

LEARNING THE Healer's art

BRIGHAM YOUNG UNIVERSITY COLLEGE OF NURSING | FALL 2020

A full-page photograph of a nurse, Andrea, standing in a hospital room. She is wearing a blue surgical gown, a white bouffant cap, a blue face shield, a blue surgical mask, and white gloves. Her name tag reads 'Andrea RN'. She has her hands on her hips and is looking directly at the camera. The background shows a typical hospital room with medical equipment and a television mounted on the wall.

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JANE H. LASSETTER

Dear friend,

I am humbled and honored by the privilege of being the next dean of BYU's College of Nursing. We have been blessed the past eight years to have been led by Dr. Patricia Ravert, and I wish her the best in her retirement adventures.

As I've thought about the uncertainty of the world during the COVID-19 pandemic, I am pleased that among the frontline heroes being recognized are the devoted nurses and nurse practitioners who have risked their health to assist their patients. They have also pleaded with others on social media to stay home and wear masks and have become symbols of strength to those across the nation.

When we hear of family members not being able to be with their loved ones during hospitalization, it is reassuring to know that a nurse was there to hold a hand, facilitate a video chat, or provide compassion as the Savior would. As I learn of alumni caring for patients and families afflicted with the virus, I am so proud of and grateful for our nursing graduates who are exemplifying the Healer in these kinds of ways.

Whether teaching nursing courses online or in a hybrid of learning environments currently offered, the last few months of the coronavirus outbreak have strengthened my knowledge that our faculty are well prepared to educate motivated BYU students so they will meet the next round of healthcare challenges. The reason is simple: we are committed to excellence in providing a learning environment to teach, learn, and practice the Healer's art.

For nearly 30 years, our role has been to assist others in learning the Healer's art so they will, first, emulate the principles, knowledge, attributes, and methods of the Master Healer, and, second, foster environments and processes to help others to be made whole. No matter what career paths they follow, BYU nurses share a common dedication to improving health and the quality of life of individuals, families, and communities.

This common dedication stems from striving to fulfill the college mission and vision. The mission is "to learn the Healer's art and go forth to serve." The college vision guides our decision making as we strive for excellence in the provision of nursing education ("Guided by the truths of the gospel of Jesus Christ, we exemplify the Healer's art by leading with faith and integrity; advancing the science of nursing and healthcare; promoting health and wellness; alleviating suffering; and serving individuals, families, and communities").

The world needs BYU graduates.

This issue of the magazine features a sample of known stories of nursing alumni making a difference during the COVID-19 pandemic—giving support in New York, staying positive, serving others. It also contains excerpts from a message given by a previous college dean, Dr. Sandra Rogers, during our 2020 Night of Nursing watch party broadcast, insight from a nursing professor on walking 100 miles in 32 hours, more inspiring learning stories from students working with faculty members, and the latest recipients of the college DAISY recognition awards.

The publication also features the scholarly works of Dr. Corinna Tanner and Tracy Dustin and spotlights faculty member Stacie Hunsaker.

I appreciate the opportunity to represent you—our great alumni, faculty, and friends of the College of Nursing—and I hope you stay safe and well as we navigate our new normal together. Please continue to share your success, experiences, and love of nursing with us at nursingmagazine@byu.edu. 🇺🇸

Jane H. Lassetter

Jane H. Lassetter, PhD, RN, FAAN

Dean and Professor, BYU College of Nursing

LEARNING THE Healer's art FALL 2020

SAVANNA SORESEN

LEFT: ZAK GOWANS; CENTER: ANDREA ALFANDRE; RIGHT: MARS MARENO



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Meet the New College Dean

Dr. Jane H. Lassetter was recently named dean for the College of Nursing. Learn about her background and vision for the future.

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Learn how various alumni independently made a difference in their communities as they served others last spring during the coronavirus pandemic.

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A Watch Party Message from Dr. Rogers

Past dean Dr. Sandra Rogers spoke at the College of Nursing's 2020 Night of Nursing nationwide broadcast in February. Read excerpts from her keynote message.

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Jane H. Lassetter, *Dean*
Beth Luthy, *Associate Dean*
Julie L. Valentine, *Associate Dean*
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ZAK GOWANS



Meet



Dr. Lassetter,

the New College Dean

BY JEFF L. PEERY



Dr. Jane Hansen Lassetter (AS '81, BS '98, MS '01) PhD, RN, FAAN, has been named the new dean of the College of Nursing at Brigham Young University and began her five-year term in July.

Her contributions include regional and international leadership and promotion of cultural sensitivity and improved health for underserved populations often overlooked in healthcare policy and research. She currently serves as the president of the Western Institute of Nursing and past-president of the International Family Nursing Association.

Lassetter received a doctor of philosophy degree from Oregon Health and Science University in 2008 and a graduate certificate in healthcare ethics from Creighton University in 2016. She received her baccalaureate and master's degrees in nursing from BYU.

She replaced Dr. Patricia Ravert (AS '74, BS '75, MS '94), who served as dean since 2012 and recently retired.

Professor Dr. Beth Luthy (MS '05) was named the associate dean of graduate studies and evidence-based practice. Associate professor Dr. Julie L. Valentine has been named the new associate dean

of undergraduate studies and research. Assistant dean Kathy A. Whitenight remains in her position and oversees resource management for the college.

Recognized for her commitment to nursing leadership and the promotion of the public's health through evidence and innovation, Lassetter was inducted as a 2019 Fellow in the American Academy of Nursing (FAAN).

For the past three years, she has served as the college's associate dean of graduate studies, scholarly works, and contribution to the discipline. She has also served on the university graduate council, the

university faculty development council, and the university research council.

In addition to her leadership positions, Lassetter is an active researcher and educator. She was honored with BYU's Muriel Thole Teaching and Learning Faculty Fellowship in 2016 and received the university's Alcuin Fellowship in general education in 2011.

Her research interests include obesity prevention in Native Hawaiian and Pacific Islander families and children of all ethnicities. In Utah, Nevada, and Hawaii, she has studied the effects of migration on these populations, their personal and cultural expectations for children's body size and shape, the role of food in their overall well-being, and the relationships between their health literacy, body mass index, and demographic characteristics.

From 2005 to 2008, she shared her passion as she led groups of nursing students in the Hawaii section of the clinical

practicum for the public and global health nursing course each spring. More recently, she has accompanied students to Tonga and to the Czech Republic.

Lassetter joined the faculty at BYU in 2002 as an instructor. She became an assistant professor in 2004, an associate professor in 2010, and a professor in 2016.

Her service and community leadership are just as impressive as her professional experience. As president of the Western Institute of Nursing (WIN), she leads the organization in improving health through unique solutions. Her interest in the organization stems from its high standards of professionalism and its dedication to unifying nurses across practice, education, and research.

She was inducted as a member of WIN's Western Academy of Nurses in 2015.

This sense of community is especially valuable to her. "Serving in leadership positions has made me realize the potential of what nurses can do if they get

organized," Lassetter says. "Nurses are the nation's largest group of healthcare professionals and truly can make important things happen within healthcare."

During her recent tenure as president of the International Family Nursing Association (IFNA), Dr. Lassetter advanced family nursing through leading extraordinary international conferences in Denmark, Spain, and Washington, DC.

"The only other nurse in my family is Great-Grandma Emelia Jensen, who immigrated to Newton, Utah, from Denmark after joining The Church of Jesus Christ of Latter-day Saints. In 1891, her bishop asked her to move to Salt Lake City and study obstetrics and nursing. Her daughter [Lassetter's grandma Hansen] reported that her mom cared for more than 1,000 'confinement' patients over her career," says Lassetter. "Great-Grandma Jensen passed away several decades before I was born, but I think of her and her legacy often. It was such a joy to host an IFNA conference in her homeland and feel a connection to my ancestors as an international group of family nurses shared research to help improve family health."

Serving as the college's ethics in nursing course coordinator since 2009, Lassetter mentors students in her ethics classes by helping them navigate ethically complex decisions and build their ethical toolkit.

Besides watching the growth that occurs in the classroom, Lassetter values mentoring and having one-on-one discussions as well. For the past 11 years, she has counseled 22 graduate students as their master's thesis chair or as a committee member.

One thing she wants to continue as the dean is supporting mentored-learning experiences with nursing students outside of the classroom environment. For example, 209 undergraduate and graduate students had experiential learning



ZAK GOWANS (2)

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



A PROFILE OF THE NEW DEAN

opportunities during the last academic year, such as participating in research projects, coauthoring papers with faculty, giving podium presentations, or coauthoring a poster. The year before, 156 students had such opportunities.

"One of my goals for the graduate program is to continue expanding students' rural healthcare experiences," says Lassetter. "Nationwide, there is a shortage of primary care healthcare providers (including family nurse practitioners), more so in rural areas." By providing rural clinical experiences, she hopes some graduates will choose to practice in rural settings.

Before being appointed dean, Lassetter, in conjunction with graduate program coordinator Dr. Beth Luthy (MS '05), received a \$15,000 grant from the university's office of graduate studies to fund student travel (mileage, hotel stays, and meals) to create such opportunities in rural clinical sites.

The result was that nine of the 15 graduate students preparing for graduation in 2020 had opportunities in rural placements such as in Moab, Utah (population 5,300). In many urban settings, patients are referred to specialists, whereas in rural settings, there are few if any specialists with whom to consult. Students learned

to manage the healthcare needs of patients with various and complex health disorders.

When it comes to relaxing and enjoying the beauty in her life, two things come to mind. First, Lassetter's six grandchildren top the list. Whether it is outdoors, traveling (a favorite pre-coronavirus location was Disney World), or playing games together, being a grandmother is truly rewarding (although her sons and daughter may argue that being a mother is important).

Second, gardening and enjoying the fragrances of the yard are a must. For Lassetter, growing flowers is a delight, and she loves to attract hummingbirds. Despite the abundance of colors and plant styles, she keeps five feeders stocked with homemade nectar as a way to create a hummingbird-friendly yard.

As for future endeavors for the BYU College of Nursing, Lassetter is committed to further improving its best qualities.

"While BYU College of Nursing has phenomenal nursing programs, my goal is for our programs to improve continuously as students, alumni, staff, and faculty support one another and more fully integrate the Healer's art."

Her objectives include promoting externally funded interdisciplinary

research and evidence-based practice projects that capture the attention of nursing students as they work alongside faculty to improve the health and well-being of patients, families, and communities.

"As we mentor students in the Healer's art, I hope we can help them more fully understand that they are representing the Savior's hands," says Lassetter.

Service is already a focus of the College of Nursing, as reflected in its values and current service-learning activities among a variety of cultures. However, she believes the importance of service could be elevated as the college's programs focus on it with even greater intentionality.

One possibility might be to explore potential collaborations with Latter-day Saint Charities as well as other worthy service organizations. Such partnerships would help faculty and students become more actively engaged in the humanitarian work of the Church and the community as they live gospel truths by lending their unique and essential skills to relieve the suffering of those in need, just as the Savior would do if He were here.

