Instilling Compassion

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

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

These efforts by both faculty members and students illustrate the importance of learning, applying, and teaching the Healer’s art. Our nursing courses focus on understanding others, valuing others’ histories and backgrounds, and enhancing nurse-patient relationships. Even our 2016 college calendar highlights how we apply these learning outcomes in clinical settings. Empathy is not always easy to develop but is nonetheless a skill that can be very tender when correctly applied.

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

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

Finally, the College of Nursing has open full-time faculty positions. Do you know a nurse who has the same values as our program, would agree to live by the BYU Honor Code, and is either master’s prepared or has a DNP or PhD in nursing? If so, please let them know about these unique job openings. I would be happy to discuss the requirements with any potential candidates.

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

I appreciate your interest in and support of our endeavors. Please share feedback, and career, family, or academic opportunities for students and faculty members.

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

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

GROUP 1: CZECH REPUBLIC

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

Last year BYU College of Nursing students studied in the Czech Republic for the first time as part of a clinical practicum. Bunker and nine other BYU nursing students paired up with Czech students from the college of nursing in Plzeň and traveled to several different cities throughout the country, where they had both cultural and clinical experiences that provided perspective and enhanced the way they nurse. “We got to see firsthand what makes the Czech Republic such a special place and what it takes to connect with someone from a different culture,” says Bunker.

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

Formerly a part of communist Czechoslovakia (a satellite state of the Soviet Union), the Czech Republic and its healthcare system have undergone dramatic changes since the country became independent in 1993. “In less-developed countries, the students are out of their comfort zones with regard to food, beds, and environmental conditions,” says teaching professor Dr. Sheri P. Palmer (AS ’81, BS ’84). But in the Czech Republic, where the healthcare system is advanced, “the students had to get out of their comfort zones to build relationships with people they did not fully understand at first.”

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

In addition to smoking, Czechs love their beer. The students found this to be all too true at their first stop in the city of Plzeň, the beer capital of the world. Bunker recalls that a bottle of beer was cheaper than a bottle of water. These differences in standards turned out to be a great learning opportunity for the students.
“The students were able to see that people, even those with different values, are still good people,” Palmer says. “I think that is so important to realize as a nurse. It helps you treat each patient with the best care possible.”

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

Czech nurses also have a lot of restrictions on patient care. “Nurses [in the United States] can move patients around, put them on different diets, or even stop catheters, IVs, or nasogastric tubes anywhere,” Kohl says. “We do not go abroad for that experience, we go abroad to meet the people and to interact with and understand them.”

GROUP 2: FINLAND AND THE CZECH REPUBLIC

Brooke E. Stacey peered out of the sauna toward the lake. She did not want to leave the room filled with the loudest collective gasp she had ever heard.

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

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

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

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

“In the United States patient care is very rigid,” says assistant teaching professor Dr. Leslie Wiliden Miles (AS ’83, BS ’90), who accompanied the students. “You go in, do the procedure you are supposed to, and get out. In Finland you sit down, have a warm drink, and chat. It is a little more engaging.”

Seeing such quality care for patients made many students wish for a similar system in the United States. A complete transplant of the Finnish healthcare system might not be possible, but the students realized they could bring a Finnish touch to their nursing approach. “We cannot just throw out the system we have—that would be impractical,” Rahn says.
 excerpts from her travel log as she accompanied the students of learning about students’ international experiences. Below are to represent all the university’s academic advisement centers in Nursing, was selected as the recipient of a Kennedy Center grant. When the BYU students arrived in Finland, they went to Mikkel and met their Skype partners, who played a big role in doing assignments together and discussed differences in healthcare over Skype during the Finnish students’ class time. Students remarked that a healthy lifestyle is integrated into the Finnish culture itself, with a huge emphasis on relaxation, almost everyone has a sauna in their house and a summer home for vacations. “Here [in the United States] we will vacation to ‘relax,’” Stacey says, “but honestly we go on intense vacations where we go to Disneyland and hit every single ride. There [in Finland] they just go to their summer house and chill by the lake and in the sauna.” As the Finland trip came to a close, the students realized that they need to understand their patients’ cultures in order to give them extraordinary care. “That is why we did all those activities while we were there,” Miles says. “You have to be engaged in a culture to learn—you cannot just do a train-ride through it.”

