

# LEARNING THE Healer's art

BRIGHAM YOUNG UNIVERSITY COLLEGE OF NURSING | SPRING 2016

## Changing Stereotypes in Nursing

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# Instilling Compassion

As I approach the end of my fourth year as dean, I find comfort in knowing that it is impossible for me to solve every problem of faculty members and students. Realizing that there are lessons to learn from both successes and failures has led me to seek personal understanding, improve communication, and simply listen whenever issues arise.

In dealing with these various situations, I have been impressed by how faculty members strive to meet students' needs, both in the classroom and in non-academic areas. They observe attitudes and stress levels of individual students and then work with them to resolve financial, social, or emotional concerns. Additionally I see students reaching out to one another to support program learning, social involvement, and professional understanding.

These efforts by both faculty members and students illustrate the importance of learning, applying, and teaching the Healer's art. Our nursing courses focus on understanding others, valuing others'

Our nursing courses focus on understanding others, valuing others' histories and backgrounds, and enhancing nurse-patient relationships.

histories and backgrounds, and enhancing nurse-patient relationships. Even our 2016 college calendar highlights how we apply these learning outcomes in clinical settings. Empathy is not always easy to develop but is nonetheless a skill that can be very tender when correctly applied.

This issue of the magazine features ways our nursing students and faculty members have learned about compassion and different cultures—ranging from clinical practicum experiences in Europe to techniques in research with regard to hospital safety. It also includes articles discussing the scholarly works of Dr. Bret Lyman and Lacey Eden, with a faculty spotlight on Jim Kohl.

Because growth opportunities are so important to the College of Nursing, we are currently expanding the mentored-learning program, in which students can work directly with a faculty member in their field of research or on projects contributing to the discipline. We have started a campaign for this endowment and are actively seeking contributions to provide grants to further support faculty members who are mentoring students. I encourage you to read about our fundraising efforts on page 18, and I ask that you consider making a donation in the provided envelope.

Finally, the College of Nursing has open full-time faculty positions. Do you know a nurse who has the same values as



*Patricia Ravert*

Dean and Professor, BYU College of Nursing

our program, would agree to live by the BYU Honor Code, and is either master's prepared or has a DNP or PhD in nursing? If so, please let them know about these unique job openings. I would be happy to discuss the requirements with any potential candidates.

Thank you for supporting me in my exciting role as dean. Enjoy connecting with our program through our social media channels: faculty and event videos on [YouTube.com/BYUNursing](https://www.youtube.com/BYUNursing); timely program updates via [Facebook.com/BYUNursing](https://www.facebook.com/BYUNursing) and [Twitter.com/BYU\\_Nursing](https://twitter.com/BYU_Nursing); event photos on [Instagram.com/BYUNursing](https://www.instagram.com/BYUNursing); and extended content on the college website ([nursing.byu.edu](http://nursing.byu.edu)) and blog ([BYUNursing.wordpress.com](http://BYUNursing.wordpress.com)).

I appreciate your interest in and support of our endeavors. Please share feedback and career, family, or academic achievements with us by emailing [nursingpr@byu.edu](mailto:nursingpr@byu.edu).

# LEARNING THE Healer's art SPRING 2016

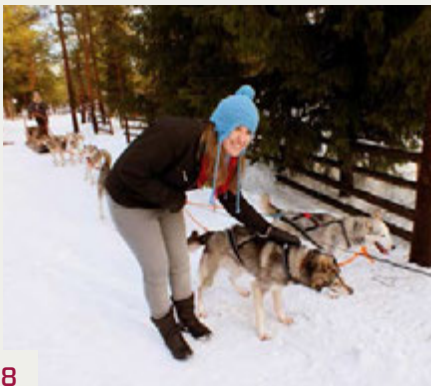
LEFT: LESLIE MILES; CENTER: COURTESY MELANIE VANDENBARK



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Tristan Lubina, a BYU nursing student, poses in the college's Nursing Learning Center.

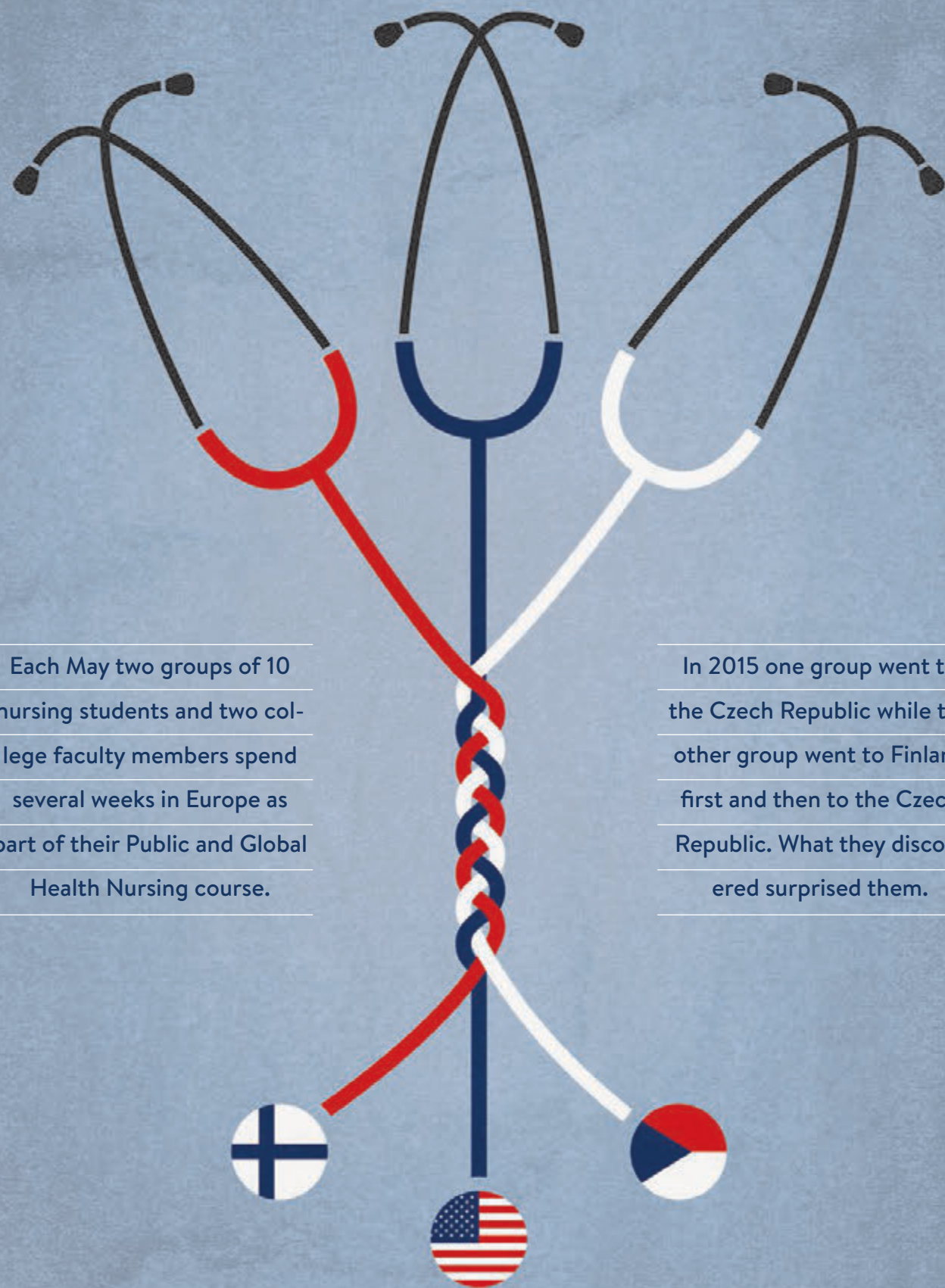
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Each May two groups of 10 nursing students and two college faculty members spend several weeks in Europe as part of their Public and Global Health Nursing course.

In 2015 one group went to the Czech Republic while the other group went to Finland first and then to the Czech Republic. What they discovered surprised them.

CURTIS SODERBORG



# CULTURE CONNECTIONS

in Finland and the Czech Republic

## GROUP 1: CZECH REPUBLIC

Whitney R. Bunker (BS '15) listened attentively as a white-haired patient fumbled over the words to a song he had learned from American soldiers long ago. He quietly began to sing "My Bonnie Lies over the Ocean" with a thick Czech accent, and Bunker pieced the puzzle together: he was sad because the man's wife, his "bonnie," had died. Bunker held his hand, glad to have made a small but powerful connection with her patient.

Last year BYU College of Nursing students studied in the Czech Republic for the first time as part of a clinical practicum. Bunker and nine other BYU nursing students paired up with Czech students from the college of nursing in Plzeň and traveled to several different cities throughout the country, where they had both cultural and clinical experiences that provided perspective and

enhanced the way they nurse. "We got to see firsthand what makes the Czech Republic such a special place and what it takes to connect with someone from a different culture," says Bunker.

"The key thing our students pick up on is that there are other ways of communicating with the patients," says associate teaching professor James Kohl. "It does not always have to be audible; it can be in smiles, frowns, or gestures. We do not have to rely just on spoken communication to know what the patient needs."

Formerly a part of communist Czechoslovakia (a satellite state of the Soviet Union), the Czech Republic and its healthcare system have undergone dramatic changes since the country became independent in 1993. "In less-developed countries, the students are out of their comfort zones with regard to food, beds, and environmental conditions," says teaching professor Dr. Sheri P. Palmer (AS '81, BS '84). But in the

Czech Republic, where the healthcare system is advanced, "the students had to get out of their comfort zones to build relationships with people they did not fully understand at first."

One of the first things Bunker noticed as she got off the airplane was the many people smoking cigarettes. "It was hard for some of us to get used to—to understand why everyone smokes," says Bunker, a Utah native. "In the U.S., and especially in Provo, antismoking has been pushed so much that there are not nearly as many people who smoke as in the Czech Republic."

In addition to smoking, Czechs love their beer. The students found this to be all too true at their first stop in the city of Plzeň, the beer capital of the world. Bunker recalls that a bottle of beer was cheaper than a bottle of water. These differences in standards turned out to be a great learning opportunity for the students.



“The students were able to see that people, even those who have different values, are still good people,” Palmer says. “I think that is so important to realize as a nurse. It helps you treat each patient with the best care possible.”

Students identified some key differences in the healthcare system as well. “The biggest difference we saw was a lack of nurses,” Bunker says. “And the nurses who were there had huge workloads and appeared to be underpaid.” Bunker gave a presentation on nursing and healthcare in America to a group of doctors and nurses in a hospital in Jablonec. When she showed the slide about the salary for American nurses, the room filled with the loudest collective gasp she had ever heard.

Czech nurses also have a lot of restrictions on patient care. “Nurses [in the United States] can move patients around, put them on different diets, or even stop oxygen because they are saturating well enough,” Palmer says. “[Nurses in the Czech Republic] still have a super important job and a lot of responsibility, but it is a little bit different than in the U.S.”

