

LEARNING THE
Healer's art

BRIGHAM YOUNG UNIVERSITY COLLEGE OF NURSING | 2013

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Our Destiny

No matter what career paths they follow, BYU nurses share a common dedication to improving health and the quality of life of individuals, families, and communities.

SERVING AS DEAN in the College of Nursing the last few months has strengthened my sense that our faculty and staff are well prepared to educate the bright, motivated BYU students so they will meet the next round of health care challenges. The reason is simple: we are committed to excellence in providing a learning environment to teach, learn, and practice the Healer's art. Vice President Sandra Rogers, during her 60th anniversary address (page 2), reminded us again of the prophetic destiny to "become one part of the fully anointed university of the Lord," and we have the responsibility through precept and example to cultivate and enhance these great students. Our role is to assist in their learning the Healer's art so they will influence the health care system, academy, and profession. No matter what career paths they follow, BYU nurses share a common dedication to improving health and the quality of life of individuals, families, and communities. Not only will their individual influence be shared but also the BYU mission will be extended and magnified to all they come in contact with.

This common dedication stems from striving to fulfill the college mission and vision. The mission is "to develop professional nurses who promote health, care for the suffering, engage in the scholarship of the discipline, invite the Spirit into health and healing, and lead with faith and integrity." The college vision ("a community of scholars and educators engaged in the discovery and application of the Healer's art that promotes health and healing and enhances the discipline of nursing") guides our decision making as we strive for excellence in the provision of nursing education. The faculty and staff recently revised the College of Nursing goals, which are: (1) define, exemplify, and magnify the Healer's art; (2) promote student-centered learning; (3) pursue teaching excellence; (4) develop future leaders; (5) expand collaborative partnerships; (6) engage in scholarly endeavors; (7) actively engage in citizenship; and (8) create an environment supporting the college and university missions.

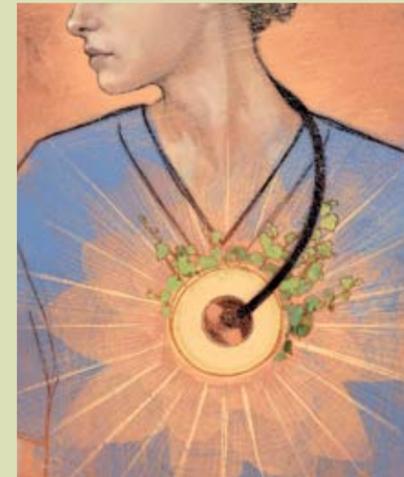
I encourage you to join with us as we continue on the path of excellent nursing education. We are ever grateful for all who support and assist the College of Nursing in our efforts to teach, learn, and practice the Healer's art.



Patricia Ravert
Dean, BYU College of Nursing



LEARNING THE Healer's art 2013



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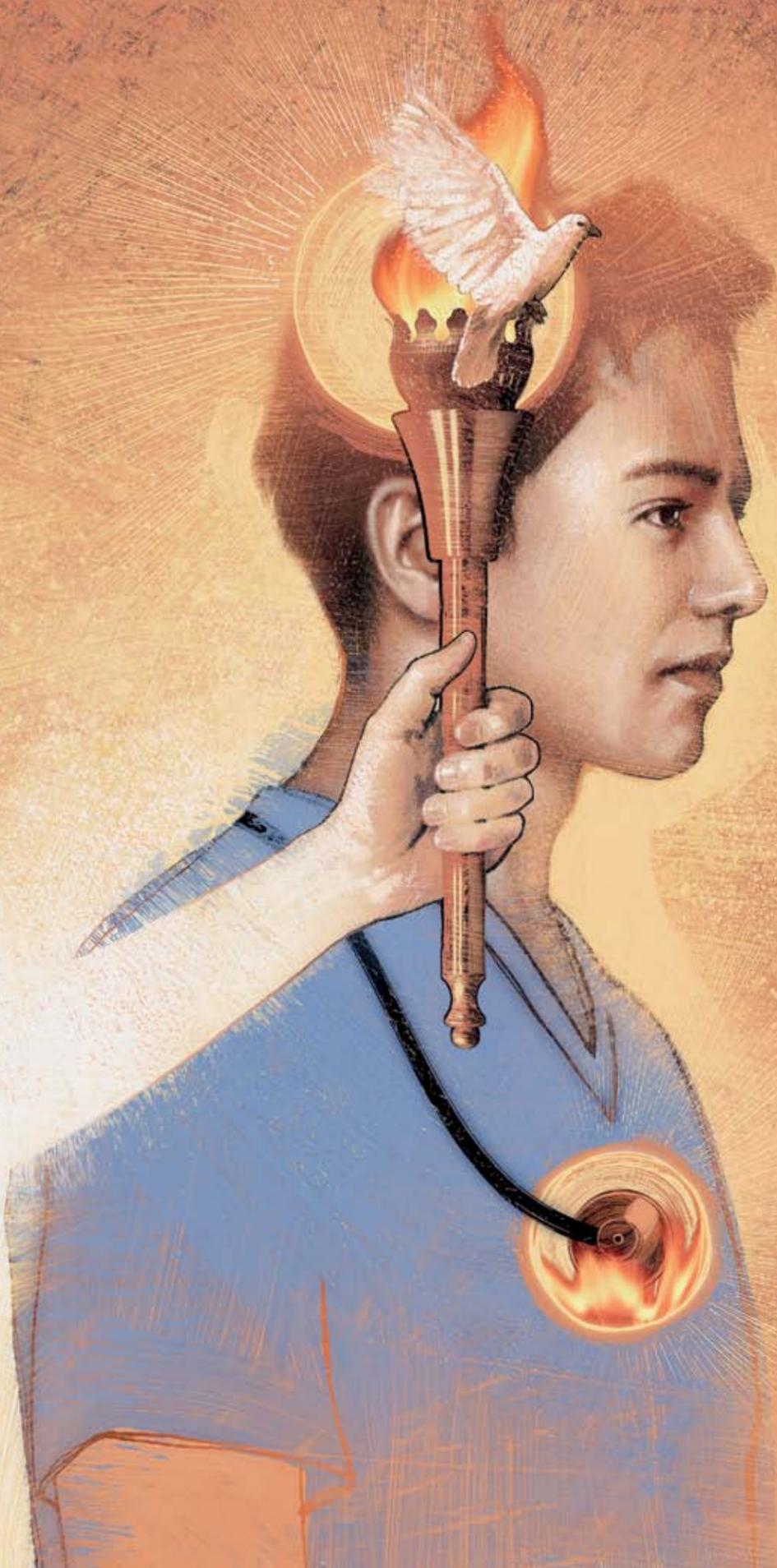
Courtesy of the Church History Library, The Church of Jesus Christ of Latter-day Saints. Photograph by Charles Roscoe Savage, 1901.

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HOLDING TORCHES HIGH

THE FOLLOWING ADDRESS WAS
GIVEN AT THE BYU COLLEGE OF
NURSING'S 60TH ANNIVERSARY
CELEBRATION ON APRIL 6, 2012.

I AM INCREDIBLY HONORED AND HUMBLLED. You are my mentors, my colleagues, my students, and my friends. We share pride in our alma mater and a hope for its future. I have prayed to be equal to the trust of Dean Cole and her associates.

I have recalled often since this assignment that I was not especially stellar in my first nursing course. I was anxious in clinical settings and had a hard time applying scientific principles. After I violated every asepsis rule known to Semmelweis in a final clinical evaluation, my kind clinical instructor offered these

encouraging words: "Sandi, why don't you just quit now and save yourself and the profession a lot of trouble?" Now I know what she was talking about!

When I came to work at BYU, I was told by a colleague that many of the faculty were extremely nervous about hiring me. Most of them remembered that as a student I had too vehemently argued for a point in a test review and so was seen as an anarchist. Lest you think I have forgotten, the question involved the subtleties between dyspnea and orthopnea, and I still think I had a good case.

OUR REMARKABLE BEGINNING

The College of Nursing at BYU stands apart from other colleges and schools for one very important reason—a reason that has significant bearing on how the College of Nursing and her graduates will transform the future of nursing and health care. The College of Nursing was established at BYU at the request of the Church. It wasn't a group of entrepreneurs, doctors, hospital administrators, potential students, or even potential patients that finally prompted BYU to begin the nursing program in 1952; it was a request from the leadership of the Church. Think about that: the board of trustees—prophets of God—asked BYU to take up the torch held high by the early Relief Society nursing education programs and then by the LDS Hospital School of Nursing and light a fire in the hearts and minds of eager students anxious to learn the Healer's art.

