LEARNING THE
healer's art 2010

BRIGHAM YOUNG UNIVERSITY | COLLEGE OF NURSING
Dear Reader,

After reading fictional novels for pleasure most of my life, I am seeking to expand my literary experience by reading biographies of real people. Recently, I read two very fine books on Florence Nightingale that you might find interesting. One is Nightingale: The Extraordinary Upbringing and Curious Life of Miss Florence Nightingale, by Gillian Gill. Gill’s focus on family and social dynamics in Victorian England is fascinating. The other book I read, Florence Nightingale: Mystic, Visionary, Healer, by Dr. Barbara Dossey, has been updated for this anniversary year. Dossey adds more pictures and photographs of Nightingale’s family, their friends, their travels, and 19th-century England. The book is captivating.

Florence Nightingale died on August 13, 1910, making 2010 the 100th anniversary of her death. In celebration of her life and contributions to modern health care, the College of Nursing is engaging in several endeavors to draw attention to this heroic and inspired woman. We hope you can join us for some of these activities.

In a small alcove adjacent to the entrance to the Harold B. Lee Library as part of a display on Nightingale’s life, there is room for a special display. For all of 2010 these items will be showcased in the Harold B. Lee Library as part of a display on Nightingale’s life. For additional information about the Nightingale celebration and other ongoing activities in the College of Nursing, please visit nursing.byu.edu.

In Memoriam
BYU’s L. Tom Perry Special Collections has original letters, books, and other items from Florence Nightingale’s life. For all of 2010 these items will be showcased in the Harold B. Lee Library as part of a display on Nightingale’s life.

Another dimension to our celebration will be a writing contest for our students on “How the legacy of Florence Nightingale influences current students.” We are hoping many students will submit an entry.

For additional information about the Nightingale celebration and other ongoing activities in the College of Nursing, please visit nursing.byu.edu.

Best wishes,

Beth Vaughan Cole
Dean, BYU College of Nursing

College of Nursing librarian Betsy Hopkins, and faculty member Glenda Christiansen are designing a marvelous interactive display that includes a presentation of materials from the L. Tom Perry Special Collections, video clips, period dress, and a question-and-answer quiz. You can visit this display anytime throughout the year. Special gallery strolls with additional discussions about Nightingale and her life will be offered during 2010.

On January 22 at 2 p.m. we will be holding a “House of Learning” lecture in the library followed by a viewing of the two exhibits on Nightingale. There will be additional documents and materials about the early history of nursing in Utah on display on the second floor of the library.

On February 22 author Barbara Dossey will be a guest speaker for students and faculty at the College of Nursing. On February 23 Dr. Dossey will be speaking in Salt Lake City. Please watch for additional information about this presentation and join us if you can.

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Beth Vaughan Cole
Dean, BYU College of Nursing
Eight BYU College of Nursing students traveled to Taiwan and learned the value of caring for the whole patient.

By Natalie Holloway

Last May BYU nursing students merged the East and the West in a dynamic learning experience in Tainan, Taiwan. As part of the Taiwan section of N400: Global Health and Human Diversity, eight BYU College of Nursing students, accompanied by assistant teaching professor James Kohl, became the first group of U.S. students to work at Chi Mei Medical Center in Tainan, Taiwan. During their five-week trip, the students were immersed in Taiwan’s culture through clinical rotations in Chi Mei’s ICU, home visits with community nurses, weekend trips, and volunteer service.

The people in Tainan were quick to embrace the American group. “From the moment we got off the plane to the time we left, we were accepted by the people of Taiwan like we were family,” said Kohl. “It was incredible the way we were treated.” Kohl believes that allowing the students to practice and observe nursing in a culture completely different from their own positively changed their philosophy of nursing and of what it means to truly care for others.
When you respect others . . . they are more at ease and better able to learn.

A Spirit of Unity

In the ICU the nursing students experienced firsthand the mutual respect and camaraderie between the doctors and nurses in Taiwan. The doctors respected and valued the nurses’ opinions, and the nurses appreciated the doctors’ points of view. “There was little distinction between the roles in terms of nurses and physicians,” said Kohl.

This unity continued outside the hospital after work hours. It was common for medical staff—doctors and nurses—to socialize together outside of work, and the students, as part of the team, were invited to share in the socializing. “In the hospital they are literally like a big family, and we were welcomed into it,” said senior Calvin Vanderhoff. And if no specific hospital gathering was planned, one of the nurses would volunteer to take the students out after work to night markets, to dinner, or to the movies—usually at the nurse’s expense.

As a result of this hospitality, the students felt at ease around the doctors and nurses. Senior nursing student Whitney Johnson felt like the nurses she worked with respected her and cared about her, and, in turn, she was better able to learn. “I learned from the nurses and doctors in Taiwan that when you respect others, especially your subordinates, they are more at ease and better able to learn,” she said.