Despite the difficulties these Czech nurses face, big cities in the Czech

Republic have developed medical care that rivals healthcare in the United States. Students were amazed that a system still recovering from communist rule could give such great care to its patients.

“In Jablonec one of the nurses stuck out to me,” Bunker says. “She had an amazing amount of work to do, but she was very dedicated to her job. She had fewer materials and people on her team than a U.S. nurse would have, but she was still optimistic. I think I learned the most from her and from other nurses we got to meet. I learned what dedication to your job means and how important it is to have good team relationships among all the nurses.”

Getting to know a different culture helped the students not only to gain perspective on different countries’ healthcare systems but also to appreciate its citizens, customs, and historical events.

The BYU students arrived in Plzeň during the 70th anniversary celebration of when American troops liberated the city from Nazi occupation during WWII. During a community event, old Sherman tanks rolled down the narrow cobblestone streets as hundreds of Czechs, dressed in American uniforms from WWII, marched into town.

Crowds lined the streets and American marching music accompanied the cheers of the crowd and the rumble of the heavy vehicles.

“We had never seen such a patriotic display anywhere—within or outside the U.S.,” Kohl says. “Fourth of July celebrations pale in comparison to what the Czech people did to celebrate their liberation. A couple of the students told me that they had never felt more proud to be an American.”

The BYU group realized that learning more about the country, the people, and their hardships brings an understanding that is essential to nursing with the Healer’s art. “We could spend time with catheters, IVs, or nasogastric tubes anywhere,” Kohl says. “We do not go abroad for that experience; we go abroad to meet the people and to interact with and understand them.”

## GROUP 2: FINLAND AND THE CZECH REPUBLIC

Brooke E. Stacey peered out of the sauna door as the rest of the group shuffled toward the lake. She did not want to leave the warm room for the chilly outdoors,

but everyone else was going. After a few steps Stacey caught up with the group, now standing on the dock.

“Okay, we jump in now,” said their Finnish host. Stacey could not believe it. Even though it was spring, the water was freezing. *How can this be healthy?* she thought as she eyed the water lapping up against the dock. Then came the countdown: “3, 2, 1, jump!” Her legs, with a mind of their own, propelled her over the edge into the coldest water she had ever been in. She came up gasping for air, but despite the cold, a wide smile spread across her face as she thought, *This is Finland!*

During their clinical practicum in 2015, Stacey and other BYU College of Nursing students dove into the Finnish culture and healthcare system. Working side by side with Finnish nurses, they learned valuable lessons and made important comparisons between their native healthcare system and the foreign one they were experiencing.

“One of the biggest problems with healthcare in the U.S. is that we are problem solvers, not people solvers,” says Stacey, a Virginia native in her sixth semester. “The Healer’s art follows Christ’s example. He cared deeply for the

individual and looked at the whole person, not just their problems.”

Each BYU student went out with a community nurse to visit patients. In Finland much of the healthcare—even immunizations—is done in patients’ homes. That’s one of the reasons Finland has a 95 percent immunization rate, according to a study done by the National Public Health Institute in Helsinki.

Alex Staib Rahn, a sixth-semester student from Alpine, Utah, remembers driving out to patients’ homes and being impressed by the individual care given to each patient. They visited a person who had attempted suicide, an elderly woman who was lonely, and a man who had recently had a stroke. The nurse knew each of the patients by name and did not even have to knock before she went into some of their homes. She provided them tailored care and got a detailed look into their lives. Rahn felt that in America these people would simply have been more names on an already long list of patients.

“In the United States patient care is very rigid,” says assistant teaching professor Dr. Leslie Willden Miles (AS ’83, BS ’99), who accompanied the students. “You go in, do the procedure you are supposed to, and get out. In Finland you sit down, have a warm drink, and chat. It is a little more engaging.”

Seeing such quality care for patients made many students wish for a similar system in the United States. A complete transplant of the Finnish healthcare system might not be possible, but the students realized they could bring a Finnish touch to their nursing approach. “We cannot just throw out the system we have—that would be impractical,” Rahn

“We go abroad to meet the people and to interact with and understand them.”

—James Kohl



**LEFT:** BYU nursing student Laura Potts Jones (right) smiles with a Czech mother and newborn baby in a hospital in Jablonec. In the Czech Republic mothers are allowed to take off work for two to three years to raise a child. **RIGHT:** A Czech nurse helps nursing student Whitney R. Bunker (bottom right) review the pupillary responses of fellow student Jenessa Lance Wood.



JAMES KOHL (3)



Understanding the culture of the Czech Republic is a key component to the clinical experience in this Public and Global Health Nursing course. Pictured (left to right) in the countryside of Sušice is Laura Potts Jones, Hanna M. Harris, Lexi Turley, Adelynn Schafer, Halley M. Bishop, Taija Rickords Leonard, Kristen Black Jones, Jenna Griffin Winert, and Whitney R. Bunker.



says. “But there are aspects I can implement in my care. I just need to take the time to talk to my patients, ask questions, explain things, and show a genuine concern for them on a personal level.”

Getting such a hands-on look at Finnish healthcare required the students and faculty to plan and prepare beforehand. Months before the trip, College of Nursing students paired up with English-speaking students at the Mikkel University of Applied Sciences. They did assignments together and discussed differences in healthcare over Skype during the Finnish students’ class time. When the BYU students arrived in Finland, they went to Mikkeli and met their Skype partners, who played a big role in

showing the BYU students the ins and outs of their healthcare and country.

Just by living in Finland for a couple of weeks, students discovered what a big role the Finnish community plays in the country’s healthcare. While the students were in Savonlinna they participated in the Women of the Castle Run, a government-sponsored 5k for the women in the town. “It was a huge community effort to be healthy,” Rahn says. The community made a great effort to promote the event, and the students who participated in the race even made it in the newspaper.

Students remarked that a healthy lifestyle is integrated into the Finnish culture itself, with a huge emphasis on

relaxation; almost everyone has a sauna in their house and a summer home for vacations. “Here [in the United States] we will vacation to ‘relax,’” Stacey says, “but honestly we go on intense vacations where we go to Disneyland and hit every single ride. There [in Finland] they just go to their summer house and chill by the lake and in the sauna.”

As the Finland trip came to a close, the students realized that they need to understand their patients’ cultures in order to give them extraordinary care. “That is why we did all those activities while we were there,” Miles says. “You have to be engaged in a culture to learn—you cannot just do a train-ride view through it.” 🇫🇮

LESLIE MILES (3)



**LEFT:** BYU nursing student Genevieve Vernon visits at the summer home of Dr. Leena Kosmo and her grandson. While in Finland, the students experienced how important rest and relaxation are to Finnish healthcare. **RIGHT:** Standing outside a Prague military hospital, students learned about Czech procedures and approaches to medicine. Pictured (from left to right) are Kathryn Arbon, a hospital employee, Kalene Mears, Alex Rahn, Genevieve Vernon, Brooke Stacey, a hospital employee, Kailey Goodman, Maryssa Hyde, Annie Tyler, Kim Hoffman, and Samantha Coffey.

# Cara’s Travel Log

Cara Wiley, a senior academic advisor for the BYU College of Nursing, was selected as the recipient of a Kennedy Center grant to represent all the university’s academic advisement centers in learning about students’ international experiences. Below are excerpts from her travel log as she accompanied the students of group 2 on their trip to the Czech Republic.



BYU College of Nursing students enjoy the warm water of the Karlovy Vary spa in the Czech Republic with academic advisor Cara Wiley (back center).

## DAY ONE

We landed and made our way to the hostel. After getting the lay of the land, we ate some traditional Czech food for dinner. The students are all excited to be here.

## DAY TWO

Today we toured around Prague. To learn more about Prague’s history before the trip, the students read *Prague Winter* by Madeleine Albright and each learned about a specific place in the country. Then the students became our tour guides as we viewed the locations. It was neat because the students were not trying to absorb all the historical information around them—they had learned it before. Instead, they could put the pieces together, enjoy where they were, and reflect on their experiences.

## DAY THREE

The routes of the Czech public transit system were changed two weeks ago, and we had no idea how to get where we wanted to go. Nothing here is in English—it is not like other places in Europe. We resorted to just asking people on the street because we had no idea what the signs said.

We finally got to Lidice, and it was a sobering experience, both for the students and for me. The Nazis completely leveled Lidice in WWII because they thought the people were harboring fugitives who had assassinated a Nazi SS leader. Looking at the ruins of the town, I thought about how important it

is that the students have not just a generational perspective but a cultural perspective as well. They need to understand what the past was like for these people and how to talk to them about it. It seems there are some memories the citizens do not want to share and there are other topics they are willing to discuss. The more empathy the students gain, the better their nursing practices will be.

## DAY FOUR

Today we went to a medical spa town called Karlovy Vary. In the Czech healthcare system, doctors can write prescriptions for patients to have relaxation therapy or other spa treatments, like massages, hypnotherapy, and oxygenation therapy. We would call it going to a day spa, but Czechs consider it to be legitimate medicine.

One of the coolest things I did was a respiratory treatment: you breathe in steam infused with herbs to loosen pollutants in your lungs. I had a cold, and the treatment helped me to breathe easier. In the Czech Republic, homeopathic treatment is taken just as seriously as any major medicine would be in the United States. These treatments are different than those traditionally done at American day spas.

Another interesting fact that we learned: in the Czech healthcare system, all spa items are completely covered by health insurance.

## DAY FIVE

We attended church with a branch of The Church of Jesus Christ

of Latter-day Saints at the embassy and spent the rest of the day learning about Czech culture. One of the cities we went to was Kutná Hora. There are lots of churches there, but the most interesting one was a church elaborately decorated with bones. Although the church was a bit unsettling, the students loved looking around and naming the different bones.

## DAY SIX

Today we did orientation for the clinical practicum. It was interesting to learn a little bit more about the Czech healthcare system and to share some things about ours. One of the biggest differences is with maternity leave. When Czechs take maternity leave, it can be for two to three years; in the United States, we get six to eight weeks. The Czechs were shocked and did not understand how we could do that as families.

## DAY SEVEN

We started the clinical practicum experience today. The hospital we are in is supposed to be one of the top ranked in the world, but it is still so small compared to what we have in the United States. However, they do have a lot of innovative technologies that we do not have. One of the students got to watch a brain surgery with a new machine the FDA has not approved for use in the United States yet. The students talked a lot about how the procedures were different in the Czech Republic.

I am pleased the students got to experience a different healthcare system and culture, and I am glad I got to see how much they learned.





# Finnishing a Degree

BY MICHAEL SHAW

Amid eating bowls of summer soup, going sightseeing, and learning a difficult language, Melanie J. Vandembark (BS '14), from Olathe, Kansas, found fulfillment as she worked hard to care for Finland's sick and wounded. A recent graduate of the College of Nursing, Vandembark was the first BYU nursing student to complete her capstone course in Finland.