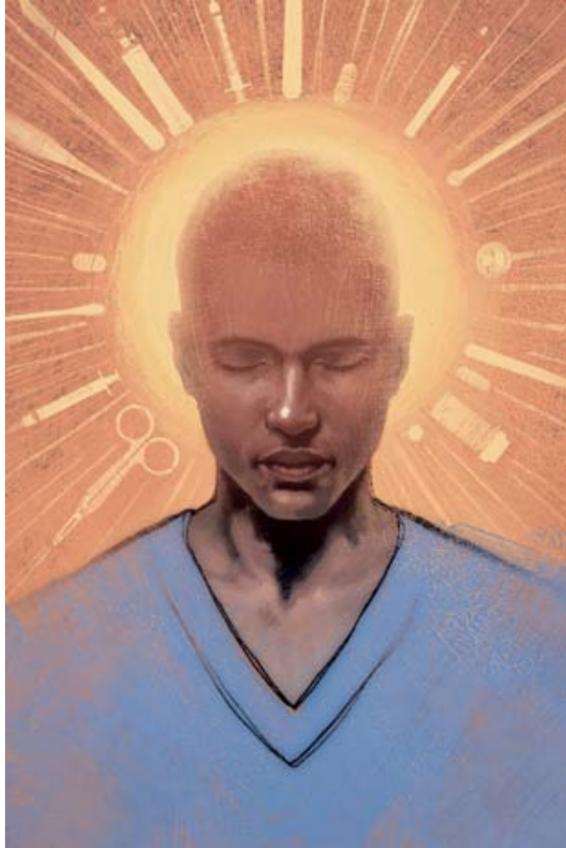
We are remarkable in mission and potential. Those we revere as prophets, seers, and revelators have never had mundane aspirations for us. President Spencer W. Kimball declared, "As previous First Presidencies have said, and we say again to you, we expect (we do not simply hope) that Brigham Young University will 'become a leader among the great universities of the world.' To that expectation I would add, 'Become a unique university in all of the world.'"¹

As part of Brigham Young University, the College of Nursing is heir to the visions and hopes and prophecies concerning it—and doubly so because the prophets willed us to be here.

President John Taylor said:

*You will see the day that Zion will be as far ahead of the outside world in everything pertaining to learning of every kind as we are today in regard to religious matters. You mark my words, and write them down, and see if they do not come to pass.*²

He also said, speaking about Church schools and education, "God expects Zion to become the praise and glory of the whole earth; so that kings, hearing of her fame, will come and gaze upon her glory."³



In the maelstrom
created by those
with limited
foresight, the
centripetal pull
of the visions
and dreams of
the prophets will
keep us safely in
the right orbit.

President Kimball noted, "[Your] light must have a special glow. You [must] do many things [here] that are done elsewhere, but you must do them better."⁴

President Gordon B. Hinckley's charge to President Cecil O. Samuelson was succinct and direct: "Make BYU the best BYU it could be."⁵

President Kimball also noted:

*As the pursuit of excellence continues on this campus, . . . we must remember the great lesson taught to Oliver Cowdery, who desired a special outcome—just as we desire a remarkable blessing and outcome for BYU. . . . Oliver Cowdery wished to be able to translate with ease and without real effort. He was reminded that he erred, in that he "took no thought save it was to ask" (D&C 9:7). We must do more than ask the Lord for excellence. . . . There must be effort before there is excellence. We must do more than pray for these outcomes at BYU, though we must surely pray. We must take thought. We must make effort. We must be patient. We must be professional. We must be spiritual. Then, in the process of time, this will become the fully anointed university of the Lord about which so much has been spoken in the past.*⁶

There are those who say BYU will never be a great nursing school because it doesn't have a health science center, a medical school, or a hospital. Some may say the program will never be great because of its focus on undergraduate education. Others may say it can't be great if it doesn't have a PhD program. A few might scoff and ask, "How can you be a great nursing school when you waste 14 credits on religion classes and have such heavy general education requirements?"

The world and our discipline can sometimes exert a tremendous pull. In the maelstrom created by those with limited foresight, the centripetal pull of the visions and dreams of the prophets will keep us safely in the right orbit. The BYU College of Nursing, with its solid commitment to revealed truth, eternal moral values, and Christlike behavior—and exceptional teaching and scholarship of the art and science of nursing—will scale the heights of excellence that no other college of nursing can. This may not translate into the *U.S. News and World Report* rankings, but it will be extraordinary, and it will be powerful. It will be such that our disciplinary colleagues will come to us in wonder and ask us how we pulled it off. It will be so extraordinary

and so powerful that those in the health care industry will come to us and pressure us to increase enrollments because they can't get enough of our bright, problem-solving, moral, responsible graduates.

FULFILLING PROPHETIC DESTINY

I would propose that the prophetic destiny of the College of Nursing at BYU is to become one part of the fully anointed university of the Lord. That is our future as we teach, learn, and practice the Healer's art. That is how what we do here and what we are here and what we become after we leave here will transform the future of nursing. To be honest, I don't know the specifics, and I probably won't be given the specifics because I don't have a stewardship over that future right now. But as a friend who loves and cares about the College of Nursing, I have some inklings and stirrings. I do believe we will become what the prophets have envisioned, step by step, progression by progression.

First and foremost, we must align ourselves with prophetic vision and counsel and with the principles of the gospel of Jesus Christ. Alignment offers steadiness in times of confusion and turmoil—such as when health care becomes a political ping-pong ball instead of a demonstration of our commitment to the second great commandment. Alignment gives us clarity in times of chaos and perpetual motion in our discipline for the sake of patient care. Alignment gives us vision when there are difficult and complex choices to be made. Alignment provides certainty in times of deception, even from those who are well meaning in terms of academic or disciplinary fads or fashions that, in truth, have no staying power. Alignment gives us courage when we may feel alone in confronting an issue or a trend that is troubling and uninspired.

Elaine Marshall astutely called for our presence in the profession—an articulate, grounded, thoughtful, and faithful presence. We have to help set the standards, not simply respond to them. There is a growing movement in our country that would discount feelings of conscience in sincere, religious, faithful people. We see the courts upholding requirements that health practitioners teach, support, and provide services contrary to religious conscience. In these situations we must follow the example of Sister Belle S. Spafford, who was assigned to the social and moral welfare session of the International Council of Women. She protested after a while because it was "just getting so sordid." But she stayed at the insistence of others who knew her position and the position of the Church, feeling "there [was] safety in having [her] there."⁷

In this era of measurable learning outcomes and program objectives that are motivated, in large part, by the huge amount of federal dollars spent to fund the tuition of students enrolled in disreputable programs, BYU must be a beacon for excellent teaching in the classroom and in the clinical setting. There should be no finer teaching anywhere. BYU must be an innovative exemplar in teaching methodologies in the classroom and in clinical work that provides the best preparation for students who will be clinicians and leaders. We must do this despite increasing competition for time in clinical sites.

But I also warn that it may not be as easy as one might think. Progress in learning outcomes and program objectives is most often measured by comparing where students start and where they end. We have a serious challenge in this regard because BYU nursing students begin with such high scores. I remember when we first tried to document critical thinking skills. Our beginning students started out in the low 90s on the standard critical thinking tests of the day. That didn't give us much room

for improvement or to attribute that improvement to our teaching.

Consequently, we cannot be afraid to stretch these students. They come to us with such capacity. We cannot allow them to get by with what would be above-average performance at any other institution. We and they must be better in wisdom, judgment, and extraordinary care. The qualifications of our students are unmatched—which means our burden to help them reach their potential and to prepare them for significant service and achievement is heavy. We have magnificent raw material; the task and opportunity of the faculty is, through precept and example, to refine it, purify it, polish it, burnish it, and enhance it. The students will need to draw on the talents and connections of our incredible alumni for help. And then we must send these students out, as we have done in the past, to seed the health care system and the academy, so that their influence and the influence of this place can be extended and magnified.

A UNIQUE POSITION TO CONTRIBUTE

The playing field in health care is always changing. Nurses—RNs and advanced practice nurses—will occupy pivotal positions as new health care delivery systems are created. These positions will be integrative and creative as nurses become the "central nervous system" for managing patient care. With its focus on undergraduate education, its fine family nurse practitioner program, and its clinical partnerships, BYU is poised to make significant contributions to this reshaped—and hopefully revitalized—health care system.

BYU must be the best in grounding itself in character and moral integrity. We cannot relinquish this position to anyone. I realize this paints a bull's eye on all of us, but we cannot afford to be and do less than the gospel teaches us to be and do. In an era of fraud, deceit,

carelessness, undermining, and conniving in health care, we must set ourselves apart and live a higher standard. People will watch; our stumbles will be magnified because of what we profess, but we must be who we really are. I recall the courageous moment in preparation for an accreditation visit years ago when we decided to stop hiding gospel-centered behaviors under “professionalism” and to be bold about who we are and what we profess to be. We were nervous, but in the end we were respected—and accredited.

As the world is growing smaller and global diversity and cultural competency are becoming essential, BYU is uniquely positioned to be the acknowledged leader in how to provide meaningful international learning experiences for students and scholarly opportunities for faculty. There are many schools that offer international programs, and some even have on-site clinics. But often these programs consist more of travel and tourism or short-term observation than anything else. At BYU we are grounded in revealed welfare service principles. We know of the fatherhood of God and the brother- and sisterhood of humanity. We have such a language facility and cultural capacity here. We have excellent support services in logistics and security. And we have capable faculty. Our students come back from international experiences with enhanced skills and a new respect for resources—talents not unnoticed by their employers. Is it any wonder that the faculty were asked to write a monograph for the National League for Nursing on international experiences for nursing students?

BYU must also aspire to attain the credentials that admit us to the scholarly community. We must have that leverage. From our educational base we must also invest in the scholarly contribution that informs, refreshes, enhances, corrects, extends, and makes an appreciable and consequential difference to the discipline. Maybe, with our fine historical connections on campus and with the Church, we can be the home for the great Western

nursing history endeavor Dr. Elaine Marshall has described. Let me give one additional example:

TO BE BETTER THAN GOOD

As a master’s student in Arizona, I attended a research presentation entitled something like “Mormon Women’s Beliefs about Childbirth.” The professor began by carefully telling us that she had the true picture on this topic because she was an “insider” in the culture and therefore had been trusted; her informants had revealed everything. She went on to give the most insidiously incorrect picture of Mormon women and childbirth I could have imagined. I looked around the room wondering how many of the faculty and my fellow students would actually believe that Mormon women behaved or thought that way.

