

# LEARNING THE Healer's art

BRIGHAM YOUNG UNIVERSITY COLLEGE OF NURSING | FALL 2013



Fighting Anemia  
in Ecuador

PAGE 2

Introducing the New  
College Creed

PAGE 8



# Creating a Culture of Caring

**THIS PAST YEAR**, my first year as dean, was one of joy and learning—and work to meet the challenges of the changing healthcare environment and the university. Thank you for allowing me to be part of this extraordinary college. It is a pleasure to work with all of you—faculty, staff, donors, campus individuals, alumni, and graduate and undergraduate students—in some manner.

I watch as students meet the challenges of learning and develop into excellent nurses—individuals I would want to care for my family and friends. I pray daily that alumni, students, and employees of the College of Nursing will be successful and find joy in their education and employment.

To support the education of nursing students, it is necessary to foster a culture of caring among our faculty and staff. Through the new college creed (see page 8), we reveal how we developed this philosophy and, over the last year, how we have worked hard to make it part of our teaching and learning environment.

I hope this publication will provide a sense of the culture of caring within the college as faculty teach students about healthcare in community, national, and global environments. Our faculty, students, and alumni impact healthcare wherever they work, live, and serve. This magazine highlights some of their accomplishments.

For example, we spotlight Dr. Lassetter, a professorial-track faculty, and her



research on health concerns of Native Hawaiians and other Pacific Islanders. Also, three of our professional-teaching-track faculty, Drs. Kohl, Miles, and Anderson share their work on vitamin D replacement therapy, adult immunization rates of mentally ill, and the use of concept mapping, respectively, that they completed while finishing terminal degrees (doctor of nursing practice). I hope you enjoy flipping through the pages to get to know and celebrate those in the college who work hard every day to meet our goals.

There are also numerous individuals off-campus that contribute to our program's success. With August's convocation services there are now over

Through the new college creed, we reveal how we developed this philosophy and, over the last year, how we have worked hard to make it part of our teaching and learning environment.

6,400 college alumni! This makes it difficult to keep track of alumni honors and accomplishments. To help us stay in touch please keep your university alumni records current ([alumni.byu.edu](http://alumni.byu.edu)) and share a quick update with us now and then ([nursingpr@byu.edu](mailto:nursingpr@byu.edu)). I would love to hear your achievements (career, family, academic, etc.).

Again, thanks to all who have made my transition to dean an incredible experience. In many ways the change was seamless thanks to the previous dean, Beth Cole, with whom I served as an associate dean. She graciously mentored me and others for success.

I am honored and grateful to serve as your dean.

**Patricia Ravert**  
Dean, BYU College of Nursing

# LEARNING THE Healer's art FALL 2013



2

## 2 Anemia Hunters

For the past 10 years BYU nursing students have been traveling to Ecuador each summer to help reduce anemia rates in children.



6

## 6 The Afflicted in Our Midst

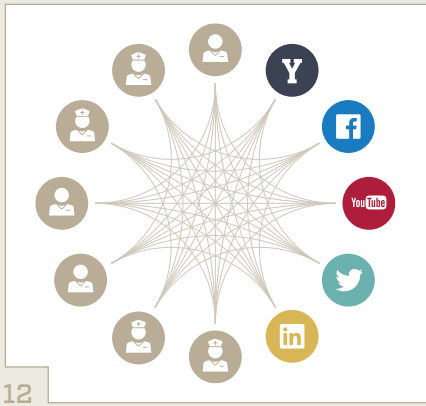
Nursing students see the diversity in their own community by serving in settings such as local prisons and abuse centers.

## 8 Introducing the College of Nursing Creed

The college's new creed serves as a guide to create a workplace guided by correct principles and to exemplify the Healer's art. (See the back page for the entire text of the creed.)

## 12 On the Internet

Ways to connect with the college using social media and tips to safeguard nurse-patient information.



12

### COLLEGE NEWS

- 10 Faculty Spotlight
- 11 Development
- 14 New Faculty
- 20 Research
- 21 Contribution to the Discipline

### ALUMNI NEWS

- 15 2012 Honored Alumna
- 17 Alumni Chapters
- 18 Alumni Updates and In Memoriam
- 19 Essay Contest Winner

### ON THE COVER

Rebekah Johnson, a BYU nursing student, checks the hemoglobin level of a six-year-old boy near Guayaquil, Ecuador.

"Pinched Finger," by Casey J. Kochevar ('12) is the winning image of the college's 2013 photo contest.

Patricia Ravert, *Dean*  
Mary Williams, *Associate Dean*  
Kent Blad, *Associate Dean*  
Kathryn Whitenight, *Assistant Dean*

Jeff L. Peery, *Editor*  
Charles Cranney, *Associate Editor*  
Curtis Soderborg, *Art Director*  
Barry Thornburg, *Photographer*

College of Nursing  
Brigham Young University  
500 SWKT  
Provo, UT 84602-5544

801-422-4144  
[nursing.byu.edu](http://nursing.byu.edu)





Bradley Slade

COMBATING  
MALNUTRITION  
IN ECUADOR

# ANEMIA HUNTERS

BY RACHEL PETERS

**I**n a highly developed country it is easy to take for granted the importance of preventative health care. Yet in less developed areas, where appropriate prevention methods are unknown or unavailable, easily preventable diseases can quickly escalate into serious health crises. Such is the case with anemia, or iron deficiency, in South America, according to associate teaching professors Sheri Palmer ('85), DNP, RN, and Sondra Heaston (MS '05), NP-C, CEN.

The World Health Organization (WHO) cites United States anemia rates to be between 4 and 14 percent.<sup>1</sup> In a small town north of Guayaquil, Ecuador, they hover between 36.5 and 48

percent, which WHO classifies as a serious health problem.<sup>2</sup>

Palmer and Heaston have been traveling annually to Ecuador since 2004 as part of the college's Public and Global Health course (PGH)—formally called Global Health and Human Diversity. They worked closely with local hospitals, government officials, and the nonprofit organization Hogar de Cristo (HDC). In HDC's first efforts to tackle the children's anemia, the charity had distributed a roll and bottle of soy milk to children as a school snack but lacked a system to track its effectiveness. "They felt like they were spinning their wheels," Palmer says.



In 2008 HDC approached Palmer and Heaston about anemia in Guayaquil's school children. "They could see that the children were tired, sickly, and not doing well in school," says Heaston. "So they asked if we would be willing to help."

Palmer and Heaston began tracking the height, weight, and hemoglobin levels of these children. Their research found that up to 48 percent of the children they tested suffered from anemia, so they then decided to work together with nursing students and HDC to develop some ideas for different interventions.

In assessing the probable causes of anemia, they determined two likely factors. First, the children in Guayaquil get few nutrients from their diet. "Due to poverty and economic conditions, most children's diets are almost entirely white rice," says Heaston. "Rice is cheap, fills the stomach, and has little nutritional value." Second, the children suffer from parasites contracted from contaminated water. In 2009 HDC conducted a stool examination and discovered that almost 90 percent of five- and six-year-olds tested positive for parasites, which prevent the body from properly absorbing nutrients such as iron.

With these two causes in mind, Palmer and Heaston set out to develop treatments. Currently five local elementary schools participate in the study, each receiving a different treatment. One school receives a children's vitamin fortified with iron, another receives antiparasitic medicine, a third receives both the vitamin and the antiparasitic, and a fourth receives a roll and soy milk. Additionally, all schools receive dietary education presented by a local nutritionist working for the Guayaquil Health Department. Beginning this year a fifth set receives only the educational training and acts as a control group. School teachers deliver these interventions throughout the academic year.

In 2012 Palmer, Heaston, and their team of students tested the children in May and November. In May an average of 48 percent of children tested positive for anemia. In November, after six months of intervention treatments, the average had dropped to a mere 13 percent. The school with the lowest rates received both the vitamin and antiparasitic—followed by, oddly enough, the school that received the soy milk and a roll.

**Top:** Charity Rowley and a second-grade boy after his anemia test. **Opposite Left:** BYU nursing students James Hill, Sarah Allred, Myken- na Rodriguez, and Melina Gheresi teach chil- dren about nutrition, hand washing, and teeth brushing at an elementary school in Ecuador's Andes Mountains. **Opposite Right:** Sarah Allred and Melina Gheresi check hemoglobin levels of children at Escuela Soldaditos de Futuro (School for Soldiers of the Future).

"The soy milk and roll as the second most effective treatment surprised us," says Heaston. "The soy milk does not have any iron in it." She believes more research is needed to determine why this technique was successful.

When the college's students returned in May 2013 to assess the children, they discovered that the anemia averages had risen to 30 percent. "There are a few explanations," says Palmer. "In Ecuador summer break is from January to April, so the kids had not received treatment for four months. That break is also during the rainy season so there could be limited access to food and other resources." Palmer and Heaston are searching for a treatment that will be sustainable and reliable. The group also plans to return this November for another follow-up visit.

Students who are in Guayaquil as part of the PGH course assist with the research and testing. This May Charity Rowley ('13) helped test hemoglobin and compile data. She explains that many children are afraid to get their finger pricked for the hemo- globin test, especially after hearing the younger children cry out. Rowley describes her efforts to calm the children: "About a mil- lion times I said the words '*Tengo que pinchar tu dedo pero no duele mucho y después un caramelo*.' In English that is 'I have to prick your finger, but it does not hurt much and afterwards you will receive a candy.'" Most children admitted afterwards that it did not hurt.

Michael Brizzee ('14) conducted research in Guayaquil for a BYU Office of Research and Creative Activities (ORCA) research grant he received. His research is in conjunction with Palmer and Heaston's studies and focuses on the children's diet and nutrition. "I'm interested in what exactly the kids are eat- ing," says Brizzee. "I would ask kids to explain what they had eaten for breakfast, lunch, and dinner, and the ingredients used in these meals." He focused on fourth through sixth graders— those old enough to describe and identify the individual ingre- dients in their meals.

Brizzee also interviewed the children's mothers to get a bet- ter understanding of what they regularly eat and to explain the importance of a balanced diet. "There are simple changes that parents can make to improve nutrition," Brizzee says. "Feeding kids a little more meat or milk can make a significant difference. It is more sustainable if the parents are the ones implementing these changes."