### Finland Favorites

"The first night I got to Finland I thought, 'What am I doing here?'" Vandembark says of her experience overseas. But as she began to immerse herself in the culture and the nursing practices, she found a lot to love—like "learning how to help people from different cultures," she says.

Among Vandembark's favorite Finnish foods were summer soup (a creamy potato-and-carrot soup) and sautéed reindeer—which she declares was delicious. She also learned to make a Finnish sweet bread called *pulla*. She says, "You know how everybody has their way to make chili? This is sort of like that, and everybody's grandma makes the best *pulla*."

As well as trying new foods, Vandembark participated in new activities. One of her favorites was husky dogsledding. "There were 13 dogs pulling the sled, and the sun came out just in time for our ride," she says. "The dogs go so fast, and apparently they love it! It's like playing for them."



### Nursing in Finland

It was difficult for Vandembark to accustom herself to the language, the different equipment, and the Finnish terminology. The three coalesced daily, creating a perfect storm for her. "I felt like I didn't know anything again," she says. "It was hard to learn and be humble." Even though she experienced a steep learning curve, her

BYU nursing education saved her from being totally lost. "Thank goodness they made us learn the generic names for medicines," she says. "At least those are the same!"

Vandembark noted a few differences between Finland and America in regard to nursing education. Finnish nurses learn less theory but have more practice. They also must complete three and a half years of school and a thesis. Nurses in Finland do not typically pay for their education either. While students in Finland are in school, the government subsidizes one meal a day and provides a monthly stipend for them, so Finnish nurses complete school with no debt. "The cost of school in America was surprising to them," Vandembark says.

Professors in the BYU College of Nursing encourage students to view their patients' sicknesses holistically,

▼ During the semester she spent in Finland, Melanie J. Vandembark enjoyed many cultural experiences, including husky dogsledding, eating summer soup, and making *pulla* sweet bread.



PHOTOS COURTESY MELANIE VANDENBARK



Vandembark became the first BYU nursing student to complete her capstone course in Finland.

considering emotional and spiritual well-being as well as physical ailments—in other words, students are encouraged to learn the Healer's art. Vandembark noticed that Finnish nurses also take more into account than just physical needs, but with a slight difference: "They do consider emotional and spiritual aspects of nursing, but because we at BYU are religious, we are more open to calling it spirituality in nursing."

One thing that wasn't foreign to Vandembark: Finnish nurses practice and run simulations on manikins similar to those used at BYU.

As part of the program, Vandembark practiced nursing in different areas. Her favorite rotation was the operating and anesthesia ward, which involved critical care, advanced work, and friendly coworkers. "They were receptive toward me," she says, "and the language I knew was enough to get by on." The doctors Vandembark worked with enjoyed mentoring her, often giving her medical scenarios and asking her for a diagnosis.

Not only is nursing education in Finland different, but nursing practice is

different as well. According to Vandembark, nurses in Finland work five 8-hour shifts each week. (Nurses in the United States typically work three 12-hour shifts.) Finnish nurses struggle to find time to spend with their families due to their grueling work schedules, and because high taxes decrease their take-home pay, it's common for their spouses to work too.



### Breaking Language Barriers

The Finnish language proved to be very challenging for Vandembark. On one occasion, the local branch of The Church of Jesus Christ of Latter-day Saints asked her to speak in Finnish during services. Vandembark rose to the challenge. "I was pretty nervous, to say the least, even though there were seriously only 15 people tops," she says. With hard work and a lot of help from Finnish friends, she successfully spoke in church.



### Paying It Forward

After gaining some experience in her first nursing position at the University of Kansas Medical Center, Vandembark plans to continue her education and become a professor, following in her mentors' footsteps. "I've had some great professors who have taken me under their wing and helped me develop as a student and a nurse," she says. To repay the favor, Vandembark too would like to inspire and instruct the world's future nurses. +



# Changing Stereotypes

## IN NURSING

Recent trends in the nursing profession indicate a shift toward greater diversity. Schools nationwide are seeing more men, nontraditional students (over the age of 30), and Hispanics apply to and enroll in nursing programs. BYU is no exception to these changes. Each semester brings a more diverse group of student nurses who have broken stereotypes and who find strength in their diversity and in the personal identity that has shaped their approach to the nursing profession.

By Hayley Page

PHOTOGRAPHY BY BRADLEY SLADE



Two decades and six children later, Cessalea Ulberg Dunn is back in school and pursuing nursing to bless her family.



## The Masculine Mystique

Cory D. Paul, a native of Maryland who grew up in Abu Dhabi, United Arab Emirates, is a nursing student in his fourth semester of the undergraduate program. After returning from his mission for The Church of Jesus Christ of Latter-day Saints, he planned on majoring in advertising. When he enrolled in an anatomy class and a classmate encouraged him to look into nursing, he initially refused because he “genuinely felt that nursing was for girls,” he says.

But when Paul’s aunt also recommended a nursing career for him, he decided he needed to consider the profession seriously. In that moment, he knew that he should become a nurse. “Although it was not what I wanted, it was what I felt like I needed to do,” he says, “and I have slowly become more accustomed to the idea.”

Overcoming stereotypes in nursing has not been an easy battle for Paul. Even after being accepted into the nursing program, he still questioned his decision, wondering if it was weird that he was a man in the nursing program and worrying about what other people would think.

Paul says assistant teaching professor Ryan J. Rasmussen (MS ’11) helped him to overcome these concerns: “He gave

me more of a vision—that this is a good profession for guys to go into, that it is not unusual, and that I can make a difference in this field, regardless of gender.”

Another male nursing student at BYU, Mike P. McNeil, from Beaverton, Oregon, who is in his third semester of the program, decided to pursue nursing while working in the dining room of a retirement home during high school. While working with elderly patients, it became clear to him that he wanted to work in the medical field. After researching many different options, he decided that nursing was the ideal profession for him.

According to data from the American Association of Colleges of Nursing, men represent only 6.6 percent of the U.S. nursing workforce; the percentages of men in the BYU College of Nursing bachelor’s and master’s nursing programs are 8.4 percent and 26.6 percent, respectively—and increase each year.

When asked why he has been drawn to the nursing profession, McNeil says that he realized the variety of roles nurses take on. “Nurses do not just stand at the bedside and wait on every whim of the patient. They are leaders, healers, teachers, researchers, and therapists,” he says. “They do everything.”

McNeil says another thing that has made the nursing profession more attractive to him is the potential for personal growth it provides: “It is a challenging profession with room to grow, to receive more education, to rise on the career ladder, to become a better leader. It is a challenge and always will be a challenge.”

## Back to School

Years ago “traditional” nursing students were 18-year-olds entering college directly from high school. In recent years, and especially since the age change for missionary service, the average age for those beginning their undergraduate nursing degree at BYU has risen to 20.

And some freshmen are much older. Cessalea Ulberg Dunn, from Pleasant Grove, Utah, is a devoted mother of six children and a third-semester nursing student. Getting an education has always been one of her goals, so when she finally had the opportunity to go to college, she jumped at the chance.

When she was a senior in high school, Dunn watched her father—associate teaching professor Ron Ulberg—go through the process of becoming a nurse. From that moment on, she knew that she wanted to be a nurse. “He has been a good role model for me,” she says.

Life experiences have also strengthened her dedication to nursing. “I am certain nursing is what I want to do,” she says. “I have been to the emergency room more times than I can count. I have dealt with sickness and vomit. I know this is what I want to do—and that makes all the effort worth it.”

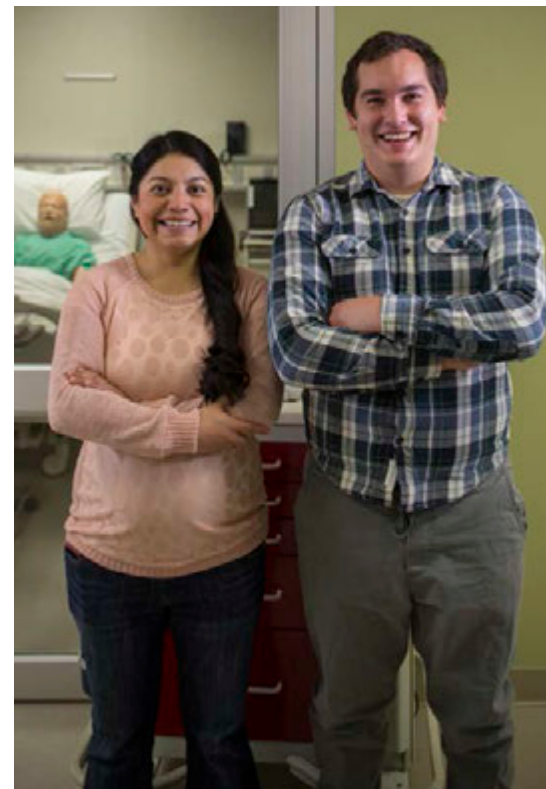
Dunn says that her maternal knowledge gives her a different perspective on her education and how much it matters. “My main goal is to make sure that each day at school, I give everything,” she says. “I am making sure that the sacrifice is worth it and that I am learning and blessing my family.”

Patrick M. Smart (BS ’15) of American Fork, Utah, who graduated in December, is another example of a nontraditional

Mike McNeil and Leah Guerrero rise to the challenge and embrace both the leadership and the service required in nursing.

“NURSES...ARE LEADERS, HEALERS,  
TEACHERS, RESEARCHERS, AND THERAPISTS.  
THEY DO EVERYTHING.”

—MIKE MCNEIL



Harnessing the power of their unique backgrounds, Hortencia Gutierrez and Cory Paul battle to overcome stereotypes and learn how they can make a difference and touch people’s lives for good.

nursing student. Smart did not have the opportunity to attend college when he was younger because soon after he was married he spent 15 years helping to raise three brothers and two sisters. “We sent two of the boys on missions. I was working a lot to support this large family financially. It was hard work raising teenagers when my wife and I were only 25 and 23 years old,” he says.

When Smart was 39, he and his wife, Jennifer (who is also a registered nurse and lab instructor for the college), decided it was time for him to go back

to school. He had always been interested in medicine and felt like nursing was a decision that just made sense. “I have not looked back since,” he says.

The experiences that Smart had while raising his siblings and working a job he disliked helped him to see the value of higher education. “It reminds me on a daily basis how important an education is,” he says. These daily reminders and the joy he finds in serving through nursing help encourage Smart to keep moving forward, even when the journey is difficult.

## Las Enfermeras Latinas

Leah J. Guerrero, a Hispanic nursing student from Crystal City, Texas, in her third semester, is working toward a career in the Navy. She has desired to be a nurse since her sophomore year of high school, when Guerrero spent a lot of time at the hospital with a cousin who was diagnosed with leukemia. “I always admired the nurses there; they knew my cousin well after spending so much time with her,” she says. “Ever since then I have known that nursing is what I want to do.”