I am a bit ashamed to admit that I did not rise to my feet like Joseph Smith in Richmond Jail and call her on her falsehoods. That is one of my great regrets. But I did go to her office to confront her. She welcomed me and was anxious to share her academic largesse with me—until I told her that I was also a Mormon and that what she had presented was the biggest load of bunkum I had ever heard. Her parting epithet to me was, “Oh, so you must be one of those dumb ones who follows Kimball.”

So, you are wondering, what does this story have to do with scholarship—except as a demonstration of someone who manipulated and distorted her data? Well, several years after that occurrence an experienced nurse with a specialty in obstetrics joined the BYU nursing faculty. She read the journal article summarizing the conjectures of that professor, and she began research that eventually provided a legitimate, credible, scholarly correction to the perpetuated falsehoods. I will always be grateful to Dr. Lynn Callister for that work.

President Kimball encouraged those at BYU to “deal statistically and spiritually

with root problems, root issues, and root causes.”⁸ To me that means that BYU faculty cannot be engaged in the academic churn of mundane publications in less consequential journals. The fact that we are a predominantly undergraduate program with a clinical graduate program means that the faculty generally will not have as much time for scholarship as those at research-heavy institutions, but we do have the brightest and most capable students to assist us. That means that what we do can and will be good—really good. It has to make a difference. It can’t just meander around the suburbs of the least important journals.

HOLDING TORCHES HIGH

Remember President Kimball’s injunction to be unique in all of the world. Aren’t these also the aspirations of all of the best nursing schools in the country? What then, in all this, will make us unique?

It comes back to being aligned with prophetic vision, because when we are aligned we can be assured that “with God all things are possible.”⁹ I do not doubt this. But we must do more than ask God for it; we must raise blisters on our hands and feet in working to make it happen. Since it is only with God that all things are possible, then being His people in every facet of what we are and what we do is the only way we will achieve and be what He wants—here at BYU and after we graduate.

We will have to be in tune with the Healer in order to teach and learn the Healer’s art and then have the Healer’s art, as practiced in the College of Nursing at Brigham Young University, to transform the future. We will all need to draw on the powers of heaven, individually and collectively, to bless the work and the future of the College of Nursing. We won’t be able to understand the vision of the prophets for this place, let alone meet their aspirations, on our own—as bright and as capable and as talented as we might be. We need the Lord’s light

to guide, inspire, and magnify our consecrated efforts. None of our academic or professional accomplishments will be able to compensate for the drag we will feel on our prophetic destiny if we detract from the spirit of consecration necessary to have the Lord’s blessing with us.

President Kimball quoted Charles H. Malik, former president of the United Nations General Assembly, who voiced a fervent hope:

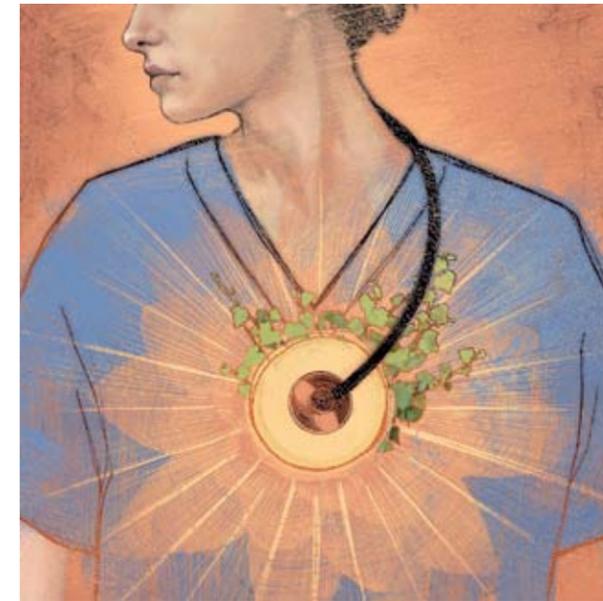
*One day a great university will arise somewhere . . . I hope in America . . . to which Christ will return in His full glory and power, a university which will, in the promotion of scientific, intellectual, and artistic excellence, surpass by far even the best secular universities of the present, but which will at the same time enable Christ to bless it and act and feel perfectly at home in it.*¹⁰

Elder Eyring quoted this excerpt and then commented:

We know something of what a place must be like for the glorified Savior to feel perfectly at home. Of one thing we can be sure: those who labor there and all associated with it will have long before consecrated it to Him and to His kingdom.

His plan of redemption has always required men and women to consecrate all they have and all they are to the service of God. They covenant to do that. And then He tests them to see how sincere they are and how much they are willing to sacrifice. . . . The Master [will] prove our hearts.

*. . . He will be at home, perfectly at home [here], because they will not only have said the words “This is the Lord’s university,” but they will have served and lived to make it so. They will have made it a consecrated place, offered it to Him, and in the process they will have been sanctified. What they will do to prove their consecration will have allowed the Atonement to change who they are.*¹¹



I could see in my mind’s eye hundreds of BYU nursing students holding torches high as they marched down the hill and into the world.

People who are prepared this way—who have accepted the great Healer as their Savior and Redeemer; who believe that “[He] is the way, the truth, and the life”;¹² and who are consecrated to His work—will change the future of nursing and the future of health care. Our work in the College of Nursing is to add to that faith and character, the wonders—the art, the science, the history, the practice—of nursing.

So, dear alumni, how grateful we are for your dedication, for your lives of service in the profession and in the Church. How grateful we are for your examples, for your willingness to mentor our students, and for your support—material and emotional—for the College of Nursing. We thank you for representing us so well, and we will be forever grateful for your continued encouragement and counsel. Thank you for all you have given. Thank you for the influence you have been.

Once in a discouraging moment when I was dean, I doubted many things—including myself. I sat alone in my office on a dark night. I asked for help; I expressed a willingness to repent when I was in error. As I stood looking out the window, I could see in my mind’s eye hundreds of BYU nursing students

holding torches high as they marched down the hill and into the world. I felt a sense of the power of this place. I was given a glimmer of what the Lord expects of us here, and it was enough to comfort me so that I could go back to work.

My prayers are that we can be the people, the college, and the nurses that the Lord knows we can be. I testify that with His help, we can. ❖

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WHEN WE UNDERSTAND AND FOLLOW GOD'S CARE PLAN OF HAPPINESS WITH EXACTNESS,
HE BLESSES US WITH CONFIDENCE THAT WE ARE ON THE RIGHT PATH.



Following God's
Care Plan
of Happiness

By JOHN L. SORENSEN
April 20, 2012, Convocation Address



Today is a very special day of joy and celebration for each of us. What a historical day this is! Your convocation has the honor of occurring during the historic diamond jubilee anniversary, celebrating 60 years of nursing at BYU. We join together in expressing our sincere gratitude and appreciation for every person who has been a part of this outstanding program from its beginning up to today. There have been countless acts of service by hundreds and hundreds of dedicated faculty and students since the program's beginning in 1952.

Thank you to each faculty member and student. It is you who make this nationally recognized nursing program such an outstanding example to the world. Thank you for your impressive dedication, your scholastic excellence, and your exemplary service to others. I know that many of you graduating today, as part of your curriculum, have been to the far reaches of the earth, serving, helping, and, where possible, healing very serious sickness and disease. You have reached out in love and compassion to help as many of our brothers and sisters as you could. We salute you. You have truly helped others, regardless of faith, creed, nationality, or political culture. I'm confident you have found great happiness in your service. Today I center my remarks on recognizing and feeling a special kind of joy found through the Lord's plan of happiness.

I'd like to begin by sharing a 1987 story from my life on this campus. One day while riding home from school on my 10-speed bicycle on the south hill, I was struck by an oncoming driver. He made a left turn and crossed into my lane, hoping to pull into a parking lot on the opposite side of the street from where he was driving. Instead, he hit me almost

Photography by BRADLEY SLADE

head-on. I was in serious pain and trouble. X-rays showed I had shattered my kneecap as well as injured my face and head quite badly. Major knee surgery had to be done. Permanent titanium pins were put into my knee to hold it together.

Three days later I went home wheelchair bound. I was still in pain, and my world was quite turned over. I hadn't even been married one year. My wife, Stephanie, and I lived on the second floor of an apartment building with no elevator, and I had to have Stephanie help me do almost anything physical. She also had to get my wheelchair up and down the stairs every time—a labor of love each day when we went to school. And she was always so nice about it! She never complained once over the next several weeks. I was quite discouraged with this injury and struggled with feelings of “why me?” and self-pity.

I watched my wife, who seemed genuinely happier than ever before because of her love for and service to me. I, on the other hand, was self-absorbed and discouraged during the recovery process. Fortunately, in about eight weeks Stephanie got me through it all.

The scriptures and the words of living prophets repeatedly teach that when we become overly self-absorbed, such self-centeredness can canker our souls and set us back. Yet this doesn't mean we shouldn't become all that we can through education, hard work, and making the best of ourselves. Personal growth is at the heart of the purpose of life. We must strive all our lives to develop our full capacities. Truly, “the glory of God is intelligence” (D&C 93:36). We find great purpose in our lives as we become our best selves (see Thomas S. Monson,

“Be Your Best Self,” *Ensign*, May 2009, 67–70).

