



INYI JOURNAL

International Network on Youth Integration

The International Network on Youth Integration (INYI) is an international network for knowledge exchange and collaboration.

Activities of the INYI Network include:

1. An exchange of information about members' and other's publications.
2. Organization of Visiting Scholar/Post-doctoral exchanges between members' institutions.
3. Collaboration on new proposals (with different members of the INYI taking the lead, depending upon source of funding and research focus).
4. Collaboration on workshops, and presentations at international conferences.

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EDITORIAL



I write this editorial as the globe faces the COVID-19 pandemic. Nations are on different places of the pandemic curve. Some are in their response phase and others are beginning to take actions towards the recovery phase. To recognize the unique and challenging context that the international community faces, this Volume 10 of the INYI Journal consists of two issues. Issue 1 (2019) brings us articles and information from INYI members. Issue 2 (2020) focuses on COVID-19 related publications.

We are delighted to feature INYI member Professor Márcia dos Santos (p. 4). A new feature of this volume is in relation to the abstracts of the research articles. In addition to English, the abstracts of the three articles are provided in French (thank you Candice Christmas for the French translations) and Spanish (thank you Dr. Luz Maria Vazquez for the Spanish translations). Our aim is to reach a wider and more global audience in providing the translations, thus increasing the impact of our INYI members' scholarship.

The first research article is from Professor Iris Epstein and colleagues and focuses on concept analysis of feedback on video skills for nursing students (p. 5-14). The second article is from Dr. Negar Alamdar, Lillian Meighen Wright Postdoctoral

Fellow with whom I had the pleasure of working over the past year, and addresses the structural determinants of gender-based violence against refugee youth (p. 15-19). In the third research article, by Madzima and colleagues, we report on one of our studies evaluating the implementation of arts-based methodologies in research with youth on Asian-Canadian identities (p. 20-24).

With permission of the Journal of Concurrent Disorders, my editorial calling for a Canadian Public Mental Health System (p. 25-26), and co-authored article with Professor Oraziotti addressing mental health support for nurses (p. 27-28), during the COVID-19 pandemic are reprinted. Professor Zangeneh's commentary (p. 29) focuses on the problematic approach of the media in reporting the serious mental health impacts of COVID-19 on frontline healthcare workers.

An overview of our 5th Lillian and Meighen Wright Learning Institute held at York University on November 2019 is provided by Dr. Vazquez (p. 31). INYI members' new publications (p. 30) and our Office volunteers' recent accomplishments are also highlighted (p. 32).

Finally, we are pleased to announce that we have updated Copyright statement under Author Guidelines for Manuscript Submissions (p. 33).

Nazilla Khanlou
Editor-in-Chief
York University



Significant Publications

Peer-reviewed books and journal articles:

Santos, M. (2014). *Setor Informal: Uma Categoria Imprecisa [Informal Sector: An Inaccurate Category]*. Sao Paulo, SP: Editora Sucesso.

Santos, M., Pires, J. (2012). Brasil e México [Brazil and Mexico]. *Brasil Comex*, 27, 7- 10

Santos, M. (2012). Qual é a diferença entre PGBL and VGBL? [What is the difference between PGBL and VGBL?]. *Atrevida*, 144, 45.

Paper presentation at congresses:

Santos, M. (2019, June 3). *Curriculum structured in Canada is failing to meet the educational needs of the minority - The situation of the indigenous labor force in the labor market*. Paper presented at the Canadian Society for the Study of Education – XLVII Annual Conference – University of British Columbia, BC.

Santos, M. (2019, October 19). *The Impact of the colonial heritage on Paulo Freire's works: The situation of the Brazilian women in the social context*. Paper presented at the CASAE East Conference Mount Saint Vincent University – Creating Learning Spaces that Encourage Inclusion and Respect Diversity, Halifax, NS.

Márcia dos Santos was born in Sao Paulo, Brazil. She received a bachelor's degree in Economic Sciences from the Santo André University Center, Santo André, São Paulo in 2002, and a Master's degree in Political Economy from the Pontifical Catholic University of São Paulo, Sao Paulo in 2009. She is currently taking a master's degree in Lifelong Learning from Mount Saint Vincent University in Halifax, Nova Scotia – Canada. In 2009, she joined the Department of Administration and Economics at the Paulista University as a professor assistant. In 2010, she became a professor at the Faculty of Technology of the State of Sao Paulo teaching International Economics, Introduction to Economics and Economics of Transportation courses. Márcia coordinated the Technical course in Administration at Centro Paula Souza in 2011. In 2013 she joined the Post-Graduate Department of International Trade as a professor of economics at the University of Santos, Santos, Brazil. She developed four e-book Economics chapters for DeVry University in 2018. Her current research interests include the informal economy, the indigenous labor market, and the situation of Portuguese women in the labor market in Toronto.

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Feedback on video skill: A concept analysis

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Abstract: Increasing rates of mental health concerns are seen among youth in post-secondary institutions, particularly those enrolled in clinical-based health programs such as nursing. Nursing students are required to demonstrate skill competence for successful completion of nursing programs. Recent studies show that when students and faculty are engaged in video and audio recording of their own skills or co-creating video skills, many positive outcomes emerge, including a positive influence on their mental health. However, these video skills are often overlooked by faculty. We explore the concept of “feedback on video skills” and its pedagogical and ethical implications for health and allied health practitioners within the context of flexible learning environments. Walker and Avant’s (2011) concept analysis methodology was used. We identified the quantitative attributes and characteristics of “feedback on video skills” and presented sample cases to illustrate the concept further and guide the design and application of an online feedback video toolbox resource. Feedback is an important dimension of video skill teaching and learning. While faculty (expert) feedback on clinical skills is paramount in nursing education, other forms of feedback can be as valuable. This concept analysis method highlighted quantitative elements of feedback but left gaps in our understanding of the social relations and ethical considerations involved in using video-recorded feedback as a pedagogical tool. We suggest to further consider the use of video-recorded feedback through the lens of socio-technical affordances.

Keywords: feedback on video; concept analysis; smartphone video; flexible teaching, scenario development

Abstrait: Des taux croissants de problèmes de santé mentale sont observés chez les jeunes des établissements postsecondaires, en particulier ceux qui sont inscrits à des programmes de santé en milieu clinique comme les soins infirmiers. Les étudiants en soins infirmiers doivent démontrer leurs compétences pour réussir les programmes de soins infirmiers. Des études récentes montrent que lorsque les étudiants et les professeurs sont engagés dans l'enregistrement vidéo et audio de leurs propres compétences ou cocréation de compétences vidéo, de nombreux résultats positifs émergent, y compris une influence positive sur leur santé mentale. Cependant, ces compétences vidéo sont souvent négligées par les professeurs. Nous explorons le concept de «rétroaction sur les compétences vidéo» et ses implications pédagogiques et éthiques pour les praticiens de la santé et des services paramédicaux dans le contexte d'environnements d'apprentissage flexibles. La méthodologie d'analyse de concept de Walker et Avant (2011) a été utilisée. Nous avons identifié les attributs et les caractéristiques quantitatives des «commentaires sur les compétences vidéo» et présenté des exemples de cas pour illustrer davantage le concept et guider la conception et l'application d'une ressource de boîte à outils vidéo en ligne. La rétroaction est une dimension importante de l'enseignement et de l'apprentissage des compétences vidéo. Bien que la rétroaction des professeurs (experts) sur les compétences cliniques soit primordiale dans la formation en soins infirmiers, d'autres formes de rétroaction peuvent être tout aussi valables. Cette méthode d'analyse de concept a mis en évidence des éléments quantitatifs de la rétroaction, mais a laissé des lacunes dans notre compréhension des relations sociales et des considérations éthiques impliquées dans l'utilisation de la rétroaction enregistrée sur vidéo comme outil pédagogique. Nous suggérons d'envisager plus avant l'utilisation de rétroactions enregistrées sur vidéo à travers la lentille des avantages sociotechniques.