Traditional vs. Modern Medicine

The people of Taiwan are strongly rooted in their Eastern traditions. Doctors and nurses routinely treat their patients using a combination of modern medicine and traditional Chinese medicine, which has been around for 5,000 years. Health care professionals administered acupuncture, acupressure, and other ancient Chinese practices, and the BYU students were able to learn two of these traditional Chinese treatments, baqian and guasha. Baqian is a method that uses devices similar to suction cups on a patient’s back to draw out negative energy. Guasha is the practice of scraping the skin with a flat tool to identify areas of stress. The purpose of these holistic practices is to balance a patient’s qi, or “life force.” Members of the BYU group saw advantages to the Taiwanese approach of caring for the whole patient—mind, body, and spirit. “The nurses in Taiwan are very much in tune with their patients’ needs,” said Johnson.

But this isn’t to say that Taiwan’s hospitals aren’t every bit as advanced as hospitals in the United States. They have the same technologies and use the same procedures employed in medical centers in the United States. In fact, medical experts in Taiwan have been using CyberKnife, a special radiologic treatment for cancer patients, for years, whereas doctors in the United States have just begun using this treatment.

One major difference in treatment in Taiwan is that the doctors and nurses will carefully observe patients and treat an illness rather than relying solely on lab values, statistics, etc., to guide their diagnoses. They don’t order a legion of X-rays, blood tests, scans, and other tests to try to uncover everything that is wrong with a patient. Instead, they treat the main problem and let the body take care of the rest. “Our body is a well-oiled machine,” said Vanderhoff. “We know that the Divine being who created it didn’t just happen to throw things together. It’s supposed to be able to heal itself, and we’re just trying to help it along.”

End-of-Life Care

The students also learned of the importance the Taiwanese place on end-of-life care. In the United States a patient is considered dead after his or her last heartbeat. However, in Taiwan death is pronounced upon a patient’s last breath. Most religions in Taiwan believe that a person’s spirit can make an easier transition to a spirit world when it travels there from that person’s home. Not pronouncing patients dead until after their last breath allows hospital caretakers to hook up patients to ventilators and transport them home to take their last breath with their families. “The families have closure—they saw the patient take their last breath,” Vanderhoff said.

Also, in Taiwan, families and patients are more willing to accept inevitable death rather than implementing multiple life-sustaining devices. “In the United States we spend more money in the last two weeks of a person’s life then we do during their whole lifetime. Over there they are more into a preventative mode and don’t spend as much in those last two weeks,” said Kohl. “We do life-sustaining measures that are very uncomfortable. I think seeing the contrast between the two cultures raised some questions in our students’ minds. ‘Why do we prolong the inevitable?’” This sparked many questions in Kohl’s mind as well, and he has established a partnership in Taiwan to research some of these issues in end-of-life care.

A Family Affair

The nursing students also observed hospital and community nurses taking great time and care to teach patients’ family members how to best care for their loved one. For example, patients in U.S. hospitals are given sequential compression devices (SCDs) to prevent blood clots; however, in Taiwan family members massage the patient’s legs, eliminating the need for such devices.

The BYU group was amazed at how much time the nurses spent caring for patients in their homes and teaching and talking with the patients’ families. They observed that the community nurses literally became part of the family, often eating and celebrating holidays with them. And the families were always happy to have a few BYU students join them. In fact, one of the days the students were in Taiwan was a religious holiday. All nine members of the BYU group were invited to a patient’s home to join the celebrations. “They treated us like we were their long-lost family members,” said Kohl. “They held their doors wide open for us.”

Time for Travel

As they prepare for nursing careers, the students hope to share the pure love and kindness they felt from the Taiwanese. “If I can use just a little bit of what I learned from the people of Taiwan in my care, I think that I’ll be a great nurse,” said Vanderhoff. And Kohl is confident that his nursing students can use what they learned on the trip to make a positive difference. He said, “I think if each of these students can maintain some of that qi that they received from the people in Taiwan, they can then be a good example to others, and that attitude will become infectious.”

“They treated us like we were their long-lost family members. They held their doors wide open for us.”

—James Kohl

BYU students and nurses at Chi Mei Medical Center.

Saying Good–Bye

In yet another instance of the kindness and selflessness the Taiwanese people showed to the BYU students throughout the trip, the Chi Mei nurses held a closing ceremony for the BYU group in which they presented each student with multiple gifts, including a banner for each student that displayed symbols with different meanings to reflect each student’s personality. As they prepare for nursing careers, the students hope to share the pure love and kindness they felt from the Taiwanese. “If I can use just a little bit of what I learned from the people of Taiwan in my care, I think that I’ll be a great nurse,” said Vanderhoff. And Kohl is confident that his nursing students can use what they learned on the trip to make a positive difference. He said, “I think if each of these students can maintain some of that qi that they received from the people in Taiwan, they can then be a good example to others, and that attitude will become infectious.”