Then, once we have a stable temporal and spiritual life, it becomes our duty even more to look outside ourselves to find how and where we can do something for others. For example, observe the commercial airline safety instructions we hear on each flight. An attendant says something like this: “In the event of an unlikely depressurization of the cabin, oxygen masks will descend from the overhead compartment above your head. Please secure your own mask first! Then, if possible, help others around you.” In daily life I believe this means we prepare ourselves for safety and success by getting an education, finding meaningful employment, and creating a stable life for ourselves spiritually and temporally. Then, when we are safely secured, we can help others around us. My wife certainly did this in our early married life. It is essential that we not forget through our development and personal accomplishments the importance of looking after others, for we are all our “brother's keeper” (Genesis 4:9; see also Thomas S. Monson, “My Brother's Keeper,” *Ensign*, May 1990, 46–49).

I've observed for many years that the happiest and most contented people I know are those who, after establishing their own stability, find time to help and assist others.

During each phase of our lives, we do well by asking ourselves, Am I on the right track in doing the Lord's will and not just my own? Each of us, as we begin new chapters of life, will find greater levels of internal peace by asking, What does my Heavenly Father want me to do right now? What does He want me to learn, to do, to become? (see Anne C. Pingree, “Knowing the Lord's Will for You,” *Ensign*, November 2005, 112–14). Who can I help? The more we go forward in helping and serving others, the easier it is to find lasting peace and happiness.

The Savior Jesus Christ clearly explained, “He that loseth his life for my



Sometimes poor choices—our own or other's—result in lifelong serious hardship. This is why the Savior's care plan of happiness is so important. We must always rely on God to help us when things go wrong.

sake shall find it” (Matthew 10:39). As we focus our daily living on service, we will feel an increase of lasting joy that is deep. We find ourselves through service, and in that finding we have more enjoyment and our happiness increases (see M. Russell Ballard, “Finding Joy Through Loving Service,” *Ensign*, May 2011, 46–49; and Thomas S. Monson, “Happiness Through Service,” *Ensign*, May 1988, 83).

I was very fortunate and blessed as a young BYU newlywed to learn this lesson: “John, your life isn't just about you; it's about your relationship with your Creator. It's about what you will do with your life to please God and do His will.” Through the sweet whisperings of the Holy Spirit, I realized I needed to start planning to serve the Lord, my family, and my fellowman. Obtaining a college degree from BYU was a stepping-stone so that I could do something meaningful with my professional and personal adult life.

The scriptures and the words of living prophets, combined with the promptings of the Holy Spirit, teach us that if we develop the talents the Lord has given us, we will be given opportunities to serve others and we will be truly happy almost beyond description! It's important to remember that it doesn't matter how many talents we have. What matters is what we do with what we are given (see Matthew 25:14–30).

Let me illustrate with a true story:

The city of Chicago can be confusing to navigate because so many streets have two names. On one block you may see a street sign bearing the original designation, but several blocks down you see the street has changed to a celebrity's name—such as a famous religious leader, an artist, or a business tycoon. It's a way of paying homage to the people who have positively influenced that area or the city in some way. [Such honorary signs often require a bit of political finagling to be approved.]

All this considered, it might puzzle some folks to see the honorary street sign for “Wilbert Williams Way” erected downtown on a corner of the “Magnificent Mile.” Wilbert Williams doesn't ring a bell with the greater population of Chicago. But for Don Ekman, who negotiated with City Hall for the sign, and the hundreds of others Chicago residents who have been greeted each working day by doorman Wilbert Williams, the sign makes perfect sense.

After 40 years at the post for the Women's Athletic Club building, Williams retired. And the fuss made over his decision caught him by surprise—because he didn't think the way he did his job was anything out of the ordinary. . . .

But those familiar with Williams know better. They think of him as an “icon,” a treasure. They say that no matter who you were, famous or otherwise, Williams treated

When I came to my senses three days later, my doctors and parents told me I had massive head injuries *and* a deadly case of spinal meningitis. They explained I might likely die. I was really scared! Yet I had faith and hope.

everyone he met with the same respect, kindness, and helpfulness—traits that prompted one woman to give her Cadillac to Williams!

As police offer Paul O'Donnell put it, "I've worked this area for 15 years, and he's the best down here. In all these years, I've never heard him speak a harsh word about anyone. He's a gentleman; what more can you say?"

What, indeed. It was just "Williams' Way." He enjoyed what he was doing. [From Dr. Alan Zimmerman, "The Three Questions That Will Change Your Life," Tuesday Tip no. 585, 29 August 2011; <http://bit.ly/Q2snLO>]

Each of us can serve our fellowman by asking the Lord how and what to do with the talents He has given us. We can also influence others to find this same kind of happiness. In our circle of life, the Lord is counting on us to help others to learn and develop the talents they have. This is particularly important in parenting (if we are a parent) and helping our spouse (if we are married). President David O. McKay often said, "No success in life can compensate for failure in the home" (see *Conference Report*, April 1935, 116; quoting James Edward McCulloch, ed., *Home: The Savior of Civilization* [Washington, D.C.: Southern Co-operative League, 1924], 42).

Applying the right balance between personal growth and service to others requires us to take time to meditate and reflect. Then we need to apply work, faith, hope, love, obedience, and sacrifice.

In my professional career of providing 24-hour skilled nursing care, each patient in our facilities receives a personal and formalized patient care plan. Many, if not all of you, have prepared such patient care plans in a variety of

health care settings. Some of the same fundamentals found in an excellent patient care plan can also be found in the Lord's care plan of happiness, such as clarity, accuracy, dependability, love, compassion, and uniformity combined with individuality and daily consistency.

As nursing professionals, you and I know each patient care plan needs to be followed with exactness in order for every patient to reach their highest level of practical well-being. For many years I have had the privilege of being involved with the plan of care for thousands of patients across 35 post-acute care and rehabilitative centers in four states. I have learned very clearly that "when [we] are in the service of our fellow beings [we] are only in the service of [our] God" (Mosiah 2:17).

In our personal and professional lives, when we understand and follow God's care plan, we get the right outcomes for ourselves and others. Just as we help a patient in our care, God will help and support us as we put ourselves in His care through faith, obedience, and sacrifice.

When we professionally follow each patient's care plan with dedication and accuracy, we bless the life of each patient we serve and we help each patient reach their highest practical level of well-being. As nursing professionals, when we have concerns about a patient's medical condition, we know to consult the care plan. In our personal lives, if we start to have concerns about our own spiritual and temporal health, we need to make sure we are following the Lord's care plan. For example, if we find we are becoming discouraged or overwhelmed—or, reversely, proud and overconfident—it may be because we are not following the Lord's plan with exactness. We can correct and get back to good spiritual and temporal health by regularly pausing

and reminding ourselves that we are on this earth to love, worship, and serve God. We show our love to God by serving others.

Our Heavenly Father is anxious to bless us as we help ourselves and serve others! President Boyd K. Packer taught us in a local training session this year that Latter-day Saints too often live beneath their privileges. I believe this to mean that the Lord is anxious to bless us abundantly as we follow the gospel plan and seek the Lord's blessings. He is anxious to bless us if we will ask Him diligently (see Matthew 7:7–8). As we commit to being humble, obedient children of Heavenly Father, God will teach us how to deal with the daily opportunities and challenges of life through the Holy Spirit. The Lord will teach us "line upon line, precept upon precept" (2 Nephi 28:30; D&C 98:12) what to do—and be—during each phase of our lives.

As you close this chapter of your nursing education and begin to work and serve in new capacities, seek the Lord diligently. He will guide you in your next personal plan of action. Maybe the plan won't go exactly as you hope. We must not get permanently discouraged when things don't go according to our plans. God's plan of happiness does not preclude us from the hardships and the temptations of life. His care plan simply gives us the confidence to manage or cope with what comes our way, even when serious difficulties arise. Let me explain with a personal example.

In 1979, when I was 15 years old, it was legal to operate a moped in California if you had a learner's permit. (And there were no helmet laws then.) One day after school I was driving a high-speed moped, zipping along enjoying the breeze in my face and not wearing a helmet. It was a beautiful clear November day in Southern California. Suddenly I

was in a terrible automobile collision a few blocks from my home. I badly fractured my skull and became delirious. When the paramedics arrived, they gave my mother, who found her way to the wreckage scene about the same time they did, little hope that I would live. When I came to my senses three days later, my doctors and parents told me I had massive head injuries *and* a deadly case of spinal meningitis. They explained that I might likely die. I was really scared! Yet I had faith and hope.

The theme for this year's graduation is from 2 Timothy 1:7, which reads, "For God hath not given us the spirit of fear; but of power, and of love, and of a sound mind." I am grateful that as a child I was taught through the Spirit of God and by loving parents and many others that faith is real, that it can cast out fear. Sometimes righteous faith can get us through impossible odds. And even if our lot be tragedy or even death, it is still important to have great faith to cope with what lies ahead. In my near fatal condition I believed God could spare my life if I had faith and it was His will (see D&C 42:48).

Through the miracle of priesthood blessings and the great faith, fasting, and prayers of many, I made it through 26 days in the ICU. However, the fortunate healing of my head injuries and spinal meningitis didn't make everything all right. When I finally got home from the hospital, I was on heavy anti-seizure medication for almost a year; I had to receive home schooling for a semester; and I experienced severe vertigo for the next two years. I also had total deafness in one ear and permanent acute tinnitus. There were some very tough days then, and there are plenty of challenging days now! Sometimes poor choices—our own or others'—result in lifelong, serious hardship. This is why the Savior's care plan of happiness is so important. We must always rely on God to help us when things go wrong. And we must always rely on and praise Him through the good and the not good. We will all have challenges of one kind or another, some large and some small. It's part of God's plan of happiness—for He taught us there must be "opposition in all things" (2 Nephi 2:11).

