

LEARNING THE Healer's art

BRIGHAM YOUNG UNIVERSITY COLLEGE OF NURSING | SPRING 2015

Celebrating 40 Years of the FNP Program

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Looking After Refugees in Utah

PAGE 10



Evolving into Something Better

What an exciting time it is to be a nurse. As dean of the BYU College of Nursing, I realize that opportunities to influence others, strengthen families, and make a real difference surround us no matter where we live.

Our first semester using the new Mary Jane Rawlinson Geertsen Nursing Learning Center (NLC) was amazing. Students are immersed in the simulated environment and have more room to practice skills and enjoy more hands-on opportunities than before. We continue to refine the simulation labs and fine-tune our new resources. We hope you received our annual college calendar and are learning about these great resources each month.

In addition to improving the NLC, we need to occasionally adjust our clinical practicum. Due to travel concerns

and faculty workloads, we are not sending nursing students to Russia, Ghana, or India this year; instead, we will send groups to the Czech Republic and Samoa (in addition to our other usual locations). We also plan to send students to Washington, DC, twice this year—once as part of a course and another time with a World War II veteran Utah Honor Flight group. (See page 18 for details on how you can participate.)

This issue of the magazine took on an unplanned theme of self-actualization and evolving into something better. It highlights some of the changes over the years that have made our master's program stronger and more competitive. We are excited to celebrate the 40th anniversary of the graduate program in 2015 and plan to print a special publication this fall featuring updates from the 400 alumni of our nurse practitioner program. (If you are an alum of our graduate program and did not receive a postcard inviting you to submit information, please contact nursingpr@byu.edu.)

This issue also contains experiences of students who completed their clinical practicum for the Public and Global Health Nursing course by serving immigrant and refugee groups in the Salt Lake City area, insights from students who are also university athletes, and an excerpt from a recent devotional address by Dr. Sheri Palmer on making the act of service more convenient.

We continue to reach out to alumni to help them network and stay connected with the College of Nursing. I encourage you to participate online through our social media outlets to learn about such things as our recent Take a Cougar

to Lunch alumni and student activity, our nationwide Night of Nursing events, and the upcoming Women's Conference sponsored luncheon (at nursing.byu.edu, [instagram.com/BYUNursing](https://www.instagram.com/BYUNursing), or [facebook.com/BYUNursing](https://www.facebook.com/BYUNursing)).

I continue to hear from recent graduates and from those who have been out of school for many years that our nursing program prepared them well for their careers and that they are sought

This issue of the magazine took on an unplanned theme of self-actualization and evolving into something better.

after and find employment easily. One letter I recently received was from a non-traditional student who graduated in December 2013. She passed the NCLEX-RN exam and found a full-time nursing position in March. She wrote to tell me how her five children desired to give back to the nursing program, which had benefited them greatly. They made their church donations first and then decided to give a small monthly amount to the college. Her \$100 represented more than money; it indicated gratitude for her education and training.

I appreciate the opportunity to represent you—our great alumni, faculty, and friends of the College of Nursing—and wish you much happiness and success this year. ☺



Patricia Ravert
Dean and Professor, BYU College of Nursing



LEARNING THE Healer's art

SPRING 2015



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Celebrating 40 Years of the Graduate Program

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Graduate student Brannon Ayres examines Amos, age 9 months, during a baby check-up lab. Photograph by Jeff Peery.

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AUGUST 1973

Dean Maxine Cope recruits Camilla Wood to develop the graduate program; Wood serves in that role until 1981.

⋮

JANUARY 1975

Two female students are admitted to the new graduate nursing program, which includes clinical fields of pediatric nursing, general med/surg nursing, and public-health nursing.

⋮

AUGUST 1976

The first two graduates of the program participate in university commencement.

⋮

DECEMBER 1977

The program receives accreditation from the National League for Nursing; the accreditation is renewed in 1981, 1989, and 1997.

⋮

JANUARY 1979

The program is changed to grant a master of science degree in nursing (instead of a master of nursing); an additional function role of the clinical nurse specialist is added.

⋮

SEPTEMBER 1979

Associate dean June Leifson directs the graduate program from 1979 to 1986.

⋮

APRIL 1980

The first two male students complete the program.

⋮

CELEBRATING

40

YEARS

OF THE GRADUATE PROGRAM

BY

MARY WILLIAMS, RN, PHD

Associate Dean, Graduate Studies and Scholarly Works
and Contribution to the Discipline

Associate Professor

T HIS year the BYU College of Nursing celebrates the 40th anniversary of its master's degree. Today the graduate program is recognized for its excellence both locally and nationally. Currently the program is ranked in the top 100 in *U.S. News and World Report's* Best Graduate Schools.

The success of the program belongs to those who have envisioned and created it, including its visionary leaders, superbly qualified faculty, supportive staff, and more than 400 alumni who bring honor to the college and practice throughout the world. It was founded on the basic premise that graduate education should include specialized knowledge, expert clinical skills, leadership, and emulating the Healer's art.

The program had its beginning in 1975, when Dean Maxine Cope recruited Camilla S. Wood to develop the program. The first class was composed of two students, Ruth C. Amesquita (BS '71, MN '76) and Susanne Spencer Harris (MN '76). The initial program was a master's in nursing with a family nurse practitioner focus. The program first received accreditation from the National League for Nursing in December 1977. From its beginning the program has continued to grow and thrive and has been recognized within the community for its positive influence.

Over the years the program has shifted its emphasis to meet the demands of the changing healthcare system and faculty expertise. For example, advanced-practice nursing programs have been developed for the roles of nurse practitioner and clinical nurse specialists with emphases in the areas of neurological nursing (Marilyn C. Lyons, DNSc), cardiovascular nursing (Marianne B. Jensen), pediatric nursing

(Patricia C. Isaacs, EdD), psychosocial nursing (Millene F. Murphy, PhD [BS '63]), family nursing (Lana B. Riddle, PhD [BS '69]), and community nursing (Dean June Leifson, PhD [BS '57]).

It was the strength and expertise of faculty that fostered the growth and stature of the program. For example, Dr. Riddle became a leader in the nurse practitioner (NP) movement, which started in public health and later moved to primary healthcare. Riddle clearly understood the need and value of the practitioner role and was instrumental in articulating that role and implementing legislation that allowed for the independent practice of NPs.



Second-year graduate students Kelly Smith and Ryan Francis apply medical casting materials while learning to become family nurse practitioners.

AUGUST 1981

Lana Riddle becomes the program coordinator and serves in that role until 2004.

JULY 1986

Associate dean Marilyn Lyons directs the graduate program from 1986 to 1990.

JUNE 1990

The graduate program offers two major tracks: advanced-practice nursing (family, adult, and pediatric nurse practitioners) and administrative.

JUNE 1990

Associate dean Mary Williams directs the graduate program from 1990 to the present.

AUGUST 2004

Judith Berry and Donna Freeborn become co-program coordinators and serve together until 2010.

JUNE 2005

The graduate program is narrowed to the family nurse practitioner emphasis.

OCTOBER 2006

The program receives accreditation from the Commission on Collegiate Nursing Education.

SEPTEMBER 2010

Donna Freeborn becomes the program coordinator.

Each associate dean over the graduate program has added her strength and expertise to the program. Three faculty members have had responsibility for the graduate program: Leifson, from 1979 to 1986; Lyons, from 1986 to 1990; and Dr. Mary Williams (BS '71), who began in 1990 and directs the program today.

In 1990 the university suggested that the graduate program narrow its offerings, and two major tracks were developed: the advanced-practice nursing track and the administrative track. Two advanced-practice nursing tracks were selected: pediatric nursing (Isaacs) and family nursing (Riddle). The administrative track included nursing

administration (Donna Fosbinder), with the opportunity to obtain a joint degree of MS/MBA or MS/MPA. The graduate program was eventually narrowed to the family nurse practitioner (FNP) emphasis with associate professor Dr. Donna Freeborn (AS '74) as the current program coordinator.

The current degree consists of a maximum of 15 students per class and a length of two and a half years to complete the 59–62 credit hours. Admission is competitive, with an acceptance rate of 34 percent. About 69 percent of the students are female, and 31 percent male. Over the past 10 years the college has maintained an overall certification pass rate of 99 percent. Graduates of the program are highly sought after in the workplace, with a 100 percent employment rate after completion of the program.

Our students have the opportunity to learn in the new Mary Jane Rawlinson Geertsens Nursing Learning Center, which uses technology and realistic

As part of class instruction, first-year graduate student Levi Kohler views inside William's ear during a toddler assessment clinic offered in the college's nursing learning center.



facilities to simulate real-life experiences. Students gain expertise through the use of unfolding case studies and standardized patients. They have clinical experiences in a variety of settings that provide rich learning environments. In addition, students develop skill sets in applying the best evidence to clinical practice through working in collaboration with faculty on their scholarly endeavors.

Most students publish and present their theses and evidence-based scholarly papers nationally. Areas in which students publish are end-of-life care, immunizations, children with diabetes, obesity in children, and a variety of topics relevant to nurse practitioners' practice.

