Fulfilling Our Mission

I hope you enjoy reading the BYU College of Nursing Magazine. The students and faculty highlighted in this year’s publication are a few of the outstanding members of the college. It is a privilege to be the new dean.

By way of introduction, I was born in Big Rapids, Michigan, where my father was on the faculty in the Department of Pharmacy at Ferris Institute—now Ferris State University. I grew up around Cincinnati and spent several years in the Boston area before coming to Salt Lake City.

There are four generations of nurses in my family. In addition to myself, my grandmother was a practical nurse before World War II. During WWII my mother served as a Grey Lady with the American Red Cross. Later she became a practical nurse and then years later, after I completed my degree, a registered nurse. The fourth generation nurse is my daughter, Christina Cole Snyder, who graduated from the BYU College of Nursing a few years ago.

It is the future that now occupies our attention. Our future endeavors will make the difference for our students. The college has a wonderful mission to promote health, care for the suffering, engage in the scholarship of the discipline, invite the Spirit into health and healing, and lead with faith and integrity. International outreach, community health, holistic nursing, and ongoing research are just a few examples of how students, faculty, and alumni expand our mission.

I hope you will join with us, wherever you can, to enhance our efforts at the College of Nursing and fulfill our mission. Some of you may donate funds to improve our education and research efforts; others may supervise our students as they develop skills in clinical practice; and others may be our advocates to communities, agencies, institutions, and governments. We love to share our successes with our friends and alumni, and I hope you will share yours with us. I look forward to meeting many of you in person and others through our publications.
Learning the Healer's Art is published by the College of Nursing, Brigham Young University. Copyright ©2008 by Brigham Young University. All rights reserved.
Sheri P. Palmer, RN, MSN, CEN

The beautiful metropolitan city of Guayaquil, Ecuador, was recently the background for an experience of a lifetime for 20 nursing students. These students, beneficiaries of Mentoring Environment Grants who were enrolled in the nursing class Global Health and Human Diversity, spent four weeks during the 2007 spring term working in four large hospitals and in other areas of the city of 3.5 million inhabitants. Each service opportunity proved to be diverse and filled with extraordinary experiences and challenges.

More than 100 babies are born every day at the maternity hospital in downtown Guayaquil. BYU students provided nursing care at this large facility by starting IVs, giving medications, assisting with deliveries, and caring for newborns and new mothers. Family members are not allowed to be with maternity patients in this hospital, and the students provided much-needed emotional support for laboring women. They also taught new mothers lessons on important topics ranging from newborn care and nutrition to postdelivery care and complications.

At the Luis Vernaza General Hospital students observed how a large emergency center in a developing country treated more than 120 patients a day. The facility provided health care with minimal fiscal resources, so students learned to be innovative and creative without the assistance of computers and other high-tech equipment. They often worked side by side with Ecuadorian doctors and nurses in caring for the critically ill and injured. The students felt their skills and service mattered immensely as they provided nursing care at the crucial moment of a patient’s need.
rock back and forth, and even kneel with their arms folded in front of the singing students. Megann Peterson said, “I feel that I have finally been able to understand what the Healer’s art means. When we were singing and talking with the patients, they all wanted to kiss us, hold our hands, and hug us. At first I was uncomfortable. All I could think about were the germs they had and the need for hand sanitizer. I then caught myself, and I realized this is what the Healer’s art is. Jesus Christ did not worry about those things. He thought of each person as a child of God and recognized his or her complete worth. I finally understood what Jesus did when He healed all of those people in the New Testament. He loved them unconditionally, even when they were people no one wanted to come in contact with.”

Three graduate students who are studying to be family nurse practitioners worked closely with faculty to present specialized courses to Ecuadorian nurses and other health professionals. Topics included basic and advanced life-

The large pediatric hospital has general medical and surgical floors with as many as 20 to 30 children in a single ward recuperating from surgery or sickness. The students cared for and played with the children, who loved the students’ amateur Spanish skills and happy attitudes. They also helped administer intravenous and oral therapy to rehydrate patients suffering with diarrhea, a common but potentially fatal ailment among babies and children in Ecuador.