After my accident I struggled with concentration, comprehension, and retention, so I had to work extra hard just to get decent grades in high school and college. I struggled with discouragement because I couldn't hear well. But I soon learned that there are countless others coping with similar—and even much, much worse—adversities who are determined to accomplish great things anyway. We can find many examples of individuals in horrible circumstances who, through faith and determination, have created lives of meaning and purpose. They are happy. The Savior is our greatest model, having overcome all, and we should do our very best to follow His example (see Mosiah 4:6–12).

As we leave BYU today, let us always be humble for the honor of attending this one-of-a-kind university and go forward in service, remembering each day that where "much is given, . . . much [is] required" (Luke 12:48). If any kind of good fortune or success comes our way, let us always acknowledge that God is the giver of it.

Let us always remember that it is not important to the Lord what positions we attain, what types of callings we hold, or how much money we earn. What is important is our dedication and commitment to gospel living and focusing

daily on the two great commandments upon which all of the law hangs: to love God with all of our heart, might, mind, and strength and to love our neighbor as ourselves (see Matthew 22:36–40). What truly matters is that we live lives of obedience, sacrifice, righteousness, and service to others based on the gifts and talents God gives us (see Matthew 25:14–30; Luke 19:12–26). It is our responsibility—even a requirement—that we inspire everyone we have an influence on to do the same.

As you leave here today, I am confident you are feeling a tremendous sense of gratitude that you finally made it! You deserve to enjoy those feelings of accomplishment. That's part of God's plan. Today is your day to celebrate and rejoice because of your dedication and courage. Someone once said, "The true measure of success lies not in what you have achieved, but in knowing that you have touched the lives of others."

Give glory to God, for He has allowed you and me to be who and what we are. Let us live every day following God's care plan of happiness. 🙏

John L. Sorensen (BA '88 American Studies) is the CEO of North American Health Care, with facilities in California, Utah, Arizona, and Nevada.

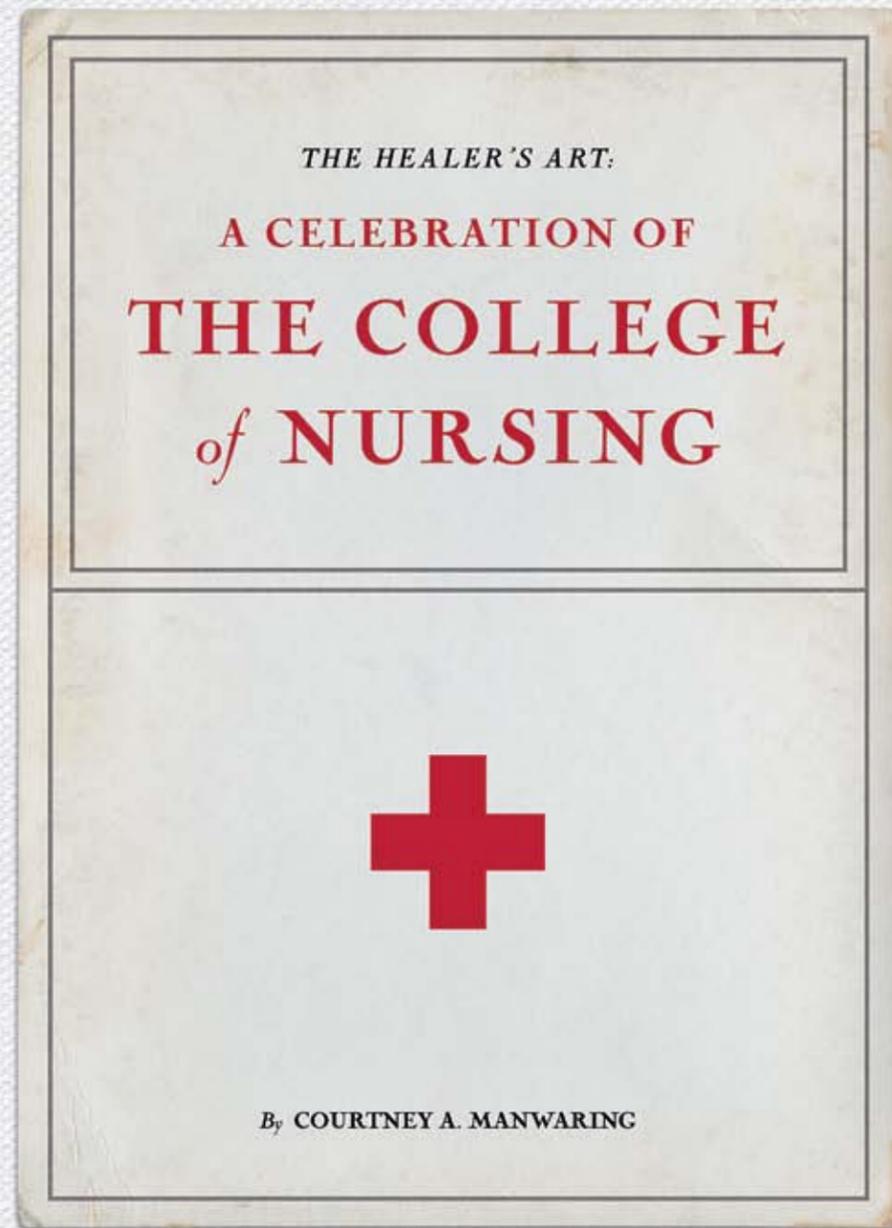


Education in Zion Gallery
in the Joseph F. Smith Building

MONDAY THROUGH FRIDAY, 10 AM TO 5 PM
MONDAY AND WEDNESDAY EVENINGS UNTIL 9 PM
SATURDAY, 10 AM TO 2 PM



Top: Faculty member Deborah Wing's dog tags from Operation Desert Storm. Bottom: Dr. Ellis Shipp, seated in the middle, helped found the Salt Lake Sanitarian in 1888. (Courtesy of the Daughters of Utah Pioneers.)



AS THE COLLEGE OF NURSING continues to celebrate its 60th year at BYU, it is important not only to look back on the success of the last six decades but also to reflect on and remember the unique history of nursing within The Church of Jesus Christ of Latter-day Saints.



Above: Mrs. Robert Perine won the 1953 nursing uniform contest with this sketch. Right: Chart used in a diabetes workshop to help children identify emotions about themselves.

Such a reflective look back—to understand the origins of modern nursing at this university—can increase our appreciation for how far this college has come and how much it has been able to accomplish. As a special component of the 60th anniversary, the Education in Zion Gallery now features a year-long exhibit, *The Healer's Art: A Celebration of the College of Nursing*.

This exhibit, which will be available for viewing during regular exhibit hours until August 2013, takes visitors—from the moment they walk through the door—on a journey through the history of LDS nursing. Beginning in the far left of the room, guests can sit down to enjoy a short video about BYU's nursing students and the ways in which they have been developing their education throughout the last decades.

Below the video screen, the text of the hymn "Lord, I Would Follow Thee" is on the wall. The hymn's lyric "I would learn



the healer's art," serves as the origin for the exhibit's title and is also a reminder of the College of Nursing's decade-old motto. The display also includes the two verses added in honor of the college.

1872

Martha Jane Coray requests that Brigham Young "reestablish the Council of Health [originally formed in 1851 by Phoebe Angell] to educate obstetrical practitioners." He encourages women of the Church to become trained in "anatomy, surgery, chemistry, physiology, the preservation of health, the properties of medicinal plants, and midwifery." A physiology class in Salt Lake City is organized and taught by Sarah M. Kimball and Mary E. Cook.

1873

Brigham Young asks each ward Relief Society to appoint three women to study nursing and midwifery and for women to study at medical schools in the East. At least six women respond and earn medical degrees. Most influential among these early doctors were Romania Pratt, Ellis Shipp, and Ellen Ferguson, who set up Utah's earliest professional training programs.

1877

Romania Pratt returns to Utah from her eastern training—paid for by Relief Society dues—and organizes a medical training program for women.

1878

Ellis Shipp founds the School of Obstetrics and Nursing in Salt Lake City with the financial help of Relief Society dues. She trains midwives in her two six-month courses, from which more than five hundred students eventually graduate.

1882

Relief Society leaders open the Deseret Hospital, and Dr. Ellen B. Ferguson and Dr. Romania B. Pratt work there. The staff teach classes and become the first to train nurses in Utah.

1888

Dr. Ellis Shipp helps found Utah's first medical journal, the *Salt Lake Sanitarian*.

1898

Margaret C. Roberts offers a nursing course through the Salt Lake Stake Relief Society; four years later the general board sponsors the course in other stakes.

1898

The General Relief Society Nurse School graduates its first class. Tuition is \$50 for the entire program, and graduates were to charge no more than \$6 per week for their nursing services.

1903

The Relief Society sponsors the School of Obstetrics and Nursing; it is discontinued in 1920. It includes the following courses for a tuition fee of \$50: obstetrics, nursing, cooking for invalids, public health, and prevention and treatment of diseases.

Eighty-six students enroll in the Relief Society's eight-month nursing class.

1904

Groves LDS Hospital opens and institutes a three-year nursing program.

1914

Along with Amy Brown Lyman, Relief Society workers teach motherhood education classes, perform baby check-ups, and make home-health visits.

1920

LDS Hospital begins offering a one-year course for nurses' aides; the program is discontinued in 1924. Tuition is free, with the stipulation that students give 30 days or 124 hours of charity service in their home communities.

1922

Through the efforts of the Primary general presidency, the Latter-day Saints Children's Home and Day Nursery opens. A fund is later established to operate the hospital through a voluntary donation of one penny per year of age of each Church member. (The hospital is now known as the Primary Children's Medical Center.)