We celebrate our alumni who are making significant contributions to healthcare. We find them in leadership positions in clinical practice, healthcare administration, professional organizations, and education, both locally and nationally. They are making a difference

in the lives of patients and families as they practice using the best evidence and clinical skills. We admire their integrity, leadership, and compassionate care.

The College of Nursing is in the process of compiling profiles of alumni from the graduate program, including earned degrees, certifications, work experiences, and honors. This information will be published in a special fall edition of this magazine. If you are an alumnus from the graduate program and did not receive a postcard inviting you to submit materials, please contact nursingpr@byu.edu.

The College of Nursing has had a remarkable 40 years in graduate nursing education. We celebrate the past and look forward to the future with vision, optimism, and a clarion call to make the future transformative as we reach heights never dreamed of and fulfill the divine missions of Brigham Young University and the College of Nursing by learning the Healer's art in graduate education. +



GRADUATES of the program
are highly sought after in the workplace,
with a **100 PERCENT**
EMPLOYMENT RATE
after completion of the program.

(TOP) Reviewing suturing skills is a task for second-year graduate students; pictured are Stephanie Miller, Angela Chamberlain, and Max Mitchell. (BOTTOM) First-year student Megan Zitting tests a toddler's vision in an assessment clinic.

FACING LIFE'S HURDLES

Nursing's student athletes manage demanding coursework and rigorous athletic schedules.

CURRENT students and alumni of the BYU College of Nursing know how time consuming, emotionally draining, and physically exhausting it can be to administer to the sick and to manage everyday responsibilities. But through hectic schedules and difficult tasks, they have learned that what does not break them makes them stronger.

"As a nurse, I have to wake up early and be ready to work hard," says recent alum Erin Pabst (BS '14). "Nursing can be very physically demanding and

mentally draining, but I am used to working hard for extended periods of time and staying mentally tough because of swimming."

Pabst swam competitively for BYU while studying in the nursing program. "There were some swim practices [when] I thought I was literally going to die before it was over, but I learned that I could do hard things," she says. "I often turn to those swimming memories when work is extra crazy and I feel like I'm being pulled in ten different directions at once, wondering how I am going to get everything done."

BY MICHAEL SHAW



Kaylee Packham, a junior from Fort Collins, CO, runs hurdles and sprints for BYU women's track and field in eight events; she also is a second-semester BYU nursing student. A lot of dedication helps her do both.

Student athletes, on average, spend 33 hours per week on athletics and 39 hours per week on academics, according to a recent survey by the NCAA GOALS study. The BYU College of Nursing is especially demanding: The average GPA for new nursing students at BYU (as of fall 2014) is 3.9, and only 41 percent of applicants are accepted. Students are also required to attend all their classes, labs, and clinicals—with few to no exceptions made.

So how do student athletes in the nursing program survive? Kaylee Packham,

a track athlete in the BYU nursing program, relies on the Lord in order to do difficult things. “I think I got my ability to balance everything from past experience and a lot of dedication,” says Packham. “You learn to prioritize what’s most important, and the rest falls into place: God, family, relationships, school, then track. There is room for it all if you cut out the things of little importance.”

A Colorado native, Packham won multiple state championships in the 100- and 300-meter hurdles in high school before coming to BYU. She maintains a

near-perfect GPA while faithfully attending track practice. “Balancing everything is not easy,” she says. “It can be very difficult at times, but you just learn to do your best and be happy with the outcomes. Sometimes I feel like my head is barely above water, but I find that kind of lifestyle more exciting. I literally run off the track, up the stairs, and across campus to class multiple times a week—but hey, at least I’m never bored.”

Finding time for social, school, and church activities is difficult for star volleyball player Amy Boswell; however, she says the lifelong lessons she has learned from athletics have helped her tackle pain, discouragement, and time management. “I have become tougher through playing sports,” she says. “There is the physical side of training and getting in better physical shape, but there is also the mental side of it. I have become better at pushing myself to the limits and not giving up. During workouts or practice, I am sometimes physically tired, but I have trained my brain and body to keep going.”

Boswell and her teammates on the BYU volleyball team worked hard throughout the 2014 season, reaching the national championship game, the first unseeded team in history to advance to the NCAA title match. The team’s success solidified what Boswell has known for years: “If I want something, I need to put in the time and the effort to get it, whether that is improving my volleyball skills or doing well on a test,” says Boswell, who was named an honorable mention All-American and received an NCAA award for having the highest GPA (3.92) of the student athletes in the championship game.

Years ago the BYU women’s volleyball team competed in a tournament held in Las Vegas. College of Nursing assistant teaching professor Lacey Eden (BS ’02, MS ’09) MS, FNP-C, was a cheerleader at the time of the competition and had to



Amy Boswell had 59 kills and 46 blocks while starting in eight matches on the BYU women’s volleyball team in 2014. As a sophomore from Aloha, OR, she is a third-semester BYU nursing student. She won the NCAA Elite 89 Award, which goes to the student athlete with the highest GPA in the Final Four.



Ryan Strobehn (top) is an example of a nursing student athlete with time-management skills. During his last two years in the BYU nursing program, he also was a member of the BYU cheer squad coed team.

Erin Probst (bottom) completed a clinical practicum in India as a nursing student; she also swam the backstroke four seasons with the BYU swim team.

be present for all the games. Eden and the rest of the squad did not know how long the tournament would last because the volleyball team kept winning, eventually reaching the championship match—which forced the cheer squad to spend Thanksgiving away from family and to study for finals at night in hotel rooms. The final game went longer than anyone had anticipated—almost four hours. “I do not think people understand that four hours of cheering is just as difficult as four hours of volleyball,” says Eden. “It was a challenge to come up with creative time-out stunts that kept the audience engaged yet were not repetitive. We had to do back handsprings and back tucks on the wood floor so many times we all lost count.”

Eden says that she participated in cheer despite it being difficult because she loved to do stunts and support BYU athletics. Eden also met her husband on the squad before she quit to spend more time on nursing.

Another example of a nursing student athlete with grit and time-management skills is recent graduate Ryan Strobehn (BS '14). Each week during his last semester, Strobehn spent more than 20 hours with his cheer team, worked on 12 credits of schoolwork, put in 20 hours of work in the university's administration building, and worked the nightshift two or three times a week in the intensive care unit at Utah Valley Regional Medical Center. “I have to look at the words *student* and *athlete*. I am a student first,” said Strobehn before he graduated in December. “I have to focus on what I am doing in school because it is my career. I love cheering and supporting the other sports by bringing a lot of energy, but I make sure I am taking care of everything for school first.”

Strobehn might be a superman, but even he struggles to have enough energy to accomplish his goals. “It is a delicate balance,” he says. 🧘

“If I want something, I need to put in the time and the effort to get it, whether that is improving my volleyball skills or doing well on a test.”

—Amy Boswell



LOOKING
AFTER

REFUGEES

in **UTAH**



Nursing students gain
insight and compassion while
serving those in need.

By **JEFF L. PEERY**



When Paddington Bear, the polite, Peruvian stuffed hero of Michael Bond's classic children's books, first appears in a London railway station, a note pinned to his duffle coat announces his need for a friend: "Please look after this bear. Thank you." Paddington was a refugee.

Though there are many refugees in Utah—adjusting to a new country, searching for a better way of life, and desiring a friend—they rarely come with a tag announcing their needs. Few realize that support can be found through BYU nursing students who, with three nursing faculty members, spend eight weeks each spring serving the refugee



JEFF PERRY

and immigrant population of Salt Lake County as part of the clinical practicum for Public and Global Health Nursing.

A refugee is a person outside of his or her country of nationality who is unable to return due to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group, or political opinion.

“BYU nursing students assist case workers to improve the health of local refugees,” says assistant teaching professor Debra Edmunds (BS ’03), who calls the arrangement a win-win. “We have the opportunity to learn cultures, traditions, and viewpoints of others while providing self-help or low-cost solutions

to improve living conditions, prevent disease, and familiarize refugees with the U.S. healthcare system.”

Students work as pairs to visit assigned families currently being served by the Refugee and Immigrant Center at the Asian Association of Utah. The students gain compassion for and insights from these individuals through experiences that cannot be taught or presented in a classroom setting as they focus

As part of her clinical practicum for Public and Global Health Nursing, BYU nursing student Ashley Jones practices English vocabulary words with Baye, a Somali refugee.

on helping immigrants develop inner strength, self-actualization, and determination. Edmunds is supported by two faculty members: associate teaching professor Karen Lundberg (AS ’79) and assistant teaching professor Julie Valentine.

INNER STRENGTH

After six months stuck on the first floor of her apartment with a broken leg, Damac,

About the REFUGEE AND IMMIGRANT CENTER at the Asian Association of Utah

Established in 1977 in Salt Lake City to help refugees from Southeast Asia, the Refugee and Immigrant Center at the Asian Association of Utah's services have expanded to assist individuals worldwide. It is a private, nonprofit organization with 70 staff members, many of whom were refugees.¹ During the past 38 years the center has implemented more than \$45 million in services for programs that include the following:

COMMUNITY WELLNESS

Counseling is given for substance abuse, domestic violence, and general mental health.

