

Nurstory:

**Digital Stories in online Advanced Practice Nursing Education
@ Umass Amherst College of Nursing**

N797M. In this summer public health course Digital Stories were integrated under the Social Justice Framework in the course Contemporary & Global Issues in public health. In this class summer 2015 & summer 2016 over 6 weeks, I included 4 of the Digital Stories created at Umass Amherst in 2015 (Leaving to Go Back, Circle of Care, What's Your Name & Am I a Crazy Nurse).

Digital Stories were also introduced in relation to their use in public health as a public health intervention and way to influence public health policy. Also the thread of the person in the population as a way of balancing individual and population based considerations was threaded through out the class.

Students read at the end of the course and consider the medium in public health action: Gubrium, A. C., Hill, A. L., & Flicker, S. (2014). A situated practice of ethics for participatory visual and digital methods in public health research and practice: A focus on digital storytelling. *American Journal of Public Health*, 104(9), 1606-1614.

For all Digital Stories discussed the Prompt was the same: "Please offer a personal reflection on (name of Digital Story)".

Here are some selected quotes from each of these (I have included full names and titles of students when given permission to):

- **Leaving to Go Back**

"First, I would like to applaud the effort of putting NURSTORY together that I ended up viewing the ten stories. I believe in the power of creative arts, it tells exactly what is from one's heart. As a foreign nurse transplanted in the United States, it helps me think of the challenges one encounters from the home country and the transformation that one chooses as part of healing. Her personal experience is so vivid that I can imagine her struggling to find its meaning. As she reflects on her personal past and the community she belongs, she finds the answer that haunts her - she belongs to the community where the importance of health care is significant, it holds the key between life and death. Leaving to go back is a positive concept, its looking forward to be able to help heal the community she left behind. We all share the same, leaving to go back, but the choice is ours." Tess Panizales, MSN, RN

"Nellipher's story is one of sorrow and of hope. For me, hearing about the conditions that she had to work and live in gives me a lot of perspective on the privileges I am afforded by living where I do in the United States. I find it immensely moving that Nellie knew that she "wasn't preventing anything" and needed to seek advanced education that would allow her to come back and mitigate some of the pervasive issues her country was facing. Her story is truly inspiring, and gives an excellent view of issues of worldwide health. The video also reminded me of the disparities in wealth, sanitation, healthcare access, etc. that are rampant in our own country. Where I am in Miami, we had the fourth largest income gap in the country in 2015 (Nehamas, 2015). I see this daily on the medical campus where this disparity is evident. Adjacent to the high tech hospital facilities is a virtual tent city of homeless

individuals on NW 17th street, which is literally two blocks away from the medical campus. This population is burdened with myriad issues, including mental health, substance abuse, untreated physiologic conditions, etc. that are obviously worsened by their homelessness. My friend and fellow faculty member at the UM School of Nursing is a PMHNP who goes out into the community and provides meds, links homeless patients to services, etc. As a former military man, he is heartbroken at how many of the city's homeless are veterans. I watched him give a presentation on his work this week and the whole room was in tears. In short, this video gave me an important perspective on my own privilege and insight into serious healthcare issues globally, but also reminded me of the substantial work we have to do within the United States.” E. Public Health Nurse Student

- **Circle of Care**

“Circle of Care” is another powerful digital story that touches the viewer with its glimpses of personal and intimate moments in a person’s life. While losing a parent is never an easy thing, its consequences are even more profound when that loss comes early in life. The human tragedy of a child losing a parent is a daily reality around the globe, but Rawaih’s story makes it real and allows us to see the impact that such a loss can have on a child. The loss of a supportive and loving parent can leave a child with the feeling of “who cares?”, but luckily for Rawaih, her older sister was able to provide the support she needed. The compassion and love that Rawaih received from her sister allowed her to follow her dreams of pursuing a nursing education and will hopefully allow her to provide this same compassion and love to others, continuing the circle of care.” Patricia R. Moore, BSN, RN, PCCN

“Story telling is a powerful tool to inspire, enrich, and to motivate others to persevere despite the inevitable difficulties in life. I appreciate how Rawaih's story of loss, struggle, and compassionate care by her sister makes me think about who in my life has supported me when I struggled, it has been my family, especially my sisters. I think about family bonds, the simple and powerful reality of knowing that there are people who would raise your child while you worked towards a difficult goal in a far away place. That is an amazing gift; it is also a powerful feminist story of women supporting other women; a mother who is uneducated recognizing the value of education for her daughters, and the daughters fulfilling their mothers dreams. How beautiful is that? I love how Rawaih is working towards her PhD so she can educate other nurses and use her framework of compassion and support as her inspiration for others. I believe she will be a powerful example for other women going into the profession of nursing”. Ann Becker RN, Public Health Nurse

