Dear Reader,

As many of you know, there is a nursing shortage across the country. The need for competent nurses is serious and is expected to last for at least 10 years. Proficient nurse educators are in great demand to prepare this burgeoning supply of nurses.

Nursing practice is very complex. It requires great scientific knowledge, mastery of various branches of the humanities, sensitive spiritual understanding, and expert clinical skills. For this discussion, I would like to focus on scientific understanding.

Preparing nurses with the necessary scientific knowledge to make critical clinical judgments is vital to the education we provide here in the BYU College of Nursing. Knowledge of the basic sciences such as anatomy and physiology, microbiology, chemistry, pathophysiology, psychology, growth and development, statistics, informatics, and nutrition are essential for nurses practicing in the discipline today.

Just as each of these fields evolves, nursing educators must adapt and change the curriculum to incorporate new knowledge. Our faculty members are dedicated nursing scholars who read and adapt new information for their courses and engage in research that advances the field. I am deeply grateful for our faculty’s engagement in intellectual rigor for their courses.

It is very time consuming, yet intellectually stimulating, to maintain cutting-edge knowledge for teaching. In Ernest L. Boyer’s Scholarship Reconsidered: Priorities of the Professoriate (1990), he repeats Aristotle in saying, “Teaching is the highest form of understanding.” Boyer underscores that good teaching requires hard work and serious study.

As our students master the scientific principles and theories of nursing, they are well positioned to make informed and reasoned judgments in clinical practice. At a recent dinner a woman reported on the lifesaving clinical judgment of one of our graduates. This woman’s daughter was preparing to deliver her baby when the nurse noted a subtle change in the mother’s breathing. Based on her knowledge and experience, the nurse assessed and communicated the situation and immediately set in motion the interventions that preserved the life of the mother and of her baby. The watchful care of the nurse and her thorough understanding of clinical pathology initiated critical clinical judgment and assisted in a good outcome for the mother and her baby.

Compassion is an important part of nursing care. However, compassion without intellect can become easily misguided. It is the scientific underpinnings of the discipline that foster excellent clinical care, perceptual clinical judgment, and adept skill. I applaud all the researchers who advance our understanding of the human body and of human behavior. I applaud the nurse scientists who advance the field of nursing. And I applaud the teachers who translate that knowledge into nursing education and prepare the next generation of nurses to be competent, compassionate, and spiritually sensitive clinicians.
BYU College of Nursing students learned Christlike love as they toured our nation’s capital and met with nurses and veterans who have sacrificed for freedom.

By Natalie Holloway • Photographs by Bradley Slade

At Walter Reed Medical Center, in a room full of fake guns and a large screen containing computer-generated war scenes, BYU student nurses looked on as a soldier practiced shooting targets that appeared on the screen. This soldier was hit by a roadside bomb while serving in Iraq and lost sight in his dominant eye. Devoted to serving his country, he is determined to learn to use his nondominant eye and improve his reaction time so he can use artillery again and return to combat.

These same BYU students also stood in front of the National World War II Memorial’s Freedom Wall with its 4,048 gold stars, each representing 100 dead American soldiers, and struggled to comprehend the great number of soldiers who lost their lives to defend freedom.

These are only two examples of the many moving experiences 16 nursing students had on their trip to Washington, D.C., in May as part of the veterans section of Nursing 400: Global Health and Human Diversity. Led by nursing professors and Desert Storm veterans Kent Blad and Lt. Col. Ron Ulberg, the class spent a week in our nation’s capital visiting hospitals, memorials, government offices, and historical sites.

One of the most memorable events was touring the Walter Reed Medical Center. Soldiers who are seriously injured in combat are taken directly to Walter Reed after being stabilized at a base in Germany. Most medical advances happen because of war, and Walter Reed leads in some of the most cutting-edge medical research and technology. During their tour of the facility, the nursing students learned about these technological advances, such as 3-D CAT scans and advanced prosthetics. Prosthetics is a particularly important part of the research performed at Walter Reed. Although soldiers wear body armor during combat, their limbs are not protected, and many lose their arms or legs in combat. The advancements in
prosthetics at Walter Reed have helped soldiers with lost limbs function normally.