I have finally been able to understand what the Healer’s art means.

The psychiatric hospital also benefited from BYU students, who volunteered at the facility every Sunday afternoon. The hospital lacks support systems common to hospitals in the U.S, including group therapy, occupational therapy, and play therapy. Singing hymns allowed the students to bring the Spirit of Christ to the patients’ bleak worlds. Many patients would cry, hum,
saving skills, EKG interpretation, and intensive cardiac care. One course offered to nurse managers taught pedagogy and how to conduct classes for the continuing education of health personnel. All of the classes were well attended and highly successful. The hospital employees welcomed this opportunity to increase their knowledge and improve patient care. Each of the three BYU students was supported through a graduate mentoring grant.

In addition to teaching classes and volunteering at care facilities, students also participated in a study related to pain control. They recorded patients’ reactions to pain and whether the health care professionals intervened in response to the pain. Data were collected in a variety of clinical settings, including labor and delivery, intensive care units, emergency rooms, and pediatric units. Researchers will use the results to compare pain control practices in Ecuador to those in the U.S. Gathering data for the study helped raise student awareness of the strong influences of culture on health care practice.

Students also expressed their love for the people of Ecuador by giving service outside of nursing. One day each week they participated with Hogar de Cristo, a Catholic organization that The Church of Jesus Christ of Latter-day Saints has worked with previously, to build an entire cane house. Hogar de Cristo gives small loans to poverty-stricken mothers for the purpose of building a house that is constructed by community volunteers. Students built each house from the ground up and even helped the families move into their houses by the end of each volunteer day. Another service the students provided was to lay flooring for an elementary school. The students found each of these outside service opportunities rewarding.

The trip also offered valuable lessons in communication. Lara Passeto said of the time she spent in Ecuador, “I think the experience I learned the most from was my inability to communicate. I could understand only a little of what was said and speak even less. It was hard to express myself, assist others, or even understand what was going on. This has increased my understanding of how many people feel in hospitals. Even those in U.S. hospitals who speak English may be confused and frustrated by all the technical jargon and medical terminology. As a minority here in Ecuador, I truly appreciated when nurses and doctors took the time to speak slowly to me or use the limited English they knew to help me communicate. As I return to the U.S., I will try to be conscious of those who may not understand—whether by simplifying terms or using an interpreter. In stressful situations, such as hospitalizations, it is important to avoid language barriers, which make the situation more difficult. I also know that even if I cannot speak the language, I can show I care by my actions as a nurse.”

Through all of their service opportunities, student nurses experienced joy and an increased understanding of the accomplishments of these humble South Americans. Brooke Walsh’s comment could have been made by any of the students: “I will keep in my heart the dear people I have met who were so wonderful and helpful and really made me feel loved!”
Ask anyone, “Where do nurses work?” Most people will answer, “In the hospital.” While it is true that a majority of nurses seek employment in hospitals, many others choose to practice nursing in community settings. Perhaps the biggest difference between hospital nursing and community nursing is the clients. In hospitals the clients consist of the patients and their family members. Community nurses tend to have a more general focus, and they care for the health and well-being of entire populations as well as individuals.

At Brigham Young University College of Nursing, students are introduced to community nursing early in the curriculum through a rotation that allows them to care for preschool and school-age children, retired individuals, and community members who are at risk for health disparities such as the homeless, impoverished, and uninsured. At the conclusion of their rotation, students are excited about nursing in the community. Esther Fox expressed, “As community nurses strive to follow Christ’s example of unconditional love, they can convey His love and the healing that He made possible. By cultivating this type of love for each individual, nurses can increase their ability to heal patients both physically and emotionally, and the quality of care will improve.”

Building on these concepts of nursing in the community, student nurses have an opportunity to fine-tune their skills in Nursing 400: Global Health and Human Diversity. During spring term 2007 eight nursing students put their knowledge and experience to work in Wendover, Utah, a small rural town of approximately 1,500 people.