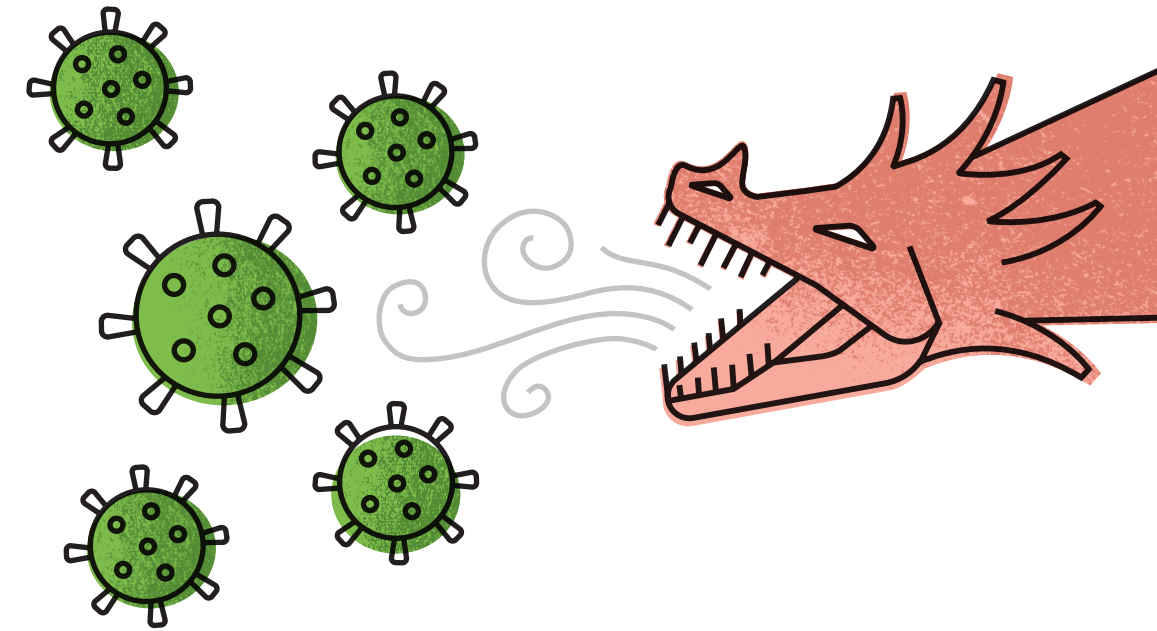
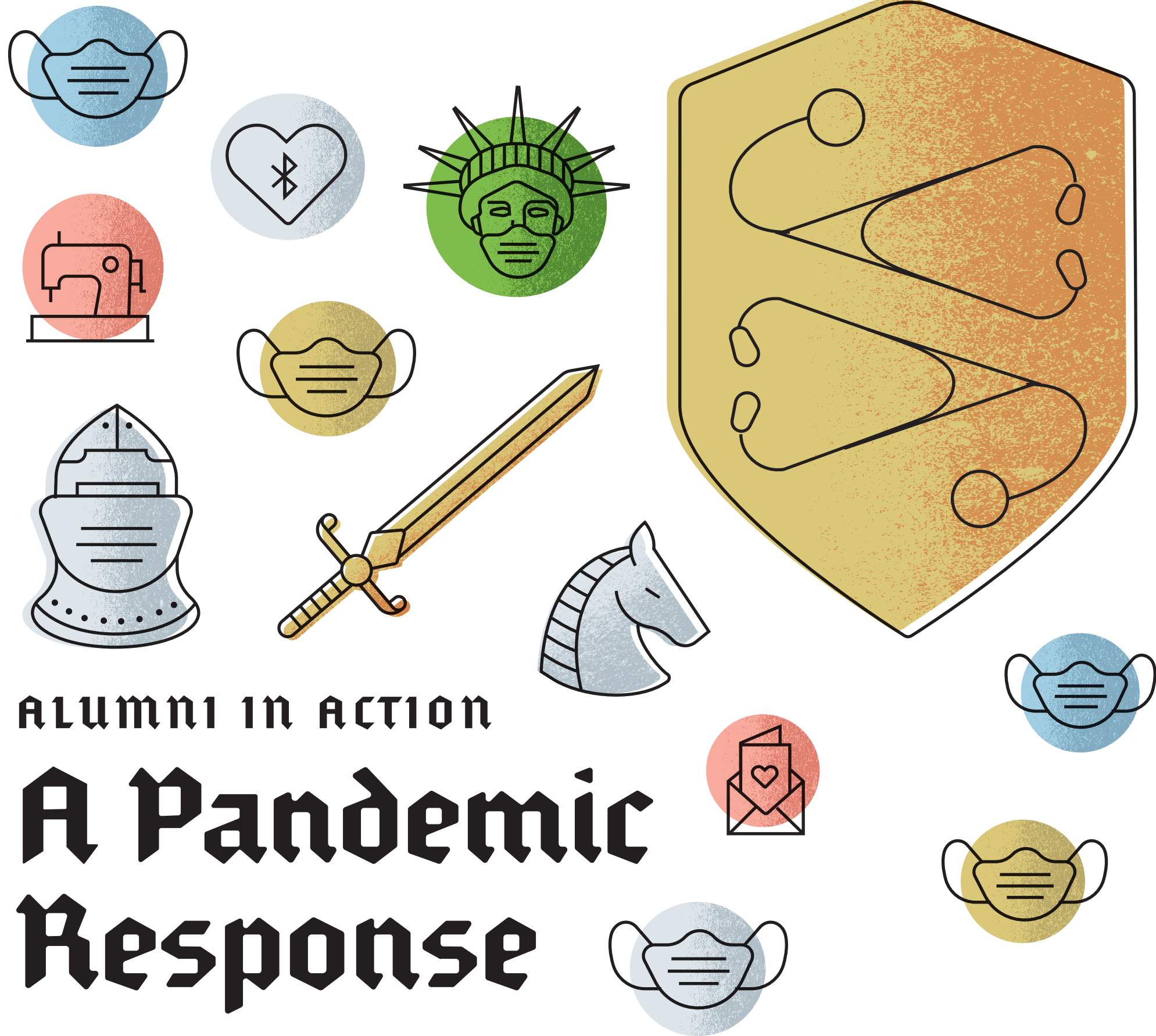
"As we mentor students while they put their knowledge into action," Lassetter says, "We can all more fully become nurse disciples of the Savior." +

"As we mentor students in the Healer's art, I hope we can help them more fully understand that they are representing the Savior's hands."



ALUMNI IN ACTION

A Pandemic Response



There is no doubt that our world is different today. The response to COVID-19 is drastically changing the way we are living and working. Whether on the frontline or from the comfort of their home during these hard times, many people have stepped up to volunteer, serve, and create positive outcomes. Among them are BYU College of Nursing alumni. Here are some examples of how they're making a difference in the world.

Cougs Respond to the Call to Serve

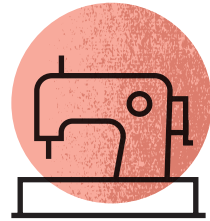
It is incredible what individuals can do when they are committed to a cause and an all-volunteer team.

Recognizing the real need for personal protective equipment, leaders of an initiative sponsored by Latter-day Saint Charities and two Utah health entities—University of Utah Health and Intermountain Healthcare—facilitated the production of masks to be utilized by medical professionals working directly with people infected with the coronavirus.

During the six-week project in April and May, over 50,000 volunteers were recruited to sew five million clinical face masks in their homes. Among the volunteers were several BYU nursing alumni, including **Diane E. Dalton** (AS '74), **Bonnie H. Hoch** (BS '93), **Terri C. Hunter** (BS '99), **Amanda B. Lewis** (BS '01, MS '04), **Kalie T. Mitchell** (BS '08), **Tiffany Noss** (BS '97), **Diane Rindlisbacher** (AS '84, BS '88), and **Janine S. Roberts** (BS '16).

50,000
VOLUNTEERS

5,000,000
MASKS



TOP: CATHERINE SCHULTHEIS; BOTTOM: KALE MITCHELL

After registering, volunteers used their sewing skills to assemble the materials made from medical-grade polypropylene. They promised to return the completed projects four days later so the items could be processed and sterilized before distribution to help protect health-care workers and patients.

Rindlisbacher, of South Jordan, Utah, gave insight about this opportunity. She says, “What a gift of sunshine this experience gave me. I completed 200 masks during weeks one and four. Serving others in this way allowed me to take a break from my end-of-semester DNP studies and work-related COVID-19 testing responsibilities. Sewing these late at night transformed my attitude and grounded me in joy and service to others—which is a little hard to do in the same way when working from home. It was just what I needed on a particularly tough week at work. I would do it again in a heartbeat.”

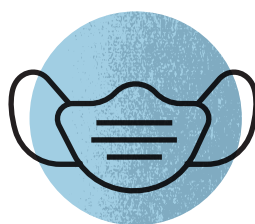
For Mitchell, of Salt Lake City, making 600 masks with her children and husband, Brian, was a positive experience.

“When the opportunity came for us to help make masks for those in need, we were excited that this was a project we could do together,” she says. “Emily (age 3)

says, ‘My favorite part is taking the pokey things [pins] out of the masks and cutting.’ Logan (age 5) says, ‘I enjoyed cutting the masks apart after my mom sewed them. It was also my job to turn all of the masks inside out.’ And Claire (age 7) says, ‘I liked folding the pleats; it has been fun but hard.’ We have all been blessed by this opportunity to ‘go forth to serve’ those who are watching over our communities as they practice the Healer’s art.”

Assistant teaching professor **Tracy Dustin** sewed 100 masks for ProjectProtect with the help of her daughter-in-law. She also made 50 masks for Hill Air Force Base with the material she already had (with some fabric donated by neighbors); unlike the kits, these had to be measured and cut, so they took longer to prepare.

Of the experience, Dustin says, “I wasn’t a frontline caregiver, so this was my way of trying to contribute something. It was a great distraction, fun, and helped me freshen up on my sewing skills.” A bonus was that she received a new sewing machine for Mother’s Day because her old one broke before she was finished with the projects.



Sending Happy Thoughts

Just as the quarantine began, a group of students from the second semester participating in the N292 nursing care of older adults class decided to create care notes. They were given to residents of the long term care centers where the students of assistant professor **Dr. Corinna Tanner** would have finished their clinical rotations last semester. The students made cards to ease loneliness as the residents could not have any visitors during the coronavirus threat.

Nursing student **Natalie Lefrandt** of American Fork, Utah, says, “My peers wanted to create a sense of connection for seniors by creating notes on our computers or handheld devices. I hope this activity helped to lift their spirits. Older adults deserve

to know that they are valued and loved.”

Rachel Hyland of Sandy, Utah, says, “I can only imagine how hard it must be not to be allowed any visitors. I made the cards with the hopes that something small and simple would remind those residents that they are cared about and not forgotten.”

Rylea Milne of Loveland, Colorado, says, “I am hopeful that the several cards I made for residents at a care center where I had clinical might put a smile on some of their faces and help ease the stress from social isolation. We are still thinking about them and are sad not to be with them during this difficult time.”



A Heartbeat—Away

In a time when getting close to a sick patient can be deadly, two BYU professors—College of Nursing’s associate teaching professor **Dr. Craig Nuttall (MS ’11)** and IT associate professor Chia-Chi Teng—collaborated to design a digital 3D-printed stethoscope that makes it possible to listen to the heart and lungs of their patients while standing up to 50 feet away.

Their stethoscope connects directly to a phone and transmits cardiac auscultation and respiratory sounds to Bluetooth headphones. The 3D-printed design and an added microphone make it possible to connect to a smartphone and let healthcare workers listen safely, remotely, and digitally.

Nuttall is also an emergency nurse practitioner and has been using his 3D-printed stethoscope on COVID-19 patients since May.

“I give the stethoscope to the patient, and they can put it on their chest as I direct them in the appropriate areas that I need to listen to,” Nuttall says. “I can stand at a safe distance, wearing AirPods underneath my face shield, and hear everything I need to hear.”



Both faculty members also developed an app to help connect the stethoscope sounds via Bluetooth on both iOS and Android phones.

“When we developed this digital stethoscope, we weren’t designing it with the coronavirus scenario in mind, but it turns out to be a perfect application,” Teng says.

After seeing the device promoted by the university, nursing student **Jadison Christenson** (semester three) of Lindon, Utah, contacted Nuttall. She has a hearing impairment and was unable to use a traditional stethoscope. She also has Bluetooth hearing aids and has tried several digital products, but nothing would live stream. Nuttall had Christenson try the stethoscope with her hearing aids, and it worked well. Now she will be able to perform her nursing duties.

“I never thought this project would help someone in BYU’s nursing program,” says Nuttall.

The 3D parts cost less than \$20 to print using the professors’ open-source plans.¹



Unlike Anything Seen During a Nursing Career

Intermountain Healthcare sent 100 employees—nurses, doctors, nurse practitioners, physician assistants, and respiratory therapists—to work at Northwell Health and NewYork-Presbyterian Hospitals during the COVID-19 outbreak in New York City in April. **Leandrew P. Tirrell (BS '08)**, who works at Intermountain Medical Center in Salt Lake City, served in Long Island. Below is a lightly edited Facebook post regarding his experiences.

Monday, April 20: Last week, I flew to New York City to respond to the COVID-19 crisis. Since then, I have had many people reach out to me, wanting to know about my experience. I have gone back and forth, trying to decide what to share. I don't want to add to the fear/hysteria because there is already enough of that. With that said, this is unlike anything I have seen in my nursing career.

Arriving in New York was surreal. My ride from the airport to Times Square took under 20 minutes. The streets, storefronts, and restaurants were nearly vacant. Checking in with my agency, I was told that I was effectively on-call. I assumed that meant I would be working within 24 hours. Surprisingly, the call was slow to come. The staffing office was overwhelmed, trying to process the large influx of new nurses. For the first few days, I walked around Manhattan, trying to relieve my mounting anxiety. I was frustrated by the wait, but if I am 100 percent honest, a part of me was relieved. I could tell by the distraught look on the nurses' faces as they returned from the front lines that this was going to be rough.

Finally, the call came, and I was assigned to the night shift at a midsize hospital. The group I started with is made up of 20 nurses. We reinforced a group of 30 nurses that had arrived the previous week. Our arrival brought big smiles to our col-

leagues' faces. They had been severely shorthanded and run ragged. My unit is a surgical center that has been converted into an ICU. To say it's a disorganized disaster might be an understatement. It is fitting that I was there for Easter because each day feels like a treasure hunt. I am continually searching for pillows, sheets, pumps, tubing, and medications. The conditions here have forced me to add some new skills to the résumé. With the pharmacist and respiratory therapist stretched thin, nurses mix their own medications and manage the ventilators.

The work is physically and emotionally taxing. My day starts at 7 p.m. when we load the bus and ends at 9 a.m. when we return to the hotel. Having worked in an ICU for 10 years, I am no stranger to death, yet this feels different. Unfortunately, my unit has lost substantially more people than we have recovered. The consistency of loss is demoralizing. It is particularly sad because our patients die without having loved ones at their side. I feel an additional weight wondering if under more optimal conditions things might be different.