EMPLOYMENT SERVICES

Staff members help refugees gain job-search skills and secure employment.

ESL

Free or low-cost English as a second language (ESL) classes are offered.

INTERPRETING

More than 100 linguists speaking more than 40 languages provide medical, educational, occupational, and court translation services.

SOCIAL SERVICES

Caseworkers assist newly resettled refugees with applying for benefits, finding housing, accessing healthcare, and so on.

a 43-year-old Somali refugee, received help up her apartment stairs from BYU College of Nursing student Ashley Jones (BS '14). When Damac saw how messy her five sons had left the upper floor, she exclaimed, "Oh, that is dirty!"

Shortly after arriving in America, Damac slipped on ice and broke her leg. Hospital staff inserted screws in her knee and ankle, leaving her bedridden. Unable to pay for physical therapy, she struggled to recover muscle movement and full range of motion. But with inner strength—and help from Jones and fellow nursing student Jessica Lewis (BS '14)—she regained her mobility.

That inner strength did not develop overnight. Damac has spent most of her life in war-torn Africa. The danger forced her family to leave Somalia, but first, her husband, Farhan, worked in South Africa for four years until he had enough money to bring his family to him. After 13 years in South Africa, they went to the United Nations for resettlement. Farhan says they did not choose Utah: "We just got very lucky."

The adjustment proved to be difficult. Even foreign tasks such as using a refrigerator or opening a can of soup were obstacles to survival for these refugees.

Despite the cultural differences, Damac is adjusting and helping others. "Their resilience as a family has been really amazing," says Jones. "They are very good about reaching out to the other families that come in."

With encouragement from her family, Damac has made progress with walking again. Jones taught her simple exercises involving makeshift equipment, like using a water bottle as a physical therapy roller. Similarly, a bag of frozen peas becomes an icepack, and microwaved rice in a sock becomes a heating pad. "We've really tried not to do anything for them that they can't do themselves," says Jones. "We will always interact with people throughout our lives that may not have all the advantages that they need."

Jones says she loved working with people from different backgrounds: "I chose to participate with the refugee

group; lessons learned are vital not only in nursing but in every aspect of my life."

SELF-ACTUALIZATION

Omar, 58 years old, was a fisherman by trade, but the Somali man had spent the last 15 years in a refugee camp in Kenya. Now after four years in the United States, he and his wife of nearly 30 years are learning how to read and write in English. He took three buses to get to his classes, and Jones and Lewis visited twice a week to help him with his homework.

The students brought primer books with them to encourage reading out loud. "I never thought as a student nurse I would be helping someone read *The Three Little Pigs*," says Jones. "Assisting in developing one's full potential is a side of nursing most may not experience. Healing the whole person—not just [physical healing]—is our true goal and the greatest reward."

"I will get this," says Omar about phonetics. "You would think by knowing Swahili, Somali, and Italian that English would be easy, but not so."

After learning English, Omar's next greatest desire is to obtain an appointment with a dentist. The students and faculty consulted with his caseworker about how to make this happen, but on a follow-up visit they learned he needed \$118 up-front to cover the costs of the session. The procedure will wait until enough funds are saved.

"We cannot solve every problem these individuals face," says Valentine. "Our goal is to share resources, support the caseworker's load, and recommend available solutions. This population definitely needs more support with no- or low-cost medical and healthcare services. There just is not enough funding to meet all of their needs."

DETERMINATION

Jones and Lewis also served Baye, a Somali woman in her late 30s, and her three daughters (ages 10 to 15). All desired assistance with English, so the nursing students brought the children workbook pages to practice their



Jones and class partner Jessica Lewis (BS '14) discuss a children's book with Omar, a Somali refugee. The students visited three local refugee families twice a week during spring term.

reading and writing skills, and their mother would spend time with flash-cards and comprehension.

On one visit Lewis asked Baye to identify simple pictures of fruit, farm animals, and household objects on the cards. While Baye could recall many of the English terms, others were simply unfamiliar to her. They repeated the card deck again and again. Despite past

successes or failures in this process, Baye is determined to learn these words and grasp the vocabulary. "Next visit," Baye says. "I will impress you next time!"

During the class students worked with a total of 12 families, each with specific strengths and challenges. Some struggled with taking medicine as prescribed; many required assistance in understanding food refrigeration and using

expiration dates; all offered insight into ways refugees learn to cope with new surroundings and an unfamiliar way of life.

Paddington Bear is the story of an immigrant who stows away on a boat and ends up in England, desiring hospitality and asylum. Eventually he is adopted by the Brown family, who learn valuable lessons about life and love by serving him along the way. BYU nursing students are no different; they desire to serve others, and they ultimately find that they receive the most from the experience. 🇺🇸

Watch a video featuring the refugee work of Edmunds and her students at nursing.byu.edu.

Where do **UTAH'S REFUGEES** come from?



Utah has received more than 45,000 refugees from all over the world since 1988. Every year the state receives about 1,100 of the 75,000 refugees relocating to the United States.² They come from Afghanistan, Somalia, the Democratic Republic of Congo (formerly known as Zaire), Myanmar, and Sudan. BYU nursing students work most often with refugees in Salt Lake City from three main areas:

1 CONGO. More than 10,000 Congolese individuals have resettled in the United States since 2001 to escape war, violence, and human rights abuse in this central African country.³

2 SOMALIA. Since 1983 more than 55,000 Somali refugees have arrived in the United States to flee civil war, clan warfare, and border disputes in this narrow country on Africa's eastern coast.⁴

3 MYANMAR. For more than five decades, Myanmar (also called Burma) has been involved in political and armed conflict among the military regime, political opponents, and ethnic groups, resulting in the displacement of more than 3.5 million people. There are currently more refugees resettling in the United States from Burma than from any other country in the world.⁵

NOTES

1. <http://bit.ly/1wy1tR7> 2. <http://1.usa.gov/1uFp63> 3. <http://bit.ly/12vdTMx>
4. <http://1.usa.gov/1tNDSEs> 5. burmamission.org

Convenient



By **SHERI P. PALMER**, Associate Teaching Professor, DNP, RN, CEN

W

ith my profession as a nurse and my job here at BYU, I have the opportunity to work both locally and abroad with the sick in hospitals and various communities. I would like to relate an experience of service I had a few years ago.

I was in a hospital in a developing country doing research for my doctoral project. In many healthcare facilities in third-world countries, medicine is not available to the patient from the hospital itself. If the doctor feels the patient should receive a particular medicine, even if it is lifesaving, a prescription is written out to the family, and they need to take it to a pharmacy, pay for it, and then bring it back to the hospital for administration to the patient. Understandably, this is difficult for many patients, and they do not get medicines, as their family simply cannot afford them.

Partly due to these situations, it is not uncommon for there to be beggars just outside the hospital grounds with their hands outstretched for money. As I was an obvious foreigner, I was asked for money many times a day. In fact, I had become quite calloused to this situation.

One day I was walking across the hospital campus and a little lady came up to me. She introduced herself and said she had been watching me in the intensive care unit; her son was a patient there and not doing well. As she continued explaining the situation, she started pulling out a piece of paper.

I saw it and thought, "Oh, this is it. This is a prescription, and she is going to ask me for money."

I then thought about the \$20 bill I had in my pocket. I don't carry a lot of money with me when I travel, and I had been waiting all week to eat in the hotel restaurant and order the roast beef, which is delicious and cheap compared to American standards. I told her I couldn't give her any money and walked away. She was just another beggar.

I walked away quickly, and after a few moments I turned around and looked at her. She was looking around with a look

of "What do I do now?" My heart was pierced. I couldn't believe I was so eager to eat roast beef over giving this woman money that would possibly enable her son to live. I couldn't allow it! I quickly ran back down the steps and said, "Espera, Senora—wait! I have money to give you."

She accepted my \$20 with tears in her eyes. And tears were in mine also.

The desire to help another was strong. I am glad I had this experience, because I have been able to reflect on it a lot. I call it my personal parable of the roast beef.

In my travels I have wondered why there is so much variation of wealth, health, or material blessings. What do others desire when they appear to have so little? Elder Neal A. Maxwell said something that has helped me understand: "God thus takes into merciful account not only our desires and our performance, but also the degrees of difficulty which our varied circumstances impose upon us."¹

Of course everybody has similar desires, but it is the performance and the degree of difficulty it takes for us to perform that God considers. So what does that say when it truly is quite easy to give a little service because of our blessings and fortune? Well, "unto whom much is given much is required" (D&C 82:3).

We have a low degree of difficulty, and we should really be getting off the couch, so to speak, and providing meaningful service. We are blessed for a reason. If it is only a little difficult to render service, should we not do it more often? If it is only a little inconvenient, why can't we do it more frequently?

I clearly remember an episode of service on my mission over 30 years ago. This was one of those occasions in which we thought we were the ones giving service, but, as it turns out, we were the ones being served. My companion and I had traveled to a little settlement in Itakyry, Paraguay. We were going to visit the family and attend church and a baptism the next day.

