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

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

Instilling Compassion

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. Bret Lyman and Lacey Eden, with a faculty spotlight on Jim Kohl.

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

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

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/ BYU Nursing, and event videos on Instagram.com/BYU Nursing, 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 achievements with us by emailing nurs- ingpr@byu.edu.
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.

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

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

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

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

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

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

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

Czech nurses also have a lot of restrictions on patient care. “Nurses [in the United States] can move patients around, 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, but it is a little bit different than in the Czech Republic] still have a super important job and a lot of responsibilities on patient care. “Nurses [in the United States] can move patients around, but it is a little bit different than in the Czech Republic.”

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

Getting to know a different culture helped the students not only to gain perspective on different countries’ healthcare systems but also to appreciate its citizens, customs, and historical events. The BYU students arrived in Plzeň during the 70th anniversary celebration of when American troops liberated the city from Nazi occupation during WWII. During a community event, old Sherman tanks rolled down the narrow cobblestone streets as hundreds of Czechs, dressed in American uniforms from WWII, marched into town.

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

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

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

GROUP 2: FINLAND AND THE CZECH REPUBLIC

Brooke E. Stacey peered out of the sauna toward the lake. She did not want to leave the warm room for the chilly outdoors, but everyone else was going. After a few steps Stacey caught up with the group, now standing on the dock.

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

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

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

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

Alex Staub 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 Wilden 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.

Kwik, they march to the door as the rest of the group shuffled toward the lake. She did not want to leave the warm room for the chilly outdoors, but everyone else was going. After a few steps Stacey caught up with the group, now standing on the dock.

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

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

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

Students remarked that a healthy lifestyle is integrated into the Finnish culture itself, with a huge emphasis on relaxation, almost everyone has a sauna in their house and a summer home for vacations. “Here [in the United States] we will vacation to ‘relax,’” Stacey says, “but honestly we go on intense vacations where we go to Disneyland and hit every single ride. There [in Finland] they just go to their summer house and chill by the lake and in the sauna.”

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

Cara’s Travel Log

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

**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 raffle on their experiences.

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

We finally got to Lidice, and it was a sobering experience, both for the students and for me. The Nazis completely leveled Lidice in WWII because they thought the people were harboring fugitives who had assassinated a Nazi SS leader. Looking at the ruins of the town, I thought about how important it is that the students have not just a generational perspective but a cultural perspective as well. They need to understand what the past was like for these people and how to talk to them about it. It seems there are some memories the citizens do not want to share and there are other topics they are willing to discuss. The more empathy the students gain, the better their nursing practices will be.

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

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

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

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

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

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

I am pleased the students got to experience a different healthcare system and culture, and I am glad I got to see how much they learned.
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 nursing encourages students to view the Healer’s art. Vandenbark noticed that Finnish nurses also take to work too.

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

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

Not only in nursing education in Finland different, but nursing practice is different as well. According to Vandenbark, nurses in Finland work five 8-hour shifts each week. (Nurses in the United States typically work three 12-hour shifts.) Finnish nurses struggle to find time to spend with their families due to their grueling work schedules, and because high taxes decrease their take-home pay, it’s common for their spouses to work too.

Vandenbark says some of her most rewarding experiences occurred while trying to communicate with her patients. “There were a couple of special moments that I had with patients when the language barrier would break down and we could understand each other,” she says. “It doesn’t matter your language or culture. When you look into another’s eyes, you realize that we are all the same.”

Vandenbark: Finnish nurses practice and run simulations on manikins similar to those used at BYU.
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
The Masculine Mystique

Cory D. Paul, a native of Maryland who grew up in Abu Dhabi, United Arab Emirates, is a nursing student in his fourth semester of the undergraduate program. After returning from his mission for The Church of Jesus Christ of Latter-day Saints, he planned on majoring in advertising. When he enrolled in an anatomy class and a classmate encouraged him to look into nursing, he initially refused because he "genuinely felt that nursing was for girls," he says. But when Paul's aunt also recommended a nursing career for him, he decided he needed to consider the profession seriously. In that moment, he knew that he should become a nurse. "Although it was not what I wanted, it was what I felt like I needed to do," he says, "and I have slowly become more accustomed to the idea."