Resumen: Jóvenes estudiantes de educación superior experimentan cada vez un mayor número de problemas relacionados con su salud mental, especialmente aquellos matriculados en carreras clínicas como la de enfermería. Estudiantes de enfermería requieren demostrar su destreza para completar de manera exitosa sus programas de estudio. Estudios recientes muestran que cuando los estudiantes y profesores usan videos de voz e imagen para

grabar sus propias habilidades o cuando crean juntos videos de sus aptitudes, esto conlleva a muchos resultados positivos, especialmente en lo que concierne a su salud mental. Sin embargo, estos videos no son tomados en consideración por parte los profesores. En este artículo nosotros exploramos el concepto de “retroalimentación y comentarios sobre videos de habilidades”, y las implicaciones pedagógicas y éticas para los profesionales de la salud, dentro del contexto de ambientes de aprendizaje flexibles. Aplicamos el método de análisis de concepto usado por Walker y Avant (2011). Identificamos los atributos cuantitativos y características del concepto de “retroalimentación y comentarios sobre videos de habilidades”, y presentamos casos para ilustrar el concepto en detalle y guiar el diseño y aplicación de una herramienta en línea sobre retroalimentación de video. La retroalimentación es una dimensión importante a considerar en el proceso de enseñanza-aprendizaje de los videos sobre habilidades. Si bien la retroalimentación que los profesores proveen a los estudiantes sobre su desempeño y habilidades clínicas es fundamental en enfermería, otras formas de evaluación son también importantes. El método de análisis de concepto subraya elementos cuantitativos de retroalimentación pero deja lagunas en nuestro entendimiento sobre las relaciones sociales y consideraciones éticas relevantes en el uso de retroalimentación sobre video como una herramienta pedagógica. Sugerimos considerar el uso de retroalimentación de video grabada a través del marco de sus propiedades socio-técnicas.

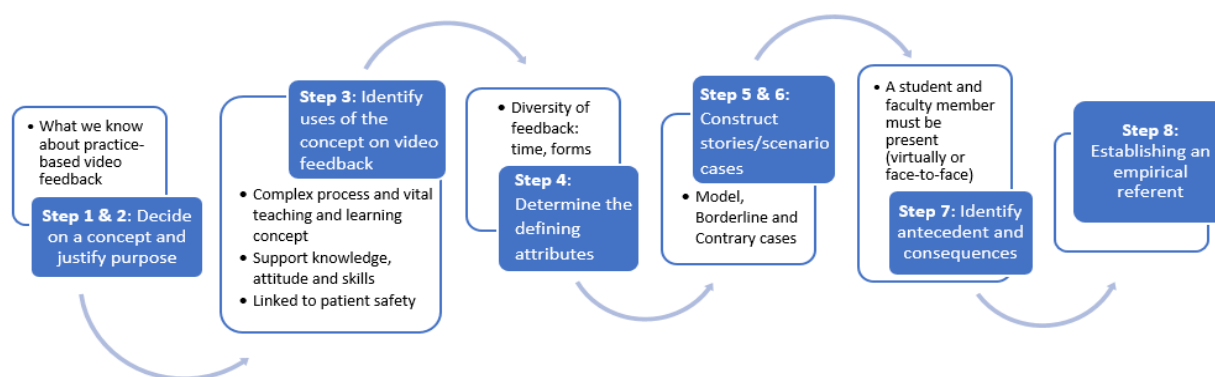
Introduction and background

Youth report an increase in performance anxiety when learning skills in health professional programs (e.g., nursing; physiotherapy; occupational therapy) (McNett, 2012). Skills refer to practice-based skills when body performance is required as well as communication skills. The increased number of health professional students, hospital restructuring, and patient privacy concerns have contributed to the limited placements in hospitals (Mastel-Smith, Post & Lake, 2015). This challenge then requires more flexible teaching of practice-based skills beyond the classroom and lab walls (Katz, 2013). Video and audio technology for practice-based skills (e.g., memory aid, note-taking tools; remediation) has increased (McCutcheon, O'Halloran, & Lohan, 2018). Generally, youth are comfortable using the video recording features on their smartphones, yet feedback on clinical video skills and its implications are not well understood (Burgess & Mellis, 2015; Fidalgo & Thormann, 2017). When a student records themselves or is recorded by others for an evaluation, they can use the video to observe and reflect on how they relate to self, others, and the environment. Research on skill learning shows that feedback is not always given to students or sometimes feedback is too complex for student to make use of (Anderson, 2012). Our aim is to explore what we know about video feedback on youth' practice-based video skills.

Methods

Walker and Avant's (2011) 8-step concept analysis methodology explore the question what we know about the concept “feedback on video skills”. Concept analysis methodology can shed light on the ethical, practical, and educational attributes of a concept and develop model, borderline, and contrary cases to guide the development of an educational video skill resources. See Figure 1 for visual representations of concept analysis steps. Steps 1 and 2 focused on deciding on a concept and Justifying the Purpose. With increased availability and usage of video technology-based exploring the processes used for giving and receiving feedback when videos are used is important. Step 3 identify the use of the concepts. We used dictionaries and literature in the field of health and allied health (e.g., nursing, psychology, medicine, physiotherapy; occupational health) and information technology (See Table 1 for databases and keywords). A final yield of 21 articles were extracted. In nursing the term feedback and debriefing can be used interchangeably (Voyer & Hatala, 2015). Video recording feedback can be used to debrief a self-recorded skill performance (e.g., administration of injections (Hulsman & Vloodt, 2015) or to seek peers to provide feedback (Nesbitt et al. 2015). Thus, who provides the feedback, when, where and how it is provided are important factors to consider when providing feedback on video skills.

Figure 1. Concept Analysis Steps



Step 4 identify the key attributes of the concept. We found the literature review frequently yielded concepts about feedback on video skills that included diversity of feedback terms such as time, form and place of feedback.

These made students feel more satisfied and performed better, and faculty reported decreased workload. Additionally, students were better able to self-reflect and express feelings and challenges beyond the technical aspect of the skill. Thus, the diversity of feedback facilitated relationships between student's faculty and environment of learning. In the following section, we present the findings from our literature review.

Table 1. Databases and Keywords

Databases	Search Terms combinations	Results
CINAHL, Nursing and Allied Health Source (Proquest), Medline (PubMed); ScienceDirect; NCBI and Scholars Portal Journals.	skill feedback ;"video feedback", "clinical debriefing"; "skill video recording", "smartphone video", "nursing", "practical skill feedback", "formative skill assessment", "health and allied health students", and "education"	21 articles

Findings

A. Relating: students' skills and faculty feedback timing

Faculty feedback on students' skills is an iterative process (Veloski et al., 2006). Yet timing of feedback was discussed 60% more frequently. Kneebone et al. (2002) conducted a qualitative study with medical students (2nd and 3rd year; n = 51) who recorded their urinary catheterization and wound closure skills. The students reviewed their skills videos and then received faculty feedback within five minutes. Students found this immediate feedback valuable. Similarly, Sainsbury et al. (2016) compared the skills of 3rd year medical students (n = 68) who received (a) immediate; (b) delayed feedback and (c) immediate and recorded feedback when performing laryngoscopy and tracheal intubation skills. The immediate and recorded faculty feedback led to significantly ($p = .05$) higher success rates (56%) compared to the other two groups (Sainsbury et al., 2016).

Alternatively, Noordman, van der Weijden and van Dulmen (2014) studied nurses (n = 20), who were video recorded while conducting patient care on two separate occasions (1-2 months apart). Half of the nurses received video feedback on their communication, competence, and motivational interviewing skills after the first patient encounter. Nurses in the control group (n = 10) only received video feedback at the last patient encounter. Noordman et al.(2014) found that delayed faculty feedback allowed nurses to reflect, and thus improve their performance compared to the group that only received feedback at the first patient encounter.

Labrusse et al., (2016) recorded first-year midwifery students' (n = 51) clinical and communication skills and found a significant difference (p = .034) between the students who received immediate compared to delayed faculty feedback. The delayed group feedback (DGFB) occurred during a 2.5-hour session detailing the strengths, weaknesses, and competencies noted; while the immediate individual feedback (IIFB) occurred over 15 minutes and highlighted only three main competencies. Although the time difference between immediate and delayed feedback was not specified, they reported a significant difference in students' satisfaction, where students in the IIFB group were more satisfied with the way that faculty gave feedback (p < .001) and the length of time in dedicated to students during the feedback session (p = .0003) in comparison to DGFB. Additionally, students felt the IIFB was more constructive than the DGFB (p < .001). Thus, immediate faculty feedback was perceived by students as more valuable, however, delayed feedback was as valuable if no other feedback was provided (Labrusse et al., 2016).

B. Relating: students' skills and forms of faculty feedback

Diverse forms of feedback were also commonly (66%) discussed. With an increase in class size, diverse learners, and limited resources, faculty recording feedback (delayed; asynchronized) on students' video or face-to-face skills have rendered positive relational outcomes. Naik et al. (2018) compared the effects of personalized narrated (voiceover) expert video feedback with no feedback on medical surgery trainees' suturing skills (n = 56). The feedback group video recorded subcuticular wound closure skills three times at three-week intervals and submitted it via the online system for evaluation by an experienced staff surgeon. The surgeon provided personalized feedback using voiceover superimposed on the trainee's video. The video with feedback was returned for review prior to an assessment activity – suturing simulation. In contrast, the control group did not video record their suturing skills and did not receive any feedback prior to the suturing simulation (Naik et al., 2018). A higher completion rate in all 4 skills in the surgeon-annotated personalized feedback group than

the no-feedback group (82% vs 30%, p < .0001) was reported. Additionally, the feedback group completed the skills five times faster (p < .0001) and their suture quality was higher than the no-feedback group (p < .0001). Furthermore, the video feedback group improved significantly in checklist scores (mean difference = 2.0 of 11 points) and time to complete subcuticular skills (109 seconds) when compared to their first submitted video (Naik et al., 2018).