Despite the difficulty of these circumstances, there is a lot to be thankful for:

- The past few days seem to have marked a turning point in hospital admissions, and yesterday we successfully extubated three patients!
- The crew I am working with is outstanding. It's incredible to think that a group of strangers from different backgrounds could come together and work so seamlessly as a team. The systems/equipment/charting is foreign to us, and we were not given time to onboard. Fortunately, collectively we can figure things out as we draw from our different strengths.
- I have been the recipient of much love/kindness/generosity.
- The community has rallied behind us. Every night as our bus pulls into the hospital, we are greeted with cheers, honking horns, and flashing lights. Local restaurants have donated food, and the hotel lobby has several tables filled with donated treats.
- I have received many calls/messages from friends and family, offering words of encouragement. I can't tell you how much that lifts me. Thank you for the reminder that we are in this together!²



Working in a NY Pediatric ICU

Primary Children's Hospital pediatric intensive care nurse **Jacob S. Ferrin (BS '15)** shares what it's like to treat pediatric patients with COVID-19. Jake was part of the Intermountain caregivers deployed to Long Island. Below is his lightly edited blog entry from day nine.

I just worked in the pediatric ICU at Northwell, and they have an excellent team there. They are still reasonably staffed during the pandemic and have a good nurse-to-patient ratio. The pediatric world hasn't been hit by COVID like adult care settings, but they still had nine COVID patients last night and have lost two children on the unit since the pandemic began. It's heartbreaking.

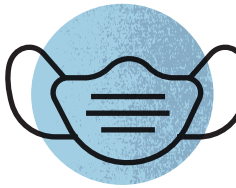
I took care of a young teenager on my shift last night. He is a cute kid from South America. He's been through a lot and was pretty delirious. He was previously intubated and put on a ventilator to help him breathe and had just been extubated and was finally breathing on his own. We took him down to get a CT scan of his lungs, and I was able to speak some Spanish with him and explain what was happening. While I was helping him to the CT table, I felt his hand, and it was just burning hot from his relentless fever. You could tell how exhausted he was, and your heart just goes out to kids who've been through all that and need to stay in the hospital for so long. I heard today that he was doing better—we'll take any progress we can get with COVID right now. It's a tough illness to treat when it gets this serious. Most intubated patients don't make it, but this kid is defying the odds.

The Northwell staff is great, and you can tell they've been running so hard the past five to six weeks and giving 110 percent. They had me working as a functional or resource nurse to assist anywhere I could. Even though pediatrics isn't hit nearly as hard as the adult side, I took it upon myself if I had any downtime to help these exhausted caregivers just for the sake of morale. It's so important to just talk to people—connecting with them, trying to get them to laugh a little bit. To me, those small gestures help restore some humanity. Being able to help someone and put a smile on their face, even for a moment—to me those moments really empower all of us.³



A Month Inside an NYC Hospital Coronavirus Unit

Working as a nurse in the epicenter of COVID-19, **Andrea G. Alfandre (BS '16)** worked 27 12-hour shifts helping COVID ICU patients in the Bronx, New York. In a message to the college, she writes, "I was assigned to work in a mother/baby unit that was converted into a COVID ICU unit in a desperate attempt to accommodate the increasing number of ICU patients being admitted. While working there, I witnessed a lot of pain, fear, and heartache. It was heartbreaking to see families say goodbye to their loved ones via video call. However, on the other hand, I witnessed strength, resilience, and courage. I had the privilege of working alongside amazing nurses and doctors that gave their all to help their patients. Experiencing this pandemic as a nurse made me realize how grateful I am to have received a great education from BYU's nursing program. I felt prepared and ready to serve when I was needed the most."¹



Corbin Smith and Jeff L. Peery contributed to the research and writing of this article.

- NOTES
1. Adapted from Cami Buckley, "BYU Profs Design Bluetooth Stethoscope with a 50-Foot Range to Help Healthcare Practitioners Stay Safe," BYU News, June 15, 2020, <http://bit.ly/2Ni0AID>.
 2. Leandrew Tirrell, Facebook, April 20, 2020, <https://www.facebook.com/mursetirrell/posts/10157068198691190>.
 3. Jacob S. Ferrin, "Intermountain Healthcare Stands with New York," April 23, 2020, <https://intermountainhealthcare.org/blogs/topics/covid-19/2020/04/intermountain-healthcare-stands-with-new-york/>.

View more experiences at nursing.byu.edu. You may also submit your own pandemic stories to nursingmag@byu.edu.



LEANDREW TIRRELL (2)

TOP: ANDREA ALFANDRE; BOTTOM: JACOB FERRIN





Inspiring Learning Experiences Continue

Knowledge to Conduct Research Unit

Assistant professor Dr. Sheri P. Tesseyman (MS '89) received a \$9,000 college grant to study registered nurses' involvement in the six activities of daily living (ADLs): bathing, dressing, toileting, transferring, continence, and feeding. Her research also has a historical component as she seeks to clarify how registered nurse supervision has developed over time and which factors have contributed to the status quo of working with unlicensed assistive personnel (UAP), meaning nurse aides, orderlies, assistants, attendants, or technicians.

During the project, Tesseyman and faculty peers associate teaching professor Dr. Blaine Winters and associate professor Dr. Bret Lyman have mentored several nursing students.

Recent graduates Hannah Embley (BS '20) and Rachel Merrill (BS '20) learned firsthand how to conduct a literature search to find the best ways to develop a survey tool to collect descriptive quantitative data. They found that a significant amount of research exists to determine how to construct a useful survey. This includes the use of focus groups to assess question value and relevance, sampling techniques, and effective questionnaire mediums. The research also specifies appropriate wording of sensitive questions that encourages honest answers and removes bias.

Rachel Merrill worked with Dr. Tesseyman on a literature review for developing survey tools to collect descriptive quantitative data.

Tesseyman knows that making a survey tool is complex. "Without a valid and reliable tool, the research will be worthless," she says. "Our literature search has given us valuable knowledge about how to construct an effective tool."

She also worked with Ashlea Planesi (BS '20) and Emmy Smith (semester five). All students received instruction on how to organize and analyze the survey data.

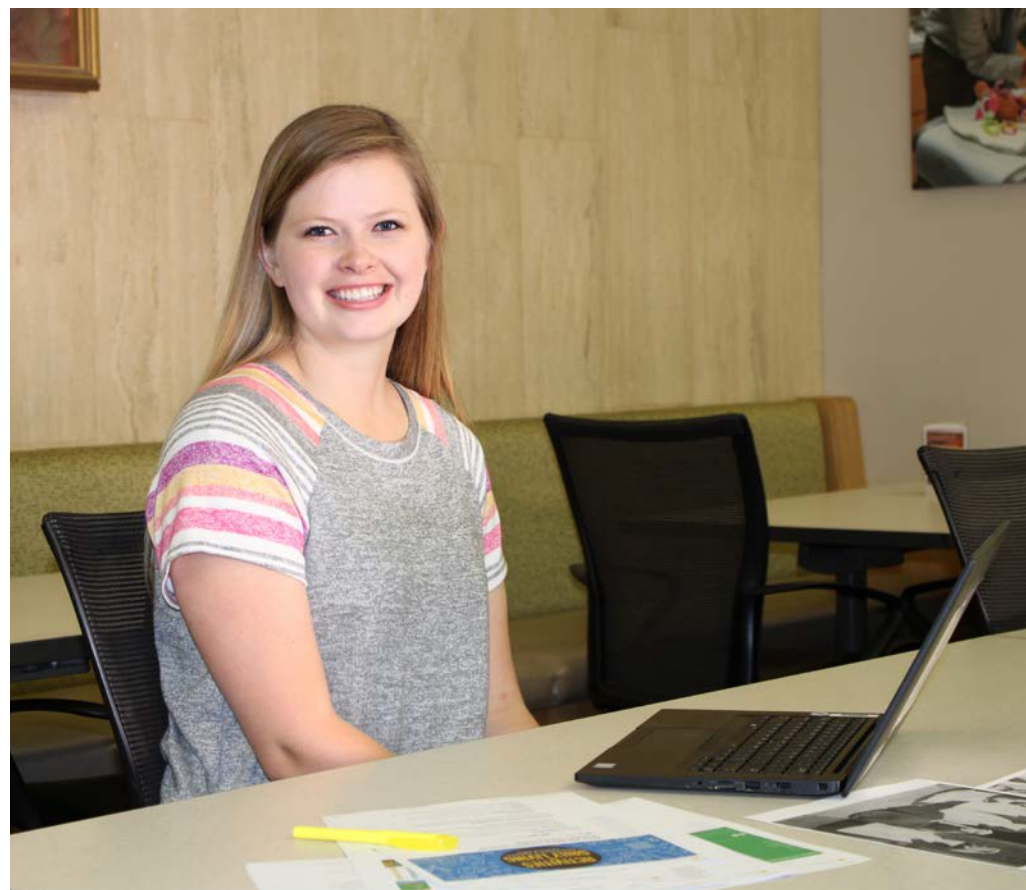
"As I worked with Dr. Lyman, I felt that I was a partner in this project while at the same time learning from his knowledge, expertise, and patience," says Merrill. She believes she will use the knowledge and skills gained for the rest of her career. "These professors not only gave me an outstanding example to follow but cared about me in a way that increased my confi-

dence, answered my questions, and helped calm my nerves of becoming a nurse."

Merrill also would recommend that students get involved with faculty research. "From this mentoring experience, I gained an increased ability to work in harmony and efficiency as a team. I learned to speak up with ideas and listen to and respect others' ideas and plans. There is a balance between taking the initiative and holding back, or between acting and listening, to make progress."

Current research suggests that patients in healthcare facilities most often receive ADLs assistance from minimally trained and minimally supervised UAPs. Literature also indicates that assistance with ADLs is often suboptimal. If registered nurses rarely assist patients with ADLs,

JEFF L. PEERY



"Mentoring students in the role of a faculty member is new for me. It has been energizing to collaborate with students so far. They are competent, have great insights, and make any ideas I may have had in a project better. I feel they are a lot further along than I was at their stage of learning."

—BRANDON THATCHER, ASSISTANT TEACHING PROFESSOR

they may not feel confident in supervising these activities. Literature also suggests that nursing education programs do not sufficiently emphasize helping patients with ADLs. If nursing students do not feel confident in supervising ADLs performance and they do not gain experience in this aspect of patient care after graduation, this could perpetuate a lack of confidence. When performed well, assistance with ADLs significantly improves patients' well-being. If nurses do not feel confident in supervising these activities, members of the nursing profession need to rectify this situation. The team's literature review regarding their survey tool development is an essential step toward obtaining valid and reliable data, which will contribute to their understanding of this critical nursing practice issue.

From the first modern nursing schools on the "Nightingale model" in the 1860s to the first half of the 20th century, student nurses provided the hospital nursing service and did the bedside nursing care. In the United States, senior student head nurses supervised student nurses. Conversely, in the United Kingdom, ward sisters were graduate nurses who held permanent positions and enjoyed high prestige within the hospital hierarchy.

Preliminary results from their research indicate that various professional and social factors in the United States led to appeals for graduate registered nurse service to replace student nurse service in hospitals. The quality of bedside care provided by students was cited as one factor. In Britain, however, bedside care by students was considered to be very good.

Tesseyman and her group presented their initial findings last fall at the college's annual scholarly works conference.

Sharing Vaping Facts with the Community

In August 2019 the Centers for Disease Control and Prevention (CDC) identified a dangerous new lung disease linked to vaping, known as EVALI (short for *e-cigarette* or vaping product use-associated lung injury).

Assistant teaching professor Dr. Corinna Tanner had a personal connection with someone affected by this disease. She decided to begin a project that she hoped would educate others about the known dangers associated with e-cigarettes. She presented her findings at the college's annual scholarly works conference in October 2019. At that event she connected with assistant teaching professor Brandon Thatcher, and they began to work together to grow the project.

Thatcher and nursing student Haokun Yang (semester four) teamed up to start presenting this information at conferences and to the local community as a way of helping nurses, educators, and parents gain access to the latest information on the known dangers of e-cigarette use (particularly in adolescents), on prevention and intervention strategies, and on effective tobacco cessation tools.

Through the project (funded by university experiential learning funds), Yang received valuable experience. Thatcher helped him to recognize a nurse's role in educating as they brought the latest information on the illness directly to other nurses in the commu-



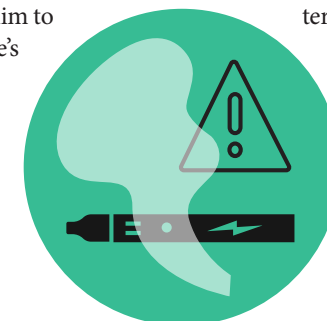
Haokun Yang (right) and nursing professor Brandon Thatcher shared vaping facts with nurses and parents in the community.

nity. Yang says, "Professor Thatcher's mentorship helped me to become more aware of the needs of the community. He also showed me ways to contribute to the nursing profession beyond working at the hospital."