Overcoming stereotypes in nursing has not been an easy battle for Paul. Even after being accepted into the nursing program, he still questioned his decision, wondering if it was weird that he was a man in the nursing program and worrying about what other people would think. Paul says assistant teaching professor Ryan J. Rasmussen (MS '11) helped him to overcome these concerns: "He gave me more of a vision—that this is a good profession for guys to go into, that it is not unusual, and that I can make a difference in this field, regardless of gender."

Another male nursing student at BYU, Mike P. McNeill, from Beaverton, Oregon, who is in his third semester of the program, decided to pursue nursing while working in the dining room of a retirement home during high school. While working with elderly patients, it became clear to him that he wanted to work in the medical field. After researching many different options, he decided that nursing was the ideal profession for him. According to data from the American Association of Colleges of Nursing, men represent only 6.6 percent of the U.S. nursing workforce; the percentages of men in the BYU College of Nursing bachelor's and master's nursing programs are 8.4 percent and 26.6 percent, respectively—and increase each year.

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

McNeill 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 coming directly from high school. In recent years, and especially since the age change for missionary service, the average age for those beginning their undergraduate nursing degree at BYU has risen to 20. And some freshmen are much older. Cessalea Ulberg Dunn, from Logan Grove, Utah, is a devoted mother of six children and a third-semester nursing student. Getting an education has always been one of her goals, so when she finally had the opportunity to go to college, she jumped at the chance.

When she was a senior in high school, Dunn watched her father—associate teaching professor Ron Ulberg—go through the process of becoming a nurse. From that moment on, she knew that she wanted to be a nurse. "He has been a good role model for me," she says. "I have been to the emergency room more times than I can count. I have dealt with sickness and vomiting. I know this is what I want to do—and that makes all the effort worth it."

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

Patrick M. Smart (BS '15) of American Fork, Utah, who graduated in December, is another example of a nontraditional nursing student. Smart did not have the opportunity to attend college when he was younger because of family circumstances. When he married he spent 15 years helping to raise three brothers and two sisters. "We sent two of the boys on missions. I was working a lot to support this large family financially. It was hard work raising teenagers when my wife and I were only 25 and 23 years old," he says.

When Smart was 39, he and his wife, Jennifer (who is also a registered nurse and lab instructor for the college), decided it was time for him to go back to school. He had always been interested in medicine and felt like nursing was a decision that just made sense. "I have not looked back since," he says.

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

Las Enfermeras Latinas

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

For Guerrero, service has been a major factor in her love for nursing. "I have always heard that nurses treat patients and that doctors treat diseases," she says. "I believe that." She says that nursing is a very rewarding profession that provides constant opportunities for service. Despite her passion for nursing, Guerrero has found, like most students in the program, that the course load is difficult and that discouragement happens along the way. The formation of the National Association of Hispanic Nurses (NAHN) chapter has given Guerrero the opportunity to meet with other Hispanic nursing students at BYU and talk about experiences in the program. She says their examples have given her hope. "If they can do it," she says, "then I can do it too."

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

Guerrero is pursuing an undergraduate degree in chemistry when she took a career-exploration course. A nursing guest lecturer came and talked about her 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 intern 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, McNeill, 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.
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.”

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As a naval officer, Kohl was told by his commanding officer, “You are the leader on the ship. I am the second in command.” Kohl explains, “You drill the fight. I make sure that everyone does their job.” Kohl emphasizes the importance of accountability and the need for nurses to take responsibility for their actions. “Accountability is the key to success in any field. If you don’t take ownership of your work, you will never be able to succeed.”