Several authors highlighted student satisfaction as a key outcome of video or audio recorded personalized feedback. Ice, Curtis, Phillips and Wells (2007) reported that students' satisfaction with audio-recorded feedback was extremely high compared to students receiving written feedback only. The students felt the instructor cared more and were three times more likely to apply feedback when it was audio-recorded. Similarly, Myung et al. (2010) studied 3rd year medical students across three years (n = 499: with n1 = 169, n2 = 182, and n3 = 148 students in 2006, 2007, 2008 respectively) who video-recorded their history-taking and physical examination skills. Myung et al. (2010) reported that when student-simulated person (SP) encounters were recorded on DVD and students could review their performances with faculty (length of 30-60 minutes), approximately 10 minutes after student skill performance; the students rated the learning experience as satisfactory (87% of students across the three years).

In addition, students value faculty video feedback on written assignments in online courses (Harrison, Molyneux, Blackwell, & Wass, 2015; Ice et al., 2007; Moore & Filling, 2012; Ruesseler et al., 2017; Wood et al., 2011). In an online graduate course, Wood et al. (2011) surveyed nursing students (n = 50) (30 accelerated Bachelor of Nursing, and 20 Master of Science in Nursing) to study the impact of audio feedback on students' writing skills compared to written feedback received in other courses. Most students (70%) understood the instructor's feedback more clearly with audio feedback. Students considered audio feedback more personal than written comments (80%), felt more involved (67%), motivated in the course (60%), and felt they retained the content better (50%) (Wood et al., 2011).

Finally, students improved in performance skills after video feedback. Ruesseler et al. (2017) compared two groups of 4th year medical students ($n = 125$) on their history-taking skills of a surgical patient (group 1: oral feedback and group 2: faculty video-assisted feedback) before completing two objective structured clinical examinations (OSCEs). A significant difference in the performance of the skills ($p < .001$) by group 2 (video-assisted feedback) compared to group 1 (Ruesseler et al., 2017). Similarly, Truskowski and VanderMolen (2017) compared occupational therapy students ($n = 57$) performing range of motion and manual muscle testing skills receiving traditional (face-to-face/didactic) feedback with students receiving video-annotated delayed feedback. The video-annotated delayed feedback group showed significant difference in students' skill performance when compared to the traditional feedback group. Students improved their positioning of patients ($t = 2.314$, $df = 36$, $p < .026$), use of proper body mechanics ($t = 2.284$, $df = 36$, $p < .028$), proper hand placement ($t = 2.660$, $df = 36$, $p < .012$), and completing transfers safely ($t = 3.522$, $df = 28.565$, $p < .001$). However, no significant difference was found between the groups for providing clear direction to the patient ($t = 0.862$, $df = 36$, $p < 0.394$) or for proper equipment setup ($t = 0.181$, $df = 36$, $p < 0.858$) (Truskowski & Vander Molen, 2017). When Harrison et al. (2015) surveyed 3rd -year medical students ($n = 92$) who received audio feedback on their clinical skills in an OSCE. The students felt that the audio feedback was useful (90%), promoted better understanding of their strengths (83%), and areas of weakness (84%), changed the way they performed a skill (68%) and would guide future assessments (72%) (Harrison et al., 2015).

C. Relating to self and others in time and place

Some authors compared students receiving synchronous text-based faculty feedback and video communication feedback. They reported that the latter highlighted social presence and fostered better relationships with students, even in large classes (Henderson & Phillips, 2015; Moore & Filling, 2012; Seckman, 2018). In Seckman's (2018) quasi-experimental study of nursing students ($n = 100$; 37 undergraduates; 63 graduates), higher mean scores overall for teaching, social, and cognitive presence in online communities were seen in the synchronized

interactive video feedback group compared to the text-based group. Seckman (2018) also reported a significant difference in the community of inquiry questionnaire (measuring students' social and cognitive presence) where students in the synchronized interactive video feedback group performed better ($r = 0.788$, $p < .01$). Similarly, in an online dental hygiene course, Molnar and Kearney (2017) also measured social and cognitive presence in ($n = 15$) undergraduate dental hygiene students. They were divided into two groups that alternated between asynchronous and synchronous video discussions. The synchronous discussions yielded more messages (260) in comparison with the asynchronous discussions (117). Molnar and Kearney (2017) concluded that the synchronous discussions achieved a higher level of cognitive presence ($p = .005$) and fostered better relationships between and among students and faculty when compared to the asynchronous discussions.

While recorded and/or synchronized faculty feedback supported students in feeling connected, incorporating peer feedback had the same effect and further decreased faculty feedback workload (Henderson & Phillips, 2015; Vaughn et al., 2016). Vaughn et al. (2016) compared surgical intern students' ($n = 12$) peer feedback with faculty ($n = 12$) feedback in an experimental study. Students used video cameras or smartphones to record themselves performing knot-tying and suturing skills at home. The participants' skills were assessed at 3 periods: at baseline, during and at the end of the curriculum which was delivered over a 12-week period. Both peers and faculty received de-identified videos which were then rated using a global score of 0 to 10 and a standardized checklist. There was no significant ($p = .057$) difference between peer and faculty rating yet both demonstrated increase performance over the course of the semester. Vaughn et al. (2016) suggested that the practice of reviewing and analyzing another's performance can improve one's own performance and relationships between peers.

Feedback and reflection are interconnected and important aspects of experiential learning. When nursing and medical students ($n = 30$) could self-reflect on their cardiopulmonary resuscitation skills using online video and written feedback there was a significant difference in performance ($F = 4.644$, $p < .001$) and students were more

aware of the different roles of the team (Bowden et al. 2012). In their self-reflection, students often focused more on the negative aspects of their video skills performance compared with peer feedback (Hulsman & Vloodt, 2015). Hulsman and Vloodt, (2015) and Kneebone et al. (2002) highlighted that self-reflection facilitated an awareness of one's feelings. Nesbitt et al. (2015) conducted a randomized control trial with medical students (n = 32) who recorded their suturing skills. Students were randomized to three feedback groups: group 1 received traditional and general feedback using a 20-minute PowerPoint presentation; group 2 received a 20-minute unsupervised video-enhanced feedback (students reviewed their video performance together with an expert teaching video) and group 3 received 20-minutes of individualized video feedback (students reviewed their video performance with an expert tutor). Nesbitt et al. (2015) concluded that although all three feedback groups improved students' overall procedural score (comprised of both a task-specific checklist and a global rating score), the improvement in the overall procedural score of students in group 3 ($p = .001$) was significant after a didactic lecture.

Most of the studies reviewed did not discuss what constituted student reflections. When students reviewed videos of their skill performance what emotions or thoughts were evoked? Feedback on students' video skills should include an opportunity for them to express the relational and emotional aspects they experienced while performing the skills. The literature review did not indicate an ideal feedback method, yet using various forms of feedback for students on their video skills resulted in increased student satisfaction and improved performance (Harrison et al., 2015; Ice et al., 2007; Labrusse et al., 2016; Myung et al., 2010; Ruesseler et al., 2017; Truskowski & VanderMolen, 2017).

Most of the video skills recording studies were quantitative design and were done in a simulation lab using a camera (See Table 2). Students who recorded skills at home used their smartphone cameras (Vaughn et al., 2016), while some used recording technology from the school (Hulsman & Vloodt, 2015; Naik et al., 2018; Vaughn et al., 2016). When tasking youth with video assignments, it is essential that instructors consider access to and level of comfort using technology and providing clear and focused instructions (Pitts, 2015). Few studies explored

the legal and ethical implications regarding who will watch the videos, and what will be done with them after they were reviewed. Hulsman and Vloodt (2015) discussed that only the students and invited peers or supervisors were able to access video-recordings as the videos were uploaded to a password protected video server. Ruesseler et al. (2017) stated that video-recordings were deleted immediately after review. Anxiety experienced by students related to recording skills was highlighted by White and Le Cornu, (2017), and in the face of receiving negative feedback by Henderson and Phillips, (2015). Bowden et al. (2012) and Kneebone (2012) mentioned that some students felt embarrassed to be recorded but did not elaborate how this was addressed. Vaughn et al. (2016) reported that recording at home was perceived as stress-free by students. Therefore, recording video skills and/or receiving feedback create an element of anxiety and additional supports may be required to reduce the occurrence of such experiences.