For Guerrero, service has been a major factor in her love for nursing. “I have always heard that nurses treat patients and that doctors treat diseases,” she says. “I believe that.” She says that nursing is a very rewarding profession that provides constant opportunities for service.

Despite her passion for nursing, Guerrero has found, like most students in the program, that the course load is difficult and that discouragement happens along the way. The formation of the National Association of Hispanic Nurses (NAHN) Utah chapter has given Guerrero the opportunity to meet with other Hispanic nursing students at BYU and talk about experiences in the program. She says their examples have given her hope. “If

they can do it,” she says, “then I can do it too.”

Hortencia Gutierrez is another Hispanic BYU nursing student and a member of NAHN. She is from Hidalgo, Mexico, and has always dreamed of a job in the medical field. She loved studying human anatomy during high school, and she planned to go to medical school.

Gutierrez was pursuing an undergraduate degree in chemistry when she took a career-exploration course. A nursing guest lecturer came and talked about his choice to pursue nursing. Gutierrez could not help but notice the parallels to her journey toward medical school. Shortly after that, she applied and was accepted to the BYU nursing program. Since then, she has fallen in love with nursing. She is currently in her sixth and final semester.

Gutierrez has found strength and compassion in her Hispanic roots. She volunteers at free clinics and as an interpreter at a local hospital. “My heart hurts when I see all the immigrant people who suffer health issues and are unable to get healthcare,” she says. “Being Mexican helped me see that my degree is not only for my benefit, but [through it] I can help my immigrant people.” Gutierrez’s background has helped her to find greater purpose in her pursuit of nursing. “Nursing is not just a job,” she says. “It is a way I can touch lives.”

Gutierrez, Guerrero, Smart, Dunn, McNeil, and Paul are just a few of the students in the BYU College of Nursing who overcome stereotypes every day. They bring to the nursing profession new insights and perspectives regarding different cultures and life experiences. These students and their unique personal histories can become sources of strength and knowledge to enrich clinical settings, the classroom, and the community. ❏



## A Military Approach to Nursing

By Hayley Page

As a youth, James Kohl was fascinated by the military. His father and uncle were both enlisted during WWII, and he always wanted to know more about their experiences in the military. This interest stuck with him into adulthood, and in 1979, two years after graduating from nursing school, he joined the U.S. Navy.

During his time in the navy, Kohl served all over the country—from Maryland to Alaska to California—in a variety of medical capacities. “I did pretty much all the jobs,” he says. “From newborn nursery to adult ICU, burn units, ERs, critical care units—you name it, I did it in the navy.”

The best tour of duty Kohl says he ever served took place in Portsmouth, Virginia, where he was stationed on the USS *Dwight D. Eisenhower*. As the sec-

ond U.S. Navy nurse ever to be assigned to this aircraft carrier, Kohl forged the way for nurses at sea during that time and also became the first member of the nurse corps in the history of the navy to earn a surface warfare pin.

to the level of activity that you are going to be expected to perform in a real situation.” Kohl applies this philosophy to his nursing classes as he puts his students through the most realistic scenarios possible. For example, last semester Kohl put together a disaster-preparation drill in coordination with the BYU theatre department and campus EMS. The theatre department used makeup to create realistic-looking “wounds” for 75 people “injured” in a simulated earthquake. Kohl’s students were paired up with EMS personnel and then put into action extricating, triaging, and even treating patients. Kohl believes that hands-on learning, like this earthquake simulation, is an essential component of both the military and nursing education. “You learn by doing, not by watching,” he says.

**When Kohl first joined the navy family, he was told, “You are, number one, a navy officer, which means you are a navy leader. Then, secondly, you are a navy nurse.”**

ond U.S. Navy nurse ever to be assigned to this aircraft carrier, Kohl forged the way for nurses at sea during that time and also became the first member of the nurse corps in the history of the navy to earn a surface warfare pin.

After serving his country for 26 years, Kohl retired; however, his retirement lasted only about 30 days before Kohl—and his wife, he adds—could no longer stand the monotony, and he took a position with the BYU College of Nursing. Now as an associate teaching professor, Kohl applies lessons from his military background to his role as a teacher. Drills, leadership, and accountability are just a few of the military principles he emphasizes in the classroom.

As a naval officer, Kohl was often told to “drill the fight.” He explains, “You drill

Another military characteristic Kohl emphasizes in his nursing classes is leadership. When he first joined the navy family, he was told, “You are, number one, a navy officer, which means you are a navy leader. Then, secondly, you are a navy nurse.” Kohl gives his students assignments that require them to take calculated risks, which he says good leaders must do. “I make them challenge themselves to the point where, even if they fail, I am there as a safety net,” he says. “They are not going to be left out to dry”—which allows the students to learn vital leadership skills in a safe, academic environment.

One last principle that Kohl tries to instill in his students is accountability. “As a nurse, you are not a nurse for only the 8 to 12 hours that you punch the

clock at the hospital,” Kohl says. “You are on call 24 hours a day for your family.” According to Kohl, nursing is a lifelong commitment, even for those who are not currently working in the medical field. “You have that training, you have that accountability, you need to assume those responsibilities and be accountable for the knowledge that you have attained through your nursing degree. That is not something that stops at the end of the shift.”

Teaching has been an incredible experience for Kohl. He figures that during his 11 years of teaching, he has taught more than 1,000 students. “If I could have had one small impact in each of their lives, that’s 1,000 people that I have influenced,” he says. “That’s a pretty rewarding job accomplishment.”



BYU PHOTO

## Who Decided Dandelions Are Weeds?

*Alison Wright received the college’s 2015 Alumni Achievement Award in recognition for her significant professional accomplishments. This article contains excerpts from her BYU Homecoming address, delivered October 8, 2015.*

When Alison Tanner Wright (AS ’75, BS ’76) graduated from the BYU College of Nursing, she had no idea how far-reaching her degree would be. From orphans in South Africa to the homeless in Salt Lake City, Wright has ceaselessly served those around her—an endeavor that has shown her the worth of each individual as a child of God.

“Who decided dandelions are weeds?” she asks. “Who decides when that charming yellow flower is in the wrong place? Who decides the intrinsic value of a child of God?”

**“When we look upon the field of life, scattered with bright yellow flowers, some may see weeds. But let us choose to see flowers.”**

While serving at the Mohau Child and Youth Care Centre in South Africa, Wright had the opportunity to work with many “dandelions”—orphaned and abandoned children affected by HIV. While providing healthcare and love to these children, she often found them teaching her numerous life lessons. “These beautiful African dandelions taught me that I need to find joy wherever I am planted, even if it’s a barren terrain,” she says.

During her time in South Africa, Wright also had the opportunity to work with the Missionaries of Charity, whose mission is to care for everyone in need: the hungry, the naked, the homeless,

the unloved, and the outcast. “In other words, they care for dandelions,” Wright says.

A group of these sisters ran a children’s home serving 42 severely handicapped children in a destitute, remote South African village. They had taken a vow of poverty and obtained food for these children through begging. Despite their difficult circumstances, the sisters were consistently cheerful, singing and laughing as they cared for these children.

Each child wore a cloth diaper, and the sisters spent innumerable hours washing each diaper by hand. After seeing the time and effort this process took, Wright and her group offered to donate washing machines and dryers to the sisters to aid them in their service. Much to Wright’s surprise, the sisters kindly rejected this offer. “They explained that a washing machine would deny them the privilege



in this capacity, she has met many more dandelions who have taught her valuable life lessons.

Wright learned a lesson of great faith from Ben, one of the homeless people served by the Fourth Street Clinic. Ben’s mother died when he was three, and, having never met his father, he was raised in foster homes, boys’ homes, and juvenile detention facilities. “I was told that I had HIV ten years ago,” he said to Wright during an examination. “The doctors wanted to do all these things, and I told them that Jesus Christ is my Savior and that He has taken such good care of me my whole life. My Savior Jesus Christ never has forgotten me.”

Of this dandelion Wright says, “He taught me that peace comes from faith in Jesus Christ and that faith encompasses forgiveness, gratitude, and hope.”

Wright closed her speech by emphasizing the individual worth of each person on the earth and encouraging us to look for the worth in everyone: “When we look upon the field of life, scattered with bright yellow flowers, some may see weeds. But let us choose to see flowers.”



# Alumni Updates

Two golden jubilees: Ruth Jones Hillam is organizing a 50-year reunion for her nursing class, the **class of 1966**; the event will be Saturday, June 18, on BYU campus. Rae Jeanne Young Memmott and Carol A. Bush helped organize a similar reunion last October for the **class of 1965**; they enjoyed seeing 18 of their classmates and shared stories and photos of their time together in the nursing program.

**Penny C. Weismuller (BS '67)** is the director of the Southern California CSU DNP Consortium in the School of Nursing at California State University, Fullerton, where she has served as an associate professor since 2004.

**Janeal Kolts Hatch (AS '79)** has now been a registered nurse at Intermountain Healthcare for 36 years.

**Mariellen Ferrin Sereno (AS '79, BS '84)** is celebrating 27 years as a registered nurse practitioner at Anaheim Regional Medical Center, where she has also served as stroke program coordinator.

**Jean Millar (AS '81, BS '84)** reached her five-year anniversary as the director of Women's and Children's Services at the McKay-Dee Hospital Center.

## IN MEMORIAM

**Katherine Kay Groesbeck Call (BS '59)**

**Patricia Hawkes Wheeler (BS '67)**

**Kathleen Kay Campbell (BS '68)**

**Jacqueline Marie Herman Augason (BS '69)**

**Jewel Alexander Bartholomew (BS '69), former faculty member and associate dean**

**Ruth C. Bateman (AS '74, BS '88)**

**Linda Koll Wilkinson (AS '79)**

**Barbara Helen Mealer Smedley (AS '81)**

**Karin LuEnn Johnson Swendsen (MS '88)**



**Paul J. Merrill (BS '08)** has served as a flight nurse in the U.S. Air Force for six years and recently began a new assignment at Wright-Patterson Air Force Base in Ohio. He gave the college a U.S. flag that was flown aboard a Boeing C-17 during an aeromedical evacuation mission to rescue seven sick and wounded American service members. Pictured (from left to right) are Jenae Merrill (wife) and Capt. Paul Merrill with dean Dr. Patty Ravert and associate deans Dr. Mary Williams and Dr. Kent Blad.

**Jeannie Brewer (AS '82)** just completed 33 years at Intermountain Healthcare as an education consultant for mothers and babies in the Salt Lake area.

**Sandra G. Stoker (BS '91)** has completed four years as director of the advanced heart failure programs for Intermountain Medical Center.

**Emily I. Volk (BS '99)** recently became the director of nursing for Piedmont Health Services in Carrboro, North Carolina, where she previously served as nurse manager and as a triage nurse.

**David R. Hurst (BS '00)** is celebrating six years as nursing director of adult services at Utah Valley Regional Medical Center. He received an MBA from the University of Utah in health services administration in 2005.