1924

The Utah Cottonwood Stake, in cooperation with a number of other local units, opens the first low-cost maternity care for expectant mothers.

1926

The Relief Society includes a study of mental health as part of its educational curriculum and promotes adequate custodial and rehabilitative care of the mentally ill, largely under the efforts of Louise Yates Robison, second counselor in the Relief Society general presidency.

Then, moving clockwise around the room, visitors can see everything from a replica model of Mrs. Robert Perine's 1953 contest-winning nursing uniform to Professor Kent Dean Blad's military medals of honor. Additionally, on the right wall guests will find artifacts from the College of Nursing's many humanitarian expeditions throughout the world.

For such a rich history revealed in such a limited space, it is surprising how much the exhibit is able to showcase.

Nursing within Mormonism is nearly as old as the restored Church itself. Even in 1842, when Joseph Smith organized the Relief Society, there was a large emphasis for LDS sisters to attend to the sick and afflicted. As pioneers these women were the primary health providers for their families, and many, if not most, served as nurses and midwives during the Church's

early years. Among these, Sister Patty Bartlett Sessions became one of the most prominent. In her years of service, which began at the mere age of 17, she delivered almost 4,000 infants and cared for the Saints throughout their trek west—from Nauvoo to Winter Quarters to the Great Salt Lake Valley. Yet her story is only one of many in the long history of LDS nursing. Follow this timeline, taken from the exhibit, to learn more about the first 100 years of nursing in the Church. ✚

Even in 1842, when Joseph Smith organized the Relief Society, there was a large emphasis for LDS sisters to attend to the sick and afflicted.



Left: A sock puppet helps diabetic children enact scenarios about their care. Center: Groves LDS Hospital instituted a three-year nursing program in 1904. Right: One of the most prominent pioneer midwives of her day, Patty Sessions delivered almost 4,000 infants. (Courtesy of the Church History Library.)



1929

As a result of the efforts of Louise Yates Robison and the Relief Society, the Utah State Legislature establishes the State Training School at American Fork for the mentally handicapped.

1931

The Relief Society begins cooperating with private and public agencies to support public health nurses in five Utah counties and to maintain two loan funds: one for hospital training and one for graduate nurses who want to pursue public health work.

1930s

Some classes with the LDS Hospital School of Nursing are held at the University of Utah, giving students the ability to earn university academic credits.

1942-1944

Under the direction of Relief Society general president Amy Brown Lyman, 20,410 women complete Red Cross training to become home nurses and nursing aids during World War II.

1950

Students are able to enroll in a program leading to both the LDS Hospital School of Nursing diploma and the University of Utah baccalaureate degree.

1952

With the Church's expanding interests in the health care of members and in acquiring hospitals throughout the state of Utah, more nurses as well as facilities to house and train nursing students are needed. This requires the LDS Hospital School of Nursing to move to the university setting. Under the direction of the Presiding Bishopric, the Relief Society general president, members of the BYU administration, hospital administrators from Utah Valley Hospital, and others, the department opens as the School of Nursing at BYU.

Faculty Spotlight: Renea Beckstrand

Changing Tunes

By **Jake Frandsen**



floating in a bowl of water, opened gauze for a serious scalp injury, and helped restrain an overdose patient as his stomach was pumped. The experience thoroughly relieved Beckstrand of any desire to become a nurse: "I left there that week thinking, 'I'm not going to be a nurse anymore. I'm going to be an attorney.'"

After taking a pathophysiology class at BYU-Idaho, however, Beckstrand changed her tune once more and decided

but it also smelled like death. I've often laughed that the thing that terrified me the most—death—is exactly what I would end up researching and studying."

Beckstrand's research has yielded numerous articles examining how nurses can effectively care for patients nearing death. "When most nurses look at end-of-life care, they're looking at the patient's and family's experience," Beckstrand says. "I look at end of life

"I got hired at the sink in the fifth-floor bathroom [of the SWKT]. Twenty-five years later I'm still here."

IN THIRD GRADE Renea Beckstrand, PhD, was already a practicing nurse. That year for Christmas she had received a nurse's kit, complete with glass vials full of candy pills. "I doctored everybody," Beckstrand says. "All my dolls, all my family—everybody got to be doctored." Nobody doubted that Renea would grow up to be a nurse.

But things changed when, at 14, Beckstrand enjoyed a weeklong visit with her older sister Ellen, who was assistant head nurse at LDS Hospital in Salt Lake City. "She put a lab coat on me, and I worked with her," remembers Beckstrand. And Ellen made no effort to shelter her teenage sister from the unpleasant parts of the job. "She showed me some really gross things—this is my dear beloved sister, mind you!"

During this introduction to real nursing, Beckstrand examined severed fingers

to transfer to BYU College of Nursing. She would don the BYU cap and gown for a total of—count them—three graduations (AS '81, BS '83, MS '87), later earning a PhD from the University of Utah in 2001 as well. It was while Beckstrand was wrapping up her master's that Dean June Leifson hired her as nursing faculty during a chance meeting. "I got hired at the sink in the fifth-floor bathroom [of the SWKT]," Beckstrand says. "I was washing my hands, and June Leifson said, 'Have you ever thought about teaching?' Twenty-five years later I'm still here."

One of Beckstrand's main research interests is end-of-life care—an interest she finds ironic. As a youngster she often accompanied her father, the bishop, to visit hospitalized ward members. "I was too young to go up to the rooms, so I was the waiting-room warrior, just wandering around. The hospital scared me to death," she recalls. "It smelled very clean,

through the perspective of the nurse, and my mission is to improve the lives and methods of nurses through education and research." The goal is to help patients experience a "good death," where the patient (1) gets what he or she wants in terms of treatment and interventions, (2) is as comfortable as possible in a peaceful environment, and (3) has family members who are present and "in sync," or at peace, with the death.

Recently Beckstrand was chosen from thousands of applicants to teach at the American Association of Critical Care Nurses' annual conference, where she shared her considerable expertise. Now she's on the planning committee for the 2013 conference. According to Beckstrand, however, her most satisfying job is teaching and mentoring students. "It's gratifying to hear from students years after I taught them and realize that they still use what they learned in my classes," she says. ✚

2011 Honored Alumna: Debra Hobbins

Passion, Participation, and Personal Investment: Honored Alumna Offers Advice for a Happy and Successful Life

By **Brooke Ward**

“Do what you love. It doesn’t matter what anyone else thinks.”



CALLING FOR PASSION, participation, and personal investment, Dr. Debra Hobbins addressed a crowd of faculty and students during October 2011 Homecoming. Combining anecdotes, individual conviction, and a good dose of humor, Hobbins offered sound advice for a happy life and successful career rooted in the gospel of Jesus Christ.

“I’ve learned to wait upon the Lord, not just in my career but in my family,” Hobbins told the audience, explaining the unexpected turns, arduous climbs, and devastating free falls she has encountered in her rollercoaster life. Hobbins hardships have not been few, everything from violence and divorce to the death of a child. “There are ups and downs and bumps along the way. Sometimes you’re scared; sometimes you laugh. Some decisions may look crazy, but I have always tried to follow inspiration,” Hobbins said. “My goal has been to represent the Savior the way that He would have me do.”

That outlook has sustained Hobbins in her educational pursuits—from her associate degree at BYU, a master’s in California

Above: Debra Hobbins receives the College Honored Alumni Award from President Cecil O. Samuelson.

(while mothering five young children and a newborn), and her doctorate from the University of Utah. The goal has also spanned her career, covering the spectrum of clinical nursing options, teaching, and advocacy.

“There’s always something fabulous to do in nursing,” Hobbins said, encouraging her audience to find what they are truly passionate about. “Do what you love. It doesn’t matter what anyone else thinks. If you are unhappy at work, your life will be miserable. If you love what you do, you will have a smile on your face and you will have goals.” Then focus that passion and change the world, Hobbins admonished.

“We need young, vibrant nurses to lead us into the next century,” she said. “Join your professional nursing association. Stand for something. Contribute. You need to get involved and contribute to the profession for your soul. Nursing is a fabulous career; there is so much growth and development,” she said.

And when it all seems like too much, remember to prioritize, the mother of 10 advised. “Listen to your angel friends: listen to and follow the Spirit. Sometimes the odds seem insurmountable, but you can do anything for a short amount of time,” she said. “The trick,” quoted Hobbins, “is to thank the Lord for letting you have the ride” (Jenkin Lloyd Jones, “Big Rock Candy Mountains,” *Deseret News*, 12 June 1973, A4). ☒

Allie Holt Larkin



Development

It Takes a Village: \$60 for Our 60-Year Anniversary

By **Carol Kounanis**, Associate Director, Major Gifts

“ENTER TO LEARN; GO FORTH TO SERVE.” No doubt that phrase is ingrained in the hearts and minds of every BYU alum. But that phrase takes on an added dimension for nursing students in light of their Global Health and Human Diversity experiences. Our students have opportunities to travel to various places all over the world—most recently to India, Tonga, Taiwan, Ecuador, Ghana, and Finland—and the results are amazing. Ask any nursing student who has taken part in one of these expeditions and you’ll hear comments like “fantastic,” “most beneficial,” “eye opening,” and, yes, the oft-overused “awesome!” But by far the comment I hear most often is “life changing.”

Many who hear this response might think it describes the people these nursing students go forth to serve. And while this is true, if you visit with these students, you’ll quickly realize that they are speaking about themselves—their own lives changing for the better. Each one comes back with an even deeper understanding

A student enrolled in the global health and human diversity course serves in Ecuador.

of and empathy for others, a greater sense of purpose, an increased confidence, sharpened skills, and a renewed commitment to the work they’ve been engaged in here on campus. They’ll tell you that they learned things abroad that they would never have learned anywhere else. And they’ll be right.