Similar anemia projects are underway in two additional PGH sections. This spring associate teaching professor Cheryl Corbett, APRN, MSN, NP-C, started a pilot study in India, lead- ing nine BYU nursing students to examine 200 children and



record their anemia rates. They also taught 50 childbearing-age women about nutrition and healthy eating habits. Next year assistant teaching professor Karen de la Cruz, MSN, ACNP/ FNP, and her students will begin anemia tracking in Ghana. The college's PGH groups share with each other information gar- nered as they collaborate with many organizations around the world in the search for solutions.

As per a global report from the United Nations System Standing Committee on Nutrition, anemia affects 34.8 percent of the population in Ghana, while India's rate is 52.1.<sup>3</sup>

While in Ecuador students strive to provide healthcare educa- tion to the community, focusing on many health topics such as CPR, nutrition, hypertension, first aid, and diabetes. They also screened for blood sugar, blood pressure, and body mass index



(BMI). "Just being aware of these things can make a big differ- ence in someone's health," says Rowley.

Students and faculty also taught at a fire station, schools for the disabled, and in rural communities. In the rural com- munities they focused on teaching Ecuadorian nurses safe and effective birthing techniques. "The nurses there impressed me," Rowley says. "They were humble, willing to learn, and open to new ideas. Their learning mindset was a great example to me."

The local press and government of Guayaquil were also highly receptive to BYU's presence and efforts. This year the local news- paper *El Comercio* wrote an article entitled "*Los cazadores de la anemia libran su lucha contra la desnutrición*" or "The 'ane- mia hunters' wage their fight against malnutrition." The article describes the importance of Palmer and Heaston's efforts to prevent anemia. The director of a local school, Angela Coloma, describes in the story the consequences of poor nutrition in her students: "Many do not eat breakfast and are distracted, not focused, and do not have good school performance."

Local government officials are particularly interested in this research. Eventually, Palmer and Heaston want to work together with HDC and the local government to determine an effective

"They could see that the children

were tired, sickly, and not doing

well in school. So they asked if we

would be willing to help."



solution. They have had considerable success with their research and intervention studies thus far, and are working to eliminate redundant variables to choose the best treatment plan.

"This will make such an impact on these children's lives," Palmer says. "The earlier a child's health improves, the better they will do in school. They will miss less school, increase their knowledge, and be more likely to graduate from high school, at which point they can find a job to help them out of poverty. The whole community improves with healthier and more educated individuals."

In this sense healthcare and education have a cyclical rela- tionship. The better healthcare education individuals receive, the better they can prevent disease and live healthy lifestyles. And the healthier individuals are, the better they will succeed educa- tionally and professionally, benefiting the entire community. 🇨🇷

#### NOTES

1. [www.cdc.gov/nchs/fastats/anemia.htm](http://www.cdc.gov/nchs/fastats/anemia.htm)
2. [bit.ly/1a36Qjf](http://bit.ly/1a36Qjf)
3. [bit.ly/13a6L4S](http://bit.ly/13a6L4S)



At first glance it can be easy to see Utah County as essentially homogenous with its nicknames such as “Happy Valley” or “the bubble.”



# THE AFFLICTED

## IN OUR MIDST *Caring for Local At-Risk Populations*

While dozens of senior nursing students travel abroad to fulfill their Public and Global Health clinical, one group stayed in Utah County to discover the culture and diversity within their own community.

These students were enrolled spring term in a class section titled “At-Risk Populations,” which refers to groups that either have unique healthcare needs or are at risk to receive inadequate health care. Throughout the course students have the opportunity to serve in several clinical settings, including rotations at the Utah County Jail, the Utah State Prison, the Children’s Justice Center (a support center for abused children), the Dan Peterson School (a school for severely disabled children), the Utah Valley Regional Medical Center’s Diabetes Management Clinic, and other community healthcare services.

In 2004 associate teaching professor Peggy Anderson, DNP, MS, RN (AS ’83, BS ’99, MS ’01), was tasked to develop such a class section. Anderson, then serving as a Relief Society president at the Utah State Prison, had the idea to introduce her

By Rachel Peters

students to such diversity. After negotiating with the prison’s nurses, she started the students on clinical rotations there.

The course addresses several issues that nurses will likely face in practice, such as becoming culturally competent, providing appropriate care (based on background), and understanding the red flags for abuse. Throughout this course students better understand cultural humility, the importance of advocacy in nursing, and their obligation to serve their own community.

### CULTURAL HUMILITY

One of the most essential skills students learn throughout their experiences in Utah County is what Anderson likes to call cultural humility—the ability to simultaneously be aware of individual circumstances while remaining unbiased and objective to sensitive information.

Maynard Dixon (1875-1946), *Forgotten Man*, 1934, oil on canvas, 40 x 50 1/8 inches. Brigham Young University Museum of Art, gift of Herald R. Clark, 1937.

This is especially important while working in the jail and prison. Lauren Moffitt (’13) came to understand that inmates are just regular people who have made poor decisions. “You have to put aside all judgment so that it doesn’t impact the quality of care you provide,” she says. “Everyone deserves access to quality healthcare regardless of the choices they’ve made. Each is a child of God, and it is our responsibility as nurses to treat them as such.”

Several students first wondered what they were going to learn staying in their own community. Christine Thorsen (’13), who grew up in Orem, says, “I’ve spent my entire life in Utah County. I thought I had seen what there was to see here.”

At first glance it can be easy to see Utah County as essentially homogenous with its nicknames such as “Happy Valley” or “the bubble.” However, the county is not immune to poverty, physical and sexual abuse, or drugs. (The Utah County Children’s Justice Center suggests that the county’s rates of child sexual abuse are comparable to national averages.) Reflecting upon her experience, Thorsen said, “This surprising experience opened my eyes to what’s around me. You don’t need to leave the county to encounter someone with a completely different background.”

“Our population is certainly at risk, as many are poorly nourished, experiencing withdrawals, and dealing with varying degrees of mental illness,” says Alan Bennett, the nursing supervisor at the Utah County Jail. “Every shift brings its own challenges as we see everything from ingrown toenails and sunburns to acute appendicitis, suicide attempts, and treating the severely mentally ill.” Bennett believes that encountering these situations can be beneficial to a nursing student’s education and career.

Anderson describes the importance of looking within the community and recognizing those who are struggling. She says, “When people look like you, it’s easy to assume you share the same background, when in reality your circumstances could be radically different. It is important to be aware of and sensitive to these differences in order to provide appropriate care.”

### ADVOCACY AND EMPOWERMENT

With an understanding of cultural humility and a holistic approach toward each individual, nurses are in a unique position to compassionately advocate for the best interests of the patients and empower them to make proactive choices.

During the course Molly Moses (’13) had the opportunity to serve in the Children’s Justice Center, the Utah County Jail, and the Utah County Prison. She said that although children and inmates seem like they would have nothing in common, she noticed that they share a key characteristic.

“Both children and inmates don’t have a voice,” Moses explains. “Each group needs someone to advocate and provide

a voice for them. As nurses we can be that voice.”

In the course students are given concrete instruction on how to provide such a voice. Each student participates in the Children’s Justice Symposium, put on by the Utah County Children’s Justice Center. The event brings together professionals from the community, including lawyers, social workers, and police officers, to provide training and collaboration in dealing with physical and sexual abuse within the community.

For Thorsen the messages at the Children’s Justice Symposium really hit home. After learning about the signs and symptoms of child abuse, Thorsen worried about her one-year-old son. “I wondered how I could ever trust anyone with my son,” she says, “because so many abusers aren’t strangers but close friends or family.”

After her initial distress, Thorsen realized that by knowing the red flags for abuse she is empowered. With such knowledge not only will she be a better nurse, she will be a better mother. “Education is key. Because I now understand what to look for, I am better prepared to advocate for my patients and for my son.”

### OBLIGATION TO SERVE

With an improved understanding of advocacy, Anderson hopes that her students will begin to see that with knowledge comes an obligation, a responsibility to serve in their own communities.

“Because of our understanding and knowledge of the connection between physical, mental, and spiritual health,” she says, “we have an obligation to serve in the public setting, even outside the workplace.”

Following her own counsel, Anderson has volunteered within the elementary school system to help children with literacy, inspiring young children to become educated and make good decisions. She says that although it takes time, “You will receive more than you ever give. It feeds you spiritually, mentally, and physically. I truly believe that when you are in the service of your fellow men, you are serving your God” (Mosiah 2:17).

Moses echoes these statements. “Heavenly Father knows and understands the education we are getting. Because of this, we have a much greater responsibility to act upon and use this knowledge to empower and advocate for individuals regardless of their circumstances.”

“When people look like you, it’s easy to assume you share the same background, when in reality your circumstances could be radically different.”



# Creed

PHILOSOPHY FOR AN  
ACADEMIC COMMUNITY: INTRODUCING  
THE COLLEGE OF NURSING

The word *creed* comes from the Latin *credo*, meaning “I believe,” and helps identify an organization’s core beliefs and guiding principles. The BYU College of Nursing recently adopted a creed in order to become a better catalyst for learning; expanding and sharing knowledge; and developing in students, faculty members, and alumni the capacity for creative and critical thinking. The college hopes that friends and alumni will be blessed by and share in these principles. In the bolded text, portions of the creed are highlighted, followed by commentary in italics.