A panel of five nurses at Walter Reed shared their personal experiences and insights with the group. They told of times in Iraq and Afghanistan when they had to care for the enemy with the same attention and concern that they are deployed because they are constantly in stressful situations, even if they aren’t in direct combat.

One patient at the hospital struggling with PTSD returned from Iraq recently but was seldom in direct combat, spending most of his time as a mechanic. However, his deployment placed him in situations that could have been dangerous, and he had friends wounded and killed in combat. These circumstances caused him to live in fear during his time overseas, and that fear has carried over into life after war. Nursing graduate student Jinil Harvey said this patient on the outside looked like any normal person you would encounter daily, “but once you find out some of his experiences, you can understand why he’s struggling.” This reminded her of another important aspect of the Healer’s art. “Don’t judge people from the outside,” she said. “You never know how they are struggling and what they’ve been through.”

The angel Moroni etched on Nathan’s tombstone served as a reminder to Jinil that religious freedom is one of the reasons soldiers have fought for this nation. “Arlington National Cemetery felt like a sacred place,” she said. “It put in perspective what the soldiers have done for our freedoms. I thank all of them, including Nathan, for the sacrifices they have made to live in fear during his time overseas, and that fear has carried over into life after war. Nursing graduate student Jinil Harvey said this patient on the outside looked like any normal person you would encounter daily, “but once you find out some of his experiences, you can understand why he’s struggling.” This reminded her of another important aspect of the Healer’s art. “Don’t judge people from the outside,” she said. “You never know how they are struggling and what they’ve been through.”

Jinil expressed sorrow for Mrs. Winder’s loss. “The widow, in turn, shared details of Nathan’s death—he was a medic killed by a sniper—and her deep gratitude for Jinil visiting her husband’s grave.”

It was important for Mrs. Winder to see others honoring Nathan’s great life and his dedication to the United States of America. Jinil hopes that this meeting helped in some small way. “Nathan’s wife is still mourning,” she said. “I hope she will eventually have some peace in her heart.”

The angel Moroni etched on Nathan’s tombstone served as a reminder to Jinil that religious freedom is one of the reasons soldiers have fought for this nation. “Arlington National Cemetery felt like a sacred place,” she said. “It put in perspective what the soldiers have done for our freedoms. I thank all of them, including Nathan, for the sacrifices they have made to protect this great nation. I also thank their families for sacrificing their loved ones.”
Older adults use the health care system more frequently than younger adults; almost all Medicare spending is for people with chronic illnesses (IOM, 2008). In addition, health care for seniors is often more complex due to multiple chronic illnesses, polypharmacy, geriatric syndromes, and physiological changes related to aging. Health care providers are inadequately trained in geriatrics, and those who are trained are in very limited supply (IOM, 2008). The Institute of Medicine (2008) reports that only 1 percent of registered nurses are certified in geriatrics and recommends that all health care workers enhance their competence in providing care for the elderly.

With the pressing and unique health care needs of the burgeoning older population, the BYU College of Nursing has taken up the challenge to educate nurses to care for older adults. Barbara Heise, PhD, APRN-BC, and Deborah Himes, MSN, ANP, have been selected to champion these gerontology efforts. They will assist faculty in adding gerontology content to their courses where appropriate.

The College of Nursing faculty was surveyed to determine which, if any, of the 30 geriatric core competencies recommended by the AACN for baccalaureate nurses were included in their respective courses. In addition, the undergraduate gerontology course, Nursing 297: Nursing Care of Older Adults, was revised to complete or complement these competencies.

Heise and Himes attended the AACN Geriatric Nursing Educator Consortium in Portland, Oregon. Subsequently they distributed materials from this conference to their fellow faculty members; the materials covered topics such as cancer, mental health issues, critical care, and atypical presentations as they relate to older adults.