After arriving in Wendover, the students focused much of their energy on addressing health care concerns within the school-age population at an elementary school.
of about 250 children. Utilizing the school as a conduit to the community, nursing students worked intensively with children and their families as well as faculty and staff members of the school to address individual and community health concerns.

In each classroom students completed a nursing assessment, formulated a diagnosis, and implemented a plan to reach classroom health goals. Many students enthusiastically embraced this role and enjoyed working with the children and rewarding them with prizes for achieving the classroom goal. Students also worked with children who have specific health care needs such as seizure disorders, urinary incontinence, and chronic infections.

In Guayaquil, Ecuador, a group of 5 to 8 students, who were also enrolled in N400: Global Health and Human Diversity, went to the perimetral, or outskirts, every day to practice community nursing. They worked in a community populated by more than 1 million people who live in one-room houses made of cane. During this clinical rotation students assisted family members, many of whom are impoverished, in neighborhood health centers found throughout the community.

Nursing care provided by students in Guayaquil’s health centers included helping with well-child check-ups and devoting a large amount of time teaching various health care topics to mothers and their children. After developing 12 teaching modules on topics like infant nutrition, AIDS, family planning, first aid, diarrhea, asthma, dengue fever, women’s health, and sexually transmitted diseases, students educated more than 450 women and children.

Students and faculty also worked hard preparing and teaching a week-long nurse’s aide course, designed for women interested in assisting at health care clinics as well as for those interested in improving the health of their family. Students felt a real connection with the humble Ecuadorian people as they met and visited with them in their neighborhoods.

Tucumán, Argentina, was the setting for 16 students, who worked in groups of four, to visit comedors—community centers funded by the Argentine government to prepare food for children and elders of economically disadvantaged communities—in the community of Las Tilitas. Students used the results of a needs assessment that evaluated age, economics, religion, literacy, and personal needs to create lesson plans unique to each community center. Lessons on dental hygiene, elderly nutritional needs, family planning, and wound care were taught to numerous groups using flip charts and posters, which were provided to each comedor. Because they taught many of the lessons, the centers’ health care workers gained confidence in their teaching abilities.

Neil Peterson, a nursing student enrolled in N400, shared his newfound perspective for nursing an entire community when he said, “Being a community nurse has been hard but rewarding. My overall opinion of the profession has changed. Although I always respected community nurses, now I more fully appreciate the work they do. I don’t know if this is where my future will be, but I believe the work is pivotal to the improvement of communities.”

One BYU College of Nursing faculty member said of her experience, “If I am able to successfully foster a love for community nursing with the students and help them see the similarities between community nursing and the love our Savior Jesus Christ had for the people during His ministry, then I have truly accomplished one of my dreams.”
Glenda Christiaens, MS, RN, AHN-BC

Holistic nurses facilitate health and healing of the whole person—body, mind, and spirit. Part of that healing may include the use of complementary and alternative healing practices, or what is now called integrative healing.

At the BYU College of Nursing, students have several opportunities throughout the curriculum to learn about and experience integrative healing. Beginning in their first semester with Community Health Nursing, students learn about the link between

Integrative Healing
I can use yoga or positive imagery to help me be a more calm and effective nurse, but I can also use those skills to be a more peaceful and well-rounded human being.
Although Utah has the lowest school nurse-per-pupil ratio in the nation, it is not the only state struggling to hire and keep school nurses. Only 13 states are in compliance with the national recommendation of one school nurse for every 750 students. Few studies have investigated the influence of laws or other factors that contribute to national compliance.

Erin Maughan, PhD, RN-BC, decided to investigate the situation as part of her doctoral dissertation to (1) determine if and how state laws mandating school nurses or school health services/activities influence state school nurse ratios and (2) identify other social, political, and cultural factors that influence school nurse-to-student ratios.

An analysis of secondary data was conducted to identify the relationship between state school nurse ratios and various factors identified in the literature. Data were collected from established databases from the 50 states and the District of Columbia. Thirty qualitative telephone interviews were conducted in 11 states: Alabama, California, Connecticut, Delaware, Iowa, Massachusetts, Missouri, Montana, New Hampshire, Tennessee, and...
Utah. Content analysis was performed to identify factors influencing school nurse-to-student ratios. Qualitative comparative analysis (QCA) was then conducted to identify the unique factors influencing school nurse-to-student ratios.