—Whitney Johnson

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BYU College of Nursing

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I gained a greater understanding and sympathy for those around the world who live in desperate circumstances,” said Jenny Smith (BS, ’05).

Amber, Katie, and Jenny were among 12 former graduates or current faculty of the BYU College of Nursing who served this past summer aboard the USNS Comfort—a 1,000-bed U.S. Navy hospital ship. They worked alongside 600 military and 50 other medical professionals for Operation Continuing Promise—a four-month expedition to bring badly needed medical care to seven countries in the Caribbean and Latin America.

The expedition had three components: onshore clinics, shipboard surgeries, and onshore delivery of medical supplies to each country visited. At each country where the ship docked, temporary clinics were set up in schools or community centers to provide dental and medical procedures to those for whom adequate care was not available. Veterinary procedures were also provided for the community. Patients needing surgery were taken to the ship by motor launch or helicopter. The nurses assisted other volunteers in 100,049 medical procedures and 1,672 surgeries and helped deliver 27 containers of medical supplies and toys.

Love and caring

A unique aspect of the mission was the level of medical expertise, combined with Christlike love, that LDS volunteers brought to the ship.

“I felt like the love and charity I gave my patients was just as important as the physical nursing,” said Lisa Barnes (BS, ’05). “I was so grateful to be in a position to serve others by being blessed with such a great nursing education at BYU.”

“I’m so very grateful for all my blessings and feel I should never complain again,” said Ann Palmer (BS, ’70; MS ’94 at the University of Oklahoma). “It seems that we always want things better or perhaps different for ourselves, but we have so much more than we really need.”

“It humbles me and makes me so grateful for what I have,” said Katie Money. “It makes me want to help again and help more. Some say you can’t fix all the problems—but if you can make a difference in one person’s life, it changes everything for them.”

Medical practice and knowledge

The clinical service provided by BYU graduates was quickly noticed aboard the USNS Comfort. “Your nurses are providing the only pediatric experience I have in the ICU, and they have ensured that their colleagues have acquired some basic pediatrics knowledge and skills,” said Commander Mark Marino, director of nursing aboard the USNS Comfort.

“Your nurses have provided in-services on topics germane to the populations we will see. This education will go a long way toward ensuring great outcomes for those in need. I can say that your volunteers have been truly wonderful to work with, and I’ve...”
I would go back in a heartbeat, but only if it meant that I was not taking the opportunity from someone else.  

—Vickie Johnsen

How did education help?

BYU graduates were quick to credit their education for their preparation for service like that required aboard the USNS Comfort and were passionate about the programs and the people at the BYU College of Nursing.

“As a BYU nursing student, I was able to do a study in Argentina,” said Amber Pack. “I worked in a maternity hospital in San Miguel de Tucuman and had my eyes opened to the vastly different world of international health.”

“BYU’s motto to go forth to serve perfectly describes the position I’m in,” said Julie Salazar (AS, ’81; BS, ’83). “I had fabulous instructors at BYU in anatomy, physiology, and nursing, and these skills have played a pivotal role in my ability to help on this mission.”

“I teach part-time for the BYU College of Nursing,” said Jeanette Faulk (AS, ’81; BS, ’84; MS, ’85 at California State University). “My clinical and teaching experience helped me teach other nurses about adult education for their preparation for service like that required aboard the USNS Comfort.”

“As a BYU nursing student, I was able to work as a team and glean from each other’s expertise and training. My training from BYU helped me develop this type of attitude in the work place, whether on sea or land.”

Lifelong opportunity

Love and service go hand in hand with inspiration. “I recognized new blessings every day,” said Jeanette Faulk. “And experienced a no-wait response time for answers to prayers.”

“I’ve always been service oriented,” said Vickie Johnsen (BS ’85, MS ’87 , PhD ’01 at University of Utah), “but I learned more of what I have. I felt deeper responsibility to share what I have. If everyone were like that, my days would be much easier.”

“I would go back in a heartbeat,” said Vickie Johnsen, “but only if it meant that I was not taking the opportunity from someone else.”

Serving and mentoring to make a difference

BYU – SNA

BY Erin Zundel, SNA President

The Student Nurses Association (SNA) is a preprofessional organization governed by students to assist in preparing students for the professional nursing world. We focus on mentoring, service, social activities, and legislation. By joining SNA, nursing students have opportunities to actively participate in a professional organization, have a voice for nursing legislation, and network within the health care field.

The mentoring program provides support to students. A partnership of communication helps answer questions about clinical experiences and passes along advice for success in the classroom setting.

Included in monthly activities and service projects for 2009-2010 are a blood drive, the opening social hour, the annual nursing and accounting program ice skating activity, and the annual blood drive. BYU-SNA will write a resolution for the health care mandate. BYU nurses are well prepared to step up to the challenge and make a difference.

