worried about their offspring. I was assigned to the NICU to follow around and assist my nurse. I remember walking into the NICU seeing all those small babies in different cribs, incubators, and under phototherapy. Most were preterm babies, and a few term babies with complications. I remember caring for this baby who was born at 34 weeks' and 6 days gestation. He was dealing with premature lungs and was being fed by and NG tube. I saw in the mother's chart she had been given medication for the immaturity of the baby's lungs. The baby was receiving mom's breast milk for food. The baby was taking a full syringe of food through the NG tube. The baby was tolerating it very well. I was conversing with the nurse about when the baby would be able to be discharged home and she stated the baby needed to be taking a full bottle of milk and continue to have great vital signs before he was able to go home.

A few hours passed and it was time for the baby to eat again; however, this time the baby's parents were there. The nurse made the parents feel very welcoming and even allowed them to try bottle feeding the baby this time. The nurse showed the parents how to hold the baby while feeding and when to burp the baby. The baby took half the bottle feeding orally! You could see the joy in the parents' eyes, but that energy of fear was still in the room. So many babies with so many different problems consumed the room followed by fear, sadness, doubtfulness, and joy from the ones who loved these babies the most.

I can always connect to parents who are in the NICU because I had to deal with that very same mixture of emotions. I know how it feels when it is your first pregnancy, and your baby ends up in the

NICU. Questions arise in your head. What could I have done to help my baby more? I had to come in everyday believing that my twins were going to make it out into my arms. No matter how long it took I kept the faith because babies are strong fighters. I remember telling the mom to continue to show up for your baby every day and continue to talk to them because they can hear you. They know when mommy is here every time!

Faith

Being born before 37 weeks
I knew I would be small
Would I ever grow bigger?
Would I ever be tall?

Is there a chance for me to grow up at all?

I am surrounded by care
The nurses are here to help me live
Help me survive
So I can get out this crib

Mom and dad surrounded me
I felt the love near
Big hands and big hearts
I could sense their fear

I struggled and snuggled
Gram by Gram I grew
My mom said "Im ready for you"

For a very tiny human
This is very good news
I have reached my goals
A room full of heroes helping the few

I am discharge now
I may never see you again
Thank you for the care,
Because if it wasn't for you, I might not be here

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Creative Reflections In Education and Nursing Journal

Gemini

Gisset Romero, SN

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My time at St.Joseph Center for Behavioral Health did more than educate me on different aspects of mental illness. In the second part of my poem, I explore my feelings prior to attending my first day at clinical and how my attitude quickly progresses in a day. It showed me that the stigma around mental illness was stronger than I initially allowed myself to believe. I had always thought that my generation was more accepting and open to the world of mental illness. I realize now that my generation is more performative when it comes to this, as most of them will never actively spend time with this population of people.

I rotated through units specializing in detoxification of substances and involuntary hold for failed suicide attempts. As I held conversations with these patients, and listened to them share their stories in therapy groups, I would always think about the fact that they looked like normal people. If I saw most of them in public I would never guess their internal struggle. Some patients were withdrawn and did not open up until the second clinical visit, while others bounced up to us students and would ask us to sit down so they could tell us about themselves.

The patient I chose to write my first part of the poem about was one of the latter patients. She immediately came up to me and wanted to share her story. Initially I was very taken aback of her boldness and energy. I had already read her file in which I learned that she was schizophrenic and had been found in a parking lot speaking with hyper-religious ideation. As she spoke I had to come to terms that-while of course I understand the textbook concept of the illness that is schizophrenia- this was her everyday life. She truly believed the visual and auditory hallucinations that were in her present reality. As someone who does not see that, it was hard to grasp. Most of the first part of the poem included words and phrases that were actually said, including the tangential speech. I named the poem after the zodiac sign of Gemini because it is symbolized by twins. I believed it fit

my poem as it is in two parts but they are meant to be thought of as two points of views existing at the same moment in time, like twins.