**Ryan W. McDonald (BS '01)** is a certified registered nurse anesthetist for three organizations around Yakima, Washington: Narrows Anesthesia, Cascade Neurosurgical

Associates, and UtiliTiva Applications (where he has been chief since 2009).

**Sharman Hartley Seely (BS '05)** is a registered nurse in the Sacramento, California, area and a freelance American Sign Language interpreter focusing on the field of education, medicine, and the sciences.

**Jennifer G. Hamilton (BS '07)** works as an assistant professor at the University of Utah College of Nursing.

**Jacob Nunnery (BS '08)** now leads as a CVICU RN at St. Alphonsus Regional Medical Center in Boise, Idaho. Previously he worked for five years at Houston Northwest Medical Center (three years in tele/step-down and two years in SICU).

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

Essay Contest Winner

# Clinical Is Critical

We develop into professional nurses through clinical learning.



By **Emma Brague Robinson**

While working in the cath lab during fall semester, I found myself talking with a nursing student from another school about our respective clinical experiences. Shortly into our conversation, the student said, "Wow, you are lucky to have so many clinical hours!"

His comment took me by surprise, especially since my eyes felt heavy and the room seemed cold enough for snowflakes to start falling. After a few minutes of reflection, I realized that he knew what the BYU College of Nursing knows: clinical learning cannot be substituted or made up for in any way; it is the only way to truly learn how to be a professional nurse.

Since that conversation, I have thought a great deal about the many clinical hours I have completed. Here are a few of my clinical highlights that demonstrate why clinical is critical.

**At clinical, timeliness is not a formality.** "We take timeliness seriously" is a phrase I heard countless times from members of the nursing faculty before I even entered a clinical setting. I imagine that faculty members take punctuality seriously because in the field the nurse working the night shift before me is going to take it seriously. If I had a nickel for every time I heard a nurse complain on my clinical days about the next nurse being late or rushing through a patient report! Why do they complain? Because it matters. It affects patient care and the work atmosphere. "Being on time is professional"—I heard that in class, but I learned it in clinical.

**At clinical, I get one-on-one instruction.** BYU College of Nursing faculty members have always made time to meet with me and answer my questions, but clinical is an entire day when I get one-on-one instruction. I was struggling with the concept of intra-aortic balloon pumps and asked a nurse at clinical how they worked. That nurse stopped what he was doing, drew out a whole diagram of the heart for me, and quizzed me on the main points. On paper it was a tricky concept, but with the equipment and patients in front of me, the information stuck. This is just one of

textbooks. There have been clinical days when I have been prepared, and there have been days when I should have done more before walking into the hospital. I used to think that my patients would get the best care whether I was there or not because they had a "real nurse," but more recently I have come to understand that I can add to the nurse's care and make a difference. It does not matter what my grades are if I cannot improve the care given to my patients.

**Clinical is the spark.** Yes, clinical is difficult. The days are long and the prep work is even longer. Worst of all, white

The days are long and the prep work is even longer.

White tennis shoes are required.

But clinical has provided me with the spark I need to keep my love of nursing burning.

many times when a nurse during a clinical rotation has provided me with an "a-ha" moment.

**At school, being smart is nice; at clinical, it is necessary.** In class none of my peers know how much I am paying attention, what my grades are, or even how much I know. But in a clinical setting, all of those things become obvious. Nurses and doctors frequently ask me about medications and treatments, and based on my answer, I can almost see them ranking me in the spectrum of nursing students they have worked with previously. These clinicians have pushed me to know information beyond the

tennis shoes are required. But clinical has provided me with the spark I need to keep my love of nursing burning. On weeks when didactic courses nearly snuff it out, my experiences with passionate nurses and trusting patients bring the love for my professional choice back to life. The more clinical experiences I have, the brighter the fire burns.

My fellow nursing student was right. As a nursing student at BYU, I am lucky to have so many clinical hours. 🇺🇸

Winner of the college's annual essay contest, Emma is a sixth-semester nursing student from Longmont, Colorado.



# A Mentored-Learning Experience and You

The college begins a campaign to raise \$2 million for mentored-learning opportunities.

By Patricia Ravert

At Brigham Young University, mentored learning is an initiative that encourages significant hands-on opportunities for undergraduate students to participate in faculty research or projects that contribute to the discipline.

One-on-one or small-group mentoring sessions with faculty members give undergraduates an educational experience that is typically available only in graduate school. Instead of striving to become a major research university, BYU has a goal to become the best undergraduate teaching university in the nation, and undergraduate mentored learning has become a significant component of achieving this goal.

For undergraduate students who get involved in faculty research or with projects that contribute to the discipline, benefits include opportunities to prepare for graduate school, to learn to balance collaborative and individual work, to understand published works, to determine a specialty area, and to get a head start on their careers. Through exposure to research and contribution to the discipline projects as undergraduates, nursing students also discover ways to assess comprehension, establish expectations, foster independence, maintain effective communication, and deal with ethics and diversity.

The university offers two types of grants for students to work with faculty: ORCA (Office of Research and Creative Activities) grants and MEGs (Mentoring Environment Grants). These resources are limited—the college receives funding for only about half of the proposals submitted each year—yet there are 38 full-time professors in the College of Nursing who pursue unique projects and are willing to tutor students in this work. At the same time, faculty members seek funding from other campus sources, college accounts, and external resources.

To facilitate mentored learning and allow as many students as possible to receive a graduate-level experience while they are undergraduates, the BYU College of Nursing has started a

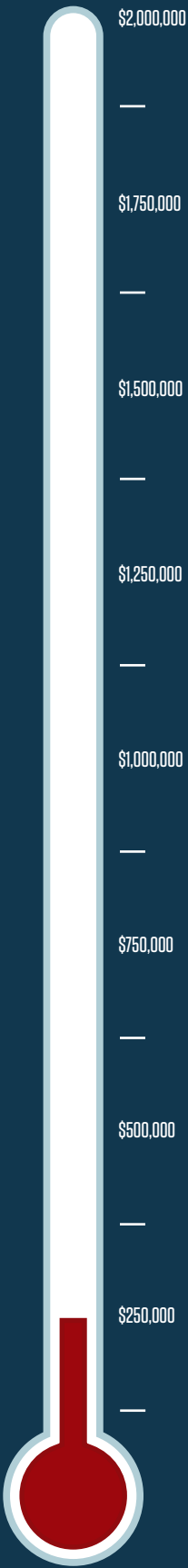
We are pleased to announce that a generous anonymous donor has gifted \$250,000 to establish a dedicated mentored learning endowed fund in nursing. Over the next three years, the college hopes to raise an additional \$1.75 million in gifts.

campaign to raise funds to provide additional mentored-learning experiences and opportunities.

We are pleased to announce that a generous anonymous donor has gifted \$250,000 to establish a dedicated mentored learning endowed fund in nursing. Over the next three years, the college hopes to raise an additional \$1.75 million in gifts. The interest from this endowed fund will be used for college grants for mentored learning. The awarded money will be used for things such as hiring research assistants (RAs) and obtaining materials to expand or add additional faculty research or contribution to the discipline projects.

During my discussions with undergraduate students, I sometimes find that they are intimidated by the thought of beginning scholarly works tasks on their own. However, by participating in faculty projects and the hands-on approach to learning, students can ease their fears and increase their confidence in their ability to conduct research or make a difference to the nursing profession.

Mentored Learning  
Endowed Fund Goal



By participating in faculty projects and the hands-on approach to learning, students can ease their fears and increase their confidence in their ability to conduct research or make a difference to the nursing profession.

The college's current success in using undergraduate nursing students as RAs indicates that professors are able to mentor RAs and still complete their projects. Below are four examples of how faculty members have used mentored learning to enhance the education of nursing students:

**1** Last year associate professor Dr. Karlen E. (Beth) Luthy (MS '05) mentored several nursing students, including recent graduate Brooke A. Saunders (BS '14), in a collaborative project to create an online immunization module for the Women, Infants, and Children (WIC) nutrition education program. By obtaining a grant from the college, Dr. Luthy was able to allow Saunders and her peers to assist in the writing of program materials that promote immunizations and their benefits. The information will soon be available on the WIC program website as a learning option participants can complete to receive continued supplemental funding.

Because of this opportunity to contribute to the discipline with faculty guidance, Saunders successfully fulfilled the role of an RA, gained skills as an undergraduate, and learned that small actions can make a difference. Through additional donations, more students can have a similar experience and appreciate the value of mentoring in the nursing profession.

**2** Assistant teaching professors Dr. Leslie Willden Miles (AS '83, BS '99), Dr. Linda J. Mabey, and Julie Valentine have shared their knowledge with many students—including John D. Rossi (BS '14), Kelsie Houghtaling Pead (BS '15), Elise Otteson (fifth semester), and Sage Williams (third semester)—during the past two years in their research with sexual-assault victims. These students

said that joining a faculty research project was an invaluable experience that enhanced their nursing education. Many were involved from the project's start and even learned firsthand how to receive approval to initiate a research idea and the administrative steps needed to conduct the project. Possibilities for further nursing research and career paths branched out from the experience. Together the group shared their findings through written and oral presentations to other nursing students, professionals, and colleagues.

The RAs said it was a great benefit to learn directly from a faculty member. Because the faculty mentors had obtained college and university grants and other sources of funding for the studies, the RAs were also monetarily compensated for their time. The college's endorsement campaign will allow more students to work directly with faculty members in their projects.

**3** Associate teaching professor Karen Miller Lundberg (AS '79) and assistant teaching professor Debra Edmunds mentor students and involve them in their studies on refugee and immigrant experiences. Rachel Nebeker Eddy (BS '15) and capstone students Hortencia Gutierrez, Madison Pachner, and Lindsey Doman developed project-planning, management, and computer skills during the project. They also learned to disseminate findings by helping the faculty give a podium presentation at the North American Refugee

Health Conference in Canada last summer and by preparing an article for journal submission.

**4** Assistant professor Dr. Bret Lyman is currently mentoring two RAs in his learning-history research project (see page 20 for details). Lindsey Shaw and Lisa Echols (both in their fifth semester) have worked with him since he started the project, and Kalene Mears (BS '15) was involved until her graduation last December. If he had additional funds, Dr. Lyman would be able to include as many as four more nursing students in his research. So far his RAs have learned that research can be exciting as well as complex by following the rigors of research procedures and standards. Instead of having them simply carry out assigned tasks, he helps his students propose subprojects that they can complete independently; together they understand the scope of the project, and then they each undertake tasks to complete it. Because of this guidance in the mentored-learning environment, Shaw, Echols, and Mears have gained much more than a greater understanding of nursing—they have developed application, organization, and leadership skills.