2009 SNA Officers

Front row: Anna Olson, Heidi Newcombe, Jared Leavitt, Sheal Heiner

Back row: Julie Peterson, Erin Zundel, Tara Tanner, Amy Montanerwe (not pictured: McKenzie Berry, Jeff Brown, Melanie Gharin) Faculty Advisors (not pictured): Brenda Haast, James Knobl

SNA aims to help students feel connected, empowered, and informed. As we look forward to entering the professional world, we are challenged with improving the quality of health care and the nursing practice. BYU nurses are well prepared to step up to the challenge and make a difference. ■
Nursing Learning Center Renovation

By Rose Ann Jarrett

On March 5, 2009, Rex and Maureen Rawlinson visited the College of Nursing to formally announce a $4 million pledge of the Fritz B. Burns Foundation, payable over the next five years. Mr. Rawlinson is vice president of the foundation; his wife, Maureen, serves as director and member. The funds are targeted for renovation of the Nursing Learning Center to include five simulation learning rooms, five debriefing rooms, an enlarged basic skills lab, an enlarged advanced skills lab, a task training room, interactive computer stations, and additional storage. When completed, the center will be among the most advanced nursing simulation labs in the United States.

Each academic year students make well over 8,000 formal lab visits to the current Nursing Learning Center, which houses several basic simulators as well as adult, pediatric, and birthing models. Students rotate through the labs in groups of four to eight, applying classroom instruction. As they respond to medical scenarios on fully programmable, hi-fidelity mannequins, they learn to think critically about patient assessment and nursing care for future application in nursing practice.

The renovated Nursing Learning Center will be named in honor of Mary Jane Rawlinson Geertsen, a Utah nurse leader in the early 1900s. Her financial support of nieces and nephews enabled many of them to complete a college education, including Joseph E. Rawlinson, CEO of the Fritz B. Burns Foundation.

When completed, the center will be among the most advanced nursing simulation labs in the United States.

Associate dean Patricia (Patty) Ravert, an international expert in simulation education, oversees the current learning center. For several years she has worked with a team of NLN/Laerdal international simulation experts to develop online training materials for the advancement of simulation in nursing schools. Dr. Ravert is a major contributor to the design and development of the new Nursing Learning Center.

The Fritz B. Burns Foundation is located in Burbank, California. It was established in 1955 by Fritz B. Burns, a residential developer and philanthropist in the Los Angeles area during the 1920s, 1930s, and 1940s.

This gift to the College of Nursing is the largest in the college’s 58-year history. Faculty, students, and alumni join in an expression of gratitude for the generosity of the Fritz B. Burns Foundation.

Brigham Young University College of Nursing Family Nurse Practitioner Program

By Judith A. Berry, PhD, APRN

Brigham Young University prides itself on its emphasis on undergraduate education, and the College of Nursing has one of the finest undergraduate nursing programs in the country, producing well-prepared registered nurses. In addition to the undergraduate registered nursing program, the BYU College of Nursing has an outstanding graduate nursing program that offers a master of science degree with a family nurse practitioner (FNP) focus. A post-master’s degree FNP certificate program is also available.

The nurse practitioner program has been in existence for over 30 years, with the first graduates of the master’s program graduating in 1976. Some of the pioneers in the early College of Nursing graduate program were Jane Leifson, Marilyn Lyons, and Lana Riddle. Prior to 1976, the BYU College of Nursing offered a nurse practitioner (NP) certificate in conjunction with the bachelor of science degree. In addition, several NP specialties were offered in those early years, such as an adult NP and a pediatric NP focus. Those were phased out, and the present-day FNP graduate program was established.

The FNP is an advanced nursing role beyond the baccalaureate RN preparation that emphasizes health promotion, health maintenance, disease prevention, and detection of alterations in health through professional interventions and counseling and teaching families and individuals. In addition, the FNP role includes aspects of illness care management such as diagnosis and management of common, chronic, and acute conditions (see Graduate Program Overview/BYU College of Nursing).

Presently, the College of Nursing FNP graduate program accommodates a maximum of 15 students per class with a length of two and a quarter years to complete approximately 56 credit hours. The graduate faculty are well prepared. They include practicing FNPs and clinicians with doctoral and master’s degree preparation in the areas they teach (see Graduate Program Overview/BYU College of Nursing). At the completion of the program, graduates are required to take a national certification examination in order to practice as an FNP. For the past 10 years, the BYU College of Nursing has an overall pass rate of 99 percent. In addition, FNP graduates from the College of Nursing are sought after in the workplace, with a 100 percent employment rate after program completion.
Nursing school was revealed as an emotional experience for students. Fear, intimidation, silencing, and feeling stupid were pervasive in students' narratives about clinical situations. They sometimes experienced feelings of elation and excitement, but the presence of negative emotions far surpassed the occurrence of positive emotions.