They conducted a vaping information session with parents and community leaders at the American Preparatory Academy in Salem, Utah. They are accepted to share a research poster at the American Psychiatric Nurses Association online conference in October 2020. Thatcher believes that nurses everywhere, especially those that work with adolescents, need to know the facts regarding e-cigarettes: the known risks, the populations at risk, and what they can recommend to patients. He is working with colleagues to get advice on how best to disseminate their findings.

"Mentoring students in the role of a faculty member is new for me," says Thatcher. "It has been energizing to collaborate with students so far. They are competent, have great insights, and make any ideas I may have had in a project better. I feel they are a lot further along than I was at their stage of learning."

Yang encourages nursing students who want to get involved in faculty research or projects to contact faculty members directly to learn about their studies and the availability of research assistant positions.



A Passion for Building Leaders

For the past 15 years, teaching professor Sondra S. Heaston (MS '05) has influenced hundreds of nursing students as the college's Student Nurses' Association (SNA) faculty advisor. Her love of people, genuine concern, and welcoming smile makes it easy for student leaders to be mentored and nourished.

Jessica Daynes (semester five), was recently elected as president of the Utah SNA. She says, "Sondra has been a huge example to me. From the moment I met her, I felt like she cared about my education and overall well-being. She encouraged me to get involved in SNA, and she's part of the reason I decided to pursue leadership roles. She's reminded me of what I need to do to succeed, and she has inspired the best in me."

Past BYU SNA president Izzy Allgaier (semester six) appreciates her two years serving on the board with Heaston. "Sondra has always been a calm and wise voice. Whenever the discussion in meetings got off track, she reminded us of the bigger picture that our college SNA plays within the National Student Nurses' Association (NSNA). Her kind example helped me to understand how leadership does not always require taking control of every situation but allowing others to understand their purpose and letting them find innovative ways to fulfill that purpose. Sondra constantly modeled leadership in this way."

Through weekly meetings and occasional office drop-in visits, Heaston creates inspiring learning opportunities for students to grow in their elected position through her example, her open communication and accessibility, and her caring personal relationship; she pays attention to the whole person and shows interest in each person's success.



Above: BYU Student Nurses' Association board members receive mentorship from professors during their tenure. Pictured: (top) Izzy Allgaier with Sondra Heaston; (bottom) Dr. Bret Lyman and Jessica Daynes.

Heaston is among several faculty advisors that spend time mentoring students outside of the classroom experience. Associate professor Dr. Bret Lyman recently helped Daynes write an NSNA resolution for the national convention on increasing awareness of treatment for and the potential reversibility of type 2 diabetes mellitus.

"My writing and leadership skills have been influenced greatly by his help," she says. "Dr. Lyman helped me investigate my topic and broadened my knowledge of research and information gathering. He assisted me in understanding the professional writing format, discussed ways to rephrase certain sentences in my resolution, and made sure my work was accurate and ready to be presented at a national level. He worked things out with

our busy schedules and made meetings a priority so I could learn how to use my words to create change."

Allgaier is now serving on the NSNA board as its nominating and elections committee chair and western representative. Of her experience working with faculty members, she says, "Because we share the belief that we are on this earth to learn and progress, you have to realize that doing things outside of your comfort zone and making mistakes is part of the deal. BYU is the best place to get involved with caring professors because you have so many resources and mentors within your reach who will go to great lengths to support you. I'm happy I decided to get involved in SNA because it is a safe place to develop yourself as a future nurse leader."

TOP: ZAK GOWANS, BOTTOM: JEFF L. PEERY

Gaining Insight to Shape a Nursing Career

During the past two years, assistant teaching professor Tracy Dustin and associate teaching professor Dr. Blaine Winters have developed a post-fall assessment algorithm, training videos, and documentation to prevent missed injuries after a fall. Abby Dotson (semester five) became their research assistant after most of the research had been completed. Her task was to help them spread the word about their findings.

One goal of inspiring learning at BYU is to provide experience outside of the classroom. "I have had the opportunity to network with different elderly healthcare facilities in the area to introduce them to our fall assessment project and give them the resources to help improve their protocols," says Dotson. "I have enjoyed getting to meet and work with nursing directors and understand more about how we should always be seeking to improve the way we care for others."

Both faculty members have already had a significant impact on her future as a nurse. In addition to learning a lot about networking and communicating with other health professionals, she has gained insight into caring for older adults. "They helped me build upon the knowledge I learned from their gerontology class and improve my assessment skills," Dotson says. "From working on this project with them, I better understand how important it is to do thorough assessments and how many complications can be avoided by catching problems early on. These new

insights will help shape my future nursing career."

The team's research suggests that using a standardized post-fall assessment tool will lead to more rapid identification and treatment of injuries. Dotson says, "This work is so exciting for me. It is something so simple, yet it can save lives. Nurses are often very busy, and I think that sometimes the simple skills can be neglected to save time for what seems to be more important tasks. I hope that our research can ultimately help nurses and facilities have a refocused effort to ensure the safety of their patients in every way, not just in post-fall assessments."

Dotson was not seeking a research role when the opportunity to be mentored by these professors presented itself. "On the last day of class," says Dotson, "I went to tell them how much I enjoyed their gerontology class, and they let me know of an open position to assist in their project. I accepted immediately!"

She encourages other students to consider the research topics that professors are working on, find one that they are interested in, and then take some time to reach out to that professor. "It is a special opportunity to work so closely with such amazing, knowledgeable faculty that we have in the College of Nursing." +

"I better understand how important it is to do thorough assessments and how many complications can be avoided by catching problems early on. These new insights will help shape my future nursing career."

—ABBY DOTSON, SEMESTER FIVE STUDENT



Right: Faculty member Tracy Dustin and nursing student Abby Dotson rehearse their conference presentation on a standardized post-fall assessment tool they developed.

ZAK GOWANS



SEEK TO BIND UP THE WOUNDS:

Compassion Manifests Itself in Many Ways

By **Sandra Rogers**

Excerpts from her 2020 Night of Nursing keynote message.

Growing up, I had no interest in nursing until my junior year at Brigham Young University, when I realized the other majors I had thought would work for me just weren't panning out. I sat in my apartment with the BYU catalog in my hands, starting with accounting and turning the pages, hoping to get a sign from heaven about what I ought to do. I made my way past chemistry, elementary education, geography, history, and management, and when I got to nursing, I couldn't turn the pages anymore.

It is good to be with you, near and far, while gathering as a College of Nursing family for our annual Night of Nursing event. I am proud of your accomplishments and contributions as clinicians, administrators, educators, mothers [or fathers], leaders, and neighbors.

My examples I'll share are mostly old and stale, especially to newer alumni, having been away from daily nursing work for over 20 years. But I have learned that compassion manifests itself in many ways. The two areas I would like to discuss are compassion for each other—specifically for fellow nurses—and compassion for those who need our care.

When I think of compassion for each other, I think of the outstanding mentors who influenced my life and my career for good. My grades in nursing fluctuated depending on the semester. Some of those times were very discouraging. One instructor told me I should quit nursing, then and there, and save myself and

the profession a lot of trouble. Another wanted to fail me but was faced down by another instructor who championed a passing grade as I listened to their heated argument. What is important is that when I could have become bitter, sour, angry, and withered about nursing and nursing instructors, there was always the next semester with a professor who gave me confidence, who helped me believe that I could do it. What a blessing those faculty were, because their positives far outweighed the negatives I had felt in other situations.

Shortly after becoming dean [in 1993], I learned that excellent mentors don't feed your hurt or resentment—instead, they help you see that you are capable and you can improve and do better. I learned that I gained confidence as I overcame my weaknesses and foibles. Good friends do the same thing as good mentors. They don't let you wallow in being offended or indignant; they help you forgive and move forward.

These experiences helped me understand the Atonement of Jesus Christ in deeper and more meaningful ways. When

“One instructor told me I should quit nursing, then and there. . . . What is important is that when I could have become bitter, sour, and angry . . . there was always the next semester with a professor who gave me confidence, who helped me believe that I could do it. What a blessing those faculty were because their positives far outweighed the negatives I had felt in other situations.”

I realized that it was because of the atoning sacrifice of Jesus Christ that I was not shackled to my mistakes forever, I experienced a type of freedom I had not known before. I realized that I did not need to be kept in a miserable prison, because I could forgive and I could be forgiven. I could learn because of the Atonement. I could improve because of the Atonement. I could repent because of the Atonement. What a gift—one on which I have relied over and over again.

I also learned that compassion is necessary for good teamwork. Compassion

means respect, appreciation, gratitude, and trust—all essential aspects of working together with others. My first real opportunity to learn this was in the mission field (Manila, Philippines, 1974–76). I was serving as a health missionary, and at the encouragement of our mission president, we were taking on a huge project, a health fair that would eventually tour the mission, stopping for several days in every town where there was a branch of The Church of Jesus Christ of Latter-day Saints.

The talents needed to carry off a successful health fair were many, and they

MAARS MARENO

THERESA BESS



were distributed throughout our group; no one had all of them. We needed each other. Some negotiated with mayors and city health officials to become our partners in the health fair. Others supervised the construction of display boards, puppet theaters, and the puppets that gave health messages to children through music and funny stories. The bottom line was everyone's talents were needed and necessary. No one was more important in the work.

Sometimes it makes me very sad when we as nurses don't appreciate the talents and expertise of others. It is as if we are trying to make the part of nursing we chose to do more important than the part of nursing someone else chose to do. Some nurses seem to think that only specific roles in nursing matter and other roles are in second, third, or fourth place. I don't know many ICU nurses who can counsel patients suffering from severe depression. I know administrators who couldn't manage a normal patient load, and I also know a lot of floor nurses who

couldn't remember the ins and outs of the things administrators worry about.

Nurses provide care to all of God's children in all their unique situations. We need nurse clinicians to care for and treat whatever is interfering with a person's health and well-being. We need nurse educators who prepare the clinicians. We need nurse researchers who find new nursing answers to patient care problems. And we need nurse administrators who provide the best environments for us to provide that care or education.

Compassion for colleagues includes sympathy, caring, and patience. However, I have always wondered why we would want to encourage someone to be sullen, angry, bitter, or resentful. I know that it sometimes feels good to be able to express hurt and discouraged feelings to a friend or colleague. My own experience is that a compassionate friend helps me up toward the light rather than facilitating my stay in the dark. Fixing unfair circumstances always goes better with the light.

Most of us in nursing have a strong commitment to compassionate patient care. If we think compassion and nursing, we focus on patients. I just insert that it is hard to be compassionate if you aren't competent. I have also learned that there are boundaries to compassion and that we have to be quite careful of where we think our compassion is taking us.

Through a challenging experience, I have learned the importance of courageous compassion. I have to say that in 45 years of professional nursing practice, there has been only one thing I have regretted—something that still haunts me today if I let myself think about it too much. No, it wasn't putting the med cards in the cuff of my student uniform on the last night of the last student clinical day of my life and then having to chase back to the hospital to turn them over to the next shift. That was embarrassing but not a lifelong regret.

What I have regretted most was when I didn't stick up for the patient better. One night I was caring for a man whose spine was so weak from degenerative arthritis that he had to be in a halo brace. He was so malnourished, for several reasons, that he had total parenteral nutrition (TPN) via a central line. He was quite

“My hope and prayer is that no matter where you . . . serve, that you will keep the Lord's children first and be their champions—no regrets—and that you will be one who will follow the Savior's lead and seek to bind up the wounds wherever and whenever you might find them.”

sick during the night and vomited several times. I had changed multiple gowns, bedding, and central line dressings and tried everything that was ordered to stop nausea and vomiting. He was just so sick.

He had an order to be weighed daily. This was in the old tower at Utah Valley Hospital, and the only way to weigh him was to pull his bed out into the hall and then lift him onto the bed scale. By the time I had cleaned him up from his latest emesis episode, it was 7:30 a.m., he was exhausted, and the hustle and bustle of the day had started. Instead of being weighed in the quiet of the night shift, he would have to be weighed in public, and I just couldn't bring myself to do it.

As I was finishing a report, the neurosurgeon, who was also managing the TPN, pounded on the door demanding why he

didn't have a current weight on his chart. I explained the adventures of the night and why I had not weighed him. After various threats, I was browbeaten into weighing that man. I learned later that he died that day, and I have never forgotten it.

I think the reason is that I felt I had betrayed my integrity to do no harm, to do what was right and best for the patient. I had been brave enough to ask about TPN instead, without success. But for some reason, the simple task of weighing a sick man in public after a night from hell was the breaking point for me. What good would it do? His weight had been stable for at least five days. I wanted to fight for him, but I couldn't or didn't—at least not hard enough. I felt powerless and cowardly. The only way I have been able to compensate for that regret

has been to try to be more courageous in doing the best for patients or students or faculty, depending on the type of nursing I was doing at the time.