With the establishment of the BYU College of Nursing Mentored Learning Endowed Fund, support for mentored research and student learning in our nursing program will greatly increase. I encourage you to participate in this campaign and make a donation to the fund. **You may use the envelope inserted in this magazine or go online to give. [byu.edu/nursing](http://byu.edu/nursing) (and select "Nursing Mentored Learning" as the account).**

We will provide updates on this campaign at [nursing.byu.edu](http://nursing.byu.edu) and include donor names in the next issue of this publication. Stay tuned! 🇺🇸

With the establishment of the BYU College of Nursing Mentored Learning Endowed Fund, support for mentored research and student learning in our nursing program will greatly increase. I encourage you to participate in this campaign and make a donation to the fund.



# Using a Learning History to Create Safe Environments

Bret Lyman, PhD, RN, CNE



Large airplanes carry about 400 passengers. If three of these planes were to crash today, imagine the mass media coverage, mourning for passengers, and outcry for increased aircraft safety that would ensue. Now imagine if three passenger airplanes were to crash each and every day of the year. That would total around 400,000 deaths per year.

Luckily, airplanes are much safer than that. But according to a recent estimate, our hospitals may not be. Each year in hospitals throughout the country there are a total of approximately 400,000 preventable deaths and between 4 million and 8 million instances of serious harm.<sup>1</sup>

Assistant professor Dr. Bret Lyman is conducting research to discover how hospitals can improve both their safety and their quality of care. One of his primary research methods is called the learning-history approach, in which researchers partner with an organization (in this case, a hospital unit) to look at their history and learn from patterns of success. Researchers examine steps the organization has taken to achieve excellence in several areas by conducting interviews, gathering performance data, and collecting “artifacts” from the unit, all of which help describe and document the organization’s improvement history.

The learning-history method is very new to healthcare. Traditional research methods involve controlled trials where very few factors are tested; for example, researchers might test the effect a certain pill has on blood pressure. However, understanding a hospital unit and its

path to success requires the consideration of hundreds of different factors. There is no “average” unit either, so the path to success that worked for the Mayo Clinic could be completely different for a rural community hospital. A learning history can include any number of variables, and it takes into account the uniqueness of each organization.

Lyman is also using the learning-history method because it is an action research method, meaning that in addition to enabling researchers to discover information, it can be used to create positive change within the organization. This positive change comes, in part, from a culture of collective reflection for both management and staff. Researchers

excellent outcomes. Lyman plans to publish detailed findings in scientific journals. One of his most surprising findings is that the developmental path for both units extends upward of 10 years. Hospital units that are striving to achieve sustained improvements in quality and safety aren’t going to be able to do it overnight. Excellence that endures requires time, intention, and patience.

Common patterns between these two units suggest that there are underlying factors that contribute to sustained excellence in healthcare. With further research to validate and expound on these patterns, it may be possible to create a framework that clinicians, admin-

**The learning-history method is an action research method, meaning that in addition to enabling researchers to discover information, it can be used to create positive change within the organization.**

bring healthcare professionals together to talk about their past experiences with successful change, which can guide future improvement efforts and fuel aspirations toward continued improvement. For example, a unit may recognize the effectiveness of a process it used to reduce infection rates and choose to use a similar process to reduce rates of hospital-acquired pressure ulcers.

Lyman has already completed two studies in separate hospitals: one in a critical care unit and one in a post-surgery unit. His research is ongoing, but he already sees similarities in the developmental eras that both hospital units progressed through to achieve

istrators, and researchers can use to continue improving quality and safety in hospital units.

The learning-history method focuses on individual hospital units, so it does not help with identifying trends that may be present in larger samples. To identify these trends, Lyman will access quality and safety data from more than 18,000 hospital units across the country. This data is stored in the National Database of Nursing Quality Indicators (NDNQI), which contains data on everything from the number of falls on a unit to how satisfied nurses are with their jobs. With these big data sets, researchers can use advanced statistical methods to

BARRY THORNBURG

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examine how different variables—such as nurse staffing, education, certification, and work environment—contribute to the overall quality of care in a unit.

Findings from both statistical analyses and learning histories expand and validate each other. For example, national trends in the NDNQI data may show that a positive work environment is strongly related to excellent patient care. Learning histories may add to this finding by offering detailed descriptions of how positive work environments have been created in various hospital units, which may indicate how positive work environments lead to better patient care.

Lyman recently received a BYU Mentoring Environment Grant to support additional learning-history research. He was also the 2015 recipient of the Elaine D. Dyer Research Endowment Award, one of the most prestigious awards the college offers. With the funds received from these grants, Lyman offers a unique

mentoring opportunity for students who help with his research.

Nursing students often graduate with a focus on how they will function as a bedside caretaker for patients. Students who participate in learning-history research can understand how their bedside care fits within the context of other aspects of the unit and within the unit’s history. This broader perspective prepares them to be clinical leaders and to play an active role in improving the performance of their unit.

Lyman is excited to continue and to expand the scope of his research. This year he plans to start a multi-unit learning history, focused on several units within the same hospital. This research will build on previous learning-history research in two primary ways:

- First, by describing and documenting the individual histories of four more hospital units, researchers will identify patterns of improvement that are

**Understanding a hospital unit and its path to success requires the consideration of hundreds of different factors. A learning history can include any number of variables, and it takes into account the uniqueness of each organization.**

unique to particular units. They will also look for patterns that may be common among all successful units.

- Second, by partnering with four units from a single hospital, researchers will discover how units learn and solve issues. They will look to see if the units learned from each other, from a common source (for example, a hospital- or corporate-level initiative), or if they independently developed their own solutions.

Even with the shocking statistics of 400,000 deaths and 4 million to 8 million instances of serious harm, hospitals in general have been slow to change and slow to learn. Lyman expects that the results of his research will ultimately help healthcare organizations develop processes that will accelerate improvements in quality and safety. He hopes unit-level dialogue about successful change among healthcare professionals will grow into quality and safety partnerships that will include multiple health systems and will eventually grow into a worldwide collaborative effort to provide the best health care possible. 🏥

## Note

1. James, J. T. (2013). A new, evidence-based estimate of patient harms associated with hospital care. *Journal of Patient Safety*, 9(3), 122-128.



# Immunization Exemptions and Pediatric Care

Lacey Eden, MS, FNP-C



As a family nurse practitioner working in a pediatric outpatient clinic, assistant teaching professor Lacey Eden (BS '02, MS '09) educates parents about the general health of their child. Eden frequently addresses parents' questions and concerns regarding immunizations for their child due to the requirement that parents provide either proof of completion or a certificate of exemption before their child can be enrolled in school. Because of her experiences talking with parents about immunizations, Eden decided to research the rising immunization exemption rates in Utah. She is currently working on a standardized education module for immunization exemptions and also a mobile app called Best for Baby.

## Education Model for Immunization Exemption Rates

Immunization exemption rates, particularly those granted for philosophical reasons, have risen drastically in Utah over the last few years. The rise in exemptions may have played a role in several recent outbreaks of vaccine-preventable diseases (measles and pertussis) in Utah, which prompted Eden to research the education provided for parents who wish to obtain an exemption. Currently she is investigating the specific education requirements for philosophical immunization exemptions in all states across the country and how effective this education is at combating the rise in exemption rates. In her research, Eden found that all 50 states allow medical exemptions for immunizations, 48 states allow religious exemptions, and 18 states allow

philosophical exemptions. Utah is one of the 18 states that allows all three types of exemptions. While 18 states allow philosophical exemptions, only 14 states require education before granting exemptions. The type of education parents receive varies from state to state, and from county to county throughout Utah. Eden has discussed her study with several prominent leaders of various associations and departments, including the health director and the immunization manager at the Utah State Health Department and the chair of the Utah Department of Human Services,

## Though geared toward increasing Tdap immunization rates, the app does much more than just teach about vaccines.

in efforts to implement a standardized education module for Utahns to complete in order to gain a philosophical immunization exemption. She has also been invited to participate on an immunization exemption task force with several key participants in the state and with fellow College of Nursing faculty—Dr. Beth Luthy (MS '05), Gaye Ray (AS '81), Dr. Janelle Macintosh, and Dr. Renea Beckstrand (AS '81, BS '83, MS '87). This task force is charged with creating a standardized education module that can teach parents the signs and symptoms of diseases, what to do if their child contracts a disease, and what to do in the case of an outbreak. The module will also answer frequently asked questions about immunizations and provide information about obtaining low-cost immunizations.

The Association of Immunization Managers and the Centers for Disease Control and Prevention have contributed to this project by aiding in the data-collection process and reviewing the research questions on educational requirements in reducing immunization exemptions. Best for Baby App In 2013 the Advisory Committee on Immunization Practices (ACIP) published its recommendation that pregnant women should get a Tdap vaccination between 27 and 36 weeks of pregnancy. Infants do not receive this vaccine until two months of age, but in the womb they do inherit temporary protective antibodies from their mothers, so it is essential for mothers to receive the vaccine and pass antibodies to their children in utero. Despite being recommended by the ACIP, very few women receive the Tdap vaccine during their third trimester, so Eden, who serves as chair of the Utah County Immunization Coalition, decided to educate soon-to-be parents through a free mobile-device app called Best for Baby (now available on iTunes). Though geared toward increasing Tdap immunization rates, the app does much more than just teach about vaccines. The program sends expectant parents weekly push notifications that provide updates on their baby's development and when they need to see their OB/GYN. Additionally, updates tell parents what tests to expect at their next appointment, what those tests look for, and why they are performed. The app continues to give parents monthly push notifications for two years after the birth of the child. These updates include when the child should see a care provider, what developmental milestones he or she should reach during the month, and what immunizations that child should receive. 📱

BARRY THORNBURG

# Faculty Achievements

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

## JOURNAL ARTICLES PUBLISHED

Ayres, H. B.\*, **Winters, B. A.**, & **Nuttall, C.** (2015). Age-appropriate post-reduction care of anterior shoulder dislocation. *All Student Publications*, paper 145. <http://scholarsarchive.byu.edu/studentpub/145>

Bainum, J.\*, **Luthy, K. E.**, **Beckstrand, R. L.**, **Macintosh, J. L.**, & **Eden, L. M.** (2015). Promoting adult pertussis vaccination in the workplace. *All Student Publications*, paper 141. <http://scholar.archive.byu.edu/studentpub/141>

**Beckstrand, R. L.**, Rohwer, J.\*, **Luthy, K. E.**, **Macintosh, J. L.**, & **Rasmussen, R. J.** (2015). Rural emergency nurses' end-of-life care obstacle experiences: Stories from the last frontier. *Journal of Emergency Nursing*. doi:10.1016/j.jen.2015.08.017

**Callister, L. C.**^ (2015). WASH: Highlighting global water, sanitation, and hygiene initiatives. *MCN: The American Journal of Maternal/Child Nursing*, 40(6), 398.

**Callister, L. C.**^ (2016). Managing birth asphyxia: Helping babies breathe. *MCN: The American Journal of Maternal/Child Nursing*, 41(1), 62.