Table 2. Description of Studies

Majority (52%)	Most (40%) recorded
quantitative design	video skill in a simulation lab
Forbes et al., 2016; Molnar & Kearney, 2017; Naik et al., 2018; Nesbitt et al., 2015; Noordman et al., 2014; Ruesseler et al., 2017; Sainsbury et al., 2016; Seckman, 2018; Truskowski & VanderMolen, 2017; Vaughn et al., 2016).	Bowden et al., 2012; Forbes et al., 2016; Hulsman & Vloodt, 2015; Kneebone et al., 2002; Myung et al., 2010; Nesbitt et al., 2015; Noordman et al., 2014; Ruesseler et al., 2017; Truskowski & VanderMolen, 2017).

Scenarios development

Walker and vant (2011) suggest to create cases that incorporate these attributes. In Steps 4 and 5 and 6 of their analysis they suggest to construct the model, borderline, and contrary Cases. A model case includes defining attributes of feedback on video skills. Julie is a senior nursing clinical instructor assigned to teach a

group of 50 second-year nursing students. During week five of the semester, after covering catheterization skills, Julie asked students to record male/female catheterization skills using their smartphones. This skill is technical (video recording skills; catheterization skills) but Julie also recognizes the importance of addressing students feeling performing the skill (touching a patient's genitals). The School of Nursing implemented an online resource toolbox to support students and faculty on how to use diverse video technology on practical skills. First, Julie anonymously surveyed and found that the majority of her students own a smartphone and are comfortable recording skills. Julie reviewed with students a decision-making tree on when permission is required to record others in their video skill frame. With her students, Julie reviewed videos storage principles and how to delete the videos. To motivate students, Julie allotted 10% of the total course grade to this assignment (relatively low stake marking given the novelty of the assignment); self-reflection and peer feedback each constituted 5%. Students completed their video skills in the nursing simulation lab using the mannequins and equipment available. Each student watched their own video and that of a peer, then provided written comments on their performance of the skill and annotated their video with any feelings they experienced while performing the skill. At the end of the assignment Julie selected two videos to discuss with the class. The discussion focused not only on the technical skill of catheterization, but also on students' reflections when performing skills.

A borderline case is one which contains only some of the defining attributes. Max is a nursing clinical instructor with over 15 years of experience in an outpatient pediatric surgery clinic. Max is used to asking patients who live in far-away communities to record their wound care techniques using their smartphones and to send the recordings to him via video conferencing or email. Max then uses the videos to give his patients and their families feedback on their techniques via video conferencing or email. Max decided to ask his nursing students on the first week of clinical to record their wound care skills. He uses the college's video conferencing system to record and provide feedback on each student's video and sends it back to them.

A contrary case is an example, which does not illustrate the concept clearly and does not contain any of the defining attributes. Lorish is a nursing clinical instructor. One of Lorish's students has failed the medication calculation skill twice. In lieu of a test, Lorish asked the student to record himself performing the skill and to email him the skills video for marking.

In step 7, Walker and Avant (2011) proposed that antecedents are the events that precede the occurrence of the concept. Three antecedents of feedback on video skills were identified: 1) a student and faculty must be present (virtually or face-to-face), 2) a clear communication of expectations of clinical skills must be included, and 3) understanding of participants' digital characteristics (e.g., comfort and access to video recording technology) and availability of ongoing technical support. When students are asked to create skill videos a reward (feedback, mark) for motivation should be included. Finally, feedback on video skills will foster better relationships between and among students and faculty; improve skill competence; increase satisfaction in the learning experience; support safe and ethical practitioners and improve interest in using videos for learning and receiving feedback.

The last stages of the concept analysis method (Step 8) include establishing an empirical referent. Empirical referents measure the presence or absence of the defining attributes (e.g., diversity of feedback) (Walker & Avant, 2019). We propose that to provide diverse feedback on video skills students must be provided with timely technical and ethical support across places.

Given the subjective nature of some aspects of feedback on skills videos and constraints on time and place of courses, not all attributes of diverse feedback can be quantitatively measured. Exploring participants' experiences of receiving diverse feedback on skills videos through interview probes leads to a better understanding of the relational aspects of the feedback from others, and the complexity of privacy and comfort while viewing and scrutinizing self-performing a skill in space and time. Quantitative measures can be used to study things like the number of errors in a skill performance checklist or participants' demographic persona information (gender; age; ethnicity; geographical location). More qualitative data may be used to include changes students experienced in their skill performance, stress level

performing skills; satisfaction levels; and changes in ability to identify ethical concerns across time and place.

Conclusion

Concept analysis was used to explore what we know about feedback on skills videos. While the use of videos to support learning can offer a cost-effective and innovative alternative to conventional methods (Taslibeyaz, Aydemir & Karaman, 2017) the diversity of feedback is a key. Students and faculty need ongoing technical and ethical support. The model case scenario illustrates the value of such support. The results of this analysis are currently being used to inform the development of an online resource tool to guide faculty in creating meaningful video assignments for students and delivering effective and valuable feedback to enhance inclusion in nursing practice education. Research dedicated to the exploration of video feedback, is almost entirely quantitative in nature. While quantitative methods are useful they leave gaps in our understanding of the social relations, emotional and ethical considerations involved in using video-recorded feedback as a pedagogical tool. We suggest to consider the use of video-recorded feedback through the lens of socio-technical affordances. Originally coined by James Gibson (1977), affordances refer to the relationship between people and/or and the environment around them. The general premise is that the environment holds certain physical properties that suggest an assortment of actions for people who perceive them as such. General questions raised by this conceptual framework would be What actions do students/teachers perceive are available to them when they receive/give video feedback? What actions do they take? The answers to these questions will address the gaps in our knowledge about using video-recorded feedback as a pedagogical tool and support student's mental health during high stake clinical exams.

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Structural determinants of GBV against refugee youth: Advancing critical theoretical perspectives

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Abstract: The scholarship on gender-based violence (GBV) against refugee youth has succeeded in highlighting the significance of micro social psychological or situational analyses. Missing, however, are analyses that incorporate structural approaches, especially as informed by critical feminist and critical race theories. This review not only suggests ways in which structural analyses may proceed by further recommending the conceptual utility of integration and dislocation as key concepts in refugee studies, GBV and analyses of youth. These concepts mediate the relationships between two fundamental and prevailing units in the social theorizing – micro and macro-analyses. By incorporating more holistic, relational and critical foci regarding systems of domination (misogyny, racism, youth discrimination, homophobia) within the political economy and culture and their embedded institutions, more systemic and long term remedies are recommended.

Keywords: integration, dislocation, gender- based violence, refugee youth

Abstrait: L'érudition sur la violence basée sur le genre (VGB) à l'encontre des jeunes réfugiés a réussi à mettre en évidence l'importance des analyses micro-psychologiques ou situationnelles. Cependant, il manque des analyses qui intègrent des approches structurelles, en particulier sur la base du critique féministe et des théories raciales critiques. Cette revue suggère non seulement des façons dont les analyses structurelles peuvent procéder en recommandant davantage l'utilité conceptuelle de l'intégration et de la dislocation en tant que concepts clés dans les études sur les réfugiés, la VGB et les analyses des jeunes. Ces concepts médient les relations entre deux unités fondamentales et dominantes dans la théorisation sociale – les micro et macro-analyses. En incorporant des concentrations plus holistiques, relationnelles et critiques concernant les systèmes de domination (misogynie, racisme, discrimination des jeunes, homophobie) dans l'économie et la culture politiques et leurs institutions intégrées, des remèdes plus systémiques et à long terme sont recommandés.

Resumen: La investigación sobre violencia de género contra jóvenes refugiados subraya la relevancia de los análisis situacionales o desde la psicología social a nivel micro. Algo que escapa en este tipo de investigaciones la incorporación de enfoques estructurales, especialmente aquellos basados en el feminismo crítico y en teorías críticas de raza. En este artículo sugerimos la incorporación de conceptos útiles para el análisis del tema, incluyendo el concepto de integración y el de dislocación, como conceptos claves para los estudios sobre refugiados, violencia de género y juventud. Estos conceptos median la interrelación entre los análisis micro y macro. Sugerimos recomendaciones de tipo sistémico y a largo plazo, basadas en aproximaciones holísticas y críticas que aluden a sistemas de dominación (misoginia, racismo, discriminación, homofobia) dentro de la económica política, cultura e instituciones donde éstos se insertan.