I hope in the future healthcare students and the general public are not as hesitant to interact with people who live with mental illness. That Hollywood chooses to paint them in a more realistic light. When I used to think of the psychiatric population I would think of the movie Split where the main character suffers from dissociative identity disorder, where in reality many of the patients have a similar affect as the main character from Still Alice where the woman suffers from early onset Alzheimer's. It is up to the new generation of health care workers to spread awareness for the challenges people with mental illness go through.

GEMINI by Gisset Romero

Part 1. Patient P.O.V

That shallow shadow is in the know
I wish there was a window,
Oh! New people!
In red
Let me go tell them what's unsaid…
Don't tell anyone,
But I looked into another dimension, did I mention?
Oh! Please come to the party at my house
Don't mind the big mouse
This is my favorite blouse
Whatever you do, do not go into that room
When I walked by, I saw doom
What? No, I'm not frightened
There's three of you
You've awakened, you're beginning to wake, and you're a guard
To still be a guard, that must be so hard
We're in the rapture!
See, I was captured
In a parking lot
All you have to do, is walk back there and let me go
They'll never know, you have the power
Power, yes power
My sister you are immortal
You saw the portal
I know who I am, they think I'm insane
Of course I know there is something wrong with my brain
Everyone was always looking at me with disdain
It's almost inhumane
My brain doesn't make those happy chemicals,
That's okay, I don't need them
I'm happy, I'm happy, I'm happy
Come on! Let's go to group

Part 2. Student P.O.V

I always considered myself the kind of person to lend an ear
But something about the psychiatric facility
Makes me feel fear,
'Don't get too close' my coworker warns
'Careful, they'll rub off on you,' my roommate teases
The stigma is rampant
She wants to talk to me?
'Sure, let's sit over there,'
Oh man, my back is to the wall
My coworker had even advised me,
'always stay between them and the door,'
Would my only escape be the floor?
As she speaks, I cannot believe what I hear,
Suddenly I have no fear
I cannot imagine seeing what she does
Reality//distorted
I wonder what would have happened to her
had her unusual behavior gone unreported…
I try to keep up
But her thoughts run amuck
She jumps from one to the next
And man, am I perplexed
Sometimes her ideations sound like a little possessed
I wonder if she can tell that I am distressed
I look around, most of the patients
If I saw them outside these walls, you'd never know
I guess that's the point isn't it?
To not judge a book by its cover?
Oh! Back to her, she blames her mother
Maybe my initial attitude was misled,
'We must stop the spread,'
I think
We need more compassion for people
Who are not like us
I once saw a quote that says,
'You cannot heal in the same environment that made you sick,'
But what happens when that environment is in your head?
What must it be like?
To live in constant dread
Anyhow, she invites me along
I politely decline to holding her hand
But I smile and say,
'Yes, I'll sit in group with you today"

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Creative Reflections In Education and Nursing Journal

Flowers

Alexis Ramirez, SN

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Corresponding Author: Alexis Ramirez
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For my creative reflection project, I used art to express my emotions and the patient's emotions. I have always wanted to be a Pediatric Registered Nurse because I have always loved kids and want so many of my own one day. My love for kids has grown so much due to my aunt being a foster mom and having so many kids with certain cases that have broken my heart. To see them at their lowest, and then see them at their highest peak is so amazing. I was excited to do my Pediatric clinical and help the kids in any way I can. At my clinic I was in the NICU. All of my patients were severely sick and some had their parents and some were all alone and had no one, but the nurse. I was able to take care of two babies and hold them, talk to them, and most of all take care of them. I am taking care of them, so they are able to feel better in a variety of ways.

In my picture I painted, there are two sides. On the left side there is a withered flower or plant and its leaves are drooping. This represents the patient, because some are dying, depressed, scared, and feeling hopeless. I used the color dark blue mixed in with black to represent sadness. There is no sun or rain to help the plant grow. On the other side is the same plant but now it has turned into two beautiful red blooming flowers. The flowers represent the patient being happy, and joyful. The sun represents me, because I am what the patient needs. I am the one they are going to be seeing most of their time there, so I have a big responsibility of making sure they feel better physically, mentally, and emotionally. I also used bright colors to make a sunset, because they are so beautiful to look at and they can make someone feel happy. Bright colors can stimulate one's brain and make them feel happy, and release more dopamine.