I think this is an essential secret that nurses have learned. We can do hard things. We can assess problems as well as the next person. But we also know, with all the assessing and the poking and the planning, that, in the end, we will be the ones binding up the wounds, no matter who has them. Our task is to go through life without causing too many wounds and, if necessary, to do all we can to bind them up. My hope and prayer is that no matter where you work or don't work, wherever you live, wherever you serve, that you will keep the Lord's children first and be their champions—no regrets—and that you will be one who will follow the Savior's lead and seek to bind up the wounds wherever and whenever you might find them. ☦

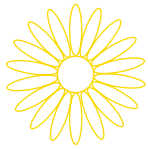
Dr. Sandra Rogers (BS '74) spoke at the College of Nursing's 2020 Night of Nursing nationwide broadcast in February. She is a former college dean and the international vice president at Brigham Young University, influencing the university over four decades.

Besides listening to the broadcast message from Dr. Rogers, nursing alumni from across the country gathered in small groups to network, reminisce, and have fun remembering their time on campus and within the BYU nursing program. Pictured are alumni and friends of the college from four of the 60 gatherings, including Boise, ID; Spokane, WA; Maple Valley, WA; and on the previous page, Phoenix, AZ.



LEFT: HEIDI SCHABER; RIGHT: MELISSA GARVIN

MARIE FULLMER



Compassionate Individuals Receive College DAISY Awards

By Jeff L. Peery

The College of Nursing at Brigham Young University continues to partner with the DAISY Foundation to recognize nursing professors and students who show extraordinary compassion.

The DAISY Award for Extraordinary Nursing Faculty

KENT BLAD DNP, FNP-C, ACNP-BC, FCCM, FAANP

Teaching professor Dr. Kent D. Blad (MS '99) received entries from two students, each showing his level of compassion in nursing.

Recent alum Annie Rowley (BS '20) states:

Dr. Blad treats each of his students as if they were his children. He loves, serves, and supports us so thoroughly. Not a day goes by where he doesn't emphasize that he is rooting for us! He is every nursing student's cheerleader. He wants our success, but he also wants us to enjoy life. He always makes sure we put ourselves and our well-being first and says that the schoolwork will all fall into place. If anyone ever shows the need for extra help, Kent always jumps to the occasion and helps you find a solution. I want to be a nurse, friend, and parent just like Kent.

Sixth-semester student Yazmine Tovar also writes, "Kent incessantly is kind to his students. Last semester, I was having a bad day; however, Kent warmly said hello like he had known me for years, when I had just met him. He encourages his students and treats everyone with kindness. He is hands-down a spiritual giant; I hope to become even half the nurse he is."

What does the award mean to Blad? He says, "Being recognized means so much to me as I constantly strive

to be a tool in the Lord's hands to mentor students in our wonderful profession that includes serving our fellow men on a daily basis. Students are my professional life; the day that passion disappears is the day I need to stop teaching."

Blad is a constant source of empowerment and joy for all of his students. He inspires those around him to be better and encourages them to remember their purpose and potential. He is an enormous asset for both the students and the college as a whole.

The DAISY Award for Extraordinary Nursing Students

EMMA WESTHORA SN

Emma was nominated by fellow fifth-semester student Meg McDowell, who writes:

Emma is a silent and humble server who does not make any show about her service, compassion, and love. She begs absolutely no attention, and I admire that. Recently, I have watched her stand on the train on the way home from clinical so that others could enjoy a seat during the hour ride home. Last semester in clinical, I had a couple of chances to be in the same unit as Emma. She never stopped working. She was always walking from room to room (even the ones who weren't her patients)—looking for people to help and serve. She took a shorter lunch some days, as there was just so much to do.

Her undying dedication to serve as the ultimate healer inspired not only her patients but her peers as well. We believe Emma is someone who genuinely wants to be kind and be better. She is a perfect example of what DAISY truly means as a student.

Emma states why the award is special to her: "I chose nursing because I want to spend my life loving and serving others. I feel blessed to be able to pursue nursing at BYU, where I am taught every day how to be a more compassionate nurse. My inspiration comes from so many amazing professors, my wonderful cohort friends, and my Savior Jesus



The college recognizes compassionate individuals each semester. Pictured (left to right) are Kent Blad, associate dean Katreena Merrill, Delsa Richards, and Emma Westhora.

Christ; I hope I can be even the tiniest bit like Him one day."

The DAISY Circle of Friends Award

DELSA RICHARDS

A third DAISY recognition, the DAISY Circle of Friends Award, was given to Delsa Richards. The College of Nursing believes that teamwork is crucial to facilitating effective communication and promoting positive patient outcomes as nurses work closely alongside physicians and specialists to provide well-organized comprehensive care. That same support at the college level for faculty and students is no different.

Many students and faculty members, when they hear the description of this award, think of one staff member who epitomizes positivity and hard work in the college. As the assistant controller and past undergraduate program secretary, Richards is a great support to faculty, staff, and students.

Her nomination says, "The love she has for everyone who walks through the doors

of the dean's office is amazing. No matter what she is doing, she always makes time for others, and she makes them feel like their lives and experiences are essential. Her smile and energy are infectious. Delsa has worked hard creating and being a mentor for the NEW (Nurses Empowering Women) club. She has also made the global women's studies minor a significant part of the experience that students have at the College of Nursing. She is awesome at making students feel comfortable and prepared for their futures."

Because Richards's award represents teamwork, her statue has three figures connected in a circle. "I see it as a representation of the faculty, students, and

administration/staff working together to further the Healer's art," says Richards. "I am so grateful to be a part of that circle."

Blad and Westhora were presented with a unique sculpture as a symbol of their recognition. The small stone statue is called *A Healer's Touch* and shows two figures embracing—the nurse and the patient. Each piece is hand-carved by members of the Shona tribe in Zimbabwe. 🇿🇼

All individuals received their honors at the college's annual professionalism conference in February 2020.

The DAISY Foundation is a nonprofit organization established in 1999 by the family of Patrick Barnes. When he died at the age of 33 from complications of an autoimmune disease, the Barnes family decided to do something positive to honor him. After his death, they founded DAISY—an acronym for diseases attacking the immune system—to thank the nurses who cared for him and to recognize exceptional nurses around the world.

One Mile at a Time: Dr. Michael Thomas's Ultramarathon

By Lyndee Johns

LAST FEBRUARY, associate teaching professor Dr. Michael Thomas attended the Jackpot Ultra Running Festival in Las Vegas (his third year of participation). The event offers timed feats (runners run or walk as far as they can during their selected time of 6, 12, 24, or 48 hours) and a 100-mile race; participants compete on a 2.5-mile looped track.

Rather than compete in the 100-mile race and run on Sunday, Thomas chose to finish 100 miles in the 48-hour race, which started on Friday rather than Saturday. The pressure was on: to avoid running on Sunday, Thomas had to finish 100 miles in 40 hours.

Not exactly an easy task.

In the fall of 2014, Thomas started teaching for the College of Nursing. The transition from full-time clinical work to academia was difficult. He recalls feeling out of place and inadequate, and he was experiencing a lot of anxiety. Knowing that exercise had been a good stress reliever in the past, he started running and continued over the years to fend off those feelings.

Preparing for the race took months of serious training. Thomas ran an average of 40 miles per week in October and November 2019 and moved it up to 50 miles a week for December and January, eventually peaking at 70 miles a week before the race.

However, he refused to train at the expense of his family, waking up at five in the morning to run. “My family and work take priority over running,” he says.

Thomas arrived at the race feeling great. “I was intimidated by the distance but felt comfortable that I did my best to prepare and had an eating and hydration plan in place that seemed reasonable.”

The positivity continued for the first 40 miles of the race.

Thomas has a saying that he teaches nursing students in his psych and wellness classes: “one mile at a time.” By mile 55, 13 hours into the race, that philosophy was challenging to keep in mind.

“I was in this really kind of low, dark place mentally. Most ultrarunning and distance running is really mental focus. It’s all about trying to stay in the moment,” says Thomas. “Though I was trying to focus on just one lap at a time, my mind started obsessing on the fact that I had almost half of the distance still to go.”

When the going gets tough, the tough get napping.

“I ended up taking a four-hour nap at that point,” says Thomas. “I woke up and felt a lot better! My legs seemed rested, and I gained some mental resolve.”

Taking the break meant that he could no longer complete the race in 24 hours, so Thomas had a new goal: to finish the race. “I was like, ‘Even if it takes me 40 hours, I’m going to do this.’”

Thomas writes:

From about 1 to 5 a.m., I was able to complete 20 miles, but then I started crashing again. I resorted back to walking the whole loop, and it took me about 2 hours to complete the next 5 miles. I decided to take one more break before my final push to 100 miles. By then, I had been on my feet for 19 of the past 23 hours, and they were feeling it! It felt great to give them a rest, but otherwise, the break didn’t seem to help much. My legs were incredibly sore, I had a couple of large blisters on each of my small toes, and I felt wiped out. I decided that I would just start walking and not stop until I’d completed the final 20 miles.

The next seven hours were brutal for him, as he was using hiking poles at this point and just walked and walked and walked and walked.

The slow pace was demanding, but he focused on moving forward. “Each lap takes so much longer when you’re walking, but it was like, ‘Okay, this is what I can do. I’m just going to focus on what I can do and take it step by step.’”

To resist the urge to quit, Thomas reached out to other runners to cheer them on. “Other people that were struggling the same as I was, we’d just talk and talk about how we were feeling, and somehow knowing that you weren’t just



Michael Thomas set out to run 100 miles in 40 hours (and accomplished it in 32).

going through your struggle alone made it a little easier.”

Thomas took inspiration from his fellow runners, one of the most notable being an 80-year-old man who completed 100 miles within 30 hours. “I started faster than him, but he was so steady; he was super inspiring.”

Thomas also focused on feelings of positivity and gratitude to help him get through the race. “I was grateful for my wife’s support and my brother Patrick’s willingness to pace me,” he says. “I also thought about my oldest brother Sean, who passed away from brain cancer when I was 13. While I can never fully empathize with his experience, I have always been inspired by the strength and resilience he demonstrated during the last few years of his life. I wanted to honor his life by trying to emulate his strength during the final miles of this race.”

Two hundred yards from the finish line, Thomas was able to run to the end and complete his 100 miles—all of which he did within 32 hours.

Running has taught Thomas essential lessons about resilience and learning how to be comfortable with discomfort—specifically the social anxiety he experiences while teaching.

“While increased time and experience helped me adjust to the stresses of working in academia, I feel that running helped with this too. I have learned to embrace my anxiety when I teach or present in front of large groups and appreciate the opportunity to learn from failures in my life.”

Thomas summarizes his experience:

I have enjoyed challenging myself to do things where I had the chance to fail. While running doesn’t matter, it’s helped me gain the courage to endure difficult times and stay resilient in life situations that do matter. Running is always hard. While it gets easier over time, I still experience the urge to quit early at least once during every run. Continuing to run when I’m tired or sore has helped me to keep moving forward during challenges in my life. I am less scared of failure and am more comfortable being uncomfortable.

I don’t think everyone should be a runner. Still, I do believe engaging in activities that can improve your capacity to be positive, mindful, grateful, and socially connected is essential for a happy, productive life. When I finished my first half-marathon five years ago, the thought of running a marathon, let alone 100 miles, seemed impossible. Thankfully I kept on running, pushed myself past my perceived limits, and gained the courage not to limit myself during my life journey.

Thomas has taken the name of the company that organizes the event, Beyond Limits Running, to heart. “I think it’s important never to limit ourselves or the people around us. We are often more capable than we think and can benefit from trying things that we don’t think are possible.”



Thomas (middle) visits with another runner because going through a struggle together can make it a little easier.

MICHAEL THOMAS (2)

*100 miles.
32 hours.
One mile at
a time.*

Maternal Mortality Among African American Women in the U.S.

By **Isabella Allgaier**

Black women in the United States are more likely to experience preventable death than white women, a problem that has been recognized for many years (National Partnership, 2018). Though causes of preventable death include smoking, high blood pressure, and obesity, another major cause of preventable death is inadequate maternal healthcare. Black women in the United States are up to five times more likely to die from pregnancy or childbirth than women in any other racial group, according to the Centers for Disease Control and Prevention (CDC) (Petersen et al., 2019). If the various reports are accurate, then the U.S. is ranked 55th in the world for maternal mortality. What could be causing these patient outcomes? Unfortunately, many intertwining medical and socioeconomic factors contribute to the problem. This essay will attempt to discuss these issues.

Physical Factors

A few of the leading direct causes of maternal death in the United States are hemorrhage, blood clots, preeclampsia, and stroke. Statistics show that Black women are at higher risk of experiencing these complications. For example, postpartum bleeding can be caused by fibroids, which are benign tumors that grow in the uterus and interfere with the uterus's ability to contract after birth. Black women are three times more likely than white women to develop fibroids, which grow more quickly and at younger

ages than among white women (National Partnership, 2018). Another example is preeclampsia. Preeclampsia causes high blood pressure in pregnancy, and if left untreated, it can cause seizures and ultimately harm mother and child. With early intervention, these conditions can be controlled, and further complications such as cardiac arrest, acute respiratory distress syndrome, pulmonary edema, pulmonary embolism, congestive heart failure, and mechanical ventilation are controlled (National Partnership, 2018). However, access to treatment tends to be more difficult to obtain for African American women, leading to higher incidences of these complications (Shahul et al., 2015).