The study findings have important implications for nursing education. First, to support student learning, clinicals should be experiential or hands-on as much as possible. Second, positive student-staff relationships should be promoted to enhance learning and responsibility for patient outcomes. Finally, since stressful situations cannot always be prevented in clinicals, students need to learn to deal with stress in healthful ways that can be adapted to student lifestyles.
The Life Experiences of Women with Cerebral Palsy Who Have Suffered Mistreatment

Donna Freeborn, PhD, FNP, CNM • Oregon Health and Science University

In 1987 I adopted a three-year-old girl with blond hair, blue eyes, and spastic quadriplegia cerebral palsy. In an instant, I entered the world of cerebral palsy (CP). Our 20 years together have been fun, fulfilling, and challenging.

As a registered nurse, family nurse practitioner, and certified nurse midwife, I thought I was knowledgeable about CP. After all, I not only knew about impaired muscle control and abnormal posturing, but I also had significant understanding about appropriate interventions. It didn’t take long, however, for me to see CP within a greater social context and realize that my prior knowledge was woefully insufficient. I learned that the disability of CP comes from architectural and attitudinal barriers. The impairment of CP may require a child to walk with a walker, but the presence of curbs or other obstacles turns the impairment into a disability. Attitudinal barriers are ever challenging. While my formal education taught me specific technical aspects of CP, my informal education taught me holistic human aspects.

Taking a holistic approach to understanding the experience led me to the biographical method of research, in which I learned the meaning of their disability and their mistreatment experiences relative to gender, culture, social class, and power. I used the feminist biographical method to promote an in-depth exploration of women’s storied lives, to uncover the meaning of women’s lives from their own personal perspective, and to provide understanding of women whose stories have seldom been told.

Two major categories emerged from the participants’ narratives: (1) mistreatment and (2) living with cerebral palsy. Subthemes of mistreatment include (1) the meaning of mistreatment and (2) outcomes of mistreatment in their lives. Mistreatment was described as either physical or emotional harassment or discounting the needs or even existence of another person. In the second category, participants described living with CP at four different stages of development: (1) childhood through adolescence, (2) higher education years, (3) young adulthood, and (4) later adulthood. At each stage of development, participants found it necessary to adjust to society’s views of their disabilities and to maintain or change their own self-views. As participants aged, they realized that society might not view them as the intelligent, capable people that they themselves knew they were.

Having an understanding of the difficulty of growing up and living with CP may be helpful for health care providers and others who interact with girls and women with CP. I hope that my research will encourage others to listen to women with CP, replace ignorance with understanding, and promote a holistic approach to meeting CP patients’ emotional, social, and physical needs.

Childhood Immunization Rates in Utah County

Karlen (Beth) Luthy, DNP, APRN • Rush University, Chicago, IL

Immunizations are among the greatest discoveries of all time and are an integral part of reducing the transmission of communicable diseases worldwide. In fact, because of immunizations, many diseases have been markedly decreased in the U.S. and in some cases eliminated worldwide. However, despite these successes, some parents are still hesitant to immunize their children.

Utah has had the unique challenge of ensuring adequate immunization administration since Utah has the youngest median age, larger family sizes, and the highest birthrate in the country. Currently, Utah is ranked 49th in the nation for compliance with childhood immunizations. Utah County, the second largest county in the state of Utah, had the lowest immunization rates in the state for 2006 with only 76.8 percent of Utah County children adequately immunized.

Working closely with the Utah County Immunization Coalition and the Utah County Health Department, research was conducted in Utah County to determine the reasons parents hesitated to immunize their children. After identifying the three most common reasons Utah County parents delayed their children’s immunizations, the researcher helped develop the Immun-wize Project as a means to address parental concerns regarding immunizations. The Immun-wize Project included specific educational messages regarding vaccine safety, tips for finding time to immunize children, instructions on when to return for the next immunization, and resources to offset immunization costs. Inasmuch as vaccine safety was reported as the most common concern of hesitant parents, the Immun-wize Project was developed to address issues such as a child’s pain, crying, and anxiety when receiving an immunization; short-term side effects of immunizations; effects of immunizations on the immune system; safety of combined vaccines; and the number of injections received at one clinic visit. Since implementation of the Immun-wize Project in 2006, Utah County immunization rates have increased by 11 percent, from 76.8 percent to 87.8 percent, thus surpassing the 85 percent national average.

2006 CHILDHOOD IMMUNIZATION RATES

National Average: 76.8%
Utah County Average: 76.8%

2009 CHILDHOOD IMMUNIZATION RATES

National Average: 87.8%
Utah County Average: 87.8%
Native Hawaiian Access to Health Care in the “Ninth Hawaiian Island,” Las Vegas

Jane H. Lassetter, PhD, RN • Oregon Health Sciences University

I am frequently asked how I became interested in native Hawaiians and their culture and health concerns. My interest dates back to my first trip to Hawaii when I was 11 years old. Being in Hawaii touched something deep within me. I have returned to Hawaii for vacation and professional conferences and with students for Ngōo: Global Health and Human Diversity.