No relationship was found among states with laws mandating school nursing or other health services and school nurse-to-student ratios. Ratios showed a statistically significant relationship between school nurse-to-student ratios and the amount of funds spent per pupil for education and for educational student services. The more funds spent to support student services, the better (or lower) the school nurse-to-student ratio. Interviews identified other influential factors: the strategy used to identify the need for more school nurses; the value placed on school nurses; local support and buy-in by the community, education, and parents regarding school nurses; fear of litigation; and dynamic leadership.

Barriers to school nursing include lack of funding, misunderstanding of the role of the school nurse, and philosophical opposition to school nursing. The takeaway message of the research was that one size does not fit all. Each state has unique needs and cultures that must be acknowledged.

Using the results of the study, Maughan developed a model that can be used by nurses in any state to direct their legislative and advocacy efforts. Her dissertation won the National Association of School Nurses Research Award in 2006, and she was awarded a research grant in 2007 to continue her work. She has presented the results of her study at several national conferences and has submitted journal articles for publication. She is working closely with the Utah School Nurses Association to develop a data collection process that will help provide evidence for their practice.


End-of-Life Care:
Working Toward “Good Death”

As a critical care nurse for over 24 years, Renea L. Beckstrand, PhD, RN, CCRN, has been present at many patients’ deaths. Each death has been different and unique. Many patients passed peacefully in the presence of loving family members; others died alone. One man arose from his wheelchair after returning from a procedure and literally fell into Dr. Beckstrand’s arms as he suddenly died of an undiagnosed ascending aortic rupture. Dr. Beckstrand states, “Those sudden deaths, of course, are the hard ones to forget. Nevertheless, with each patient’s passing, I wondered, How could I have made death better for this patient? What is a ‘good death’ for a patient in a critical care area?” Dr. Beckstrand’s questions prompted her research and that of her colleagues (Kirchhoff, K.T., Anumandla, P.R., Callister, L. C., Bond, A.E., Heaston, S., Palmer, S.P, and Smith, M.).

Using a questionnaire developed in 1998 by Dr. Beckstrand and Dr. Karin T. Kirchhoff (University of Utah), then adapting it over time, thousands of critical care nurses and hundreds of emergency nurses have been surveyed to see what obstacles prevented the patient from experiencing a good death and what helpful behaviors improved dying in these acute care environments. The response rates for these large, randomly selected national samples were above 60 percent.

The overwhelming theme identified by a majority of the respondents was that patients and families should be provided with a good death. This theme was best expressed by one nurse who wrote, “Death is the most critical point of illness. We must learn to treat [death] with [the] dignity and respect it deserves. Learning to know when enough is enough is the best place to start.”
Suggestions from nurses for providing a good death included facilitating the patient dying with dignity, not allowing patients to be alone while dying, managing patients’ pain and discomfort, knowing and following patients’ wishes for care, promoting earlier cessation of treatment or not initiating aggressive treatment at all, and communicating effectively as a health care team.

Nurses reported that some of the barriers to providing their patients with a good death included heavy patient workloads that did not allow them adequate time to care for the dying patient and their family, staffing patterns that resulted in heavy patient loads, communication challenges with physicians and family members, and treatment decisions that seemed to be based on physicians’ rather than patients’ needs.

These results confirm the findings of other studies and contribute to the body of knowledge regarding end-of-life care. Nurses from both ICU and emergency departments support the need for improvement in end-of-life care. Knowing the perceptions of nurses regarding both obstacles and supportive behaviors can help set the stage for moving toward the implementation of programs and initiatives that work on decreasing obstacles while increasing supportive behaviors for the ultimate goal of providing every dying patient with a good death.

Since beginning this research in 1998, Beckstrand et al. have completed several studies and published six articles on working toward improving end-of-life care for dying patients and their families. Research focusing on end-of-life care in oncology patients is currently in progress.