**Collette-Merrill, K.** (2015). Is this quality improvement or research? *American Nurse Today*, 10(4).

**Collette-Merrill, K.** (2015). NP bookshelf: Book review: Infection control for advanced practice professionals. *Journal for Nurse Practitioners*, 11(1), e7. doi:10.1016/j.nurpra.2014.07.040

**Collette-Merrill, K.**, Andrews, D., Brewer, B. B., & Brown, D. S. (2015). Elevating research: An important role for nurse leaders. *Nurse Leader*, 13(3), 63–65. doi:10.1016/j.mnl.2014.08.006

Dyches, T. T., Christensen, R., Harper, J. M., **Mandleco, B. L.**^, & Roper, S. O. (2015). Respite care for single mothers of children with autism spectrum disorders. *Journal of Autism and Developmental Disorders*, 1–13. doi:10.1007/s10803-015-2618-z

**Heise, B. A.**, & Gilpin, L.\* (2015). Nursing students' clinical experience with death: A pilot study. *Nursing Education Perspectives*. doi:10.5480/13-1283

Higa, L. A., McDonald, J., **Himes, D. O.**, & Rothwell, E. (2015). Life experiences of individuals with hereditary hemorrhagic telangiectasia and disclosing outside the family: A qualitative analysis. *Journal of Community Genetics*. doi:10.1007/s12687-015-0254-0

**Himes, D. O.**, Clayton, M., Donaldson, G., Ellington, L., Buys, S., & Kinney, A. (2015). Breast cancer risk perceptions among relatives of women with uninformative negative BRCA1/2 test results: The moderating effect of the amount of shared information. *Journal of Genetic Counseling*. doi:10.1007/s10897-015-9866-0

**Hunsaker, S.**, Chen, H. C., Maughan, D., & **Heaston, S.** (2015). Factors that influence the development of compassion fatigue, burnout, and compassion satisfaction in emergency department nurses. *Journal of Nursing Scholarship*, 47(2), 186–194. doi:10.1111/jnu.12122

**Lassetter, J. H.**, **Ray, G.**, Driessnack, M., & **Williams, M.** (2015). Consulting with children in the development of self efficacy and recall tools related to nutrition and physical activity. *Journal for Specialists in Pediatric Nursing*, 20(1), 21–28.

Leighton, K., **Ravert, P. K.**, Mudra, V., & Macintosh, C. (2015). Updating the simulation effectiveness tool: Item modifications and reevaluation of psychometric properties. *Nursing Education Perspectives*, 35(5), 317–323. doi:10.5480/15-1671

**Luthy, K. E.**, Burningham, J.\*, **Eden, L. M.**, **Macintosh, J. L.**, & **Beckstrand, R. L.** (2015). Addressing parental vaccination questions in the school setting: An integrative literature review. *Journal of School Nursing*. doi:10.1177/1059840515606501

**Luthy, K. E.**, Peterson, T. B.\*, **Macintosh, J. L.**, **Eden, L. M.**, **Beckstrand, R. L.**, & Wiley, N. H. (2015). Evaluation of vaccination policies among Utah pediatric clinic employees. *Journal of Pediatric Health Care*. doi:10.1016/j.pedhc.2015.06.007

**Macintosh, J. L.**, & **Callister, L. C.**^ (2015). Discovering self: Childbearing adolescents' maternal identity. *MCN: The American Journal of Maternal/Child Nursing*, 40(4), 243–248. doi:10.1097/NMC.000000000000143

Madeo, J. M.\*, & **Winters, B. A.** (2015). When stress causes a heart to break. *All Student Publications*, paper 139. <http://scholarsarchive.byu.edu/studentpub/139>

Mitchell, M.\*, & **Freeborn, D.** (2015). Vitamin B12: Identification and treatment of deficiencies. *All Student Publications*, paper 146. <http://scholar.archive.byu.edu/studentpub/146>

**Nuttall, C.**, & **Winters, B. A.** (2015). Understanding anterior knee pain: Patellofemoral pain syndrome. *Journal for Nurse Practitioners*, 11(10), 1032–1035. doi:10.1016/j.nurpra.2015.08.029

**Peterson, N. E.**, Moss, K. O., Milbrath, G. R., von Gaudecker, J. R., Park, E., & Chung, M. (2015). Qualitative analysis of student perceptions of bachelor of science-to-doctor of philosophy in nursing programs. *Journal of Nursing Education*, 54(10), 542–549. doi:10.3928/01484834-20150916-01

**Peterson, N. E.**, Sirard, J. R., Kulbok, P. A., DeBoer, M. D., & Erickson, J. M. (2015). Validation of accelerometer thresholds and inclinometry for measurement of sedentary behavior in young adult university students. *Research in Nursing & Health*, 38(6), 492–499. doi:10.1002/nur.21694

Radzynski, S., & **Callister, L. C.**^ (2015). Health professionals' attitudes and beliefs about breastfeeding. *Journal of Perinatal Education*, 24(2), 102–109.

**Reed, S. J.** (2015). Written debriefing: Evaluating the impact of the addition of a written component when debriefing simulations. *Nurse Education in Practice*. doi:10.1016/j.nepr.2015.07.011

**Reed, S. J.**, & **Edmunds, D.** (2015). Use of a blog in an undergraduate nursing leadership course. *Nurse Education in Practice*. doi:10.1016/j.nepr.2015.07.010

Rosemann, J.\*, Palichara, A.\*, Rampton, T.\*, **Mandleco, B. L.**^, Dyches, T., & **Freeborn, D.** (2015). Sibling snapshots: Living with youth who have autism or Down syndrome. *International Journal of Integrative Pediatrics and Environmental Medicine*, 2, 13–30. doi:10.6000/ijipem/2015/3

Thomas, T. L., Cairns, C., **Eden, L. M.**, Koslap-Petraco, M. B., Pron, A., Petersen-Smith, A., Stinchfield, P., & Taub, A. (2015). NAPNAP position statement on immunizations. *Journal of Pediatric Health Care*, 29(3), 11A.

**Whitt, K. J.**, Hughes, M.\*, Hopkins, E. S., & Maradiegue, A. (2015). The gene pool: The ethics of genetics in primary care. *Annual Review of Nursing Research*, 34, 119–154.

**Whitt, K. J.**, Macri, C., O'Brien, T. J., & Wright, S. (2015). Improving nurse practitioners' competence with genetics: Effectiveness of an online course. *Journal of the American Association of Nurse Practitioners*. doi:10.1002/2327-6924.12282

\* Denotes current BYU nursing student (BS or MS)  
^ Denotes emeriti faculty member



Williams, D. P., **Collette-Merrill, K., Heise, B. A.,** & Novilla, L. B. (2014). Integrating interprofes-sional education into dietetics, nursing, and public health curriculum. *Journal of Academy of Nutrition and Dietetics*, 114(S2), A68.

**Winters, B. A., & Nuttall, C.** (2015). Evaluation and management of spinal column fractures in adults. *Journal for Nurse Practitioners*, 11(10), 1043–1047. doi:10.1016/j.nurpra.2015.08.022

BOOK CHAPTERS PUBLISHED

Rizzolo, M. A., Durham, C. F., **Ravert, P. K.,** & Jeffries, P. R. (2015). History and evolution of the NLN Jeffries simulation theory. In P. R. Jeffries (Ed.), *The NLN Jeffries Simulation Theory* (pp. 1–7). Philadelphia, PA: Wolters Kluwer.

**Valentine, J. L., Mabey, L., & Miles, L.** (2015). Neurobiology of trauma. In A. A. Amar & L. K. Sekula (Eds.), *A Practical Guide to Forensic Nursing: Incorporating Forensic Principles into Nursing Practice* (pp. 37–54). Indianapolis, IN: Sigma Theta Tau.

PRESENTATIONS DELIVERED

Adams, B. D.\*, & **Collette-Merrill, K.** (2015, October 19). Nurses’ knowledge and attitudes of urinary catheter care.<sup>1</sup>

Adams, B. D.\*, Shepherd, B.\*, Sanderson, B.\*, & **Collette-Merrill, K.** (2015, October 19). Undergraduate nursing students’ knowledge of patient safety.<sup>1</sup>

**Blad, K. D.** (2015, November 11). Incorporating veteran and military health curricula into health professions education. Keynote presenter at Joiningforces.gov Wellness Week webcast, Washington, DC.

**Blad, K. D., & Ulberg, R.** (2015, October 2). To know them is to care for them better: Joining forces across the Atlantic to educate healthcare providers on caring for veterans and military personnel; Understanding diversity in caring for our veteran population. Poster presentations at International Military Veterans Conference, Grange-over-Sands, Cumbria, UK.

Brimhall, H.\*, Pead, K.\*, **Mabey, L., Miles, L., & Valentine, J. L.** (2015, October 19). The intersection between sexual assault and mental illness: A retrospective study.<sup>1</sup>

Chamberlain, A.\*, **Williams, M., Palmer, S. P., & Lassetter, J. H.** (2015, October 19). Examining the relationship between anemia, cognitive function, and socioeconomic status in school-aged Ecuadorian children.<sup>1</sup>

**Corbett, C.** (2015, August 19). Leprosy in India: Recognizing the impact on individuals and families; Too tired to think: Malnutrition screening in children from impoverished families of rural India.<sup>2</sup>

**Corbett, C.,** & Gettys, J.\* (2015, October 8). Women and birth: A comparison of experiences across cultures. Podium presentation at the Fourth International Women of the Mountains Conference, Orem, UT.

**de la Cruz, K.,** & Flinders, K.\* (2015, October 19). Surprising findings: Investigation of pediatric anemia in rural Ghana implementing two inter-ventional techniques.<sup>1</sup>

**de la Cruz, K.,** & Thomas, K.\* (2015, October 29). Forming collaborative connections: A West African healthcare investigative experience. Podium presentation at the Transcultural Nursing Society’s 41st annual conference, Portland, OR.

**Eden, L. M., Luthy, K. E., Ray, G., Macintosh, J. L., Beckstrand, R. L.,** Fellows, H.\*, Tyler, A.\*, Stacey, B.\* (2015, October 19). Improving MMR immunization awareness through media: A community collaboration.<sup>1</sup>

**Edmunds, D.,** Gutierrez-Garcia, H.\*, Pachner, M.\*, **Lundberg, K.,** & Raymer, M.\* (2015, October 19). Nursing students engaged in refugee health.<sup>1</sup>

**Edmunds, D., & Reed, S. J.** (2015, August 19). Family first: Lessons learned from a global health nursing course in Tonga.<sup>2</sup>

**Freeborn, D., Eden, L. M., Ray, G., & Luthy, K. E.** (2015, August 18). Innovative and interactive ways to integrate family across undergraduate and graduate nursing curriculum.<sup>2</sup>

Gettys, J.\*, & **Corbett, C.** (2015, October 19). Challenges of conducting international research: Observations in rural villages of India and Vietnam.<sup>1</sup>

Goodman, K.\*, & **Miles, L.** (2015, October 19). *Kala, juusto, pulla*, and reindeer: International BYU nursing student collaboration in Finland.<sup>1</sup>

**Heaston, S., & Palmer, S. P.** (2015, November 20). Nursing students optimizing health in Ecuador. Podium presentation at American Association of Colleges of Nursing Baccalaureate Education Conference, Orlando, FL.