To enhance their knowledge of geriatric nursing, faculty members were encouraged to attend other national meetings, such as the AACN End-of-Life Nursing Education Consortium training. This train-the-trainer course is designed to promote geriatric end-of-life education in areas such as palliative care, pain assessment and management; nonpain symptoms at the end of life; cultural considerations for end-of-life care; communication at the end of life; loss, grief, and bereavement; and ensuring quality care at the end of life. In addition, several nursing faculty attended Utah Alliance for Aging conferences to network with other professionals interested in providing quality care for seniors.

Dr. Heise worked with graduate faculty in BYU’s family nurse practitioner (FNP) program to review gerontology content. Since FNPs working in primary care will become leaders in caring for the aging population, a gerontology elective class has been added to the curriculum. The new course will be available by fall semester 2009.

Lastly, the College of Nursing has joined with the BYU gerontology program and the University of Utah College of Nursing faculty in a collaborative effort. The University of Utah’s Hartford Center on Geriatric Nursing Excellence is one of nine centers of excellence in the nation. Collaboration with the center will strengthen

The Silver Tsunami

By Barbara Heise, PhD, APRN-BC

In 2011, just three short years away, an estimated 10,000 U.S. baby boomers will turn 65 each day (Alliance for Aging Research, 2006). By 2030 the number of U.S. adults age 65 and over will have doubled to more than 70 million, constituting one in five adults (Center for Disease Control, 2006). By 2050, for the first time in the world’s history, aged individuals are projected to outnumber children age 14 and under (Winskur, 2005). With this huge influx of older adults, often referred to as the “silver tsunami,” will come many challenges and adaptations that will be required not only in the areas of finance, such as Social Security, Medicare, Medicaid, and public pensions, but also in the areas of housing, labor force requirements, politics, social and family patterns, and health care delivery systems (Peterson, 2002). Even now our health care delivery system is not equipped to meet the needs of our senior citizens (Institute of Medicine (IOM), 2008).
BYU’s gerontology goals through curriculum development, research projects, and faculty exchanges.

Dean Beth Cole and Dr. Heise met with Dr. Vaughn Call, director of the BYU gerontology program, to coordinate collaborative efforts. Subsequently, Heise was appointed to the gerontology program committee. The goals of this committee are to promote research on aging, broaden interdisciplinary and community involvement in aging issues, and establish a nationally recognized gerontology center at BYU.

The gerontology program has encouraged and funded research on aging in multiple BYU departments and colleges, including the Mechanical Engineering, Sociology, Economics, Exercise Sciences, and Health Science departments, the Neuroscience Center, the College of Nursing, the School of Accountancy; and the School of Economics, Exercise Sciences, and Health Science.

The program has promoted and funded research on aging in multiple BYU departments and colleges, providing enhanced classroom and clinical experiences as well as mentored research opportunities for undergraduate and graduate nursing students.

New gerontology courses taught by nursing faculty aim to increase health care needs of our senior population. The BYU College of Nursing has stepped forward in multiple arenas to provide enhanced classroom and clinical experiences as well as mentored research opportunities for undergraduate and graduate nursing students.

By Janel Furner, USNA President

Utah Student Nurses Association (USNA) is a preprofessional organization that unites nursing students across the state of Utah. The mission of USNA is to cultivate professional nursing through (1) promoting nursing practice, (2) encouraging interactions among students, and (3) providing opportunities for scholarship and service in the community at large.

With this year’s theme, Utah Unite, the 2008–09 USNA board hopes to promote a collaborative culture among the nursing colleges and individual SNA chapters. The annual USNA convention is scheduled for February 2009 and is a wonderful opportunity to meet fellow nursing students, listen to amazing speakers, and discuss job opportunities. Other benefits of USNA membership include updates through quarterly newsletters and service opportunities. In addition, USNA offers multiple $500 scholarships for which all members are eligible.

USNA has many committees, including the Breakthrough to Nursing Committee (BTN), which promotes nursing as a career to high school students across Utah. BTN members have the opportunity to educate high school students in a classroom setting. Another committee is the Convention Committee, which assists in planning the USNA convention in February.

USNA prepares nursing students to be involved in professional organizations upon graduation. When nurses combine forces, they have the ability to have a positive impact on the workplace and legislative action. For more information, visit www.utahstudentnurses.org.