Healthcare-Related Factors

A factor contributing to the lack of access is that many African American women fall in the “coverage gap” in which their income is too high to receive Medicaid but not enough to purchase private health insurance (Black Mamas Matter Alliance, 2016). Without access to healthcare, African American women report they are less likely to have frequent prenatal check-ups. Prenatal care visits ensure that women receive education to promote maternal and fetal well-being (Mazul, Ward, & Ngui, 2017). For example, education concerning essential

vitamins for fetal development and identifying teratogenic substances to prevent fetal defects is vital. Furthermore, medical conditions can be recognized and controlled in prenatal checkups. Without sufficient access to reproductive healthcare, Black women are unlikely to receive necessary interventions given in prenatal visits.

Another unfortunate source of low-quality care is the behavior of healthcare professionals themselves. Stereotypes and implicit bias among healthcare professionals interfere with their ability to give compassionate and timely care to Black patients. Studies show that “Black patients are treated differently than white patients with the same symptoms, receiving fewer diagnostic and therapeutic interventions, and even less pain medication” (Black Mamas Matter Alliance, 2016). These experiences can quickly dissolve trust in patient-provider relationships and lead to the dismissal of severe patient concerns. Racism in healthcare is one of the many factors that can result in preventable poor maternal outcomes.

Stereotypes and implicit bias among healthcare professionals interfere with their ability to give compassionate and timely care to Black patients.

Winner of the college's NEW (Nurses Empowering Women) Club essay contest, Izzy is a sixth-semester nursing student from Mercer Island, Washington. Read her complete essay at byunursing.wordpress.com.

Financial Factors

Higher poverty rates correlate with higher rates of maternal mortality for all women, and African American women are more than twice as likely to live in poverty as white women are. A 2011 report explains that states with high poverty rates had maternal mortality rates that were 77 percent higher than states with relatively low poverty rates (Black Mamas Matter Alliance, 2016). This is likely because low-income families often must prioritize basic needs like food and housing costs rather than seeking early medical care. Pregnancy discrimination in the workforce also contributes to their lower income. African American women are less likely to be able to keep their jobs after giving birth than white women (National Partnership, 2018). Without a consistent income after birth, follow-up care is often delayed. This can lead to worsening of general medical conditions like hypertension as well as preventable complications in future pregnancies. These significant financial factors indirectly relate to maternal mortality rates in women due to delayed and decreased access to healthcare.


Current Strategies to Decrease Mortality Rates

There have been many initiatives to decrease maternal mortality rates in Black women. The Black Mamas Matter Alliance, formed in 2013, has raised public awareness of the issue and has advocated for policy changes to ensure Black women's rights, respect, and resources. The inadequate responses to maternal mortality rates led to the 2018 Preventing Maternal Deaths Act, passed by Congress to collect more research on maternal death.

Hospitals have also increased protocols to improve patient outcomes. For example, the “Reduction of Peripartum Disparities Bundle” was created for healthcare providers to achieve safe and equitable healthcare for all childbearing women (Howell et al., 2018). It has four sections: Readiness, Recognition, Response, and Reporting and Systems Learning. The Readiness section ensures that systems are in place to educate staff on health disparities and to communicate with patients effectively. The Recognition section raises awareness of staff implicit biases and establishes respect. The Response section addresses the need to provide appropriate discharge instructions and facilitate follow-up care. Lastly, the Reporting and Systems Learning section of the bundle ensures that accurate measurement of patient outcomes is completed. This bundle is one of many patient safety bundles distributed by the Council on Patient Safety in Women's Health Care, which was founded by the American College of Obstetrics and Gynecology in 2011.

Reflection

Looking into the statistics, I have been horrified at how alarmingly obvious the differences in patient outcomes are between white and nonwhite women. I was also frustrated at the various factors that are not easy to quickly fix, like low income and location of care. However, discrimination, neglect, and failure to ensure patient understanding are factors within my control, and as a nurse, I can advocate for change in these areas. After graduation this December, I hope

to work as a labor and delivery nurse in Baltimore, Maryland, where there is a significantly higher African American population than where I currently live. This research has solidified my desire to do all in my power to ensure that each of my patients, regardless of their race, receive the high-quality care that they deserve. 

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MA_RISH/GETTY IMAGES

Alumni Updates



Members of the class of April 1993 recently connected. Pictured (left to right) are **Lisa F. Allred**, **Sharon Sharp Wheeler**, **Colleen Glines Guymon**, and **Sean R. Wright** (seated). Allred works in a same-day surgery unit at Utah Valley Hospital, Wheeler is in endoscopy at Utah Valley Hospital and is also a full-time faculty member at Provo College specializing in simulation, Guymon is the director of nursing for the Utah State Prison, and Wright is the manager of endoscopy at Revere Health Family Medicine in Provo and a home health nurse.

Three retired faculty members recently enjoyed milestone birthdays: **Alice Mahany Schmidt** celebrated 95 years in February, **Jewel Bartholomew (BS '69)** marked 90 years in May, and **Judith G. Berry (BS '69)** turned 75 years old in August.

Jean Oliver Millar (AS '81, BS '84) is now the executive director of the Providence St. Joseph Health Women and Children's Institute, Southern California region. She also serves as an instructor for the Helping Babies Breathe program through Latter-day Saint Charities.

Gail R. Harlin (MS '84) is a pregnancy RN and school nurse and has spent her career helping children, pediatric, and maternal patients; most recently with a school district in Frisco, Texas.

Janet H. Paxman (AS '84) is the owner of Optimal Health Solutions, which recently celebrated its 10th anniversary. As a certified health coach, Paxman teaches others how to maintain a healthy weight by incorporating lifestyle changes and learning habits of health.

Michael R. Hawkins (BS '88) recently completed his first year as a certified registered nurse anesthetist for Copley Hospital in Morrisville, Vermont. Before this position, he spent over 16 years as the chief nurse anesthetist for Dartmouth-Hitchcock, a hospital and healthcare company in Lebanon, New Hampshire.

Kristine P. Black (BS '90) is an epidemiology registered nurse for the Utah County Health Department (for the past 14 years). Before this role, she oversaw the department's Baby Your Baby program for nine years.

Tamara L. Montgomery (BS '91) has worked as a surgical nurse for 29 years. She leads 100 employees as the RN manager for surgical services in American Fork Hospital for the past five years and oversees approximately 8,000 OR cases and 3,500 endoscopy procedures per year.

Cherie L. Frame (BS '94) has worked with Intermountain Healthcare in Salt Lake City for 30 years, serving as its system director of infection prevention for the past three years.

Erin D. Maughan (BS '94) is now a school health consultant with the World Health Organization. Dr. Maughan also serves as the director of research for the National Association of School Nurses, where she promotes evidence-based school nursing practice.

Michelle L. Critchfield (BS '01) has spent the past eight years teaching maternal pediatric nursing for the College of Southern Idaho. She is an associate professor in Kimberly, Idaho, and received a doctorate of philosophy in nursing science from Idaho State University in 2017.

Jinil K. Harvey (BS '02, MS '08) APRN FNP-BC completed a doctorate of nurse practitioner degree in family practice from the University of Utah in 2017. With over 12 years of experience, she specializes in otolaryngology in several Utah County clinics.

Heather W. Buzbee (BS '05) recently completed a post-master's certificate in psychiatric/mental health nursing. Since finishing a master's program at the University of Colorado Anschutz Medical Campus in 2017, she has worked as a pediatric nurse practitioner in the greater Seattle, Washington, area.

Janel I. Hillstrom (BS '05) recently completed a post-master's certificate as a psychiatric mental health nurse practitioner from Johns Hopkins University. She is starting a private practice in Saint George, Utah.

Christine K. Platt (MS '14) received the 2020 Carol A. Lindeman Award for a New Researcher recognition from the Western Institute of Nursing in April. She is currently a Ph.D. student at the University of Arizona, College of Nursing.

Jordyn W. Whiting (BS '12) completed her first year as vice president of the board of directors for the United Brachial Plexus Network. Whiting has a brachial plexus birth injury and is committed to helping others with BPBIs, as well as those who sustained injuries later in life due to motor vehicle accidents, surgical complications, or other traumatic events. She recently teamed up with two other researchers to study possible treatments and long-term outcomes for affected adults.

COLLEEN GUYMON

Brittany McCreedy (BS '13) is completing a doctorate in nursing practice from the University of Utah and plans to practice as a women's health nurse practitioner.

Alexis Valle Jensen (BS '15) is a nurse educator and member of the core simulation team in the clinical learning and student services department at St. Luke's Health System in Boise, Idaho. As a member of this team, she provides and facilitates education through simulation to staff members.

Haley H. Miller (BS '16) recently completed a doctorate of nursing practice degree from Montana State University, and spent over 700 hours of clinical rotations in family

practice, mental health, dermatology, neurology, women's health, emergency medicine, and urgent care.

Janine S. Roberts (BS '16) completed a master's in nursing education from the University of Utah and was promoted as a unit educator in the respiratory ICU at Intermountain Medical Center in Murray, Utah. She has also been helping to operationalize her COVID ICU at the hospital (see related story on page 6).

Chelsie R. Lawter (BS '18) is completing a master's degree from Vanderbilt University in Nashville, Tennessee. She writes, "One of my greatest strengths is my ability to feel

compassion for people whom others consider challenging to love. I look forward to applying and expanding these skill sets as I become a psychiatric/mental health nurse practitioner."

New promotion? Advanced degree? Recently published?

Let your peers across the country know of your success and status. Email nursingpr@byu.edu. Your news may be included in the next edition of *Learning the Healer's Art*.

IN MEMORIAM

The following life sketches are not vetted and were obtained from online obituaries; they are meant to highlight the nursing influence each offered as college alumni.

Chadley Ann Hill Thacker (BS '57); Logan, UT. Three days after graduation, Chadley got married and became a homemaker. She and husband Weldon have eight children. Chadley, 84, died February 2020.

Shirley Lavina Greathouse Davidson (BS '58); San Diego, CA. Shirley, 83, died July 2019.

Nona Lavon Ballard Smith (BS '58); Ogden, UT. Nona spent her life blessing others with her nursing skills. She and husband Rodger have seven children, nine grandchildren, and a great-grandchild. Nona, 83, died March 2020.

Wanda Faye Wallace (BS '59); Missoula, MT. Wanda, 83, died January 2020.

Donna Rae Larson Davidson (BS '60); Mesa, AZ. Donna received her bachelor's in nursing degree from BYU and later a master's degree in hospital administration from Southwest Texas State University. She and husband Daniel have eight children, 27 grandchildren, and six great-grandchildren. Donna, 82, died November 2019.

Ann Mercer Bennett (AS '66); Bountiful, UT. Ann was employed as a registered nurse at Holy Cross Hospital, LDS Hospital, and Lakeview Hospital. She has six children. Ann, 77, died January 2020.

Marianna Hanson Pugmire (AS '67); Springville, UT. Marianna worked at LDS Hospital and Cottonwood Hospital in Salt Lake City as a staff

nurse. She also worked as a nursing director at a nursing home for 12 years and 13 years as a manager in home health. She has five children, 36 grandchildren, and five great-grandchildren. Marianna, 73, died February 2020.

Edith Ann (Midge) Dawson Patrick (BS '69); Provo, UT. In 1987, a car accident made her a quadriplegic with limited mobility. She established the clothing center at the Utah State Hospital and volunteered there for 28 years. She sewed, baked, and cooked for various humanitarian efforts. In 1994 Midge received the State of Utah Silver Bowl Award from Governor Mike Leavitt in recognition of her community service efforts. She and husband John have eight children. Midge, 73, died March 2020.

Patricia LaVon Urry Ewing (AS '70); Taylorsville, UT. Patricia worked as a nurse most recently in the NICU Pulmonary Unit at Primary Children's Hospital. She was also a nurse at LDS Hospital and Cottonwood Hospital. She has five children. Patricia, 86, died December 2019.

Ann Taylor Moon (AS '71); Orem, UT. She and husband Clarence have five children. Ann, 87, died December 2019.

Victoria Ellersick King (BS '71); Twin Lakes, ID. Victoria had a rewarding career in health care and hospital administration and was a pioneer in the field of women's health. She was a public health nurse, nursing professor, CEO of Nurse America in Kansas, vice president of St. Joseph Hospital in Texas, corporate director of clinical programs and regional operations officer for Intermountain Healthcare in Utah, and most recently CEO of Kaniksu Health Services in Ponderay, Idaho. She has five children. Victoria, 70, died September 2019.

Margaret Ashton Morrill (AS '72); American Fork, UT. Margaret worked as a registered nurse for 39 years in the emergency room at Utah Valley

Hospital. She and husband Don have two children, seven grandchildren, and 14 great-grandchildren. Margaret, 84, died April 2020.

Louise Harriett Tauffer Lyon (AS '84); Spring, TX. Louise worked as a nurse for 36 years. She and husband David have five children. Louise, 73, died March 2020.