A Military Approach to Nursing

Kohl believes that leadership is an essential component of both military and nursing education. “Leadership is about inspiring others to achieve their goals. It’s about being a role model and setting an example.” Kohl emphasizes that nurses need to be leaders in their field. “You are the leader of the hospital. You must be able to communicate effectively with your team and make decisions that are in the best interest of your patients.”

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 military and nursing education. “You learn by doing, not by watching,” he says. “That’s a pretty rewarding job accomplishment.”

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

During her time in South Africa, Wright also had the opportunity to work with the Missionaries of Charity, whose mission is to care for everyone in need: the hungry, the naked, the homeless, the unloved, and the outcast. “In other words, they care for dandelions,” Wright says.

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

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

Wright learned a profound lesson 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 intrinsic value of each individual 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 jubiles: Ruth Jones Hillum 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.

Jameal Kolts Hatch (AS ’79) has now been a registered nurse at Intermountain Health care for 30 years.

Mariellen Ferriss Sorenson (AS ’79, BS ’84) is celebrating 27 years as a registered nurse practitioner at Anaheim Regional Medical Center, where she has also served as stroke practitioner at Anaheim Regional Medical Center.

Jean Millar (AS ’81, BS ’84) reached her 36th year of care for 36 years.

Joannie 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 L. 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 ’90) 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 in the Salt Lake area.

Jeannie Brewer (AS ’82) and her husband, Capt. Paul Merrill, received a U.S. flag that was flown aboard a Boeing C-17 during an aeromedical evacuation mission to rescue seven sick and wounded American service members. Picture (from left to right) are Jenae Merrill (wife) and Capt. Paul Merrill with dean Dr. Patty Raven and associate deans Dr. Mary Williams and Dr. Kent Blad.

New promotion? Advanced degree? Recently published? Let your peers across the country know. Email nursingpr@byu.edu.

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 requirement. 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 tennis shoes are required.

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.

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

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

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

Winner of the college’s annual essay contest, Emma is a sixth-semeater nursing student from Longmont, Colorado.
We are pleased to announce that a generous anonymous donor has gifted $250,000 to establish a dedicated mentored learning endowed fund in nursing. Over the next three years, the college hopes to raise an additional $1.75 million in gifts.

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

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

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

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

2. Assistant teaching professors Dr. Leslie Wilidden Miles (AS ’83, BS ’99), Dr. Leslie I. Mahery, and John Valentino have shared their knowledge with many students—including John D. Rossi (BS ’74), Kellie Houghtaling Peal (BS ’11), Elise Ottosen (fifth semester), and Sage Williams (third semester)—during the past two years in their research with sexual-assault victims. These students indicated that joining a faculty research project was an invaluable experience that enhanced their nursing education and contributed to the discipline.

   Many were involved from the project’s start and even learned firsthand how to receive approval to initiate a research idea and the administrative steps needed to conduct the project. Possibilities for further nursing research and career paths branched out from the experience.

   Together the group shared their findings through written and oral presentations to other nursing students, professionals, and colleagues.

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

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

4. With the establishment of the BYU College of Nursing Mentored Learning Endowed Fund, support for mentored research and student learning in our nursing program will greatly increase. I encourage you to participate in this campaign and make a donation to the fund. You may use the envelope inserted in this magazine or go online to give byu.edu/nursing (and select “Nursing Mentored Learning” as the account). We will provide updates on this campaign at nursing.byu.edu and include donor names in the next issue of this publication. Stay tuned.
Using a Learning History to Create Safe Environments