BY JEFF L. PEERY

## **The faculty, staff, and students of Brigham Young University College of Nursing seek to achieve a workplace environment guided by the principles of the gospel of Jesus Christ.**

*The better individuals feel at work, the more likely they will take pride in their job activities and be loyal toward their employer. To make a positive and encouraging workplace environment, those associated with the college should incorporate and demonstrate the values of the gospel of Jesus Christ in their personal lives and provide care to patients in clinical and classroom settings that reflects these teachings. These principles are a way of life, a model for every day—not just on Sundays or when around other members of The Church of Jesus Christ of Latter-day Saints. Coworkers can share gospel messages through words and actions.*

## **We will exemplify the spirit of the Healer’s art**

*The college teaches students to care for the whole patient—physical, psychosocial, and spiritual. “And Jesus increased in wisdom [mental] and stature [physical], and in favour with God [spiritual] and man [emotional/social]” (Luke 2:52). Jesus Christ as the Master Healer can make one whole—make one complete—through His Atonement.*

## **Act with integrity**

*This foundational principle reflects the thirteenth article of faith: “We believe in being honest, true, chaste, benevolent, virtuous, and in doing good to all men.” The Church believes in such integrity and adherence to a system of values, and Brigham Young University believes in and maintains the Honor Code. President Cecil O. Samuelson said, “We preach it, we teach it, and we must practice it with soundness and completeness” (“Integrity,” BYU devotional address, Sept. 14, 2004, [speeches.byu.edu](https://speeches.byu.edu)). All students and alumni should be honest and forthright in all endeavors, including being open and transparent in business practices (by sharing relevant and complete information with others) and by respecting confidential information received from patients and colleagues.*

## **Collaborate for mutual success**

*Highly reliant on each other, faculty and staff realize they share university resources and know they are working toward the same results. Those connected with the college should evaluate their relationships with others and strive to be team players instead of seeking self-interest and personal gain.*

## **Achieve excellence in our work**

*Graduates of BYU College of Nursing are known worldwide for their hard work and dedication to excellence. Potential employers value the knowledge, experience, and mentoring of our leading faculty and seek candidates simply because they are college alumni. Since this reputation, this trust, can be lost quickly, we should all constantly strive to deliver quality results that will benefit future students.*

## **Find joy in the accomplishments of others**

*Like Alma in the Book of Mormon, it is important to find joy in others’ achievements (see Alma 17:2) and relish in others’ good fortune—individually and collectively. The Dalai Lama taught, “[This] attitude is a powerful antidote against envy, which is not only a source of unnecessary suffering on the individual level but also an obstacle to our ability to reach out and engage with others” ([plus.google.com/+DalaiLama/posts](https://plus.google.com/+DalaiLama/posts), Feb. 6, 2012). Individuals certainly can find the path to happiness by supporting and encouraging others.*

## **Express gratitude and optimism**

*Gratitude is a core component of many religions and is essential to Christianity (see D&C 59:21). Also, case studies and research show that cultivating and expressing gratitude can reduce symptoms in cases of mild to moderate depression and anxiety. Practicing gratitude can also lead to increases in optimism, vitality, happiness, a sense of well-being, and a greater satisfaction with life (see “The Grateful Disposition,” Journal of Personality and Social Psychology, 82[1].). Following the counsel of modern-day prophets to live with a sense of gratitude invites a sense of joy into one’s life.*

## **Communicate respectfully and directly**

*Communicating respectfully and appropriately—whether in agreement or disagreement, using the right medium, style, and tone for the situation—enhances relationships. Much can be learned by listening respectfully to others, valuing their contributions, trying to understand their viewpoint, and solving problems in a clear and caring manner. This counsel applies not only to patients, families, and physicians but also to colleagues, office staff, and administrators.*

## **Value the unique gifts of others**

*Each person receives unique gifts and talents; many are innate and some learned. These traits are mostly given for the common good and not for the express benefit of the recipient. Combined, the gifts among us create a beautiful orchestra full of rich harmonic resonance. The Apostle Paul understood the importance of working together harmoniously, and he realized that achieving goals comes best through shared success (see Philippians 2:3–4).*

## **Work together toward the goal of preparing nursing students for a promising professional future**

*The College of Nursing aims to create a well-rounded academic program. As faculty members assist students, the students learn much about themselves and their abilities, skills, and interests. They gain experiences that prepare them for any entry-level position—even in a tough job market. A student’s education, the ability to think creatively, and a willingness to try new and difficult things will improve not only their marketability but also their quality of life. Many graduates have shared that their professional accomplishments have come from the mind-set they acquired at BYU.*

## **A Christ-centered life**

*Faith in Jesus Christ not only brings blessings in this life, but it is necessary for eternal salvation and exaltation. “As we follow His example and live according to His words, we will feel our faith growing until it becomes an active force in our lives, helping us repent of our sins and deal with our challenges. Faith in Jesus Christ is not a simple declaration of belief—it is a source of power we can renew every day by studying His words, praying, and by trying harder to follow His example” (“Faith in Jesus Christ,” [mormon.org/beliefs/jesus-christ](https://mormon.org/beliefs/jesus-christ)).*



## A Brief History of the Creed

During winter semester 2012 faculty were surveyed as to the ideal settings for a workplace environment. Results were analyzed and grouped into themes. Assistant teaching professor Linda Mabey of the College Council then composed the college creed with guidance from its other six members. After Dean Beth Cole approved it, she presented it at college assembly for input, and faculty and staff discussed the document and suggested minor modifications.

As she took office in August 2012, Dean Patricia Ravert adopted and implemented the statement and asked faculty to review a part of the creed each month at college assembly and explore ways to expand its reach. Since then the College Alumni Board and the Student Nurses Association (SNA) have pledged their support of the creed and will use the themes in their planned activities and events.

## The Rationale for the Creed

The impetus behind the creed was the desire to communicate and inspire unity in the College of Nursing community. The two goals—(1) a workplace guided by correct principles and (2) exemplifying the Healer’s art—combine with seven shared values to prepare students for their lives, not just for their professions. The principles of the creed focus on quality, respect, and tolerance—to be considered not by obligation but because of an inner vision and desire. By living the creed, students will not only become experienced nursing professionals but also moral, Christ-like individuals. ✚

## Winning with WIN: A Prestigious Professor Appointment

By **Rachel Peters**

**THROUGHOUT** her career Jane Hansen Lassetter (AS '81, BS '98, MS '01) PhD, RN, has been a leader in her professional communities. Among many positions held she served as staff president at Primary Children's Medical Center in 2001 and currently is president of the Iota Iota-at-Large Chapter of Sigma Theta Tau International.

Most recently Lassetter was elected to serve as governor at large for the Western Institute of Nursing (WIN). Lassetter is only the second of BYU faculty to serve on the executive board of WIN, joining former dean Elaine Sorensen Marshall for this esteemed honor.

While pursuing her master's degree at BYU, Lassetter first presented at WIN's annual research conference in 2001. Since then she has made 14 other presentations and served as an elected member and chair of WIN's nominating committee (2008–2011).

Lassetter's interest with WIN stems from its high standards of professionalism and its dedication to unifying nurses across different areas of practice. "I like the feel of the organization," Lassetter says. "There's a great sense of camaraderie among the nurses." This camaraderie reflects WIN's mission statement: "to bring together a diverse community of nurses in a shared commitment to advance nursing science, education, and practice to improve health outcomes."

This sense of community is especially valuable to her. "Serving in leadership positions has made me realize the

potential of what nurses can do if they get organized," Lassetter says. "Nurses are the nation's largest group of health-care professionals and truly have the ability to make important things happen within healthcare."

Through her newly elected office

children's body size and shape, the role of food in their overall well-being, and the relationships between their health literacy, body mass index, and demographic characteristics.

Most recently Lassetter conducted an intervention study at the Hawaiian



**"Serving in leadership positions has made me realize the potential of what nurses can do if they get organized. Nurses are the nation's largest group of healthcare professionals and truly have the ability to make important things happen within healthcare."**

Lassetter will participate on the board in overseeing WIN's advancements in nursing education, practice, and research. She feels this position will provide positive visibility to BYU College of Nursing. "I hope to represent the college's level of excellence through my service," she says. She also believes her involvement is particularly relevant in connecting BYU with nurses in the surrounding region.

In addition to her leadership positions, Lassetter, an associate professor, is an active researcher and educator. Her research focuses on the health concerns of Native Hawaiians and other Pacific Islanders (NHOPI). In Utah, Nevada, and Hawaii she has studied the effects of migration on NHOPI populations, their personal and cultural expectations for

Cultural Center in Midvale, Utah, where she, a graduate student, and twelve undergraduate research assistants collaborated with NHOPI community leaders to improve participants' nutrition and to increase physical activity.

Lassetter's peers value her efforts of research and citizenship balanced with a passion for educating and mentoring students. Associate teaching professor Peggy Anderson (AS '83, BS '99, MS '01) DNP, RN, says of Lassetter, "She loves her fellowmen, the Healer's art, and, most importantly, students. She has a strong professional presence and an impeccable work ethic. She is one of the hardest-working people I know and wholeheartedly serves the College of Nursing with passion and enthusiasm." 📌

## YOU'VE GOT THE WHOLE WORLD IN YOUR HANDS

**From giving newborn kits to mothers for their babies in Ecuador to changing bandages and dressing wounds of individuals in a leper colony in India, BYU nursing students have a hand in helping and saving lives all around the world.**

By **Carol Kounanis**

**THE WORDS** of a familiar American folk hymn tell us "He's got the whole world in His hands," and I truly believe that. I also believe in the words of one of our latter-day prophets, Spencer W. Kimball, who said, "God does notice us, and He watches over us. But it is usually through another person that He meets our needs. Therefore, it is vital that we serve each other" ("The Abundant Life," *Ensign*, July 1978, p. 4). If that is the case, then we have the whole world in our hands as well, and all of us have the potential to make a significant impact in the lives of others.



Nursing student Alyssa Callister at the Gardner Women & Newborn Center in Murray, Utah.

In every issue of *Learning the Healer's Art*, we highlight some of the ways our nursing students gain valuable experience and cultural and medical perspective as a part of their clinical for Public and Global Health (PGH) participation. From giving newborn kits to mothers for their babies in Ecuador to changing bandages and dressing wounds of individuals in a leper colony in India, BYU nursing students have a hand in helping and saving lives all around the world.

Last year I shared our need for a \$2 million endowment to provide student assistance, supplies, and program support and development for the ten PGH projects in which our faculty and students participate each year. At that time, an additional \$370,000 remained to complete the endowment. We asked alumni and friends of the College of Nursing to donate a gift of at least \$60 to help us achieve this goal.

I'm pleased to report that we made significant progress—earning almost \$122,000—in the last year, with a little over \$247,000 remaining. Thank you.