Colleen Densley Banks (BS '81); Oak City, UT. Colleen worked at American Fork Hospital before moving back to her hometown, where she spent the remainder of her 35-year nursing career at Delta Community Hospital. She and husband Lynn have four children and six grandchildren. Colleen, 81, died February 2020.

Carol Hanks Talmage (MS '85); Bountiful, UT. Carol attended LDS Hospital Nursing School while in the Army Cadet Nursing Corps. She met her husband, Burton, while working as a nurse at Payson Hospital; they have four children. Carol later received her master's degree in nursing from BYU. She retired after teaching for BYU College of Nursing for 28 years. Carol, 92, died March 2020.

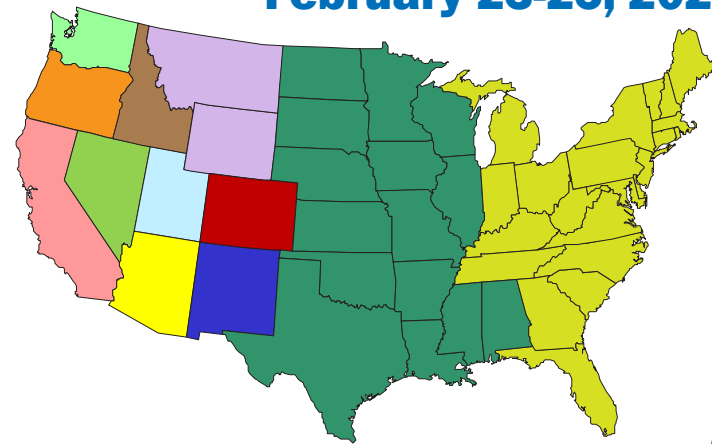
Beulah Delayne Wilson (BS '85); West Jordan, UT. Beulah was a hospice and emergency room nurse for 35 years. She and husband Eugene have five children, nine grandchildren, and three great-grandchildren. Beulah, 76, died December 2019.

Steven LeGrand Badger (BS '96); Centerton, AR. Steven served three decades in the health-care industry and supported patient care with Intermountain Healthcare and HCA Healthcare in Northwest Arkansas. He and wife Cherice have four children. Steven, 52, died January 2020.

Margaret O'Connor Klauser (BS '02); Springville, UT. Margaret was a nurse for 27 years, specializing in labor and delivery. She and her husband, Steven, have three children and five grandchildren. Margaret, 69, died April 2020.



The College of Nursing is moving its Night of Nursing gatherings online for 2021. We will sponsor 10 state events (throughout the Western United States) and 2 regional events (Central and Eastern Time Zones). Join a session to speak with college dean Dr. Jane Lassetter and meet nursing alumni near you. After January 2021, visit [NightofNursing.com](https://www.nightofnursing.com) for event details.

February 23-25, 2021


BYU Night of Nursing
12 online events over 3 evenings



BYU Alumni, join the College of Nursing in a day of service!

As part of this year's homecoming, plan to join BYU alumni and provide service on Wednesday, October 7. It can be big or small projects, by yourself or as a family. Then post pictures with the hashtag **#BYUNursing** for a chance to receive college prizes!

**Worldwide
Y-Service Day
October 7**

Save the date for these 2021 alumni events:

- | | |
|-----------|---|
| Feb 23-25 | Night of Nursing (online state/regional events) |
| Mar 20 | Campus Wig Workshop, WSC Ballroom |
| Apr 29 | Women's Conference Luncheon |

Email nursingevents@byu.edu for activity details.

Events subject to change due to COVID-19 restrictions, government regulations, and BYU campus policies.

Engage with the college:

 [Learning the Healer's Art Blog: BYUNursing.WordPress.com](https://www.nightofnursing.com)

 [Facebook.com/BYUNursing](https://www.facebook.com/BYUNursing)

 [Instagram.com/BYUNursing](https://www.instagram.com/BYUNursing)

 connect.byu.edu

Never Say Never

By **Lyndee Johns**

Associate teaching professor Stacie S. Hunsaker has learned never to say never when it comes to her life.

"I need to be careful where I say, 'I will never do this,' because I end up doing it," says Hunsaker. For one, up until her senior year of high school, she had never thought of being a nurse.

"I wanted to either be a schoolteacher or own a dog shelter," she says.

But her high school counselor saw great potential in Hunsaker and suggested that she apply for the nursing program at Ricks College (now BYU-Idaho).

"So I did. And behold, I got accepted," says Hunsaker. "I got the letter and thought, 'Oh my gosh, I'm going to be a nurse.'"

After starting nursing classes in Idaho, she never looked back. "I knew being able to interact with people, being able to give care, and helping others was just exactly what I wanted to do," says Hunsaker.

After graduating with an associate's degree, Hunsaker began work as a nurse for Utah Valley Hospital in 1988 and has worked there in its emergency department since 1994.

She has worked in various areas during her career, including medical/surgical, adult and pediatric psych, pediatrics, intermediate care, and home health; however, 26 of her 32 years have been in the emergency department.

Twenty years after finishing her bachelor's degree, she thought, "I don't want to start a program where I will have to write a thesis." Then she completed a master's degree in nursing education at Utah Valley University and published her thesis (on identifying factors that influence compassion fatigue, burnout, and compassion satisfaction in ED nurses).

"I thought, 'When I'm done with my master's degree, I will never go back to school again,'" Hunsaker says. She is currently working on her doctorate in organizational management at the University of Utah.

"I've learned that I can do things that I think I can't do," she says. Hunsaker has been at Brigham Young University since 2013. She is the faculty coordinator of the simulation lab and the course coordinator for skills/simulation in the third semester, she oversees the Taiwan section of the clinical practicum for the public and global health nursing course, and she team-teaches the personal wellness class with associate teaching professor Dr. Michael Thomas.

Hunsaker is passionate about simulation, having worked in the simulation lab at Intermountain Healthcare for the past 10 years and as a simulation faculty lead in BYU's Mary Jane Rawlinson Geertson Nursing Learning Center (NLC) simulation lab for the past two years.

"Simulation is wonderful because it can cross the realm from beginning procedures to advanced tasks," she says. "I'm very much an interactive and hands-on learner, so I like to teach that way as well."

Hunsaker is advocating for the accreditation of the college's NLC—not an easy feat, considering that Intermountain has the only accredited simulation center in Utah. However, Hunsaker is not backing down.

"It's a multiyear process. We must create and adopt a set of policies and procedures," she says. "There is a lot of work, but it's not just to become accredited. I think it'll help ensure that we are practicing at our highest level."

Hunsaker is married with five children and two golden retrievers. In between teaching full-time, working hospital shifts, and studying for her doctorate,



"We're at different levels of socioeconomic status, but you put all these people in a hospital gown, and we are all the same. And I think that's how the Savior sees us."

she enjoys listening to audiobooks and podcasts, baking, and camping with her family.

Overall, Hunsaker wants others to understand the importance of having healthy outlets and not letting work take over their lives. She also wants to remind them of the greatest equalizer—the hospital gown.

"I believe as nurses that we are working in the Savior's place," she says. "We're at different levels of socioeconomic status, but you put all these people in a hospital gown, and we are all the same. And I think that's how the Savior sees us." 🌱

Studying the Positive Legacy of Vision Loss

Corinna M. Trujillo Tanner, Assistant Professor, PhD, MSN, RN



As a society, we are captivated by people who do not let physical limitations control and define their lives. We enjoy hearing about those who do not accept “you can’t do that” as a valid excuse.

Assistant professor Dr. Corinna Tanner, a faculty member in the BYU College of Nursing, has dedicated her life to serving this demographic, a group that is especially close to her heart.

Tanner was diagnosed with Stargardt disease, a genetic disorder that causes progressive damage to the macula, the area of the eye that is responsible for straight-ahead vision. This means that those with Stargardt disease can only see out of their peripheral vision.

Along with a team of peer faculty members from the University of Utah—including Dr. Michael Caserta, a professor of gerontology—Tanner has studied how the behaviors and self-expectations of those who are diagnosed with age-related macular degeneration (AMD) are affected by their understanding of their own potential. Earlier this year, the *Journal of Blindness Innovation & Research* published their scoping review on how researchers study and report the effects of AMD on individuals, families, caregivers, and communities. Scoping reviews are a relatively new but increasingly

common approach to mapping broad topics (Pham et al. 2014). They tend to address more general topics in which many different study designs might be applicable.

Tanner searched the literature related to the social, psychological, monetary, quality-of-life, and health impact of AMD. Most of the studies (*n* = 93) were conducted in the United States or the United Kingdom, but the remainder represented 17 countries, showing that AMD is a worldwide concern.

The nature of the journals in which the studies were published varied broadly, including journals focusing on clinical and laboratory science, rehabilitation, nursing, occupational therapy, gerontology, and health economics, which suggests that AMD impacts people in a number of ways. Years of publication ranged from 1988 to 2017, with many of the articles (47) published between 2011 and 2017.

The study design most frequently used to measure the impact of AMD was cross-sectional (*n* = 69; mean sample size = 333). Other study designs included reviews of literature (*n* = 15), longitudinal studies (*n* = 7; mean sample size = 808), case studies (*n* = 4), reports of general information about AMD (*n* = 4), retrospective cohort studies (*n* = 3), secondary analyses (*n* = 2), and retrospective case control (*n* = 1).

Of the 105 reviewed articles, 100 reported negative outcomes, either in full or in part (95 articles published exclusively negative outcomes, while 5 included mixed findings), and 102 reinforced the concept of the hierarchy of sight, such as the idea that the lower the visual acuity, the worse the outcome.

Results indicate that there is a strong negative bias and focus on loss in the existing literature (toward measuring loss, disability, and lowered expectations of persons diagnosed with AMD). She found that there are many reports of negative outcomes in which the research participants were stratified by acuity, and negative outcomes and visual acuity were significantly correlated. This gives the impression that the degree to which a visually impaired person can succeed and have a full and happy life is governed by the amount of vision he or she has. It also implies that the amount of success a visually impaired person can experience can never be the same as someone who has 20/20 vision. In other words, as visual acuity decreases, so do the possibilities for positive outcomes.

Tanner believes the scope of research should be broadened to capture not just what is going wrong but also what is going right, as in the studies by Ord et al. (2015), who reported resilience, and Burton et al. (2015), who identified and reported posttraumatic growth (PTG). PTG describes not just a return to baseline after a traumatic event, as resilience implies, but growth and benefit beyond what an individual experienced before the loss or trauma. Although PTG among individuals experiencing blindness or vision loss has not been studied formally, it is a well-documented process among individuals with many other highly challenging circumstances (Tomich & Helgeson,

ZAK GOWANS

Whether research participants read through corrective lenses, a magnifying glass, an electronic magnifier, or the naked eye, measures can be taken to optimize the legibility and readability of materials.

Legibility

Legibility is the plainness and clarity of the letters and words in print; the degree to which individual letters and words can be discerned. There are several aspects to legibility.

Font style. Font style is a key to improving legibility. It is recommended that sans serif font types be selected over serif types (NIA, n.d.). Characters in serif fonts are embellished in a way that makes them more difficult to read. Examples of sans serif fonts are **Ariel** and **Calibri**. An example of a serif type font would be **Times New Roman**.

Font size. Font size should be at least 12 points (Abilitynet, n.d.) to 18 points (AFB, 2018). Some individuals may prefer or require font sizes that exceed 18 points.

This is an example of 12 point font.

This is an example of 14 point font.

This is an example of 18 point font.

Contrast and glare. Contrast between characters on the page and paper can be optimized by avoiding colored ink. Instead, use black ink printed in bold. Avoiding colored paper will increase contrast between the written word and page. Use of off-white, crème, or light yellow tinted paper, instead of pure white, increases contrast by reducing glare. Glare is also reduced by using paper with a matte finish rather than a gloss finish.

Capitals and italicization. Limit use of capitals and italicization. When something is written in all capital letters, the letters are all the same height, which can be visually disorienting. Extensive use of italicization may have the same effect of making letters and words more difficult to discern.

Readability

Readability is the clarity and simplicity of the layout or presentation of the text.

Number of fonts. To improve readability, only one or two font styles should be used within the same document (for example, one type as a heading and another for the body of the document). This will simplify the text visually.

Number of graphics and overall page layout. Limit use of graphics, which can be difficult to decipher, especially when greatly magnified. It is especially difficult for older adults to follow text that is wrapped around graphic presentations because visual tracking is often affected when vision is impaired. Therefore, it is important to simplify the layout of the page visually by avoiding complicated page structures or other layouts that may make following the text difficult.

Hyphenation. Avoid hyphenating mid word. Although the rules of grammar permit hyphenating a word at the end of a line and continuing it on the next line, this can complicate the readability of the sentence for a person with visual impairment.

Line spacing. The American Foundation of the Blind (AFB, 2018) recommends line spacing be set at 1.5 to improve readability. NIA recommends double spacing all text (NIA, n.d.).

Figure 1. Best practice recommendations for the preparation of written study materials.

2004) and, as such, warrants empirical investigation among visually impaired populations—especially those with AMD.