Since it took so long to travel there, down dirt roads and over streams, we had to stay the night with the family. Even though

it was in a jungle, it was cold. The parents gave me and my companion their bed and their one blanket. The large family then slept on the dirt floor in the next room, with the little ones tucked between them.

I froze that night. I kept on all my clothes, my sweater, and even my rubber boots. I felt so guilty and was so cold that I could not sleep. The next day, as we sat on logs under the open sky for fast and testimony meeting, the family could not express enough thanks to me and my companion for coming all the way out to visit them on this special occasion. My heart was pierced. It was then that I realized that this family had been providing me service—in the way that they could—by providing their own bed and blanket on a chilly night in Paraguay.

We do not have to travel abroad to have fascinating and memorable experiences of service. We can and should start right here in our homes and neighborhoods.

So, how can we make service convenient? We start by practicing with “automatic responses.”

Let me relate another little experience. This one was only a few months after my experience in the hospital with the roast beef money. It was Christmastime, and I was in the checkout line at Walmart, thinking of all I had to do. I was watching the young couple in front of me buy a little girl’s bike. The cost was around \$65. I watched the man hand over dollar bills and then frustratingly search in his pockets for change. Then the couple searched in the woman’s purse for money. I averted my eyes to avoid additional embarrassment for them. Even at that moment I felt uncomfortable and awkward. I guess they finally came up with the right amount of money. I was too busy trying not to notice.

After I had made my purchases, I followed them out of the store—realizing I had again missed the opportunity to help. It was most likely only a few dollars they had needed. Where had my desire gone? Why couldn’t I have just conveniently handed them a few dollars? Again, I couldn’t believe it! Why hadn’t I performed an automatic response by offering a dollar or two?

I recently thought about how tightly related service is with sacrifice and consecration. Service is a stepping-stone toward these two great doctrines of our religion. It is up to us how big this stepping-stone of service is. Are the stepping-stones of service huge, insurmountable boulders that we believe are set in our way? Or are they merely soft, round pebbles upon which we tread? If we treat service like helpful small pebbles that line our pathway back to the Savior, we may find that these pebbles become convenient guides that will help us along the way.

How can we ever get to the laws of sacrifice and consecration without first applying service in our lives? When we are physically serving our brother, we are sacrificing—whether it be time, physical abilities, or material blessings. When we perform service with the right kind of spirit, we practice consecration.

Just like we consciously work on other fine attributes in our lives, we need to put in place a conscious decision to make service convenient. We may start out with creating a habit of always being willing to or being ready to do something extra.

Maybe you enjoy mowing the lawn, so if a neighbor needs help, that can be your automatic reaction—you can mow their lawn. Or maybe you have a special chicken enchilada recipe that turns out great every time—that can be your automatic reaction if there is a need for a meal in your ward. Maybe you have a keen listening ear and enjoy conversation—that can be your automatic reaction when a family member is in need. The key is to create automatic reactions within ourselves. They do not have to be big service activities.

President Spencer W. Kimball said: “It is vital that we serve each other in the kingdom. . . . So often, our acts of service consist of simple encouragement or of giving . . . help with mundane tasks, but what glorious consequences can flow . . . from small but deliberate deeds!”²

I have experienced memorable acts of service. I have been the giver and the receiver. Yet even with many years of experience, I still struggle with how “convenient” the service is. I have felt my heart pierced with love, compassion, thankfulness, and the Spirit. Shouldn’t these feelings be enough motivation? My memories of two opposite experiences lately are vivid. My parable of the roast beef keeps me remembering how it feels to serve. My experience in Walmart at Christmastime is a sobering, memorable occurrence of not serving, or not observing; in fact, I averted my eyes to the need for a dollar or two.

Yes, service becoming convenient is a work in progress. Giving service throughout our lives is like being led down a beautiful path of stepping-stones.

However, to make service convenient, we must practice and practice.

I think about and study the life of our Savior. How He acted and how He served is an example to me. He was not inconvenienced. It was His way of life. ☐

This article is adapted from Palmer’s devotional address, given July 29, 2014. The full text is available at speeches.byu.edu.

Notes

1. Neal A. Maxwell, “According to the Desire of [Our] Hearts,” *Ensign*, November 1996, 21.
2. Spencer W. Kimball, “Small Acts of Service,” *Ensign*, December 1974, 5.

Nursing Is Awesome

NEIL E. PETERSON, PHD, APRN, ACNP-C



Neil E. Peterson (BS '07) always knew he would come back to BYU. "I just wasn't sure when that time would be exactly," he says. "My experience as an undergraduate student was great, and I knew that returning to teach here would definitely be in my future."

Peterson earned his bachelor's in nursing at BYU and then went to the University of Virginia for its family nurse practitioner and acute care programs, completing his PhD last May.

Returning to Utah, he looks forward to giving back to the nursing profession by preparing the next generation of nurses. He is grateful to have the opportunity to do so at BYU.

"I think my favorite things about the BYU nursing program are the people you get to work with and the perspective that everyone has about the purpose of mortality," says Peterson. "Truly, the program is about learning the Healer's art and not just healing in general."

As an assistant professor he instructs a scholarly-inquiry course and mentors a clinical session. He is a member of Sigma Theta Tau International, the Southern Nursing Research Society, the American Heart Association, the American Academy of Nurse Practitioners, the American College of Sports Medicine, and the Preventive Cardiovascular Nurses Association. His current research focuses on sedentary behavior and physical activity among adolescents and adults.

Peterson initially studied mechanical engineering at BYU before switching to nursing. It may seem like an unusual change, but to Peterson, the ultimate focus is the same: how things work. "In mechanical engineering I learned about how devices work," says Peterson. "I simply transferred that enthusiasm to how the body functions and responds to disease, injury, and stress."

It is also of interest to note that Peterson is a twin (his brother is a physician) and his wife, Rebecca, is a twin. When he was younger, Peterson decided that marrying a twin would be cool. His dream came true! He and Rebecca have two children, a boy (age 4) and a girl (age 2). Peterson enjoys walking to work and playing sports, especially soccer.

His advice to others: "Nursing is awesome. Consider the incredible amount of good that is done by nurses every day, everywhere. I think if more people, especially men, knew what nurses do, there would be a surge of interest in the profession." ■

"Truly, the program is about learning the Healer's art and not just healing in general."

A Special Place to Live, Learn, and Teach

KEVIN K. MCEWAN, MSN, RN, NEA-BC



Born in Provo and raised in nearby Orem, Kevin McEwan visited BYU campus often as a boy: his grandfather and the fathers of his two best friends were university professors.

Now an assistant teaching professor, McEwan influences all levels of college students: he instructs Preview to Nursing (pre-nursing); Gerontological Nursing, Care of the Older Adult, and a capstone course (undergraduate); and Health Care Systems Theory and Leadership (graduate).

Why he wanted to be part of the faculty here is obvious to him. "I know of no better place to learn, teach, and live the gospel of Jesus Christ than at BYU," says McEwan. "As a college adjunct faculty member for the past 13 years, I have loved every time I have found my way to campus and associated with students, staff, and faculty, whom I admire so deeply."

College faculty members are doing more than contributing to his admiration of the university. "I feel that each of my colleagues truly cares about me and my success and finds joy in my accomplishments," says McEwan. "They value my contributions and areas of gifts and talents. I feel the same about them and know that each of us brings expertise to teaching students within our specialty."

McEwan received his master's in nursing from the University of Phoenix in Salt Lake City and his bachelor's in nursing from Boise State University. His clinical background includes medical, surgical, intensive-care, and oncology nursing.

Now, as an academic, he focuses on leadership development, particularly at the frontline, clinical-nurse level. This focus is evident in his many leadership roles in hospitals, nursing-education institutions, state nursing associations, and national credentialing bodies. He is also a program appraiser for the American Nursing Credentialing Center's magnet program.

McEwan and his wife, Jeanne, live in Lehi, Utah, and have three sons and one daughter-in-law. As a couple they serve in a Provo young single adult stake, which brings them to campus on weekends as well. As a family they like to attend BYU sporting events and Real Salt Lake soccer games.

"Take full advantage of all that BYU has to offer," McEwan tells students. "It is truly a special place to live, learn, and teach the Savior's ways." ■

"I know of no better place to learn, teach, and live the gospel of Jesus Christ than at BYU."

Defining Optimism and Hope

By **Michael Shaw**

As Karen Lundberg's children were reaching adulthood, the part-time nurse wondered how she would fill the extra time on her hands after their departure. The answer arrived at the outpatient clinic where she worked in the form of a retired BYU College of Nursing faculty member who had once taught and mentored Lundberg. As she administered to her former professor, Lundberg expressed her gratitude. "You had a tremendous effect on my life," she said. "I now know what I want to do. I want to teach."

As she administered to her former professor, Lundberg expressed her gratitude. "You had a tremendous effect on my life," she said. "I now know what I want to do. I want to teach."

Following this experience Lundberg returned to school at the University of Utah, where she finished her bachelor's degree in nursing. She then continued her education by earning a master of science in nursing with an emphasis in nursing education, her thesis addressing nursing-student confidence—an area she still researches today.