Editor’s note: In 2007 the USNA Board was composed entirely of Brigham Young University students. In 2008 the association elected a board composed of BYU students plus one student from the University of Utah.

BYU Students Attend Holistic Nursing Conference

Students in the integrative healing section of Nursing 400: Global Health and Human Diversity attended the 2008 American Holistic Nurses Association (AHNA) Conference in New Hampshire, where they learned the importance of helping patients heal spiritually and physically. Students were taught the need to connect with others in several group activities.

Eileen Cunningham (center of photo) became everyone’s favorite participant because of her radiant, youthful spirit. Her frail body made it difficult to join in the fun, but BYU nursing students Caroline Updike and Juliana Hassing each held one of her arms, took her to enjoy the excitement, and became her supporters for the rest of the event. The students put it succinctly: “Boy, did she have fun!”

Cunningham is a 1956 graduate of the Cornell University School of Nursing. She retired from Hospice in 2000 but is still active in AHNA.

BYU—SNA

After spending an educational and enjoyable week together in March at the National Student Nurses’ Association convention in Texas, BYU’s new Student Nurses Association board is excited for the 2008–09 school year. Our overall goals are to unify the College of Nursing and encourage its students to be well rounded.

BYU—SNA plans to unify nursing students in all stages of the nursing program by improving peer mentoring. First-semester students are paired with students further along in the program, who are able to answer questions and offer advice. In addition, question-and-answer sessions provided prior to registration help all students plan their class schedules after receiving valuable information from their peers who are further along in the nursing program. SNA will also unify the college by providing announcements to and receiving suggestions from class representatives.

As a break from a heavy course load, nursing students can participate in various activities. This year’s schedule includes an opening house, participation in the Homecoming parade, and monthly service activities. All students are invited to participate in intramurals sponsored by BYU—SNA. The college newsletter, Stethoscope, will detail past and upcoming activities, as well as spotlight faculty and student accomplishments and experiences within the College of Nursing.
Developing an Instrument to Measure Vaccine Hesitancy

By Neil Peterson, BS, RN

Developing an Instrument to Measure Vaccine Hesitancy

The state of Utah ranks below

immunization rates in many vaccine
categories, and between 1997 and 2004
immunization exemptions in Utah
more than doubled. As an under-
graduate Office of Research and
Creative Activities (ORCA) schol-

arship recipient, Neil Peterson
sought to find out why parents are
reluctant to maintain Center for
Disease Control (CDC)–approved
immunization schedules and then determine ways to
address this growing problem.

Guided by his faculty mentor, Beth Luthy, RN, FNP,
Peterson created a preliminary instrument that mea-
sured vaccine hesitancy to present to experts in the field.

His greatest barrier was that few agencies or individuals
had addressed the issue of vaccine hesitancy or provided
a tool to measure it. Since research was to be
attempted to develop an instrument that met the needs of
and the Utah Community Immunization Coalition
rating with the Utah County Health Department (UCHD)

On receiving approval from UCHD and UCIC, the final
instrument was distributed in the spring of 2007 through
family and pediatric practice offices in Utah County
and through the Utah County Health Department in an
attempt to reach parents with children whose immuni-

zation schedules were not up-to-date. The response rate
was good, and an analysis of the results will be included
in a future publication on the subject. Additionally, a new

Web site, http://www.immun-wize.org, was launched in
conjunction with UCIC and was supported by UCHD. The
Web site addresses vaccine hesitancy issues and reports
results gathered from using the instrument. Since its
launch, the site has had hundreds of hits, and prepara-
tions are underway for increased advertisement in the
Utah County area. The immun-wize.com project has
grown to include over 40 members of the community
and representatives from many different agencies.

Peterson is currently employed at the Cardiothoracic
ICU at the Cleveland Clinic in Cleveland, Ohio, the top
heart care facility in the U.S., according to a U.S. News
and World Report ranking. He is married to Rebecca
McKenzie.