One of the most interesting findings is the significant role that food plays in the well-being of native Hawaiian migrants.

When the time came to choose a dissertation topic, I knew I wanted to work with native Hawaiians. I selected an area of research while in Hawaii with students. As we worked with health care providers and native Hawaiian healers, I asked about their concerns. One concern that frequently came up was native Hawaiian migration from Hawaii and the impact they believed this had on migrants’ health. They told me that native Hawaiians receive their health care in Las Vegas, was instrumental in helping me recruit participants and in teaching me important cultural nuances. Other students accompanied me during interviews and completed secondary data analysis on a few identified themes.

I defended my dissertation in August 2008. Since then I have presented various aspects of my dissertation at professional conferences sponsored by the Brigham Young University College of Nursing, the Pacific Institute of Nursing, the Western Institute of Nursing, and Sigma Theta Tau International. Additionally, the Journal of Transcultural Nursing published my literature review on the impact of migration on health in January 2008, and two research manuscripts based on my dissertation are being reviewed by professional nursing journals for potential publication.

One of the most interesting findings in my dissertation is the significant role that food plays in the well-being of native Hawaiian migrants. This, coupled with a 70 percent rate of overweight/obese native Hawaiians in Hawaii, led to my next research project. Dr. Lauren Clark, professor in the College of Nursing at the University of Utah, and I are formulating a pilot study to determine what body shapes and sizes Pacific Islander parents perceive to be healthy and desirable for infants and toddlers and what kinds of activities these parents hope their children will be involved in when they are in high school. The next phase will be to do a comparative study of Pacific Islander and Hispanic/Latino parents on similar issues. The anticipated end product will be a tool to help health care providers identify infants and toddlers in these populations who are at risk for obesity and provide health teaching and nutritional guidance based on their parents’ priorities.

Comparison of Debriefing Techniques Following Human Patient Simulation

Shelly J. Reed, DNP, APRN, FNP, CPNP • The Frances Payne Bolton School of Nursing, Case Western Reserve University

The use of human patient simulators in nursing education is rapidly increasing. A simulation session usually consists of students engaging with a mannequin relative to a patient care scenario, followed by a debriefing session. The debriefing session process is essential to learning acquired through simulation. It allows participants to solidify their learning by reflecting on their simulation performance. Inasmuch as the use of simulation in nursing education is new, research is limited. In particular, little research can be found regarding the debriefing process, not only in simulation learning experiences used in nursing education but also with simulation in all areas of education, i.e., medicine, military, and aviation. Limited research is available regarding students’ experiences during debriefing. This research examines students’ experiences with three different types of debriefing: debriefing by discussion, debriefing by journaling, and debriefing by blogging.

The researcher created a new scale for the research: the Debriefing Experience Scale. This scale was designed to measure aspects of the student debriefing experience identified as important by the debriefing literature. Three nationally known simulation experts were consulted to review the scale.

The research subjects were undergraduate nursing students at Brigham Young University. Following simulation sessions already incorporated into the undergraduate student curriculum, student groups were randomized into one of the three debriefing types. After their debriefing sessions, students were invited to fill out the Debriefing Experience Scale.

No differences were found with the students’ debriefing experiences for journaling and blogging. However, a difference was found in the students’ experiences with the discussion type of debriefing in the areas of “Learning,” “Making Connections,” “Emotions,” “Role and Relationships,” and “Self-Reflection,” suggesting that students have a more positive experience with discussion debriefing than with the other two types.

Future research is planned, including further refinement of the Debriefing Experience Scale and evaluation of the students’ experiences with other debriefing types, such as videotaped review.
Alumni News

Updates on nursing alumni and ways you can be involved in the College of Nursing

An invitation to share memories

When I was a small child, my mother, my brother, and I would meet my father to have lunch on the lawn outside of his office on the BYU campus. He was cautious to keep me from hunting in his desk for chewing gum and paper clips. One of my fondest memories is rolling down the south campus hill while wearing the pink plastic boots I used for wading in the Provo River.

Fast forward to 1976 when I found myself rolling through the prerequisite curriculum of the College of Nursing. Without a lot of free time between science classes, I did find respite in art history and French courses. I have always appreciated the blending of liberal arts education and professional training that the unique academic experience at BYU provides. A clinical rotation in the morning followed by the arts in the afternoon helps keeps students sane and balanced.

Newly minted College of Nursing graduates are more prepared than ever, having had more opportunities to serve in more places than at any other time. It is an exciting time to begin a career as a nurse. While the emphasis on travel to faraway places and foreign service always intrigues me, I am thankful for the grounding my education in professional nursing has given me. We nurses are solid people. We understand the nuts and bolts of life. The ways bodies work and minds interact don’t surprise us. However, sometimes even we need to be reminded that we do not know everything.