Huggins, L.\*, & **Macintosh, J. L.** (2015, October 19). Immunization status of NICU graduates at a tertiary care children’s hospital.<sup>1</sup>

**Hunsaker, S.** (2015, September 29). Emergency department simulation: Practice makes perfect. Podium presentation at the International Emergency Nurses Association Conference, Orlando, FL.

**Hunsaker, S.,** & Brown, E. (2015, October 28). Interprofessional collaboration and research with Ecuadorian healthcare providers: The development of a difficult intravenous algorithm. Poster presentation at the Transcultural Nursing Society’s annual conference, Portland, OR.

**Jarvis, S. D.** (2015, September 17). Hookah, e-cigs, and mary jane, oh my!; Pulmonary emboli: A not-so-common presentation; Systematic approach to chest radiography. Podium presentations at the Specialty and Leadership Conference hosted by the American Association of Nurse Practitioners, San Diego, CA.

Jennings, J.\*, **Hunsaker, S., Blad, K. D., & Mabey, L.** (2015, October 19). PTSD in the veteran population: Teaching simulation for nursing students.<sup>1</sup>

**Kohl, J.,** & Jackman, K.\* (2015, October 19). Vitamin D insufficiency in collegiate athletes: A comparative study between indoor and outdoor athletes at Brigham Young University.<sup>1</sup>

Kohler, L.\*, **Luthy, K. E., Beckstrand, R. L., Eden, L. M., & Macintosh, J. L.** (2015, October 19). Vaccination policies of Utah family practice clinics.<sup>1</sup>

Leighton, K., Mudra, V., & **Ravert, P. K.** (2015, May 5). Modification of the Simulation Effectiveness Tool (SET-M). Podium presentation at International Pediatric Simulation Symposium, Vancouver, Canada.

**Lundberg, K., Edmunds, D., & Palmer, S. P.** (2015, August 20). Nursing students promoting health in refugee families.<sup>2</sup>

**McEwan, K., & Lyman, B.** (2015, September 9). Mentoring: Finding and being the best mentors. Podium presentation at the Utah Organization of Nurse Leaders fall leadership conference, Lehi, UT.

**Mills, D.** (2015, April 16). Caring for the child with a life-threatening event: Students’ experience in end-of-life care; The use of capstone projects to enhance student learning and patient outcomes through applying EVB practice concepts in a pediatric setting. Podium and poster presentations at the Society of Pediatric Nurses annual conference, Anaheim, CA.

**Palmer, S. P.** (2015, November 9). Nursing students serving, transforming, and leading within 5 miles to 3,000 miles. Podium presentation at the Sigma Theta Tau International biennial convention, Las Vegas, NV.

Pead, K.\*, Otteson, E.\*, Williams, S.\*, & **Valentine, J. L.** (2015, October 19). Descriptive study of 1,300 victims of sexual assault: A retrospective review.<sup>1</sup>

**Reed, S. J., Corbett, C., & Edmunds, D.** (2015, August 19). Giving birth: The meaning of child-birth to Tongan women.<sup>2</sup>

Sanderson, B.\*, & **Collette-Merrill, K.** (2015, October 19). The development of electronic materials to teach shared governance principles.<sup>1</sup>

Shatzer, C.\*, & **Reed, S. J.** (2015, October 19). Giving birth: The meaning of childbirth for Tongan women.<sup>1</sup>

NIKI CHAN

**Ulberg, R., & Blad, K. D.** (2015, October 2). Teaching nursing students to care for veterans: Developing an undergraduate course. Poster presentation at International Military Veterans Conference, Grange-over-Sands, Cumbria, UK.

**Valentine, J. L.** (2015, September 24). The forensics and law enforcement of sexual assault. Keynote presenter at University of Utah Sexual Assault Prevention Forum, Salt Lake City, UT. (2015, November 19). What we now know about sexual assault in Utah: Recent research findings. Keynote presenter at BYU Women’s Studies Colloquium program, Provo, UT.

**Valentine, J. L.,** Pead, K.\*, Williams, S.\*, **Miles, L., Mabey, L.,** & Melini, J. (2015, October 29). Exploring the effects of sexual assault on memory and consciousness: A retrospective chart review. Poster presentation at International Conference on Forensic Nursing Science and Practice, Orlando, FL.

Webb, A., & **Mandleco, B. L.**^ (2015, August 19). Sibling perceptions of living with a brother or sister with an intellectual disability or a physical illness: A literature review.<sup>2</sup>

**Whitt, K. J.,** Dixon, L.\*, Hughes, M.\*, & Fellows, H.\* (2015, October 19). Electronic health records and patient safety: Nurse practitioners’ ratings.<sup>1</sup>

**Whitt, K. J., Eden, L. M., Collette-Merrill, K.,** & Hughes, M.\* (2015, June 23). NP and BSN students using the clinician communication and computerized provider order entry SAFER guides in the acute care and ambulatory settings. Nation webinar presenters for American Nursing Informatics Association & Office of the National Coordinator of Health IT, CEU Webinar. (2015, October 19). Do you know your EHR? The safety of electronic health records in the clinical setting.<sup>1</sup>

**Whitt, K. J.,** & Maradiegue, A.\* (2015, November 6). Primary care providers and genomic advancements: A cautionary tale. Podium presentation at International Society of Nurses in Genetics 2015 World Congress on Genetics and Genomics, Pittsburgh, PA.

**Whitt, K. J.,** & Pead K.\* (2015, April 24). Improving nurse practitioner competence, confidence, and comfort with informatics in clinical practice. Podium presentation at American Nursing Informatics Association Annual Conference, Philadelphia, PA.

NOTES

<sup>1</sup>Podium presentation at Brigham Young University College of Nursing’s Scholarly Works and Contribution to the Discipline annual conference, Provo, UT.

<sup>2</sup>Podium presentation at the International Family Nursing Conference, Odense, Denmark.

\* Denotes current BYU nursing student (BS or MS)

^ Denotes emeriti faculty member

HONORS

Associate professor **Dr. Beth Luthy** was inducted as a fellow in the American Academy of Nursing. The fellowship acknowledges her outstanding contributions and achievements in nursing.



As part of the human rights report prepared by the Utah Citizens’ Counsel, assistant teaching professor **Julie Valentine** was cited as instrumental in the progress Utah has made in addressing sexual violence. She was also awarded two work grants in October totaling \$3.4 million: \$1.4 million to process the backlog of untested rape kits in the state and the remaining \$2 million to create an online database to track sexual-assault kits. In November she and members of the Salt Lake Sexual Assault Nurse Examiners organization were recognized with the Best Compassion award in *Salt Lake City Weekly* newspaper’s annual Best of Utah awards.

The Utah Nurse Practitioners (UNP) recently honored two assistant teaching professors: **Lacey Eden** received the UNP Excellence in Leadership Award, and **Ryan Rasmussen** obtained the UNP Excellence in Education Award.

Assistant teaching professor **Gaye Ray** received the 2015 Utah State Outstanding Board of Health Member recognition from the Utah Association of Local Boards of Health.

Assistant professor **Dr. Neil Peterson** was awarded the 2015 Best Research Methods Paper from the publication *Research in Nursing & Health* for his article “Validation of Accelerometer Thresholds and Inclination for Measurement of Sedentary Behavior in Young Adult University Students.”

Several professors from the College of Nursing received a \$20,000 Mentoring Environment Grant (MEG) from the university: **Karen de la Cruz, Dr. James Kohl, Dr. Bret Lyman, Ryan Rasmussen, Michael Thomas, Ron Ulberg** and **Dr. Kent Blad**, and **Karen Whitt** and **Gaye Ray**.

Twenty-one Office of Research and Creative Activities (ORCA) grants, totaling \$37,800, were presented to undergraduate nursing students for faculty mentoring.

The **college’s media team** received praise last year for its public relations efforts: a Hermes

Creative Award for the 2015 spring magazine, an AVA Digital Award for a video highlighting BYU nursing students in Ghana, and a Golden Spike Award from the Salt Lake Chapter of Public Relations Society of America for a video showcasing the college’s involvement with a Utah Honor Flight.

Wayne Jackson, Bart Whatcott, and David Allen from the Utah Department of Veterans and Military Affairs presented associate dean and teaching professor **Dr. Kent Blad** and associate teaching professor **Ron Ulberg** with a plaque and a gift for their dedicated work with veterans over the years.

The university honored college personnel for service milestones: executive assistant to the dean **Holly Skelton** (30 years of service), advisement center supervisor **Mark White** (10 years of service), and advisement center advisor **Cara Wiley** (10 years of service).

APPOINTMENTS

Associate teaching professor **Dr. Sabrina Jarvis** is now a member of the American Association of Nurse Practitioners Planning Specialty and Leadership Conference committee.

The Utah Organization of Nurse Leaders’ president-elect for 2016–2017 is assistant teaching professor **Kevin McEwan**.

Assistant professor **Dr. Katreena Collette-Merrill** became the education cochair for the Association for Professionals in Infection Control Utah Chapter. She also serves on the program committee for the Western Institute of Nursing as well as on the BYU Faculty General Education Council.

A member of the pediatric clinical practice ad hoc committee, associate teaching professor **Debra Mills** also serves as chair-elect on the education committee of the Utah State Board of Nursing.

Associate teaching professor **Shelly Reed** was elected as Utah section chair for the Association of Women’s Health, Obstetric, and Neonatal Nurses.

Associate teaching professor **Karen Lundberg** was recently appointed to offer leadership to two groups: the chapter development and support committee for the Society of Pediatric Nurses, and the BYU governance committee for the Sigma Theta Tau International Iota Iota Chapter.

Assistant teaching professor **Gaye Ray**, who also became the past president of the Utah Association of Local Boards of Health, was invited to serve on the Utah State Task Force to Improve Immunization Rates.

Associate professor **Dr. Jane Lassetter** was invited to join the ethics consultation service for the urban south region of Intermountain Healthcare.



# Learning from the Best



To become the best, students must learn from the best. Several nursing students, under the devoted guidance of nursing professor **JANELLE MACINTOSH**, strive for excellence as they work as paid research assistants and learn from their professor's knowledge and research expertise.

As part of the college's mentored learning initiative, these assistants obtained campus grants that enable them to be involved in Dr. Macintosh's research. Together they collaborate on projects, implement research techniques, and present outcomes.

We are grateful for generous alumni and friends of the BYU College of Nursing who help create these types of experiences for nursing students. Please consider making a gift today at [give.byu.edu/nursing](https://give.byu.edu/nursing) (and select the "Nursing Mentored Learning" account).



*A Mentored-Learning  
Experience and You!*

To help the college with a mentored-learning endowed fund gift, contact Carol Kounanis at 801-422-8294 or [cek@byu.edu](mailto:cek@byu.edu).