Her recent study examined optimism, hassle levels, health, and stability of those attributes of nursing students during their second semester of nursing school. She plans further research to understand optimism and its role in adaptation in more diverse groups of student nurses throughout nursing school and as they transition to professional roles.

Lundberg (AS '79), MS, RN, CNE, is an associate teaching professor and has

taught at BYU for eight years, always going the extra mile for her students, coworkers, and family.

She codirects the refugee section of the clinical practicum for Public and Global Health Nursing with Debra Edmunds (BS '03). The responsibility she feels for her students' education motivated her to attend a refugee- and migrant-health class in order to create a richer experience for her session. There she learned about cultural, social, and organizational aspects of health and disease prevention, in addition to the challenges and

potential solutions of resettlement. She also plans to take students with her and Edmunds to present at the North American Refugee Conference in Toronto this June.

"I understand what an incredible opportunity I have to teach BYU undergraduate students," she says. "I know my students come to the table with wonderful ideas, characteristics, goals, and traits. I'm trying to be as good as they are. I'm trying to match my students."

Lundberg's dedication to training her students for careers in nursing was recently strengthened when a family member fell seriously ill.

To relieve those who had stayed near the sick family member's bedside, Lundberg offered to stay a night at the hospital. She brushed her teeth and got into her

bed, thinking about her family member's condition. Interrupting her thoughts were the voices of nurses outside her door. Lundberg recognized the voices as former nursing students of hers.

"In an interesting turn of events, I was now the one asking for excellent care for my loved one, and I wondered if I had taught them everything," Lundberg says.

New faculty members see Lundberg as a maternal figure who is always willing to help in any way that she can.

"New faculty are so awesome and so incredible," Lundberg says. "Each of them has such incredible things to offer, and I do not want to lose them. I want to encourage them. I'm blown away by the caliber of people that surround me."

In addition to presenting at various conferences this summer, Lundberg is excited to welcome her fifth and sixth grandchildren (twins) into the family. ➡



The Honorable Thing

By **Carol Kounanis**

In 2005 the BYU College of Nursing initiated a clinical practicum for the Public and Global Health Nursing course that featured veterans and their diverse healthcare needs. Students who participate in this popular program often comment on the life-changing experiences they gain from working with and learning about veterans. Many express a desire to focus their nursing careers on caring for this population as a result of their participation.

Christie Cerenzie (BS '14) is one such student. "I learned about the true meaning of being an American and the importance of thanking and paying tribute to those who have made our country free," Cerenzie says of her experience. "This is unlike any experience I've had in nursing school thus far, and I am so grateful for it. Nursing school continues to stretch me and help me grow in ways that I'm not sure other majors accomplish."


In his veteran-focused preparatory course, Ryan Strobehn (BS '14) and his

classmates researched various wars, spoke with veterans, and completed clinicals at the veterans' homes in Payson, Utah, and at Camp Williams near Riverton, Utah. "I was pleased to be a part of this class because my father is a veteran, and the care of our vets is lacking nationwide," Strobehn says. "After going through this course and spending time with the veterans of our nation, I will be more prepared to provide better care for those individuals who so dutifully served for my freedom. My love and respect has grown profoundly deeper for these incredible men and women. There are few nursing colleges in the nation that provide this type of experience."

Last September the two site directors of the veteran-focused group, associate dean and teaching professor Dr. Kent Blad (MS '99) and associate teaching professor Ron Ulberg—both veterans themselves (Army and Air Force, respectively)—had the opportunity to participate as flight nurse medics in a Utah Honor Flight (UHF). They now serve on the UHF board, planning upcoming flights to honor World War II veterans.

As a result of their experience, Blad and Ulberg implemented a new component for students in the program, enabling BYU nursing students to serve as UHF guardians and personally care for a veteran during a trip each spring.

Volunteers who serve as guardians are asked to pay \$900 to help cover their own expenses (airfare, hotel, meals, etc.). Students already pay an additional fee for the veterans course, on top of tuition, and most are unable to work during the term because of participation in the program—making the additional \$900 for the UHF opportunity a major concern. For this reason the College of Nursing is inviting alumni to help sponsor students to be UHF guardians. The college is seeking to raise enough money to fund the participation of 25 students in this activity (at a cost of \$900 each). Your donations to this effort will be most appreciated.

For more information or to make a gift and support this initiative, please contact Carol Kounanis at 801-422-8294 or cek@byu.edu. 

**"There are few
nursing colleges
in the nation that
provide this type
of experience."**

—Ryan Strobehn



Inviting the Spirit into Health and Healing

How my experiences reflect the College of Nursing mission.

By **Hortencia Gutierrez Garcia**

I believe we are made of physical and spiritual matter. Hence, when I look at people, I try to see them as powerful spirits who exist in a marvelous structure known as a physical body.

Because of this belief, I have a desire to recognize and act upon the whisperings of the Spirit of God, especially while caring for others. The Spirit can see physical as well as spiritual things that I might not be able to see, but if I am in tune with the Spirit, these things can be revealed to me. I have found three principles useful to invite the Spirit into my life to help others.

The first principle is to be grateful for the simple but significant things. Gratitude is a virtue that helps us see the good in all things. For instance, one morning I did not want to go to clinical, but I went anyway. That day I had an elderly patient and spent much time talking with her. She told me about her cats, daughters, and neighbor. I just sat there listening and visiting, doing nothing related to nursing—or so I thought. I was not starting an IV or changing a wound dressing. But at the end of our conversation, the woman said, “Thank you for talking. I am grateful you came today.”

Her gratitude invited the Spirit into the room. It lifted my spirit and made me feel grateful for being there. This experience helped me realize that gratitude invites the Spirit into our hearts. I am now striving to start the day with a grateful perspective so that I can have the Spirit with me and be able to touch my patients’ spirits as this elderly woman touched mine.

The second principle is to have meaningful spiritual moments throughout the day—to feed your spirit. Many times I ignored the words of the Spirit because I was too busy to listen. It was as though delicate spiritual messages came but passed through my mind like crystal raindrops on an oily leaf.

To invite the Spirit into our hearts, we need to harmonize our thoughts with the Spirit. We can do this by singing a hymn, reading a verse of scripture, praying, or

Recently I was feeling sick. I went to a doctor and he told me, “All your results are fine; you need to exercise, sleep, and relax.” I started gradually by going to bed earlier—at first just half an hour earlier, then an hour, and now I go to bed between 9 and 10 p.m. instead of midnight. I also decided to detach myself from my laptop and go for a walk every afternoon.

I realized that soon, as a nurse, I will be the one who is instructing people to exercise at least 30 minutes, four times a week—so I had better start doing it myself!

After these and other changes, I felt better physically and spiritually. I felt alive and energized. When I do not care for my body, I feel overwhelmed and sad. These feelings are opposite to the feelings of the Spirit. I have the conviction that by caring for our physical bodies, we are caring for our spirits too, and we are more sensitive to the whisperings of the Spirit.

As nurses our lives are devoted to the service of our fellow men, but this does not mean that we should forget about ourselves. We will better serve others if we are physically and spiritually strong and positive. Our service will have a spiritual impact and go beyond physical healing. It will leave a warm feeling in our patients because we will have the Spirit and their spirits will recognize it. ☐

Winner of the College’s annual essay contest, Hortencia is a fourth-semester nursing student from Hidalgo, Mexico.



closing our eyes to let go of anger or disappointment, to reset our minds.

Find the ways in which the Spirit talks to you and embrace them. Staying constantly receptive to the Spirit provides an open channel for communication. As nurses, we can have a greater impact when our care is guided by the Spirit. It is essential for us to pause and make time to invite and hear the Spirit throughout the day.

The third principle is to care for your body. As a student, I find myself justifying my sedentary life because of school.

The Job I Loved the Most

This article contains excerpts from the BYU Homecoming 2014 address by Susan “Susie” Mathis Kochevar, MN, RN, CEN

“For just a moment consider the myriad of career opportunities before you,” began Susie Kochevar in her lecture to College of Nursing students, friends, faculty, and alumni. “I will share some of the ways I have been blessed as a nurse. I will also showcase some of the hairstyles I have had over the years,” she joked, displaying an on-screen collage of her name tags and ID badges.

In October 2014 Susie Kochevar (AS ’83, BS ’87) received the university’s Alumni Achievement Award for the college in recognition of her service and contributions to the nursing profession. As a nurse educator, she has trained various military, emergency-responder, medical, and civic groups while resolving to have fun along the way. Kochevar outlined the jobs she has enjoyed and the skill sets she acquired from each. She said she puts her skills into mental files and then draws on them as needed when faced with new challenges or duties.

A current member of the College of Nursing alumni board, Kochevar started her nursing career as a nurse’s aide for the Doxey Hatch Medical Center in Salt Lake City. From this foundational job, she acquired morning/evening routine-care techniques, time management skills, and a love of the elderly.

“I want you to realize that you can either have a job and go through the motions or do your job, love it, and truly make a difference,” said Kochevar. “I have found that no matter what task I perform, I can find joy and happiness in completing each element. Look for the good in each assignment and you can gain much from that situation.”