DAY ONE

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

DAY TWO

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

DAY THREE

The routes of the Czech public transit system were changed two weeks ago, and we had no idea how to get where we wanted to go. Nothing here is in English—it is not like other places in Europe. We resorted to just asking people on the street because we had no idea what this sign said. We finally got to Lidice, and it was a sobering experience, both for the students and for me. The Nazis completely leveled Lidice in WWII because they thought the people were harboring fugitives who had assassinated a Nazi SS leader. Looking at the ruins of the town, I thought about how important it is that the students have not just a generational perspective but a cultural perspective as well. They need to understand what the past was like for these people and how to talk to them about it. It seems there are some memories the citizens do not want to share and there are other topics they are willing to discuss. The more empathy the students gain, the better their nursing practices will be.

DAY FOUR

Today we went to a medical spa town called Karlovy Vary. In the Czech healthcare system, doctors can write prescriptions for patients to have relaxation therapy or other spa treatments, like massages, hypnotherapy, and oxygenation therapy. We would call it going to a day spa, but Czechs consider it to be legitimate medicine. One of the coolest things I did was a respiratory treatment: you breathe in steam infused with herbs to loosen pollutants in your lungs. I had a cold, and the treatment helped me to breathe easier. In the Czech Republic, homopathic treatment is taken just as seriously as any major medicine would be in the United States. These treatments are different than those traditionally done at American day spas.

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

DAY FIVE

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

DAY SIX

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

DAY SEVEN

We started the clinical practicum experience today. The hospital we are in is supposed to be one of the top ranked in the world, but it is still so small compared to what we have in the United States. However, they do have a lot of innovative technologies that we do not have. One of the students got to watch a brain surgery with a new machine the FDA has not approved for use in the United States yet. The training procedures and approaches to medicine, Pictured (from left to right) are Kathryn Arbon, a hospital employee, Kalene Mears, Alex Rahn, Genevieve Vernon, Brooke Stacey, a hospital employee, Kailey Goodman, Maryssa Hyde, Annie Tyler, Kim Hoffman, and Samantha Coffey.
BYU nursing education saved her from being totally lost. “Thank goodness they made us learn the generic names for medicines,” she says. “At least those are the same!”

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

Vandenbark worked with enjoyed mentors who had taken me under their wing and helped me develop as a student and a nurse, “ she says. To repay the favor, Vandenbark too would like to inspire and instruct the world’s future nurses. “I have some great professors who have taken me under their wing and helped me develop as a student and a nurse,” she says. To repay the favor, Vandenbark too would like to inspire and instruct the world’s future nurses.

The Finnish language proved to be very challenging for Vandenbark. On one occasion, the local branch of The Church of Jesus Christ of Latter-day Saints asked her to speak in Finnish during services. Vandenbark rose to the challenge. “I was pretty nervous, to say the least, even though there were seriously only 15 people tops,” she says. “It was hard to learn and be humble.” Even though she experienced a steep learning curve, her BYU nursing education saved her from being totally lost. “Thank goodness they made us learn the generic names for medicines,” she says. “At least those are the same!”

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Finland Favorites

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

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

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

During the semester she spent in Finland, Melanie J. Vandenbark enjoyed many cultural experiences, including husky dog sledding, eating summer soup, and making pulla sweet bread.
Recent trends in the nursing profession indicate a shift toward greater diversity. Schools nationwide are seeing more men, nontraditional students (over the age of 30), and Hispanics apply to and enroll in nursing programs. BYU is no exception to these changes. Each semester brings a more diverse group of student nurses who have broken stereotypes and who find strength in their diversity and in the personal identity that has shaped their approach to the nursing profession.

By Hayley Page

PHOTOGRAPHY BY BRADLEY SLADE

Changing Stereotypes

IN NURSING

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

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

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

Overcoming stereotypes in nursing has not been an easy battle for Paul. Even after being accepted into the nursing program, he still questioned his decision, wondering if it was weird that he was a man in the nursing program and worrying if it was weird that he was a guy; for girls,” he says. “I have slowly become more accustomed to the idea.”

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

Back to School

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

And some freshmen are much older. “During my time full-time at BYU College of Nursing,” says Paul, “I have had the opportunity to meet with other Hispanic nursing students at BYU and talk about experiences in the program. She says their examples have given her hope. “If they can do it,” she says, “then I can do it too.”