Karlen “Beth” Luthy focused her recent research on the
use of live-virus vaccines in children who are immuno-
compromised. A 2008 grant awarded through the Nurse
Practitioner Healthcare Foundation and sponsored by
Sanofi Pasteur will fund her continuing research of child-
hood immunization rates and increasing childhood immu-
nization in Utah County. Luthy is chair of the Utah County
Immunization Coalition and serves on the Health Services
Advisory Committee of the Head Start preschool program in
Utah County.

Understanding Chronic Pain: A Descriptive Qualitative Study

By Alison Williams

Sarah Hocking never imag-
ined she would become a
researcher. That all changed
while she was completing a
literature review for a nurs-
ing research class at BYU.

Hocking’s review focused on
complementary therapy used for chronic pain. During
this process she noticed that most of the studies involved
participants over the age of 60; there were almost no studies
involving young or middle-aged adults. This
observation fostered the researcher’s oft-asked ques-
tion: Why?

“I thought perhaps the onset of chronic pain seldom
occurred in young or middle adulthood,” Hocking said.

“However, I found research that indicated this was not
the case. Thus a research project was born.”

As an undergraduate Office of Research and Creative
Activities (ORCA) recipient, she interviewed partici-
pants on the effects of pain management, self-efficacy,
quality of life, and family and religious issues. After the
data were compiled, Hocking analyzed and reanalyzed
the interviews to identify common themes. Throughout
the process she counted on the guidance of her faculty
mentor Jane Lasseter, PhD, RN.

“I could not have done this without her wisdom,
not only in helping design my research project, but in
interpreting my findings and composing a final manu-
script,” Hocking said. “What I gained from the research
was a rich picture of life for younger adults with chronic
pain. I found that family plays a significant role in
improving quality of life by offering physical and emo-
tional support, as well as by providing motivation to live
a healthy life.”

Hocking also found that spirituality offered strength
to most participants, and pain management strategies
imparted a sense of control and enabled participants to
be pain free enough to continue activities of daily living.

Hocking, a Denver native, currently resides in Topeka,
Kansas, where she works as a registered nurse in a car-
diac telemetry unit. When not conducting research, she
enjoys hiking, bookbinding, and reading. She hopes to
one day obtain a graduate degree in nursing and would
like to eventually teach at the university level.

Jane Lasseter began teaching at the BYU College of Nursing
in 2002. She currently teaches pediatric nursing, nursing
ethics, and global health and human diversity.
“We need to understand that there is a difference in the way parents relate to their kids, and that’s okay.”

The process expanded Hallam’s appreciation for research and enhanced her academic experience at BYU. “I learned effective time management as I had to juggle my research with my job, my schoolwork, and other obligations,” she said. “It also provided me with the opportunity to present my findings at the Utah Conference on Undergraduate Research (UCUR) and the National Conference on Undergraduate Research (NCUR)—opportunities I would not have had otherwise.”

Hallam currently works in the postpartum unit at Jordan Valley Medical Center in West Jordan, Utah. In her spare time she enjoys reading and being outdoors. “Most of all, I love being a nurse,” Hallam said. “I love knowing that I have the opportunity to brighten someone’s day every day I go to work. Nursing teaches me tolerance and molds me into a more Christlike person.”

Barbara Mandleco’s research focuses on parents who are raising children with disabilities, as well as on the children themselves. She is a veteran instructor of research for undergraduate and graduate students.

“As interventionists in nursing, we need to pay attention to what the mother may be dealing with and give her the support she needs.”

By Alison Williams

According to the American Diabetes Association, over 23.6 million children and adults in the United States suffer from type 1 diabetes. BYU graduate Megan Hallam, RN, comes from a family with a history of diabetes, so the topic was of natural interest to her as she began her honors thesis and Office of Research and Creative Activities (ORCA) project. With the help of her faculty advisor, Barbara Mandleco, PhD, RN, Hallam focused her study on how diabetes affects the family.

Hallam contacted families in the region who have children with type 1 diabetes and began interviewing both the mother and the father in consenting families. In the interview she asked questions about how the family discovered the child had diabetes, what adjustments they made, what challenges they faced and overcame, what resources proved helpful, and what the family would do differently.