Nursing school helped her develop a foundation for healing others, she said. “My time at BYU taught me how to learn and that I could do scary stuff. The things that made me most afraid had to be dealt with before the end of the semester as we moved on to other procedures that seemed even more intimidating.

I am glad I just dove in and learned, rather than agonize about everything that needed to be known.”

Following graduation Kochevar took a nursing position at Castlevue Hospital in Price, Utah, where she realized that you can learn much from coworkers and that when you are employed in a small hospital, you quickly become a jack-of-all-trades.

Later in her career she was among 20 nurses called to serve a welfare service mission in South America for The Church of Jesus Christ of Latter-day Saints. She developed a self-reliance program and helped members of the Church learn to solve problems with their own resources. It was during this time that she gained a love for Latin people, learned the Spanish language, and met her future husband.



Upon returning from South America, she began working on the oncology/urology floor of St. Mark’s Hospital in Utah’s capital. “This position impacted me greatly and taught me about the grief process as well as handling terminal patients,” she said. “We may not have power over when we go from this life, but there certainly is dying with dignity.”

Kochevar shared that many times as a nurse you are running around the unit responding to calls, orders, and requests. At first you may want to yell to your peers, “Don’t just stand there—do something!” But she said the best advice for times like this is sometimes the opposite: “Sometimes don’t do something, just stand there. Just be human with someone else—that is the healer’s art.”

Perhaps a listening ear or gentle handhold does a world of good for patients. “We are guests at very private moments in people’s lives,” Kochevar said. “We can’t alter the circumstances of how they got there, but we *surely* can make a difference in how that event is remembered [by them] *forever*.”

Throughout her career, Kochevar has taught nursing skills and procedures to many, including at Utah Valley Community College (now Utah Valley University), at a paramedic school, and to other emergency medical services teams. While living in Henderson, Nevada, just outside Las Vegas, Kochevar has taught paramedic renewal education to Special Operations military medics. “I find this group to be quite humble and a teachable population,” she said. “They appreciate this type of education and have use for it on actual military missions.” She also has had the opportunity to help soldiers with “mommy medicine,” like dealing with stomach aches and muscle cramps.

“Be open to the many career opportunities that will come to you,” Kochevar concluded. “This brings new challenges, skills, and enjoyment if you let it. Therefore the job I loved the most was . . . all of them—for different reasons.” ■

**“Look for the
good in each
assignment and
you can gain
much from that
situation.”**

—Susie Kochevar

Alumni Updates

Two retired faculty members recently enjoyed milestone birthdays: **Marian Jensen** celebrated 80 years last August and **Evelyn Jorgensen** marked 90 years in November.

Catherine Tooke Whittaker (BS '74) has served as a registered nurse in the labor and delivery unit of Utah Valley Regional Medical Center for 40 years, working as a fetal medicine high-risk pregnancy specialty nurse.

Dr. Paula M. Meek (AS '78, BS '82) is a professor, a senior faculty scholar, and chair of the Adult and Gerontological Health Division at the University of Colorado Anschutz Medical Campus.

Claudia Trayner (MS '83) is a faculty member with Everest College; she previously retired from teaching at the University of Utah College of Nursing after nearly 24 years.

Susan K. Rasmussen (MS '88) is the Vernal campus coordinator of the Utah State University satellite location and oversees its associate's degree in nursing program.

Amanda Hadley McCoy (BS '05) works part-time as the ICU educator at Mountain View Hospital and is helping to start a new neurology program; she is also a part-time instructor for the college's N473 course (Lab/Sim for Adults in Crisis) and a full-time mom of two beautiful little girls.

Kimberly C. Mortenson (MS '05) is celebrating eight years as a nurse practitioner with American Fork Pediatrics.

Brett R. Lindsay (BS '08) now specializes as a certified registered nurse anesthetist in St. Cloud, Minnesota.

Adam C. Crawford (BS '09) obtained his master of science in nursing from the University of Tennessee at Chattanooga and is now working as a certified registered nurse anesthetist in southwestern Virginia.

Jerome C. Ferrin (BS '09) has served almost five years as a charge nurse in the United States Army. He has spent the last two years in Korea with a post-anesthesia care unit and ambulatory surgical center. He spent the first three years in a med/surg unit while stationed at Fort Sam's Brooke Army Medical Center in Houston, Texas.

Katie Thornton Ruri (BS '10) began a master's program with a nurse practitioner track at Purdue University. She also works as an RN BSN clinical instructor for the university's undergraduate students.

Kelly A. Cadogan (BS '12) recently began a doctor of family nurse practitioner program at the University of North Carolina at Chapel Hill and works as a registered nurse at Duke University Hospital.



Six individuals with connections to the BYU College of Nursing recently participated in a Utah Honor Flight experience—a chartered airplane that takes veterans to Washington, DC, to view their war memorial and commemorate their military sacrifice and service. Pictured (from left) on the back row are associate teaching professor **Ron Ulberg** and associate dean and teaching professor **Dr. Kent Blad (MS '99)**—both veterans themselves—as well as grad students **Petr Ruda (BS '09)**, **Marthea Hale (BS '13)**, and **Jason Egan (BS '13)**. **Kathlyn J. Thatcher (AS '82, BS '89)** participated in a flight the following weekend. In May the college will sponsor a veteran Honor Flight. (See page 18 for details and how you can get involved.)

Michael S. Robinson (MS '13) just finished his first year as a family nurse practitioner at North Bend Medical Center in Coquille, Oregon.

New promotion? Advanced degree? Recently published?
Let your peers across the country know. Email nursingpr@byu.edu. Your news may be included in the next edition of *Learning the Healer's Art*.

IN MEMORIAM

Beulah Rhodes Sorensen (BS '50)
LuJeanne Hacking Holmstead (BS '59)
Janet Jaspersen (BS '59)
Judith Ann Lawrence Heer (BS '64)
Carol Young (AS '66)
Phyllis June Rodgers Jeffs (AS '67)
Joyce Berry March Harbrecht (AS '69)
Katherine Cowan Evans (BS '70)
Eileen Hyde (BS '72)
Howard Elbert Tomkinson (AS '73)
Deborah Jan Belnap (AS '74)
Moneta Lou Shepherd Fritz (AS '74)
Paula D. Winsor (AS '84, BS '85)

Adults with Type 1 Diabetes: Lifetime Support and Management

Donna Freeborn, Associate Professor, PhD, CNM, FNP

On Tuesday and Thursday evenings you can find three to four dozen people sitting in a crowded waiting area at the Volunteer Care Clinic (VCC) in Provo,

where they will receive free healthcare and pharmacy services and, if needed, referrals for low-cost primary and specialty care. The VCC provides care that does not involve much cost, such as treating colds or flu and assessing needs for diabetes care. Many in the community do

not otherwise have access to vital office visits such as these due to their lack of insurance or the inability to afford co-payments or prescriptions.

Associate professor and graduate program coordinator Dr. Donna Freeborn (AS '74) encourages her master's degree students to participate in the clinic, where she volunteers a shift each week herself as a family nurse practitioner (FNP) and where numerous undergraduate students also volunteer each semester to gain clinical experience.

While it's not used as a research lab, the VCC reminds Freeborn that her faculty area of interest is vital. Freeborn teaches courses in applied pharmacology as well as diagnosis and management of adult common disorders, and her research focuses on diabetes and its implications for family members. She usually mentors three or four graduate students each year and involves at least one directly in her research.

Freeborn recently completed a study exploring family support and its effects on adults with type 1 diabetes. She shared her findings last July at a podium presentation during Sigma Theta Tau

International's Nursing Research Congress in Hong Kong. Freeborn's qualitative study consisted of two in-depth interviews with each of 23 females and 12 males ranging from 19 to 70 years old with a scale of 2 to 35 years since diagnosis.

The first interview allowed the participants to answer the prompt "Tell me about growing up and living with type 1 diabetes." The interviewers used additional prompts such as "Tell me more about . . ." or "Can you explain that further?"—but the participant directed the interview.


The second interview took place approximately one week later. The interviewers inquired, "Tell us about when you were diagnosed with type 1 diabetes: How were your family and friends supportive/nonsupportive? How compliant have you been throughout your lifetime to your healthcare regime? What were the biggest factors in helping you stay compliant?"

Factors that increased compliance included positive family involvement both with siblings and parents; increased early independence in managing their diabetes; education about type 1 diabetes for both children and families; involvement of other influential adults in teaching the importance of diabetes management; motivation to live up to their dreams; and increased knowledge that compliance was possible.

Factors that decreased compliance included children viewing diabetes as a chore; feeling different from other children and family members; overprotective parents

who did not encourage independence and diabetes self-management; changing routines, such as going on vacation or transitioning to college; and being stressed due to the emphasis on diabetes management and health.

Participants in Freeborn's study described how when they were diagnosed with type 1 diabetes, they believed their life was over and that they would never be able to do the things they wanted to do. Children with type 1 diabetes need clear education about their disease. Learning how they can still participate in favorite activities and understanding their role in assuming self-management skills can help diabetic children and their families develop optimism for the future.