Tanner and her team also conducted a study to find pathways to PTG and how to facilitate the positive legacy of vision loss. Her descriptive and correlational study used a mixed-methods approach and a cross-sectional design.

Eighty-nine severely visually impaired older adults (mean age = 85.3 years, age range = 74–98 years) were surveyed about their experience with vision loss caused by AMD and asked if vision loss is a catalyst for PTG and, if so, in what domains? It also considered the role of depression, social support, and cognitive processing in the pathway to growth.

PTG usually focuses on positive outcomes from the struggle with highly challenging circumstances, including an increased sense of personal strength, improved relationships, or spiritual strength. The data analysis presented two considerations. The quantitative results suggested the accuracy of path modeling as it determined that deliberate rumination had a significant and direct

path to PTG ($\beta = .38, p = .001$); as social support increases, depression decreases.

The study also focused on qualitative interviews to highlight patterns of growth and to understand better the experience of the struggle with vision loss and how it may lead to PTG among older adults with severe AMD. The thematic analysis cited the following themes of PTG:

- **Greater empathy for others:** “I have thought so much about my mom since losing my eyesight. She has AMD too, and I am so much more understanding of her struggles now.”
- **Increased spirituality:** “I would say that 90 percent of my understanding of miracles and spiritual values is because of illnesses and problems; these are just a kind of experience.”
- **Increased sense of personal strength:** “My vision loss has taught me a lot about myself and how I can get along fine.”
- **Highlight the importance of relationships with others in the path to PTG:** “I can see a softness with my family that I’ve never seen before—towards me, they’re tenderer.”

The implications of Tanner’s findings underscore the vital role of social support in reducing distress and fostering deliberate cognitive processing, which facilitates PTG. For nurses, interventions are needed to promote PTG that mitigate depression by enhancing social networks as well as fostering positive, deliberate cognitive processing. This work is under review for publication.

As part of her doctoral dissertation, Tanner identified lessons learned and recommended best practices for researching with older adults with vision impairment. This study was published in November 2018 by the journal *Gerontology and Geriatric Medicine*.

For this study, Tanner ensured that written recruitment materials were printed on off-white, low-glare (matte) paper, in 18-point Arial font printed in black bold. She was mindful to include graphics only in the header, in the form of the University of Utah’s logo, and to use only one font type. She also did not use italics or all caps in the document and used the American Foundation for the Blind recommendation to set the line spacing at 1.5.

The recommendations were taken from Abilitynet,¹ the American Foundation for the Blind,² and the National Institute on Aging, National Institutes of Health.³ Tanner assessed some recommendations for web-based materials and applied them as she judged appropriate and relevant to written documents. The materials were well received by participants, many of whom expressed appreciation for the efforts she took to make the materials more accessible for visually impaired persons (see figure 1). ☒

Notes

1 <http://www.abilitynet.org.uk/quality/documents/StandardofAccessibility.pdf>

2 <http://www.afb.org/info/living-with-vision-loss/reading-and-writing/making-print-more-readable/235>

3 <http://www.nlm.nih.gov/pubs/checklist.pdf>

The implications of Tanner’s findings underscore the vital role of social support in reducing distress and fostering deliberate cognitive processing, which facilitates PTG (posttraumatic growth). For nurses, interventions are needed to promote PTG that mitigate depression by enhancing social networks as well as fostering positive, deliberate cognitive processing.

Giving those She Serves the VIP Treatment

Tracy Dustin, Assistant Teaching Professor, MSN-Ed, RN, CNE



When it comes to nursing care of older adults or supporting adults in crisis, assistant teaching professor Tracy Dustin is an example to many. From working in the Veterans Affairs hospital in Salt Lake to volunteering internationally, Dustin is a nurse who does not shy away from sharing her skills and talents.

Each September since 2015, Dustin has traveled to El Salvador with an organization called Operation Walk Utah to give El Salvadorians a new life through hip and joint replacements. She volunteers mostly as a pre-op and recovery room nurse and works out of the San Rafael National Hospital in Santa Tecla, El Salvador, typically staying a week each visit. The organization completes about 70 replacements each trip.

Over the years, while Dustin has seen many amazing things happen within the organization, she is quick to recognize that the impact on each individual is much more critical. Those with joint problems can be in so much pain and have such decreased mobility that they cannot work. Operation Walk Utah gives them the opportunity to go back to work.

However, the gratitude of the patients is what continues to inspire Dustin and

the organization to return each year, as many of the patients tell the surgeons and nurses that they are their angels from heaven.

Dustin received her MSN-Ed degree from Westminster College, and her nursing career has mainly focused on helping gerontology or veteran patients. She began influencing the nursing industry as a staff nurse for a postsurgical care unit at the George E. Wahlen Department of Veterans Affairs Medical Center in Salt Lake City and then as a surgical ICU nurse there. She later worked as a nurse/physician liaison, in the same-day surgery anesthesia care unit, and finally as its orthopedic case manager.

Her love for veteran patients also shows in her volunteer service as an associate medical director for the Utah Honor Flight organization, as a nurse for past National Veterans Wheelchair Games, and with the Fisher House in Salt Lake, a home that provides a place for families to stay, free of charge, while their loved ones receive medical treatment from the VA healthcare system.

Dustin has worked as a clinical adjunct faculty member at the College of Nursing since 2012 and full-time since 2016. She currently instructs nursing care of the older adult and the veteran section

of the clinical practicum for the public and global health nursing course. Consequently, each spring, she teaches nursing students to care for veterans through studying and interacting with this population in various settings in Utah and Washington, DC.

Her scholarly works focus on the development of a post-fall physical assessment teaching module for nursing staff caring for older adults. (See related article, p. 15.) According to Dustin, few studies have been done on post-fall assessments, even though 2.8 million older adults are treated in the emergency department for fall injuries and over 800,000 are hospitalized due to injuries sustained in falls every year in the United States.

She and a peer faculty member, associate teaching professor Dr. Blaine Winters, created a post-fall training program for nursing staff called VIP (visualize, palpate for injury, proceed with care). The assessment tool they developed includes a post-fall assessment algorithm, training videos, and documentation.

Both have mentored undergraduate nursing students with the project. They introduced their tool with Jeana C. Escobar (BS '19) at the 2018 Utah Nurses Association annual conference in Salt Lake City, and with Megan Ostlund, a fifth-semester student, at the 2020 Utah Conference on Undergraduate Research in Logan, Utah, and the 2019 Western Institute of Nursing yearly meeting in San Diego, California.

During the past three years, Dustin has received \$25,897 in experiential learning grants to be able to mentor students in this fall-assessment project. With the help of Abby Dotson, a fifth-semester student, she plans to pilot the program in two long-term care facilities in Utah, obtain feedback to improve the material, and analyze the effectiveness of the program in preventing missed injuries. 📺



Actors in a scene for a post-fall physical assessment training video created by assistant teaching professor Tracy Dustin.

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.

ARTICLES

Albrecht, K.,* Peterson, N. E., & Lassetter, J. H. (2019). Parental influence on sedentary behavior in children: A systematic review. *Student Works*. 283. scholarsarchive.byu.edu/studentpub/283

Beckstrand, R. L., Corbett, E. M.,† Macintosh, J. L., Luthy, K. E. B., & Rasmussen, R. J. (2019). Emergency nurses' department design recommendations for improved end-of-life care. *Journal of Emergency Nursing*, 45(3), 286–294.

Himes, D. O., & Shuman, H. B. (2020). Hereditary cancer syndrome recognition and testing: Beyond BRCA. *The Journal for Nurse Practitioners*. doi:10.1016/j.nurpra.2020.03.015

Himes, D. O., & Vagher, J. (2020). Patient with questions about cancer risk. *The Journal for Nurse Practitioners*. doi:10.1016/j.nurpra.2020.02.024

Lyman, B., Gunn, M. M.,† & Mendon, C. R.* (2020). New graduate registered nurses' experiences with psychological safety. *Journal of Nursing Management*. doi:10.1111/jonm.13006

Macintosh, J. L., Eden, L. M., Luthy, K. E. B., & Beckstrand, R. L. (2020). NICU nurses knowledge and attitudes regarding two-month immunizations. *Advances in Neonatal Care*. doi:10.1097/ANC.0000000000000735

Reed, S. J. (2020). Measuring learning and engagement during debriefing: A new instrument. *Clinical Simulation in Nursing*. doi:10.1016/j.ecns.2020.03.002

Sharma, S. K., Nuttall, C., & Kalyani, V., Hemlata. (2020). Clinical nursing care guidance for management of patient with COVID-19. *Journal of Pakistan Medical Association*. doi:10.5455/JPMA.29

Tanner, C. T., Caserta, M., Ord, L. M., Bernstein, P. S., Kleinschmidt, J., Clayton, M., & Guo, J. W. (2020). The expectancy effect and age-related macular degeneration research: A scoping review. *Journal of Blindness Innovation & Research*, 10(1). doi:10.5241/10-183

Valentine, J. L., Sekula, L. K., & Lynch, V. (2020). Evolution of forensic nursing theory—Introduction of the constructed theory of forensic nursing care: A middle-range theory. *Journal of Forensic Nursing*. doi:10.1097/JFN.0000000000000287

PRESENTATIONS

Caten, R.,* Valentine, J. L., & Miles, L. W. (2020, February 14). Testing sexual assault kits leads to justice for both victims and suspects.¹

Corbett, C. A. (2020, July 23). Perceptions and practices of Hmong childbearing women: Promoting cultural respect.²

Dustin, T., Winters, B., Ostlund, M.,* & Dotson, A.* (2020, February 7). Give the VIP treatment to prevent missed injuries after a fall.³

Momberger, J.,* Pugh, S.,* Valentine, J. L., & Miles, L. W. (2020, February 14). Giving a voice to male rape victims through Novel STR DNA findings.¹

Ray, G. L., Macintosh, J. L., Lundberg, K. M., & Bramhall, J.* (2020, July 23). Facilitating the teaching of Helping Babies Breathe in Fiji: A method for developing cultural sensitivity.²

Ray, G. L. (2020, July 24). Relationships between victims and suspects of sexual assaults: Implications for prevention and advocacy.²

Richardson, D.,* Valentine, J. L., & Miles, L. W. (2020, February 14). Does it wash away? The impact of bathing or showering on DNA analysis findings from sexual assault kits.¹

Schagel, L.,* Valentine, J. L., & Miles, L. W. (2020, February 14). Time between sexual assault and evidence collection: Implications for development of CODIS eligible DNA profiles.¹

Tanner, C. T., Caserta, M., Clayton, M., Guo, J., Kleinschmidt, J., Bernstein, P., & Bench, S.* (2020, February 7). Pathways to posttraumatic growth: Facilitating the positive legacy of vision loss.³

AWARDS

Associate teaching professor **Lacey Eden** was inducted as a Fellow in the American Association of Nurse Practitioners in June. Teaching professor **Sondra Heaston** was inducted as a Fellow in the Emergency Nurses Association's Academy of Emergency Nursing in September.

Associate teaching professor Dr. **Craig Nuttall** received a 2020 Explorer Award from the Rivers Foundation. He will use his cash prize—£5,000 (or about \$6,200)—to implement a training course for high-altitude and mountain medicine rescues in Uttarakhand, India.

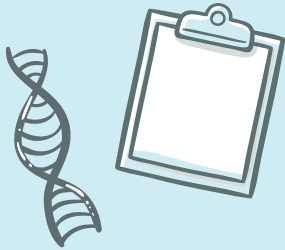
APPOINTMENTS

Assistant professor Dr. **Corinna Tanner** became a council member for the Utah State Department of Health.

Associate teaching professor **Debra Mills** will serve as a council member for Primary Children's Hospital Clinical Consortium.

The college presented DAISY Faculty Awards to associate teaching professor **Stacie Hunsaker** and teaching professor Dr. **Kent Blad** the past academic year.

Assistant teaching professor **Brandon Thatcher** became the president-elect for the Utah chapter of the American Psychiatric Nurses Association.



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Combining Service, Science, & Love

One of the most impactful experiences that fourth-semester nursing student Anne Welton Lyman recalls from the BYU nursing program took place shortly after starting her major.

She records, "It was at the end of a lecture on patient care-taking, and my professor was making her final remarks. Suddenly, her eyes filled with tears as she spoke of the love she felt for her patients and the nursing profession."

"I had never before witnessed a professor care so deeply about what they were teaching about to the point of bringing them to tears, and I immediately wondered what made this employment different. The answer was made obvious. Up until this point, my education was filled with passion for equations, sentence structures, and even cell biology. These were all important things to know, but they never seemed to align with what was truly important to me. However, in BYU's College of Nursing, the passion was directed towards service, human connection, and empathy. My spiritual and personal beliefs were suddenly interwoven into my education."

This professor taught Anne that nursing is not simply another structured degree of memorized formulas, endless textbooks, completed with a signed certificate. Nursing is the integration of Christlike attributes applied to sacrifice and the physical healing of those in need. Anne's testimony helped her to realize that she no longer just believed in getting an education, she believed in her education.

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.