Introduction: Conceptual contexts

The scholarship on gender-based violence (GBV) directed against refugee youth is informed by a rich empirical history drawing from an array of theoretical perspectives that highlight situational, socio-psychological and micro dimensions. Often overlooked in etiological studies of GBV are structural or systemic explanations. Macro accounts maintain that GBV is structurally situated and efforts to combat

this insidious practice warrant more macro, system-wide and long term solutions. The omission in mainstream empirical inquiries may be due to a reluctance to move beyond the realm of the situated self. I suggest that a more coordinated and coherent analysis of the GBV's structural embeddedness (Crocco,2001; Walby & Towers, 2017) is required.

Moreover, I argue that structural features of GBV are overshadowed by processual or micro analyses which

consistently understate such structures as the political economy and the structural foundations of misogyny, racism and youth discrimination. The voluminous scholarship from leading feminists, critical theorists, critical race analysts and progressive human rights activists continues to urge the incorporation of structured intersectionalities of violence (Connell, 1998; Walby, 2005; Connell, 2011).

Given the ongoing debate in the social sciences regarding the relationship of the self (micro) and the social structure (the macro), I ask, how does one avoid this “either/ or” binary and move towards a more holistic appreciation of both the self and the social? One such approach is to incorporate the idea of *mediation*, a basic concept in theorizing and in conducting empirical research. Mediation is the practice of taking the contributions of both macro- and micro analyses in an effort to provide a more comprehensive explanation. Van Hear (1998) notes that in addressing micro–macro linkages one should “deal simultaneously with these levels from individual to macro through integrative strategies”. That is, one ought to consider explanations from both these levels of analysis (Visano, 2015). Mediation refers to those ideas that come between, ideas that mitigate, intervene in the relationship between self and structure.

In relation to GBV against refugee youth, what then mediates the relationships between agency (self, interactions, situations) and structure (systems, history and cultures of capitalism, misogyny, racism, ageism, homophobia)? In this paper, I maintain that the idea of relationality (the relatedness of units of analysis-micro, mezzo, macro) provides a formidable substantive and theoretical site for: investigating issues of gender- based violence; unravelling the connectedness of concepts and applied practices; and, questioning dominant modes of thinking about GBV. Specifically, in this paper, I would like to provide a long overdue appreciation of the agency (self) – process (structure) linkages as mediated by the concepts of *dislocation* and *integration* of refugee youth afflicted with gender- based violence. Dislocation and integration refer to levels of

attachment to social values and social institutions. The concepts of youth *dislocation and integration* are refreshingly interconnected and appropriately counter-hegemonic in the traditions of critical feminist and critical race scholarship. These two concepts enjoy a rich history of sociological scholarship (Durkheim, 1965; Giddens, 1976).

Intersectionalities and structural violence

Patricia Hill Collins (2000) cautions that there is an overarching system of ideas that governs the logic and structure of social, political and economic domination. Structures of domination become formulated around relationships of difference (gender, race, age, ethnicity, sexual orientation, ability, nationality and creed) to construct relationships of power and domination (racism, sexism, classism, ableism, homophobia, ageism, migration status, etc.). Feminist perspectives, judged to be insufficiently represented and accommodated within mainstream disciplines (Oakley, 1981; Simpson, 1989). These theoretical perspectives contribute to a profound theoretical awareness of the past and present constructions of women's experiences (Keohane and Gelpi, 1982). Eichler (1985) explains that feminist approaches provide a critical attitude towards research, replacing its inherent bias with an intersectional and critical standpoint. Harding (1987,1991) argues that there is evidence of repression in scientific “objective science” (knowledge) in the name of theories and methods that speak strictly in a male voice. The strength of feminist research then is its attempt to address the lingering questions concerning the role of the dominant culture in creating conditions that shape the collection and analysis of empirical data.

Similarly, critical race theoretical approaches provide a critique of characteristics of the Canadian culture and class inequalities in order to improve social conditions, rather than reproduce existing structures. By drawing attention to the treatment GBV of refugee youth, critical race theory invites interdisciplinary orientations that challenge the more single-minded dominant ideologies and encourage a more authentic

commitment to social justice. In theorizing about this violence, critical theory highlights the contexts and consequences of the culture of racism that reproduces the pernicious white privilege (Galtung, 1990). Clearly, race and gender cannot be treated separately (Moghissi, 1994) given that the dominant culture penalizes "women of colour". In reference to GBV, race and gender have played significant roles in the responses of the legal system and in the available support services (Couto & Visano, 2012). I would add that is important to highlight the importance of understanding how intersectional factors contribute to the existing vulnerabilities of refugee youth, their challenges with their self-agency and their responses to the impact of the systemic structures.

Structural embeddedness and the institutionalizing of structures: Theoretical refinements

The foundations of competing interests and complementing intersections and their linkages are needed for a more comprehensive analysis of GBV among refugee youth. The foundations include deeply rooted misogyny, well entrenched racism and traditions of anti-youth bias.

Accordingly, structures of law, history, political economy, media and culture impact on how everyday institutions (Bourdieu, 2011) deal with refugee youth. From the family to service providing agencies, values are reflective of tradition, culture and the political economy, all of which need to be incorporated theoretically in addressing the determinants of gender-based violence. An understanding of GBV is not related solely to structures of thinking but also benefits from experimental and experiential examination. GBV is not related solely to social psychology but to the racist discrimination, language barriers, lack of educational and employment opportunities and poverty. Indeed, it is important to consider the existential experiences of refugee youths which render them vulnerable to victimization (Totten, 2000) and further dislocation.

Institutions dealing with gendered refugee youth defer to structures of dominance (Sivan, Koch, Baier

& Adiga, 1999). This is most acute with the health delivery service and barriers that prevent refugee youth from receiving mental health services (Ellis, Miller, Baldwin & Abdi, 2011). For instance, Berthold (2000) documents war traumas and associated PTSD, community violence and the absence of well-being among Khmer refugee.

I would like to argue given the children's rights discourse, academics, politicians and service providers need to work collaboratively to respect and enhance the voices of victims who continue to direct attention to much ignored structural factors such as poverty, health determinants, racism and misogyny (Barbulescu & Grugel, 2016; Otto, 2019; Lems 2019). Witness, for example, how the research on sexual exploitation of children and human trafficking have paid little attention to much needed structural analyses. Empirical studies have succeeded in making the argument empirically that research on refugee youth has been characterized by contradictory policies and services that impact negatively on the well-being of these youths (Bierwirth, 2005; Bhabha 2008; Fong & Cardoso, 2010; Freedman, 2016; Lems, Oester & Strasser, 2019)

Conclusion: An agenda for future research

A critical theoretical set of interrelated perspectives serves to complement situational, social psychological or institutional analyses. What emerges from such a critical inquiry of gender-based violence among refugee youths are the concepts of *dislocation* and *integration*. I highly recommend the importance of studying these two concepts together in order to understand the challenges facing refugees. Structural factors highlight both the *dislocation* and *integration* felt by this marginalized population who are "in" but not "of" the host country. My paper suggest that these two concepts introduce notions of nearness and remoteness socially, politically, physically and psychologically that warrant further research. To be able to fully understand GBV, we have to conceptually understand the importance of looking at agency and structure in relation to dislocation and integration. An agenda for future research and policy implications

is a consideration of how refugee youth integrate their respective cultural traditional with western values and how institutions accommodate to their sense of location and belongingness. In other words, how do youths and institutions negotiate integration in light of structural barriers given multiple factors that influence refugee adolescent mental health (Filler, 2018:12)?

Interestingly, there have been recent scholarship that contributes immeasurably to implicating and incorporating systems approaches in examining resilience and power (Khanlou N, Bender A, Mill C, Vazquez L & Rojas L, 2018). In my understanding, Dr. Khanlou's scholarly work further enhances an appreciation of dislocation and integration and its relation to agency and structure by using a different lens.