In the study Hallam and Mandleco found differences in how mothers and fathers perceived raising a child with diabetes and the implications this presented for health care providers. Mothers mentioned their children’s emotional concerns and the importance of emotional support more frequently than fathers did. On the other hand, fathers frequently cited physical concerns and the need to fix immediate problems.

“As interventionists in nursing, we need to pay attention to what the mother may be dealing with and give her the support she needs,” Mandleco said.
THE DARKNESS

By Brian Christensen, RN, CDE, FNP

Recently I met Alonzo, who had just been diagnosed with type 1 diabetes—a very scary and life-altering diagnosis. As a diabetes educator, I am often called to educate pediatric patients and their families in the hospital. Many patients and families feel frightened and overwhelmed by this new diagnosis, and Alonzo’s family was no different. Alonzo and his parents felt fear, worry, and despair and had many concerns about his illness. Families understand they have lost something—a sense of health and who they used to be. It has been my opportunity and blessing to be a support for such families, educating them on diabetes management and hopefully dispelling some of the sorrow, fear, and apprehension that accompany a new illness.

By learning about insulin self-injections, testing blood glucose, treating low blood sugar reactions, and more, families feel like they have more control over diabetes. They sense that they can manage, and their new understanding helps drive away the uncertainty—they begin to feel like they will be okay.

Emotional support for these new patients is absolutely essential. Like Alonzo, I felt the worry and fear that came when I was diagnosed with diabetes in my teens. I remember feeling inadequate to give myself injections and test my blood, and I was apprehensive that I would make a mistake dosing my insulin. Unfortunately, at the time I didn’t feel like I received the emotional support I needed. I felt like my doctor treated my disease and that emotional concerns were secondary to my diabetes. I remember having a myriad of worries, wondering how diabetes would affect my relationships with others and how I could continue to play sports as I had previously done. Now that I am studying to be a nurse practitioner, I have learned a lot about illness, but mainly I am learning that nurses should treat people, not diseases.

Alonzo had additional concerns. Shortly after his hospital stay, he developed jaundice from hemolytic anemia. His doctors couldn’t figure out what was causing his anemia, and for weeks Alonzo’s mom was calling me frequently. I think it was providence that helped me stumble over the answer as I was studying for school. I told Alonzo’s mom that Alonzo probably had a rare metabolic disease called G6PD and that she should consult her doctor. Lab tests later confirmed his diagnosis. If diabetes is scary, diabetes plus blood transfusions is much worse. If I had only focused on his diabetes and not continued to offer emotional support, I may have missed the cause of his hemolytic anemia, and grief and anxiety would have enveloped the family.

To drive back the darkness of ignorance, sorrow, fear, and despair, we must do as the college mission advocates and learn the Healer’s art. The ultimate Healer, Jesus Christ, did more than cure diseases—He made people whole. It is imperative that we learn to give holistic care to be true healers like our Savior.

“I have learned a lot about illness, but mainly I am learning that nurses should treat people, not diseases.”

Brian Christensen is the winner of the 2007–08 student essay contest sponsored by the College of Nursing. Students addressed a specific theme relative to an aspect of their experience as a student nurse. The title “Driving Back the Darkness of Ignorance and Sorrow, Fear and Despair” is adapted from an expression by Elder Jeffrey R. Holland of the Quorum of the Twelve Apostles (Jeffrey R. Holland, “Like a Watered Garden,” Liahona, January 2002, 37–39).
Elaine Sorenson Marshall

By Alison Williams

BYU needed Elaine S. Marshall, and she needed BYU. This declaration, given to Marshall 22 years ago in an interview with former General Authority Marion D. Hanks, launched a journey of discovery, dreams, and destiny at BYU, Marshall said in her lecture at the College Honored Alumni Lecture Series in September 2007.

That was merely the beginning. Marshall spent 21 years at BYU, including eight years as dean and seven years as associate dean. “BYU truly is my home,” she said. She calculated that during her time at BYU she spent 544 hours, which is 68 working days or three months and a day, looking for a parking place.

Marshall, who earned a BS and an MS in nursing and a PhD in health education from the University of Utah, came to BYU at the urging of a colleague. During her time in Provo she taught undergraduate and graduate courses in maternal-child nursing, nursing leadership, community nursing, nursing theory, research, and religion. As professor and dean, Marshall took the college’s theme, “Learning the Healer’s Art,” seriously.