With the U.S. health care system’s emphasis on treatment of disease rather than prevention, patients’ welfare may be compromised, to say nothing of patient loss of productivity and cost to the health care system as a whole. From previous nursing experience, Judi Berry, PhD, APRN, observed the focus of some facilities on health promotion and disease prevention rather than treating a disease after it appeared. As a nurse practitioner (NP), she considers clinical prevention an important part of her practice; thus she was interested in the extent to which NPs actually incorporated health promotion and disease prevention in their clinical practice. She also wanted to know if the NP communication style affected patient outcomes or if it was a barrier to clinical prevention services.

Fifty-three NP-patient transcripts were coded and analyzed for communication and health promotion/disease variables. In addition, NPs participating in the study completed a post-survey that included questions regarding the percentage of time health promotion/disease prevention recommendations were used in clinical practice and the barriers encountered in discussing or performing health promotion/disease prevention recommendations.

Dr. Berry’s research showed (1) only slightly more than half of NPs use at least one health promotion/disease prevention recommendation in practice, which is less than NPs claim they do; (2) barriers to the use of health promotion/disease prevention recommendations included lack of reimbursement, time constraints, and patient reticence to utilize health promotion/disease prevention recommendations; (3) the majority of NPs do not use a patient-centered communication style but
rather a provider-centered style. Those who do use a patient-centered communication style are more likely to recommend health promotion/disease prevention activities during a clinical visit.

This study contributes to the existing knowledge regarding NP-patient communication styles and the use of health promotion/disease prevention recommendations. Findings obtained from this study can promote better clinical practice by integrating patient-centered communication into graduate school curriculum.


The National Institute of Alcohol and Alcoholism reports that three out of 10 U.S. adults engage in risky drinking patterns (NIAAA, 2005). Compared with other medical illnesses, risky drinking is four times more prevalent than diabetes and 10 times more prevalent than cancer. Research indicates individuals with alcohol (or drug) abuse suffer stigmas that may impede their health care treatment. Those who abuse alcohol often go undetected, untreated, or undertreated in today’s health care treatment.

Barbara Heise, PhD, APRN, BC, recently completed a study that examined the effects of at-risk alcohol use on patterns of health care use and health outcomes. The National Health Interview Survey (NHIS) and the Medical Expenditures Panel Survey comprised the database with an overall sample of 40,299. A random sub-sample of 4,449 adults who identified themselves as current drinkers was used for this study. Three groups emerged based on the response to the question “In the past year on how many days did you have five or more drinks of any alcoholic beverage?” The groups included the following:

- Not at-risk (0 days of 5+ drinks/day)
- Low at-risk (1 to 11 days of 5+ drinks/day)
- High at-risk (12+ days of 5+ drinks/day)

The sample adults ranged in age from 18 to 90 years old, were married, and had, on average, completed high school. Men and women were equally represented in the sample.

The level of risky alcohol use did not forecast health care use. The majority of respondents had some type of health care visit (Mean=6; Range 0 to 317 visits), which was most often an office-based visit. The high-risk alcohol group was the least likely to report any health care visit. Rural high-risk alcohol users reported emergency department (ED) visits, office-based visits, and any health care visit more frequently than urban high-risk participants. Consistent with previous research, women, older adults, and college-educated individuals—those having insurance and a usual source of care—were more likely to use the health care system. Those with less than a high school education were 50 percent more likely to use the ED and have in-patient hospitalizations. African-Americans were the least likely to use any health care services.

The level of risky alcohol use did not predict health outcomes. Overall, the three rural groups reported worse physical and mental health compared to their urban counterparts. Findings suggest that those at greatest risk are less likely to use the health care system. It then becomes imperative that there be programs to identify adults at risk and that clinicians need to be aware that waiting for obvious red flags may result in missed opportunities to prevent alcohol-related harm.