- **What’s Your Name**

“Rachel’s story was rooted in the benefits of community; not community defined as group a group of people living in a geographic area but community as defined as a shared personal connection between people. Rachel experienced the uplifting power of community before becoming a nurse and translated those behaviors into her nursing practice with the homeless by creating personal connections with the people. The people were not objects or subhuman to her. They were individually distinguishable humans who she treated with dignity, respect, and care. The final part of the story when she reunited with William demonstrated the connections. Rachel felt a loss when she did not see the people she had grown to know. But when she was greeted by William, she felt joy. William was also very happy to see Rachel. Their personal connection was uplifting to both even in the midst of the destitute environment. We are nurses and public health nurses have the ability to use the balms of personal dignity, respect, and

caring when interacting with our patients and populations which should be standard in our practices". Johnny King III, MSN, MPH, APHN-BC

"I found Rachel's story to be very moving. I especially loved the way she connected the care of populations to the individuals within said populations. I think it's sometimes too easy, at least for me, to sometimes forget that populations are comprised of individuals, who each have a unique story, perspective, and experience. Rachel's story served as an important reminder for me to never lose sight of that connection between the individual and their community or population. More broadly, her story reminded me of several transgender homeless individuals I've met through my outreach work in South Florida. For transgender people especially, the importance of addressing them by their chosen name and correct pronouns validates and respects who they are. It can be among the simplest therapeutic interventions as a nurse to open a conversation with a transgender person with, "What is your name?" From all of the transgender people I've met, the number one and number two things to show respect and cultural competence in working with them are name and pronoun. It's very powerful to hear a story like Rachel's that reminds us that nursing is so much more than the discrete skills we learn or the disease processes occurring in our patients. The humanity central to nursing is what should most inform our practice. Patients remember the way we made them feel, not the interventions/procedures/skills we performed". E., PHN Student

- **Am I a Crazy Nurse**

"The "Am I a Crazy Nurse" video, to me, addressed organizational constraints that are contradictory to "devotion to the welfare of those committed to my care" as we proclaim using Florence Nightingale's Oath. To be devoted is to be committed. Welfare is well-being. Commitment to the well-being of those in his or her care makes one a nursing leader. Commitment, as is leadership, is not without risk. Actually, risk is inherent to leadership. The nurse exhibited nursing leadership and assumed risk in the hospital-setting and in the humanitarian setting and was willing to take responsibility for his actions; because he felt he was doing what was right for the patients. That took a lot of courage. While, I do not condone indiscriminate violation of policy and practice standards; such courage in the face of punishment for actions to help patients in great need is admirable and emblematic of the audacious fidelity to reducing suffering that is part of the history of the nursing profession. From Florence Nightingale, to Clara Barton, to current day registered nurse first-assists, nurse practitioners, nurse anesthetists, flight nurses, etc., nurses' devotion to the welfare of patients was cause to challenge constraints; and those challenges, while ultimately successful, were not without nursing casualties". Johnny King III, MSN, MPH, APHN-BC

"In some instances I believe most nurses have to be crazy to love this occupation. The multiple challenges, extended hours, duty, safety concerns, patient loads, policies, procedures or protocol alone are enough to make one question their nursing sanity. In the midst of it all, is an individual who is often willing to selflessly serve others, support diverse health care professionals and in my opinion, serve as the backbone of health care service. This nurse is a reflection of this description. He followed his heart instead of organization policy which resulted in losing his job. I am sure that he left a footprint on that pediatric unit, positively boosted moral amongst patients and staff and brought light into a dim environment. But unfortunately, policy is policy and often nurses find themselves caught in the middle of policy and improvement activities that tend to fizzle before they emerge. In his new position, he obviously gained the trust of the community as the distressed husband and father reached out to help his family. This is not a practical scenario and often in emergent situations nurses are faced with a life or

death scenarios and immediately act upon them and the consequences are often buried. This nurse clearly understood his limitations as a nurse practitioner, but recognized that he was the only option for the mother and child and competently provided care. He did the right thing for this family, for the right reason and saved two lives. Last year's nurses week theme was "ethical practice, quality care" comes to mind after hearing this story". M., PHN Student

Select themes: hope, resilience, seeking, disparities in health, knowledge to "improve", compassion, grief, resilience, fear, connection, journey, support, legacy, the power of story as shared, agency, identities, bearing witness, naming, humanity, dignity, respect, intimacy, ethics, courage, action, justice.