“From the beginning, I have always said that to claim the theme ‘Learning the Healer’s Art’ is presumptuous unless pursued with competence, humility, faith, and altruism,” she said. “Healing itself is a courageous act unless pursued with competence, humility, faith, and altruism,” she said. “Healing itself is a courageous act unless pursued with competence, humility, faith, and altruism.”

“Imagine with faith, dream, and work hard, and the Lord will fill in with blessings unimaginable,” Marshall said. “The power of imagination is not reserved for history. It can work in your own life in quiet moments when you are simply open to the Spirit.”

Marshall’s leadership was not limited to the boundaries of BYU. As a leader in the field of nursing, she served as vice president of the American Association of Colleges of Nursing (AACN) and on the executive boards of the Western Institute of Nursing (WIN), the Western Society for Research in Nursing, and Thaxter Research Fund. She has also chaired the Master’s Conference Committee and served as a member of the Program Committee of the American Association of Colleges of Nursing (AACN). Marshall is the author of over 50 book chapters and professional and popular articles and has given more than 130 professional research presentations.

Marshall currently is the Bulloch Hospital Endowed Chair in Community Nursing at Georgia Southern University in Statesboro, Georgia. She writes, researches, supports faculty in their scholarship, and helps build the GSU School of Nursing as a center for rural and community health. She does all this while continuing to focus on offering solutions rather than identifying challenges.

“For too many years the discipline of nursing has been grounded in ‘problems’ and a deficit-based approach to healing,” Marshall said. “I use the term grounded in its broadest sense. When we are grounded, by definition, we cannot fly.”

Through it all, growth, Marshall has flown and lifted others along the way, including students and faculty at the BYU College of Nursing.

Alumni Message

JoAnne Edwards, Chair
BYU Nursing Alumni Board

This past year the College of Nursing Alumni Board has focused on effective communication. We hope each of you has updated your e-mail address so we can communicate in a more economical way. If you are not currently receiving communication from the College of Nursing by e-mail and would like to update your information, please call BYU at (801) 422-6543 or e-mail your updated information to sally.ripple@byu.edu.

One benefit of being involved with the College of Nursing Alumni Board is being informed of some of the great things that are happening at BYU, specifically in the College of Nursing. The campus and the College of Nursing are always changing and improving.

The college is fortunate to have Jennifer Lloyd from the Development Office to help with fund-raising for such needs as scholarships, the Nursing Learning Center renovation, research, and trips for the Global Health and Human Diversity experience in such locations as Washington, D.C.; Chiricahua, Arizona; Hawaii; Argentina; Australia; New Hampshire; and several sites in Utah. These experiences are invaluable to our students. One student reported that she knew she had influenced individuals and that she felt empowered after realizing how much she had learned at BYU. As alumni board chair, I too feel empowered each time I visit BYU. I feel the Spirit of the Y. I feel a desire to give back to the university that has given me so much.

Not long ago I heard someone say, “Everyone likes to feel they have been a part of something great.” Something great is happening at BYU. I hope you will be a part. Watch for e-mails and check the BYU calendar of events and the College of Nursing Web site (nursing.byu.edu) for upcoming opportunities to enjoy the Spirit of the Y.
During 2008 we have enjoyed outstanding support from alumni, the community, and other friends of the College of Nursing. Thanks to individuals like you, we made serious advancements in fund-raising for the Nursing Learning Center, the Mary Ellen Edmunds Nursing Endowment, and student scholarships. In fact, eight endowed scholarships came to fruition in 2008. Such partnerships are crucial as we work together to advance the nursing profession.

We met the Ira and Mary Lou Fulton challenge, raising over $200,000 in 2007 for the Mary Ellen Edmunds Nursing Endowment for the Healer’s Art. In one year, the College of Nursing raised as much toward the endowment as it had in the previous five years combined. With this momentum, we can raise the final 30 percent for full endowment of this fund.