Acknowledgements: This research was part of a larger nationally funded study with Emily Hauenstein, PhD (principal investigator); Beth Merwin, PhD; Steve Petterson, PhD; and Virginia Rovnyak, PhD.
Since *instrument* is such a common word, some of its meaning can be lost when given only a cursory glance. An appreciation for the definitional elements of the word can help us know how we may become tools of the Lord. Specifically, for something to be considered an instrument it must have defining characteristics that predispose it to a specific purpose. Also, by definition, an instrument must be wielded by someone to fulfill the purpose of its design.

Instruments come in a variety of shapes and sizes: hammers, shovels, and scissors; guitars, pianos, and piccolos; even stethoscopes, penlights, and blood pressure cuffs. We, as human instruments, each possess distinctive attributes, gifts, tools, and skills that make us who we are. In the Doctrine and Covenants we are taught that while no one has a monopoly on gifts of the Spirit, “to some is given one, and to some is given another, that all may be profited thereby” (D&C 46:12).

While we are blessed with some gifts from birth, there is certainly an element of labor in making ourselves suitable instruments for the Lord. By building personal testimony we can expand our capacity to receive revelation, and by enlarging our arsenal of skills and knowledge we can increase our ability to act upon the inspiration we receive.

Our unique instrumentation ties into our equally specific purposes. For example, a microscope, while practical for viewing small particles, is next to useless when employed as a wrench. We all have personal callings in this life—tasks to perform that we alone can accomplish. At times it is easy to rebel against our individual confirmation when we see people so suited for the things we wish to be adept at, and we long for their aptitude. However, in Romans 9:20–21 we read, “O man, who art thou that repliest against God? Shall the thing formed say to him that formed it, Why hast thou made me thus? Hath not the potter power over the clay?”

Yes, the potter does have power over the clay, and what a blessing it is that He does. In fact, this idea that we must place ourselves in the hands of the Lord is linked to an essential part of the definition of an instrument; namely, that an instrument by itself has limited value but gains worth when wielded by a skilled artisan. If we submit ourselves to the will of the Lord, we will find that our capacity to do good increases exponentially.

Nursing is a profession that is innately service oriented and Christlike. Nurses, like few others, have a chance to be instruments in the hands of God as they interact daily on a personal level with His children. If we make ourselves flexible and diverse instruments by filling our spiritual and intellectual quivers, find and fulfill our personal callings and ministries, and place ourselves in God’s ever-capable hands—though still unprofitable servants—we will be privileged to see the wonders and glories of God as we truly become his instruments.
The BYU–SNA CONnection

MARI WHITING KJAR, SNA SERVICE DIRECTOR

The Student Nurses Association (SNA) is a preprofessional organization that creates friendships and associations that will guide BYU nursing students in their future careers.

In the 2007–08 school year SNA plans to expand the mentoring program by partnering first-year nursing students with more experienced students. The association also holds regular socials to help integrate students from all five semesters of the nursing program.

SNA stays connected to other universities in the state by appointing a representative for the Utah Student Nurses Association (USNA). The SNA newsletter, Stethoscoop, is an informative and social publication that reports on nursing students, news, and events and encourages students by providing up-to-date professional nursing news. SNA also adds a monthly service activity to their schedule of events.

Last April SNA’s 2007–08 board had the outstanding opportunity of attending the National Student Nurses Convention in Anaheim, California, with several nursing professors. Workshops and speakers provided helpful nursing leadership, knowledge, and tips. One of the keynote speakers at the convention encouraged universities to help nursing students feel like “treasures in training.” At the BYU College of Nursing, the SNA board hopes to do just that this academic year.
EMILY VEST, PRESIDENT, UTAH STUDENT NURSES ASSOCIATION (USNA)

I’ll never forget the first patient I cared for in my first semester of nursing. Soon after I met her, I knew it was a match made in heaven! I had a great desire to show compassion and do everything I possibly could for her. She needed her hair combed just right and her socks pulled up to a specific point on her legs. Little things really meant a lot to her, and they meant a lot to me too. I was grateful and willing to do anything she needed.

A year later I was visiting the same facility for USNA business and asked the nursing administrator if I could visit my first patient. He consented, and when I walked into the cafeteria and saw her sitting alone, struggling to eat her lunch, those feelings of compassion rushed over me again. She was much weaker than previously, and she seemed a little blue. After an hour of reminiscing, laughing, and visiting, we were both uplifted, knowing that healing had taken place in our hearts. I left this visit determined to treat every patient with the same compassion as if he or she were my first.