The concept of "structured agency", that is, the social self, assists in understanding GBV. The idea of structured agency incorporates youth values (intrinsic to being, emotions, unconscious, instincts) and imposed values (subcultural, institutional). Theoretical and more applied scholarship, past and present, will indicate how GBV is recognized and represented within the contexts of integration and as an outcome of the refugee migration process

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Research Article

Arts-based methodologies to explore Asian-Canadian youth identities in the Greater Toronto Area: Sharing some implementation experiences from the field

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Abstract: Cultural identity is a complex, fluid and context bound concept. Cultural identity is informed by immigrant and second-generation youths' experiences of adaptation and integration. Cultural identity has also been linked to youth mental health and wellbeing. Research recognizes the need to develop research tools to better capture and understand youths' lived experiences with their identity and integration in multicultural settings. We present preliminary research findings from our community-based project that applied arts-based methodologies to explore Asian-Canadian youth identities in the Greater Toronto Area in Canada. Inclusion criteria were (i) youth between the ages of 16-29 and (ii) who self-identify as Asian or Asian-Canadian. We organized two workshops with youth participants. In workshop 1 we applied visual arts: Self-Portrait and a Relational Map. In workshop 2 we applied drama (Readers' Theatre). Youth feedback highlighted the effectiveness of arts-based methodologies in (i) helping youth to discuss their lived experiences without feeling like they were under evaluation, (ii) providing a universal way of communicating their experiences and, (iii) allowing youth to think of issues that participants had not previously reflected on. We also shared some implementation experiences. This pilot study informed implementation strategies for a current larger project that has the objective of evaluating the effectiveness of arts-based methodologies to explore Asian-Canadian youth identities.

Keywords: arts-based methodologies, youth, identity, visual arts, drama

Abstrait: L'identité culturelle est un concept complexe, fluide et lié au contexte. L'identité culturelle s'inspire des expériences d'adaptation et d'intégration des immigrants et des jeunes de la deuxième génération. L'identité culturelle est également liée à la santé mentale et au bien-être des jeunes. La recherche reconnaît la nécessité de développer des outils de recherche pour mieux saisir et comprendre les expériences vécues par les jeunes avec leur identité et leur intégration dans des contextes multiculturels. Nous présentons les résultats de recherche préliminaires de notre projet communautaire qui a appliqué des méthodologies basées sur les arts pour explorer les identités des jeunes Canadiens d'origine asiatique dans la région urbaine de Toronto au Canada. Les critères d'inclusion étaient (i) les jeunes âgés de 16 à 29 ans et (ii) qui s'identifiaient comme asiatiques ou asiatiques canadiens. Nous avons organisé deux ateliers avec des jeunes participants. Dans l'atelier 1, nous avons appliqué les arts visuels: autoportrait et une carte relationnelle. Dans l'atelier 2, nous avons appliqué le théâtre (Théâtre pour Lecteurs). Les commentaires des jeunes ont souligné l'efficacité des méthodologies fondées sur les arts pour (i) aider les jeunes à discuter leurs expériences vécues sans se sentir comme s'ils étaient en cours d'évaluation, (ii) fournir un moyen universel de communiquer leurs expériences et, (iii) permettre aux jeunes de penser à des questions sur lesquelles les participants n'avaient pas réfléchi auparavant. Nous avons également partagé quelques expériences de mise en œuvre. Cette étude pilote a éclairé les stratégies de mise en œuvre pour un vaste projet actuel qui a le objectif d'évaluer l'efficacité des méthodologies artistiques pour explorer les identités des jeunes Canadiens d'origine asiatique.

Resumen: Como concepto, la identidad cultural es compleja, fluida y contextual. La identidad cultural se construye con base en las experiencias de adaptación y de integración de jóvenes inmigrantes y de segunda generación. La identidad cultural ha sido asociada con la salud mental y el bienestar de los jóvenes. Investigaciones reconocen la necesidad de desarrollar herramientas de investigación que nos permitan capturar y entender mejor las experiencias de los jóvenes en relación a su identidad e integración en contextos multiculturales. En este artículo presentamos resultados de investigación de carácter preliminar de nuestro proyecto a través del cual aplicamos metodologías artísticas para explorar las identidades de jóvenes Asiático-Canadienses en el área metropolitana de Toronto. Criterios para participar en el estudio incluyeron jóvenes i) de entre 16 a 29 años de edad y ii) quienes se identificaron como de origen Asiático o Asiático-Canadiense. Organizamos dos talleres. En el taller 1 introducimos y aplicamos

artes visuales: autorretrato (Self-Portrait) y mapa de relaciones (Relational Map), en el taller 2 aplicamos una técnica de drama - teatro de lectores (Readers' Theatre). Recibimos retroalimentación de los jóvenes participantes en esta investigación, quienes subrayaron la eficacia de este tipo de metodologías artísticas en lo que se refiere a (i) ayudarles a sentirse libres para discutir sus experiencias sin sentirse como si estuvieran siendo evaluados, (ii) proveerles un medio universal para comunicar sus experiencias, y (iii) como medios a través de los cuales pudieron pensar sobre problemas en los cuales no habían reparado en pensar antes. En este manuscrito también compartimos nuestra experiencias sobre la implementación de este proyecto. Este fue un estudio piloto que nos ayudó y del cual aprendimos estrategias para implementar nuestro proyecto actual que es más extenso, que tiene el objetivo de evaluar la eficacia de las metodologías artísticas en el estudio y exploración de las identidades de jóvenes Asiático-Canadienses.

Introduction

This paper draws on our implementation experiences from the community-based project titled "An Arts-based Participatory Youth Engagement KMB Project on Asian-Canadian Youth Identities" led by Dr. Nazilla Khanlou, from York University (Khanlou, 2018). The purpose of the project was to apply arts-based methodologies to explore Asian-Canadian youth identities in the Greater Toronto Area (GTA), in Canada. A key objective was to receive feedback from youth participants on the effectiveness and relevance of these arts-based methodologies in exploring their Asian-Canadian identities (Khanlou, 2018).

Cultural identity is a complex and fluid concept (Khanlou & Vazquez, 2018), and it has been defined as one's "sense of self" (Phinney, Berry, Vedder, & Liebkind, 2006), context-bound, and that "manifests in the presence of culturally different other(s)" (Khanlou, Bender, Mill, Vazquez & Rojas, 2018, p. 59). Furthermore, cultural identity has been linked to youth's mental health and wellbeing since it develops and is informed by immigrant and second-generation youth's experiences of adaptation and integration in the context of multicultural societies. Challenges of integration and adaptation related to racism, discrimination, invisibility, as well as youth's resilience and strengths, constitute the backdrop and building blocks of youth's cultural identities and mental health. It is in light of this complexity of experiences and of the impacts that they may have on youth's mental health, that it is imperative for researchers to develop effective research approaches, strategies, and tools to better capture

and understand youth's lived experiences with their identity and integration in multicultural settings.

Researchers have highlighted the need to develop innovative qualitative methodologies, tools and approaches to exploring and understanding youth's identities (Chilton & Leavy, 2014; Clandinin & Rosiek, 2007). Khanlou's project (2018) was a first exploratory step towards contributing to the discussion of the effectiveness of arts-based methodologies in exploring these issues from the perspective of Asian-Canadian youth living in the GTA. In this manuscript we present our experiences in implementing this exploratory project; we present some preliminary research findings and lessons learned from the field.

The project

The project consisted of the following key activities (Khanlou, 2018). At the onset of the project an Advisory Committee (AC) of youth, community partners, and project researchers was established. The AC provided input into project design and activities. Following this activity, the team started the phase of recruiting study participants. We organized the following two Workshops that were facilitated by two youth researchers (first and second authors).

In Workshop 1 (November 2019) a total of two Asian-Canadian youth participated in the workshop's activities. Following welcome and a general introduction, youth participants were introduced to Self Portraits (Bagnoli, 2009) and Relations Maps (Bagnoli, 2009; Crilly, Blackwell, & Clarkson, 2006) which are considered effective methods for individual level of identity exploration. They are arts-based

visual research techniques that allow researchers to gather information on individuals' experiences in a non-linguistic dimension of research (Khanlou, 2018). After the introduction to these two techniques, the two Workshop facilitators asked general open-ended questions about Asian-Canadian youth cultural identity and experiences of migration and integration. As part of the workshop discussion guide, facilitators asked the youth to draw a self-portrait and a relational map to explain their ideas. After taking some time to draw, youth were asked (through close and open-ended questions) about their feedback and input on the two techniques.

In Workshop 2 (December 2019) a total of five Asian-Canadian youth participated in the workshop's activities. The two youth facilitators followed the same format used in Workshop 1. Following welcome and a general introduction, the youth were introduced to Readers' Theatre (Pardue, 2004). Readers' Theatre (RT) Theatre is a form of drama, it is a simple theatrical arts approach in which participants write, read off and discuss a script they wrote based on a particular issue. After the introduction to RT, the facilitators asked general open-ended questions about Asian-Canadian youth cultural identity and experiences of migration and integration (these were different questions from Workshop 1). As part of the workshop discussion guide, the facilitators asked the youth participants to write a script based on any experiences the youth wanted to share in relation to the topics explored before. Youth were grouped in small groups (One group of two members and one group of three members) to work and write their group script. After taking some time to discuss and write down their scripts, the youth were asked to read aloud their scripts, and after that a discussion of the scripts content was followed. Finally, and through close and open-ended questions, the facilitators asked about youth's feedback and input on RT.