One scholarship recipient, Aimee Latta, graduated in 2006 from the College of Nursing. While participating in a global health and human diversity field study in Amman, Jordan, she gained a desire to practice health care in developing countries.

“This experience provided me with a solid foundation and understanding of clinical nursing and of communication within the health care system. It also helped me develop the cultural sensitivity that is imperative to nursing,” Latta said. “Thanks to scholarship dollars I received during my undergraduate years, I have accomplished goals and gained experience I would have been unable to obtain any other way. Scholarship dollars from the university allowed me to complete field studies in South Africa and to spend two years working on faculty mentored research as an undergraduate with Dr. Barbara Mandelein, which enabled me to collaborate on a recent publication in the Journal of Family Nursing.

“BYU College of Nursing best prepared me for my time as an oncology nurse and for my current pursuit of a graduate degree by teaching me to focus on nursing holistically. As a nurse, I have come to find this approach to be rare, and yet it is so crucial and appreciated at the bedside. Oncology is a sensitive area of work that often necessitates discussing end-of-life needs with patients. I am grateful to the BYU College of Nursing for preparing me to implement patient care from a physical, emotional, and spiritual perspective. I assess and care for each patient with all of these aspects in mind.”

As a professional nurse in oncology, Latta volunteered her time and expertise with humanitarian groups working in Uganda and Haiti. Her love for learning continues at the London School of Hygiene and Tropical Medicine, where she is working on a master’s degree in public health in developing countries.

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

Help Record Our History

Please assist us in preparing an accurate history of the College of Nursing by submitting photographs, stories, newspaper clippings, and memories to Brigham Young University College of Nursing, 500 SWKT, Provo UT 84602. We may print one or more submissions in the next issue of Learning the Healer’s Art.

We want to share news of our alumni via the College of Nursing Web site (nursing.byu.edu). Please send your news—professional and personal awards and achievements, employment information, etc.—along with your name, address, e-mail address, phone number, and graduation year to Nursing-Deans-PTSec@byu or to Brigham Young University College of Nursing, 500 SWKT, Provo, UT 84602.
As she learned to program the mannequins to replicate specific nursing scenarios, she shared her work with others who sought to do the same. Her expertise grew rapidly as she attended educational seminars and conducted several years of research to learn how simulated learning affects students. Most important, she taught hundreds of students how to respond to patient conditions by having them work first with mannequins that electronically enacted those conditions.

For the past eight years, Dr. Ravert has coordinated BYU’s Nursing Learning Center, which houses several basic simulator models as well as adult, pediatric, and birthing simulators. During the 2007–08 academic year, there were over 8,200 formal lab visits to the center—students rotate through the labs in groups of four to eight, putting classroom learning into practice. Any mistakes the students make are on the simulators rather than on real people.

In addition to her service as an NLN/Laerdal team member, Dr. Ravert frequently visits universities across the nation to train others in the use of human patient simulators.

Dr. Ravert’s vision of the future is to accommodate more nursing students in a large simulation center that includes additional equipment, a control area for observing and monitoring all simulation areas at the same time, and a debriefing area for students to discuss simulation experiences. She says simulated learning is necessary as society sees an ever-growing demand for highly skilled nurses.

Patty, as she is known to colleagues and friends, earned her BS and MS degrees in nursing at BYU and her PhD in nursing education and research from the University of Utah. Although work creates the need for her to fly frequently, she still enjoys traveling for fun, especially with her five children and 10 grandchildren. “Someday I’ll take up watercoloring again,” she says, “or maybe sewing—but it won’t be in the near future.”

For more information on the outstanding work of Dr. Ravert and the NLN/Laerdal team, visit http://sirc.nln.org.
BYU nursing major Roel de los Santos said he wanted to be a nurse so he could encourage, strengthen, and love the sick as the Savior did. His dream came to life when he received a scholarship made possible by those who give to the BYU Annual Fund. We invite you to give life to our students through generous gifts to the BYU Annual Fund. And please remember to designate your gift to the College of Nursing.

EVERY GIFT MATTERS

To talk about helping the college with a special gift, contact Jennifer Lloyd at 801-422-9219 or email jennifer_lloyd@byu.edu.