Our goals for the Utah Student Nurses Association are aligned with this idea. We want to help nursing students discover the powerful difference they can make on a daily basis.

Included in our goals for 2007–08 are the following:

- Develop Careers: The annual convention on February 9, 2008, themed Discovering the Power of Nursing in You, will give nursing students an opportunity to attend workshops and visit recruiters.
- Provide Scholarships: USNA will award five student nursing scholarships of $1,000 each.
- Provide Service Opportunities: Nursing students across the state will have opportunities to serve together.

We confidently look to the example of alumni as we work to accomplish our goals and strive to become influential, competent, and compassionate nurses.

Editor’s note: For the first time in USNA history the association elected a new board composed entirely of Brigham Young University nursing students in the April 2007 election.
Carol A. Bush chose to become a nurse because of her desire to help people who were ill and could benefit from her help. Initially, she did not plan to work in the administrative field of nursing, but she trained to be a leader, and her work has given her many management opportunities—and much satisfaction.

Upon her graduation from BYU’s nursing program in 1965, Bush was hired as a clinical instructor for BYU undergraduate students and licensed practical nurses. She also worked at Utah Valley Hospital on the medical, surgical, and OB/GYN floors. After earning a master’s degree in 1969 in nursing administration from the University of Colorado, she became assistant director, then director of nursing at LDS Hospital.

Significant leadership followed including corporate director of nursing for Intermountain Healthcare, assistant vice president of nursing for Intermountain Healthcare, chair of the Utah Board of Nursing, and president of the Utah Organization of Nurse Executives.

Bush has served her alma mater as a college representative for the BYU alumni board and chair of the BYU nursing alumni board. She has also taught at the University of Utah.

She sees the education she has received as invaluable. She says, “By earning my nursing degree at BYU, I received not only an excellent scientific education, but I also gained an awareness of the spiritual component that is so important in the nursing profession. As my career has played out, I feel that the impact of that spiritual component has not only guided me but also has helped me make decisions in the best interest of those with whom I have associated.”
Kent Dean Blad, MS, FNP, ACNP, FCCM, assistant teaching professor at the BYU College of Nursing, developed his love for students while instructing new employees and students at Veterans Affairs Medical Center in Salt Lake City, Utah. Later, as a student in BYU’s family nurse practitioner graduate program, he fell in love with BYU. He enjoys being in an environment where he can incorporate the spiritual aspect of nursing into teaching.

“Students are my life. I live for them. Once I lose that passion it will be time to move on. There is no better feeling than seeing the ‘light’ click on when students learn a concept and knowing you have been a part of it,” says Blad. He believes if you expect a lot from students, you get a lot. “You can’t compromise the nursing standard. I also expect students to expect a lot from me. That is the key to success.”

Service in the National Guard took Blad to Riyadh, Saudi Arabia, during Operation Desert Storm in 1991, where he was a member of the medical team for the Utah Army National Guard 144th evacuation hospital, working from a MASH–like complex set up alongside the international airport. He says, “My life was blessed in many ways from the experience. I developed an increased love for country and freedom and for the flag of the United States of America.”

In 2005 he was designated a Fellow of Critical Care Medicine (FCCM) by the American College of Critical Care Medicine. At the time only 38 of the total 718 fellows in the world were nurses. Kent is the only nurse Fellow in Utah. He currently serves as instructor, director, and consultant for the Society of Critical Care Medicine and travels throughout North America teaching and directing Fundamental Critical Care Support courses.

Blad is also the recipient of the 2006 Utah Award for Excellence for Nurse Practitioners, an annual award given to those who demonstrate excellent health care delivery within their NP professional practice.