As an FNP with the VCC for the past decade, Freeborn has met and talked with individuals facing issues in their diabetes care. These discussions have allowed her to share the results of her research informally with these patients. Type 1 diabetes is a lifetime condition and both children and adults living with the disease need support to manage the condition and live healthy, active lives. 



Practices That Contribute to Student Learning

Shelly J. Reed, Associate Teaching Professor, DNP, APRN, CNE, PhD Student

Associate teaching professor Shelly Reed (AS '81, BS '84) believes in the use of "evidence-based teaching" and as a result

has researched many teaching techniques. In addition to a descriptive study on the use of blogging in an undergraduate nursing capstone course, she has researched debriefing practices that follow clinical simulation use.

Capstone Course Blog Research

Reed studied two capstone nursing courses in which instructors used blogs to supply a venue for reflection. She conducted focus-group interviews to obtain student views of the blog and blogging activity. Students were positive about

blog use and reported that the blog was helpful for debriefing, reflecting, socializing, connecting with peers, and progressing toward a career in nursing.

Reed says teaching strategies should be tailored to generational values and provide a learning culture that best facilitates learning. Current students have grown up with technology and expect information to be presented in an entertaining way. Reed's study provided "just a small bit of evidence," and more research is needed to identify how learning and critical thinking are affected by narrative pedagogies regarding interpreting and analyzing concepts and ideas. Reed says blogging, or online journaling, could be well-suited to today's generation of nursing students. In Reed's study, students said blogging helped them feel connected as a group and gave them a "safe" place to comment. The data obtained also suggested that they valued feedback provided by peers on the blog and learned from each others' experiences.

Clinical instructors reported that the blog provided a venue for students to synthesize their thoughts, especially on how experiences in clinical courses will influence their nursing practice. It became an effective form of immediate debriefing, since time is limited in weekly bridging. It also provided a sense of group support throughout the semester, allowing students to see that they are not the only ones experiencing struggles or concerns.

Simulation Debriefing Research

In other studies, Reed has examined debriefing practices after simulation activities.

Debriefing, or discussion following a simulation, has been identified as a crucial part of simulation learning. It provides an opportunity to resolve feelings about the experience and solidify the learning that has taken place. Through debriefing, students

can make plans to use what they have learned to improve their future clinical performance.

Many different styles and methods are in use for simulation debriefing, and Reed was curious as to which of these was most effective. A search of the literature in 2007 found no simulation debriefing evaluation tools, and as a result, Reed began her current research journey studying simulation debriefing. Reed designed an instrument that could be used by students to evaluate their debriefing experience after simulation, identifying items to be included on the scale through a literature review and peer-review process.

Testing of the instrument followed through two different research studies. The instrument, or "Debriefing Experience Scale" as Reed calls it, consisted originally of 39 items and was pared to 20 items through a statistical process called factor analysis. The completed instrument allows students to measure their simulation debriefing experience and the importance of those experiences to them. Reed has shared this instrument with more than 20 researchers from six different countries. While sharing with researchers in Saudi Arabia, Norway, and Korea has been fun, her most memorable "share" was with Jean Yockey (AS '81), an alumna and researcher in South Dakota. The Debriefing Experience Scale has been translated into Norwegian, with a published study showing the instrument had good potential for evaluating debriefing.

Reed has used her instrument to study discussion debriefing, use of video recording during debriefing, and written debriefing (journaling and blogging). Reed's plan for future research on debriefing includes developing an instrument that measures student learning by debriefing instructors. Her PhD dissertation will be on this topic.

Reed also works as a family nurse practitioner for OB Emergency Services at the University of Utah Medical Center and is a neonatal resuscitation course instructor there. Her volunteer efforts include being a manuscript reviewer for *Nurse Education Today* and a member of the International Nursing Association for Clinical Simulation & Learning (INACSL); the Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN); the Utah Nurse Practitioner Association; and Sigma Theta Tau International. 🇺🇸

Reed says teaching strategies should be tailored to generational values and provide a learning culture that best facilitates learning.

Faculty Achievements

College of Nursing faculty members continue to showcase their dedication to and expertise in the healthcare industry through a variety of achievements and publications. Following are a few notable examples of what they have accomplished.

JOURNAL ARTICLES PUBLISHED

Eden, L. M., Macintosh, J. L., Luthy, K. E., & Beckstrand, R. L. (2014). Minimizing pain during childhood vaccination injections: Improving adherence to vaccination schedules. *Pediatric Health, Medicine & Therapeutics*, 5. doi:10.2147/phmt.s50510

Erickson, K., **Freeborn, D.**, Roper, S. O., **Mandleco, B. L.**, Anderson, A., & Dyches, T. (2014). Parent experiences raising young people with type 1 diabetes and celiac disease. *Journal of Pediatric Nursing*. doi:10.1016/j.pedn.2014.09.011

Handley, A. P., & **Williams, M.** (2014). The efficacy and tolerability of SSRI/SNRIs in the treatment of vasomotor symptoms in menopausal women: A systematic review. *Journal of the American Association of Nurse Practitioners*. doi:10.1002/2327-6924.12137

Hunsaker, S., Chen, H. C., Maughan, D. M., & **Heaston, S.** (2015). Factors that influence the development of compassion fatigue, burnout, and compassion satisfaction in emergency department nurses. *Journal of Nursing Scholarship*, 47(2).

Larkin, A. H., & **Lassetter, J. H.** (2014). Vitamin D deficiency and acute lower respiratory infections in children younger than 5 years: Identification and treatment. *Journal of Pediatric Health Care*, 28(6), 572–582. doi:10.1016/j.pedhc.2014.08.013

Lassetter, J. H., Clark, L., Morgan, S., Brown, L. B., VanServellen, G., Duncan, K., & Hopkins, B. S. (2014).

Health literacy and obesity among Native Hawaiians and Pacific Islanders in the U.S. *Public Health Nursing*. doi:10.1111/phn.12155

Lassetter, J. H., Ray, G., Driessnack, M., & Williams, M. (2014). Consulting with children in the development of self-efficacy and recall tools related to nutrition and physical activity. *Journal for Specialists in Pediatric Nursing*. doi:10.1111/jspn.1209

Lee, J., Choi, M., Kim, S. S., & **Beckstrand, R. L.** (2014). Factor structure investigation of perceived facilitators and barriers in end-of-life care among Korean nurses. *Japan Journal of Nursing Science*, 11(2), 135–143. doi:10.1111/jjns.12014

Mabey, L., & VanServellen, G. (2014). Treatment of post-traumatic stress disorder in patients with severe mental illness: A review. *International Journal of Mental Health Nursing*, 23(1), 42–50. doi:10.1111/inm.12007

Merrill, K. C. (2014). Turning your infection prevention success into publishable research. *American Journal of Infection Control*, 42(6), S133. doi:10.1016/j.ajic.2014.03.286

Merrill, K. C., Sumner, S., Linford, L., Taylor, C., & Macintosh, C. (2014). Impact of universal disinfectant cap implementation on central line-associated bloodstream infections. *American Journal of Infection Control*, 42(12), 1274–1277. doi:10.1016/j.ajic.2014.09.008

Miles, L. W., Mabey, L., Leggett, S., & Stansfield, K. (2014). Teaching communication and therapeutic relationship skills to baccalaureate nursing students: A peer mentorship simulation approach. *Journal of Psychosocial Nursing and Mental Health Services*, 52(10), 34–41. doi:10.3928/02793695-20140829-01

Nuttall, C., & **Rasmussen, R. J.** (2014). Tendinopathy: Setting the record straight. *The Journal for Nurse Practitioners*, 10(9), 694–699. doi:10.1016/j.nurpra.2014.07.016

Palmer, S. P. (2014). Nurse retention and satisfaction in Ecuador: Implications for nursing administration. *Journal of Nursing Management*, 22(1), 89–96. doi:10.1111/jonm.12043

Valentine, J. L. (2014). Why we do what we do: A theoretical evaluation of the integrated practice model for forensic nursing science. *Journal of Forensic Nursing*, 10(3), 113–119. doi:10.1097/JFN.0000000000000041

BOOK CHAPTERS PUBLISHED

Heise, B. A., & Maughan, E. (2014). Building capability and capacity in tomorrow's nursing leaders: The role of cultural competency in political nursing advocacy. In L. Caputi (Ed.), *Innovations in Nursing Education: Building the Future of Nursing, Volume 2* (pp. 101–105). Washington, DC: National League for Nursing.

PRESENTATIONS DELIVERED

Anderson, P., & **Palmer, S. P.** (2014, September 25). Awarding cultural diversity grants: Helping to open the world. Poster presentation at the Sigma Theta Tau Leadership Conference, Indianapolis, IN.

Corbett, C., Nielson, J., **Valentine, J. L.**, & Wilkerson, D. (2014, October 13). Recognizing the physical and emotional needs of the leprosy-afflicted.¹

Corbett, C., Tracy, R., & Rodney, M. (2014, October 13). Screening for iron-deficiency anemia in school-age children in India.¹

de la Cruz, K., & Louder, E. (2014, October 25). Cultural considerations in a clinical intervention study in rural Ghana: Interface with formal and informal local community leaders. Podium presentation at the Transcultural Nursing Society Annual Conference, Charleston, SC.

de la Cruz, K., & Smith, P. S. (2014, October 24). Smith-de la Cruz theory of critical culture recognition in nursing (S-dTCCRN). Poster presentation at the

Transcultural Nursing Society Annual Conference, Charleston, SC.