Gutierrez is another Hispanic BYU nursing student and a member of NAHN. She is from Hidalgo, Mexico, and has always dreamed of a job in the medical field. She loved studying human anatomy during high school, and she planned to go to medical school. Gutierrez pursued an undergraduate degree in chemistry when she took a career-exploration course. A nursing guest lecturer came and talked about his choice to pursue nursing. Gutierrez could not help but notice the parallels to her journey toward medical school. Shortly after that, she applied and was accepted to the BYU nursing program. Since then, she has fallen in love with nursing. She is currently in her sixth and final semester.

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

Gutierrez, Guerrero, Smart, Dunn, McNeil, and Paul are just a few of the students in the BYU College of Nursing who overcome stereotypes every day. They bring to the nursing profession new insights and perspectives regarding different cultures and life experiences. These students and their unique personal histories can become sources of strength and knowledge to enrich clinical settings, the classroom, and the community.
As a youth, James Kohl was fascinated by the military. His father and uncle were both enlisted during WWII, and he always wanted to know more about their experiences in the military. This interest stuck with him into adulthood, and his father and uncle— could no longer be on the job. For example, last semester Kohl put together a disaster-preparation drill in coordination with the BYU Theatre department and campus EMS. The theatre department used makeup to create realistic-looking “wounds” for 75 people “injured” in a simulated earthquake. Kohl’s students were paired up with EMS personnel and then put into action extricating, triaging, and even treating patients. Kohl believes that hands-on learning, like this earthquake simulation, is an essential component of both the military and nursing education. “You learn by doing, not by watching,” he says.

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

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

One last principle that Kohl tries to instill in his students is accountability. “As a nurse, you are not a nurse for only the 8 to 12 hours that you punch the clock at the hospital,” Kohl says. “You are on call 24 hours a day for your family.” According to Kohl, nursing is a lifelong commitment, even for those who are not currently working in the medical field. “You have that training, you have that accountability, you need to assume those responsibilities and be accountable for the knowledge that you have attained through your nursing degree. That is not something that stops at the end of the shift.”

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

While serving at the Mohab Child and Youth Care Centre in South Africa, Wright had the opportunity to work with many “dandelions”—orphaned and abandoned children affected by HIV. While providing healthcare and love to these children, she often found them teaching her numerous life lessons. Wright learned a profound lesson about the innate and individual capacity to use our hands to make a difference, whether we change the world or whether we wipe away a single tear.

After three years in South Africa, Wright and her family returned to the United States, where Wright attended Westminster College in Salt Lake City to earn her master’s degree and become a nurse practitioner. She now serves as medical director of the Fourth Street Clinic in Salt Lake City. While working of serving the Lord’s children with their own hands,” she says. Wright learned a profound lesson on the blessings of service from these sisters. “Each of us,” she says, “has the innate and individual capacity to use our hands to make a difference, whether we change the world or whether we wipe away a single tear.”

After three years in South Africa, Wright and her family returned to the United States, where Wright attended Westminster College in Salt Lake City to earn her master’s degree and become a nurse practitioner. She now serves as medical director of the Fourth Street Clinic in Salt Lake City. While working in this capacity, she has met many more dandelions who have taught her valuable life lessons.

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

Of this dandelion Wright says, “He taught me that peace comes from faith in Jesus Christ and that faith encompasses forgiveness, gratitude, and hope.” Wright closed her speech by emphasizing the individual worth of each person on the earth and encouraging us to look for the worth in everyone. “When we look upon the field of life, scattered with bright yellow flowers, some may see weeds. But let us choose to see flowers.”
Alumni Updates

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

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

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

Marilyn Ferris Sereno (AS ’79, BS ’84) is celebrating 27 years as a registered nurse practitioner at Anaheim Regional Medical Center, where she has also served as a program coordinator.

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

IN MEMORIAM

Katherine Kay Grossbeck Cali (BS ’59)
Patricia Hawkins Wheeler (BS ’67)
Kathleen Kay Campbell (BS ’68)
Jacqueline Marie Herman Augason (BS ’69)
Jewel Alexander Bartholomew (BS ’69), former faculty member and associate dean
Ruth C. Bateman (AS ’74, BS ’88)
Linda Koll Wilkinson (AS ’79)
Barbara Helen Mealer Smidley (AS ’81)
Karin LuEnn Johnson Swendsen (MS ’88)

Essay Contest Winner

**Clinical is Critical**

By Emma Bragus Robinson

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

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

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

At clinical, timeliness is not a formal test, Emma is a sixth-semester nursing student from Longmont, Colorado. As a nursing student at BYU, I am lucky to have so many clinical hours.