Preliminary insights and experiences from the field

The project utilized critical arts-based methodologies in exploration of Asian-Canadian youth identities. A key component of this exploratory project was to

obtain youth's feedback on how effective these tools were in exploring their Asian-Canadian identities. Youth's feedback highlighted the effectiveness of arts-based methodologies in (i) helping youth to feel free to discuss lived experiences without feeling like they are under evaluation, (ii) providing a universal way of communicating youth's experiences and, (iii) allowing youth to think of issues that participants had not previously reflected on.

The youth participants emphasized that the interview questions in the beginning of each workshop were effective icebreakers. They appreciated the relaxed atmosphere and open dialogue in which the facilitators and participants actively participated. The arts-based methods helped youth feel free to discuss personal experiences without feeling like they were under evaluation. This helped participants openly discuss intimate issues surrounding their identity as Asian-Canadian youth.

The youth participants felt these tools were effective in facilitating deeper self-reflection on one's identity compared to other methodologies such as one-on-one interviews or question-based group interviews. In addition, the participants felt that the diagrams in the self-portrait and relational map provided a universal way of communicating their issues as they could understand the underlying issues illustrated by other participants. The drawings from the self-portrait and the relational maps illustrated the issues and ideas that youth had on paper, which provided a guideline to navigate through complex concerns, at the same time allowing youth to communicate these concerns to themselves and others in a coherent style.

There are important implementation lessons learned from the project. The implementation of arts-based methodologies in the two Workshops took more time than a traditional focus group activity with close or open-ended discussion questions. The workshops included time for learning activities (introducing the arts methodologies) as well as time to completing the drawings and writing the script. Time management then is important to consider when applying these arts methodologies in a group format. Therefore, with more participants, facilitators will need to improve

their techniques in order to attain adequate information or would need another facilitator to manage another group of participants.

In the first workshop, the facilitators encountered participants who were exhibiting social desirability bias i.e. participants who felt compelled- and voiced their desire- to give the “right” answer during the focus group. However, there is no right answer as every participant's response is unique and pertains to their personal experience. Therefore, as facilitators, how can we mitigate the effects of social desirability in focus group participation? It may seem like an opportune time to interject and help participants work through their responses. However, our role was to remain neutral and not influence their responses by placing our own perspective on the participants. This entailed refraining from consoling and validating the participants when they expressed anxiety about their disconnection with their Asian identity.

Furthermore, we found that these methodologies were effective in a small group as a large group may cause certain individuals to refrain from speaking their beliefs and opinions. As evidenced in the second workshop of five participants, some participants may dominate the conversation. However, a small group discussion allows participants to know they are not alone in their experiences. This would help people bounce ideas off to each other but there was the worry of participants influencing other participants' responses and perspectives. As such, we found that it would be better to not have an order of when participants should respond but more so allow participants to respond whenever they want while observing the rules of the focus group such as not talking over each other. Achieving this in a focus group is important, in addition to engaging participants that are more reserved.

Conclusion

Preliminary findings show that the visual and drama arts-based methodologies applied in this project have potential in capturing the complexities of Asian-Canadian youth identities. We are appreciative of the

youth participants for sharing their experiences in creative ways and providing useful feedback on these techniques. This was an exploratory project with a small sample size, therefore generalizations of preliminary findings shared in this manuscript are not possible. Principal Investigator Dr. Nazilla Khanlou is currently leading the implementation of a large scale project (SSHRC 2019-2021) to apply the same visual and drama arts methodologies we applied in the project, to explore Asian-Canadian youth identities in the GTA (Khanlou et al., 2019). Our team look forward to sharing findings from this large project with the community.

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Call for a Canadian Public Mental Health System: Transformative change amid a global pandemic*

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By now in all corners of the world citizens have heard about the rapidly progressing COVID-19 pandemic. Everyone is affected, directly or indirectly. Those who have passed away have left families devastated while the sick struggle to keep hope amid gasps for air. Our health professionals are our heroes as they provide care for all, including a growing number of patients with Coronavirus related illnesses. Our work is affected, our home lives are affected, our communities are affected, our sports and culture are affected, our news is affected, our global and local economies are affected, our national borders are affected, and yes our politics are affected. Compared to a few months, we are all affected in unimaginable ways.

During this extraordinary time we have relearned about the critical role of our public health system. Public health matters again, as we listen to public health officials remind us of what we must and must not do to stay healthy and to prevent further spread of disease. They provide on a daily basis the grim and growing morbidity and mortality related statistics of the pandemic. Our constant high stress level in this unprecedented era has brought to the foreground the imperative for a public mental health system. Even for those of us with years of mental health research, teaching, and practice experience we recognize that, despite growing public *mental* health concerns, we are lacking a public mental health system.

Yes good mental health practices and policies exist. Yes there have been impressive gains in public efforts and funding to destigmatize mental illness. More people are talking about the importance of mental

health and wellbeing than in the past decades. However, access to and utilization of mental health services is not uniform and is impeded by multiple barriers.

Public mental health promotion and care in Canada, and I would think in most parts of the globe, is not where it can be in 2020. But if we are to take away some lessons learned from the current Coronavirus crisis, when rapid societal changes are taking place, we cannot forget our public's mental health. To do so would result in individual suffering, rules not followed well, community dis cohesion, and citizenship isolation.

During this challenging time, let's commit to a *Public Mental Health System*. We desperately need our public health approach to broaden its reach into supporting and promoting our populations' mental wellbeing. Although some publically funded mental health care coverage exists, aimed at the more tertiary end of care, our mental health care system is otherwise fragmented, with patchworks of private funding (if one has full-time employment) and provincial funding covering services (if they exist). Often mental health care services are concentrated in large cities, a challenge to get self-referral to, and sadly timely access is not within reach of all. Multiple barriers impede equitable access. Study after study has identified what these barriers are.

Let's look at this difficult period of unparalleled magnitude in recent history as a time also to transform our approach to our mental health and wellbeing. Let's start a public policy dialogue, acknowledging our citizens' real fears and isolation,

and yet hope and resilience. Let's follow it decisively with action, calling for a *Public Mental Health System* that is multidisciplinary, person family-centered and inclusive of all of Canada. We need a de-centralized approach to our future Public Mental Health System that works closely with the community sectors in facilitating timely access, long term support, and reintegration to employment, training, and societal involvement. We need all disciplines and sectors and organizations at the planning table of our future Public Mental Health System, not a select few. In every step of the way we need the participation of persons and families with lived experience in its design, implementation, and evaluation.

Despite our current most challenging time, it is possible to transform.

Please Canada, let's not forget mental health.

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Nurses respond to COVID-19 pandemic: Mental health support for frontline nurses*

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We are nursing educators. Collectively we have taught from undergraduate to doctoral levels of nursing students across topics and class sizes. The last month has been nothing like we have experienced before in our personal and professional lives. During the past month our face-to-face courses rapidly transitioned to online, our online courses were adjusted as needed, and we moved from working in a university environment to home offices. During the last month COVID-19 was recognized as a global pandemic, and Canada was not spared.

Despite the rapid changes in our educators' place of work, we recognize that it is the frontline nurses whose day-to-day work that has changed dramatically. They are the ones most impacted by the reality of working in a contagious pandemic era, with new directives as health systems try to adjust to increasing COVID-19 related morbidities and mortalities, to keep ahead. Nurses have demonstrated remarkable resilience and professionalism while each day the number of identified cases and those who fall increase. But as the pandemic weeks turn into months, perhaps seasons, and we pray not years, the toll on their mental health cannot be ignored.

From the past, we have learned how to care for patients with polio, bubonic plagues, HIV, small-pox, SARS, H5N1, H1N1, influenza, tuberculosis, MERS, Ebola and measles. Our federal and provincial governments are planning for financial relief, more testing kits, PPE (personal protective equipment) and ventilators. In Ontario, nurses are now working under the emergency measures act, which means to deploy any human resource to wherever the need maybe, like during war times. Public health departments are

setting up recruits from retirement to not-yet-licensed doctors and nurses to help out, create testing centers, callcenters, and hot tents. Nursing unions and associations are regularly advocating for the well-being of the health care workforce, sounding alarms on safety in the workplace, and lobbying the government.

Nursing is different now and COVID-19 is different. Nurses would not be expected to care for patients without the adequate availability of PPE. But the reality is there is a global shortage of adequate PPE to keep nurses and other health care professionals safe. Reports of nurses feeling scared, unprotected and vulnerable are heard throughout nursing circles. Media reports of nurses and doctors in China, Italy, New York and Spain, indicate that their ICUs were overflowing with most patients being prone (flipped onto their stomachs in a drastic measure to oxygenate the lungs), they ran out of Vascaths (which are inserted for dialysis as so many patients were in renal failure), and were short on the drug Propofol (used to sedate the critically ill on ventilators). Hundreds of patients were dying each day despite interventions.