As you might guess, these global experiences come with a high price tag. Students not only have to pay tuition but also travel costs and living expenses. The College of Nursing has endeavored to subsidize the cost of these opportunities for our students through an endowment specifically set aside for this purpose. We have a lofty goal—\$2 million—and we are pleased to report that over 80 percent of that amount has already been contributed by a handful of very generous donors. The remaining amount, \$370,000, is now in your hands.

You’ve often heard that “it takes a village.” If every nursing alum gave just \$60—an especially meaningful amount during our 60th-anniversary year—we would reach our goal.

There are many ways in which you can give support to this worthy cause.

We are pleased to report that over 80 percent has already been contributed. The remaining amount is now in your hands.



Naturally, the easiest way would be to simply write out a check or donate online with your credit card. But you can also give through an in-kind donation of stocks or other securities, real estate, or a planned gift in your will or trust. If you’d like to explore any of these options, please feel free to contact me: Carol Kounanis at cek@byu.edu or 801-422-8294. I hope you’ll consider giving so others can continue the BYU tradition of going forth to serve. ☒

Alumni Updates

Elizabeth (Betty) Jean Young Stevenson ('59) recently retired after working for 23 years in the Sacramento, California, area as a certified HIV counselor, certified diabetes educator, and community health nurse in a Native American outreach program. She later served as a health educator in diabetes education and smoking cessation.

Eva Pearl Okelberry Stoneman ('59) helped establish the Utah chapter of the Oncology Nursing Society, where she continues to serve. While working in the oncology unit of Utah Valley Regional Medical Center, she organized free cancer screening clinics for the public. She retired as BYU College of Nursing faculty in 2010.

Sharon Ray Gelb ('62) received an MS in marriage and family therapy from Indiana State University in Terre Haute.

Juanita Harmon Price ('62) is an administrative RN for Deseret Mutual Benefit Administrators.

Wilma B. Waldron Riddle ('62) teaches first aid for the Boy Scouts of

America she has received a Silver Beaver Award and an Influential Women in Scouting Award.

Penny Klein Weismuller ('67) wrote the AIDS master plan for Orange County, California, in 1987 and served as an AIDS coordinator, developing a nationally recognized curriculum for care and prevention.

Cheryl Tibbs Stott ('74) is a certified adult health clinical nurse specialist and currently works as a perinatal clinical nurse specialist at Banner Thunderbird Medical Center in Glendale, AZ. She received an MS in nursing from Grand Canyon University in Phoenix.

Jean Oliver Millar ('84) was recently inducted as a community leader in Sigma Theta Tau and also completed an MBA at Westminster College in Salt Lake City.

Katherine Taber Thielen ('85) served an LDS Welfare Services mission in the Philippines, became a nursing instructor at the College of Eastern Utah—San Juan Campus, and was an OB/GYN nurse in Logan, UT. Her nursing education has been extremely valuable as she raises her four children, including a medically

fragile daughter with Down syndrome. She is currently a middle school nurse in Nevada and a member of the National Association of School Nurses.

Sheri Scott Smith ('89) served two LDS humanitarian service missions in Guyana and the Congo with a team teaching neonatal resuscitation. She currently works as a RN in the level-two nursery and manages the NRP at American Fork Hospital in Utah.

Karen Vernon Burton ('94) was recently named teacher of the year at Weber State University College of Health Professions and became the university's ADN didactic director. She received an MS in nursing education in 2006 and is currently a PhD candidate in nursing education at the University of Northern Colorado.

Heidi McSweeney ('01) received an MS in nursing, with a women's health specialty from the University of Utah. She now teaches neonatal resuscitation with LDS Charities, serving as specialist for Mozambique and Angola.

Nicole Steffgen Lorenzen ('01) served as a nurse at the Newport Beach California Temple open house in 2005.

First Dean Will Turn 91

VIVIAN BEVERLY HANSEN, first dean of BYU College of Nursing (1952–1954) will celebrate her 91st birthday December 8, 2012.

It was as Hansen sat alone one morning in an office of the Eyring Science Center that she made her final decision to accept President Wilkinson's invitation to serve as BYU's first dean of the college. She had been gazing at Mount Timpanogos when



After her two years as the first dean of the College of Nursing, Vivian Hansen served as a nurse and nurse educator around the world, including seven years in Panama.

Left: Courtesy L. Tom Perry Special Collections Right: Jeffrey W. Mitchell

she heard a student singing hymns while mopping the floor. Hansen felt the Spirit whisper that BYU was where she would be, and her decision was made.

However, Hansen's stay at BYU was not a long one. Two years after accepting the position, she married the love of her life—Jerry Mitchell, a former sea captain for Moore-McCormack. The two had met years earlier at Columbia University, but it was only once Mitchell gave up the sea and Hansen decided to move on from BYU that they were able to marry and begin life together. First as an admiralty attorney and later as a federal judge, Mitchell took Hansen around the world developing his career while Hansen served as a nurse and a nurse educator while raising their four children. It was her idea to move to Panama so they could “see what the world was like and how many blessings we had.” The family spent seven years there, where Hansen served as branch and district Relief Society president and as an early morning seminary teacher.

In later years Hansen taught nursing at the University of Virginia in Charlottesville as well as at the Hampton Institute (now Hampton University). Later in the Bay Area, she served on the board of Peninsula General Hospital, where she represented nurses' concerns to the board. She also maintained a significant private practice as a family therapist and found time to work for LDS Social Services. ☒

IN MEMORIAM

Eloise Richards Anderson '54

Elaine Ann Johnson Bergeson '61

Fern Franson Jones King '65

Julie Asay Collings '68

Carolyn Imogene Ricker Bergeson '74

Hilda Eunice Roberts Forward '74

Sylva Stocks Golightly '75

Betty Susanne Spencer Harris '76

Debbie Vonne Mitchell '77

Tawna Clyde Smith '77

Naomi Stokes Zitting Bistline '78

Carol Ann Christensen '78

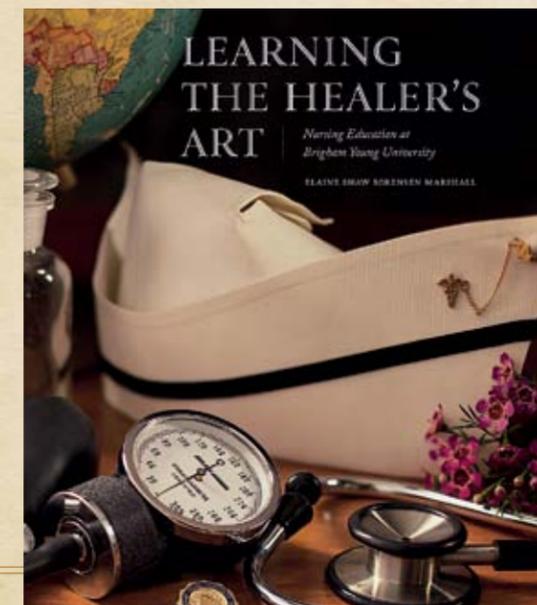
Lisa Bean Fitch '80

Sharon L. Clark Anderson '81

Laura Poe '85

PUBLISHED IN COMMEMORATION OF THE 60TH ANNIVERSARY OF BYU COLLEGE OF NURSING

LEARNING THE HEALER'S ART



BY ELAINE SHAW SORENSEN MARSHALL

This carefully documented history begins with the legacy of early Utah pioneer nurses; successive chapters chronicle the progress of BYU College of Nursing under the leadership of 12 deans/acting deans from 1952 to 2012. Appendices include BYU devotional speeches of four deans and historical listings pertinent to the College of Nursing.

FOR ADDITIONAL
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Treatment of Post-Traumatic Stress Disorder in the Severely Mentally Ill: Improving Mental Health Services in a County Mental Health System

Linda J. Mabey, DNP, CNS, APRN, BC

In my quality improvement doctoral project, I worked with a public provider of mental health services to identify current treatment practices and areas for improvement in caring for severely mentally ill patients with post-traumatic stress disorder (PTSD).

A literature review revealed that trauma exposure and resultant PTSD are common in patients with severe mental illness. Studies have found the rate of active PTSD in the severely mentally ill to be 19–43 percent. And childhood sexual or physical abuse occurs in 34–54 percent of severely mentally ill clients. In this population high rates of morbidity and service utilization are the norm. Patients with severe mental illness and comorbid PTSD have significantly more physical and mental health problems, higher rates of alcohol abuse, and more hospitalizations than their counterparts with severe mental illness and no PTSD. While PTSD is common in this population, research also indicates that it is often not identified and treated.

Clinicians felt the current methods of identification and treatment were inadequate and too dependent on individual clinical training and experience.



Key informant interviews with clinicians and administrators of a behavioral health facility helped determine the clinical issues associated with identifying and treating PTSD in their severely mentally ill patients. Though computerized intake evaluation forms prompted clinicians to ask patients about PTSD symptoms, there were no PTSD screening or diagnostic tools

routinely used. Clinicians felt the current methods of identification and treatment were inadequate and too dependent on individual clinical training and experience. They expressed a desire for further education and training in evidence-based treatment approaches for PTSD. While administrators and clinicians believed that treatment of PTSD in their severely mentally ill patients was important, system pressures—including limited funding—were a barrier to improving services. Other barriers identified included heavy case loads, no process to share information from conferences and workshops, and no method to identify experienced clinicians so that their expertise could be tapped.