My son, Patrick, was about two when he began asking questions that were not easily answered. About the time he was four, he asked me if I could get a new brain to answer his questions. When he was eight years old, he loved to stay at Grandma Dorothy’s house. He often watched carefully as Grandma monitored her blood glucose levels. One day he wanted to measure his own blood sugar. Grandma helped him. The glucometer read 400 and then “too high to read.” Grandma panicked and called me. I panicked and called the doctor, who ordered a fasting blood glucose level, which came out normal. The next day we trooped into the doctor’s office. The first question was, “Patrick, what had you eaten before your blood sugar measurement at Grandma’s house?” He answered, “Just the usual—a couple cans of Sprite and two bags of Mint Milano cookies from the pantry.” I was dumbfounded.

Sometimes we travel halfway around the world to make a difference and create experiences when we just need to check out our own pantry.

Please stop by the College of Nursing when you are on campus. Get in touch with former classmates. Let us know about your personal and professional lives. We all have experiences to share—pantries that are full of memories.
Dallas Earnshaw

By Alison Williams

When Dallas Earnshaw, APRN, CNS-BC, graduated from BYU’s College of Nursing in 1986, his plans did not include working in mental health, and he never envisioned an extended stay in the field that would lead him to eventually become the superintendent of the Utah State Hospital.

Earnshaw’s journey into mental health care began when he was a student at BYU looking for a part-time job. He remembered that his class had recently visited the Utah State Hospital, so he stopped in, dropped off a résumé, and soon got a job there.

In his address to students and faculty at the 2008 College Honored Alumni Lecture Series, Earnshaw encouraged BYU nursing students to keep their eyes open to the possibilities around them. “As you graduate, I can pretty much promise you that as you walk out these doors, you have no idea what you will be doing 10 or 20 years from now,” Earnshaw said. “Things will become amazing to you as you come to live your vision and your life.

Things have become amazing at the Utah State Hospital under Earnshaw’s leadership. Located in Provo, Utah, the Utah State Hospital began in 1885 as the Territorial Insane Asylum and was tucked away behind the city dump. Since its founding, the Utah State Hospital has expanded to provide a beautiful environment and a new role as a support to community mental health centers. Today, the hospital has 344 beds to treat patients needing more structured community mental health centers. Today, the hospital has 344 beds to treat patients needing more structured or specialized treatment than is available at community centers.

As a mental health professional, Earnshaw has fought against the stigma associated with mental illness. He faced resistance from colleagues when he, a nurse, was named to leadership and administrative positions. As an administrator, Earnshaw is recognized as one of the first to bring National Alliance for the Mentally Ill–sponsored provider education programs into the hospital setting.

A board certified clinical nurse specialist in adult psychiatry, Earnshaw has promoted the development and implementation of a Best Practice Model and a collaborative relationship with state academic institutions. For the past 15 years, he has overseen the development of one of the first electronic medical records (EMR) in a state psychiatric hospital, which was recognized as one of the three best EMRs in the country. In 1999 Earnshaw was awarded Manager of the Year from the Utah Department of Human Services.

Despite this progress, Earnshaw says there is still work to be done in overcoming the stigma surrounding mental health and nursing. “Why are we so afraid to talk about mental health?” he asks. “The consequences of the stigma of mental health can be worse than the illness itself. We would never mock someone with cancer, yet why do we mock people with mental illness?”

In his address, Earnshaw urged those in attendance to “live your vision.” He cited personal examples to show how one’s life can take unexpected turns that offer an opportunity for growth. He gave students three important principles to keep in mind as they enter the profession of nursing.

First, Earnshaw said our professional vision develops and grows as we develop and grow professionally. Second, he said opportunities often come our way through adversity. Last, Earnshaw said our opportunities will become our successes and achievements if we are prepared when they come our way.

“Sometimes trials and challenges can create opportunities,” he said. “Success will breed opportunity as we face our challenges, and our confidence will grow in dealing with great adversity. Opportunities will come your way. Don’t be afraid to take them, but prepare yourself now because they will come your way.”

Earnshaw and his wife, Kassidy, reside in Springville, Utah, and are the parents of four children.
Alumni Updates

Helen May Norberg (’59) retired from her nursing career in 1997, having worked at the University of Utah Hospital and Primary Children’s Medical Center. She and her husband have served as LDS couple missionaries in the Dominican Republic, Central America, and Uruguay.

Pamela F. Fillmore (’70) worked at Utah Valley Regional Medical Center until her husband finished his PhD. She then taught five years at Ricks College (now BYU–Idaho) as a clinical instructor, worked 10 years in the NICU at an Idaho Falls, Idaho, hospital, and has been in her current position as a home infusion nurse and clinical preceptor for a local home infusion company for the past 15 years. Her daughter, Tiffany Fillmore Hahmemeyer, is also a graduate of the BYU College of Nursing.