Edmunds, D., & **Corbett, C.** (2014, October 13). Pack your bags: Shared insights of a global health program.¹

Freeborn, D. (2014, October 13). After the impact: Treatment of post-concussion syndrome.¹

Heaston, S., Valle, A., Wardell, L., & Murri, M. (2014, October 13). Improving health and smiles in Otavalo, Ecuador.¹

Heaston, S., & **Palmer, S. P.** (2014, October 25). To Ecuador with love: Making international research meaningful to nursing students. Podium presentation at the Transcultural Nursing Society Annual Conference, Charleston, SC.

Hullinger, A., & **Himes, D.** (2014, October 13). Risk perceptions and screening behaviors in women whose sisters or mothers received indeterminate BRCA 1/2

genetic test results, and The influence of family communication on the accuracy of risk perception in women with a mother or sister who has had breast cancer and indeterminate BRCA 1/2 test results.¹

Hunsaker, S. (2014, October 11). Compassion fatigue and burnout: Are you at risk? Podium presentation at the National Emergency Nurses Association annual meeting, Indianapolis, IN.

Kohl, J., Carter, D., & **Hunsaker, S.** (2014, October 13). Accuracy of blood and fluid loss estimation: A comparison among healthcare team members.¹

Lassetter, J. H. (2014, September 19). Anatomy Academy: The impact on student nurses. Podium presentation at the 2014 State of the Science Congress on Nursing Research Conference, Washington, DC.

Louder, E., & **de la Cruz, K.** (2014, October 13). Around the corner and across the globe: Cultural considerations for research in rural Ghana.¹

Lundberg, K., & Macintosh, C. (2014, October 13). You can do this.¹

Luthy, K. E. (2014, September 29). Understanding rationales for parental concerns associated with immunization exemption. Podium presentation at the National Immunization Conference, Atlanta, GA.

Macintosh, J. L., Beckstrand, R. L., & Perry, T. (2014, October 13). Employee vaccination rates: How are Utah pediatric clinics doing?¹

Macintosh, J. L., Luthy, K. E., Beckstrand, R. L., & Rogerson, A. (2014, October 13). NICU nurses' perceptions of obstacles and supportive behaviors in end-of-life care.¹

Macintosh, J. L., Luthy, K. E., Beckstrand, R. L., Eden, L. M., & Bainum, J. (2014, October 13). Improving adult immunizations: A community-wide project.¹

McEwan, K. (2014, October 10). Transformational charge nurses: Finding, developing, and being. Podium presentation at the Utah Nurses Association Centennial Celebration, Salt Lake City, UT.

Merrill, K. C. (2014, October 13). Implementation of interprofessional education (IPE): A pilot study.¹

Miles, L. W., & Harris, A. (2014, October 13). International nursing student collaboration: Russia and the U.S.¹

Miles, L. W., Valentine, J. L., Mabey, L., & Rossi, J. (2014, October 13). The effects of sexual assault on memory and consciousness: A retrospective chart review.¹

Palmer, S. P. (2014, September 19). Nursing students improving health in Ecuador: Research in a global service learning course. Podium presentation at the National League for Nursing education summit, Phoenix, AZ. (2014, October 13). Assessment: An integral piece of a global health and cultural competency course.¹

Palmer, S. P., & Heaston, S. (2014, October 23). More than just a vacation: Students learning transcultural nursing in a changing world. Podium presentation at the Transcultural Nursing Society Annual Conference, Charleston, SC.

Ray, G., & Hamblin, K. (2014, October 13). Empathy in nursing students: The impact of poverty simulation.¹

Valentine, J. L. (2014, August 12). DNA technology: The basics and advancements. Podium presentation at the Utah Bureau of Forensic Services Laboratory System Conference, Provo, UT. (2014, October 17). Now we know: Establishing baseline data on prosecution of sexual assault cases [Featured speaker]; Collaborative research study exploring STR and YSTR DNA analysis findings in sexual assault cases, and Collaborative retrospective study on DNA analysis findings: Community response and implications on practice [Poster presentations]. Academy of Violence and Abuse Symposium, Salt Lake City, UT.

Valentine, J. L. (2014, October 24). Forensic nurses as change agents: Implementation of the NIJ SANE Toolkit. Podium presentation at the International Conference on Forensic Nursing Science and Practice, Phoenix, AZ.

Valentine, J. L., Mabey, L., & Miles, L. W. (2014, October 25). Sexual assault victims with mental illness: Incidence and implications for forensic nurses. Poster presentation at the International Conference on Forensic Nursing Science and Practice, Phoenix, AZ.

Valentine, J. L., Miles, L. W., & Mabey, L. (2014, October 16). Sexual assault victims with mental illness: Incidence and implications. Poster presentation at the Academy on Violence and Abuse Symposium, Salt Lake City, UT.

Williams, M., & Picker, D. (2014, October 13). A review of the use of nonnutritive sweeteners/artificial sweeteners in establishing and maintaining healthy weight.¹

Wing, D., & Miles, L. W. (2014, October 13). On the ground with global health courses: Logistical wisdom.¹

Winters, B. (2014, October 3). Sliding down a slippery slope: Managing older adults on antiplatelet medications with traumatic intracranial bleeding. Podium presentation at the National Gerontological Nurses Association, San Antonio, TX.

Winters, B., Rasband, J., Strein, R., & Mabey, L. (2014, October 13). Images of the Navajo Nation: An art journaling experience.¹

Winters, B., & Roberts, M. (2014, October 17). Magnifying role identification within a complex team: An advanced intradisciplinary medical/surgical simulation. Poster presentation at Weber State University College of Nursing's annual research conference, Ogden, UT.

Whitt, K. J., O'Brien, T., Macri, C., & Wright, S. (2014, November 8). Effectiveness of an online genetics course for health professionals in improving core competencies in genetics. Podium presentation at the International Society of Nurses in Genetics 2014 World Congress on Nursing and Genomics, Scottsdale, AZ.

Whitt, K. J., Macri, C., & O'Brien, T. (2014, September 19). Optimizing health by improving nurse practitioner competence and confidence with genetics. Podium presentation at the Council for the Advancement of Nursing Science 2014 State of the Science Congress on Nursing Research, Washington, DC.

Note:

¹ Podium presentation at Brigham Young University College of Nursing and Iota Iota Chapter of Sigma Theta Tau International's Scholarly Works and Contribution to the Discipline annual conference, Provo, UT.

HONORS

Associate dean and teaching professor **Dr. Kent Blad** received a Presidential Citation from the Society of Critical Care Medicine, 19 January 2015.

Associate professor **Dr. Barbara Heise** received the 2014 Outstanding Nurse Educator Award from the National Gerontological Nursing Association at its annual convention.

Associate professor **Dr. Beth Luthy** received the Utah State Excellence in Research Award from the Utah Association of Nurse Practitioners for her example in education, clinical practice, research, leadership, and community service.

Associate teaching professor **Dr. Sheri Palmer** recently obtained Certified Nurse Educator (CNE) certification.

Assistant teaching professor **Julie Valentine's** poster on the collaborative study with the NIJ Crime Lab won Outstanding Poster at the International Association of Forensic Nurses conference.

APPOINTMENTS

Assistant teaching professor **Dr. Leslie Miles** became president-elect for the Utah Chapter of American Psychiatric Nurses Association.

Assistant teaching professor **Kevin McEwan** was elected chair of the professional development committee and board member of the Utah Organization of Nurse Leaders. He was also voted as treasurer of Sigma Theta Tau International, Iota Iota Chapter.

Assistant teaching professor **Lacey Eden** was elected chair of the Utah County Immunization Coalition.

Assistant professor **Dr. Karen Whitt** is now serving as secretary for the BYU Chapter of Phi Kappa Phi.



The Lifelong “Mission” of Nursing

Even though nursing student Beth Calderwood has deferred her studies to serve a mission for The Church of Jesus Christ of Latter-day Saints in Lubbock, Texas, she still has the ability to bless others with her nursing training. She relates the following:

Through a recent experience, I have realized that being a nurse is part of who I am.

My companion and I were finding people in a run-down apartment when we met Dilbert. He is an adult but a child in mind and in heart. He burned his hand with hot oil one day and had no idea how to take care of it.

I am grateful that the Lord put me in Dilbert's life so I could bandage him every time we visited. My heart aches for him, but I know that my Savior blesses all of us as we go through hard times during this mortal lifetime.

I appreciate my mission opportunity to learn more about the “Healer’s art.” I will have two years of nursing school left when I return next fall and am looking forward to it.

Beth is the recipient of the Horace A. and Mary B. Quinn Scholarship. You can help other nursing students learn the Healer’s art. Please consider making a gift today at give.byu.edu/nursing.