The interviews also revealed clinician and system assets, such as an awareness of the problem of PTSD in the population and a desire to improve services for these patients. Clinicians were generally familiar with cognitive behavioral therapy, a treatment model found effective in treating such patients. Other assets included a continuum-of-care structure, from acute stabilization to rehabilitation services, and a variety of treatment modalities, such as individual and group therapy and medication management.

The project concluded with a series of recommendations for the facility based on the information obtained from key informants and an extensive literature review on evidence-based practices for treatment of PTSD in the severely mentally ill. The recommendations included nurturing an organizational commitment to improve services for this population, implementing training efforts in effective PTSD treatments, providing supervision and peer review for clinicians, and seeking funding for these initiatives. +

Performance and Narrative of Motherhood

After immersing herself for seven months in a teen-mother and child clinic, Janelle Macintosh developed a model to focus on the baby as the “star.”

Janelle Macintosh, RN, PhD



I have been a newborn ICU nurse for 10 years, and part of that time I was in graduate school. As a doctoral student I struggled to find a topic for my dissertation research. I knew I liked babies and working with families in the newborn ICU. I was guided down a long path to explore how teenagers who are pregnant describe and handle their mother identity.

My dissertation research led me to spend seven months at a teen-mother and child clinic operated by nurse midwives and a pediatrician. In an ethnographic fashion, I was able to spend those months getting to know the culture of the clinic, the midwives, the staff, the nurses, and many of their patients. I spent hundreds of hours watching and experiencing the clinic. I was also able to interview the staff and many of the students who were earning clinical hours. I interacted with teens, their children, and their support systems. I conducted interviews with clinic staff and with nine expectant teen mothers.

A metanarrative from the teen mothers was the primary focus of my research. I developed a model of teens who are forming their perceptions of motherhood and called it *Motherhood in Three Acts*. The three acts were “The Test,” “My Body,” and “In My Arms.”

In the first act, “The Test,” the pregnancy test was a central component of each teen’s discovery of her pregnancy. At this point the teens did not consider themselves mothers.

In the second act, “My Body,” the body of each of the teens became the costar. The physical changes powerfully influenced perceptions of future motherhood, yet the loss of the teen’s objectified body did not transform her into a mother.

In the final act, “In My Arms,” each teen talked about the future in which she would hold her child, play with her child, and be a mother.

I developed a model of teens who are forming their perceptions of motherhood and called it *Motherhood in Three Acts*. The three acts were “The Test,” “My Body,” and “In My Arms.”

The teen-mother and child clinic set the stage for the performance of teen motherhood. Although there were some nontraditional facets of the clinic, the overwhelming sense was that of traditional prenatal care. The midwife instructed the teens as to appropriate behaviors, sleeping, eating, drug and alcohol consumption, and so on. The focus at the clinic was on the baby: eating for two, doing something because it is good for the baby, and so on. A disconnect became apparent between the performance of the teen, who sees herself as the focus and star, and the clinic, where the baby is the star and real motivation.

This disconnect could negatively influence relationships between health care professionals and their pregnant teen patients. Therefore, understanding how pregnant teens perceive themselves and their pregnancy can help health care providers facilitate their patients’ journeys toward responsible parenthood. +



Imgorhand

Is Mandating the Flu Vaccine Right for You? Increasing Immunization Rates in Health Care Workers:

Suzette Bramwell ('04), DNP, RN, COHN-S



Each health care organization has different needs and resources; therefore, the goal for this project was not prescriptive for one standardized action.

Influenza, a vaccine-preventable illness, kills and hospitalizes tens of thousands of individuals each year. Since the health care work environment poses high risk for exposure and transmission of the virus, staff are recognized as a high-priority group for annual vaccination. Yet national rates remain substandard.

The purpose of this project was to discover ways to increase influenza immunization rates in health care workers, particularly occupational-health nurses. This nursing specialty has a unique realm of influence and perspective, working both within systems and directly with individual employees.

Understanding and targeting the reasons for low immunization rates—whether they are logistical, intellectual, financial, philosophical, or other—can improve overall rates. Each health care organization has different needs and resources; therefore, the goal for this project was not prescriptive for one standardized action. Rather, it was a discussion of options, strategies, and resources to increase immunization rates. A growing trend in health care is the creation of corporate

policies requiring influenza vaccination as a condition of employment, and so a discussion of mandatory policies was included as a potential strategy. The Health Belief Model was used as an educational tool to assist individuals and organizations to make informed decisions about influenza immunization.

The outcome of this project was a webinar presentation through the American Association of Occupational Health Nurses (AAOHN), available at <http://bit.ly/MLLgPZ>. Content was also displayed in a poster presentation at the National Conference of the Association of Occupational Health Professionals in Healthcare (AOHP) in September 2011. A podium presentation targeting educational tools was given at the AOHP conference in October 2012. 🇺🇸

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Dotton, F. J., & **Mandleco, B. L.** (2012). Child and family communication, 409–431.

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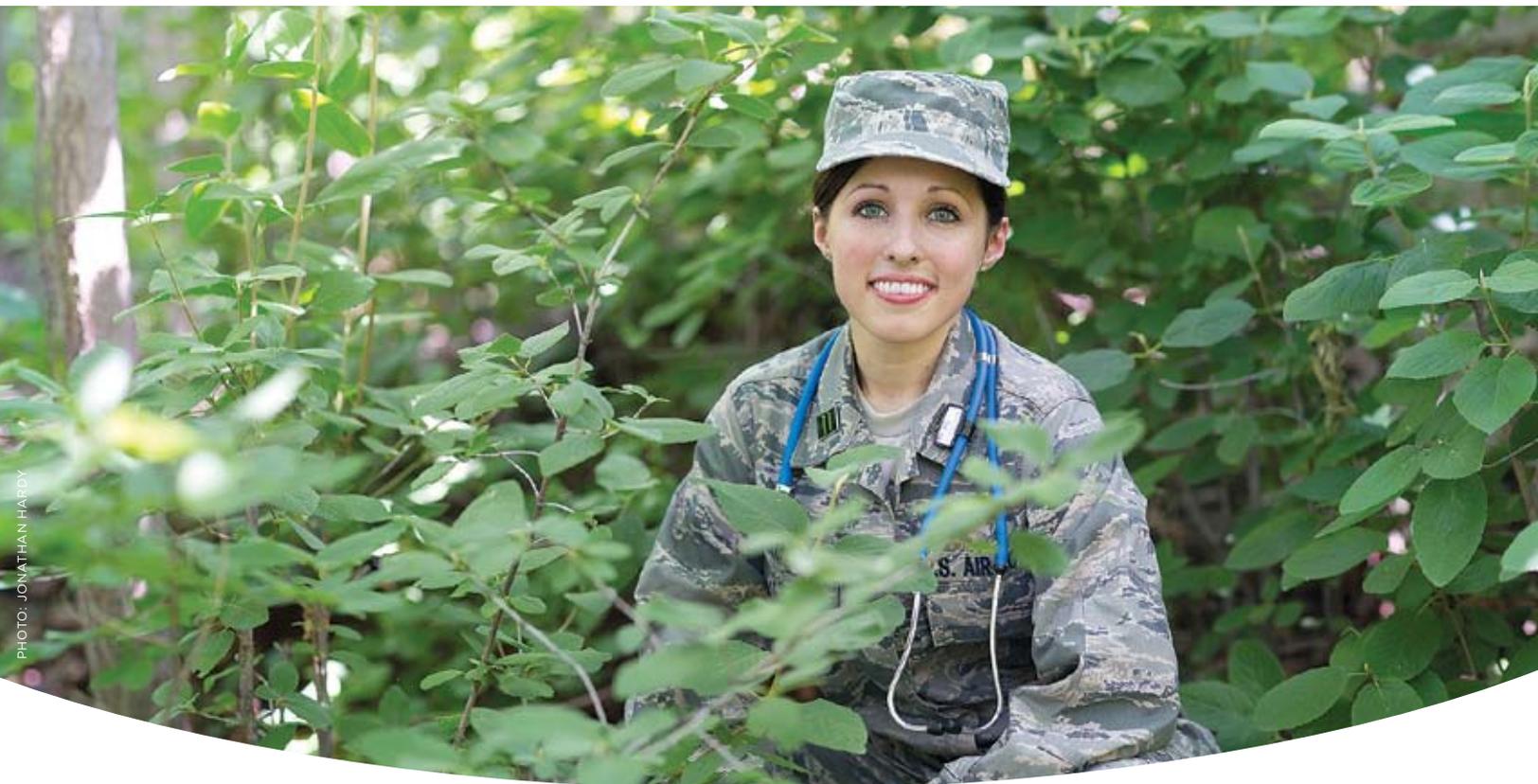
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The one thing she can't conceal.

We had a good reason to photograph Emily Schroepfel wearing a stethoscope over her military camouflage fatigues. You see, Emily is in her fourth semester in the College of Nursing, and she's also enlisted in BYU's Air Force ROTC program.

And while Emily's military uniform conceals her whereabouts, she can't hide her gratitude for the scholarships she has received from the college.

"I am truly grateful," Emily says. "I have had to work hard to put myself through school, and when everything you can do

is not quite enough, it is just so wonderful that others are willing to help. Simple as it sounds, I want to say thank you."

After graduation Emily plans to go active duty as a nurse in the U.S. Air Force. "I'm excited to serve my country and to work my dream job as a nurse," she says.

We invite you to reveal your love for nursing by making a gift through BYU Annual Giving. Please remember to designate the College of Nursing.

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