Alyssa Callister ('13), a current nursing student, participated in the PGH course this spring serving at-risk populations in Utah. Here are some of her insights about her experience:

*I am so grateful for my global health experience this semester. I learned more about nursing than I have in any other setting. I saw a wide range of nursing roles and populations that have increased my*

*understanding of the Healer's art. This experience has helped shape me into the nurse I want to become.*

*The Healer's art is everywhere. Each clinical setting this semester reminded me that we are all God's children no matter what circumstances we live in. I want to practice the Healer's art because I know how much of a difference one person can make.*

*Creating social change can start with one person. It only takes one person to identify a need and do something about it. . . . In order to create social change, you have to make a decision to be involved. I would encourage friends to volunteer with me so they might see the difference we can make.*

*My mission as a nurse is to be my brother's keeper and to practice the Healer's art in a way that my Heavenly Father will be pleased with. Because of my clinical experiences this semester, I have a stronger knowledge that I am His hands while patients are under my care.*

He's got you and me, brother, in His hands. He's got you and me, sister, in His hands. *And we are His hands too.*

We invite you to give us a helping hand so we can provide quality experiences for our students and, in turn, bless the lives of people all over the world. To find out more about how to give, please contact me: Carol Kounanis, cek@byu.edu or 801-422-8294. 📌



# n the Internet

Making Social Media Connections with College of Nursing Students, Alumni, and Friends

## Safeguarding the Internet Nurse-Patient Relationship

Facebook, Twitter, LinkedIn, and YouTube now reach billions—with thousands more joining every week. Through the Internet nurses and nursing students can now enhance networking, nurture relationships, and discuss nursing, research, and best practices. But they must also know the risks. Patient privacy can be breached or information can take on a life of its own, with inaccuracies becoming “fact.” Online content and behavior can either enhance or damage not only the individual nurse’s career but also the nursing profession.

The BYU College of Nursing encourages the use of social media to link together alumni, donors, friends, prospective students, and students. University policies guide the college’s participation on social media sites, the standards applying to all who engage in conversations for college-related purposes or program-related activities. As a reminder, distribution of sensitive, confidential, or nonauthorized information is prohibited and protected—whether discussed through traditional communication channels or using social media—under these laws: (1) Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy, Security and Breach Notification Rules and (2) Family Educational Rights and Privacy Act (FERPA).

Since fall semester 2011 the College of Nursing requires students to sign a social media guidelines document, and inappropriate postings could result in a student’s dismissal from the college. Also, improper alumni postings could lead to legal liability issues with their patient or employer.

Here are some tips to keep your work-related actions safe.

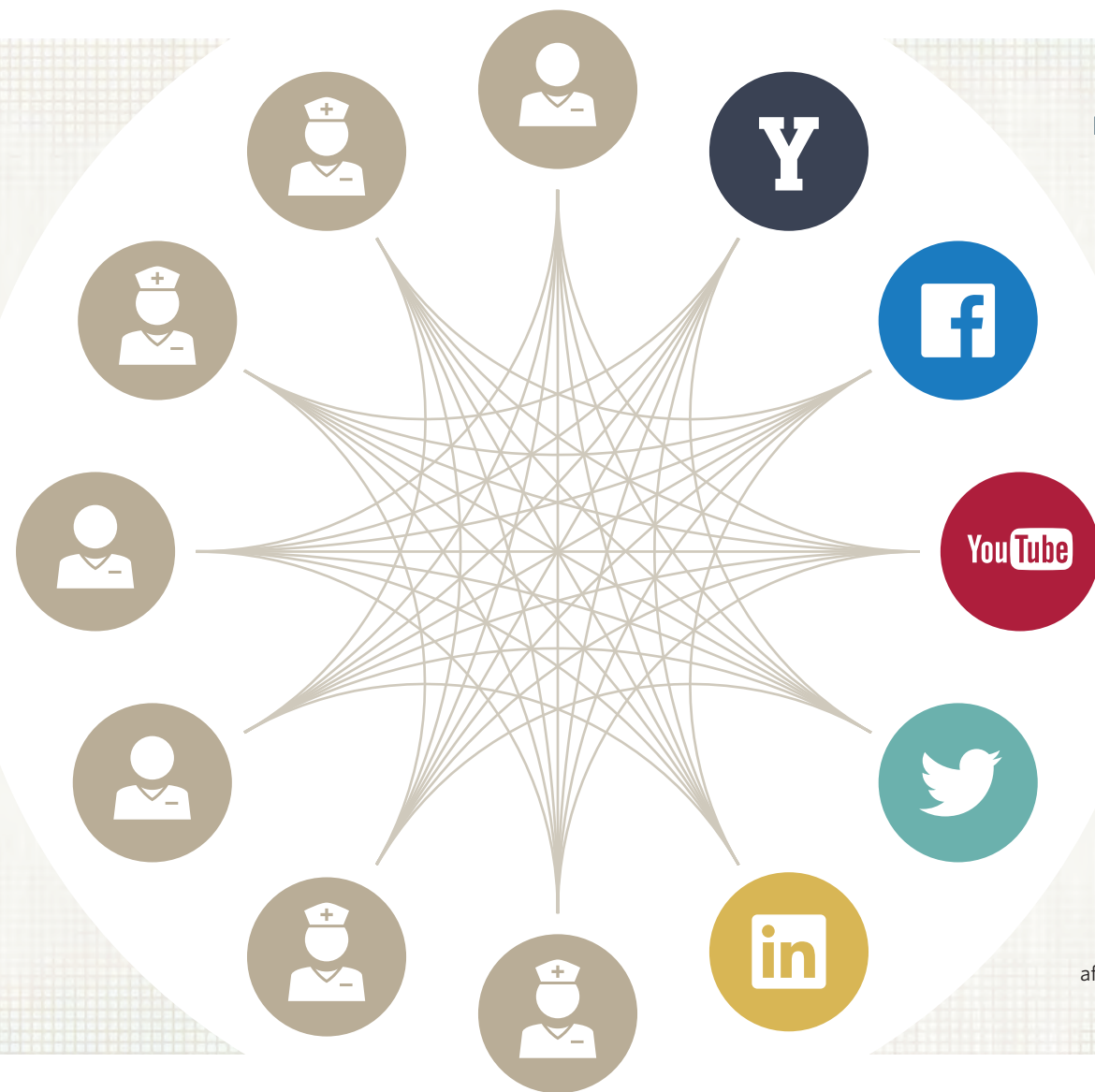
### Tips to Avoid Online Problems

- Maintain appropriate boundaries. Be a caregiver, not a friend. Email, blogs, and social media site postings and online communication with patients can easily blur professional boundaries, which are the same online as everywhere else. Nursing students and nurses must maintain professional conduct with nurse-patient relationships both on shift and during personal time on the computer.

- Do not make disparaging remarks—whether jokingly or by criticism—about patients, employers or coworkers (by specific name or unidentified). Patients, colleagues, institutions, and employers may view postings and not understand the full context. *Information may be traced back to you even with privacy settings turned on.*

- Do not share or post information gained through the nurse-patient relationship; this includes taking photos or videos of patients on cell phones or other personal devices. Nursing students and nurses cannot distribute patient information. They should report to their supervisor any material that could damage a patient’s privacy or rights.

- Regularly review institutional policies governing online conduct (or assist in developing policies if none exist). Also, understand and observe the Code of Ethics for Nurses.



### BYU College of Nursing Online

Website: [nursing.byu.edu](http://nursing.byu.edu)  
Email: [nursingpr@byu.edu](mailto:nursingpr@byu.edu)

### [Facebook.com/BYUNursing](https://www.facebook.com/BYUNursing) and [Facebook BYU Nursing Alumni Group](https://www.facebook.com/BYUNursingAlumni)

Like our page to stay connected and receive updates and news. Join our alumni group to connect with peers.

### [YouTube.com/BYUNursing](https://www.youtube.com/BYUNursing)

Subscribe to join the official college channel.

### [Twitter.com/BYU\\_Nursing](https://twitter.com/BYU_Nursing)

Follow to receive timely information and updates.

### [LinkedIn BYU Nursing Alumni Group](https://www.linkedin.com/groups?trk=people_directory_group_card&gid=100094687792789)

1. Search “BYU Nursing Alumni” on [linkedin.com](https://www.linkedin.com).
2. Choose “Groups” from the list on the left.
3. Select “Join.”
4. Wait for email notification of approval. (Group logo will appear within your profile after authorization.)

## Five Reasons to Join BYU Nursing Alumni Groups Online

### 1. Stay Current

With many individuals contributing to the conversation, nursing and medical professionals can learn about new approaches, tools, and resources worth considering. They can share fascinating facts, news articles, and materials their peers find useful (medical procedures, research, new technologies, legislation, literature, etc.).

### 2. Receive Mentoring

Whether graduation from BYU seems long ago or was just this year—group participants can exchange ideas and post advice and support to their peers. This can stimulate idea sharing and brainstorming for best practices and concepts.

### 3. Research Jobs

BYU Nursing Alumni groups have a place to post job opportunities that include part- and full-time positions. Alumni can provide openings and leads about relocation, advancement, or specialty roles.

### 4. Increase Network Relationships

LinkedIn is a good place to identify and create a personal network of peers who are passionate about nursing.

### 5. Meet Alumni Locally

Learn about offline networking events and localized alumni activities (see page 17 for details on alumni chapters).



Scan this QR Code to connect with all our online accounts. (or visit [scan.me/vddd39](http://scan.me/vddd39))



# New Faculty

Several new faculty recently joined the College of Nursing. Two are highlighted here with others to be featured in future publications.

## A LITTLE BIT SOUTHERN WITH A ROCKY MOUNTAIN TWIST

GAYE L. RAY, MS, FNP-C

Gaye Ray ('82) is invigorated by the example of the College of Nursing faculty members and loves working with its bright and engaging students. "I find it rewarding to encourage and nurture my future colleagues in the nursing profession," says Ray.

Earning a bachelor of science from BYU, she continued on to receive a master of science from Georgia State University and to certify as a family nurse practitioner. She also has a graduate public health certificate from the University of Missouri and a PHN-Ready certificate from the School of Public Health at the University of Albany in New York. Before coming to Utah she was a research and clinical MRI nurse practitioner at Emory University Hospital and the Emory Clinic in Atlanta, Georgia.

As an assistant teaching professor, she currently instructs Health Assessment and Promotion, and Public and Global Health. Recently Ray was appointed to the 11-member Utah County Board of Health. She is also a steering committee



member for the Utah State Association of Local Boards of Health and a member of the Utah State Tobacco Prevention Task Force.

Ray boasts that her family is "true blue"—all BYU graduates: husband Larry ('82, computer science), daughter and fellow nurse Sarah Ray Stocksedale ('11), with twin sons Andrew (neuro-

science) and Bryan (Russian and exercise science) expected to graduate in 2014.