The human pain cannot be hidden amongst daily COVID-19 related counts. How would you offer support to nurses who just intubated a young man of 26 years of age and asked to live as he was a father, to a baby, yet the nurses know he will not survive despite all aggressive interventions? This high stress situation not only causes moral distress, but may potentially result in post-traumatic stress disorder (PTSD) when repeated and over time.

Already emerging collaborations are taking place to support the mental wellbeing of community members during COVID-19 pandemic. For example, the City of Toronto, Ontario, has partnered with mental health service providers to provide mental health support for its residents (City of Toronto, 2020). The Mental Health Commission of Canada (2020) has created a Mental Health First COVID-19 Self-Care & Resilience Guide and provided a list of its COVID-19 related resources¹. Professional specific initiatives are also emerging to help support the mental wellbeing of frontline health care providers and first responders. Webinars and social media are forums through which rapid information sharing is taking place. For example, the Registered Nurses' Association of Ontario (RNAO) through its Peer-to-Peer Facebook groups moderates discussions during COVID-19 to support its members.

The World Health Organization (WHO) recognizes 2020 as the International Year of the Nurse and the Midwife and identifies their central role in:

... meeting everyday essential health needs. They are often, the first and only point of care in their communities. The world needs 9 million more nurses and midwives if it is to achieve universal health coverage by 2030. (WHO, 2020).

The goals of this special designated year are to celebrate nurses' and midwives' work, draw attention to their often difficult conditions, and encourage more investments in nursing and midwifery workforce (WHO, 2020).

Given the current and unexpected COVID-19 pandemic in 2020 we propose that this designated year needs to highlight nurses' resilience but not forget to support their mental wellbeing on an immediate and longterm basis. This has to take place within a dedicated national Public Mental Health System (Khanlou, 2020), that is tailored to each nation's unique nursing workforce's strengths and challenges during crisis points (such as epidemics and pandemics), but also beyond, when things are as per usual.

In all corners of the world we have heard the WHO creed that without mental health there is no health. Without immediately addressing the mental health needs of our frontline nursing workforce in the COVID-19 era, we place the health of our nurses at risk. We would add to the creed that without mentally healthy nurses, the health of our society is at risk. Nursing practitioners, educators, researchers, students and leaders are ready to engage in a dialogue with their provincial and federal policy counterparts for rapid design and implementation of mental health supports for nurses. The time to act is now. Our nurses need it. The health of our nation needs it.

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Commentary

Heroes should not die by suicide: The tragic life of Dr. Lorna Breen

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Earlier this week, I came across a troubling headline in a popular Canadian news outlet titled 'She was a hero': ER doctor who treated COVID-19 patients in NYC has died by suicide". We glorify our frontline healthcare workers, praise them with hero-like effigies, and worship them when they are perished. In fact, they are human like any of us and possibly more vulnerable to diseases, disorders and death by virtue of their line of work. The recent news about the tragic death of Dr. Lorna Breen, an ER doctor in Manhattan, New York should be treated as a wake-up call. Healthcare workers including doctors, nurses and paramedics are at a greater risk of serious mental health issues and suicide.

What is alarming to me about the news headlines such as the above is the way such cases are represented in media. These headlines are troubling, irresponsible and dangerous. My problem is twofold:

- 1) We do not pay enough attention to frontline healthcare workers' mental health which we should. This is due to chronic lack of research studies that need to include healthcare workers other than doctors and nurses (Dutheil et al, 2019).
- 2) Media outlets often glorify and sensationalize suicide, as in this case by giving it hero-like quality, and may inadvertently encourage copycat behavior by vulnerable individuals (Berry, 2013).

Given the current global crisis, governments and health sector agencies and groups need to address the issue of mental health among frontline healthcare workers (Khanlou, 2020; Khanlou & Oranietti, 2020). Further, they need to dedicate resources to positive partnership with the media as part of their strategy, targeting to improve coverage of mental health.

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New Publications

New Publications of INYI Members:

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Recent Events

York University's 5th Lillian Meighen Wright Maternal-Child Health Learning Institute

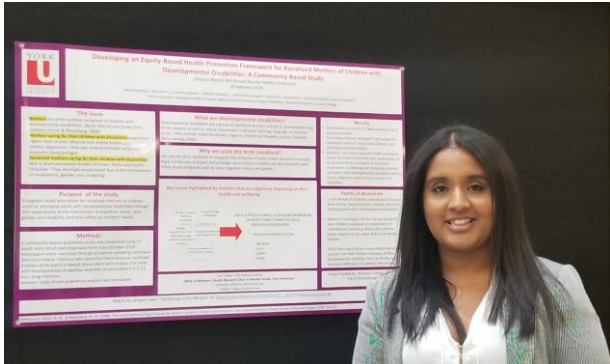
Luz Maria Vazquez, Office of Women's Health Research Chair in Mental Health, York University

On November 1, 2019, our Office held the 5th Lillian and Meighen Wright Learning Institute. Keynote speaker Deborah McGregor presented on *Indigenous Women, Gender-Based Violence and Decolonization*. Invited panelists presented on research projects and community interventions around the two themes of the Institute: *Maternal-Child Health*, and *Gender-Based Violence and Trauma-Informed Approaches*. Panelists presented on topics including Perinatal Maternal Mental Health, Black Maternal Health Experiences in Canada, Trauma-Informed Multidisciplinary Response to Child Abuse, Caesarean Section Factors Affecting Women's Preferences and Clinicians' Counsel, Health Seeking Behaviors in Canadian Immigrant Postpartum Women, Gender-Based Violence Against Refugee Youth and Trauma-Informed Practice, Sex Trafficking of Underage Girls: Risk Factors and Intervention, Social Organization of How To Get Out of Abusive Relationships, The Peer Champion as a Promising Practice, and Trauma-Informed Shelter: From the Ground Up. The event also included poster presenters from community agencies, students and members of the academic community.

The event booklet (including abstracts of the presentations) is available at: <http://nkhanlou.info.yorku.ca/files/2019/11/Final-Booklet-5th-LMW-Learning-Institute.2019.pdf>



Office Volunteers' Recent Accomplishments



Amirtha Karunakaran

It has been quite the busy and successful year for Amirtha! Upon graduation from York University's Global Health specialized Honors program in Health Promotion and Disease Prevention. We are excited to have Amirtha return to York University for her Master's in Health Policy and Management. Currently, she is working on the frontlines during the COVID 19 pandemic as a nurse at the Toronto hospital. Thank you Amirtha for your service during these difficult times!



Sheena Madzima

"It is a great honour to be the recipient of the Dr Eric Jackman award. I am thankful to Nazilla Khanlou, my nominating professor and the Office of Women's Health Research in Mental Health. I extend my sincere gratitude to Dr. Jackman and the LaMarsh Research Centre. I look forward to participating in LaMarsh Research Centre events as I pursue community-engaged interdisciplinary research in child and youth development and a career in medicine".

**International Network on Youth Integration (INYI) Journal:
Author Guidelines for Manuscript Submissions**

The INYI is an international network for knowledge exchange and collaboration. INYI members are invited to submit short manuscripts based on their research/ teaching/ practice/ policy initiatives related to the broad area of youth integration. For additional information on INYI please see <http://nkhanlou.info.yorku.ca/international/in yi/>

Guidelines for manuscript submissions to the INYI Journal

Outline

1. Title
2. Author(s) name and affiliation
3. Brief abstract (up to 150 words)
4. Five keywords
5. Main text (maximum 3000 words in length) to include:
 - a) Introduction
 - b) Description of initiative
 - c) Discussion/ conclusion/ and implications for youth integration
6. References
7. Acknowledgement(s)
8. Contact information for primary author

Style and formatting

1. Manuscripts should follow American Psychological Association (APA) style.*
2. Manuscripts should be double-spaced and submitted as a WORD file.
3. Please send your manuscript via email to the Editor and indicate in the subject line of your email: INYI Journal Manuscript Submission + your name.

* For additional information on APA Style see “The Basics of APA Style” at:
<http://www.apastyle.org/learn/tutorials/basics-tutorial.aspx>

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Process

1. Submitted manuscripts are by invitation (INYI members are encouraged to correspond with the Editor regarding potential manuscript ideas); and
2. Once a decision has been made on the relevance of the submitted manuscript to the INYI Journal, the Editor will provide stylistic feedback and/ or other suggestions as necessary prior to the final publication of the manuscript.

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