I believe it takes a certain kind of nurse to be able to take care of pediatric patients. Not only are the children patients, but so are the parents. You also have to be able to keep your composure around the patients and parents. There are going to be patients

with difficult cases and you may need a moment. I believe I can successfully be a Pediatric Registered Nurse and take care of my patients with my mind, body, and soul.

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Creative Reflections In Education and Nursing Journal

Behind the Smile

Antonia Trejo, SN

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During my clinical, I must admit that I was incredibly intimated by this clinical because I had never experienced a patient with mental issues. I was scared because while they were patients, they weren't like the patients I have previously encountered.

The patient that I was assigned was 20 years old and in the hospital for severe depression and suicide. The reason I chose this patient was because she seemed so happy but when I spoke with her, she was so incredibly honest about her fears. She had attempted suicide a few day prior. This patient was depressed because she said that although her family was supportive, it was her who was trying to figure out whom she was. She didn't know how to be happy for long periods of time. She said she didn't feel like she was the typical feminine beauty in her entire life. She was insecure about her looks.

When we spoke, she was always smiling, but I could feel her pain. She smiled; but, there was such great sadness in her eyes. My heart sunk because the smile was hiding so much pain. She also made me think of my fiance who committed suicide. He constantly smiled and there were never any signs he would ever do that. So, this clinical was especially hard, but it made me want to find the skills to help my future patients who suffer from depression. In the end we are all just trying to make it to another day. Some days are harder for others. I pray that my patient is safe and continues to seek out help. She was very beautiful and I pray she realizes that and forgets about standards set by others.

Unorganized lines define my patient's internal feelings of confusion and frustration. She wasn't what society has deemed feminine or have feminine features. She was also confused about her sexuality. On some days she felt that she was interested in girls, while others she found boys attractive. She felt as if she looked more like a boy, but felt guilty for not looking like a girl, so was striving to look and dress more feminine. The colors go from pink and blue because it was society has chosen as gender appropriate. The hands on her body are everyone telling her what she should be.

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Creative Reflections In Education and Nursing Journal