**At clinical**

**Clinical is the spark.**

**We develop into professional nurses through clinical learning.**

**at clinical**

**I recently heard countless times from members of the nursing faculty before I even entered a clinical setting. I imagine that faculty members take punctuality seriously because in the field the nurse must seriously because in the field the nurse must**

**On paper it was really simple: pump and asked a nurse at clinical how many times when a nurse during a clinical setting. I imagine that faculty members take punctuality seriously because in the field the nurse must seriously because in the field the nurse must**

**Word timelessness seriously is a phrase I heard countless times from members of the nursing faculty before I even entered a clinical setting. I imagine that faculty members take punctuality seriously because in the field the nurse must seriously because in the field the nurse must**

**So many times when a nurse during a clinical notation has provided me with an “a-ha” moment.**

**At school, being smart is nice; at clinical, it is necessary. In class none of my peers know how much I am paying attention, what my grades are, or even how much I know. But in a clinical setting, all of those things become obvious. Nurses and doctors frequently ask me about medications and treatments, and based on my answer, I can almost see them ranking me in the spectrum of nursing students they have worked with previously. These clinicians have pushed me to know information beyond the textbooks. There have been clinical days when I have been prepared, and there have been days when I should have done more before walking into the hospital. I used to think that my patients would get the best care whether I was there or not because they had a “real nurse,” but more recently I have come to understand that I can add to the nurse’s care and make a difference. It does not matter what my grades are if I cannot improve the care given to my patients.**

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

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

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

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

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

**Ryan W. McDonald (BS ’01) is a certified registered nurse anesthetist for three organizations around Yakima, Washington: Narrows Anesthesia, Cascade Neurosurgical Associates, and Unity/Unity Applications (where he has been chief since 2009).**

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

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

**Jacob Nunney (BS ’08) now leads as a CVICU RN at St. Alphonsus Regional Medical Center in Boise, Idaho. Previously he worked for five years at Houston Northwest Medical Center (three years in telestep-down and two years in ICU).**

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

**By Emma Bragus Robinson**

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

**White tennis shoes are required. But clinical has provided me with the spark I need to keep my love of nursing burning.**

**tory State University, Fullerton, where she earned a B.A. in communications around Yakima, Washington: Narrows Anesthesia, Cascade Neurosurgical Associates, and Unity/Unity Applications (where he has been chief since 2009).**

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**Clinical is the spark. Yes, clinical is difficult. The days are long and the prep work is even longer. Worst of all, white**
A Mentored-Learning Experience and You

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

By Patricia Ravert

At Brigham Young University, mentored learning is an initiative that encourages significant hands-on opportunities for undergraduate students to participate in faculty research or projects that contribute to the discipline. One-on-one or small-group mentoring sessions with faculty members give undergraduates an educational experience that is typically available only in graduate school. Instead of striving to become a major research university, BYU has a goal to become the best undergraduate school. Instead of striving to become a major research university, BYU has a goal to become the best undergraduate school. Instead of striving to become a major research university, BYU has a goal to become the best undergraduate school.

For undergraduate students who get involved in faculty learning, students can ease their fears and increase their confidence in their ability to conduct research or make a difference to the nursing profession.

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

1. Last year associate professor Dr. Karlen E. (Beth) Luthy (MS ’05) mentored several nursing students, including recent graduate Brooke A. Saunders (BS ’14), in a collaborative project to create an online immunization module for the Women, Infants, and Children (WIC) nutrition education program. By obtaining a grant from the college, Dr. Luthy was able to allow Saunders and her peers to assist in the writing of program materials that promote immunizations and their benefits. The information will soon be available on the WIC program website as a learning option participants can continue to receive supplemental funding. Because of this opportunity to contribute to the discipline with faculty guidance, Saunders successfully fulfilled the role of an RA, gained skills as an undergraduate, and learned that small actions can make a difference. Through additional donations, more students can have a similar experience and appreciate the value of mentoring in the nursing profession.