"I think the mountains of Utah are spectacular and have taken up hiking and snowshoeing since relocating," says Ray. "We lived for 30 years in the Southern states, and I learned that while I absolutely love living in Provo, I will always be a little bit Southern." 🇺🇸

## FULFILLING THE DREAM

BLAINE A. WINTERS, DNP, ACNP-BC

"I have always loved BYU," says Blaine Winters. "I grew up watching BYU sports and always wanted to be a part of the BYU family. And I thoroughly enjoy working with the students here."

In 1992 Winters received a bachelor's in health sciences from BYU. Then, from the University of Utah, he earned a nursing bachelor's and master's (as an acute care nurse practitioner) and polished it off with a doctorate of nursing practice degree.

He has worked in many fields, including med/surg, long-term care, rehabilitation, home health, critical care, and administration. For 11 years he served as a nurse practitioner for trauma and critical care at University Hospital. The last six years he was director of the Acute Care Nurse Practitioner Program at the University of Utah.



As an assistant teaching professor, Winters instructs Nursing Care of Adults with Acute and Chronic Illness, its clinical practice course, and a Public and Global Health section, traveling recently with students to the Navajo Nation in Chinle, Arizona. He also enjoys teaching several graduate courses: Advanced Pathophysiology and Diagnostic Reasoning, Management of Acute Disorders, and Clinical Practicum 3.

Winters, a member of the American Academy of Nurse Practitioners, received a Utah Nurse Practitioner Leadership Award in 2010 from the Utah Nurse Practitioner Association and is also a past Noorda Geriatric Nursing Scholar from the University of Utah's Hartford Center of Geriatric Nursing Excellence.

"I never thought I would get the chance to teach here," says Winters, "but I feel very blessed to have this opportunity to contribute to the BYU dream." 🇺🇸

## 2012 Honored Alumna

# 30 Years in Nursing: What Have I Learned about the Art?

By **Lezli Matthews, RN, BSN**

*Excerpts from Her Homecoming 2012 Address*



Bradley Slade (Ray and Matthews)

**THIRTY YEARS AGO** I drove to the University Hospital knowing I was doing the right thing. The only job available was a night shift staff nurse in the burn unit. (My intent was to be promoted to a charge nurse following my training.) I had no idea what I was starting. I interviewed, admitting no experience as a new grad, but I somehow connected with the nurse leader. She said she would train me and knew I would do well. And so it began.

I have met many great people in my life of nursing that have made a difference. It isn't all about saving life; it's about how well we are serving our patients and their loved ones.

### CARING FOR MRS. SMITH

Several years have passed since Mrs. Smith (name changed for privacy) came to us for help. Her burn wounds had covered more than half of her body. For six months our doctors, nurses, and staff assisted, cared, loved, and helped to heal her in so many ways!

After those wounds had healed, her kidneys failed, and her lungs, liver, and heart were following quickly behind. She was on the brink of death. I made sure the family at home was aware how close she was; they would be coming but wouldn't get there in time.

Her face was peaceful as the team members expressed their love and appreciation. She took her last breath and sighed. The feeling of love and comfort was overwhelming, as well as the feeling we had served her well. When family arrived shortly afterward, they were so comforted by the team surrounding her and the fact that she had not been alone.

### LEARNING THE ART

The science, the meds, the checklists, the computer, and the orders initially seem overwhelming just trying to get it all right. Like learning any new skill and perfecting it, there is satisfaction as we progress.

With the help of my experienced instructors, my studies at BYU gave me a great foundation—organizational skills, knowledge of resources, strength, and confidence. Once I got the basics and the routine, I realized there was *so much more*.

Oh, how I appreciate the time it takes to learn the art of nursing! You don't always get the perfect mix of ingredients right the first or second time you try a recipe. Start with that foundation and build on it, line upon line. My knowledge of the Lord's help in the work I was doing has intensified and been more apparent each day.

I am deeply moved by the human body's ability to heal with the right treatments and care. I am even more incredibly moved by the strength of spirit and the growth that comes from tragedy and challenges. Through working in the burn unit, I slowly gained confidence enough to see my patients not as they now are (in a tragically injured state) but as part of a family, a part of the community, actively involved in life with all of those commitments, talents, strengths, and struggles. I started to understand the necessity of treating my patient as an individual person, valuable in the eyes of the Lord—just like me. What special care could I give this individual? How could I make a difference in this person's life? How can I make it better?

*Oh, how I appreciate the time it takes to learn the art of nursing!*

Just a few years after becoming a nurse, I watched my mother die of cancer. As I sat with her in the hospital room, I kept note of all the things I needed to do to be a better nurse. What stood out to me weren't the tasks and physical procedures, it was the spiritual care needed; it was learning the Healer's art.

I realize most anyone can learn the tasks and cares required for the job, but to be a good nurse takes love, integrity, and respect of self and others, an unconditional positive regard. When a nurse can witness severe physical pain or grief without feeling anything, perhaps it's time for them to remove themselves from patient care. Being a nurse needs to be all about the patient!

### YOUR BEAUTY

I believe in the beauty of nurses. You have a power you don't even know, the power to change people's lives as a role model and a teacher. May you have the strength to put aside your worries and focus on your patients, integrating the science of treatments and procedures with the art of nursing. 🇺🇸

Lezli Williams Matthews (AS '82) is the nurse manager at University of Utah Burn Center.



# ALUMNI BOARD CREATES A TRADITION OF SERVICE

By **Jean Bigelow ('82)**, Alumni Board Chair

**AS THE NEW CHAIR** of the College of Nursing Alumni Board, I want to highlight some ways we support the mission of the board.

**Unite Students, Alumni, and Friends**  
The annual homecoming service project is a key activity that fosters unity. Usually on the Saturday morning of

Homecoming, we meet in the Nursing Learning Center (first floor of the Spencer W. Kimball Tower) and assemble newborn kits and humanitarian items to be distributed by nursing students during Public and Global Health sessions. These kits have been shared all over the globe. We also prepare materials for underserved and refugee populations

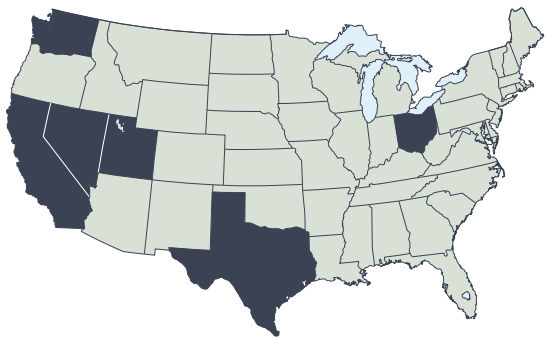
in Utah. During the activity, students, faculty, alumni and friends combine for fun service and great camaraderie. Please visit [nursing.byu.edu](http://nursing.byu.edu) for the exact date and time. To donate supplies please contact [nursingpr@byu.edu](mailto:nursingpr@byu.edu).

**Provide Support for the Activities of the College**  
I believe that a BYU College of Nursing degree has been a tremendous blessing in my life. I also think I can help others experience that same benefit by supporting the college with an annual gift. I am not wealthy, but I consider my donations to be a “thank you” and an investment in the future of nursing. Please consider contributing! (Contact Carol Kounanis at [cek@byu.edu](mailto:cek@byu.edu) or 801-422-8294 to learn how.)

**Promote the Visibility of Nursing**  
The board is becoming more involved in mentoring students and helping them make the transition from school to practice. In addition to these mentoring opportunities, local chapter chairs have opened their homes to meetings with Dean Ravert, Carol Kounanis, and others. Those meetings support not only local alumni and prospective BYU nursing students but also the nursing profession in the area.

**Follow the Master Healer's Example**  
The alumni board also supports the college motto of Learning the Healer's Art. There is a spiritual dimension to nursing, no matter one's religious affiliation. As nurses we are privileged to be part of the miracle of birth, the sacred moment of death, and everything in between. As witnesses to such occurrences, the goal is to minister as the Master Healer would. Even if we never mention His name aloud, He knows we are there to be His hands in these moments. This can be difficult but ultimately renews homage to His work. ✚

# Alumni Chapters



**WE KNOW** it is hard to stay in touch with the college when you live far away, so along with our social media efforts (see page 12) we are creating regional communities to help you stay connected. These chapters provide a link to BYU College of Nursing alumni in your area and to college and university resources. We encourage you to connect with us online, then network, mentor others, discuss employment opportunities, serve as a liaison to the greater nursing community, and meet people with a common passion and background, whether it be through the Internet or in person.

If you are interested in joining one of these groups, contact the chapter chair listed on the right. No chapter near you? Contact [nursingpr@byu.edu](mailto:nursingpr@byu.edu) to continue the legacy of Brigham Young University nursing and establish an alumni group in your area.

**UNIVERSITY ALUMNI DIRECTORY/ ADDRESS UPDATE**  
The university-wide alumni directory helps you stay connected with all BYU alumni. Update your information and then search the directory for old friends and new contacts ([alumni.byu.edu/update](http://alumni.byu.edu/update)).



**Washington—Seattle/Redmond**  
Janalee Leavitt  
425-869-1944  
[jcl111@hotmail.com](mailto:jcl111@hotmail.com)



**California—Bay Area/Pleasanton**  
JoAnne Edwards  
925-202-1311  
[joanneedwards@comcast.net](mailto:joanneedwards@comcast.net)



**California—Orange County/Irvine**  
Elizabeth McCombs  
714-235-0046  
[elizabethfnp@yahoo.com](mailto:elizabethfnp@yahoo.com)



**Nevada—Las Vegas**  
Susan Kochevar  
702-436-4822  
[susie.kochevar@gmail.com](mailto:susie.kochevar@gmail.com)



**Utah—Salt Lake/Provo**  
Jean Bigelow  
801-263-0655  
[jean.bigelow@imail.org](mailto:jean.bigelow@imail.org)



**Texas—Dallas/Denton**  
Kristi Cooper  
940-367-9136  
[kristiannacooper@gmail.com](mailto:kristiannacooper@gmail.com)



**Ohio—Cleveland/Avon**  
Jeanette Drake  
206-930-3834  
[uvjdrake@juno.com](mailto:uvjdrake@juno.com)

## Nursing Club Strives for Healthy and Fun School Year

By **Jennifer Orton ('14)**, BYUSNA President

**THE STUDENT NURSES' ASSOCIATION (SNA)** is a student-run preprofessional organization that helps prepare students for professional nursing by focusing on social, service, and mentoring opportunities.