Shock

Fatima Luna, ABSN

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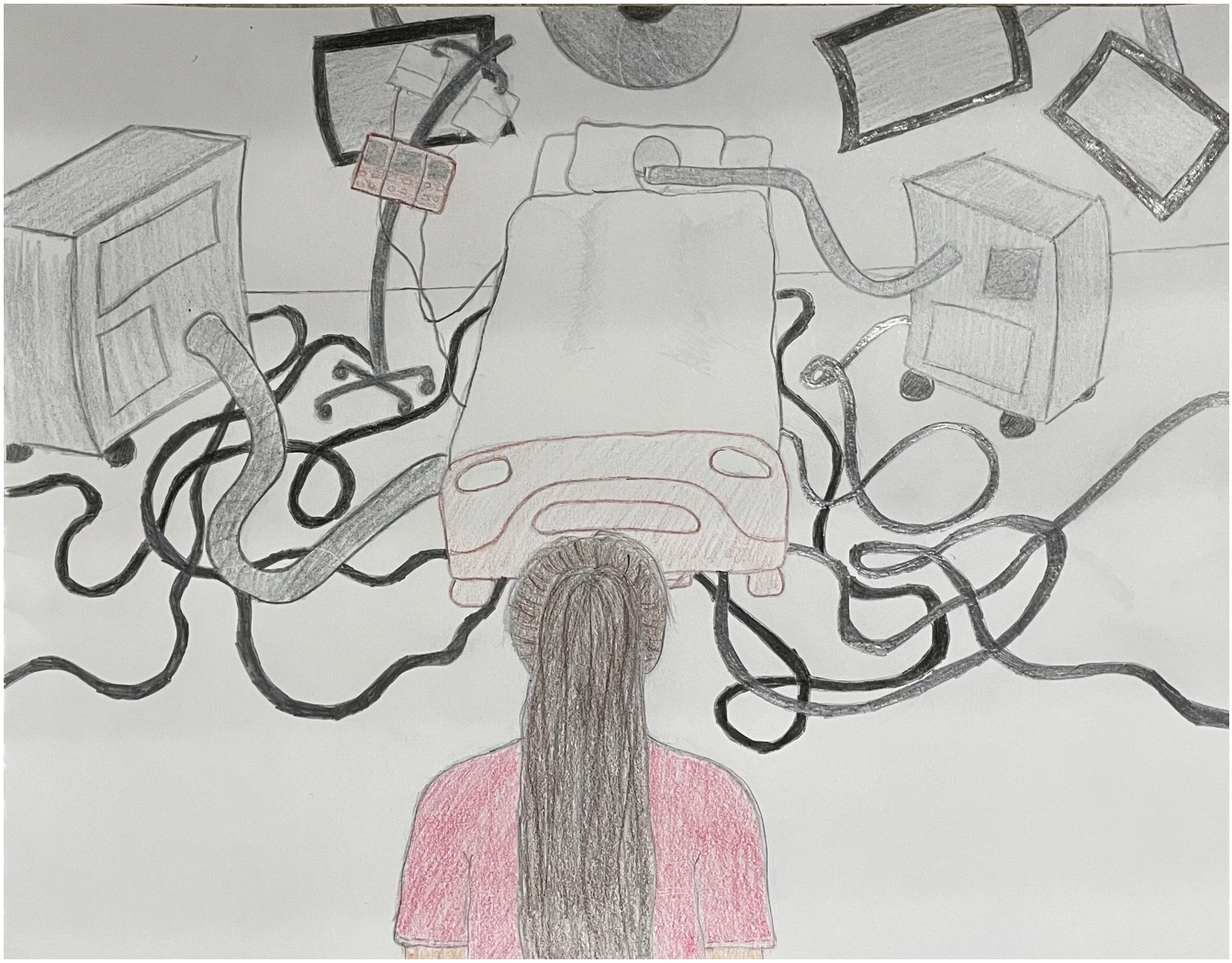
I drew a picture based on my clinical experience in the pediatric ICU at Texas Children's Hospital. I drew about one of the patient's I had that day and how I felt when I first walked into their room. The patient had cancer and was admitted to the ICU because of bacteremia and fungemia. They had already been in the ICU for a while and were currently intubated with multiple IVs in place. Before walking into the patient's room, my nurse had not given me much information on the patient, just that they were intubated and the reason they were admitted to the ICU.

When I walked into the patient's room, I was quite surprised because I had never seen anyone intubated before, especially not a young child. I had seen the patient's picture in their file and was kind of expecting them to look like the picture just a bit sick, but it was shocking and sad to see how different the picture and the patient at that moment were. I tried to depict this initial shock I felt in my drawing by drawing my back and what I was seeing in front of me. I wanted to make it look how initial shock is sometimes shown in films where when something dramatic or shocking happens, there is a close-up on the person from behind just showing the entirety of what is shocking to them. I also did not add much color to my drawing other than to my red scrubs on purpose. I did this because I wanted to emphasize that I felt like my red scrubs really stood out in the room since they were very bright, and the room was dark, and it just felt really sad and gloomy. At times the patient would be awake and was able to respond by nodding or shaking their head, but their eyes looked desperate to communicate more and sad that they were not able to say what they wanted. I think I depicted the gloominess and overall sadness I felt from the room by the lack of bright colors and only using grey, white, and a bit of brown.

In my picture, I tried to draw the machines and screens bigger than what they really were compared to the patient to depict and show how small and

frail the patient looked to me. I drew the machines kind of warped in a way that surrounds the patient in order to make them look as intimidating as they felt to me and I imagine with all that equipment around them, the patient must have felt intimidated by it too. Also, with their limited movement due to the intubation, the machines were all the patient could see to their sides. The cords on the floor are drawn all intertwined with each other because I wanted to depict how my mind felt in scrambles when I first saw the patient because it was a situation that I had never experienced before, and I was trying to process every emotion I was feeling.