2. Assistant teaching professors Dr. Leslie Wiliden Miles (AS ’83, BS ’99), Dr. Linda J. Mabey, and Julie Valentine have shared their knowledge with undergraduate students, the BYU College of Nursing has started a mentored learning endowed fund in nursing. Over the next three years, the college hopes to raise an additional $1.75 million in gifts.

We are pleased to announce that a generous anonymous donor has gifted $250,000 to establish a dedicated mentored learning endowed fund in nursing. The college begins a campaign to raise funds to provide additional mentored-learning experiences and opportunities.

We are pleased to announce that a generous anonymous donor has gifted $3.50 million to establish a dedicated endowed fund in nursing. Over the next three years, the college hopes to raise an additional $1.75 million in gifts. The interest from this endowed fund will be used for college grants for mentored learning. The endowed money will be used for things such as hiring research assistants (RAs) and obtaining materials to expand or add additional research or contribution to the discipline projects. During my discussions with undergraduate students, I sometimes find that they are intimidated by the thought of beginning scholarly works tasks on their own. However, by participating in faculty projects and the hands-on approach to learning, students can ease their fears and increase their confidence in their ability to conduct research or make a difference to the nursing profession.

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The college’s current success in using undergraduate nursing students as RAs indicates that professors are able to mentor RAs and still complete their projects. Below are four examples of how faculty members have used mentored learning to enhance the education of nursing students. Many were involved from the project’s start and even learned firsthand how to receive approval to initiate a research idea and the administrative steps needed to conduct the project. Possibilities for further nursing research and career advancement are abundant. The RAs said it was a great benefit to learn directly from a faculty member. Because the faculty mentors had obtained college and university grants and other sources of funding for the studies, the RAs were also monetarily compensated for their time. The endowed campaign will allow more students to work directly with faculty members in their projects.

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

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Using a Learning History to Create Safe Environments

Brett Lyman, PhD, RN, CNL

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

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

The learning-history method is very new to healthcare. Traditional research methods involve controlled trials where very few factors are tested; for example, researchers might test the effect of a certain pill on blood pressure. However, understanding a hospital unit and its path to success requires the consideration of hundreds of different factors. There is no “average” unit either, so the path to success that worked for the Mayo Clinic could be completely different for a rural community hospital. A learning history can include any number of variables, and it takes into account the uniqueness of each organization.

Lyman is also using the learning-history method because it is an action research method, meaning that in addition to enabling researchers to discover information, it can be used to create positive change within the organization. This positive change comes, in part, from a culture of collective reflection for both management and staff. Researchers bring healthcare professionals together to talk about their past experiences with successful change, which can guide future improvement efforts and fuel aspirations toward continued improvement. For example, a unit may recognize the effectiveness of a process it used to reduce infection rates and choose to use a similar process to reduce rates of hospital-acquired pressure ulcers.

Lyman has already completed two studies in separate hospitals: one in a critical care unit and one in a post-surgery unit. His research is ongoing, but he already sees similarities in the developmental eras that both hospital units progressed through to achieve excellent outcomes. Lyman plans to publish detailed findings in scientific journals. One of his most surprising findings is that the developmental path for both units extends upward of 10 years. Hospital units that are striving to achieve sustained improvements in quality and safety aren’t going to be able to do it overnight. Excellence that endures requires time, intention, and patience.

Common patterns between these two units suggest that there are underlying factors that contribute to sustained excellence in healthcare. With further research to validate and expound on these patterns, it may be possible to create a framework that clinicians, administrators, and researchers can use to continue improving quality and safety in hospital units. The learning-history method focuses on individual hospital units, so it does not help with identifying trends that may be present in larger samples. To identify these trends, Lyman will access quality and safety data from more than 18,000 hospital units across the country. This data is stored in the National Database of Nursing Quality Indicators (NDNQI), which contains data on everything from the number of falls on a unit to how satisfied nurses are with their jobs. With these big data sets, researchers can use advanced statistical methods to examine different variables—such as nurse staffing, education, certification, and work environment—contribute to the overall quality of care in a unit.

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

Lyman recently received a BYU Mentoring Environment Grant to support additional learning-history research. He was also the 2015 recipient of the Elaine D. Dyer Research Endowment Award, one of the most prestigious awards the college offers. With the funds received from these grants, Lyman offers a unique mentoring opportunity for students who help with his research. Nursing students often graduate with a focus on how they will function as a bedside caretaker for patients. Students who participate in learning-history research can understand how their bedside care fits within the context of other aspects of the unit and within the unit’s history. This broader perspective prepares them to be clinical leaders and to play an active role in improving the performance of their unit.