Bret Lyman, PhD, RN, CNL

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

Luckily, airplanes are much safer than that. But according to a recent estimate, our hospitals may not be. Each year in hospitals throughout the country there are a total of approximately 400,000 preventable deaths and between 4 million and 8 million instances of serious harm.1 Assistant professor Dr. Bret Lyman is conducting research to discover how hospitals can improve both their safety and the quality of care. One of his primary research methods is called the learning-history approach, in which researchers partner with an organization (in this case, a hospital unit) to look at their history and learn from patterns of success. Researchers examine steps the organization has taken to achieve excellence in several areas by conducting interviews, gathering performance data, and collecting “artifacts” from the unit, all of which help describe and document the organization’s improvement history. The learning-history method is very new to healthcare. Traditional research methods involve controlled trials where very few factors are tested; for example, researchers might test the effect a certain pill has on blood pressure. However, understanding a hospital unit and its path to success requires the consideration of hundreds of different factors. There is no “average” unit either, so the path to success that worked for the Mayo Clinic could be completely different for a rural community hospital. A learning history can include any number of variables, and it takes into account the uniqueness of each organization.

Lyman is also using the learning-history method because it is an action research method, meaning that in addition to enabling researchers to discover information, it can be used to create positive change within the organization. This positive change comes, in part, from a culture of collective reflection for both management and staff. Researchers 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 examine how different variables—such as nurse staffing, education, certification, and work environment—contribute to the overall quality of care in a unit. Findings from both statistical analyses and learning histories expand and validate each other. For example, national trends in the NDNQI data may show that a positive work environment is strongly related to excellent patient care. Learning histories may add to this finding by offering detailed descriptions of how positive work environments have been created in various hospital units, which may indicate how positive work environments lead to better patient care.

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

Lyman is excited to continue and to expand the scope of his research. This year he plans to start a multi-unit learning-history 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 to 8 million instances of serious harm, hospitals in general have been slow to change and slow to learn. Lyman expects that the results of his research will ultimately help healthcare organizations develop processes that will accelerate improvements in quality and safety. He hopes unit-level dialogue about successful change among healthcare professionals will grow into quality and safety partnerships that will include multiple health systems and will eventually grow into a worldwide collaborative effort to provide the best health care possible.2

Note
Contribution to the Discipline

immunization exemption rates. Currently, 48 states allow philosophical exemptions, 14 states require education before granting exemptions. The type of education parents receive varies from state to state, and from county to county throughout Utah. Eden has discussed her study with several prominent leaders of various associations and departments, including the health director and the immunization manager at the Utah State Health Department and the chair of the Utah Department of Human Services. Though geared toward increasing Tdap immunization rates, the app does much more than just teach about vaccines. The Association of Immunization Managers and the Centers for Disease Control and Prevention have contributed to this project by adding in the data-collection process and reviewing the research questions on educational requirements in reducing immunization exemptions.

Best for Baby App

In 2013 the Advisory Committee on Immunization Practices (ACIP) published its recommendation that pregnant women should get a Tdap vaccination between 27 and 36 weeks of pregnancy. Infants do not receive this vaccine until two months of age, but in the womb they do inherit temporary protective antibodies from their mothers, so it is essential for mothers to receive the vaccine and pass antibodies to their children in utero. Despite being recommended by the ACIP, very few women receive the Tdap vaccine during their third trimester, so Eden, who serves as chair of the Utah County Immunization Coalition, decided to educate soon-to-be parents through a free mobile-device app called Best for Baby (now available on iTunes). Though geared toward increasing Tdap immunization rates, the app does much more than just teach about vaccines. The program sends expectant parents weekly push notifications that provide updates on the 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.

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

The rise in exemption rates, particularly those granted for philosophical reasons, and 18 states allow religious exemptions, and 18 states allow philosophical exemptions. Utah is one of the 18 states that allows all three types of exemptions. While 18 states allow philosophical exemptions, only 14 states require education before granting exemptions. The type of education parents receive varies from state to state, and from county to county throughout Utah.

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Collaboration with Utah Department of Health

Education Model for Immunization Exemption Rates

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

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BOOK CHAPTERS PUBLISHED


Blad, K. D. (2015, November). Incorporating catheter care.1


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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).