Overall, I think going to Texas Children's Hospital was an incredible experience and a wonderful learning opportunity. Doing a creative project really let me express my feelings about that clinical experience and I enjoyed working on it because it allowed me to reflect on how I felt that day.



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Creative Reflections In Education and Nursing Journal

My Rainbow

Lillian Trinh, SN

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A rigorous nursing program requires support, both academically and emotionally. My academic support first comes in the form of visiting professors during their office hours. Second, I am no stranger to the Tutorial Services Center. Finally, I have taken advantage of the Nursing Success Center. In all of these places, I have felt welcomed and developed relationships that have taught me how serving others can open unexpected doors. These resources have supported me and helped me resolve academic challenges, and I will continue to utilize them. The warmth of my mentors inspires me to be authentic with my patients. In my everyday life, my emotional support comes from my friends and family. I face new challenges as time goes on, but my friends and family will stay constant. Still, the ultimate foundation of my emotional support comes through God. Every prayer that I offer lets me know that my difficulties – academic or personal – can be faced and overcome. As for the particular challenges of nursing, my faith will guide my practice as I seek to embrace the innate dignity of my patients, yearning as I do to serve them in a Christ-like manner. I know UST's nursing program embraces these same values.

Moreover, art can provide a source of relief to the demands and hardships that are burdens during the nursing program's clinical and patient care. By integrating art into a creative reflection, I can improve my communication and develop empathy, reasoning, and self- awareness. Art therapy provides a time to contemplate my clinical experience and patient care and fosters creativity in artistic expression. Art therapy aids my life and helps me cope with my daily challenges, and helps me resolve unsettled emotions.

My artwork can be divided into three segments: first, a beaten-up girl and in deep despair. Second, the man with the rainbow umbrella. Third, the embrace of the man and the girl. The whole art piece is a depiction of me and my daily internal

battles. The first segment is me crying, feeling hopeless and worthless. There is no sun and warmth. There is just constant rain, darkness, and gloom, essentially how I think. The rain symbolizes my tears. The darkness represents my sense of losing hope. Lastly, the gloom and despair represent my sense of worthlessness. As a girl who is always shinning with color, symbolized by the rainbow. After a long clinical shift, the emotional and physical toll is overwhelming. I feel that I gave my rainbow away as the rainbow slowly drips down the drain.

The second segment is when I met the man with the rainbow umbrella. The man is Jesus. My Catholic faith is woven deeply into who I am because I can always fall back onto the Lord, whose love allows me to overcome any difficulties I may face. The love that He has for me only propels me to share that same love with every individual I encounter. Jesus gives me a new rainbow and a new rainbow umbrella. He reminds me of my worth and gives me hope that everything is going to be okay. The third and final segment is the embrace of the girl and the man. Jesus wraps me in His unconditional love. The warmth and the Son echo, “Fear not, for I am with you; be not dismayed, for I am your God; I will strengthen you, I will help you, I will uphold you with my righteous right hand” (Isaiah 41:10). I know that with any challenges I may encounter, the Lordwill always be by my side and give me the strength to overcome. The rainbow becomes radiate white as I recognize and gain insight into my worth, hope, and dignity.

The artwork is my story through my illustration and my journey towards healing. As I reflect on my clinical rotations and witness the sufferings of patients and families, I can convey my emotions and feelings in the form of expressive art. The creative reflection provides an outlet for my unresolved internal feelings.

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Creative Reflections In Education and Nursing Journal

Take My Hand

Johana Romero, ABSN

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My clinical rotation at Texas Children's Hospital-TMC was an experience that I will never forget. I was placed in the hematology and oncology unit and was assigned a nurse that was so knowledgeable and passionate about her job. I also had the opportunity to talk to the other nurses and received a proper tour of the unit and several lessons from the float nurse on the pathophysiology of cancer, treatment plans, and protocol at their facility.