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

- First, by describing and documenting the individual histories of four more hospital units, researchers will identify patterns of improvement that are unique to particular units. They will also look for patterns that may be common among all successful units.
  - Second, by partnering with four units from a single hospital, researchers will discover how units learn and solve issues. They will look to see if the units learned from each other, from a common source (for example, a hospital- or corporate-level initiative), or if they independently developed their own solutions.

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

Note
In efforts to implement a standardized education module for Utahns to complete in order to gain a philosophical immunization education, she has also been invited to participate on an immunization task force with several key participants in the state and with follow College of Nursing faculty—Dr. Beth Luthy (MS ’05), Gaye Callister (BS ’83, MS ’87). This task force is charged with several key participants in the state education before granting exemptions. The program sends expectant parents weekly push notifications that also challenge parents about immunizations, their child can be enrolled in school. Because of her experiences talking with parents about immunizations, Eden decided to research the rising immunization exemption rates in Utah. She is currently working on a standardized education module for immunization exemptions and also a mobile app called Best for Baby.

Education Model for Immunization Exemption Rates

In her research, Eden found that all 50 states allow medical exemptions for immunizations, 48 states allow philosophical exemptions, and 18 states allow philosophical exemptions. Utah is one of the 18 states that allows all three types of exemptions. While 18 states allow philosophical exemptions, only 14 states require education before granting exemptions. The type of education parents receive varies from state to state, and from county to county throughout Utah.

Eden has discussed her study with several prominent leaders of various associations and departments, including the health director and the immunization manager at the Utah State Health Department and the chair of the Utah Department of Human Services.

The Association of Immunization Managers and the Centers for Disease Control and Prevention have contributed to this project by providing the data-collected resources to help parents understand the research questions on educational requirements in reducing immunization exemptions.

Best for Baby App

In 2013 the Advisory Committee on Immunization Practices (ACIP) published its recommendation that pregnant women should get a Tdap vaccination between 27 and 36 weeks of pregnancy. Infants do not receive this vaccine until two months of age, but in the womb they do inherit temporary protective antibodies from their mothers, so it is essential for mothers to receive the vaccine and pass antibodies to their children in utero. Despite being recommended by the ACIP, very few women receive the Tdap vaccine during their third trimester, so Eden, who serves as chair of the Utah County Immunization Coalition, decided to educate soon-to-be parents through a free mobile application app called Best for Baby (now available on iTunes).

Though geared toward increasing Tdap immunization rates, the app does much more than just teach about vaccines. The program sends expectant parents weekly push notifications that provide updates on their baby’s development and when they need to see their OB/GYN. Additionally, updates tell parents what tests to expect at their next appointment, what those tests look for, and why they are performed. The app continues to give parents monthly push notifications for two years after the birth of the child. These updates include when the child should see a care provider, what developmental milestones he or she should reach during the month, and what immunizations that child should receive.

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B Y U C O L L E G E O F N U R S I N G

H O N O R S

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

As part of the human rights report prepared by the Utah Citizens’ Council, assistant teaching professor Julie Valiente was cited as influential in the progress Utah has made in addressing sexual violence. She was awarded a grant from Utah, totaling $34,000; $11,000 to process the backlog of untested rape kits in the state and the remaining $22,000 to create an online database to track sexual-assault kits in November and state and member of the Salt Lake County Assault Nurse Examiners organization were recognized with the Best Compassion award in Salt Lake City Weekly newspaper’s annual Best of Utah awards.

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

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

Assistant professor Dr. Neil Peterson was awarded the 2012 Best Research Methods Paper from the publication Research in Nursing & Health for his article “Validation of Accelerometer Measurements of Sedentary Behavior in Young Adult University Students.”

Several professors from the College of Nursing received a $20,000 Mentoring Environment Grant (MfG) from the university: Karen de la Cruz, Dr. James Kohl, Dr. Brett Lyman, Ryan Pool, Debra McNaught, Michael Thomas, Ron Ulberg and Dr. Kent Blad.

Twenty-one of Oregon and Creative Activities (ORCA) grants, totaling $32,800, were presented to undergraduate nursing students for faculty-directed projects. The college’s media team received praise last year for its public relations efforts. A Hermes

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

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

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