Connie Critchlow Bateman (’70) returned to her home state of Texas after completing the nursing program at BYU. She has spent the past 37 years working in the profession, taking positions as a staff nurse, pediatric nurse, and rehab nurse. She also spent several years in pediatric intensive care and the ER. Although her goal was to become a pediatric nurse, she went on to become a critical care nurse in Raleigh, North Carolina, immediately after she earned her RN license but became a full-time mom as her family of five children grew. Fifteen years later she returned to professional nursing. Her work in the NICU inspired her to achieve a goal of becoming an NNP.

LOW TUITION rates and the HIGH QUALITY of STUDENTS at BYU have contributed to the foundation’s decision to INCREASE its SCHOLARSHIP commitment each year.

In Memoriam

Emily Joyce Hansen Bown ’49
Eloise Patterson Bryan ’56
Audrey Oplin Haight ’57
Elcio Luna Emilie Alexander Clame ’66
Helen Morse Van Der Mode ’67
Ruth Carol Emmett ’68, ’71
Claudia Child Ongley-Goffey ’69
LafountainEarliBarlett ’70
Joan Clyde Whicker ’70
Fern Marie Fowler-Yeath ’75
Geraldine Lottin Hansen ’71, ’75
Delpha Lucille Larson Green ’75
Carol Ann Boring Taylor ’75
Margaret M. Allen ’78
Kathleen Raleigh ’76
Mary Lucial Freeman ’75, ’86
Melinda Gretchen Jones ’76
Louise Smoke Lamell ’76
Robert Wayne Goodell ’76, ’79
Beavelynn Beth Green Tanner ’83, ’84
Lucille Peterson Groves ’83
Laylaen Jorgenson Edwards ’84
Lois Lee Olsen-Stovall ’84
Heidi Hinckley Benson ’88

Jennifer Lloyd

“Good works speak louder than anything else,” commented Fritz B. Burns Foundation vice president Rex Rawlinson when he announced the foundation’s gift to the College of Nursing. At Mr. Burns’ direction, BYU became a donee of the Fritz B. Burns Foundation many years ago because of the university’s high moral values and good works.

Mr. Rawlinson continued, “The foundation invests yearly in support of scholarships at BYU. With relatively few donors, our goal is to expand our strong foundation of excellence. At critical moments of suffering, individuals and families need not only expert clinical judgment and skill but also the compassionate touch of the Divine. At Brigham Young University, where nursing students learn the science of nursing as well as the Healer’s art, compassionate care translates to Christ-centered healing. Thanks to our alumni and other donors, we have raised 75 percent of the funds needed for completion of the Mary Ellen Edmunds Nursing Endowment for the Healer’s Art. With the progress made in the past two years, we are in a position to establish the College of Nursing’s first professorship dedicated to continued mentored research and scholarship relative to the Healer’s art. With your support, we can fulfill the endowment by the end of 2010!”

We appreciate committed alumni and friends for their good works as they continue to support our students and nursing education at BYU.

If you are interested in helping with scholarships or learning of ways you can participate in preparing nursing graduates, please contact me at 801-422-9219 or jennifer_lloyd@byu.edu.
Mary Williams, PhD, RN

BY MARY GOLMAN

Mary Williams always knew she would attend BYU. “I come from a long tradition of family members who were educated at BYU,” says the Payson, Utah, native. “Before I could speak, BYU was in the plan.”

The decision lay in which area to study. The choice was between a physical education teacher, which she drew from her family’s history of being educators, and a nurse. Williams’ work as a ward clerk at Payson Hospital made the choice clear.

“I saw nursing as an opportunity to help people,” she says. “I realized it was a wonderful profession in which you could make great contributions.”

As associate dean of graduate studies and faculty, Williams incorporates the two things she most loves teaching and researching, and “light the passion for learning in my students,” she says. “My goal is always to become a better teacher and to light the passion for learning in my students.”


To discuss helping the college with a special gift, contact Jennifer Lloyd at 801-422-9219 or Jennifer_Lloyd@byu.edu

EVERY GIFT MATTERS

Nursing student Kathleen Mitchell helped several mothers deliver their babies last spring while in Ecuador on a cultural awareness Study Abroad program.

Kathleen acknowledges her wonderful nursing school experience was made possible by generous gifts from friends of the college. “Donations greatly eased the financial burden associated with traveling internationally,” she says.

The experience also strengthened Kathleen’s desire to become a labor and delivery nurse after graduation. Eventually, she wants to become a lactation consultant to provide services that encourage women to breast-feed their babies.

We invite you to deliver a donation to help another student this year. You can give to the College of Nursing Annual Fund online at www.give.byu.edu/nursing.