My nurse preceptor was assigned five patients that ranged in age, from an infant to a teenager, and were all there with different diagnoses. I was able to see the difference in interactions based on the patient's age and learned about the different treatment plans for each of the patients. The older patients were more involved in their care and asked questions regarding their medications and treatment plan for the day. Whereas the younger patients did not ask any questions and their parents did more of the talking. During rounding of the patients with the attending physician and residents, I faced a clinical problem within myself, I was overcome with emotion regarding the recommendations and treatment plan options one patient and his mother were given. I handled my emotions by reminding myself that as I future nurse I will continue having similar experiences and will have to learn to control my emotions. In the room, I held a straight face and reminded myself that I had to be strong because everyone in the room was strong.

I decided to do my creative piece of the assignment based on the experience and feelings that I had while in that patient's room. I did a painting using watercolor paint on a watercolor canvas and named the piece, "Take My Hand". In the center of the painting there is a right hand holding two silhouettes of people, who are holding hands. This represents the patient and his mother, as well as the mother placing her son's life on the hands of the doctors, nurses, and all medical staff. I also painted four different sky lines in each of the four

attending physician and residents, I faced a clinical problem within myself, I was overcome with emotion regarding the recommendations and treatment plan options one patient and his mother were given. I handled my emotions by reminding myself that as I future nurse I will continue having similar experiences and will have to learn to control my emotions. In the room, I held a straight face and reminded myself that I had to be strong because everyone in the room was strong.

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This assignment allowed me to express my feeling through art, writing, and by verbalizing my thoughts and emotions. Since my experience at TCH, I often find myself thinking about the patients, their families, the nurses, and all the staff. I also think about the impact one clinical had on my life. Having the opportunity to express my emotions allowed me to release this energy in the form that I know best. As a child I always enjoyed art and drawing, and as I got older, I stopped drawing more and more. Now as an adult I try to paint at least once a year, so I thought this assignment would be an artistic challenge for me to create a piece from the experience that has had the largest impact for me this year. When I completed the painting, I starred at it and I cried because I was truly able to reflect on life, the meaning of life, the daily struggles that we all go through, and the love and passion that I have for healthcare.

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Creative Reflections In Education and Nursing Journal

To Not Judge a Book By Its Cover

Olivia Urritia

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For my clinical experience, I went to the Menninger Clinic. I was able to watch and witness different aspects of the mental health nursing setting. I was able to participate and witness different therapeutic groups for the residents and was able to hear their stories about their mental health journey.

During my clinical rotation, I was amazed at different people's stories. People shared personal information. I am so honored that they were comfortable enough to share such vulnerable and personal stories to the nursing staff and students as well.

When I would get home from my clinical, I would always reminisce and realize that fortunately, my life has been well taken care of. When I would listen to these stories, some patients did not even look like that they were going through something mentally. However, this made me realize that everyone is dealing with some hardship mentally and that we should never "judge a book by its cover."

One patient's story really stuck with me. This woman looked well kept, she would do her makeup and her hair and wore her expensive jewelry. However, internally she was heart broken. Her daughter had committed suicide and she thinks that it was all her fault. She was at the Menninger Clinic to feel happy again. This story really stuck with me because it goes to show you never really know what someone is going through.

My creative reflection piece is a poem that I wrote explaining my view on mental health. In the poem, I explain that everyone is going through something mentally even if it does not look like it physically.

To Not Judge a Book By Its Cover by: Olivia Urrutia

We are told as little kids to not judge a book by it's cover.

That sounds cliché but however, it is true.

We all have different stories and different minds.

Me, you and you.

Through our lifetime, everyone goes through life in a different way, big or small.

Everyone has a different body leading them their way through it all.

Some people go through their journey of life through a different perspective.

However, this is not a disability.

It is a strength that helps people give a new directive.

People in our personal lives may be going through something emotionally that is not physically there.

But it's a spitting image of the taboo of mental illness everywhere.

Every person's brain looks different under an MRI.

However, we are the same physical being, created by a man up in the sky.

So take care of yourself, spend some time outside, go on a walk because we are not here forever.

Time is of the essence, so why not use our time and find something beautiful to enjoy whenever in our endeavors.