Kent and his wife, Ann, are the parents of seven children. He enjoys spending time with his family, especially camping throughout Utah, and coaching Little League sports. Second only to the Church calling of Young Men president is his love for teaching in Primary.
Ira and Mary Lou Fulton continue to enthusiastically support the mission of the College of Nursing. This past spring they challenged the college to raise $100,000 to qualify for a matching gift of $100,000 that will benefit the Mary Ellen Edmunds Nursing Endowment for the Healer’s Art. Thanks to many of you, we are over halfway there.

During 2007 we have enjoyed outstanding support from our alumni, the community, and other friends of the College of Nursing. Such partnerships are crucial as we work together to progress in the college and solve problems facing health care—one of which is the current nursing shortage. Thanks to the generous support of Intermountain Healthcare, we have increased student enrollment by 33 percent. Through your donations we can expand the Nursing Learning Center, enabling us to improve the quality of nursing training and prepare students to go forth and serve.

Support of friends also allows students to receive scholarships. Scholarship recipient Diana Jenkins graduated cum laude in 2001 from the College of Nursing with a minor in military science. She is currently a captain in the United States Army Nurse Corps stationed with the 28th Combat Support Hospital in Baghdad, Iraq, and is pursuing a graduate degree. She recently stated, “I have a lot to be grateful for, so it isn’t much for me to give a little to the college. I loved my BYU experience and have had many wonderful opportunities since graduation. BYU definitely has given me the foundation I need to face trying times with faith and compassion.”

If you are interested in helping to prepare nursing graduates like Diana Jenkins, please contact Jennifer Lloyd at jennifer_lloyd@byu.edu or (801) 422-9219. Your support provides our students with scholarships and mentored learning opportunities that prepare them to be capable contributors to the workforce.

Alumni Message
JOANNE EDWARDS, CHAIR
BYU NURSING ALUMNI BOARD

There is something unique and special about BYU. Each visit I make to campus reconfirms this fact to me as I feel the Spirit of the Y.

After we graduate, time and distance separate many of us from BYU, and years pass before we return to our alma mater. During this absence we often let the Spirit of the Y fade. While we have wonderful memories of our experiences at BYU, we may not have the opportunity to rekindle that spirit.

One goal of the BYU Nursing Alumni Board is to reconnect with our nursing alumni and help them revive the special feeling they once felt at BYU. We are updating our database with current e-mail addresses and phone numbers so you can be informed of current events, programs, and changes that are occurring in the BYU College of Nursing and the Nursing Alumni Association. If you are not currently receiving communications from the College of Nursing by e-mail and would like to, please call (801) 422-6743 or e-mail sally_ripple@byu.edu to update your information. For additional alumni news and college updates, visit the College of Nursing Web site at http://nursing.byu.edu.

We are also organizing nursing alumni chapters geographically throughout the United States. The purpose of the chapters is not only to cultivate the Spirit of the Y but also to connect the past with the future through scholarship, networking, service, tradition, and alumni-oriented events. If you are interested in helping start a chapter in your area or have any ideas or concerns about the Nursing Alumni Association, please e-mail me at joanneedwards@comcast.net. I would love to hear from you.

Like you, I have been given a wonderful education at BYU. I have been blessed with an opportunity to give back, not just through financial contributions but also through service in the Alumni Association. No matter where you live or what your circumstances, I hope you will have the desire to give back to BYU in whatever form of time, talents, or treasure you have to share.


Glenda Christiaens, Mentoring Students in Integrative Health Care

Catherine Coverston, Mentoring Nursing Students in Research and Practice in Argentina

Barbara A. Heise, Comparative Analysis of Aged Health Care in Australia and the United States

Deborah O. Himes, Mentoring Nursing Students in Research and Practice in Australia

Karlen (Beth) E. Luthy, Mentoring Nursing Students in a Human Diversity Field Experience in Wendover, Utah

Sheri P. Palmer, Mentoring Nursing Students in International Health Care in Ecuador

Patricia Rushton, Benchmarking Pain Control in Nursing Practice in an Ecuadorian Hospital System: A Mentored Research Project
When you give to the BYU College of Nursing, you lend a helping hand to those who are learning the Healer’s art. Make a donation today to the College of Nursing by visiting www.byu.edu/giving/nursing or calling 1-800-525-8074.