### ACTIVITIES

We believe in working hard and then remembering to play hard. SNA activities give students the opportunity to relax and to meet students from other nursing program semesters. It is important to be a balanced person, and SNA activities and service projects for 2013–14 cater to student health—physical, mental, spiritual, and emotional. Upcoming events include socials, an annual ice-skating event, a talent show, and other get-togethers that promote an active lifestyle.

### SERVICE PROJECTS

Service enriches lives and enhances learning, even—or perhaps especially—during busy schedules. Those who do serve often seem to find more peace of mind, clarity, and aid in their schoolwork. SNA service provides significant experiences within the local community. Upcoming service projects involve assembling newborn kits with the alumni (see details above), making ornaments for a tree to donate to the Festival of Trees, blood drives, and a food drive.

### NETWORKING

By joining SNA, nursing students have opportunities to participate actively in a preprofessional organization, improve their résumé, market themselves, make friends, and network with faculty, alumni, and other students within the health-care field.

### GETTING INVOLVED

SNA is about strengthening peers. Students can help each other by getting involved and joining a committee for activities, service, or publicity. Those participating share ideas, gain leadership skills, and plan/implement events. Contact [Nursing-SNA@byu.edu](mailto:Nursing-SNA@byu.edu) for more information. ✚



# Alumni Updates

## THANKS FOR A DECADE OF SERVICE!

After 10 years of dedicated service, Rose Ann Wadley Jarrett retired from BYU in May. While she did not graduate from the College of Nursing ('65 home economics), she began September 2002 as the college's research secretary and in February 2007 became its public relations supervisor, functioning as the editor for *Learning the Healer's Art*.

**Mary-Jane Laker Biehn (AS '68)** of Farmington, Utah, recently completed an 18-month LDS mission in Curitiba, Brazil, as mission nurse with her husband, Carl M. Biehn Jr.

**Jean Oliver Millar (AS '81, BS '84)** is the director of Women's and Children's Services at McKay-Dee Hospital Center in Ogden, Utah. She earned an MBA from Westminster College in June 2012.

**Tracey B. Long ('86)** earned master's degrees in public health and in nursing education and completed a doctorate. She is a professor at the College of Southern Nevada in its College of Nursing and is a member of the National Council of State Boards of Nursing (NCSBN) National Simulation Study team.

**Merrill R. Dougal ('89)** is a registered nurse ER/trauma for MountainStar Medical Group in Salt Lake City, Utah, with his career ranging from the military to pediatric home health to civilian ER experience. He has

served three years active duty as an RN and is a veteran of war, having served six months in the Middle East with the 144th EVAC Hospital in Saudi Arabia during the first Gulf War.

**Erin D. Maughan ('94)** serves as director of research at the National Association of School Nurses in Silver Spring, Maryland. She received her MS and PhD in community health nursing at the University of Utah.

**Elizabeth Scott Vanderwalker ('95)** is currently the vice president of client services for TeamHealth Anesthesia in Charlotte, North Carolina, and manages its hospital-based services and hospital-employed physicians' practices. Beth also serves on the board of directors for the nonprofit Active Charity, which raises money to offset the medical expenses for children having organ transplants.

**Melissa McNutt Winder ('05)** is now an acute care nurse practitioner working as a pediatric cardiothoracic surgery NP in

the Congenital Cardiac Unit at New York University Medical Center in Manhattan, New York. She absolutely loves her job and role as an NP and states that most of her professional accomplishments have come as a result of the training she received at BYU. She desires to connect with other BYU alumni in the New York area.

**Amelia Crippen Low ('07)** is a mother of four, including twins. She and her husband, Justin, live in Lethbridge, Alberta, Canada, where he is completing residency in rural family medicine.

**Kathryn Rae Millar ('08)** completed a master's degree in public health at Johns Hopkins in May.

**Rochelle Christensen Taylor ('08)** recently reached her five-year anniversary as a public health nurse at the Utah County Health Department in Provo, Utah. She is passionate about women's health and about empowering women to be knowledgeable and take control of their own health.

**C. David Caceres ('09)** received his doctorate in acute care medicine (ACNP) from the University of Utah in May.

**Cristy Johnson Davis ('11)** works as a registered nurse for Silicon Valley Cardiology in East Palo Alto, California.

**Sara Lundwall ('11)** was given a nursing excellence award at MD Anderson Cancer Center in Houston, Texas. She is a clinical nurse, chairs her unit's education committee, and manages their educational website.

**Nathan H. Wiley ('12)** is working at St. Luke's Hospital in Aberdeen, South Dakota, in a med/surg unit.

*New promotion? Advanced degree?* Let your peers across the country know of your success and status. Email [nursingpr@byu.edu](mailto:nursingpr@byu.edu). Your news may be included in the next edition of *Learning the Healer's Art*.

## Essay Contest Winner

# To Care for the Suffering

## How an Experience I Had Exemplifies the College of Nursing Mission

By **Marissa Flinders ('13)**

**ONE OF** my most meaningful experiences occurred near the end of my four weeks in Taiwan.

Early one morning we were walking along our usual route to our clinical rotations. As we walked across the bridge and started down the stairs to the underpass beneath, I saw several people huddled in a circle in the middle of the road. One of them was Chelsea, a fellow nursing student. My heart dropped when I couldn't see her hospital partner, Haley, near her. Knowing that the traffic in Tainan, especially all of the scooter traffic, could be very crazy to navigate, I worried that



Haley had been hit by a car or motorcycle.

As I dashed over to the scene, I was relieved to see that Haley was just fine. However, on the ground were two motorcycle accident victims and two crashed mopeds. The accident had just occurred and one of the motorcycles was still lying on top of one of the victims. Two of the students rushed to Haley to help her victim, while Nikki and I remained with Chelsea and her victim. We lifted the motorcycle off his lower body, and he suddenly regained consciousness and began to panic.

We knew that the first thing we needed to do was stabilize his C-spine and check his airway. While Chelsea sat on the ground and struggled to stabilize his head and neck, I checked his mouth and found that he had knocked out his front teeth; however, he didn't have anything blocking his airway. His respiration count was good at 14 breaths per minute. Nikki and I each grabbed an arm and leg to prevent him from moving.

He was very concerned about all of the blood on his hands and face. He tried to wipe it off, so I grabbed a pack of tissues and began to wipe the blood away. This

**As I finished wiping the blood from his hand, he did something I wasn't expecting. He reached up, grabbed the upper part of my arm, and made eye contact with me for the first time.**

seemed to calm him and provide a little comfort. As I finished wiping the blood from his hand, he did something I wasn't expecting. He reached up, grabbed the upper part of my arm, and made eye contact with me for the first time. I could see in his eyes how scared he was and how much pain he was feeling.

Knowing that he probably wouldn't be able to understand anything I said in English, I took his hand away from my arm, placed it between both of my hands, and smiled at him. He cupped his hand around mine, and I began softly stroking his hand and arm while telling him

that he was OK and that we were here to help. He finally stopped kicking his legs and calmed down. As we waited for the paramedics to arrive, I knew that what he needed more than anything was for someone to hold his hand and give him comfort during this frightening moment.

This experience gave me a whole new understanding of the college mission to "care for the suffering."

I realized that nursing encompasses far more than stabilizing the C-spine or assessing airway, breathing, and circulation. More than anything, it is about providing comfort and compassionate care to patients during some of the most painful and frightening times in their lives. I learned that keeping a calm, positive attitude during a stressful time is crucial because it provides reassurance to the patient that the medical team is doing everything they can to restore their health and well-being. I will always remember this experience, particularly when providing care in a critical care setting. 🏥

Marissa graduated from the College of Nursing in April. She participated in Public and Global Health in June 2012, where she experienced nursing assessment opportunities in Taiwan for a month.

Please send your experiences (up to 200 words) to [nursingpr@byu.edu](mailto:nursingpr@byu.edu) for possible inclusion in future magazines. We are particularly interested in:

- Faculty who made a difference
- Gratitude for being a nurse
- Lessons from a patient who changed your life
- Use of the Healer's art outside of nursing



Nursing Students’ First Clinical Experience with Death: A Pilot Study

Barbara A. Heise, Associate Professor, PhD, APRN, BC, CNE

Two years ago professor Barbara Heise learned of an incident with Laura C. Gilpin (’13), a BYU nursing student, who had a clinical patient die suddenly in a hospital. Death, especially the sudden death of a patient, is an emotionally charged, high-stress situation for any nurse. This, however, was Gilpin’s first clinical experience with death and neither her clinical instructor nor the hospital staff sought to help her cope. Debriefing in simulation laboratories occurs routinely and is a key component of the learning experience. In the real-life clinical setting with an actual death, Gilpin felt she was on her own with no support. She finally discussed her experience with her mother—who is also a nurse—and with Heise.

It was at this time that Heise began researching how many other students within the college had similar experiences. After a quick literature search she discovered a lack of information on this topic and decided to start her own assessment of the issue. Gilpin joined Heise and applied for a BYU Office of Research and Creative Activities (ORCA) research grant. They began a pilot study to learn nursing students’ perceptions of their first



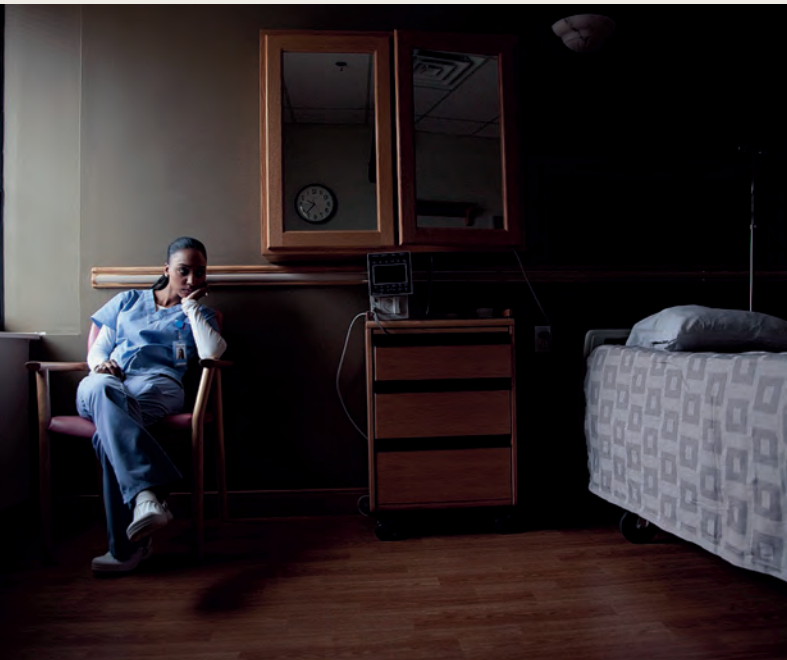
experience with death in the clinical setting and to determine if curricular changes were warranted.