Reference:

Price, D. M., Strodman, L., Brough, E., Lonn, S., & Luo, A. (2015). Digital Storytelling: An Innovative Technological Approach to Nursing Education. *Nurse educator*, 40(2), 66-70.
http://deepblue.lib.umich.edu/bitstream/handle/2027.42/110783/Digital_Storytelling_An_Innovative_Technological.pdf?sequence=1

N705. In summer 2015 & 2016 integrated Digital Stories into the course "Complex Care of the Older Adult with Multiple Chronic Conditions".

Every other week (10 week class) a Digital Story would be presented followed by a prompt in the discussion forum. The prompt was simple and the same each time. For example: "Please offer a personal reflection on the Digital Story - Tell Me About Before".

These digital stories were all accessed via this link and are published as You Tube videos.

Colorado Culture Change Coalition: http://www.coculturechange.org/#!stories_of_change/c1kwk

I also rec'd their permission to share their reflections. I did also survey the student mid-term to see if they felt the Digital Stories were effective in their learning and very positive feedback was elicited. This medium is a method in online teaching to bring back in the personal story and helps show examples of person-centered care in these specific themes and important issues around autonomy.

In this class N705, a total of 4 Digital Stories were shown.

In week 1 the students are also introduced to Digital Stories and they read: Rose, R., Chakraborty, S., Mason-Lai, P., Brocke, W., Page, S. A., & Cawthorpe, D. (2015). The storied mind: A meta-narrative review exploring the capacity of stories to foster humanism in health care. *Journal of Hospital Administration*, 5(1), p52.

And they review a process of group reflection on telling their story: "We will be using Digital Stories in this course as a source for reflection. These are also used to promote agency, give voice and bring attention to important health and social issues. In the review by Rose et al (2015), the authors conclude: "storytelling is a mechanism suited to furthering humanistic practices in healthcare while contributing new knowledge in support of developing policies, strategies and research initiatives that account for how stories are understood and the processes that encourage reflection and interaction by

listeners". A foundation of a "people centered" perspective may begin with listening to their story. These stories revolve around residents in long-term care settings.

Here is an example of 1 of the modules:

Module Specific Objective: Share reflections and insights from a "Culture Change" in Long-term Care through residents' digital stories and discussion.

Theoretical Framework: Person-Centered Care

Tell Me About Before:

<https://www.youtube.com/watch?v=MDn1hMSQfM4&index=14&list=PL966515FA4E671280>

Student Reflections:

"This is partly a sad story – when we look forward to retirement only to be faced with the sad reality that it has been taken away by the aging process and or dementia. It is a story about our basic need in life to feel safe. It is a story about the importance of the memories we form throughout our lifetime and how those memories may serve to sustain us at a critical point in our life. It is a story about the power of our mind and how we can always... despite the downside of the aging process, find hope and comfort there. I hear this fairly often with my patients when they have come very close to the end of their lives. I hear them say "I remember before..." Only yesterday I had that final conversation with a fifty three year old male with end stage lung cancer in an environment of HIV infection who I have taken care of for almost two years. He said "I remember before when it was about family, friends, and having fun...before all of this started... it is all about family and friends now and no one can take me out of this spirit". I am quite sure I have said to one of them at some point while caring for them "tell me how it was before..."

RC, DNP Student

"Tell me about Before" could not have come at a better time. The love and commitment expressed in the film where overwhelmingly touching. Today, I took care of my first SNF patient with vascular dementia and could not help but reflect on our assignment. Unlike our couple in this week's video, our new 47 year old patient who suffered head trauma in a car accident 9 months ago, does not have the support and TLC we shared in the film. I met him in the hallway, rocking back and forth in his wheelchair; he was sobbing aloud. I squatted and made eye contact and asked if I might be able to help him. One of the Aide's told me "he's been like this since he got here a few weeks ago, he just bursts into tears." He was not part of our assigned patients in this particular wing, but my preceptor pulled his chart and wondered aloud why the counselors ordered 2 weeks ago had not consulted with patients flagged for "depression." It seems that the "one contracted" person that manages the consults in the facility was on vacation. It was my sheer pleasure to watch my preceptor extraordinaire put on her advocacy hat. Within an hour, we had an individual in the facility and our patient suffering from vascular dementia was in the hands of a specialist. This afternoon, our patient was clean shaven, his hair was cut. An anti-depressant was ordered, but the first measure of recognizing him as a human being with value truly broke the ice. I am going to follow up with him twice a week for the next few weeks". VJF, DNP Student