An online anonymous survey was sent to the College of Nursing students (n=306) asking about their first experience with death in the clinical setting; approximately 8 percent completed the survey. The study found that a patient’s death is extremely challenging to student nurses; it results in a range of emotions (e.g., shock, sadness) that students may have trouble reconciling. Fifty percent of the respondents who experienced a patient death did not receive any debriefing from their coworkers or clinical instructor following the event. Students’ qualitative comments revealed feelings of discomfort around dying patients and their families, and they felt discussion with team members or their clinical instructor after the death would have improved their understanding.

In March Heise sought the opinions of nursing students nationwide. She partnered with assistant teaching professor Debra Wing (MSN) and professor Renea Beckstrand (AS ’81, BS ’83, MS ’87) to survey the National Student Nurses Association’s 55,000 members. As a result, 5 percent (n=2,804) responded to the revised survey with 41 percent (n=1,148) of respondents encountering a death in a clinical setting—the majority within the first year of their program. The data also showed that 66 percent of those experiencing a death were not debriefed following the patient death. Students repeatedly stated their unpreparedness in end-of-life care or the dying process and a lack of ability to communicate with the dying patient or the patient’s family.

The findings also include 787 students sharing their stories of their first patient death. Ann Rogerson (’10), a graduate student now working with Heise, will analyze this information over the next year; it will be the focus for her master’s thesis and future studies.

Heise needs to collect additional information before pursuing national curricular changes, but she believes the preliminary results support debriefing in the clinical setting. Clinical instructors may need to be educated in debriefing strategies rather than depending on the instructor’s discretion or on students handling the situation independently. In April Gilpin shared her project as a poster presentation at the Western Institute of Nursing Research Conference and the Utah Conference on Undergraduate Research. In August Heise gave an invited podium lecture on the national study at the University of Oxford in England. 🇬🇧



Vitamin D Replacement Therapy in the Aging Population:  
A Clinical Guideline for Replacement Therapy

James E. Kohl, Assistant Teaching Professor, DNP, RN, APRN, Capt, NC, USN (ret)



An epidemic of vitamin D insufficiency places nearly every man, woman, and child at risk for the development of chronic health conditions. Millions risk dying prematurely, having a decrease in quality of life, and becoming restricted in independence as a result of falls and fractures associated with inadequate vitamin D levels.

For centuries scientists have known about the body’s ability to convert our sun’s ultraviolet radiation into vitamin D, a crucial hormone for proper bone and muscle health. In reviewing more than 500 articles and 115 randomized controlled studies conducted between 2008 and 2013, Kohl’s doctoral work shows that only recently has a deficiency of vitamin D been linked to diseases, including type 1 diabetes, autism, multiple sclerosis, rheumatoid arthritis, deadly breast and colon cancers, heart and kidney diseases, and infectious diseases. Preventing and correcting insufficient levels of vitamin D could reduce the incidence of these issues.

The major biological function of vitamin D is to maintain normal blood levels of calcium and phosphorus. It aids in the absorption of calcium, helping to form and maintain strong bones. Data shows that this vitamin also has a significant role in defending the body against bacterial and viral infections. Vitamin D plays a key role in re-epithelialization, tissue repair, and immune response against infection. Individuals with chronic wounds or skin conditions are at a higher risk for vitamin D insufficiency, inadequate dietary patterns, physical disability, and hospitalization.

The human genome project demonstrated vitamin D is either directly or indirectly responsible for the expression of more than 1,200 genes with nearly every human cell having vitamin D receptor sites, making this vitamin one of the most required nutritional components in the human body. Yet despite the cellular importance of this vitamin, it remains ignored by many. Routine screening with inpatient and clinic replacement protocols are critically lacking from our healthcare system, but this does not mean that treatment is beyond an individual’s reach.

The major biological function of vitamin D is to maintain normal blood levels of calcium and phosphorus. It aids in the absorption of calcium, helping to form and maintain strong bones.

It can be very hard to get enough vitamin D from food sources alone (fish, eggs, fortified milk). As a result, some people may need to take a vitamin D supplement. Current guidelines define vitamin D severe deficiency as a 25-hydroxyvitamin D level <8ng/mL; mild deficiency as 8-15ng/mL; insufficiency as 16-29ng/mL; with normal as 30-100ng/mL. It is recognized that these levels may be significantly lower than what is needed to prevent the aforementioned chronic illnesses. To prevent vitamin D deficiency, current recommendations include high dose, short-term replacement followed by 2,000-4,000 IU daily in adult patients. Replacement protocols and supplementation of vitamin D in the majority of adults is a low-risk, inexpensive intervention that has the potential to decrease mortality, improve quality of life, and reduce the overall economic burden placed on individuals and this nation. 🇺🇸

Johnson



## Improving Adult Immunization Rates in the Severe and Persistent Mental Illness Population in Utah County

**Leslie W. Miles** (AS '83, BS '99), Assistant Teaching Professor, MS, APRN, BC

According to the Centers for Disease Control (CDC), immunization rates in the United States adult population are lower than national objectives. Adults who suffer with severe and persistent mental illness (SPMI) experience poor health with higher prevalence rates of asthma, respiratory disorders, smoking, and substance abuse, which places them at higher risk for preventable diseases. In spite of the majority of the SPMI population having Medicaid and Medicare coverage, they do not access medical care consistently enough to address basic needs, and they experience poorer health with premature mortality—on average 25 years earlier than the general population.

Additionally, providers have neglected to promote preventive immunizations in the SPMI population, which is less likely to be immunized. To address the gap in service, Miles' doctoral project gathered data about current immunization rates, knowledge, and barriers, using a convenience nonprobability sample of those SPMI clients (n=392) receiving services at Wasatch Mental Health (WMH). The data was then used to design and deliver an immunization program tailored for the SPMI population that addressed their needs, removed barriers to care, and improved immunization rates. The long-term objective is to increase adult immunization rates to meet Healthy People 2020 objectives and national benchmarks for each CDC-recommended immunization.

Baseline survey results found immunization rates in the SPMI



population to be lower than most CDC 2010 survey rates. Several barriers to immunization compliance were identified from the survey, including personal costs, accessibility of services, and lack of awareness/knowledge. Utah County Health Department (UCHD) and WMH developed a collaborative partnership to support an immunization program to address these barriers, providing informational groups, patient education, advertisements, and convenient on-site clinics. Volunteers from the College of Nursing assisted in the delivery of services, and local primary care physicians received an informational letter about the new immunization clinics.

The clinics, started in November 2011, have shown promising preliminary results, such as high participation of day-treatment program members. Unfortunately, participation of clients who receive services every three months was low, so an immunization voucher program was implemented to target the needs of this group. All patient immunization records are a part of the Utah Statewide Immunization Information System (USIIS), which provides an accessible immunization record. So far 371 SPMI clients have registered to have their immunization information in the USIIS system with 272 SPMI clients receiving services. Current SPMI immunization rates, as measured by the USIIS database, recognize data bias since only those SPMI clients who have agreed to be part of USIIS are reflected.

UCHD will continue immunization services at WMH sites. The patient satisfaction surveys have been overwhelmingly positive with an 88 percent satisfaction and those intending to receive CDC-recommended immunizations in the future has increased from 58 percent to 90 percent.

The success of this health promotion campaign and integrated service delivery is a model that other health departments and mental health treatment facilities could use to provide preventive immunization services to this underserved, high-risk population. 📌

### NOTES

1. SPMI baseline data (n=392) derived from unpublished data (Miles, 2011) from initial survey.
2. Available benchmarks from National Immunization Survey (CDC, 2008).
3. Available benchmarks from Healthy People 2020 targets (USDHHS, 2010).
4. USIIS data from WMH clinic site (n=371).
5. USIIS data from participating patients at WMH clinic sites (n=272).

### IMMUNIZATION RATE COMPARISON CHART WITH TARGETS

Immunizations	SPMI DATA BASELINE <sup>1</sup>	CDC 2007 RATES <sup>2</sup>	HEALTHY PEOPLE 2020 TARGETS <sup>3</sup>	POST CLINIC RATES, ALL SPMI USIIS <sup>4</sup>	POST CLINIC RATES, PARTICIPATING SPMI USIIS <sup>5</sup>
Td/Tdap	49.50%	57.20%		60.90%	83.10%
MMR Booster 50+	7.70%			16.20%	22.00%
Pneumococcal	36.20%	32.80%	60%	22.10%	31.14%
Hepatitis A	6.10%	12.10%		16.17%	22.05%
Hepatitis B	5.40%	23.40%	90%	13.74%	18.75%
Influenza	47.40%	45.50%	80%	36.90%	50.50%

## Teaching Infection Prevention Using Concept-Mapping Learning Strategies



MBPHOTO

**Peggy H. Anderson** (AS '83, BS '99, MS '01), Associate Teaching Professor, DNP, MS, RN



All healthcare settings have infection-prevention challenges. The relationship between infections as a result of health-care and susceptible patients has long been understood, and although health-care-associated infections (HAIs) are preventable, they continue to be a risk to today's patients. Anderson's doctoral study evaluated the use of a concept-mapping learning strategy as an educational intervention to improve the critical thinking and prioritization skills of novice graduate nurses about infection prevention.

A concept map is a visual and systematic model for gathering and categorizing relevant assessment data; identifying patient problems; and developing patient goals, interventions, and outcomes for each nursing diagnosis. The project guides nursing care in any clinical setting to identify possible HAI risks and organize associated patient care needs.

The concept-mapping learning strategy project included novice graduate nurses participating in an RN residency program (n=16)—initially educating them about infection prevention strategies and concept-map construction. The strategy focuses on a specific question or event that the learner is trying to understand. Areas of knowledge or concepts are organized in boxes or ovals on the map, and crosslinks show relationships between represented knowledge concepts.

Each of the nurses completed three separate concept maps for a scenario in which a patient is involved in infection prevention. They completed the first concept map immediately following the educational presentation. Next, the researcher and

Each of the nurses completed three separate concept maps for a scenario in which a patient is involved in infection-prevention.

novice nurses reviewed priorities of patient care and infection prevention, and then participants completed a second care map—again based on a case scenario involving a patient at high risk for a healthcare-associated infection. Two weeks later the graduate nurses' knowledge was evaluated as they produced a third concept map based on another infection prevention case scenario.

Three experienced registered nurses graded each concept map, evaluating the novice nurses' understanding and retention of infection prevention knowledge. Statistical testing determined interrater reliability, evaluating the completed concept-map scores. Project results show that the concept-mapping learning-strategy intervention improved novice graduate nurses' critical thinking, their prioritization of nursing assessments and interventions related to infection prevention, and their retention of infection-prevention knowledge. 📌

*Note: Coauthors for this study include Christie H. Johnson, MSN, RN-BC, Intermountain Healthcare Urban South Region; and Karen Singson, RN, MSN, CIC, Intermountain Healthcare.*



# 2012–13 Scholarly Works

**Beckstrand, R. L.,** Collett, J., **Callister, L. C., & Luthy, K. E.** (2012). The importance of caring for families: Oncology nurses' obstacles and supportive behaviors impact in end-of-life care. *Oncology Nursing Forum*, 39(5), e398–e406.

**Beckstrand, R. L.,** Giles, V., **Callister, L. C., Luthy, K. E., & Heaston, S.** (2012). The last frontier: Rural emergency nurses' perceptions of end-of-life care. *Journal of Emergency Nursing*, 38(5) e15–e25.

**Beckstrand, R. L.,** Rasmussen, R. J., **Luthy, K. E., & Heaston, S.** (2012). Emergency nurses' perceptions of department design as an obstacle to end-of-life care. *Journal of Emergency Nursing*, 38(5), e27–e32.

**Beckstrand, R. L.,** Wood, R. D., **Callister, L. C., Luthy, K. E., & Heaston, S.** (2012). Emergency nurses' suggestions for improving end-of-life care. *Journal of Emergency Nursing*, 38(5), e7–e14.

Bennion, A. S., **Luthy, K. E., Freeborn, D., & Beckstrand, R. L.** (2012). Effect of serum vitamin D levels on cardiovascular mortality and cardiovascular disease risk. *Journal of Evidence-Based Complementary & Alternative Medicine*. Advance online publication. DOI: 10.1177/2156587212453050

Birkhead, A., **Callister, L. C.,** Fletcher, N., Holt, A., & Curtis, S. (2012). Teaching physiologic birth in maternal-newborn courses in undergraduate nursing programs: Current challenges. *The Journal of Perinatal Education*, 21(3), 168–177.

Berryman, S., **Palmer, S., Kohl, J., & Parham, J.** (2013). Medical home model of patient-centered Health Care. *MedSurg Nursing*, May-June, (22)3, 166–171 (CNE Series).

**Corbett, C., & Callister, L. C.** (2012). Giving birth: The voices of women in Tamil Nadu, India. *MCN: The American Journal of Maternal Child Nursing*, 37(5), 298–305.

Daniels, E., **Mandleco, B. L., & Luthy, K. E.** (2012). Assessment, management, and prevention of childhood temper tantrums. *Journal of the American Academy of Nurse Practitioners*, 24(10), 569–573.

Dyches, T. T., Smith, T. B., Korth, B. B., Roper, S. O., & **Mandleco, B. L.** (2012). Positive parenting of children with developmental disabilities: A meta-analysis. *Research in Developmental Disabilities*, 33, 2213–2220.

**Freeborn, D.,** Dyches, T. T., Roper, S. O., & **Mandleco, B. L.** (2013). Identifying challenges of living with

type 1 diabetes: Child and youth perspectives. *Journal of Clinical Nursing*. Advance online publication. DOI:10.1111/jocn.12046

**Freeborn, D.,** Loucks, C.A., Dyches, T. T., Roper, S. O., & **Mandleco, B. L.** (2013). Addressing school challenges for children and adolescents with T1D: The nurse practitioner's role. *Journal of Nurse Practitioners*, 9(1), 11–16.

**Freeborn, D.,** Roper, S. O., Dyches, T. T., & **Mandleco, B. L.** (2013). Undergraduate and graduate nursing students' perceptions of an insulin pump experience: A qualitative study. *Journal of Nursing Education and Practice*, 3(3), 52–60.

**Himes, D., & Ravert, P.** (2012). Situated peer coaching and unfolding cases in the fundamentals skills laboratory. *International Journal of Nursing Education Scholarship*, 9(1), online.

**Luthy, K. E., Beckstrand, R. L., & Meyers, C. J.** (2013). Common perceptions of parents requesting personal exemption from vaccination. *Journal of School Nursing*, 29(2), 95–103.

**Luthy, K. E., Beckstrand, R. L., & Pulsipher, A.** (2012). Parental perception of vaccination-related pain and crying with distraction and topical vapocoolant spray. *Journal of Pediatric Health Care*. DOI: 10.1016/j.pedhc.2012.02.009

**Luthy, K. E.,** Dougall, E., & **Beckstrand, R. L.** (2012). Cost-effective treatments for uninsured or underinsured pediatric patients. *Journal for Nurse Practitioners*, (8)8, 636–642.

**Mabey, L.,** & van Servellen, G. (2013). Treatment of post-traumatic stress disorder in patients with severe mental illness: A review. *International Journal of Mental Health Nursing*. Advance online publication. DOI: 10.1111/inm.12007

**Mandleco, B. L.** (2013). Research with children as participants: Photo elicitation. *Journal for Specialists in Pediatric Nursing*, 18(1), 78–82. DOI: 10.1111/jspn.12012

**Palmer, S.** (2013). Nurse retention and satisfaction in Ecuador: Implications for nursing administration. *Journal of Nursing Management*. Article first published online 28 Feb. 2013. DOI: 10.1111/jonm.12043

**Palmer, S., Wing, D., Miles, L., Heaston, S., & de la Cruz, K.** (2013). Study abroad programs: Using alumni and graduate students as affiliate faculty.

*Nurse Educator*. September/October. 38(5) DOI: 10.1097/NNE.0b013e3182a0e587

**Reed, S.** (2012). Debriefing experience scale: Development of a tool to evaluate the student learning experience in debriefing. *Clinical Simulation in Nursing*, 8(6), e211–e217.

Scholes, C., **Mandleco, B.L.,** Roper, S. O., **Dearing, K. S.,** Dyches, T. T., & **Freeborn, D.** (2013). A qualitative study of young people's perspectives of living with type 1 diabetes: Do perceptions vary by levels of metabolic control? *Journal of Advanced Nursing*, 69(6), 1235–1247.

Slade, S. J. & **Ravert, P.** (2012). Late-life body mass index and dementia: An integrative literature review. *Journal of the American Academy of Nurse Practitioners*, 8(9), 725–728.

Stewart, B., **Mandleco, B. L.,** Wilshaw, R., & **Beckstrand, R. L.** (2012). Mild traumatic brain injury: Are ED providers identifying which patients are at risk? *Journal of Emergency Nursing* (39)5, 435–442.

Potts, N. L. & **Mandleco, B. L.** (2012). *Pediatric nursing: Caring for children and their families* (Third ed.). Clifton Park, NJ: Delmar.

*Faculty book chapters in the above publication are as follows:*

Potts, N. L. & **Mandleco, B. L.** (2012). Overview of pediatric nursing, 29–55.

Potts, N. L. & **Mandleco, B. L.** (2012). The child in context of the family, 57–93.

**Mandleco, B. L.** & McCoy, J. K. (2012). Growth and development of the adolescent, 357–405.

**Mills, D. A.** (2012). Immunologic alterations, 951–981.

**Mills, D. A.** (2012). Sensory alterations, 1149–1191.

**Mills, D. A.,** & Woodring, B. C. (2012). Growth and development of the toddler, 273–305.

Rosario-Sim, M. G., **Mandleco, B. L.,** & Vincent, J. (2012). Growth and development of the infant, 227–271.



# Finding the Heart of Nursing through PUBLIC AND GLOBAL HEALTH EXPERIENCES

**Matthew Anderson** first became interested in a career in nursing during a hospital stay as a youth. That desire solidified when his 12-day-old son spent time in a pediatric intensive-care nursery following heart surgery—both father and son suffered from the same cardiac disorder. Matthew says he will never forget the tender care provided by nursing professionals.

As a nursing student Matthew is deeply grateful for enriching, hands-on public and global health experiences. This program has taught him there is much more than patient care—there's the Healer's art. Matthew shares:

*My clinical experience in Ecuador greatly increased my desire to be involved in providing service and care to others in need. I have also learned that in order to gain access to the heart of someone, I must first understand them. Compassionate, Christ-centered care can transcend any boundary or culture.*

We extend our heartfelt thanks to kind, generous alumni and friends of the College of Nursing—like you—who continue to fund clinical practicum experiences for nursing students at BYU. Please make a gift to support the college by giving online today at [give.byu.edu/nursing-hearts](http://give.byu.edu/nursing-hearts).

**BYU**  
ANNUAL GIVING

*To find out how to give to this or other programs in the College of Nursing, please contact Carol Kounanis at 801-422-8294 or [cek@byu.edu](mailto:cek@byu.edu).*



# THE BYU COLLEGE OF NURSING CREED



THE FACULTY, STAFF, AND STUDENTS OF

## **BRIGHAM YOUNG UNIVERSITY COLLEGE OF NURSING**

SEEK TO ACHIEVE A WORKPLACE ENVIRONMENT GUIDED BY THE  
PRINCIPLES OF THE GOSPEL OF JESUS CHRIST.

**We will exemplify the spirit of the Healer's art**

*AND*

**Act with integrity**

**Collaborate for mutual success**

**Achieve excellence in our work**

**Find joy in the accomplishments of others**

**Express gratitude and optimism**

**Communicate respectfully and directly**

**Value the unique gifts of others**

**Work together toward the goal of preparing nursing  
students for a promising professional future and a  
Christ-centered life.**